

Reducing Racial and Ethnic Health Disparities

This Act creates a grant program under the state department of public health entitled “Reducing Racial and Ethnic Health Disparities: Closing the Gap,” to stimulate the development of community-based and neighborhood-based projects that will improve the health outcomes of racial and ethnic populations.

Submitted as:
Illinois
Public Act 094-0447
Status: Enacted into law in 2005.

Suggested State Legislation

(Title, enacting clause, etc.)

1 Section 1. [*Short Title.*] This Act may be cited as the “Reduction of Racial and Ethnic
2 Health Disparities Act.”

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4 Section 2. [*Legislative Findings and Intent.*]

5 (a) The [general assembly] finds that despite state investments in health care programs,
6 certain racial and ethnic populations in this state continue to have significantly poorer health
7 outcomes when compared to non-Hispanic whites.

8 (b) The [general assembly] finds that local solutions to health care problems can have a
9 dramatic and positive effect on the health status of these populations. Local governments and
10 communities are best equipped to identify the health education, health promotion, and disease
11 prevention needs of the racial and ethnic populations in their communities; mobilize the
12 community to address health outcome disparities; enlist and organize local public and private
13 resources and faith-based organizations to address these disparities; and to evaluate the
14 effectiveness of interventions.

15 (c) The state [department of human services] has several initiatives to reduce racial and
16 ethnic disparities in infant mortality and diabetes, and the state [department of public health] has
17 several initiatives to address asthma; breast, cervical, prostate, and colorectal cancer; kidney
18 disease; HIV/AIDS; hepatitis C; sexually transmitted diseases; adult and child immunizations;
19 cardiovascular disease; and accidental injuries and violence.

20 (d) It is therefore the intent of the [general assembly] to provide funds within the counties
21 of this state, in the form of ["Reducing Racial and Ethnic Health Disparities: Closing the Gap"]
22 grants, to stimulate the development of community-based and neighborhood-based projects that
23 will improve the health outcomes of racial and ethnic populations. Further, it is the intent of the
24 [general assembly] that these programs foster the development of coordinated, collaborative, and
25 broad-based participation by public and private entities and by faith-based organizations. Finally,
26 it is the intent of the [general assembly] that the grant program function as a partnership between
27 state and local governments, faith-based organizations, and private-sector health care providers,
28 including managed care, voluntary health care resources, social service providers, and
29 nontraditional partners.

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31 Section 3. [*Definitions.*] In this Act:

32 (a) “Department” means the Department of Public Health.

33 (b) “Director” means the Director of Public Health.

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Section 4. *[Grant Program.]*

(a) Subject to appropriations for that purpose, the [department] shall establish and administer a grant program to implement this Act.

(b) The [department] shall do the following:

(1) publicize the availability of funds and establish an application process for submitting a grant proposal;

(2) provide technical assistance and training, including a statewide meeting promoting best practice programs, as requested, to grant recipients;

(3) develop uniform data reporting requirements for the purpose of evaluating the performance of the grant recipients and demonstrating improved health outcomes;

(4) develop a monitoring process to evaluate progress toward meeting grant objectives; and

(5) coordinate with the state [department of human services] and existing community-based programs, such as chronic disease community intervention programs, cancer prevention and control programs, diabetes control programs, the [Children's Health Insurance (KidCare) Program], the HIV/AIDS program, immunization programs, and other related programs at the state and local levels, to avoid duplication of effort and promote consistency.

(c) The [office of minority health] within the [department] shall establish measurable outcomes to achieve the goal of reducing health disparities in the following priority areas: asthma; breast, cervical, prostate, and colorectal cancer screening; kidney disease; HIV/AIDS; hepatitis C; sexually transmitted diseases; adult and child immunizations; cardiovascular disease; and accidental injuries and violence. The [office of minority health] shall enhance current data tools to ensure a statewide assessment of the risk behaviors associated with the health disparity priority areas identified in this subsection. To the extent feasible, the [office] shall conduct the assessment so that the results may be compared to national data.

(d) The [director] may 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; consider access and transportation issues that contribute to health status disparities; and make recommendations for closing gaps in health outcomes and increasing the public's awareness and understanding of health disparities that exist between racial and ethnic populations.

Section 5. *[Eligibility for Grant.]*

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

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

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

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

Section 6. *[Grant Proposal Requirements.]*

83 (a) A proposal for a grant under this Act must be submitted to the [department] for
84 review.

85 (b) A proposal for a grant must include each of the following elements.

86 (1) the purpose and objectives of the proposed project, including identification of
87 the particular racial or ethnic disparity the project will address, including one or more of the
88 following priority areas:

89 (A) decreasing racial and ethnic disparities in maternal and infant
90 mortality rates;

91 (B) decreasing racial and ethnic disparities in morbidity and mortality
92 rates relating to cancer;

93 (C) decreasing racial and ethnic disparities in morbidity and mortality
94 rates relating to HIV/AIDS;

95 (D) decreasing racial and ethnic disparities in morbidity and mortality
96 rates relating to cardiovascular disease;

97 (E) decreasing racial and ethnic disparities in morbidity and mortality
98 rates relating to diabetes;

99 (F) increasing adult and child immunization rates in certain racial and
100 ethnic populations, or

101 (G) decreasing racial and ethnic disparities in oral health care.

102 (2) identify the program's target population;

103 (3) define the program's relevance of the target population;

104 (3) outline methods for obtaining baseline health status data and assessment of
105 community health needs;

106 (4) outline mechanisms for mobilizing community resources and gaining local
107 commitment;

108 (5) develop and implement health promotion and disease prevention
109 interventions;

110 (6) devise mechanisms and strategies for evaluating the project's objectives,
111 procedures, and outcomes;

112 (7) a proposed work plan, including a timeline for implementing the project; and

113 (8) outline the likelihood that project activities will occur and continue in the
114 absence of funding.

115 (c) The [department] shall give priority to proposals that:

116 (1) represent areas with the greatest documented racial and ethnic health status
117 disparities;

118 (2) exceed the minimum local contribution requirements specified in Section 7;

119 (3) demonstrate broad-based local support and commitment from entities
120 representing racial and ethnic populations, including non-Hispanic whites. Indicators of support
121 and commitment may include agreements to participate in the program, letters of endorsement,
122 letters of commitment, interagency agreements, or other forms of support;

123 (4) demonstrate a high degree of participation by the health care community in
124 clinical preventive service activities and community-based health promotion and disease
125 prevention interventions;

126 (5) have been submitted from counties with a high proportion of residents living
127 in poverty and with poor health status indicators;

128 (6) demonstrate a coordinated community approach to addressing racial and
129 ethnic health issues within existing publicly financed health care programs;

130 (7) incorporate intervention mechanisms that have a high probability of improving
131 the targeted population's health status, and

132 (8) demonstrate a commitment to quality management in all aspects of project
133 administration and implementation.

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135 Section 7. [*Grant Awards.*]

136 (a) The [department] may award one or more grants in a [county] or in [a group of
137 adjoining counties] from which a [multicounty] grant proposal is submitted. The [department]
138 may award an [urban area grant] under subsection (c) of Section 5 in a [county] or [group of
139 adjoining counties] that are also receiving a grant award under subsection (a) or (b) of Section 5
140 of this Act.

141 (b) Units of local government may provide matching grants to supplement those made by
142 the [department].

143 (c) The amount of the grant award shall be based on the [county or urban area]'s
144 population, or on the combined population in [a group of adjoining counties] from which a
145 [multicounty] application is submitted, and on other factors, as determined by the [department]
146 in rules.

147 (d) The [department] shall begin disseminating grant awards no later than [January 1,
148 2007].

149 (e) The [department] shall fund a grant under this Act for [one year] and may renew the
150 grant [annually] upon application to and approval by the [department], subject to the
151 achievement of quality standards, objectives, and outcomes and to the availability of funds.

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153 Section 8. [*Continued Operation of Programs to Reduce Racial and Ethnic Disparities in*
154 *Infant Mortality and Diabetes.*] Subject to the amounts appropriated for that purpose, the state
155 [department of human services] shall continue to operate programs to reduce racial and ethnic
156 disparities in infant mortality and diabetes.

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158 Section 9. [*Severability.*] [Insert severability clause.]

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160 Section 10. [*Repealer.*] [Insert repealer clause.]

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162 Section 11. [*Effective Date.*] [Insert effective date.]