

AN ACT concerning health.

**Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**

Section 1. Short title. This Act may be cited as the Reduction of Racial and Ethnic Health Disparities Act.

Section 5. Legislative findings and intent.

(a) The General Assembly finds that despite State investments in health care programs, certain racial and ethnic populations in Illinois continue to have significantly poorer health outcomes when compared to non-Hispanic whites. The General Assembly finds that local solutions to health care problems can have a dramatic and positive effect on the health status of these populations. 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 their communities; mobilize the community to address health outcome disparities; enlist and organize local public and private resources and faith-based organizations to address these disparities; and evaluate the effectiveness of interventions.

(b) The Illinois Department of Human Services has several initiatives to reduce racial and ethnic disparities in infant mortality and diabetes, and the Illinois Department of Public Health has several initiatives to address asthma; breast, cervical, prostate, and colorectal cancer; kidney disease; HIV/AIDS; hepatitis C; sexually transmitted diseases; adult and child immunizations; cardiovascular disease; and accidental injuries and violence.

(c) It is therefore the intent of the General Assembly to provide funds within Illinois counties, in the form of "Reducing Racial and Ethnic Health Disparities: Closing the Gap" grants, to stimulate the development of community-based

and neighborhood-based projects that will improve the health outcomes of racial and ethnic populations. Further, it is the intent of the General Assembly that these programs foster the development of coordinated, collaborative, and broad-based participation by public and private entities and by faith-based organizations. Finally, it is the intent of the General Assembly that the grant program function as a partnership between State and local governments, faith-based organizations, and private-sector health care providers, including managed care, voluntary health care resources, social service providers, and nontraditional partners.

Section 10. Definitions. In this Act:

"Department" means the Department of Public Health.

"Director" means the Director of Public Health.

Section 15. 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.

(5) Coordinate with the Illinois 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 20. 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) Persons, 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 25. Grant proposal requirements.

(a) A proposal for a grant under this Act must be submitted to the Department for review.

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

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

(A) Decreasing racial and ethnic disparities in maternal and infant mortality rates.

(B) Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cancer.

(C) Decreasing racial and ethnic disparities in morbidity and mortality rates relating to HIV/AIDS.

(D) Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cardiovascular disease.

(E) Decreasing racial and ethnic disparities in morbidity and mortality rates relating to diabetes.

(F) Increasing adult and child immunization rates in certain racial and ethnic populations.

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

(2) Identification and relevance of the target population.

(3) Methods for obtaining baseline health status data and assessment of community health needs.

(4) Mechanisms for mobilizing community resources and gaining local commitment.

(5) Development and implementation of health promotion and disease prevention interventions.

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

(7) A proposed work plan, including a timeline for implementing the project.

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

(c) The Department shall give priority to proposals that:

(1) Represent areas with the greatest documented racial and ethnic health status disparities.

(2) Exceed the minimum local contribution requirements specified in Section 30.

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

(4) 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.

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

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

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

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

Section 30. Grant awards.

(a) The Department may award one or more grants in a county or in a group of adjoining counties from which a multicounty grant proposal is submitted. The Department may award an urban area grant under subsection (c) of Section 20 in a county or group of adjoining counties that are also receiving a grant award under subsection (a) or (b) of Section 20.

(b) Units of local government may provide matching grants to supplement those made by the Department.

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

(d) The Department shall begin disseminating grant awards no later than January 1, 2007.

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

Section 35. Continued operation of programs to reduce racial and ethnic disparities in infant mortality and diabetes. Subject to the amounts appropriated for that purpose, the Illinois Department of Human Services shall continue to operate programs to reduce racial and ethnic disparities in infant mortality and diabetes.