

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 1436

INTRODUCER: Senator Gibson

SUBJECT: Closing the Gap

DATE: March 22, 2019

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Brown	HP	Pre-meeting
2.			AHS	
3.			AP	

I. Summary:

SB 1436 adds a priority focus area for the “Closing the Gap” grant projects to include Alzheimer’s Disease and dementia. The “Closing the Gap” program provides grants for activities designed to reduce racial and ethnic disparities. The bill also removes the requirement that up to 20 percent of any grants awarded under the program be set aside for projects related to Front Porch Florida Communities.

The bill has no fiscal impact on state government.

The effective date is July 1, 2019.

II. Present Situation:

The Closing the Gap Program

In 2000, the Florida Legislature created the Reducing the Racial and Ethnic Health Disparities: “Closing the Gap” (CTG) grant program.¹ The program is administered through the Department of Health’s (DOH) Office of Minority Health and Health Equity (OMHHE). The OMHHE is charged with administering the CTG program in a manner that maximizes the impact of the grants in achieving health equity.² The OMHHE is responsible for publicizing the availability of the program and grant funds, establishing the grant application process, providing technical assistance and a statewide meeting to showcase best practices, developing uniform data reporting requirements, creating a monitoring process to evaluate progress towards the grant’s objectives, and coordinating with other state and local programs.³

¹ Chapter 2000-256, ss. 31-32, Laws of Fla. (2000).

² Section 20.43(9), F.S.

³ Section 381.7353, F.S. (2018).

The purposes of the grant program are to positively impact racial and ethnic disparities in several key health indicators, to make meaningful improvements in the lives of those Floridians who suffer disproportionately from disease and disability, and to provide funding in the designated priority areas.

Applications for grants during the most recent award period were required to address each of the following items:⁴

- The purpose and objectives of the proposal, including identification of the particular racial or ethnic disparity the project will address, which must include one or more of the following priority areas:
 - Decreasing racial and ethnic disparities in maternal and infant mortality rates;
 - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cancer;
 - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to HIV/AIDS;
 - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cardiovascular disease;
 - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to diabetes;
 - Increasing adult and child immunization rates in certain racial and ethnic populations;
 - Decreasing racial and ethnic disparities in oral health care;
 - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to sickle cell disease; and,
 - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to lupus.⁵
- Identification and relevance of the target population;
- 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.

The grants could have also stimulated the development of community and neighborhood-based projects to impact health outcomes of racial and ethnic populations.⁶ Grantees were required to identify their target population, provide a work plan for the implementation of health promotion and disease prevention interventions, and demonstrate a high level of participation by the health care community in those planned interventions.⁷ Priority was given to those proposals that were:

- Submissions from areas with the greatest documented ethnic and racial health status disparities;
- Exceeded the statutory local contribution amounts;

⁴ See s. 381.7355(3), F.S.

⁵ Chapter 2018-157, Laws of Fla. Lupus was added to the list of priority areas during the 2018 Regular Legislative Session.

⁶ *Supra* note 3.

⁷ *Id.*

- Demonstrated broad-based local community support shown through letters of support, inter-agency agreements, or other forms of supports;
- Showed high levels of participation by the health care community in clinical preventive services and health promotion activities;
- Submissions from counties with high levels of families living in poverty;
- Demonstrated coordinated community approaches to addressing racial and ethnic health disparities within existing publicly financed programs;
- Incorporated policy approaches that will lead to long-term sustainability and improvement.⁸

The Legislature intended the program to operate as a partnership between the state and local governments, faith-based organizations, private sector organizations, and other non-traditional partners.⁹

Grant Proposals

Grant proposals 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.¹⁰ The DOH released the *Request for Applications* with an application deadline date of February 16, 2018, for grants beginning July 1, 2018 and ending June 30, 2019.¹¹ The next funding cycle will be in 2021-2022.¹²

The maximum award per applicant was estimated at \$200,000 and the grant application states approximately three million dollars would be available, subject to a state general revenue appropriation.¹³ Grant funds may not be used to provide medical or clinical services.¹⁴

The *Request for Applications* included specific submission guidelines for potential grantees. In addition to the list of criteria for priority consideration, the proposal required applications to provide:

- A statement of need – A description of the need for the proposed project that included demographic information about the focal population to be served and the justification for the requested funding for the project. The statement of need was to include information about the impact of the problem, the prevalence of the health disparities, and risk factors that existed in the county to be served.
- Program description – A narrative of the activities was required. There were to be activities which would be conducted as a result of the funding received under this grant proposal, including the how and when those activities would be implemented. The program description was to address any barriers to implementation and a list of intended outcomes and how the grantee intended to measure those outcomes.

⁸ Section 381.7354, F.S. (2018).

⁹ Section 381.7352, F.S. (2018).

¹⁰ Section 381.7356(4), F.S. (2018)

¹¹ Florida Department of Health, Office of Minority Health and Health Equity, *Reducing Racial and Ethnic Health Disparities Closing the Gap Grant Program (CTG) Request for Applications, RFA # 17-007, FY 2018-2019*, <http://www.floridahealth.gov/programs-and-services/minority-health/closing-the-gap.html>, (last visited March 20, 2019).

¹² *Id.*

¹³ *Id.*

¹⁴ *Id at 13.*

- Evaluation plan – A report of how the applicant would measure and evaluate the effectiveness and results of the grant activities. The grant prohibited the use of grant funds to secure an outside evaluator.
- Project management plan – An outline of how the grantee would execute, monitor, and control the proposed plan. The project management plan also had to include how the grantee would handle any issues that arose over the grant period.
- Collaboration – A description of how the grantee would coordinate and partner with other entities within the community for the benefit of the population being served and for the benefit of the project sustainability after the grant funding ends.
- Work plan – A listing of objectives for implementation activities with action items and timelines was required.
- Budget – Inclusion of a proposed budget for the grant period with budget justification.¹⁵

Matching Funds for Grants

Grants could be awarded to a county or a group of adjoining counties if those counties submitted a multi-county application for a one-year period. CTG required the grantee to provide \$1 in local matching funds for every \$3 in state grant funds being requested, cash or in-kind contributions, at varying contribution levels.¹⁶ The amount of a grant award was based on the county’s or the neighborhood’s population demographics. Table 1 below illustrates how populations may meet the match requirement through different combinations of cash and in-kind contributions.

Table 1. Closing the Gap Matching Funds Contribution Combinations¹⁷	
Grantee Type	Matching Funds Requirements
County Populations greater than 50,000	One dollar for every \$3 grant payment 50 percent must be in cash 50 percent may be in-kind
County Population of 50,000 or less	Local matching may be provided entirely through in-kind contributions
Grantee is a Front Porch Community	No match requirement
Performance Based Allocation Funding¹⁸	
Diabetes Priority Area	50 percent of budget <i>Example: In TBA County, increase the number of convenience stores offering fresh fruit and vegetables by 70 percent.</i>
Oral Health Priority Area	50 percent of budget <i>Example: Increase by 50 percent the proportion of children and adolescents in TBA County, screened and referred for needed dental services such as sealants.</i>

On June 1, 2018, the DOH awarded grants under the Request for Applications process to the following vendors:

Vendors Awards Closing the Gap Contracts (2018-2019)			
BayCare Health System	Center for Change	Metropolitan Charities	Suwannee River AHEC

¹⁵ *Id* at 18-21.

¹⁶ Section 381.7356, F.S. (2018).

¹⁷ *Id*.

¹⁸ *Supra* note 14, at 12.

Big Bend Cares	Foundation for Sickle Cell Disease Research	Miami-Dade AHEC	Dept of Health – Duval County
Big Bend Rural Health	Gadsden County Healthy Start	Mother Care Network	Dept of Health – Franklin and Gulf
Brain Expansions	Healthy Mothers Healthy Babies	Prideline Youth Services	Dept of Health – Hardee County
Broward Urban League	Hebni Nutrition Consultants	Reclaiming the Land	Dept of Health – Seminole County
Caridad Center	Latino Salud	Sickle Cell Disease Foundation	Dept of Health – Highland County

Social Determinants of Health

Healthy People 2020 is an initiative of the United States Department of Health and Human Services that provides 10-year national objectives for improving the health of Americans. Its vision is a society in which all people live long, healthy lives.¹⁹ One of the missions of *Healthy People 2020* is increase public awareness of determinants of health, disease, and disability and the opportunities for progress. The project seeks to achieve health equity, eliminate disparities, and improve the health of all groups while also attaining high-quality, longer lives, free of preventable disease, disability, injury, and premature death.²⁰ In Florida, the ethnic and racial disparity in some health categories is significant, as shown in Table 2 below.

Indicator (per 100,000, unless noted)	White	Black	Hispanic	Non-Hispanic
Fetal Deaths ²² (per 1,000 deliveries)	5.2	10.4	5.5	7.2
Infant Deaths ²³ (per 1,000 births)	4.4	11.3	5.1	6.4
Maternal Deaths ²⁴	13.3	24.9	10.5	19.3
Diabetes death rate	18.3	35.7	19.8	20.0
HIV Virus Disease	1.6	10.1	30.1	3.7
Coronary Heart Disease death rate	146.2	100	125.4	153.1
Stroke death rate	37.2	53.9	37.9	37.0
Alzheimer’s	21.7	15.2	25.9	20.2

¹⁹ United States Department of Health and Human Services, *Healthy People 2020 – Framework*, <https://www.healthypeople.gov/sites/default/files/HP2020Framework.pdf>, (last visited March 20, 2019).

²⁰ *Id.*

²¹ Florida Department of Health, FLHealthCHARTS.com, *Resident Age Adjusted Death Rate (AADR) per 100,000 Population by Year by 50 Leading Rankable Causes of Death by Ethnicity* (chart generated on March 20, 2019).

²² Florida Department of Health, *Supra* note 21, *Fetal Death Ratio per 100,000 Births per year* (chart generated on March 20, 2019).

²³ Florida Department of Health, *Supra* note 21, *Infant Death Ratio per 100,000 Births per year* (chart generated on March 20, 2019).

²⁴ Florida Department of Health, *Supra* note 21, *Maternal Death Rate per 100,000 Births per year* (chart generated on March 20, 2019).

A statistical brief from the DOH in 2017 noted that the gap between the black rate and the white rate has decreased over time. In 1995, the age-adjusted mortality rate per 100,000 population was 1,224.9 for Black race and 811.6 for White race, and in 2015, these rates had come down to 851.9 for Black race and 735.0 for White race.²⁵

Dementia

Dementia is not a specific disease but is a catch-all term that is used to describe a group of symptoms associated with a decline in memory or other cognitive abilities that reduce a person's ability to perform everyday activities.²⁶ Symptoms of dementia vary greatly, but at least two of these core mental functions must be significantly impaired for symptoms to be attributed to dementia:

- Memory;
- Communication and language;
- Ability to focus and pay attention;
- Reasoning and judgment; and
- Visual perception.²⁷

Alzheimer's disease also accounts for 60 to 80 percent of all dementia cases.²⁸

Alzheimer's Disease

Alzheimer's disease is the most common cause of dementia. The disease likely develops from many factors such as genetics, lifestyle, and the environment, with age being the greatest known risk factor. Most individuals who develop the disease will do so after the age of 65.²⁹ The disease is a progressive disorder that causes brain cells to degenerate and die.³⁰

Individuals with Alzheimer's may show symptoms such as:

- Repeating statements and questions numerous times over;
- Forgetting conversations, appointments, or events and not remembering them later;
- Misplacing possessions routinely, often putting them in illogical places;
- Getting lost in familiar places;
- Forgetting the names of family members; and
- Having trouble finding the right words to identify objects, express thoughts, or take part in conversations.³¹

²⁵ Florida Department of Health, FLHealthCHARTS.com Statistical Brief, *Gap Between Black and White Death Rate Narrows*, <http://www.flhealthcharts.com/Charts/documents/StatisticalBriefs/GapNarrows.pdf>, (last visited March 20, 2019).

²⁶ Alzheimer's Association, *What is Dementia*, <https://www.alz.org/alzheimers-dementia/what-is-dementia> (last visited March 20, 2019).

²⁷ Alzheimer's Association, *Supra* note 26, *Memory loss and other symptoms of dementia*.

²⁸ *Id.*

²⁹ Alzheimer's Association, *Causes and Risk Factors*, <https://www.alz.org/alzheimers-dementia/what-is-alzheimers/causes-and-risk-factors> (last visited March 20, 2019).

³⁰ Mayo Clinic, *Alzheimer's Disease*, <https://www.mayoclinic.org/diseases-conditions/alzheimers-disease/symptoms-causes/syc-20350447> (last visited March 20, 2019).

³¹ *Id.*

Individuals may also have changes in behavior due to changes in their brains and they may experience depression, apathy, and social withdrawal along with mood swings and delusions.³²

Research also shows that Latinos are about one-and-a-half times as likely as older whites to have Alzheimer's and other dementia while older African Americans are about twice as likely to have the disease as older whites.³³ While researchers are not certain of the cause of this disparity, it is theorized that the higher rates of vascular disease put these groups at higher risk.³⁴

III. Effect of Proposed Changes:

The eligibility requirements for participating in the Closing the Gap grant program under s. 381.7354, F.S., are modified to:

- Eliminate the component that up to 20 percent of any grants awarded under the program be set dedicated for projects related to Front Porch Florida Communities;³⁵ and
- Add Alzheimer's disease and dementia as new priority focus areas for the "Closing the Gap" grant projects.

The effective date of the bill is July 1, 2019.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

³² *Id.*

³³ Alzheimer's Association, *Supra* note 29.

³⁴ *Id.*

³⁵ The Front Porch Florida Initiative began during Governor Jeb Bush's administration and was dedicated to revitalization efforts in some of the state's most distressed communities through the award of competitive grants to fund projects proposed by the community. Front Porch funding was used for economic development, beautification, revitalization, technical assistance, community training, and youth development. The initiative began in 1999 and received its last appropriation in the 2007 General Appropriations Act for the 2007-2008 fiscal year. During that span, the Legislature appropriated over \$28 million in funding. *See*: Florida Senate Committee on Community Affairs, *Department Of Community Affairs - Review Of The Front Porch Florida Initiative*, Interim Project 2008-110 (October 2007) available at http://archive.flsenate.gov/data/Publications/2008/Senate/reports/interim_reports/pdf/2008-110ca.pdf (last visited March 21, 2019)

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Public and private community groups, foundations, and community partnerships that advocate for issues relating to reducing disparities in the prevalence of Alzheimer's disease and dementia among racial and ethnic populations will have a new potential opportunity to compete for grants

C. Government Sector Impact:

The annual appropriation of state funds to CTG program is subject to an annual state budget process. Funding the program is not mandated in SB 1436. The addition of a new priority does not impact the overall cost of the program.

County health departments and other local government entities will also have an opportunity to compete for funds under the program. During this current fiscal year, several local government entities received CTG grants.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 381.7354 and 381.7355.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
