



Editor's Notes

LEGISLATION TO SOLIDIFY THE FOUNDATION OF HEALTH PROMOTION: HEALTH PROMOTION FIRST

Senators Lugar and Bingaman introduced legislation called The Health Promotion FIRST (Funding Integrated Research Synthesis and Training) Act (**S866**) on March 13, 2007. The purpose of this legislation is to solidify the foundation of the rapidly expanding field of health promotion by enhancing the science base, drawing on the authority and resources of multiple departments of the federal government, and engaging diverse perspectives to improve program relevance and effectiveness. The bill has four main components: 1) strategic planning, 2) health promotion at the National Institutes of Health (NIH), 3) health promotion at the Centers for Disease Control and Prevention (CDC), and 4) attracting the most qualified health promotion experts to support these efforts. Each of these components has multiple elements. The highlights of each component and its impact on the field are discussed below. In the spirit of full disclosure, I would like to acknowledge that I worked closely with the staff of these senators to develop this legislation.

Subtitle A: Coordination of Programs of the Department of Health and Human Services Section 3001: Plan for Health Promotion. The Department of Health and Human Services is instructed to seek input from diverse perspectives in developing strategic plans for health promotion. The cost of this planning is estimated to be \$13 million. Perspectives should be sought from the following perspectives: agriculture, anthropology, child development, city planning, commerce, economics, environmental planning and design, exercise physiology, financial analysis, health education, health policy, individual psychology, management, medicine, nursing, nutrition, organization psychology, taxation, and transportation planning. It also calls for strategic plans in the following areas:

- How to best develop the basic and applied science of health promotion.
- How to best synthesize and disseminate health promotion knowledge to scientists, practitioners, and the public.
- How to best support and develop the health promotion professional and scientific community.
- How to best integrate health promotion efforts within the Department of Health and Human Services.

- How to best integrate health promotion concepts into federal policy, structures, and legislation beyond the Department of Health and Human Services.

The purpose of this section is to integrate health promotion concepts into the basic fabric of national policy and to create mechanisms to secure federal resources to support the field.

Subtitle B: Science Programs Through National Institutes of Health (NIH). Sections 3011: Science of Health Promotion, and Section 3012: Early Research Programs. The Office of Behavioral and Social Science Research at NIH is instructed to develop a plan on how to best develop the science of health promotion through the NIH institutes and non federal agencies, as well as a health promotion research agenda, and to estimate the funding necessary to support this research. To support these planning efforts, \$30 million is authorized, 90% of which must fund grants and contracts to outside groups, a portion of which should be used to enhance skills and increase the number of scientists trained in health promotion.

The purpose of this section is to stimulate NIH to develop a coordinated plan for integrating health promotion into the internal and extramural research conducted by and through NIH, and to increase the portion of the NIH research funding budget that is allocated to health promotion

Subtitle C: Applied Research Through Centers for Disease Control and Prevention, Section 3022: Prevention Research Centers Eligibility. The number of Prevention Research Centers will be increased to 80 Centers. At least 30 and no more than 50 of the Centers will be reserved for Schools of Public Health and Departments of Preventive Medicine. Eligibility will be expanded to include (1) institutions of higher education; (2) public and private research institutions; (3) hospitals and other health care organizations; (4) private research, membership, or service organizations, and (5) departments or schools of business; city planning; education; nursing; psychology; public policy; transportation; social work; agriculture; nutrition; engineering; architecture; and any other program that can make a compelling connection to improving the health of the public. These grants are for five years and can be renewed twice for a total of 15 years of funding. Grants are \$500,000 in the first year, \$1,000,000 in the second year, and can increase to

\$2,000,000 in subsequent years. Funding for existing Centers must reach \$1,000,000 before any new centers are added. At least 50% of all annual funding above \$1,000,000 per center must be conveyed to collaborating community or academic partner organizations. At least 10% of all Centers' staff and resources must be devoted to local and state health departments and the local health promotion community. Furthermore, all Centers must utilize local health promotion resources rather than developing programs internally when there is a price and quality advantage. This is to avoid duplication of effort with the local community. At least one center must focus on each of the following areas: the workplace; schools; families; clinical settings; community settings; program evaluation; training and support of the health promotion professional workforce; and health promotion policy at the federal, state, and local level. The additional cost of these Centers is estimated to be \$121 million over the first five years.

The purpose of this section is three fold. First, the requirements that Centers must devote 10% of their funded resources to the community and convey 50% of funded amounts over \$1 million to collaborating organizations is to reverse the tendency of some existing Centers to be internally focused. These concerns were raised in an Institute of Medicine panel that critiqued Prevention Research Centers several years ago.¹

Second, eligibility for Prevention Research Centers grants is expanded to a broad range of types of organizations with the goal of integrating health promotion concepts into the education, research, and practice centers of many sectors of society. If students are exposed to health promotion concepts during their formative thinking years, they will have the opportunity to incorporate these principles into careers that will influence many aspects of society. Furthermore, health promotion practice and research can be informed and inspired by creative approaches drawn from fields not normally associated with health promotion.

Third, the interests of Prevention Research Centers in Schools of Public Health and Departments of Preventive Medicine are protected by requiring that the annual funding of existing Centers be increased to \$1,000,000 before any new Centers are added, and by reserving at least 30 and as many as 50 of the Centers for those schools and departments. Equally important, by making other schools and organizations eligible for these grants, the number and diversity of organizations advocating Congress to support

these Centers will be increased several fold. In recent years, budgets at CDC have been flat or reduced. During the same period of time, the budgets of most other agencies within the Department of Health and Human Services have continued to grow and some have doubled. Part of the problem is that CDC serves (i.e., funds) poor people, county and state governments, and a small host of academic and public service organizations that have limited ability to lobby. In contrast, the other agencies support and fund large research, pharmaceutical, medical device, and hospital organizations that have very sophisticated and aggressive lobbying efforts.

Section 3024: Workplace Health Programs. CDC is directed to develop and implement a research agenda for the workplace health promotion field and to support synthesis and dissemination of research findings to educators, practitioners, business leaders, and health policy leaders; \$60,000,000 is allocated to this effort over five years. At least 75% of these funds are to be conveyed to public and private entities through grants and contracts.

Subtitle D. Other Programs and Policies. Sec 3031 calls for modification of the application award process to attract the most qualified scientists and practitioners to the work described in this legislation. Many of the most talented health promotion experts are practitioners in community, workplace, or clinical settings. Many of them focus on program delivery and are not experienced in writing grant applications or conducting research. As such, in some ways, the field of health promotion is more an art than a science and many of the most effective techniques are not well documented and have not been replicated. This section also clarifies that the overall priority of this legislation is to develop the health promotion infrastructure among universities, nonprofit, and for profit organizations, not to increase the size of local, state, or federal government agencies.

The purpose of this section is to stimulate strategies to engage the most talented experts in the work of the legislation and to encourage the federal government to engage the health promotion community to do the work it stimulates rather than expanding government agencies to conduct it.

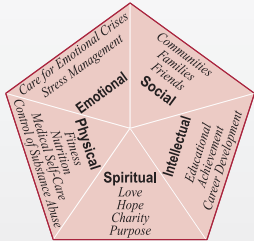
Michael O'Donnell

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¹ Stoto, M.A., Green, L.W., Bailey, L.A. (eds.). Linking Research and Public Health Practice: A Review of CDC's Program of Centers for Research and Demonstration of Health Promotion and Disease Prevention. Washington, DC: National Academy Press, 1997 (ISBN 0-309-05680-2), 107 pp.

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(O'Donnell, *American Journal of Health Promotion*, 1989, 3(3):5.)

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