# Healthy Community Initiatives: Partnerships between local government and community

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Community Empowered Research Training

NYU Steinhardt

December 2, 2011

# Communities Putting prevention to Work

- Community input more limited: need for “shovel ready” interventions due to emphasis on specific outcomes and two year time frame.
- Community Consortium composed of reps from existing partnerships
- RFPs focused on furthering campaigns on reducing consumption of sugary drinks

# New York City Community Transformation Grant (CTG):

- Aligns with CDC priorities and DOHMH's Take Care New York (TCNY) Priorities
- Enhancing funding for priority interventions
- Prioritizes interventions to advance policies with maximum population reach and health impact
- 3 areas: tobacco, obesity, & alcohol
- Leadership Team
- Partnership with Community

# Intervention Framework (PEPI):

- **P**olicy
  - Example: Smoke free indoor air policies for workplaces,etc.
- **E**nvironmental
  - Example: Increase access to healthy and affordable foods in low income neighborhoods
- **P**rogrammatic (no direct services)
  - Examples: identify sites to provide the Diabetes Prevention Program intervention and health plans that would pay for it; coordinate technical assistance to large health systems to promote clinical services to control high blood pressure
- **I**nfrastructure
  - Example: establish systems such as patient reminders to increase use of clinical services

# CTIP

## 2) Active Living and Healthy Eating

| NYC DOHMH Activity | Potential Community/Coalition Activities |
|---|---|
| • Promote policies and environmental changes<br>• Healthier food procurement policies in public and private settings<br>• National Salt Reduction Initiative<br>• Baby-friendly Hospital Initiative<br>• BefitNYC.org website | • Develop borough-specific and culturally appropriate messages supportive of work to pass policy<br>• Engage local officials, community boards, and schools |

# CTG Management Components

- DOHMH:
  - accountable to CDC for all grant deliverables
  - different bureaus responsible for carrying out specific activities
- Leadership Team: serves as Board of Directors
- Partnership for a Healthier NYC (PHNYC):
  - Community engagement on priority policy initiatives

# CTG Leadership Team

A. Functions

1. Overall body accountable for CTG oversight
2. Partners in promoting and implementing PEPI change

B. Composition

Leaders of sectors interested in furthering CTG goals who are influential with core constituencies: government, faith, business, labor, health equity partnerships& community-based coalitions

# Partnership for a Healthier NYC (PHNYC): Proposed Structure

- **PHNYC Core Staff (proposed):**
  - Executive Director
    - Oversee strategic direction; manage external relationships; serve as spokesperson
  - Communications Director
    - Manage development of communication strategies and materials related to policy goals
  - Government Affairs Director
    - Provide expertise related to legislative and regulatory policy approaches; ensure coordination of policy efforts
  - Grant Administrator
    - Oversee contract development, execution and management; assist with coordination of organizational activities
  - Alcohol Educator
    - Provide content expertise to borough and community group organizations; assist with alcohol-related policy work

- **Borough Lead Organizations**:
  - Convene partners within borough,
  - Educate/advocate for policies,
  - Coordinate selection and distribution of grants to community groups; provide technical assistance to selected groups on deliverables

- **Community Groups:**
  - CBO grantees conduct activities aligned with policy objectives

- **Coordinating Committee:**
  - PHNYC Executive Director,
  - Representatives from 5 Borough Lead organizations
  - Content Leads (tobacco, alcohol, health eating, active living)
    - i.e. Director of NYC Coalition for a Smoke-free City
  - Representatives from DOHMH

# Community Funding

- Community funds in NYC will be distributed through one or more RFP processes to support:
  - Borough Lead Organizations and coordination
  - Community Groups
  - Additional funds available to support planning, communications, evaluation, and education

# Challenges

- Grants involving community often require pre-set goals and objectives
- Building trust with community takes time and practice
- Not all partners are familiar with policy advocacy work so this could require learning curve
- Integrating community priorities with evidence-based practices

# CTG Contacts for Follow-up

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- CTG Director & Healthy Eating, Active Living point of contact
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- Topic: Tobacco Control point of contact
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- Topic: Alcohol point of contact
  Aviva Grasso, MPH
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# Thank you

# Community Transformation Grant: The Houston Experience

**Lynne H. Nguyen, MPH**

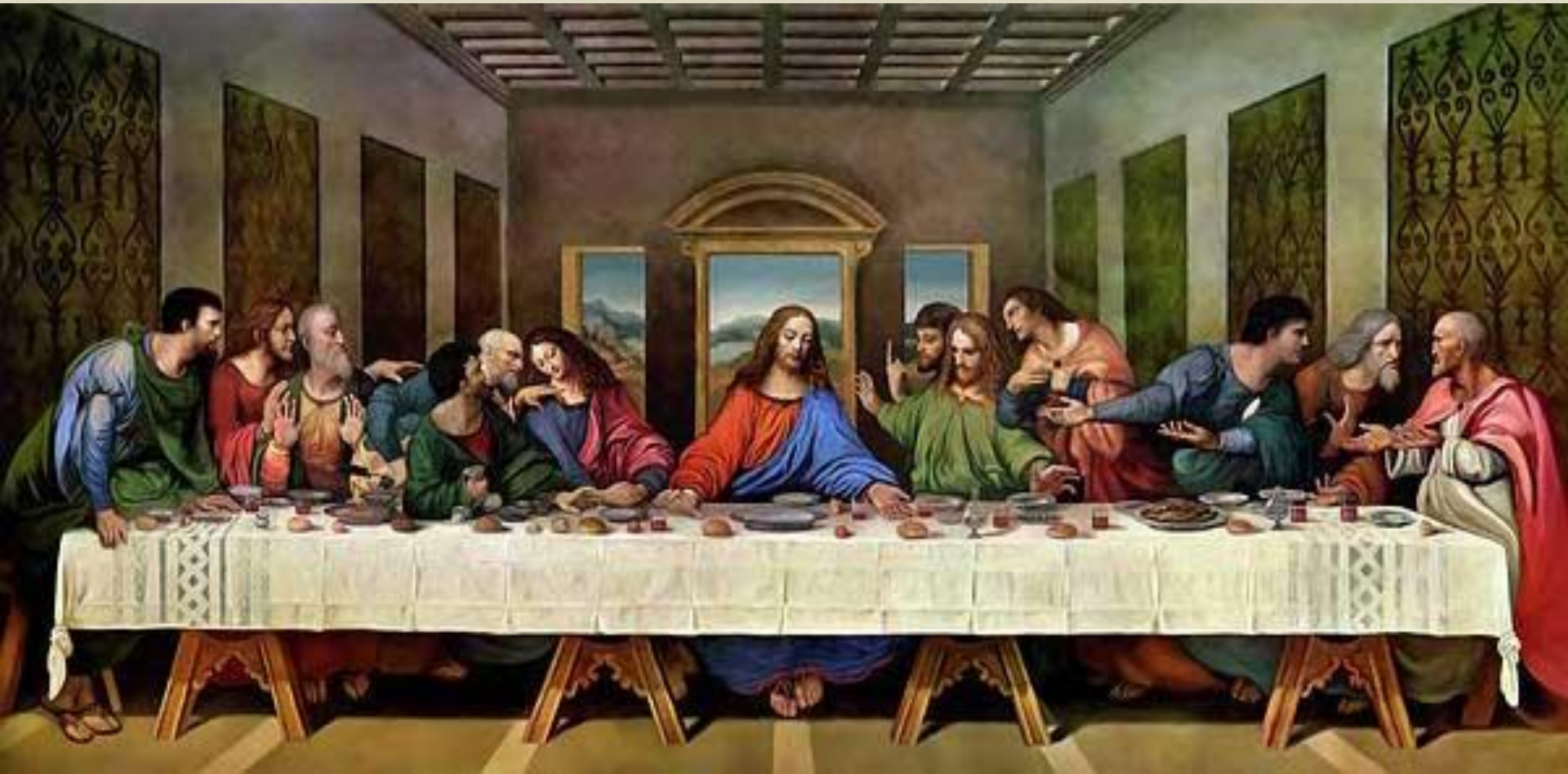
**Center for Community-Engaged Translational Research,**
**The University of Texas MD Anderson Cancer Center**

**and**

**The Asian American Health Coalition of Greater Houston**

Photo by Andrew Rebman, Notsuoh Photography and Film

# If you’re not at the table…



**You’re on the menu!**

# Faith Foreman, Dr.P.H., MPH,

Assistant Director, Houston Dept of Health & Human Services

- Transparency
- Diversity
- Inclusion
- Humility
- Team-directed


- Collaboration is 2-way street
- Visibility
- Set goal/strategy to BE at the table
- Inclusion
- Know the issues


Today's mighty oak is
just yesterday's nut
that held its ground

# Federal Legislative Initiatives and Policy Implications for Eliminating Health Disparities

**Charmaine Manansala**

CERT Round Table on Perspectives and Insights into Federal Public Health Initiatives

December 2nd 2011

NYU Steinhardt

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# ROADMAP

- AA and NHPI Demographic Profile
- The Importance of Health Care Reform
- The 2011 Federal Budget Process and Implications for AA and NHPI Communities
- Next Steps

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# AA AND NHPI DEMOGRAPHIC PROFILE

# NATIONAL DEMOGRAPHIC PROFILE

- 17.3 million Asian Americans (5.6%) and 1.2 million Native Hawaiians and Pacific Islanders (4.2%) (US Census 2010)
- The U.S. Asian American population alone grew 46% between 2000 and 2010, and the NHPI alone population grew 40% in the same time frame
- Census Bureau projects that the number of Asian Americans, Native Hawaiians, and Pacific Islanders will be 40.6 million or 9.2% of the population by the year 2050 (US Census 2008)

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# AA AND NHPIS UNINSURED

- There are nearly 47 million Americans who are uninsured
  - 1 in 7 Americans
  - 1 in 6 Asian Americans
  - 1 in 4 Native Hawaiian and Pacific Islanders
- AAs and NHPIs are less likely to use or receive preventive services and timely appropriate care
- Individuals who are uninsured are more likely to lack a usual source of care

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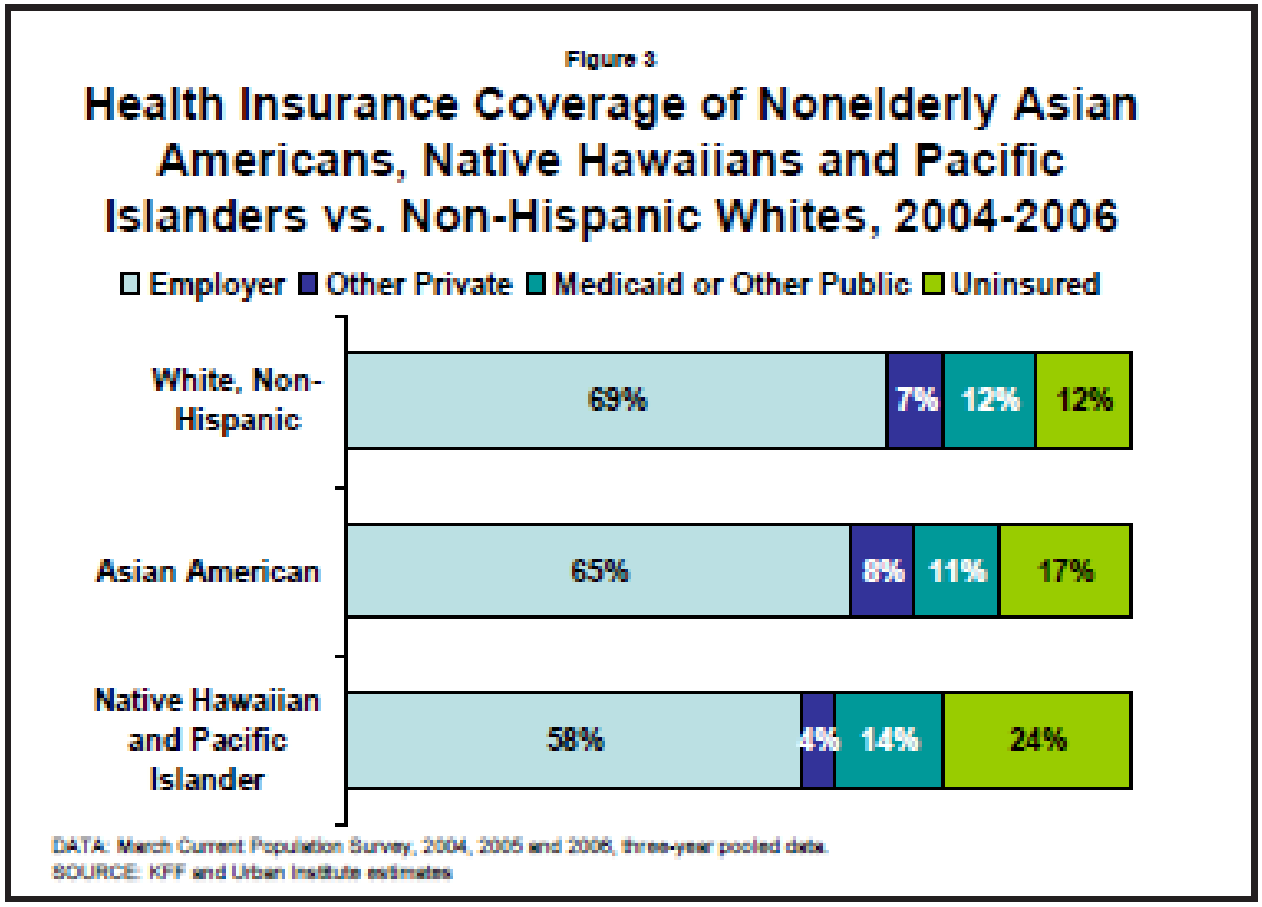
# SOURCES OF HEALTH COVERAGE



# FEDERAL GRANTS TO ADDRESS AA AND NHPI HEALTH

Only 0.2% of federal grants involved AA and NHPI health directly or tangentially (Federal CRISP database 1986-2000) (Ghosh 2003; 2009).

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# NON-FEDERAL GRANTS TO ADDRESS AA AND NHPI HEALTH

Only 0.4% of all grantmaker dollars nationally supported AAs and NHPIs in 2004 (AAPIP 2007).

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# RESEARCH PUBLICATIONS ON AA AND NHPI HEALTH

Only 0.01% of published research involved AA and NHPI health directly or tangentially (MEDLINE database 1966-2000) (Ghosh 2003; 2009).

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# THE IMPORTANCE OF HEALTH CARE REFORM

Budget Committee

Budget Committee

Senate

House

| Sub-Comm Assigned | Committee Assigned | Bill gets # | | Bill gets # | Committee Assigned | Sub-Comm Assigned |
|---|---|---|---|---|---|---|
| Hearings | | | | | | Hearings |
| Sub-Comm Mark-up | | | | | | Sub-Comm Mark-up |
| Full Committee Mark-up | | | Filibuster | Bill Killed | | Full Committee Mark-up |
| Calendar Bill | Floor Action | Bill Passed | Bill Passed | Floor Action | Calendar Bill | Rules Comm |

Budget Resolution

Budget Resolution

Conference Committee

Vetoe

President's Desk

Bill Signed into law

# LEGISLATION TOWARDS ELIMINATING HEALTH DISPARITIES

- On March 23, 2010, President Obama signed the Affordable Care Act
- On September 15, 2011, Members of the Congressional Asian Pacific American Caucus (CAPAC), Congressional Black Caucus (CBC), and Congressional Hispanic Caucus (CHC) introduced the Health Equity and Accountability Act of 2011.

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# ACA = IMPROVED ACCESS TO HEALTH COVERAGE

- Expanded coverage in public programs
  - Medicaid, CHIP
  - Community health centers
- New state health insurance exchanges
- Employer responsibility requirements
- Private market changes
  - New prohibitions to prevent unjustified increases in premiums and denials in coverage
  - Streamlined eligibility

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# ACA = MORE AFFORDABLE COVERAGE AND CARE OPTIONS

- Tax subsidies to purchase plans in the HIE
- Cost-sharing reductions and limits on out-of-pocket expenses
- No-cost preventive care
- Extended coverage for young adults (family coverage through age 26)
- Exchange plans must provide minimum essential benefits package

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# IMPROVED DATA COLLECTION: ACA SECTION 4302

- Requires that HHS population surveys collect and report data on race, ethnicity, sex, primary language, and disability status.
- Proposed race and ethnicity standards:
  - White
  - Black or African American
  - American Indian or Alaska Native
  - Asian: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian
  - Native Hawaiian or Other Pacific Islander: Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander
  - Hispanic: Latino/a or Spanish origin, Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, another Hispanic, Latino or Spanish origin

# HEALTH EQUITY & ACCOUNTABILITY ACT OF 2011

Using the Affordable Care Act as the baseline, HEAA seeks to address other key policy areas related to reducing health disparities in communities of color by:

- Increasing data and research on vulnerable communities
- Improving access and investments in culturally and linguistically appropriate care
- Addressing disease specific issues in minority health

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# OVERVIEW OF THE FEDERAL BUDGET

- President submits a budget to Congress (February)
- Congress passes budget resolution (February-Mid April)
- Appropriations Committee work (June- Late Fall)
- Budget is enacted for new Fiscal Year

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# 2011- WHY WAS IT DIFFERENT?

- The federal budget for 2011 did not pass last year and the government has been running on CRs.
- Deficit commission, Gang of 6, other deficit reduction plans
- The Ryan Budget (House) passed
- Federal Debt Limit Increase issues

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# IMPLICATIONS FOR THE ACA

- The ACA contains new funding for several programs and initiatives
- Mandatory:
  - Public Health and Prevention Fund
  - Pre-existing Condition Insurance Pool
- Discretionary:
  - Additional personnel at HHS and IRS
  - National Health Service Corps

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# BUDGET CONTROL ACT OF 2011

- In addition to a debt ceiling increase,
  - Balanced Budget Amendment Vote
  - Joint Select Committee on Deficit Reduction
  - Enforcement (Sequestration)
- Deficit reduction target of at least $1.5 trillion for FY 2012-2021
- If no deficit reduction legislation enacted by January 15, 2012, (minimum of $1.2 trillion) automatic spending reductions go into effect on January 2, 2013

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# BUDGET GOAL ENFORCEMENT: SEQUESTRATION

- $1.2 trillion in spending will be made and divided equally between defense and non-defense programs
- Medicare is limited to a 2% reduction
- Medicaid is exempt from Sequestration
- Other exempt programs include- food stamps, SSI

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# IMPORTANT FOR AA AND NHPI COMMUNITIES

- Programs that work to reduce racial and ethnic health disparities are largely discretionary spending
- Ideas being considered by the Super Committee include drastically changing the Medicaid program
- AA & NHPIs greatly rely on the program: 1 in 10 AAs and 1 in 8 NHPIs.
- Medicaid and the ACA need to work together

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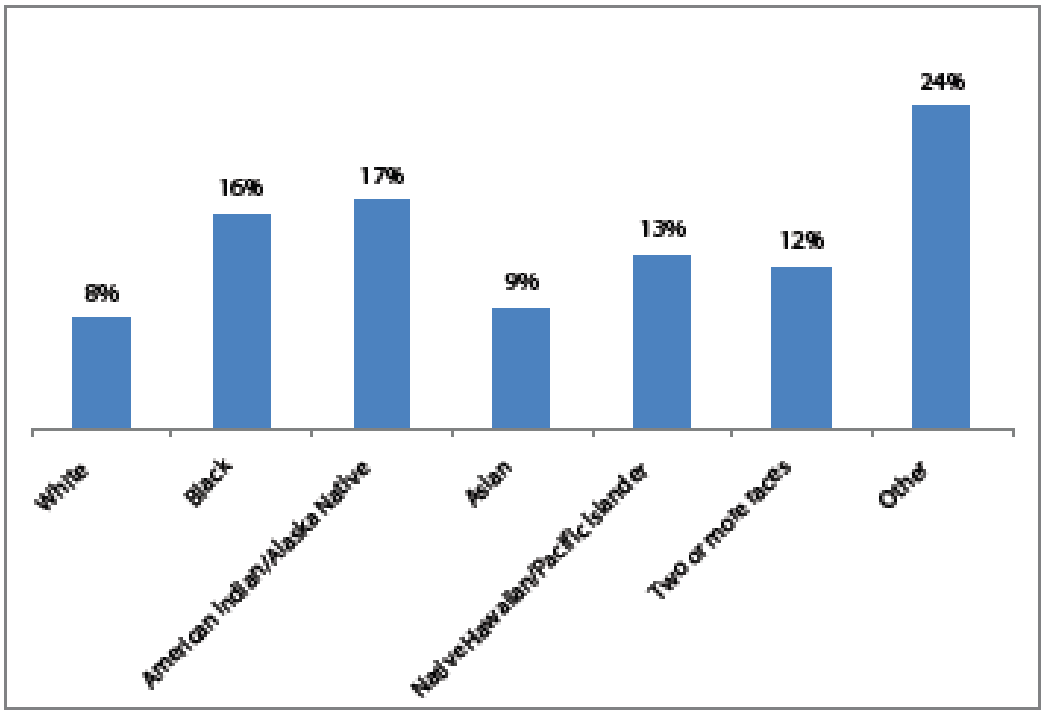
# IMPORTANT FOR AA AND NHPI COMMUNITIES (CONT.)




Source: 2009 American Community Survey

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# WHERE DO WE GO FROM HERE?

**Educate, Engage, &**

**Take Action Together**

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# WHAT WE CAN DO

- Leveraging partnerships across CBOs, government agencies, and research institutions are key to advancing an effective national AA and NHPI health agenda
- We don't fully understand the characteristics and determinants of AA and NHPI health and health care disparities (e.g., immigrant status, socioeconomic status, food insecurity/neighborhood health, access and utilization of care)
- More data and research work is needed to support underserved AA and NHPI communities that have little or no data to build the evidence base

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# WHAT WE CAN DO

- Support legislative and government agency efforts to oversample AA and NHPI communities and ensure budgetary support for community research infrastructure and the work by community organizational partners in such efforts
- Support HHS (e.g., OMH, CDC, NIH) efforts to partner with racial, ethnic, and language communities on evaluation and research to document and address health and health care disparities, particularly with CBOs, and prioritize funding for community-based evaluations and research.

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# CONTACT

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Visit www.apiahf.org/ for more information and resources!

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