



Connecticut Health  
FOUNDATION  
*Changing Systems, Improving Lives.*

# **Advancing Health Equity and Reducing Racial and Ethnic Health Disparities:**

## ***National Strategies***

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<b>Affordable Care Act Topic</b>	<b>ACA Requirements and Opportunities in Connecticut</b>	<b>Timeframe and Funding</b>	<b>ACA Title, Section</b>
<p>National Strategy to Improve the Delivery of Health Care Services</p>	<p><b>ACA Requirement:</b> The Secretary of Health and Human Services shall establish a strategy to improve the delivery of care, outcomes and population health. The ACA repeatedly states that a goal of all enhancements and health care-related initiatives under the Act is to reduce racial and ethnic health disparities in order to achieve health equity.</p> <p><b>Opportunity in Connecticut:</b> CT Health and others who wish to decrease health disparities can leverage ACA plans to address efforts to improve quality and address disparities. Stakeholders in Connecticut can:</p> <ul style="list-style-type: none"> <li>• Assess the national strategy and determine how Connecticut’s work can build on and leverage the ACA at the local level</li> <li>• Inventory national and statewide efforts to date in this area, and</li> <li>• Come together to determine how to implement the national strategy on disparities in Connecticut.</li> </ul> <p>As the strategy is updated annually, Connecticut can be a leader in health equity at the national level.</p>	<p>The strategy was submitted to Congress on January 1, 2011 and is ongoing.</p> <p>The strategy is budget-neutral and will be updated annually.</p>	<p>Title III, Sec. 3011. National strategy for quality improvement in health care</p>

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Creation of Public-Private Partnerships	<p><b>ACA Requirement:</b> The Secretary of Health and Human Services shall plan and implement a national public-private partnership for prevention and health promotion outreach and education campaign to raise public awareness of health improvement across the life span.</p> <p><b>Opportunity in Connecticut:</b> Stakeholders can study and leverage national efforts locally. By understanding federal initiatives and developing local public-private partnerships, Connecticut can further progress in this area and act as a national example.</p> <p>Stakeholders in Connecticut can further identify areas where wellness initiatives are lacking, especially among populations where disparities exist today. Stakeholders can respond to specific, data-driven opportunities to improve wellness among people of color.</p>	<p>Stakeholders can begin public-private partnership discussions now on the local level to complement national activities. Work will be completed from CY 2011 through CY 2017. Authorized funds will be appropriated as needed but not to exceed \$500 million.</p> <p>No funding has been appropriated as of October 1, 2012.</p>	Title IV, Sec. 4004. Education and outreach campaign regarding preventive benefits

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<p>National Approach:            Creation of            The Office of            Minority Health</p>	<p><b>ACA Requirement:</b> The Office of Minority Health shall be established within the Office of the Secretary of Health and Human Services to improve minority health, improve quality of care and eliminate racial and ethnic disparities.</p> <p>Gives the new National Institute on Minority Health and Health Disparities responsibility for minority health disparities research and other health disparities research at National Institutes of Health.</p> <p><b>Opportunity in Connecticut:</b> Connecticut may establish channels to provide input to the Office of Minority Health, including data about community outreach and measurement activities in Connecticut.</p> <p>Stakeholders can apply for grants to develop disparity-related measures. Local community agencies can contribute ideas and provide a forum to implement data-driven measurement and improvement projects.</p>	<p>Upon implementation of the Office of Minority Health and ongoing.</p> <p>Appropriated for Office of Minority Health:</p> <p>FY 2011 funding = \$56 million            FY 2012 funding = \$56 million            FY 2013 request = \$41 million</p> <p>Appropriated for NIH National Center on Minority Health and Health Disparities:</p> <p>FY 2011 funding = \$276 million            FY 2012 funding = \$276 million            FY 2013 request = \$279 million</p>	<p>Title X, (related to Title III)            Sec. 10334.            Minority health</p>

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National Approach: Creation of The Office of Minority Health (cont'd.)	<p><b>ACA Requirement:</b> The Office of Minority Health shall improve minority health and eliminate racial and ethnic disparities.</p> <p><b>Opportunity in Connecticut:</b> Stakeholders can:</p> <ul style="list-style-type: none"> <li>• Develop measures and collect data to determine a baseline for health disparities and study the impact of efforts to decrease health disparities. Such work could be aided by grants, public-private partnerships and other funding sources to improve measurement at the state and national levels.</li> <li>• Collaboratively provide input to inform the national debate.</li> <li>• Collaboratively prioritize activities that eliminate disparities.</li> </ul>	<p>This work will be done from FY 2011 - FY 2016. Funds will be appropriated as needed.</p> <p>Appropriated for Office of Minority Health:</p> <p>FY 2011 funding = \$56 million            FY 2012 funding = \$56 million            FY 2013 request = \$41 million</p>	Title X, (related to Title III) Sec. 10334. Minority health

## Notes:

Information on funding levels was primarily obtained from two reports from the Congressional Research Service:

- “Discretionary Spending in the Patient Protection and Affordable Care Act (ACA)” - October 1, 2012  
<http://www.fas.org/sgp/crs/misc/R41390.pdf>;
- “Appropriations and Fund Transfers in the Patient Protection and Affordable Care Act (PPACA)” - June 9, 2011  
<http://www.ncsl.org/documents/health/Approps&fundTrans.pdf>

supplemented by advanced searches on <http://usaspending.gov/>.

As the October 1 Congressional Research Service report notes:

The Congressional Budget Office estimated that ACA’s discretionary spending provisions, if fully funded by future appropriations acts, would result in appropriations of approximately \$106 billion over the 10 year period FY 2010-FY 2019. Most of that funding would be for grant programs that existed prior to, and whose funding was reauthorized by, ACA. Few new programs created by ACA received funding in FY 2011 or FY 2012. (emphasis added)

Funding for all discretionary programs in ACA depends on actions taken by congressional appropriators, a process that may lead to greater or smaller amounts than the sums authorized by the law. With Congress now operating under discretionary spending limits set by the Budget Control Act, it may prove difficult to secure funding for new programs and activities. Even maintaining current funding levels for existing programs with an established appropriations history may prove a challenge under growing pressure to reduce federal discretionary spending.

Where available, the table entry includes the Catalog of Federal Domestic Assistance number for the grant program. Catalog of Federal Domestic Assistance is a government-wide compendium of federal grant and other assistance programs. Each program is assigned a unique five-digit number, XX.XXX, where the first two digits represent the funding agency and the second three digits represent the program. Programs funded by the Department of Health and Human Services begin with the number 93. For more information, see <https://www.cfda.gov>.