

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based only on the provisions contained in the legislation as of the latest date listed below.)

BILL: CS/SB 2494

SPONSOR: Health, Aging and Long-Term Care Committee and Senator Diaz de la Portilla

SUBJECT: Racial and Ethnic Health Outcomes

DATE: April 12, 2000 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Munroe	Wilson	HC	Favorable/CS
2.	_____	_____	CA	_____
3.	_____	_____	FP	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I. Summary:

The bill creates the “Reducing Racial and Ethnic Health Disparities: Closing the Gap Act,” to be implemented by the Department of Health (department or DOH), provides legislative findings and intent, specifies the duties and responsibilities of DOH, and authorizes the appointment of an ad hoc advisory committee. The bill provides criteria and procedures for awarding 1-year grants to local individuals, entities, and organizations to address disparities in racial and ethnic health outcomes to begin no later than January 1, 2001. The awards require matching funds and allow for in-kind contributions based on county population. Ten million dollars are appropriated to DOH for use in establishing and implementing the Act.

This bill creates sections 381.7351, 381.7352, 381.7353, 381.7354, 381.7355, and 381.7356, Florida Statutes.

II. Present Situation:

According to the Office of Minority Health in the Centers for Disease Control and Prevention, by the end of year 2000, racial minorities (African Americans, Asian and Pacific Islander Americans, and Native Americans) will make up more than 17 percent of the United States population. Persons of Hispanic origin, who may be of any race, will make up more than 11 percent of the population. Relative to the nation as a whole, minority populations suffer higher rates of morbidity and mortality. Although the health status of the nation has improved significantly during this century through advances in medical technology, lifestyle improvements, and environmental protections, such advances have not produced equal benefit in some racial and ethnic populations.

Health disparities among minority populations are generally based on differences in economics, education, and other social conditions, and behavioral factors such as lifestyle and health practices. Minority populations are disproportionately represented among the economically disadvantaged in the United States. The impact of institutionalized racism on health has not been adequately assessed; yet relationships between negative health outcomes, economic deprivation,

and lack of adequate access to quality health care have been extensively documented. Research and health promotion efforts have increasingly targeted minority ethnic and racial populations in efforts to understand the dimensions of existing problems and work to reduce or eliminate health disparities.

The Florida Department of Health has indicated that culturally and ethnically diverse communities are Florida's fastest growing population segments. Although the state has invested in health care programs, improvements have been significantly lower for racial and ethnic minorities when compared to whites in many important health outcomes such as the incidence of infant mortality, cardiovascular disease, cancer, and diabetes. The department notes that the lagging rate of improvement in these measures demands attention. Infant mortality rates are nearly doubled for African Americans compared to whites. Hispanic whites are 25 percent more likely than non-Hispanic whites to have diabetes. Native American youth are 34 percent more likely to be current smokers than non-Hispanic white youth. African Americans are nearly six times as likely to die of AIDS than whites. The death rate for cancer among African American men is about 50 percent higher than for white men. Hispanics are 26 percent more likely than non-Hispanic whites to be obese. African Americans are 77 percent more likely to die of stroke than whites.

Federal and State Efforts on Minority and Ethnic Health

Federal and state efforts have been initiated to address minority and ethnic health. The Office of Minority Health was created by the United States Department of Health and Human Services (HHS) in 1985. The Office currently has a mission to improve the health of racial and ethnic populations through the development of effective health policies and programs that help to eliminate disparities in health. (See U.S. Department of Health and Human Services, Office of Minority Health at <http://www.omhrc.gov/AboutOMH.HTM>.) The Office of Minority Health advises the Secretary of HHS and the Office of Public Health and Science on public health issues affecting American Indians and Alaska natives, Asian Americans, Native Hawaiians and other Pacific Islanders, African Americans, and Hispanics. The Office of Minority Health Resources Center serves as a national resource and referral service on minority health issues. The center collects and distributes health information and facilitates the exchange of information on minority health issues.

As a part of the President's Initiative on Race, Healthy People 2010 program was created in February 1998, as part of an effort to eliminate disparities in health outcomes for racial and ethnic minorities in the United States. The program is a national health promotion and disease prevention initiative that brings together national, state, and local government agencies, organizations, businesses, communities, and persons to improve the health of all Americans, eliminate disparities in health, and improve years and quality of life. The Minority HIV/AIDS Initiative provides funds for grants to community-based organizations, research institutions, minority-serving colleges and universities, health care organizations, and state and local health departments through six federal agencies, the Office of Minority Health, Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, National Institutes of Health, Indian Health Services, and Health Resources and Services Administration.

The State of Florida supports minority and ethnic health care through a number of agencies. The Minority HIV/AIDS Task Force was created to make recommendations to strengthen HIV/AIDS

prevention, early intervention and treatment efforts in the state's African American, Hispanic, and other minority communities. The department's Bureau of HIV/AIDS has implemented several initiatives towards culturally and ethnically diverse communities. In conjunction with the U.S. HHS, the Office of Equal Opportunity and Minority Affairs in the department recently sponsored the Inaugural Interagency Minority Health Symposium whose goal was to bring together government and community leaders to explore more effective ways to address the health care needs of Florida's culturally and ethnically diverse communities. Six major areas of health disparity were the focus of the symposium's discussion: maternal/infant mortality; vaccination; HIV/AIDS; diabetes; chronic cardiovascular diseases; and cancer. The department, as a part of its public health mission, provides sickle cell education and counseling and assists in identifying available medical and supportive resources for sickle cell disease. The Bureau of Tuberculosis & Refugee Health within the department provides time-limited health care services to refugees.

Community environmental health initiatives implemented by the Department of Health and other state agencies have an impact on minority and ethnic health. Under s. 381.1015, F.S., the Community Environmental Health program within the department recognizes that racial minorities and low-income populations experience higher than average exposures to selected pollutants. Section 14.2015, F.S., provides for the Front Porch Florida program, an urban revitalization initiative that is designed to build upon the strengths of Florida's urban communities, including the Urban Core Brownfield Cleanup Program.

III. Effect of Proposed Changes:

Section 1. Creates s. 381.7351, F.S., to provide a short title - "Reducing Racial and Ethnic Health Disparities: Closing the Gap Act"

Section 2. Creates s. 381.7352, F.S., to provide legislative findings and intent that acknowledges that certain racial and ethnic populations in Florida continue to have significantly poorer health outcomes when compared to non-Hispanic whites. Legislative findings recognize that local governments and communities are best equipped to identify the health education, health promotion, and disease prevention needs of the racial and ethnic populations in those communities, and to mobilize the community to address these health outcome disparities and to evaluate the effectiveness of any efforts to intervene. It is the intent of the Legislature to provide grant funds to counties, faith-based organizations, and Front Porch communities to improve the health outcomes of racial and ethnic populations.

Section 3. Creates s. 381.7353, F.S., to require DOH to administer the "Reducing Racial and Ethnic Disparities: Closing the Gap" grant program. The department must: publicize the availability of funds and establish a grant application process; provide technical assistance and training to grant recipients and other community-based organizations who plan to develop projects pursuant to the grant program, as requested; develop uniform data reporting requirements for evaluating the impact of grants on health outcomes; develop a monitoring process for the grants; and coordinate with existing community-based programs to avoid duplication and promote consistency. The secretary of the department may appoint an ad hoc advisory committee whose responsibilities include: examining areas where public awareness, public education, research, and coordination regarding racial and ethnic health outcome disparities are lacking; considering access and transportation issues that contribute to health-status

disparities; evaluating the root causes of racial and ethnic health disparities; and making recommendations for closing the gaps in health outcomes and disparities that exist for racial and ethnic populations.

Section 4. Creates s. 381.7354, F.S., to provide criteria for grant eligibility. Any person, entity, or organization within a county may apply for a Closing the Gap grant and may serve as the lead agency to administer and coordinate project activities within that county and to develop community partnerships. Multicounty grant proposals with a single lead agency designated may be jointly submitted from persons, entities, or organizations within adjoining counties with populations of less than 100,000. No more than 20 percent of the funding, in addition to county grants, may be dedicated to projects that address improving racial and ethnic health-status within specific Front Porch Communities, as designated pursuant to s. 14.2015(9)(b), F.S. The act does not prevent 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 5. Creates s. 381.7355, F.S., to provide requirements for grant proposals and criteria which DOH must use to review grant proposals. Each proposal must include an objective to decrease racial and ethnic disparities in at least one of the following: maternal and infant mortality rates; morbidity and mortality rates relating to cancer, HIV/AIDS, cardiovascular disease, or diabetes; increasing adult and child immunization rates in the racial and ethnic population; or decreasing racial and ethnic disparities in morbidity relating to respiratory diseases, including asthma. Additionally the proposal must include: an identified target population; a methodology for baseline health status data and assessment of community health needs; a mechanism for mobilizing community resources and local commitment; development and implementation of health promotion and disease prevention interventions; a methodology for project evaluation; a proposed work plan which includes a timeline; the likelihood that project activities will occur or continue in the absence of funding; and inclusion of community-based, culturally sensitive organizations that are comprised of the intended beneficiaries of the proposed project.

The department must give priority to proposals that: represent areas with the greatest documented racial and ethnic health status disparities; exceed the minimum local contribution requirements; demonstrate broad-based local support and commitment from entities representing racial and ethnic populations; demonstrate a high degree of participation by the health care community in clinical preventive service activities and community-based health promotion and disease prevention interventions; are submitted by counties whose residents have a high level of poverty and poor health status indicators; demonstrate a coordinated community approach to addressing racial and ethnic health issues with existing publicly financed health care programs; incorporate intervention mechanisms that have a high probability for improving the targeted population's health status; and demonstrate a commitment to quality management.

Section 6. Creates s. 381.7356, F.S., to require local matching funds and grant awards. One or more Closing the Gap grants may be awarded in a county or to a group of counties applying jointly. The Closing the Gap grants must be awarded on a matching basis, with one dollar in local matching funds for each three dollars of grant funds with specified exceptions. The exceptions to the matching funds formula allow: counties having populations greater than 50,000 where up to 50 percent of the local match may be in-kind in the form of free services or human resources and at least 50 percent of the local match must be in the form of cash; or a county having a population

of less than 50,000 to provide the required local matching funds entirely through in-kind contributions. Neighborhood grants do not have a matching requirement. The amount of any grant must be based on the county's or neighborhood's population, or on the combined population of a group of counties from which a multicounty application is submitted, and on other factors determined by the department. The grants must be disseminated no later than January 1, 2001. Each Closing the Gap grant must be funded for 1 year and may be renewed annually upon application and approval by DOH subject to the availability of funds and other factors. The grant program's implementation is contingent upon being funded by the Legislature.

Section 7. Creates an undesignated section, to appropriate \$10 million from the General Revenue Fund to DOH to establish and implement the Reducing Racial and Ethnic Health Disparities: Closing the Gap Act, including funding one full time position.

Section 8. This act shall take effect upon becoming a law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Subsections 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

If implemented, the bill may reduce disparities in racial and ethnic health outcomes in Florida.

C. Government Sector Impact:

The department will incur costs to implement and monitor the grant program. The department estimates that it will need one full time position (Senior Management Analyst II) with a total salary and benefits of \$40,491 for fiscal year 2000-2001 and \$55,067 for fiscal

year 2001-2002. The department estimates costs for travel, holding a statewide conference, and travel costs for the ad hoc advisory committee (6 meetings/year) to equal \$53,605 for fiscal year 2000-2001 and \$23,505 for fiscal year 2001-2002. The department estimates that \$9,908,524 will be needed for county, community, or neighborhood grant awards for fiscal year 2000-2001 and \$9,944,393 will be needed for fiscal year 2001-2002. The total non-recurring and recurring cost for each fiscal year is \$10 million.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.
