

By the Committee on Health, Aging and Long-Term Care; and
Senator Diaz de la Portilla

317-1927C-00

1 A bill to be entitled
2 An act relating to improving racial and ethnic
3 health outcomes; creating s. 381.7351, F.S.;
4 creating the "Reducing Racial and Ethnic Health
5 Disparities: Closing the Gap Act"; creating s.
6 381.7352, F.S.; providing legislative findings
7 and intent; creating s. 381.7353, F.S.;
8 providing for the creation of the Reducing
9 Racial and Ethnic Health Disparities: Closing
10 the Gap grant program, to be administered by
11 the Department of Health; providing department
12 duties and responsibilities; authorizing
13 appointment of an advisory committee; creating
14 s. 381.7354, F.S.; providing eligibility for
15 grant awards; creating s. 381.7355, F.S.;
16 providing project requirements, an application
17 process, and review criteria; creating s.
18 381.7356, F.S.; providing for Closing the Gap
19 grant awards; providing for local matching
20 funds; providing factors for determination of
21 the amount of grant awards; providing for award
22 of grants to begin by a specified date, subject
23 to specific appropriation; providing for annual
24 renewal of grants; providing an appropriation;
25 providing an effective date.

26
27 WHEREAS, the death rate for cancer among African
28 American men is approximately 50 percent higher than for white
29 men, and

30 WHEREAS, African Americans are nearly twice as likely
31 to die of stroke as whites, and

1 WHEREAS, African American women are 50 percent more
2 likely, and Hispanic women are 30 percent more likely, than
3 non-Hispanic white women to be diagnosed with late-stage
4 breast cancer, and

5 WHEREAS, the death rate for coronary heart disease is 6
6 percent higher for African Americans than for whites, and

7 WHEREAS, during the first year of life, the rate of
8 death for African American babies is twice that of white
9 babies, and African Americans are twice as likely as whites to
10 have low-birthweight babies, and

11 WHEREAS, African Americans are twice as likely to have
12 diabetes as whites, and Hispanic whites are 25 percent more
13 likely than non-Hispanic whites to have diabetes, and

14 WHEREAS, African Americans are 77 percent more likely,
15 and Hispanics are 26 percent more likely, than non-Hispanic
16 whites to suffer from obesity, and

17 WHEREAS, Native American youth are 34 percent more
18 likely to be current smokers than non-Hispanic white youth,
19 and

20 WHEREAS, African American and Hispanic adults are 60
21 percent more likely than non-Hispanic white adults to be
22 physically inactive, and

23 WHEREAS, African Americans are nearly fourteen times as
24 likely to die of HIV/AIDS as whites, and

25 WHEREAS, African Americans ages 35 and older are 7 to
26 15 percent more likely to develop glaucoma compared to all
27 other population groups, and 50 percent of Asians over the age
28 of 50 have glaucoma, and

29 WHEREAS, immunization against vaccine-preventable
30 diseases saves millions of dollars in health care costs and
31 reduces the number of absences from school and work, thereby

1 creating environments in which children and adults can
2 succeed, and

3 WHEREAS, to promote good health practices, a community
4 must develop systems that support healthy behaviors and
5 address the real causes of death and illness, and

6 WHEREAS, health promotion and disease prevention are
7 less costly than treatment of disease, and

8 WHEREAS, the Legislature supports the principle of the
9 Front Porch Florida Initiative and finds that residents can
10 work with government to identify resources both inside and
11 outside the community, and create neighborhood networks
12 empowered to address racial and ethnic disparities in health
13 specific to their communities, and

14 WHEREAS, the Legislature intends to close the health
15 status gap between racial and ethnic populations by making
16 available grants to fund local projects addressing the real
17 causes of death and illness, increasing public awareness of
18 the impact of unhealthy lifestyles, increasing community-based
19 health promotion activities, and increasing community-based
20 disease prevention activities, NOW, THEREFORE,

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22 Be It Enacted by the Legislature of the State of Florida:

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24 Section 1. Section 381.7351, Florida Statutes, is
25 created to read:

26 381.7351 Short title.--Sections 381.7351-381.7356 may
27 be cited as the "Reducing Racial and Ethnic Health
28 Disparities: Closing the Gap Act."

29 Section 2. Section 381.7352, Florida Statutes, is
30 created to read:

31 381.7352 Legislative findings and intent.--

1 (1) The Legislature finds that despite state
2 investments in health care programs, certain racial and ethnic
3 populations in Florida continue to have significantly poorer
4 health outcomes when compared to non-Hispanic whites. The
5 Legislature finds that local solutions to health care problems
6 can have a dramatic and positive effect on the health status
7 of these populations. Local governments and communities are
8 best equipped to identify the health education, health
9 promotion, and disease prevention needs of the racial and
10 ethnic populations in their communities, mobilize the
11 community to address health outcome disparities, enlist and
12 organize local public and private resources and faith-based
13 organizations to address these disparities, and evaluate the
14 effectiveness of interventions.

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

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1 Section 3. Section 381.7353, Florida Statutes, is
2 created to read:

3 381.7353 Reducing Racial and Ethnic Health
4 Disparities: Closing the Gap grant program; administration;
5 department duties.--

6 (1) The Reducing Racial and Ethnic Health Disparities:
7 Closing the Gap grant program shall be administered by the
8 Department of Health.

9 (2) The department shall:

10 (a) Publicize the availability of funds and establish
11 an application process for submitting a grant proposal.

12 (b) Provide technical assistance and training,
13 including a statewide meeting promoting best practice
14 programs, as requested, to grant recipients and other
15 community-based organizations that plan to develop projects
16 pursuant to this program.

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

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

22 (e) 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 Florida KidCare
26 Program, the HIV/AIDS program, immunization programs, and
27 other related programs at the state and local levels, to avoid
28 duplication of effort and promote consistency.

29 (3) Pursuant to s. 20.43(6), the secretary may appoint
30 an ad hoc advisory committee to: examine areas where public
31 awareness, public education, research, and coordination

1 regarding racial and ethnic health outcome disparities are
2 lacking; consider access and transportation issues that
3 contribute to health status disparities; evaluate the root
4 causes of racial and ethnic health disparity; and make
5 recommendations for closing gaps in health outcomes and
6 increasing the public's awareness and understanding of health
7 disparities that exist between racial and ethnic populations.

8 Section 4. Section 381.7354, Florida Statutes, is
9 created to read:

10 381.7354 Eligibility.--

11 (1) Any person, entity, or organization within a
12 county may apply for a Closing the Gap grant and may serve as
13 the lead agency to administer and coordinate project
14 activities within that county and develop community
15 partnerships necessary to implement the grant.

16 (2) Persons, entities, or organizations within
17 adjoining counties with populations of less than 100,000,
18 based on the annual estimates produced by the Population
19 Program of the University of Florida Bureau of Economic and
20 Business Research, may jointly submit a multicounty Closing
21 the Gap grant proposal. However, the proposal must clearly
22 identify a single lead agency with respect to program
23 accountability and administration.

24 (3) In addition to the grants awarded under
25 subsections (1) and (2), up to 20 percent of the funding for
26 the Reducing Racial and Ethnic Health Disparities: Closing the
27 Gap grant program shall be dedicated to projects that address
28 improving racial and ethnic health status within specific
29 Front Porch Florida Communities, as designated pursuant to s.
30 14.2015(9)(b).

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1 (4) Nothing in ss. 381.7351-381.7356 shall prevent a
2 person, entity, or organization within a county or group of
3 counties from separately contracting for the provision of
4 racial and ethnic health promotion, health awareness, and
5 disease prevention services.

6 Section 5. Section 381.7355, Florida Statutes, is
7 created to read:

8 381.7355 Project requirements; review criteria.--

9 (1) Closing the Gap grant proposals shall be submitted
10 to the Department of Health for review.

11 (2) A proposal must include each of the following
12 elements:

13 (a) The purpose and objectives of the proposal,
14 including identification of the particular racial or ethnic
15 disparity the project will address. The proposal must address
16 one or more of the following priority areas:

17 1. Decreasing racial and ethnic disparities in
18 maternal and infant mortality rates.

19 2. Decreasing racial and ethnic disparities in
20 morbidity and mortality rates relating to cancer.

21 3. Decreasing racial and ethnic disparities in
22 morbidity and mortality rates relating to HIV/AIDS.

23 4. Decreasing racial and ethnic disparities in
24 morbidity and mortality rates relating to cardiovascular
25 disease.

26 5. Decreasing racial and ethnic disparities in
27 morbidity and mortality rates relating to diabetes.

28 6. Increasing adult and child immunization rates in
29 the racial and ethnic population.

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1 7. Decreasing racial and ethnic disparities in
2 morbidity and mortality relating to respiratory diseases,
3 including asthma.

4 (b) Identification and relevance of the target
5 population.

6 (c) Methods for obtaining baseline health status data
7 and assessment of community health needs.

8 (d) Mechanisms for mobilizing community resources and
9 gaining local commitment.

10 (e) Development and implementation of health promotion
11 and disease prevention interventions.

12 (f) Mechanisms and strategies for evaluating the
13 project's objectives, procedures, and outcomes.

14 (g) A proposed work plan, including a timeline for
15 implementing the project.

16 (h) Likelihood that project activities will occur and
17 continue in the absence of funding.

18 (i) Inclusion of community-based, culturally sensitive
19 organizations that are comprised of the intended beneficiaries
20 of the proposed project.

21 (3) Priority shall be given to proposals that:

22 (a) Represent areas with the greatest documented
23 racial and ethnic health status disparities.

24 (b) Exceed the minimum local contribution requirements
25 specified in s. 381.7356.

26 (c) Demonstrate broad-based local support and
27 commitment from entities representing racial and ethnic
28 populations, including non-Hispanic whites. Indicators of
29 support and commitment may include agreements to participate
30 in the program, letters of endorsement, letters of commitment,
31 interagency agreements, or other forms of support.

1 (d) Demonstrate a high degree of participation by the
2 health care community in clinical preventive service
3 activities and community-based health promotion and disease
4 prevention interventions.

5 (e) Have been submitted from counties with a high
6 proportion of residents living in poverty and with poor health
7 status indicators.

8 (f) Demonstrate a coordinated community approach to
9 addressing racial and ethnic health issues within existing
10 publicly financed health care programs.

11 (g) Incorporate intervention mechanisms that have a
12 high probability of improving the targeted population's health
13 status.

14 (h) Demonstrate a commitment to quality management in
15 all aspects of project administration and implementation.

16 Section 6. Section 381.7356, Florida Statutes, is
17 created to read:

18 381.7356 Local matching funds; grant awards.--

19 (1) One or more Closing the Gap grants may be awarded
20 in a county, or in a group of adjoining counties from which a
21 multicounty application is submitted. Front Porch Florida
22 Communities grants may also be awarded in a county or group of
23 adjoining counties that is also receiving a grant award.

24 (2) Closing the Gap grants shall be awarded on a
25 matching basis. One dollar in local matching funds must be
26 provided for each \$3 grant payment made by the state, except
27 that:

28 (a) In counties with populations greater than 50,000,
29 up to 50 percent of the local match may be in-kind in the form
30 of free services or human resources. Fifty percent of the
31 local match must be in the form of cash.

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

4 (c) Grant awards to Front Porch Florida Communities
5 shall not have a matching requirement.

6 (3) The amount of the grant award shall be based on
7 the county or neighborhood's population, or on the combined
8 population in a group of adjoining counties from which a
9 multicounty application is submitted, and on other factors, as
10 determined by the department.

11 (4) Dissemination of grant awards shall begin no later
12 than January 1, 2001.

13 (5) A Closing the Gap grant shall be funded for 1 year
14 and may be renewed annually upon application to and approval
15 by the department, subject to the achievement of quality
16 standards, objectives, and outcomes and to the availability of
17 funds.

18 (6) Implementation of the Reducing Racial and Ethnic
19 Health Disparities: Closing the Gap grant program shall be
20 subject to a specific appropriation provided in the General
21 Appropriations Act.

22 Section 7. There is appropriated from the General
23 Revenue Fund to the Department of Health the sum of \$10
24 million to be used to establish and implement the Reducing
25 Racial and Ethnic Health Disparities: Closing the Gap grant
26 program, including funding for one full-time-equivalent
27 position.

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

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STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
COMMITTEE SUBSTITUTE FOR
Senate Bill 2494

Clarifies the role of faith-based organizations and Front
Porch Communities in addressing disparities in racial and
ethnic health outcomes and revises criteria for Closing the
Gap grant eligibility.