

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1045 Closing the Gap Grant Proposals

SPONSOR(S): Brown

TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	12 Y, 0 N	Raya	McElroy
2) Health Care Appropriations Subcommittee	9 Y, 0 N	Mielke	Clark
3) Health & Human Services Committee	18 Y, 0 N	Raya	Calamas

SUMMARY ANALYSIS

The Department of Health Office of Minority Health and Health Equity (Office) administers multiple health promotion programs including the Closing the Gap (CTG) grant program. The grant program was created by the Legislature in 2000 to improve health outcomes and eliminate racial and ethnic health disparities in Florida by providing grants to increase community-based health and disease prevention activities.

The Office awards grants for one year through a proposal process, and the grants may be renewed annually subject to the availability of funds and the grantee's achievement of quality standards, objectives, and outcomes. The Office outlines required criteria for a grant proposal, including the selection of a priority area that will be addressed by the proposed project. The proposal must identify one or more of the following priority areas:

- Increasing adult and child immunization rates in certain racial and ethnic populations;
- Improving neighborhood social determinates of health, such as transportation, safety, and food access;
- Decreasing racial and ethnic disparities in:
 - Maternal and infant mortality rates;
 - Morbidity and mortality rates relating to cancer;
 - Morbidity and mortality rates relating to HIV/AIDS;
 - Morbidity and mortality rates relating to cardiovascular disease;
 - Morbidity and mortality rates relating to diabetes;
 - Morbidity and mortality rates relating to sickle cell disease;
 - Morbidity and mortality rates relating to Lupus; or
 - Oral health care.

HB 1045 allows the CTG grant program to fund projects directed at decreasing racial and ethnic disparities in morbidity and mortality rates relating to Alzheimer's disease and dementia.

The bill has no fiscal impact on state or local governments.

The bill provides an effective date of July 1, 2019.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Closing the Gap Program

The Department of Health (DOH) Office of Minority Health and Health Equity (Office) is the coordinating office for consultative services in the areas of cultural and linguistic competency, partnership building, and program development and implementation to address the health needs of Florida's minority and underrepresented populations statewide. The Office administers multiple health promotion programs including the "Closing the Gap" (CTG) grant program.¹ In 2000, the Legislature created the CTG grant program to improve health outcomes and eliminate racial and ethnic health disparities in Florida by providing grants to increase community-based health and disease prevention activities.²

Grant Proposals

Grants are awarded for one year through a proposal process, and may be renewed annually subject to the availability of funds and the grantee's achievement of quality standards, objectives, and outcomes.³ Proposals for grants must identify:⁴

- The purpose and objectives of the proposed project, including the particular racial or ethnic disparity the project will address from one or more of the following priority areas:
 - Increasing adult and child immunization rates in certain racial and ethnic populations;
 - Improving neighborhood social determinates of health, such as transportation, safety, and food access, as outlined by the Centers for Disease Control and Prevention (CDC), or
 - Decreasing racial and ethnic disparities in:
 - Maternal and infant mortality rates;
 - Morbidity and mortality rates relating to cancer;
 - Morbidity and mortality rates relating to HIV/AIDS;
 - Morbidity and mortality rates relating to cardiovascular disease;
 - Morbidity and mortality rates relating to diabetes;
 - Morbidity and mortality rates relating to sickle cell disease;
 - Morbidity and mortality rates relating to Lupus; or
 - Oral health care;
- The target population and its relevance;
- Methods for obtaining baseline health status data and assessment of community health needs;
- Mechanisms for mobilizing community resources and gaining local commitment;
- Development and implementation of health promotion and disease prevention interventions;
- Mechanisms and strategies for evaluating the project's objectives, procedures, and outcomes;
- A proposed work plan, including a timeline for implementing the project; and
- The likelihood that project activities will occur and continue in the absence of funding.⁵

¹ Florida Department of Health, *Minority Health*, <http://www.floridahealth.gov/%5C/programs-and-services/minority-health/index.html> (last visited March 16, 2019).

² SS. 381.7353–381.7356, F.S.

³ S. 381.7356(4), F.S.

⁴ S. 381.7355, F.S.

⁵ S. 381.7355, F.S.

Grant Funding

Projects receiving grants are required to provide local matching funds of one dollar for every three dollars awarded,⁶ except for grants awarded to Front Porch Florida communities.⁷ In counties with populations greater than 50,000, up to 50 percent of the local matching funds may be in-kind in the form of free services or human resources.⁸ In counties with populations of 50,000 or less, local matching funds may be provided entirely through in-kind contributions.⁹

Social Determinants of Health

Healthy People 2020 is an initiative of the U.S. Department of Health and Human Services that provides 10-year national objectives for improving the health of Americans.¹⁰ This initiative highlights the importance of social determinants of health as one of its overarching goals.¹¹ Social determinants of health refer to the conditions in the places where people live, learn, and play that have an effect on health risks outcomes.¹² Examples of social determinants include access to health care services, public safety, social norms and attitudes, access to educational, economic, and job opportunities, housing, and quality of education and job training.¹³ Healthy People 2020's five key areas of SDOH are:

- Economic stability;
- Education;
- Social and community context;
- Health and health care; and
- Neighborhood and built environment.¹⁴

The CDC has developed a web-based toolkit to help practitioners recognize the root causes that can affect the health of a population.¹⁵ The tools available in the CDC's web-based toolkit:

- Demonstrate a clear connection to social determinants of health;
- Are wholly or partially funded by the CDC; and
- Were developed within the last 10 years.¹⁶

⁶ S. 381.7356(2), F.S.

⁷ The Front Porch Florida Initiative is administered by the Office of Urban Opportunity within the Department of Economic Opportunity's Division of Community Development and encourages revitalization and redevelopment projects in urban communities. Twenty percent of CTG grant program funds go towards this program. S. 20.60(5)(b)2.g., F.S.

⁸ S. 381.7356(2)(a), F.S.

⁹ S. 381.7356(2)(b), F.S.

¹⁰ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, *About Healthy People*, <http://www.healthypeople.gov/2020/About-Healthy-People> (last visited March 16, 2019).

¹¹ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, *Social Determinants of Health*, <http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health> (last visited on March 16, 2019).

¹² Centers for Disease Control and Prevention, *Social Determinants of Health: Know What Affects Health* (Jan. 29, 2018), <http://www.cdc.gov/socialdeterminants/index.htm> (last visited March 16, 2019).

¹³ *Supra* note 11.

¹⁴ *Id.*

¹⁵ Centers for Disease Control and Prevention, *Tools for Putting Social Determinants of Health into Action*, (Feb. 15, 2018), <http://www.cdc.gov/socialdeterminants/tools/index.htm> (last visited March 16, 2019).

¹⁶ Centers for Disease Control and Prevention, *Frequently Asked Questions* (rev. Dec. 7, 2017), available at <http://www.cdc.gov/socialdeterminants/faqs/index.htm> (last visited March 16, 2019).

Dementia and Alzheimer's Disease

Dementia

Dementia is a general term for diseases that cause a decline in mental ability severe enough to interfere with daily life.¹⁷ For a disease to be considered a form of dementia, at least two of the following core mental functions must be significantly impaired:¹⁸

- Memory;
- Communications and language;
- Ability to focus and pay attention;
- Reasoning and judgment; and
- Visual perception.

Dementia is caused by damaged brain cells that impair the brain's ability to carry out functions that impact cognition, behavior, and emotions. Different forms of dementia are associated with particular types of damaged brain cells.¹⁹ Dementia is most common in older individuals and almost half of all people age 85 or older have some form of dementia.²⁰

Alzheimer's Disease

Alzheimer's disease is the most common type of dementia and accounts for 60 to 80 percent of dementia cases.²¹ It is a progressive brain disorder that damages and eventually destroys brain cells, leading to memory loss and changes in the functions of the brain.²²

There are an estimated 5.7 million people in the United States with Alzheimer's disease, including 5.5 million people aged 65 and older and 200,000 individuals under age 65 who have younger-onset Alzheimer's disease.²³ Florida has an increasing number of individuals with Alzheimer's disease. An estimated 540,000 Floridians have Alzheimer's disease.²⁴ The projected number of Floridians with Alzheimer's disease is estimated to increase by 33.3 percent with 720,000 individuals by 2025.²⁵

Causes

The exact causes of Alzheimer's disease are unknown, but genetic and lifestyle factors appear to play a role.²⁶ For late-onset Alzheimer's disease,²⁷ the presence of a gene called apolipoprotein E (APOE) increases a person's risk of developing the disease.²⁸ For early-onset Alzheimer's disease,²⁹ certain gene mutations passed from a parent to a child increase a person's risk of developing the disease.³⁰

¹⁷ Alzheimer's Association, *What is Dementia?*, <https://www.alz.org/alzheimers-dementia/what-is-dementia> (last visited March 16, 2019).

¹⁸ Id.

¹⁹ Id.

²⁰ National Institute on Aging, *What is Dementia?*, <https://www.nia.nih.gov/health/what-dementia> (last visited March 16, 2019).

²¹ *Supra* note 17.

²² Alzheimer's Association, *What is Alzheimer's?*, http://www.alz.org/alzheimers_disease_what_is_alzheimers.asp (last visited March 16, 2019).

²³ Alzheimer's Association, *2018 Alzheimer's Disease Facts and Figures*, available at <https://www.alz.org/media/HomeOffice/Facts%20and%20Figures/facts-and-figures.pdf>.

²⁴ Alzheimer's Association, *Alzheimer's Statistics: Florida*, available at https://alz.org/getmedia/4d0840b6-0baa-4b97-8a0e-1775cfbf44a4/statesheet_florida (last visited March 16, 2019).

²⁵ Id.

²⁶ National Institute on Aging, *What Causes Alzheimer's Disease?*, <https://www.nia.nih.gov/health/what-causes-alzheimers-disease> (last visited March 7, 2019).

²⁷ Late-onset Alzheimer's disease, in which symptoms first appear in an individual's mid-60s, is the most common form of the disease.

²⁸ *Supra* note 26.

²⁹ Early-onset Alzheimer's disease can occur when an individual is between the ages of 30 to mid-60, and constitutes less than 10 percent of cases of Alzheimer's disease.

³⁰ Id.

Lifestyle factors such as obesity, lack of exercise, poorly controlled type 2 diabetes, and smoking may increase a person's risk of developing Alzheimer's disease.³¹ Contrastingly, factors such as increased physical activity, a nutritious diet, social engagement, and mental stimulation may decrease a person's risk of developing Alzheimer's disease.³² Ongoing research is being conducted on the connection between these lifestyle factors and an increased or decreased risk of Alzheimer's disease.³³

Symptoms, Diagnosis, and Treatment

In the early stages of Alzheimer's disease, the most common symptom is mild memory loss.³⁴ In late-stage Alzheimer's, the symptoms increase in severity and include:

- Disorientation;
- Mood and behavior changes;
- Deepening confusion about events, time, and place;
- Unfounded suspicions about family, friends, and professional caregivers;
- Difficulty speaking, swallowing, and walking; and
- More serious forms of memory loss.³⁵

An individual cannot be definitively diagnosed with Alzheimer's disease until a post-death brain tissue autopsy is performed.³⁶ However, doctors can use several methods and tools to help determine if an individual likely has Alzheimer's disease. This includes conducting repeated tests of the individual's memory, problem solving, attention, and language skills; performing brain scans to rule out the possibility of other diseases; and questioning family members on changes in the individual's behavior and personality.³⁷ Early diagnosis can help preserve daily functioning for a longer period of time and can also allow individuals more opportunities to participate in clinical trials for emerging treatments.³⁸

Currently, there is no cure for Alzheimer's disease, but treatments that can temporarily slow the worsening of symptoms do exist.³⁹ Several medications are currently approved by the U.S. Food and Drug Administration to slow down Alzheimer's symptoms such as memory loss.⁴⁰ Different medications are available depending on the stage of Alzheimer's disease (mild, moderate, or severe).⁴¹ Additionally, cognitive behavioral therapy such as engagement in structured activities may slow the worsening of symptoms.⁴²

Impact in Racial and Ethnic Minority Populations

Racial and ethnic minority populations are more affected by Alzheimer's disease and other forms of dementia than Non-Hispanic whites.⁴³ African Americans are two to three times more likely to develop

³¹ Mayo Clinic, *Alzheimer's Disease*, <https://www.mayoclinic.org/diseases-conditions/alzheimers-disease/symptoms-causes/syc-20350447> (last visited March 16, 2019).

³² *Supra* note 26.

³³ *Id.*

³⁴ Alzheimer's Association, *What is Alzheimer's?*, http://www.alz.org/alzheimers_disease_what_is_alzheimers.asp (last visited March 16, 2019).

³⁵ *Id.*

³⁶ National Institute on Aging, *How is Alzheimer's Disease Diagnosed?*, <https://www.nia.nih.gov/health/how-alzheimers-disease-diagnosed> (last visited on March 16, 2019).

³⁷ *Id.*

³⁸ *Id.*

³⁹ National Institute on Aging, *How is Alzheimer's Disease Treated?*, <https://www.nia.nih.gov/health/how-alzheimers-disease-treated> (last visited March 16, 2019).

⁴⁰ *Id.*

⁴¹ *Id.*

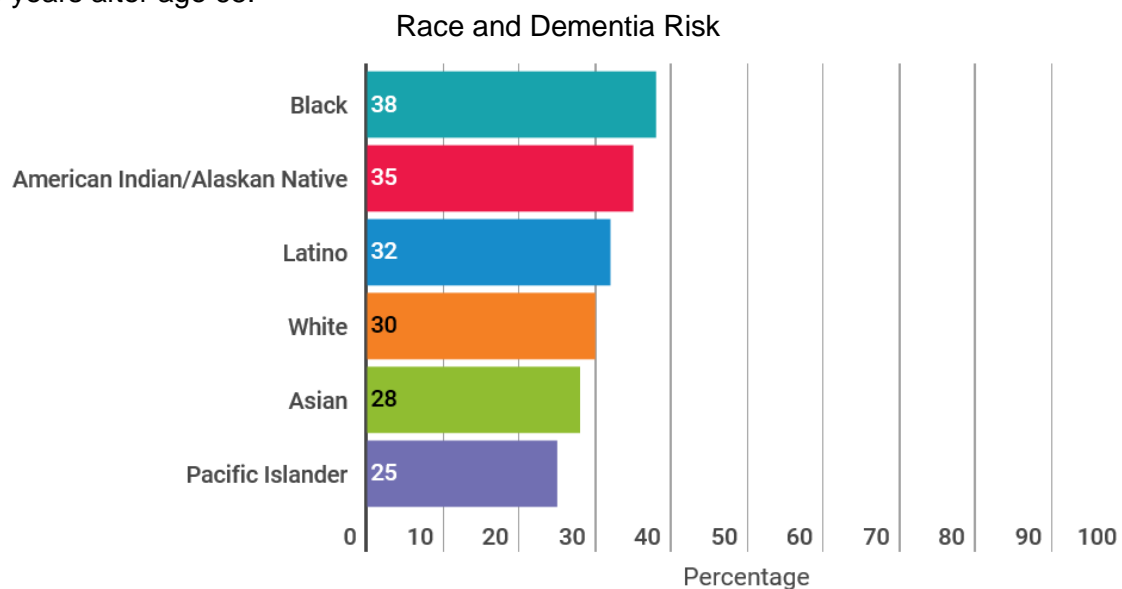
⁴² Forstmeier, Simon, et. al, *Cognitive Behavioral Treatment for Mild Alzheimer's Patients and their Caregivers*, Biomed Central, (Nov. 17, 2015), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4650298/> (last visited March 16, 2019).

⁴³ Alzheimer's Prevention Initiative, *Alzheimer's Disease Facts and Figures*, available at https://www.endalznow.org/storage/documents/Cor/alzheimers%20disease%20facts_figures_factsheet_updated_aug.pdf (last visited March 16, 2019).

Alzheimer's or other dementias than white Americans, and African Americans tend to be diagnosed in later stages of Alzheimer's.⁴⁴ Hispanics are about one to one-half times more likely to develop Alzheimer's or other dementias than Non-Hispanic whites, and the average age that symptoms appear in Hispanic is 6.8 years earlier than in whites.⁴⁵

Genetic factors do not appear to account for the higher prevalence of Alzheimer's disease and other dementias in minority populations.⁴⁶ Rather, variation in health and socioeconomic risk factors may account for this difference. Health conditions that are associated with an increased risk of Alzheimer's and other dementias, such as diabetes and cardiovascular disease, are more prevalent in African American and Hispanic people.⁴⁷ Additionally, socioeconomic characteristics such as higher rates of poverty and greater exposure to adversity may increase the risk in African American and Hispanic people.⁴⁸

Researchers from the University of California in 2016 found significant variation in dementia rates among six ethnic and racial groups. This chart shows each group's likelihood of developing dementia within 25 years after age 65.⁴⁹



Effect of Proposed Changes

HB 1045 allows the Closing the Gap grant program to fund projects directed at decreasing racial and ethnic disparities in morbidity and mortality relates relating to Alzheimer's disease and dementia.

The bill establishes an effective date of July 1, 2019.

B. SECTION DIRECTORY:

Section 1: Amends s. 381.7355, F.S., relating to project requirements; review criteria.

Section 2: Provides an effective date.

⁴⁴ Id.

⁴⁵ Id.

⁴⁶ Alzheimer's Association, *2019 Alzheimer's Disease Facts and Figures*, p. 22, available at <https://www.alz.org/media/Documents/alzheimers-facts-and-figures-2019-r.pdf> (last visited March 16, 2019).

⁴⁷ Id.

⁴⁸ Id.

⁴⁹ University of California, *Landmark study finds dementia risk varies significantly among racial and ethnic groups*, <https://www.universityofcalifornia.edu/news/landmark-study-finds-dementia-risk-varies-significantly-among-racial-and-ethnic-groups> (last visited April 8, 2019).

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None. Alzheimer's and dementia-related proposals will compete with other proposals for existing grant funds.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

The 2018-2019 GAA provided \$3,134,044 in recurring GR for Closing the Gap (Specific Appropriation 425). Adding dementia and Alzheimer's disease as a priority area may reduce awards for other areas.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill does not appear to create a need for rule-making or rule-making authority.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES