



Connecticut Health
FOUNDATION
Changing Systems, Improving Lives.

Advancing Health Equity and Reducing Racial and Ethnic Health Disparities:

State Strategies - Funding Awarded to States

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Affordable Care Act Topic	ACA Requirements and Opportunities in Connecticut	Timeframe and Funding	ACA Title, Section
<p>Program Development: Health Promotion and Grants</p>	<p>ACA Requirement: The Secretary of Health and Human Services, acting through the Centers for Disease Control, shall award competitive grants to state and local governmental agencies and community-based organizations. Grants will fund the implementation, evaluation, and dissemination of evidence-based community preventive health activities. The grants are intended to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence base of effective prevention programming.</p> <p>Opportunity in Connecticut: Organizations in Connecticut can plan for opportunities to obtain grants that will improve access to, and delivery of, preventive services. In particular, organizations can identify data-driven, evidence-based activities that require grant funding.</p>	<p>Organizations may begin to identify opportunities to develop grant proposals as the distribution of funds is ongoing. Grants will be made from FY 2010 – FY 2014. Authorized sums will be appropriated as necessary.</p> <p>Appropriated:</p> <p>FY 2011 funding = \$145 million FY 2012 funding = \$226 million FY 2013 request = \$146 million All funds are from Prevention and Public Health Funds</p> <p>CFDA = Catalogue of Federal Domestic Assistance</p> <p>CFDA 93.531</p> <p>Of \$211,878,589 awarded nationally in 178 grants, Connecticut has received two:</p> <p>\$493,891 - 09-26-2011 - Department of Public Health \$493,891 - 08-24-2012 - Department of Public Health</p>	<p>Title IV, Sec. 4201. Community transformation grants</p>

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<p>Program Development: Community Transformation Plan</p>	<p>ACA Requirement: The Secretary of Health and Human Services shall award competitive grants to state and local governmental agencies and community-based organizations to implement, evaluate and disseminate evidence-based community preventive health activities in order to decrease disparities among other goals. Activities within the plan may focus on (but not be limited to): creating healthier school environments; creating infrastructure for active living and good nutrition; developing programs that target different age levels to increase access to nutrition, physical activity and smoking cessation and address chronic disease issues among others.</p> <p>Organizations shall measure changes in: weight; nutrition; physical activity; tobacco use prevalence; emotional well-being and overall mental health.</p> <p>Opportunity in Connecticut: Stakeholders in Connecticut can identify and participate in (to the extent possible) existing grants that decrease racial and ethnic disparities.</p>	<p>The Secretary will award grants to States beginning on January 1, 2011, or beginning on the date on which the Secretary develops program criteria, whichever is earlier.</p> <p>Nutrition, Physical Activity and Obesity Program:</p> <p>\$15,428,277 has been awarded nationally in 87 grants, with no funding to Connecticut.</p> <p>CFDA: 93.548</p> <p>Small Communities Program:</p> <p>\$65,991,923 has been awarded nationally in 38 grants, with no funding to CT.</p> <p>CFDA: 93.737</p>	<p>Title IV, Sec. 4201. Community transformation grants</p>

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<p>Program Development Grants: Needs Assessment and Maternal Child Health Visiting Programs</p>	<p>ACA Requirement: The ACA requires states to conduct statewide needs assessments and identify at-risk communities, including communities with high concentrations of maternal and child health needs and other characteristics. The assessments will also identify the quality and capacity of existing programs for early childhood home visitation.</p> <p>Opportunity in Connecticut: Connecticut stakeholders can weigh in on the assessment content and methodology. Once the assessment is complete, stakeholders can obtain a copy of Connecticut's statewide needs assessment and review, discuss and act upon opportunities, particularly those that support efforts to improve health equity and reduce health disparities.</p> <p>Experts in Connecticut can advise and/or provide technical assistance to state and/or eligible entities to develop, implement and analyze the assessment to the extent permitted by Health and Human Services. Furthermore, stakeholders may benefit from participating in the implementation and operation of new programs created under the ACA.</p> <p>ACA Requirement: The ACA requires that states create grant funds for entities that provide early childhood home visitation.</p> <p>Opportunity in Connecticut: Stakeholders can start by identifying funds already distributed under the ACA. Stakeholders can help eligible organizations to develop grant proposals that specifically address local needs in Connecticut.</p>	<p>Maternal, Infant and Early Childhood Home Visiting Program:</p> <p>Appropriated:</p> <p>FY 2010 = \$100 million FY 2011 = \$250 million FY 2012 = \$350 million FY 2013 = \$400 million FY 2014= \$400 million</p> <p>Of \$380,965,378 awarded nationally in 210 grants, CT has received three, all to DPH:</p> <p>\$25,849 - 9/16/2010 – DPH \$829,224 - 07/15/10 – DPH \$8,677,222 - 03/14/12 - DPH</p> <p>CFDA: 93.505 (93.508 for tribes)</p> <p>Home Visiting Research Program:</p> <p>\$877,930 awarded in three grants, none to Connecticut.</p> <p>CFDA: 93.615</p>	<p>Title II, Sec. 2951. Maternal, infant, and early childhood home visiting programs</p>

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<p>Program Development: Grants in General, Pediatric and Public Health Dentistry</p>	<p>ACA Requirement: The Secretary of Health and Human Services shall give priority in awarding funds to qualified applicants in general, pediatric and public health dentistry that have a high rate for placing graduates in practice settings that serve underserved areas or health disparity populations, or who achieve a significant increase in the rate of placing graduates in such settings. Eligible entities will further qualify based on their experience with addressing the needs of disadvantaged populations.</p> <p>Opportunity in Connecticut: Stakeholders can review how dental training programs in Connecticut have performed in reducing disparities and form partnerships to seek grant funds. This opportunity is especially relevant given the shortage of access to dental providers in the State.</p>	<p>\$30 million is authorized to be appropriated for FY 2010 and such sums as may be necessary for each of FY 2011 through 2015. An entity that receives an award under this section may carry over funds from one FY year to another, for up to 3 years without obtaining approval.</p> <p>Appropriated:</p> <p>FY 2011 funding = \$17 million FY 2012 funding = \$20 million FY 2013 request = \$20 million</p> <p>Of \$16,138,726 awarded nationally in 46 grants, CT received two:</p> <p>\$334,821 - 6/4/12 - UConn Health Center \$24,153 - 6/4/12 - Yale New Haven</p> <p>CFDA 93.059</p> <p>Note: Health Resources and Services Administration also administers a state oral health workforce grant program (PHSA Sec. 340G):</p> <p>FY 2011 funding = \$16 million FY 2012 funding = \$12 million FY 2013 request = \$11 million</p> <p>CFDA 93.236</p>	<p>Title V, Sec. 5303. Training in general, pediatric, and public health dentistry</p>

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<p>Program Development: Grants for Workforce Development</p>	<p>ACA Requirement: The ACA requires entities eligible for funding to:</p> <ul style="list-style-type: none"> • Develop and implement strategies to foster and provide community-based training and education to individuals seeking careers in primary care health professions within underserved areas. • Prepare individuals to more effectively provide health services to underserved areas and health disparity populations through field placements or preceptorships. • Deliver or facilitate continuing education programs for health care professionals in underserved areas. <p>Opportunity in Connecticut: Stakeholders can develop grants that meet the aforementioned requirements.</p>	<p>Funding would be available from FY 2010 – FY 2012, and appropriated as needed.</p> <p>\$5 million has been authorized for FY 2010 through FY 2014</p> <p>CFDA 93.189</p> <p>No funding has been appropriated as of October 1, 2012.</p>	<p>Title V, Sec. 5403. Interdisciplinary, community-based linkages</p>

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>.