

Health Reform: Prevention Workgroup
Tuesday, May 31, 2011
North Carolina Institute of Medicine, Morrisville
9:00am-12:00pm
Meeting Summary

Attendees:

Workgroup Members: Jeffrey Engel (co-chair), Laura Gerald (co-chair), Alice Ammerman, Dorothy Cilenti, Calvin Ellison, Brian Harris, Jennifer MacDougall, Beth Osborne, Janice Petersen, Barbara Pullen-Smith, Kenisha Riley, Meka Sales, Jeff Spade, Anne Thomas, R.W. Watkins

Steering Committee Members: Lisa Harrison, Rebecca King, Ruth Petersen

NCIOM Staff: Kimberly Alexander-Bratcher, Thalia Fuller, Jennifer Hastings, Emily McClure, Pam Silberman, Rachel Williams

Other Interested Persons: Laura Aiken, Kellan Chapin, Regina Dickens, Katie Eyes, Markita Keaton, Rebecca King, Peg O'Connell, Matthew Ransom, Kurt Ribisl, Susanne Schmal, Sally Stein, Catherine Sullivan, Nick Turkas, Rachel Wilfert

Welcome and Introductions

Jeffrey Engel, MD, State Health Director, Division of Public Health, North Carolina Department of Health and Human Services, Co-chair

Laura Gerald, MD, MPH, Executive Director, North Carolina Health and Wellness Trust Fund, Co-chair

Dr. Engel welcomed everyone to the meeting.

Community Transformation Grants

Pam Silberman, JD, DrPH, President and CEO, North Carolina Institute of Medicine

Dr. Silberman briefly reviewed Community Transformation Grants (CTG) provisions in the ACA. These grants, created by the ACA, are for implementation, evaluation and dissemination of evidence-based preventive health activities. CTG are available to state and local governments, non-profit agencies, and tribal organizations. Grants can be used to create healthy school environments, infrastructure to support healthy diet and exercise, smoking cessation programs, chronic disease management/prevention programs, worksite wellness programs, programs to reduce health disparities, and programs to address needs of special populations.

Programs funded through these grants must have evaluations to measure changes in the prevalence of chronic disease risk factors in the targeted population. Dr. Silberman's presentation can be found here: [Community Transformation Grants](#).

Funding Updates

Jeff Engel, MD, State Health Director, Division of Public Health, North Carolina Department of Health and Human Services, Co-chair

The federal Prevention and Public Health Fund, established by the ACA, appropriated \$500 million for fiscal year (FY) 2010 and graduated amounts annually up to \$2 billion in FY 2015. During this time, American Recovery and Reinvestment Act (ARRA) funds were also awarded. North Carolina was awarded ARRA funds in the Communities Putting Prevention to Work category.

North Carolina received ACA public health infrastructure grants. North Carolina was one of only 14 states to receive both Component I (non-competitive) and Component II (competitive) award. Component I was a \$400,000 per year/grant to the Division of Public Health for performance improvement, management, and quality improvement. Component II included \$1.4 million per year to DPH to create an automated death reporting system, and strengthen the data capacity of the State Center for Health Statistics.

The CDC budget was reduced by \$750 million as part of the continuing budget resolution in March. As a result, CDC has reduced funding to states. Component I funding increased slightly to \$500,000 per year; however, Component II funding was halved and is now only about \$500,000 per year. Additionally, the Preventive Services Block Grant is likely to be eliminated. This will have a major impact on both the state and local health departments, and is likely to result in program reductions and staff layoffs.

At the same time that states and local communities are likely to experience program cuts, the CDC recently announced the CTG funding opportunity. The CTG grant funding opportunity will provide \$100 million for up to 75 grants. However, CTG is not a substitute for the loss of federal block grant monies, because of the restrictions on how the CTG funds can be used.

The state's Health and Wellness Trust Fund (HWTF) is being abolished. Of the \$30 million allotted to the HWTF, \$10 million will be given to CCNC to help reduce the burden of its budget cuts. The remaining \$20 million will go to the Division of Public Health to allow existing grants to continue for the next year. After that time, all existing programs will lose HWTF funding.

CTG: Funding Opportunity Announcement

Ruth Petersen, MD, Chief, Chronic Disease and Injury Section, Division of Public Health, North Carolina Department of Health and Human Services

Dr. Petersen gave a more in-depth overview of CTG. Applicants seeking a CTG must include three of five strategic directions: tobacco-free living, active living and healthy eating, and evidence-based preventive services. The other two strategic directions are optional: social and emotional wellness and safe environment. Initiatives are also required to collaborate with other community organizations and show at least a 5% improvement in each measure. Measures will be based off of Healthy People 2020 targets.

State and local governments, United States territories, tribal organizations, non-profit organizations and counties with more than 500,000 population (Wake and Mecklenburg Counties in North Carolina) are eligible to apply. Grants will last for five years. There are two funding levels that can be applied for; however, only one level will be granted per applicant or geographic area. Category A funding is reserved for capacity building (\$50,000-\$500,000 for the first year). Category B funding is reserved for implementation of initiatives (\$100,000-\$10 million for the first year). State and county applicants must allocate at least 50% of funds to local areas and, in North Carolina, at least 36.39% must be awarded to rural areas. Letters of intent are due on June 6, 2011. Applications for the grants are due July 15, 2011. Awards will be announced in September.

DPH is planning on submitting a grant to cover the state (except Mecklenburg and Wake counties). DPH is encouraging organizations that want to collaborate to contact Ruth Petersen to indicate their interest.

A summary of CTG can be found here: [CTG Summary](#).

Selected questions and comments:

- Mecklenburg and Wake counties cannot be included as part of a state-wide application. Potentially, Wake County, Mecklenburg County, and the state could each get a grant; but, with only 75 grants, that is unlikely.
 - Q: If Wake or Mecklenburg County didn't apply separately, could they be included in a state application? A: No. If the state happens to get the grant, resources would not go to Wake or Mecklenburg counties. The CDC indicated that eligible counties should apply separately.
- Q: If community based organization in Pitt County wanted to apply they could not because they would not be eligible. But if an Indian organization wanted to, they could apply regardless of their county's size? A: Yes. The CDC has specified that regions cannot group together to reach the 500,000 population mark. Areas other than Wake and

Mecklenburg counties would have to demonstrate their program will have a statewide impact. However, tribal units can apply to cover only their tribal areas.

- Communication among potential applicants is very important in order to get the most competitive application. Each applicant has to have a letter of support from the state health director
- There is not time between now and July 15 for the state to create a competitive process in order to identify local partners. Instead, DPH will put together a proposal that, if funded, would include a competitive process to allocate funds across the state.
- Q: Does the CDC prefer for money to go to the state health department or would it be an advantage to have other entities submit the application on behalf of the state? A: DPH believes it would be a competitive applicant, as it has already successfully competed for many of the competitive grants that have been made available under the ACA. However, the DPH application could be strengthened through partnerships with state and local organizations.
- Q: Is there an inclination on whether the state will choose to do only the required Strategic Directions or do the optional ones as well? A: DPH currently plans on submitting a grant application covering all five of the strategic directions.
- It would be helpful for there to be a communication tool to let communities know what is going on in the state as far as this grant is concerned. If organizations are planning on applying for CTG, they need to understand that they are not only applying for regional or local grant. The program will have to be statewide and some organizations are not large enough to have a statewide impact. The NCIOM agreed to write a short summary of the CTG requirements and to distribute that to other groups across the state. A copy of the NCIOM summary is available at: http://www.nciom.org/wp-content/uploads/2011/05/Community-Transformation-Grants-summary_FINAL.pdf.

State Prevention Enhancement Grants Update

Janice Petersen, PhD, Director, Office of Prevention, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, North Carolina Department of Health and Human Services

The Substance Abuse and Mental Health Services Administration (SAMHSA) is awarding Strategic Prevention Framework State Prevention Enhancement Grants (SPE Grants). These grants will be used to help implement SAMHSAs Strategic Prevention Framework (SPF) to reduce substance abuse and mental illness. As with CTG, there are two components to this grant: capacity building and infrastructure enhancement. Up to 80 grants will be awarded for amounts up between \$150,000 and \$600,000 for a one year initiative. A five-year strategic prevention plan is also required 11 months after the grant is received. Further grant awards are available for the five-year plan.

Public Comment Period

No further public comments were given.