



94TH GENERAL ASSEMBLY

State of Illinois

2005 and 2006

HB0615

Introduced 1/28/2005, by Rep. William Delgado

SYNOPSIS AS INTRODUCED:

New Act

Creates the Reduction of Racial and Ethnic Health Disparities Act. Subject to appropriations for that purpose, requires the Department of Public Health to establish and administer a program of grants to stimulate the development of community-based and neighborhood-based projects that will improve the health outcomes of racial and ethnic populations. Requires the Office of Minority Health within the Department to establish measurable outcomes to achieve the goal of reducing health disparities in certain priority areas, including asthma and infant mortality. Authorizes the Director of Public Health to appoint an ad hoc advisory committee to examine areas where public awareness, public education, research, and coordination regarding racial and ethnic health outcome disparities are lacking and make recommendations for closing gaps in health outcomes. Sets forth grant proposal and eligibility requirements. Requires \$1 in local matching moneys for each \$3 of a grant from the Department. Allows the provision of local matching moneys entirely through in-kind contributions in counties with a population of 50,000 or less; for counties over 50,000, requires that at least 50% of the local matching moneys be in cash. Requires the dissemination of grants beginning no later than January 1, 2007.

LRB094 06297 DRJ 36371 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the
5 Reduction of Racial and Ethnic Health Disparities Act.

6 Section 5. Legislative findings and intent.

7 (a) The General Assembly finds that despite State
8 investments in health care programs, certain racial and ethnic
9 populations in Illinois continue to have significantly poorer
10 health outcomes when compared to non-Hispanic whites. The
11 General Assembly finds that local solutions to health care
12 problems can have a dramatic and positive effect on the health
13 status of these populations. Local governments and communities
14 are best equipped to: identify the health education, health
15 promotion, and disease prevention needs of the racial and
16 ethnic populations in their communities; mobilize the
17 community to address health outcome disparities; enlist and
18 organize local public and private resources and faith-based
19 organizations to address these disparities; and evaluate the
20 effectiveness of interventions.

21 (b) It is therefore the intent of the General Assembly to
22 provide funds within Illinois counties, in the form of
23 "Reducing Racial and Ethnic Health Disparities: Closing the
24 Gap" grants, to stimulate the development of community-based
25 and neighborhood-based projects that will improve the health
26 outcomes of racial and ethnic populations. Further, it is the
27 intent of the General Assembly that these programs foster the
28 development of coordinated, collaborative, and broad-based
29 participation by public and private entities and by faith-based
30 organizations. Finally, it is the intent of the General
31 Assembly that the grant program function as a partnership
32 between State and local governments, faith-based

1 organizations, and private-sector health care providers,
2 including managed care, voluntary health care resources,
3 social service providers, and nontraditional partners.

4 Section 10. Definitions. In this Act:

5 "Department" means the Department of Public Health.

6 "Director" means the Director of Public Health.

7 Section 15. Grant program.

8 (a) Subject to appropriations for that purpose, the
9 Department shall establish and administer a grant program to
10 implement this Act.

11 (b) The Department shall do the following:

12 (1) Publicize the availability of funds and establish
13 an application process for submitting a grant proposal.

14 (2) Provide technical assistance and training,
15 including a statewide meeting promoting best practice
16 programs, as requested, to grant recipients.

17 (3) Develop uniform data reporting requirements for
18 the purpose of evaluating the performance of the grant
19 recipients and demonstrating improved health outcomes.

20 (4) Develop a monitoring process to evaluate progress
21 toward meeting grant objectives.

22 (5) Coordinate with existing community-based programs,
23 such as chronic disease community intervention programs,
24 cancer prevention and control programs, diabetes control
25 programs, the Healthy Start program, the Children's Health
26 Insurance (KidCare) Program, the HIV/AIDS program,
27 immunization programs, and other related programs at the
28 State and local levels, to avoid duplication of effort and
29 promote consistency.

30 (c) The Office of Minority Health within the Department
31 shall establish measurable outcomes to achieve the goal of
32 reducing health disparities in the following priority areas:
33 asthma; infant mortality; breast, cervical, prostate, and
34 colorectal cancer screening; kidney disease; HIV/AIDS;

1 hepatitis C; sexually transmitted diseases; adult and child
2 immunizations; cardiovascular disease; diabetes; and
3 accidental injuries and violence.

4 The Office of Minority Health shall enhance current data
5 tools to ensure a statewide assessment of the risk behaviors
6 associated with the health disparity priority areas identified
7 in this subsection. To the extent feasible, the Office shall
8 conduct the assessment so that the results may be compared to
9 national data.

10 (d) The Director may appoint an ad hoc advisory committee
11 to: examine areas where public awareness, public education,
12 research, and coordination regarding racial and ethnic health
13 outcome disparities are lacking; consider access and
14 transportation issues that contribute to health status
15 disparities; and make recommendations for closing gaps in
16 health outcomes and increasing the public's awareness and
17 understanding of health disparities that exist between racial
18 and ethnic populations.

19 Section 20. Eligibility for grant.

20 (a) Any person, entity, or organization within a county may
21 apply for a grant under this Act and may serve as the lead
22 agency to administer and coordinate project activities within
23 the county and develop community partnerships necessary to
24 implement the grant.

25 (b) Persons, entities, or organizations within adjoining
26 counties with populations of less than 100,000 may jointly
27 submit a multicounty grant proposal. The proposal must clearly
28 identify a single lead agency with respect to program
29 accountability and administration, however.

30 (c) In addition to the grants awarded under subsections (a)
31 and (b), up to 20% of the funding for the grant program shall
32 be dedicated to projects that address improving racial and
33 ethnic health status within specific urban areas identified by
34 the Department in rules.

35 (d) Nothing in this Act prevents a person, entity, or

1 organization within a county or group of counties from
2 separately contracting for the provision of racial and ethnic
3 health promotion, health awareness, and disease prevention
4 services.

5 Section 25. Grant proposal requirements.

6 (a) A proposal for a grant under this Act must be submitted
7 to the Department for review.

8 (b) A proposal for a grant must include each of the
9 following elements:

10 (1) The purpose and objectives of the proposed project,
11 including identification of the particular racial or
12 ethnic disparity the project will address. The proposal
13 must address one or more of the following priority areas:

14 (A) Decreasing racial and ethnic disparities in
15 maternal and infant mortality rates.

16 (B) Decreasing racial and ethnic disparities in
17 morbidity and mortality rates relating to cancer.

18 (C) Decreasing racial and ethnic disparities in
19 morbidity and mortality rates relating to HIV/AIDS.

20 (D) Decreasing racial and ethnic disparities in
21 morbidity and mortality rates relating to
22 cardiovascular disease.

23 (E) Decreasing racial and ethnic disparities in
24 morbidity and mortality rates relating to diabetes.

25 (F) Increasing adult and child immunization rates
26 in certain racial and ethnic populations.

27 (G) Decreasing racial and ethnic disparities in
28 oral health care.

29 (2) Identification and relevance of the target
30 population.

31 (3) Methods for obtaining baseline health status data
32 and assessment of community health needs.

33 (4) Mechanisms for mobilizing community resources and
34 gaining local commitment.

35 (5) Development and implementation of health promotion

1 and disease prevention interventions.

2 (6) Mechanisms and strategies for evaluating the
3 project's objectives, procedures, and outcomes.

4 (7) A proposed work plan, including a timeline for
5 implementing the project.

6 (8) The likelihood that project activities will occur
7 and continue in the absence of funding.

8 (c) The Department shall give priority to proposals that:

9 (1) Represent areas with the greatest documented
10 racial and ethnic health status disparities.

11 (2) Exceed the minimum local contribution requirements
12 specified in Section 30.

13 (3) Demonstrate broad-based local support and
14 commitment from entities representing racial and ethnic
15 populations, including non-Hispanic whites. Indicators of
16 support and commitment may include agreements to
17 participate in the program, letters of endorsement,
18 letters of commitment, interagency agreements, or other
19 forms of support.

20 (4) Demonstrate a high degree of participation by the
21 health care community in clinical preventive service
22 activities and community-based health promotion and
23 disease prevention interventions.

24 (5) Have been submitted from counties with a high
25 proportion of residents living in poverty and with poor
26 health status indicators.

27 (6) Demonstrate a coordinated community approach to
28 addressing racial and ethnic health issues within existing
29 publicly financed health care programs.

30 (7) Incorporate intervention mechanisms that have a
31 high probability of improving the targeted population's
32 health status.

33 (8) Demonstrate a commitment to quality management in
34 all aspects of project administration and implementation.

35 Section 30. Grant awards.

1 (a) The Department may award one or more grants in a county
2 or in a group of adjoining counties from which a multicounty
3 grant proposal is submitted. The Department may award an urban
4 area grant under subsection (c) of Section 20 in a county or
5 group of adjoining counties that are also receiving a grant
6 award under subsection (a) or (b) of Section 20.

7 (b) The Department shall award grants on a matching basis.
8 One dollar in local matching funds must be provided for each \$3
9 grant payment made by the State, except that:

10 (1) In counties with populations greater than 50,000,
11 up to 50% of the local match may be through in-kind
12 contributions in the form of free services or human
13 resources. Fifty percent of the local match must be in the
14 form of cash.

15 (2) In counties with populations of 50,000 or less, the
16 required local matching funds may be provided entirely
17 through in-kind contributions.

18 (3) No match is required in the case of a grant to an
19 urban area.

20 (c) The amount of the grant award shall be based on the
21 county or urban area's population, or on the combined
22 population in a group of adjoining counties from which a
23 multicounty application is submitted, and on other factors, as
24 determined by the Department in rules.

25 (d) The Department shall begin disseminating grant awards
26 no later than January 1, 2007.

27 (e) The Department shall fund a grant under this Act for
28 one year and may renew the grant annually upon application to
29 and approval by the Department, subject to the achievement of
30 quality standards, objectives, and outcomes and to the
31 availability of funds.