

110TH CONGRESS  
1ST SESSION

# S. 866

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

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## IN THE SENATE OF THE UNITED STATES

MARCH 13, 2007

Mr. LUGAR (for himself and Mr. BINGAMAN) introduced the following bill;  
which was read twice and referred to the Committee on Health, Edu-  
cation, Labor, and Pensions

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## 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 employer's 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 2008,  
10 \$4,000,000 for fiscal year 2009, and \$3,000,000 for each  
11 of fiscal years 2010 through 2012. 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 2008. 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 2008;

5                   “(B) 8 new Centers in fiscal year 2009;

6                   “(C) 8 new Centers in fiscal year 2010;

7                   “(D) 8 new Centers in fiscal year 2011;

8           and

9                   “(E) 8 new Centers in fiscal year 2012.

10           “(2) MINIMUM FUNDING OF EXISTING CEN-  
11           TERS.—No new Centers shall be funded until each  
12           Center in existence before January 1, 2008 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 2008,  
25 \$8,000,000 for fiscal year 2009, \$11,000,000 for fiscal

1 year 2010, \$15,000,000 for fiscal year 2011, and  
2 \$20,000,000 for fiscal year 2012.

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       spect to such condition, the departments may con-  
 2       tract with providers in the communities involved to  
 3       secure programs and skills required to carry out the  
 4       programs.

## 5       **“Subtitle D—Other Programs and** 6                                   **Policies**

7       **“SEC. 3031. MODIFICATION OF APPLICATIONS AWARD**  
 8                                   **PROCESS TO ATTRACT MOST QUALIFIED SCI-**  
 9                                   **ENTISTS AND PRACTITIONERS; DEVELOPING**  
 10                                  **HEALTH PROMOTION INFRASTRUCTURE.**

11       “(a) MODIFICATION OF AWARDS APPLICATION PROC-  
 12       ESS.—In awarding grants, cooperative agreements, and  
 13       contracts under this title, the Secretary shall modify the  
 14       application process to attract the most qualified individ-  
 15       uals and organizations, rather than those individuals and  
 16       organizations that are most sophisticated with respect to  
 17       the applications processes.

18       “(b) GENERAL PRIORITY OF DEVELOPING HEALTH  
 19       PROMOTION INFRASTRUCTURE.—The Secretary shall en-  
 20       sure that programs carried out pursuant to this title are  
 21       consistent with the general priority of developing the  
 22       health promotion infrastructure among universities, non-  
 23       profit organizations, and for-profit organizations, rather

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

