

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) The Illinois Department of Human Services has several  
22 initiatives to reduce racial and ethnic disparities in infant  
23 mortality and diabetes, and the Illinois Department of Public  
24 Health has several initiatives to address asthma; breast,  
25 cervical, prostate, and colorectal cancer; kidney disease;  
26 HIV/AIDS; hepatitis C; sexually transmitted diseases; adult  
27 and child immunizations; cardiovascular disease; and  
28 accidental injuries and violence.

29 (c) It is therefore the intent of the General Assembly to  
30 provide funds within Illinois counties, in the form of  
31 "Reducing Racial and Ethnic Health Disparities: Closing the  
32 Gap" grants, to stimulate the development of community-based

1 and neighborhood-based projects that will improve the health  
2 outcomes of racial and ethnic populations. Further, it is the  
3 intent of the General Assembly that these programs foster the  
4 development of coordinated, collaborative, and broad-based  
5 participation by public and private entities and by faith-based  
6 organizations. Finally, it is the intent of the General  
7 Assembly that the grant program function as a partnership  
8 between State and local governments, faith-based  
9 organizations, and private-sector health care providers,  
10 including managed care, voluntary health care resources,  
11 social service providers, and nontraditional partners.

12 Section 10. Definitions. In this Act:

13 "Department" means the Department of Public Health.

14 "Director" means the Director of Public Health.

15 Section 15. Grant program.

16 (a) Subject to appropriations for that purpose, the  
17 Department shall establish and administer a grant program to  
18 implement this Act.

19 (b) The Department shall do the following:

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

22 (2) Provide technical assistance and training,  
23 including a statewide meeting promoting best practice  
24 programs, as requested, to grant recipients.

25 (3) Develop uniform data reporting requirements for  
26 the purpose of evaluating the performance of the grant  
27 recipients and demonstrating improved health outcomes.

28 (4) Develop a monitoring process to evaluate progress  
29 toward meeting grant objectives.

30 (5) Coordinate with the Illinois Department of Human  
31 Services and existing community-based programs, such as  
32 chronic disease community intervention programs, cancer  
33 prevention and control programs, diabetes control  
34 programs, the Children's Health Insurance (KidCare)

1 Program, the HIV/AIDS program, immunization programs, and  
2 other related programs at the State and local levels, to  
3 avoid duplication of effort and promote consistency.

4 (c) The Office of Minority Health within the Department  
5 shall establish measurable outcomes to achieve the goal of  
6 reducing health disparities in the following priority areas:  
7 asthma; breast, cervical, prostate, and colorectal cancer  
8 screening; kidney disease; HIV/AIDS; hepatitis C; sexually  
9 transmitted diseases; adult and child immunizations;  
10 cardiovascular disease; and accidental injuries and violence.

11 The Office of Minority Health shall enhance current data  
12 tools to ensure a statewide assessment of the risk behaviors  
13 associated with the health disparity priority areas identified  
14 in this subsection. To the extent feasible, the Office shall  
15 conduct the assessment so that the results may be compared to  
16 national data.

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

26 Section 20. Eligibility for grant.

27 (a) Any person, entity, or organization within a county may  
28 apply for a grant under this Act and may serve as the lead  
29 agency to administer and coordinate project activities within  
30 the county and develop community partnerships necessary to  
31 implement the grant.

32 (b) Persons, entities, or organizations within adjoining  
33 counties with populations of less than 100,000 may jointly  
34 submit a multicounty grant proposal. The proposal must clearly  
35 identify a single lead agency with respect to program

1 accountability and administration, however.

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

7 (d) Nothing in this Act prevents a person, entity, or  
8 organization within a county or group of counties from  
9 separately contracting for the provision of racial and ethnic  
10 health promotion, health awareness, and disease prevention  
11 services.

12 Section 25. Grant proposal requirements.

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

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

17 (1) The purpose and objectives of the proposed project,  
18 including identification of the particular racial or  
19 ethnic disparity the project will address. The proposal  
20 must address one or more of the following priority areas:

21 (A) Decreasing racial and ethnic disparities in  
22 maternal and infant mortality rates.

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

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

27 (D) Decreasing racial and ethnic disparities in  
28 morbidity and mortality rates relating to  
29 cardiovascular disease.

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

32 (F) Increasing adult and child immunization rates  
33 in certain racial and ethnic populations.

34 (G) Decreasing racial and ethnic disparities in  
35 oral health care.

1           (2) Identification and relevance of the target  
2 population.

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

5           (4) Mechanisms for mobilizing community resources and  
6 gaining local commitment.

7           (5) Development and implementation of health promotion  
8 and disease prevention interventions.

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

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

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

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

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

18           (2) Exceed the minimum local contribution requirements  
19 specified in Section 30.

20           (3) Demonstrate broad-based local support and  
21 commitment from entities representing racial and ethnic  
22 populations, including non-Hispanic whites. Indicators of  
23 support and commitment may include agreements to  
24 participate in the program, letters of endorsement,  
25 letters of commitment, interagency agreements, or other  
26 forms of support.

27           (4) Demonstrate a high degree of participation by the  
28 health care community in clinical preventive service  
29 activities and community-based health promotion and  
30 disease prevention interventions.

31           (5) Have been submitted from counties with a high  
32 proportion of residents living in poverty and with poor  
33 health status indicators.

34           (6) Demonstrate a coordinated community approach to  
35 addressing racial and ethnic health issues within existing  
36 publicly financed health care programs.

1           (7) Incorporate intervention mechanisms that have a  
2           high probability of improving the targeted population's  
3           health status.

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

6           Section 30. Grant awards.

7           (a) The Department may award one or more grants in a county  
8           or in a group of adjoining counties from which a multicounty  
9           grant proposal is submitted. The Department may award an urban  
10          area grant under subsection (c) of Section 20 in a county or  
11          group of adjoining counties that are also receiving a grant  
12          award under subsection (a) or (b) of Section 20.

13          (b) Units of local government may provide matching grants  
14          to supplement those made by the Department.

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

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

22          (e) The Department shall fund a grant under this Act for  
23          one year and may renew the grant annually upon application to  
24          and approval by the Department, subject to the achievement of  
25          quality standards, objectives, and outcomes and to the  
26          availability of funds.

27          Section 35. Continued operation of programs to reduce  
28          racial and ethnic disparities in infant mortality and diabetes.  
29          Subject to the amounts appropriated for that purpose, the  
30          Illinois Department of Human Services shall continue to operate  
31          programs to reduce racial and ethnic disparities in infant  
32          mortality and diabetes.