

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To provide attention to rural health needs.

**IN THE SENATE OF THE UNITED STATES—111th Cong., 1st Sess.**

**H. R. 3590**

To amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes.

Referred to the Committee on \_\_\_\_\_ and  
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by  
\_\_\_\_\_ to the amendment (No. 2786)  
proposed by Mr. REID

Viz:

1 Beginning on page 1203, strike line 19 and all that  
2 follows through page 1209, line 20 and insert the fol-  
3 lowing:

4 **SEC. 4201. COMMUNITY TRANSFORMATION GRANTS.**

5 (a) IN GENERAL.—The Secretary of Health and  
6 Human Services (referred to in this section as the “Sec-  
7 retary”), acting through the Director of the Centers for

1 Disease Control and Prevention (referred to in this section  
2 as the “Director”), shall award competitive grants to  
3 State and local governmental agencies and community-  
4 based organizations for the implementation, evaluation,  
5 and dissemination of evidence-based community preventive  
6 health activities in order to reduce chronic disease rates,  
7 prevent the development of secondary conditions, address  
8 health disparities, and develop a stronger evidence-base of  
9 effective prevention programming, with not less than 20  
10 percent of such grants being made to State or local gov-  
11 ernment agencies and community-based organizations lo-  
12 cated in or serving, or both, rural areas.

13 (b) ELIGIBILITY.—To be eligible to receive a grant  
14 under subsection (a), an entity shall—

15 (1) be—

16 (A) a State governmental agency;

17 (B) a local governmental agency;

18 (C) a national network of community-based  
19 organizations;

20 (D) a State or local non-profit organiza-  
21 tion; or

22 (E) an Indian tribe; and

23 (2) submit to the Director an application at  
24 such time, in such a manner, and containing such  
25 information as the Director may require, including a

1 description of the program to be carried out under  
2 the grant; and

3 (3) demonstrate a history or capacity, if fund-  
4 ed, to develop relationships necessary to engage key  
5 stakeholders from multiple sectors within and be-  
6 yond health care and across a community, such as  
7 healthy futures corps and health care providers.

8 (c) USE OF FUNDS.—

9 (1) IN GENERAL.—An eligible entity shall use  
10 amounts received under a grant under this section to  
11 carry out programs described in this subsection.

12 (2) COMMUNITY TRANSFORMATION PLAN.—

13 (A) IN GENERAL.—An eligible entity that  
14 receives a grant under this section shall submit  
15 to the Director (for approval) a detailed plan  
16 that includes the policy, environmental, pro-  
17 grammatic, and as appropriate infrastructure  
18 changes needed to promote healthy living and  
19 reduce disparities.

20 (B) ACTIVITIES.—Activities within the  
21 plan may focus on (but not be limited to)—

22 (i) creating healthier school environ-  
23 ments, including increasing healthy food  
24 options, physical activity opportunities,  
25 promotion of healthy lifestyle, emotional

1 wellness, and prevention curricula, and ac-  
2 tivities to prevent chronic diseases;

3 (ii) creating the infrastructure to sup-  
4 port active living and access to nutritious  
5 foods in a safe environment;

6 (iii) developing and promoting pro-  
7 grams targeting a variety of age levels to  
8 increase access to nutrition, physical activ-  
9 ity and smoking cessation, improve social  
10 and emotional wellness, enhance safety in  
11 a community, or address any other chronic  
12 disease priority area identified by the  
13 grantee;

14 (iv) assessing and implementing work-  
15 site wellness programming and incentives;

16 (v) working to highlight healthy op-  
17 tions at restaurants and other food venues;

18 (vi) prioritizing strategies to reduce  
19 racial and ethnic disparities, including so-  
20 cial, economic, and geographic deter-  
21 minants of health; and

22 (vii) addressing special populations  
23 needs, including all age groups and individ-  
24 uals with disabilities, and individuals in  
25 both urban, rural, and frontier areas.

1           (3) COMMUNITY-BASED PREVENTION HEALTH  
2           ACTIVITIES.—

3           (A) IN GENERAL.—An eligible entity shall  
4           use amounts received under a grant under this  
5           section to implement a variety of programs,  
6           policies, and infrastructure improvements to  
7           promote healthier lifestyles.

8           (B) ACTIVITIES.—An eligible entity shall  
9           implement activities detailed in the community  
10          transformation plan under paragraph (2).

11          (C) IN-KIND SUPPORT.—An eligible entity  
12          may provide in-kind resources such as staff,  
13          equipment, or office space in carrying out ac-  
14          tivities under this section.

15          (4) EVALUATION.—

16          (A) IN GENERAL.—An eligible entity shall  
17          use amounts provided under a grant under this  
18          section to conduct activities to measure changes  
19          in the prevalence of chronic disease risk factors  
20          among community members participating in  
21          preventive health activities

22          (B) TYPES OF MEASURES.—In carrying  
23          out subparagraph (A), the eligible entity shall,  
24          with respect to residents in the community,  
25          measure—

- 1 (i) changes in weight;
- 2 (ii) changes in proper nutrition;
- 3 (iii) changes in physical activity;
- 4 (iv) changes in tobacco use prevalence;
- 5 (v) changes in emotional well-being
- 6 and overall mental health;
- 7 (vi) other factors using community-
- 8 specific data from the Behavioral Risk
- 9 Factor Surveillance Survey; and
- 10 (vii) other factors as determined by
- 11 the Secretary, including differential suscep-
- 12 tibility, mortality, or morbidity due to
- 13 chronic diseases such as cancer, diabetes,
- 14 and cardiovascular disease.

15 (C) REPORTING.—An eligible entity shall

16 annually submit to the Director a report con-

17 taining an evaluation of activities carried out

18 under the grant.

19 (5) DISSEMINATION.—A grantee under this sec-

20 tion shall—

21 (A) meet at least annually in regional or

22 national meetings to discuss challenges, best

23 practices, and lessons learned with respect to

24 activities carried out under the grant; and

1 (B) develop models for the replication of  
2 successful programs and activities and the men-  
3 toring of other eligible entities.

4 (d) TRAINING.—

5 (1) IN GENERAL.—The Director shall develop a  
6 program to provide training for eligible entities on  
7 effective strategies for the prevention and control of  
8 chronic disease and the link between physical, emo-  
9 tional, and social well-being.

10 (2) COMMUNITY TRANSFORMATION PLAN.—The  
11 Director shall provide appropriate feedback and  
12 technical assistance to grantees to establish commu-  
13 nity transformation plans

14 (3) EVALUATION.—The Director shall provide a  
15 literature review and framework for the evaluation  
16 of programs conducted as part of the grant program  
17 under this section, in addition to working with aca-  
18 demic institutions or other entities with expertise in  
19 outcome evaluation.

20 (e) PROHIBITION.—A grantee shall not use funds  
21 provided under a grant under this section to create video  
22 games or to carry out any other activities that may lead  
23 to higher rates of obesity or inactivity.

24 (f) AUTHORIZATION OF APPROPRIATIONS.—There  
25 are authorized to be appropriated to carry out this section,

1 such sums as may be necessary for each fiscal years 2010  
2 through 2014.

3 **SEC. 4201A. REDUCTION OF HEALTH DISPARITIES IN**  
4 **RURAL AREAS.**

5 (a) AUTHORIZATION OF INITIATIVE.—

6 (1) IN GENERAL.—The Secretary of Health and  
7 Human Services, in collaboration or conjunction  
8 with the Director of the National Center for Health  
9 Disparities and Deputy Assistant Secretary for Mi-  
10 nority Health, shall establish an initiative—

11 (A) that is specifically directed toward ad-  
12 dressing the issue of health disparities attrib-  
13 utable to chronic diseases in rural and frontier  
14 areas by creating and promoting educational,  
15 screening, and outreach programs that reduce  
16 the prevalence, morbidity, and mortality of  
17 chronic diseases or susceptibility to such dis-  
18 eases; and

19 (B) whose goal is to significantly improve  
20 access to, and utilization of, beneficial chronic  
21 disease interventions in rural communities expe-  
22 riencing health disparities in order to reduce  
23 such disparities.

24 (2) HEALTH DISPARITY POPULATION.—

1           (Δ) IN GENERAL.—For purposes of car-  
2           rying out the initiative described in paragraph  
3           (1), a population shall be considered a health  
4           disparity population if there is a significant dis-  
5           parity in the overall rate of chronic disease inci-  
6           dence, prevalence, morbidity, mortality, or sur-  
7           vival rates in the population as compared to the  
8           health status of the general population.

9           (B) CHRONIC DISEASES.—In this para-  
10          graph, the term “chronic disease” includes hy-  
11          pertension, diabetes, cancer, and heart disease.

12          (b) COMMON ADMINISTRATIVE STRUCTURE.—The  
13          initiative described in subsection (a) shall—

14               (1) utilize a common administrative structure to  
15               ensure coordinated implementation, oversight, and  
16               accountability;

17               (2) be amenable to regional organization in  
18               order to meet the specific needs of rural commu-  
19               nities throughout the United States; and

20               (3) involve elements located in rural commu-  
21               nities and areas.

22          (c) DESIGN.—The initiative described in subsection  
23          (a) shall be designed to reach rural communities and pop-  
24          ulations that experience a disproportionate share of chron-  
25          ic disease burden, including African Americans, American

1 Indians or Alaska Natives, Hawaiian Natives and other  
2 Pacific Islanders, Asians, Hispanics or Latinos, and other  
3 underserved rural populations.

4 (d) ESTABLISHMENT OF INITIATIVE AND GRANTS.—

5 In carrying out the initiative described in subsection (a),  
6 the Secretary of Health and Human Services shall, from  
7 funds appropriated to carry out this section—

8 (1) use 50 percent for the establishment of such  
9 initiative; and

10 (2) use 50 percent to award competitive grants  
11 or contracts to organizations, universities, or similar  
12 entities to carry out the initiative, with preference  
13 given to entities having a demonstrable track record  
14 of service to rural communities, including tribally-af-  
15 filiated colleges or universities.