

110TH CONGRESS
2D SESSION

H. R. 5835

To provide for increased planning and funding for health promotion programs of the Department of Health and Human Services.

IN THE HOUSE OF REPRESENTATIVES

APRIL 17, 2008

Ms. SCHAKOWSKY (for herself, Mr. BURGESS, Ms. DEGETTE, Mr. TOWNS, Mr. GENE GREEN of Texas, Mr. GORDON of Tennessee, Mr. TERRY, Mr. HINOJOSA, Mr. FERGUSON, Ms. BORDALLO, Ms. SOLIS, and Mrs. CAPPS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for increased planning and funding for health promotion programs of the Department of Health and Human Services.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Promotion
5 Funding Integrated Research, Synthesis, and Training
6 Act” or the “Health Promotion FIRST Act”.

7 **SEC. 2. FINDINGS.**

8 Congress makes the following findings:

1 (1) Lifestyle factors are responsible for almost
2 half of the premature deaths in developed nations,
3 and a large portion of the deaths in developing na-
4 tions.

5 (2) Lifestyle factors are a primary cause of the
6 6 leading causes of death in the United States, in-
7 cluding heart disease, cancer, stroke, respiratory dis-
8 eases, accidents, and diabetes, which account for al-
9 most 75 percent of all deaths in the United States.

10 (3) A significant portion of the health dispari-
11 ties in the United States are caused by lifestyle fac-
12 tors, which could be improved by health promotion
13 programs.

14 (4) The United States is experiencing epidemics
15 in diabetes and obesity among adults and children,
16 at the same time a majority of the population is sed-
17 entary and eats an unhealthy diet.

18 (5) Per capita medical care costs in the United
19 States are more than double those of all but 2 other
20 countries in the world, yet the United States ranks
21 26th in terms of disability adjusted life expectancy,
22 infant mortality, and other positive lifestyle meas-
23 ures.

24 (6) Medical care costs are second only to edu-
25 cation in State government budgets.

1 (7) Lifestyle factors are responsible for at least
2 $\frac{1}{4}$ of employers' medical care costs in the United
3 States.

4 (8) National costs of obesity account for 9.1
5 percent of all medical costs, reaching \$93,000,000 in
6 2002. Approximately $\frac{1}{2}$ of these costs were paid by
7 the Medicare and Medicaid programs.

8 (9) Significant gaps exist in the basic and ap-
9 plied research base of health promotion regarding
10 how to best reach and serve people of color, low-in-
11 come people, people with little formal education, chil-
12 dren, and older adults, how to create long-term
13 health improvements, how to create supportive envi-
14 ronments, and how to address gender issues. More
15 focused research can reduce these gaps.

16 (10) Significant gaps exist between the best and
17 the typical health promotion programs. Better syn-
18 thesis and dissemination of results can reduce these
19 gaps.

20 (11) Health promotion is the art and science of
21 motivating people to enhance their lifestyles to
22 achieve complete health, not just the absence of dis-
23 ease. Complete health involves a balance of physical,
24 mental, and social health.

1 (12) Health promotion programs focus on prac-
2 tices such as exercising regularly, eating a nutritious
3 diet, maintaining a healthy weight, managing stress,
4 avoiding dangerous substances such as tobacco and
5 illegal drugs, drinking alcohol in moderation or not
6 at all, driving safely, being wise consumers of health
7 care, and a number of other health related practices.

8 (13) The most effective health promotion pro-
9 grams include a combination of strategies to in-
10 crease awareness, facilitate behavior change, and de-
11 velop cultures and physical environments that en-
12 courage and support healthy lifestyle practices.

13 (14) Health promotion programs can be pro-
14 vided in family, clinical, child care, school, work-
15 place, Federal, State, and community settings.

16 **SEC. 3. HEALTH PROMOTION RESEARCH AND DISSEMINA-**
17 **TION.**

18 The Public Health Service Act (42 U.S.C. 201 et
19 seq.) is amended by adding at the end the following:

1 **“TITLE XXX—HEALTH PRO-**
2 **MOTION RESEARCH AND DIS-**
3 **SEMINATION**

4 **“Subtitle A—Coordination of Pro-**
5 **grams of the Department of**
6 **Health and Human Services**

7 **“SEC. 3001. PLAN FOR HEALTH PROMOTION PROGRAMS.**

8 “(a) IN GENERAL.—The Secretary shall develop, and
9 periodically review and as appropriate revise, a plan in ac-
10 cordance with this section for activities of the Department
11 of Health and Human Services relating to health pro-
12 motion. The plan shall include provisions for coordinating
13 all such activities of the Department, including activities
14 under section 1701 to—

15 “(1) formulate national goals, and a strategy to
16 achieve such goals, with respect to health informa-
17 tion and health promotion, preventive health serv-
18 ices, and education in the appropriate use of health
19 care;

20 “(2) analyze the necessary and available re-
21 source for implementing the goals and strategy for-
22 mulated pursuant to paragraph (1), and recommend
23 appropriate educational and quality assurance poli-
24 cies for the needed manpower resources identified by
25 such analysis;

1 “(3) undertake and support necessary activities
2 and programs to—

3 “(A) incorporate appropriate health pro-
4 motion concepts into our society, especially into
5 all aspects of education and health care;

6 “(B) increase the application and use of
7 health knowledge, skills, and practices by the
8 general population in its patterns of daily liv-
9 ing; and

10 “(C) establish systematic processes for the
11 exploration, development, demonstration, and
12 evaluation of innovative health promotion con-
13 cepts; and

14 “(4) undertake and support research and dem-
15 onstration programs relating to health information
16 and health promotion, preventive health services,
17 and education in the appropriate use of health care.

18 “(b) BASIC AND APPLIED SCIENCE.—The plan devel-
19 oped under subsection (a) shall contain provisions to ad-
20 dress how to best develop the basic and applied science
21 of health promotion, including—

22 “(1) a research agenda;

23 “(2) an identification of the best combination of
24 Federal agency, university, and other community re-

1 sources most qualified to pursue each of the compo-
2 nents of such agenda;

3 “(3) protocols to facilitate ongoing cooperation
4 and collaboration among the Federal agencies to
5 pursue the agenda; and

6 “(4) budgetary requirements with respect to the
7 agenda.

8 “(c) DISSEMINATION OF INFORMATION.—The plan
9 developed under subsection (a) shall contain provisions to
10 address how to best synthesize and disseminate health
11 promotion research findings to scientists, professionals,
12 and the public, including provisions for the following:

13 “(1) Protocols for ongoing monitoring of all
14 health promotion research.

15 “(2) Preparation of systematic reviews and
16 meta-analyses.

17 “(3) Distillation of findings into practice guide-
18 lines for programs offered in clinical, workplace,
19 school, home, neighborhood, municipal, and State
20 settings.

21 “(4) Strategies to incorporate findings into col-
22 lege, university, and continuing educational cur-
23 riculum for all related health professions.

24 “(5) Communication of key findings to policy
25 makers in business, government, educational and

1 community settings who influence investment deci-
2 sions.

3 “(6) Identification of the optimal combination
4 of government agencies to coordinate the matters re-
5 ferred to in paragraphs (1) through (5).

6 “(d) SUPPORT AND DEVELOPMENT OF PROFES-
7 SIONAL AND SCIENTIFIC COMMUNITY.—The plan devel-
8 oped under subsection (a) shall contain provisions to ad-
9 dress how to best support and develop the health pro-
10 motion professional and scientific community through en-
11 hancement of existing or development of new professional
12 organizations.

13 “(e) INTEGRATION OF HEALTH PROMOTION; INTER-
14 NAL DEPARTMENT ACTIVITIES.—The plan developed
15 under subsection (a) shall contain provisions to address
16 how resources, policies, structures, and legislation within
17 the Department of Health and Human Services can best
18 be modified or developed to integrate health promotion
19 into all health professions and sectors of society and make
20 health promoting opportunities available to all members
21 of the public.

22 “(f) INTEGRATION OF HEALTH PROMOTION EXTER-
23 NAL ACTIVITIES.—The plan developed under subsection
24 (a) shall contain provisions to address how overall Federal
25 Government policies, structures, and legislation external

1 to the Department of Health and Human Services can
2 best be modified or developed to integrate health pro-
3 motion into all health professions and sectors of society
4 and to make health promoting opportunities available to
5 all individuals.

6 “(g) PERSPECTIVES.—Due to 30 years of experience
7 showing that traditional medical and educational ap-
8 proaches are not sufficient to motivate people to make and
9 sustain basic health behavior changes, in developing the
10 plan under subsection (a), the Secretary shall seek per-
11 spectives from individuals representing a diverse range of
12 disciplines, including the following areas:

- 13 “(1) Agriculture.
- 14 “(2) Anthropology.
- 15 “(3) Child development.
- 16 “(4) City planning.
- 17 “(5) Commerce.
- 18 “(6) Economics.
- 19 “(7) Environmental planning and design.
- 20 “(8) Exercise physiology.
- 21 “(9) Financial analysis.
- 22 “(10) Health education.
- 23 “(11) Health policy.
- 24 “(12) Individual psychology.
- 25 “(13) Management.

1 “(14) Medicine.

2 “(15) Nursing.

3 “(16) Nutrition.

4 “(17) Organization psychology.

5 “(18) Taxation.

6 “(19) Transportation planning.

7 “(h) AUTHORIZATION OF APPROPRIATIONS.—For the
8 purpose of carrying out this section, there are authorized
9 to be appropriated \$6,000,000 for fiscal year 2009,
10 \$4,000,000 for fiscal year 2010, and \$3,000,000 for each
11 of fiscal years 2011 through 2013. Such authorization is
12 in addition to other authorizations that are available for
13 carrying out such purpose.

14 **“Subtitle B—Science Programs**
15 **Through National Institutes of**
16 **Health**

17 **“SEC. 3011. SCIENCE OF HEALTH PROMOTION.**

18 “(a) PLAN.—The Director of the National Institutes
19 of Health (referred to in this subtitle as ‘NIH’), acting
20 through the Office of Behavioral and Social Sciences Re-
21 search, shall develop, and periodically review and as appro-
22 priate revise, a plan on how to best develop the science
23 of health promotion through the NIH agencies. The plan
24 shall be consistent with and shall elaborate upon applica-

1 ble provisions of the Departmental plan under section
2 3001(a).

3 “(b) CERTAIN COMPONENTS OF PLAN.—The plan
4 developed under subsection (a) shall include the following
5 provisions:

6 “(1) A research agenda to develop the science
7 of health promotion.

8 “(2) Recommendations on funding levels for the
9 various areas of research on such agenda.

10 “(3) Recommendations on the best combination
11 of NIH agencies and non-Federal entities to carry
12 out research under the agenda.

13 “(c) ALLOCATION OF RESOURCES.—Subject to com-
14 pliance with appropriation Acts, the plan developed under
15 subsection (a) shall provide for the allocation of resources
16 for research under such plan relative to other areas of
17 health, as appropriate taking into account the burden of
18 lifestyle factors on morbidity and mortality, and the
19 progress likely in advancing the science of health pro-
20 motion given the current and evolving level of science on
21 health promotion, and the relative cost of conducting re-
22 search on health promotion compared to other areas of
23 research.

1 **“SEC. 3012. EARLY RESEARCH PROGRAMS.**

2 “(a) PLAN.—The Director of NIH, acting through
3 the Office of Behavioral and Social Sciences Research,
4 shall conduct or support early research programs and re-
5 search training regarding health promotion.

6 “(b) FUNDING.—

7 “(1) AUTHORIZATION OF APPROPRIATIONS.—

8 For the purpose of carrying out subsection (a), there
9 is authorized to be appropriated \$30,000,000 for fis-
10 cal year 2009. Such authorization is in addition to
11 other authorizations that are available for carrying
12 out such purpose.

13 “(2) RESERVATION.—The Secretary shall re-
14 serve not less than 90 percent of the amount appro-
15 priated under paragraph (1) to carry out subsection
16 (a) through the awarding of grants, cooperative
17 agreements, or contracts to public and private enti-
18 ties, including universities, hospitals, research orga-
19 nizations and health promotion venders. Of the
20 amounts so reserved, the Secretary shall designate a
21 portion of such amounts to support research train-
22 ing under subsection (a) to enhance the skills and
23 increase the numbers of scientists trained in health
24 promotion.

1 **“Subtitle C—Applied Research Pro-**
2 **grams Through Centers for Dis-**
3 **ease Control and Prevention**

4 **“SEC. 3021. RESEARCH AGENDA.**

5 “The Secretary, acting through the Director of the
6 Centers for Disease Control and Prevention (referred to
7 in this subtitle as the ‘Director of CDC’), shall develop,
8 and periodically review and as appropriate revise, a plan
9 that establishes for such Centers a research agenda re-
10 garding health promotion. The plan shall be consistent
11 with and shall elaborate upon applicable provisions of the
12 Departmental plan developed under section 3001(a).

13 **“SEC. 3022. PREVENTION RESEARCH CENTERS.**

14 “(a) IN GENERAL.—The Director of the National
15 Center for Chronic Disease Prevention and Health Pro-
16 motion (referred to in this section as the ‘Director’) shall
17 award grants, on a competitive basis, to eligible entities
18 to enable such entities to develop Prevention Research
19 Centers (referred to in this section as ‘Centers’).

20 “(b) ELIGIBLE ENTITY.—In this section, the term
21 ‘eligible entity’ includes—

22 “(1) institutions of higher education;

23 “(2) public and private research institutions;

24 “(3) departments or schools of—

25 “(A) business;

1 “(B) city planning;

2 “(C) education;

3 “(D) nursing;

4 “(E) psychology;

5 “(F) public policy;

6 “(G) transportation;

7 “(H) social work;

8 “(I) agriculture;

9 “(J) nutrition;

10 “(K) engineering;

11 “(L) architecture; and

12 “(M) any other program that can make a
13 compelling connection to improving the health
14 of the public; and

15 “(4) private research, membership, or service
16 organizations.

17 “(c) APPLICATION.—An eligible entity that desires to
18 receive a grant under this section shall submit an applica-
19 tion to the Director at such time, in such manner, and
20 containing such information as the Director may require.

21 An eligible entity may apply for not more than 3 grants
22 each with a duration of 5 years.

23 “(d) AWARDING OF GRANTS.—

1 “(1) NUMBER OF CENTERS.—The Director
2 shall award grants for the development of not more
3 than—

4 “(A) 8 new Centers in fiscal year 2009;

5 “(B) 8 new Centers in fiscal year 2010;

6 “(C) 8 new Centers in fiscal year 2011;

7 “(D) 8 new Centers in fiscal year 2012;

8 and

9 “(E) 8 new Centers in fiscal year 2013.

10 “(2) MINIMUM FUNDING OF EXISTING CEN-
11 TERS.—No new Centers shall be funded until each
12 Center in existence before January 1, 2009, is
13 awarded funding of not less than \$1,000,000 per
14 year.

15 “(3) GRANT PERIOD.—Grants awarded under
16 this section shall be for a period of 5 years.

17 “(4) FUNDING NEW CENTERS.—A grant award
18 to a new Center shall be in an amount not to ex-
19 ceed—

20 “(A) \$500,000 in the first year of the
21 grant award;

22 “(B) \$1,000,000 in the second year of the
23 grant award; and

24 “(C) \$2,000,000 in each of the third,
25 fourth, and fifth years of the grant award.

1 “(5) REQUIREMENT FOR FUNDING.—To qualify
2 for funding that is more than \$1,000,000 per year,
3 Centers shall demonstrate collaborative efforts with
4 community or other academic partners, and at least
5 50 percent of the funding that exceeds \$1,000,000
6 shall be conveyed to those partners. Partners may
7 include other schools or departments with the same
8 university or other large organization.

9 “(6) FOCUS OF CENTERS.—In awarding grants
10 under this section, the Director shall ensure that—

11 “(A) not less than 1 Center concentrates
12 the Center’s efforts on developing the applied
13 science of health promotion in each of the fol-
14 lowing areas:

15 “(i) the workplace;

16 “(ii) schools;

17 “(iii) families;

18 “(iv) clinical settings; and

19 “(v) community settings; and

20 “(B) not less than 1 other Center focuses
21 the Center’s work on each of the following
22 areas:

23 “(i) program evaluation;

1 “(ii) training and support of the
2 health promotion professional workforce;
3 and

4 “(iii) health promotion policy at the
5 Federal, State, and local level.

6 “(7) REQUIREMENT.—In awarding grants
7 under this section, the Director shall ensure that not
8 less than 30 and not more than 50 of the Centers
9 shall be schools of public health or departments of
10 preventive medicine.

11 “(e) USES OF FUNDS.—

12 “(1) IN GENERAL.—

13 “(A) PROVISION OF ADVICE AND ORGANI-
14 ZATION.—A Center that is developed from
15 funds from a grant awarded under this section
16 shall invest approximately 10 percent of the
17 Center’s staff time and resources to—

18 “(i) forming relationships with, and
19 providing limited ongoing advice to, health
20 departments in the county and State where
21 the entity is located; and

22 “(ii) organizing local networks of sci-
23 entists, program managers, vendors, and
24 other professionals interested in health
25 promotion and disease prevention.

1 “(B) USE OF OUTSIDE PROVIDERS.—When
2 conducting intervention research or research on
3 other health promotion programs, a Center that
4 is developed from funds from a grant awarded
5 under this section shall review the capabilities
6 of local nonprofit and for-profit program pro-
7 viders to provide the programming and services
8 required for the programs. The Center shall use
9 such program providers if the program pro-
10 viders provide a clear quality and cost advan-
11 tage relative to developing such capabilities in-
12 ternally.

13 “(C) ADDRESSING PRIORITIES AND RE-
14 SEARCH AGENDA.—A Center that is developed
15 from funds from a grant awarded under this
16 section shall address the priorities identified in
17 the health promotion research agendas devel-
18 oped by the Centers for Disease Control and
19 Prevention, the National Science Foundation,
20 and the Department of Health and Human
21 Services.

22 “(2) PERMISSIVE USES.—An eligible entity that
23 receives a grant under this section may use the
24 grant funds for faculty salaries, student fellowships,

1 outreach to the local community, research, program
2 development, or program administration.

3 “(3) ADMINISTRATIVE COSTS.—An eligible enti-
4 ty that receives a grant under this section may ex-
5 pend not more than 15 percent of the grant funds
6 on administrative costs.

7 “(f) INTEGRATION WITH EXISTING PREVENTION RE-
8 SEARCH CENTER PROGRAM.—The Director of CDC shall
9 integrate the implementation of this section with the Pre-
10 vention Research Centers Program of the Centers for Dis-
11 ease Control and Prevention that is in existence on the
12 day before the date of enactment of the Health Promotion
13 Funding Integrated Research, Synthesis, and Training
14 Act.

15 **“SEC. 3023. EXTRAMURAL RESEARCH PROGRAM.**

16 “(a) OUTREACH.—In carrying out the Extramural
17 Research Program of the Centers for Disease Control and
18 Prevention, the Director of CDC shall make an effort to
19 attract grant applications from groups with extensive ex-
20 perience in providing programs but limited experience in
21 developing research grants or conducting research, or
22 both. Such efforts shall include proactive outreach to such
23 groups, providing planning grants to fund development of
24 grant proposals, and providing technical assistance for the
25 design portion of the grant application.

1 “(b) APPLIED SCIENCE OF HEALTH PROMOTION.—
2 In carrying out the Extramural Research Program of the
3 Centers for Disease Control and Prevention, the Director
4 of CDC shall devote a portion of research funding to devel-
5 oping the applied science of health promotion for work-
6 place, school, family, clinical, and community settings.

7 **“SEC. 3024. WORKPLACE HEALTH PROGRAM.**

8 “(a) IN GENERAL.—The Director of CDC shall carry
9 out a program—

10 “(1) to develop a research agenda for workplace
11 health promotion and shall seek perspectives from a
12 wide range of workplace health promotion program
13 practitioners and scientists in developing such agen-
14 da;

15 “(2) of research that addresses the important
16 issues identified in the research agenda under para-
17 graph (1); and

18 “(3) to support synthesis of findings made in
19 such research and to disseminate information to
20 educators, practitioners, business leaders, and health
21 policy leaders.

22 “(b) AUTHORIZATION OF APPROPRIATIONS.—For the
23 purpose of carrying out subsection (a), there are author-
24 ized to be appropriated \$6,000,000 for fiscal year 2009,
25 \$8,000,000 for fiscal year 2010, \$11,000,000 for fiscal

1 year 2011, \$15,000,000 for fiscal year 2012, and
2 \$20,000,000 for fiscal year 2013.

3 **“SEC. 3025. CERTAIN REQUIREMENTS.**

4 “(a) GENERAL GOAL OF PROGRAMS.—The Director
5 of CDC shall ensure that programs carried out pursuant
6 to this subtitle are consistent with the general goal of de-
7 veloping the most effective individual and group strategies
8 for clinical, workplace, school, and community based pro-
9 grams regarding health promotion.

10 “(b) RESERVATION FOR AWARD TO PUBLIC AND PRI-
11 VATE ENTITIES.—

12 “(1) IN GENERAL.—Of the amounts made
13 available under this subtitle, the Director of CDC
14 shall reserve not less than 75 percent for the award-
15 ing of grants, cooperative agreements, or contracts
16 to public and private entities, including universities,
17 hospitals, research organizations, and local and na-
18 tional health promotion venders through collabo-
19 rative efforts.

20 “(2) REQUIREMENT FOR STATE AND LOCAL
21 HEALTH DEPARTMENTS.—Awards made to State
22 and local health departments pursuant to this title
23 shall be made on the condition that the departments
24 develop a basic staff infrastructure to manage the
25 programs for which the awards are made. With re-

- 1 than increasing the size of State or local governments or
- 2 the Federal Government.”.

○