

**HOUSE OF REPRESENTATIVES STAFF ANALYSIS
FINAL BILL ANALYSIS**

BILL #: HB 1045 Closing the Gap Grant Proposals

SPONSOR(S): Brown and others

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

FINAL HOUSE FLOOR ACTION: **GOVERNOR'S ACTION:** Approved
114 **Y's** 0 **N's**

SUMMARY ANALYSIS

HB 1045 passed the House on April 17, 2019. The bill was amended in the Senate on May 2, 2019, and returned to the House. The House concurred in the Senate amendment and subsequently passed the bill as amended on May 3, 2019.

The Department of Health (DOH) 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.

HB 1045 requires the DOH to determine the amount of grant awards based on the merits of the application, prohibits the DOH from establishing a minimum or maximum award amount, and requires the DOH to ensure that grants are awarded to applicants from various regions of the state.

The bill removes the requirement that up to 20 percent of the funding for the Closing the Gap grant program be dedicated to projects relating to the Front Porch Florida Initiative. Additionally, the bill requires the DOH to promote joint initiatives between the Closing the Gap grant program and the HIV/AIDS program.

The bill 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 was approved by the Governor on June 26, 2019, chapter 2019-154, Laws of Florida. The effective date of this bill is July 1, 2019.

I. SUBSTANTIVE INFORMATION

A. EFFECT OF 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 May 6, 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

The maximum award amount per applicant is \$200,000, as set by the DOH.⁶ Projects receiving grants are required to provide local matching funds of one dollar for every three dollars awarded.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

Front Porch Florida Initiative

Governor Jeb Bush's administration established the Front Porch Florida Initiative (Initiative) in 1999¹⁷ and the Initiative is currently administered by the Office of Urban Opportunity within the Department of

⁶ Florida Department of Health, *Application Guidelines FY 2018-2019*, available at <http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/RFA17-0072.pdf> (last visited May 7, 2019).

⁷ S. 381.7356(2), 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 May 6, 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 May 6, 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 May 6, 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 May 6, 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 May 6, 2019).

¹⁷ Florida Senate Committee on Community Affairs, *Department of Community Affairs - Review of the Front Porch Florida Initiative*, October 2017, available at http://archive.flsenate.gov/data/Publications/2008/Senate/reports/interim_reports/pdf/2008-110ca.pdf (last visited May 6, 2019).

Economic Opportunity's Division of Community Development¹⁸ The Initiative is designed to encourage revitalization efforts in distressed communities through the award of competitive grants to fund projects proposed by the community.¹⁹ Front Porch funding is generally used for economic development, beautification, technical assistance, community training, and youth development.²⁰ The Initiative includes twenty Front Porch communities across Florida, and these communities typically have a lower median family income than the state and national medians.²¹ The Legislature has appropriated over \$28 million in funding to the Initiative with the last appropriation occurring in the 2007 General Appropriations Act for the 2007-2008 fiscal year.²²

Current law requires up to twenty percent of CTG grant program funds to go towards this Initiative,²³ and these projects are not required to provide local matching funds.²⁴ During the 2015 through 2018 CTG application cycles, only one CTG grant recipient was awarded funds towards the Initiative.²⁵ This grant recipient received approximately 16.7% of the 2018 CTG grant program funds.²⁶

HIV/AIDS Program

Human Immunodeficiency Virus (HIV) is spread through body fluids and damages the body's immune system.²⁷ Untreated, HIV reduces the body's ability to fight off infections and diseases and can lead to Acquired Immunodeficiency Syndrome (AIDS), the most severe form of the HIV infection.²⁸ There is no cure for HIV, however treatment such as antiretroviral therapy can prolong the lives of those infected with HIV and reduce the likelihood of the infection progressing to AIDS.²⁹

The HIV/AIDS Program is administered by the DOH and provides services to babies, children, teens, and youth ages 0 through 20 years old who have been exposed to or diagnosed with HIV/AIDS.³⁰ These services include medical evaluations and treatment, social services, care coordination, nutritional counseling, and educational programs.³¹ A network of pediatric infectious disease specialists, referral centers, and community-based clinics around the state provide the HIV/AIDS Program services.³²

The 2018-2019 General Appropriations Act provided \$116,359,784 to the HIV/AIDS Program³³ and an estimated \$22 million in appropriated funds remains unused as of June 30, 2019.³⁴ For FY 2017-2018, the HIV/AIDS Program had a total of \$5,023,238 in unused funds that reverted to the state treasury.³⁵

¹⁸ S. 20.60, F.S.

¹⁹ *Supra* note 17.

²⁰ *Id.*

²¹ *Id.*

²² *Id.*

²³ S. 381.7354(3), F.S.

²⁴ S. 381.7356(2)(c), F.S.

²⁵ Email from John P. Rich, Office of Legislative Planning, Department of Health, RE: Closing the Gap Grant Funding (May 8, 2019) (On file with the Health Quality Subcommittee Staff).

²⁶ *Supra* note 6; Closing the Gap Grant Program, *Center for Change, Inc. Contract* (On file with the Health Quality Subcommittee Staff).

²⁷ U.S. Department of Health, *What Are HIV and AIDS?*, <https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/what-are-hiv-and-aids> (last visited May 6, 2019).

²⁸ *Id.*

²⁹ *Id.*

³⁰ Florida Department of Health, *HIV/AIDS Program*, <http://www.floridahealth.gov/programs-and-services/childrens-health/cms-specialty-programs/hiv-aids-program/index.html> (last visited May 6, 2019).

³¹ *Id.*

³² *Id.*

³³ Ch. 2018-9, Laws of Fla.

³⁴ Transparency Florida, *2018-19 Operating Budget: Department of Health*, available at <http://www.transparencyflorida.gov/OperatingBudget/AgencyDetailLevel.aspx?FY=19&BE=64200200&SC=F&OB=N> (last visited May 8, 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.³⁶ For a disease to be considered a form of dementia, at least two of the following core mental functions must be significantly impaired:³⁷

- 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.³⁸ Dementia is most common in older individuals and almost half of all people age 85 or older have some form of dementia.³⁹

Alzheimer's Disease

Alzheimer's disease is the most common type of dementia and accounts for 60 to 80 percent of dementia cases.⁴⁰ 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.⁴¹

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.⁴² Florida has an increasing number of individuals with Alzheimer's disease. An estimated 540,000 Floridians have Alzheimer's disease.⁴³ The projected number of Floridians with Alzheimer's disease is estimated to increase by 33.3 percent with 720,000 individuals by 2025.⁴⁴

Causes

The exact causes of Alzheimer's disease are unknown, but genetic and lifestyle factors appear to play a role.⁴⁵ For late-onset Alzheimer's disease,⁴⁶ the presence of a gene called apolipoprotein E (APOE)

³⁵ Transparency Florida, *2017-18 Annual Reversions*, available at

<http://www.transparencyflorida.gov/Reports/AnnualReversionReport.aspx?FY=&RT=RV> (last visited May 8, 2019) (Report on file with the Health Quality Subcommittee Staff).

³⁶ Alzheimer's Association, *What is Dementia?*, <https://www.alz.org/alzheimers-dementia/what-is-dementia> (last visited May 6, 2019).

³⁷ Id.

³⁸ Id.

³⁹ National Institute on Aging, *What is Dementia?*, <https://www.nia.nih.gov/health/what-dementia> (last visited May 6, 2019).

⁴⁰ *Supra* note 36.

⁴¹ Alzheimer's Association, *What is Alzheimer's?*, http://www.alz.org/alzheimers_disease_what_is_alzheimers.asp (last visited May 6, 2019).

⁴² 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> (last visited May 6, 2019).

⁴³ Alzheimer's Association, *Alzheimer's Statistics: Florida*, available at https://alz.org/getmedia/4d0840b6-0baa-4b97-8a0e-1775cfbf44a4/statesheet_florida (last visited May 6, 2019).

⁴⁴ Id.

⁴⁵ National Institute on Aging, *What Causes Alzheimer's Disease?*, <https://www.nia.nih.gov/health/what-causes-alzheimers-disease> (last visited May 6, 2019).

⁴⁶ Late-onset Alzheimer's disease, in which symptoms first appear in an individual's mid-60s, is the most common form of the disease.

increases a person's risk of developing the disease.⁴⁷ For early-onset Alzheimer's disease,⁴⁸ certain gene mutations passed from a parent to a child increase a person's risk of developing the disease.⁴⁹ 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.⁵⁰ 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.⁵¹ Ongoing research is being conducted on the connection between these lifestyle factors and an increased or decreased risk of Alzheimer's disease.⁵²

Symptoms, Diagnosis, and Treatment

In the early stages of Alzheimer's disease, the most common symptom is mild memory loss.⁵³ 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.⁵⁴

An individual cannot be definitively diagnosed with Alzheimer's disease until a post-death brain tissue autopsy is performed.⁵⁵ 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.⁵⁶ 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.⁵⁷

Currently, there is no cure for Alzheimer's disease, but treatments that can temporarily slow the worsening of symptoms do exist.⁵⁸ Several medications are currently approved by the U.S. Food and Drug Administration to slow down Alzheimer's symptoms such as memory loss.⁵⁹ Different medications are available depending on the stage of Alzheimer's disease (mild, moderate, or severe).⁶⁰ Additionally, cognitive behavioral therapy such as engagement in structured activities may slow the worsening of symptoms.⁶¹

⁴⁷ *Supra* note 45.

⁴⁸ 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.

⁴⁹ *Id.*

⁵⁰ Mayo Clinic, *Alzheimer's Disease*, <https://www.mayoclinic.org/diseases-conditions/alzheimers-disease/symptoms-causes/syc-20350447> (last visited May 6, 2019).

⁵¹ *Supra* note 45.

⁵² *Id.*

⁵³ Alzheimer's Association, *What is Alzheimer's?*, http://www.alz.org/alzheimers_disease_what_is_alzheimers.asp (last visited May 6, 2019).

⁵⁴ *Id.*

⁵⁵ National Institute on Aging, *How is Alzheimer's Disease Diagnosed?*, <https://www.nia.nih.gov/health/how-alzheimers-disease-diagnosed> (last visited on May 6, 2019).

⁵⁶ *Id.*

⁵⁷ *Id.*

⁵⁸ National Institute on Aging, *How is Alzheimer's Disease Treated?*, <https://www.nia.nih.gov/health/how-alzheimers-disease-treated> (last visited May 6, 2019).

⁵⁹ *Id.*

⁶⁰ *Id.*

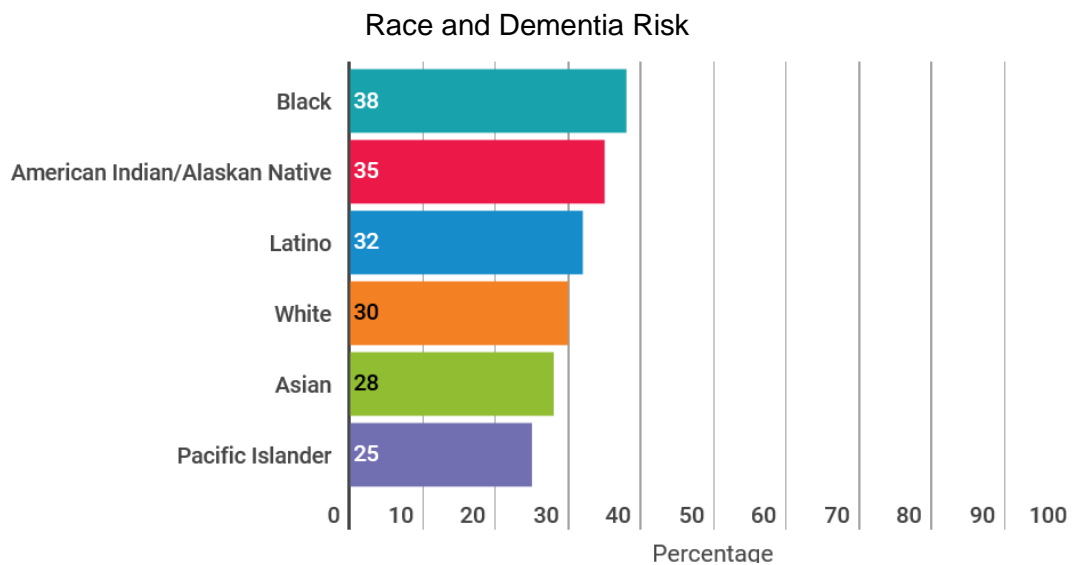
⁶¹ Forstmeier, Simon, et. al, *Cognitive Behavioral Treatment for Mild Alzheimer's Patients and their Caregivers*, Biomed Central, (Nov. 17, 2015), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4650298/> (last visited May 6, 2019).

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.⁶² African Americans are two to three times more likely to develop Alzheimer's or other dementias than white Americans, and African Americans tend to be diagnosed in later stages of Alzheimer's.⁶³ 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.⁶⁴

Genetic factors do not appear to account for the higher prevalence of Alzheimer's disease and other dementias in minority populations.⁶⁵ 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.⁶⁶ Additionally, socioeconomic characteristics such as higher rates of poverty and greater exposure to adversity may increase the risk in African American and Hispanic people.⁶⁷

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 65.⁶⁸



⁶² 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 May 6, 2019).

⁶³ Id.

⁶⁴ Id.

⁶⁵ 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 May 6, 2019).

⁶⁶ Id.

⁶⁷ Id.

⁶⁸ 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 May 6, 2019).

Effect of Proposed Changes

HB 1045 requires the Department of Health (DOH) to determine the award amount for each Closing the Gap grant based on the merits of the application and to ensure that grants are awarded to applicants from various regions of the state. The bill prohibits the DOH from establishing a minimum or maximum award amount, which would allow grantees to receive more than the \$200,000 maximum amount currently established by the DOH.

The bill removes the requirement that up to 20 percent of the funding for the Closing the Gap grant program be dedicated to projects relating to the Front Porch Florida Initiative.

The bill also requires the DOH to promote joint initiatives between the Closing the Gap grant program and the HIV/AIDS program. These initiatives may include a supplemental grant program that would allow available state and federal funds in the HIV/AIDS program to be used for Closing the Gap projects relating to HIV/AIDS. Under this supplemental grant program, Closing the Gap-eligible grantees would submit proposals for projects focused on promoting innovative prevention, treatment, and awareness initiatives for minority populations in areas with a high prevalence of HIV/AIDS to reduce the incidence of the HIV infection and to identify individuals who are not yet aware of their HIV status.

Additionally, the bill allows the Closing the Gap 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 establishes an effective date of July 1, 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. The removal of the requirement that 20 percent of the CTG funding be dedicated to Front Porch Florida Initiative projects will likely not impact the current funding distribution as the DOH has awarded only one CTG grant to the Initiative in the past four application cycles.

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.