



National Center for
Healthy Housing

Health Care Reform and Healthy Housing: Opportunities for Action



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Programs Established by the 2010 Health Care Reform Bill of Importance to the Healthy Homes Community: Executive Summary

The landmark health care reform bill passed in 2010, the *Patient Protection and Affordable Care Act*, launched three new programs of importance to the healthy homes community. Each offers state and local government agencies and nonprofits an opportunity to implement healthy homes programming as part of a broader community health initiative. The time is now to connect with your national organizations, state government health leaders and partners from other agencies, because federal and state agencies are actively deciding which new and existing health programs will receive these new federal funds.

Maternal/Child Home Visiting Program Grants: The bill established a new five-year, state-based formula grant to fund home visiting programs serving poor, at-risk pregnant women, infants and young children. These programs typically deploy a nurse or social worker to educate the family on their children's health and development, address serious health risks, and connect them to available community services. In 2010, the U.S. Department of Health & Human Services (HHS) allocated \$88 million to the states based on the statewide needs assessment and preliminary plan submitted by each state. Congress has yet to decide how much to appropriate for 2011, but the authorized ceiling is \$250 million.

Community Transformation Grants: The Act positions CDC to award new competitive grants over five years to states, local governments, "national networks of community-based organizations," and "state and local nonprofits" for "community-based prevention health activities" that reduce chronic disease, redress health disparities, or address another prevention need, such as nutrition, exercise or smoking, particularly among vulnerable/special populations. As of October 5, 2010, Congress had not finalized funding, but the Senate was considering \$220 million that would include shifting CDC's

Healthy Communities Program to this new program.

CDC and HHS staff were in the early stages of developing this program, with an eye towards filling gaps not addressed by other CDC programs. CDC will ultimately publish one or more Funding Opportunity Announcements that will define what applicants must include in their "community transformation plans" required by the Act, which simply calls for plans that will produce "policy, environmental, programmatic, and infrastructure changes needed to promote healthy living and reduce health disparities."

Prevention and Public Health Fund: The bill also created a five-year, \$7 billion fund to support "prevention, wellness and public health activities" previously authorized by the Public Health Service Act, which includes many major federal health programs. With no further statutory guidance, the HHS Secretary decided not to solicit public comment or award any of the funds through a competitive process. Instead, she quickly allocated the FY10 installment of \$500 million among existing programs to train primary care providers, reduce obesity and tobacco use, expand state and local health department infrastructure, and provide several other prevention services.

As of this writing, the House and Senate were moving bills that would allocate \$750 million in FY11 among several HHS entities. The bulk would go to CDC for numerous programs, four of which should interest healthy housing entities: Community Transformation Grants (\$220 m), Chronic Disease State Grants (\$140 m), Community Health Worker Demonstration Program (\$30 m), and "grants for prevention and public health research" (\$20m). How HHS would divide these sums further, however, remains a black box. It has proposed no formal plan, though it may

be guided by the upcoming National Prevention Strategy which a new interagency Prevention, Health Promotion and Public Health Council will produce under the Surgeon General's leadership.

Opportunities for Healthy Homes Programs and Supporters

Maternal/Child Home Visiting Program Grants:

Healthy housing programs must identify the program manager(s) in their state who prepared the required needs assessment and initial plan, as well as the person who manages this grant. Odds are the grant is funding more than one state program. By early FY2011, the state must update its plan to remain eligible for future funding, which must include strategies for achieving several objectives, most notably 1) improving maternal, infant and child health and development, 2) preventing and reducing child injuries, and 3) coordinating with other community resources. Many initial state plans likely focused on traditional maternal/childhood health programs; thus, they did not consider how a healthy homes program could help achieve these objectives. You must review your state's needs assessment and initial plan, determine if your healthy homes program could address an unfilled need, and meet with the manager overseeing the plan update to make your case for including the healthy homes program.

Community Transformation Grants: As of this writing, CDC and HHS were still in the process of defining this program. Thus, healthy homes organizations concerned with federal policy should coalesce around those priorities they believe this program should fund (including the transfer of the *Healthy Communities Program*), submit them in writing to CDC, and then engage CDC staff directly

to discuss them. They should start with Jennifer Tucker of CDC's Center for Chronic Disease Prevention and Health Promotion.

Within each state, healthy homes entities should also engage strong local health departments and nonprofit partners, especially those with federal grants experience, to begin fashioning a "community health transformation plan" that includes healthy homes programming as one element. Per the statute, it must also:

- address "chronic disease priorit[ies]" and/or "enhance safety,"
- serve priority or vulnerable population(s), and
- seek to affect "policy, environmental, programmatic or infrastructure" changes.

Prevention and Public Health Fund: National healthy housing organizations should quickly coalesce around their top priorities (through an existing mechanism such as the Safe & Healthy Housing Coalition), then promptly meet with the following HHS personnel who will shape how the department will allocate the estimated \$750 million:

- Dr. Howard K. Koh, Assistant Secretary for Health
- Dr. Regina Benjamin, U.S. Surgeon General
- Dora Hughes, M.D., M.P.H., Counselor to the Secretary for Science and Public Health
- Ellen Murray, Assistant Secretary for Resources and Technology
- Mayra Alvarez, HHS Office of Health Reform
- Dr. Chesley Richards, CDC Office of Prevention through Healthcare

The Maternal, Infant and Childhood Home Visiting Grants Program: An Overview

Summary

Section 2951 of the Patient Protection and Affordable Care Act of 2010 (PPACA) established a new \$1.5 billion, five-year, state-based formula grant program for home visiting programs that provide in-home services and support to pregnant women, infants, children up to kindergarten age, and their families. In such programs, a nurse, social worker, educator, or other professional meets with the family to advise its members on their child's health, development and skills, to identify and address serious health risks, and to connect them to a range of community services. The program was jointly developed by the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA)¹ and the Administration for Children and Families (ACF).²

Eligible Entities

- States and tribes.
- Nonprofits. A nonprofit “with an established record of providing early childhood home visitation programs in... one or more states” may apply *only* if a state fails to apply or has not been awarded a grant within the first two years (and it meets whatever other criteria HHS establishes). Thus, *most nonprofits can participate only if they are included in their state's plan and grant application.*

Primary Focuses

Building on existing federal, state and local programs and partnerships, funded programs must focus on improving

¹ HRSA, a division of HHS, is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable through, among other programs, promoting the development and placement of health professionals in underserved areas.

² ACF, within HHS, is responsible for Federal programs that promote the economic and social wellbeing of families, children, individuals and communities, such as Head Start.

quantifiable, measurable benchmarks in the following areas:

- (a) maternal, newborn, infant and child health;
- (b) cognitive, language, social-emotional and physical child development;
- (c) prevention/reduction of child injuries, abuse, neglect and maltreatment;
- (d) school readiness and achievement;
- (e) reduction in crime or domestic violence;
- (f) parenting skills and family economic self-sufficiency; and
- (g) coordination and referral for other community resources and supports;

Priority populations to be served are “high-risk” children and families, including:

- Low-income families;
- Pregnant women under 21;
- Families with histories of child abuse, neglect, substance abuse or tobacco use;
- Children with low student achievement and/or developmental delays or disabilities;
- Families with a member in the Armed Forces; and
- Other priority families as identified in the state's needs assessment.

At least 75% of the funded home visiting programs must be well-established, evidence-based models that have been evaluated through rigorous randomized control trials or quasi-experimental designs. No more than 25% of the programs may employ new models that have “been developed or identified by a national organization or institution of higher education and will be evaluated through a well-designed and rigorous process.”

Requirements

States must take three steps to secure funding:

1. Submit an application (by July 9, 2010) with a plan for completing a state needs assessment and a plan for developing its program.
2. Submit a needs assessment (by Sept. 20, 2010) that identifies:
 - (a) Communities with concentrations of:
 - i. premature births, low birthweight infants and infant mortality,
 - ii. poverty and crime,
 - iii. child maltreatment, domestic violence and substance abuse, and
 - iv. high rates of high school drop outs and unemployment;
 - (b) The services and capacity of current early childhood home visitation programs and substance abuse treatment programs
3. Submit an updated state plan addressing the needs identified in the assessment (by early FY11).

Funding for FY 2010

Congress appropriated \$100 million for FY10. On July 21, 2010, HRSA and ACF jointly announced \$88 million in grants to 49 states (all but Wyoming), D.C. and five territories (pursuant to applications submitted in response to a June 10 Funding Opportunity Announcement). They have issued a separate FOA for tribes and will use the balance of the funds for training, technical assistance and administration.

Funding for FYs 2011–14

States, territories and D.C. will be allocated funds on a formula basis, with a minimum of \$500,000, per similar FOA's under the following appropriations levels:

FY2011	\$250 million
FY2012	\$350 million
FY2013	\$400 million
FY2014	\$400 million

For Further Information

Audrey Yowell, National Program Director, Maternal, Infant, and Early Childhood Home Visiting Program, Maternal and Child Health Bureau, HRSA at 301-443-2170.

The Community Transformation Grants Program: An Overview

Summary

Section 4201 of the Patient Protection and Affordable Care Act of 2010 (PPACA) authorizes CDC to award competitive grants for “the implementation, evaluation, and dissemination of evidence-based community preventive health activities to reduce chronic disease rates, address health disparities, and develop a stronger evidence base of effective prevention programming.”

Eligible Entities

- States, local governments, tribes
- “national networks of community-based organizations,”
- “state and local nonprofits.” A minimum of 20% of the funds must be awarded to rural and frontier areas.

Primary Focuses

The bill seeks to fund “community-based prevention health activities” that offer “programs, policies, and infrastructure improvements to promote healthier lifestyles.” Although the Act did not restrict eligible activities, it listed the following as those that grantees “may focus on:”

- Healthier school environments, including healthy food, physical activity, prevention curricula, and “activities to prevent chronic diseases”;
- Infrastructure to support active living and access to nutritious foods;
- Access to nutrition, smoking cessation, “enhancing safety in a community” and “any other chronic disease priority area” for any age group;
- Worksite wellness;
- Healthy options at restaurants;

- Racial and ethnic disparities, including social, economic, and geographic determinants of health; and
- Special populations needs.

Requirements

Grantees must develop “community transformation plans” that include the “policy, environmental, programmatic, and infrastructure changes needed to promote healthy living and reduce health disparities.” After service delivery, they must evaluate their programs and disseminate findings. CDC must provide grantees with training and technical assistance.

Funding for FYs 2010–14

The legislation did not authorize specific funding levels for FYs 2010–14, and no funds had been appropriated as of September 9, 2010 for FY10. However, the Senate Appropriations Committee in August reported out the FY11 Labor HHS Appropriations Bill with \$220 million for this program. In accompanying report language (Sen. Rpt. 111–243), the Committee appears to shift the funding for the CDC Healthy Communities Program to this new grant program:

CDC/NATL. CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

The Committee includes...\$220,000,000 for the community transformation grants...The Committee has not included funding for the Healthy Communities program with the intention that the CDC should use community transformation grants funds to complete all obligations made under that program. Within the community transformation grants, the Committee directs the CDC to give full and fair consideration to nonprofit organizations that have pioneered effective models for community transformation in cooperation with the CDC.

Although the House Labor HHS Appropriations Subcommittee has passed a bill, subcommittee staff said they do not make the bill publicly available until it passes out of full committee.

Current Status of Program

According to CDC, the CDC and HHS Assistant Secretary staff are in the early stages of developing this program, based on the parameters in the legislation and an evaluation of how the identified health issues are being addressed by other CDC programs. CDC does not anticipate formally soliciting comment via a Request for Information, but it has received written comments and suggestions from various sources and welcomes further input via letter addressed to the CDC Director. Staff have posted nothing on this program on the CDC website, nor held any public meetings on the program. The trade press has similarly been completely silent.

CDC, however, plans to ultimately publish a Funding Opportunity Announcement, but until funds are actually appropriated, staff wouldn't project a timeline. Moreover, staff seemed hesitant to volunteer any detail because funds had not yet been appropriated.

Opportunities for Healthy Homes Programs

Although on its face the statute does not *appear* to target healthy housing programs, that may change if Congress shifts the Healthy Communities Program to this one. But regardless, healthy homes organizations *may* be positioned for funding if they:

- are part of a broader “community transformation” effort to “enhance safety” or address a “chronic disease priority” or have pioneered an effective community transformation model,
- address a priority or vulnerable population, and
- seek to affect policy, environmental, programmatic or infrastructure changes.

Because the FOA has yet to be written, It would make sense for the healthy homes community to coalesce soon

around those priorities it believes CDC should fund with this new program (particularly as it relates to the transfer of the Healthy Communities Program), submit them to CDC, and then engage CDC staff directly to discuss them.

Input from Public Health Leaders

On August 2, 2010, a group of public health experts convened by the Trust for America's Health, RWJF and others issued 10 principles “that should be central to the development of the program guidance”:

1. The goal of Community Transformation Grants (CTGs) should be to create healthier communities.
2. The CTGs should set common near-term and long-term national objectives, with grantees given flexibility to adapt to local needs. The CTGs should be scalable with sufficient reach and intensity to have national impact: enough funding should be provided across the country so that a national impact is notable from the investment in health and wellness.
3. To advance health equity, the CTGs must ensure that communities at disproportionate risk are funded and given the opportunity to build their capacity to achieve the transformational and sustainable change envisioned for CTGs. It is critical to prioritize funding to communities with high burdens of disease and racial and ethnic health disparities, and little access to the resources needed to build the social supports necessary to address these inequities.
4. The CTG program should include a mix of evidence-informed and innovative approaches.
5. Accountability and evaluation will be critical to the long-term effectiveness of and support for CTGs.
6. Grantees should be encouraged to look beyond health policy in developing their community transformation plans and should be required to develop strong, diverse coalitions.
7. A mix of grantees will be needed to achieve community transformation, including state and local health departments as well as non-profit and community-based organizations.

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8. Grantees should be encouraged to leverage current resources and related programs to support community transformation.
 9. Community transformation can apply to geographic and demographic communities.
 10. National goals can be met through diverse coalitions that represent a mix of grantees.

For Further Information

Jennifer Tucker, Team Leader for Legislation & Partnerships, CDC National Center for Chronic Disease Prevention and Health Promotion, 770-488-6454.

The Prevention and Public Health Fund: An Overview

Summary

Section 4002 of the Patient Protection and Affordable Care Act of 2010 (PPACA) established a new Prevention and Public Health Fund “to provide for expanded and sustained national investment in prevention and public health programs...” It requires HHS to fund “programs authorized by the Public Health Service Act (PHSA) for prevention, wellness, and public health activities, including prevention research and health screenings, such as the Community Transformation grants program, the Education and Outreach Campaign for Preventive Benefits, and immunization programs,” as follows:

FY2010:.....	\$500 million
FY2011:.....	\$750 million
FY2012:	\$1.00 billion
FY2013:	\$1.25 billion
FY2014:	\$1.50 billion
FY2015+:	\$2.00 billion

Eligible Entities, Primary Focuses and Requirements

The statute provided no additional direction on exactly which activities HHS should fund, what decision criteria to use, how to prioritize its decisions, what conditions to attach to the funds, or even exactly which entities are eligible for funding. It did, however, preserve the Appropriations Committees’ authority to direct spending to specific PHSA programs of their choosing. Because the Public Health Service Act authorizes such a broad array of programs, the PPACA gives HHS extremely wide discretion in how it allocates this fund. It can simply announce transfers to new and existing programs, issue Funding Opportunity Announcements, and/or announce its intentions through the release of the President’s budget.

Funding for FY 2010

Congress appropriated \$500 million for FY10. Nearly all of the major public health associations, led by the Trust for America’s Health, submitted written suggestions to HHS and/or met directly with the Secretary’s senior staff to advocate how she should use the funds. On June 16, HHS announced it was allocating the first \$250 million primarily to the Health Resources & Services Administration (HRSA) to boost the supply of primary care providers:

- **Physicians:** \$168 million to train 500+ primary care physicians by 2015
- **Physician Assistants:** \$32 million to train 600+ physician assistants
- **Nurses:** \$30 million to encourage 600+ nursing students to attend school full-time
- **Nurse Practitioners:** \$15 million for 10 nurse-managed health clinics to train nurse practitioners
- **States:** \$5 million for states to expand their primary care workforce

Two days later, HHS allocated the other \$250 million, primarily to expand current CDC programs:

- **Prevention:** \$74 million for federal, state and local tobacco, obesity, HIV and nutrition efforts.

This included \$31 million in grants under the Communities Putting Prevention to Work Program to ten communities in eight states and one state health department. See awardees at: <http://www.cdc.gov/chronicdisease/recovery/community-awards.htm>.

- **Behavioral Health:** \$20 million to integrate primary care services with community mental health
- **Obesity Prevention and Fitness:** \$16 million, including the First Lady’s “Let’s Move!” initiative

- **Tobacco Cessation:** \$16 million for media campaigns, cessation services, and outreach programs
- **State/Local Public Health Infrastructure, Epidemiology and Laboratories:** \$70 million
- **Surveillance:** \$21 million for data collection and analysis
- **Task Forces:** \$10 million for Community Preventive Services and Clinical Preventive Services
- **Public Health Workforce:** \$8 million to expand CDC's public health fellows program
- **Public Health Training Centers:** \$15 million

HHS did not undertake a formal process, create a written plan, establish criteria, or solicit public comment on how to allocate the FY10 funds. One trade publication dubbed the process an undefined free-for-all. Thus, the initial \$250 million to HRSA for healthcare provider education came as a shock and engendered a lot of criticism that this was not a core prevention or public health function.

Funding for FY 2011

The House and Senate Labor HHS Subcommittees have been heavily lobbied by the public health community on how Congress should divvy up the FY11 \$750 million appropriation.

1. House

On July 15, 2010, the House Labor HHS Subcommittee voted to “allocate the resources” by “focus[ing] on community-based programs that make healthy options more available and make preventive services more accessible.” But it only publicly set forth the gross amounts for four HHS entities:

Agency for Healthcare Research & Quality	\$10 million
Centers for Disease Control	\$594 million
Health Resources & Services Admin.	\$30 million
Substance Abuse & Mental Health Admin.	\$116 million

Subcommittee staff said copies of the bill and subcommittee report are not made publicly available until the bill passes full committee. It is possible the committee will look to the allocation in the House version of the health reform bill, H.R. 3200, (which was essentially dropped in conference):

Prevention Task Force	\$30 million
Prevention and Wellness Research	\$150 million
Community Preventive and Wellness Services	\$1.260 billion
Public Health Infrastructure for State, Local Health Depts.	\$1.0 billion
Public Health Infrastructure and Activities for CDC.....	\$350 million

2. Senate

The full Senate Appropriations Committee took action on August 2, 2010. Per Sen. Rpt. 111–243:

Discretionary funding is needed for th[e] [following] purposes because many of the health promotion activities that reach the populations most in need take place outside the reimbursement system, through community— and State-based initiatives...[T]he PPACA specifically gives the Committee authority to transfer funds into Federal programs that support the goal of making America healthier:

Disease Control, Research, and Training Account

Community Transformation Grants	\$220 million
Racial and Ethnic Approaches to Community Health (REACH)	50 million
Chronic Disease State grants.....	140 million
Office of Smoking and Health for a demonstration on tobacco cessation.....	20 million
Office of Smoking and Health for additional resources for quitlines	5 million
Office of Smoking and Health for a media campaign.....	55 million
Epidemiology and Laboratory Capacity Grants	50 million

Task Force on Community Preventive Services	7 million
Prevention Research Centers.....	10 million
Extramural grants for prevention and public health research	20 million
National Center for Health Statistics.....	34 million
Scientific review of genetic samples from the National Birth Defects Prevention Study.....	5 million
Extramural grants on disability and health promotion.....	5 million
Education and outreach campaign re preventive benefits under section 4004 of PPACA.....	2 million
Community Health Worker demonstration per sec 399V of Public Health Service Act....	30 million
SUBTOTAL	653 MILLION

Substance Abuse and Mental Health Services Primary and Behavioral Health

Integration Grants.....	40 million
Healthcare Costs, Quality and Outcomes Account	
U.S. Preventive Services Task Force	7 million
Clinical preventive services research	10 million
SUBTOTAL	17 MILLION

General Departmental Management Account

Tobacco prevention and cessation activities.....	10 million
Public health and prevention coordination, strategic planning and media.....	19 million
National Prevention, Health Promotion and Public Health Council	1 million
SUBTOTAL	30 MILLION

Without further detail, it would appear that the Community Transformation Grants, Chronic Disease

State grants, extramural grants for prevention and health research, and the Community Health Worker demonstration program may be of interest to the healthy housing community.

3. White House/HHS

The White House and HHS leadership have an ongoing dispute with Congressional appropriators as to whether their allocations would constitute a mandate or merely a recommendation to HHS. However, the administration worked behind the scenes with the Senate Appropriations Committee in developing the above allocation. How HHS will divide these sums further, however, is essentially a black box. The Department has issued no written documents nor formally solicited public input. It MAY be guided by the upcoming National Prevention Strategy, which a new interagency National Prevention, Health Promotion and Public Health Council is to produce under the leadership of the Surgeon General.

Opportunities for Healthy Homes

It is likely too late for the healthy housing community to engage the House and Senate Appropriations Committees, but it can still dialogue with the key HHS personnel shaping the department's funding decisions (these are in order of influence but reverse order of accessibility):

- **Dr. Howard K. Koh**, Assistant Secretary for Health, Office of Public Health and Science (OPHS), 202-690-7694 or howard.koh@hhs.gov
- **Dr. Regina Benjamin**, U.S. Surgeon General, 301-443-4000
- **Dora Hughes, M.D., M.P.H.**, Counselor to the Secretary for Science and Public Health, 202-690-7000 or dora.huges@hhs.gov
- **Ellen Murray**, Assistant Secretary for Resources and Technology (and former Staff Director, Senate Labor HHS Appropriations Subcommittee), 202-690-6396 or Ellen.murray@hhs.gov
- **Mayra Alvarez**, Director of Public Health, Office of Health Reform, 202-205-1424 or mayra.alvarez@hhs.gov

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- **Dr. Chesley Richards**, CDC Office of Prevention through Healthcare, Office of the Assoc. Director of Policy, 404-639-2432 or *chesley.richard@cdc.hhs.gov*

In the meantime, on Sept. 14 the public health community beat back an amendment by Sen. Johanns to the Small business Jobs and Credit Act that would have killed the fund by using it as an offset.