

MINORITY HEALTH GRANTS TO RESOLVE HEALTH DISPARITIES

Fund source: Indigent Care Trust Fund

1) Legislative Statute & Constitutional Amendment

- a) Title 31. Health; chapter 8. Care and protection of indigent and elderly patients; article 6. Indigent Care Trust Fund; O.C.G.A. § 31-8-154 (2008); § 31-8-154. Authorized expenditure of contributed funds.
 - i) All moneys contributed and revenues deposited and transferred to the trust fund pursuant to this article and any interest earned on such moneys shall be appropriated to the department for only the following purposes: (1) To expand Medicaid eligibility and services; (2) For programs to support rural and other health care providers, primarily hospitals, who serve the medically indigent; (3) For primary health care programs for medically indigent citizens and children of this state; or (4) Any combination of purposes specified in paragraphs (1) through (3) of this Code section.
- b) HISTORY: Code 1981, § 31-8-154, enacted by Ga. L. 1990, p. 139, § 1; Ga. L. 1993, p. 1014, § 1.

- 2) **Grant Purpose:** The purpose of this grant is to provide funding for the development of a statewide grant program to reduce and eliminate racial and ethnic health disparities; promote health and quality of life of individuals and communities; build on community strengths and assets to address health issues; develop effective working relationships among community members and the organizations and leaders who serve them; and Focus on prevention and early detection.

3)

Care/Services to be provided: Address identified and quantified deficiencies that are known to result in higher death rates and morbidity in Georgia communities. Focus is on screening, diagnosis and treatment.

Targeted Disease Focus: Cancer¹, Cardiovascular Disease (CVD) ², Diabetes³, and AIDS/HIV⁴,

Impact of Grant Loss: Further delay in addressing disparities in health care that lead to avoidable disease progression and more costly care for acute and advanced illness. Population impacted: 40% of Georgians; 54% of families in SCHIP; 60.5% of Medicaid members.

- Declines in workforce productivity secondary to illness for a significant portion of the workforce
- Increase absenteeism for parents of impacted children
- Limit to public health efforts to control infectious disease and impact rates of diseases.

4) Minority Health Advisory Council

Jaime Altamriano, MD

Centers for Disease Control and Prevention

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Mel Lindsey, V.P.

AmeriGroup

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President, MING

George Rust, MD, MPH, Director

Morehouse School of Medicine

Dan Salinas, MD, V.P.

Blue Cross Blue Shield of GA

Tish Towns, V.P.

Grady Memorial Hospital

Finalists

<u>Organization</u>	<u>Counties Served</u>
AID Atlanta, Inc.	Metro Atlanta
Wholistic Stress Control Institute, Inc. (WSCI)	Metro Atlanta
North Georgia AIDS Alliance, Inc.	Hall County
Positive Impact	Statewide
National AIDS Education & Services for Minorities (NAESM)	Metro Atlanta
SisterLove, Inc.	Metro Atlanta
Center for Pan Asian Community Services	Gwinnett County
Someone Cares, Inc. of Atlanta	Metro Atlanta
Central Savannah River Area Partnership for Community Health	Richmond County
American Diabetes Association	Muscogee, Lowndes, and Bibb
Community Health Mission	Chatham and Effingham
Thomasville Community Resource Center	Thomas
Kennesaw State University Center for Community Health Care	Cobb
American Diabetes Association	Toombs, Jeff Davis, Montgomery, Tattnall
Georgia State University, School of Law	Metro Atlanta
Morehouse School of Medicine	Metro Atlanta
Southwest Georgia Cancer Coalition	Dougherty, Terrell