

**The Implementation of the Patient Protection and Affordable Care Act (P.L.111-148)**  
**A Summary of the Second Consultation Meeting**  
**July 9, 2010**  
**Oakland, California**

***Public Health and Health Care Reform: Implementing the Community Transformation Grants (Part I)***

On July 9, 2010, Trust for America's Health, in collaboration with the Robert Wood Johnson Foundation, The California Endowment, Prevention Institute, and the California Pan-Ethnic Health Network convened public health and community based preventive health experts (see attached list of participants) to discuss the vision for and implementation of the newly authorized Community Transformation Grants (CTGs). These competitive grants will be awarded *"to state and local governmental agencies and community-based organizations for the implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of effective prevention programming."* (CTGs, Section 4201(a) of the Affordable Care Act).

Community Transformation Grants have the potential to help us transition from our current disease-by-disease prevention approach to one which is more comprehensive, innovative, and cross-cutting. The goal is to create sustainable conditions that promote health, prevent injury and promote safety, and encourage overall healthier more resilient communities. The following are key principles that should be central to the development of the program guidance for the CTGs:

- 1. The goal of CTGs should be to create healthier communities.** The focus of the grants should be on fostering wellness and health, rather than preventing disease or death. The grants should emphasize the policy, structural, environmental, and norm changes essential for creating healthy living conditions, resulting in a reduction of risk behaviors, disease and injury, and mortality. These changes must occur at the national, state, local, and tribal levels.
- 2. The CTGs should set common near-term and long-term national objectives, with grantees given flexibility to adapt to local needs. The CTGs should be scalable with sufficient reach and intensity to have national impact: enough funding should be provided across the country so that a national impact is notable from the investment in health and wellness.** For real change in health outcomes to occur, we must set common goals for the nation, while encouraging tailored, innovative approaches to assure that all parts of the country are reached. These goals should be consistent with the national prevention strategy.
- 3. To advance health equity, the CTGs must ensure that communities at disproportionate risk are funded and given the opportunity to build their capacity to achieve the transformational and sustainable change envisioned for CTGs. It is critical to prioritize funding to communities with high burdens of disease and racial and ethnic health disparities, and little access to the resources needed to build the social supports necessary to address these inequities.** Financial support for building capacity in communities will be essential, along with technical assistance from the Centers for Disease Control and Prevention (CDC) state and local health departments, national organizations, and cross-training by other grantees.
- 4. The CTG program should include a mix of evidence-informed and innovative approaches.** CDC should provide guidance by providing a menu of vetted interventions for CTG applicants to tailor to

their communities unique needs (similar to the MAPPS listings).<sup>1</sup> A portion of the grants should be devoted to innovative interventions that have demonstrated success in communities, with timely feedback to other grantees so they can adopt new and transformative approaches.

**5. Accountability and evaluation will be critical to the long-term effectiveness of and support for CTGs.** CDC should develop metrics of progress along a logic model of community transformation, as well as long-term measures of success including appropriate indicators for policy, system, and environmental changes.

**6. Grantees should be encouraged to look beyond health policy in developing their community transformation plans and should be required to develop strong, diverse coalitions.** Health outcomes are influenced by much more than health policy. Transportation and land use planning, housing policy, the location of schools, and many other factors influence health. The CDC should emphasize the importance of developing diverse coalitions and strategic partnerships by providing examples of key stakeholders that could include, but not be limited to, business and religious leaders, employers, law enforcement, the education community including parents, insurers, health care providers, child care providers, youth-serving organizations, the housing community, planners, transportation officials, and other trusted community leaders. Grantees do not necessarily need to be public health focused, though must certainly involve public health.

**7. A mix of grantees will be needed to achieve community transformation, including state and local health departments as well as non-profit and community-based organizations.** The CTG program needs to be structured so that all who engage in activities that affect the public's health have the opportunity for funding, such as, community-based organizations and Indian tribes, in addition to public health agencies.

**8. Grantees should be encouraged to leverage current resources and related programs to support community transformation.** To the extent possible, grantees should be encouraged to use the community transformation planning process to leverage existing public and private resources and integrate existing programs into their CTG work for greater impact.

**9. Community transformation can apply to geographic and demographic communities.** There are many ways to define a community. It will be critical for the grants to be awarded to communities that can be dynamic, flexible, and that require multiple interventions within both geographic and demographic parameters.

**10. National goals can be met through diverse coalitions that represent a mix of grantees.** Vertical integration by community, region, and state as well as horizontal integration across the many sectors that influence health is required. Through this alignment, mutually supporting and reinforcing efforts and messaging, the opportunity for community norm and policy change is significantly enhanced.

As of August 2, 2010

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<sup>1</sup> Media, Access, Point of purchase and promotion, Price and Social support and services: MAPPS, provided for in the *Communities Putting Prevention to Work* program

**July 9, 2010 Participant List\***

John Auerbach	Commissioner	Massachusetts Department of Public Health <a href="http://www.mass.gov/">www.mass.gov/</a>
Kellan Baker	Senior Policy Associate	National Coalition of LGBT Health <a href="http://www.lgbthealth.net/">www.lgbthealth.net/</a>
Kimberly Belshé	Secretary	California Health and Human Services Agency <a href="http://www.chhs.ca.gov/">www.chhs.ca.gov/</a>
America Bracho	President and CEO	Latino Health Access <a href="http://www.latinohhealthaccess.org/">www.latinohhealthaccess.org/</a>
Natalie S. Burke	President	CommonHealth ACTION <a href="http://www.commonhealthaction.org/">www.commonhealthaction.org/</a>
Dalila Butler	Program Coordinator	Prevention Institute <a href="http://www.preventioninstitute.org/">www.preventioninstitute.org/</a>
Larry Cohen	Executive Director	Prevention Institute <a href="http://www.preventioninstitute.org/">www.preventioninstitute.org/</a>
James Allen Crouch	Executive Director	California Rural Indian Health Board <a href="http://www.crihb.org/">http://www.crihb.org/</a>
Ruth Finkelstein	Vice President for Health Policy	New York Academy of Medicine <a href="http://www.nyam.org/">www.nyam.org/</a>
Jean Fraser	Health System Chief	San Mateo County Health System <a href="http://www.co.sanmateo.ca.us/">www.co.sanmateo.ca.us/</a>
Cynthia A. Gómez	Founding Director	San Francisco State University Health Equity Initiatives <a href="http://www.healthequity.sfsu.edu/">www.healthequity.sfsu.edu/</a>
Andrew Goodman	Deputy Commissioner, Division of Health Promotion and Disease Promotion	New York City Department of Health and Mental Hygiene <a href="http://www.nyc.gov/">www.nyc.gov/</a>
Hannah Graff	Policy Development Associate	Trust for America's Health <a href="http://www.healthyamericans.org">www.healthyamericans.org</a>
Richard Hamburg	Deputy Director	Trust for America's Health <a href="http://www.healthyamericans.org">www.healthyamericans.org</a>
Karen M. Hendricks	Director of Policy Development	Trust for America's Health <a href="http://www.healthyamericans.org">www.healthyamericans.org</a>
Al Hernandez-Santana	Executive Director	Latino Coalition for a Healthy California <a href="http://www.lchc.org/">www.lchc.org/</a>
Sherry M. Hirota	CEO	Asian Health Services <a href="http://www.asianhealthservices.org">www.asianhealthservices.org</a>
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Joseph D. Kimbrell	CEO	Louisiana Public Health Institute <a href="http://lphi.org">http://lphi.org</a>
Kathy L. Ko	President and CEO	Asian and Pacific Islander Health Care Forum <a href="http://www.apiahf.org/">www.apiahf.org/</a>
Jim Krieger	Chief of the Epidemiology, Planning and Evaluation Unit	Public Health: Seattle & King County <a href="http://www.kingcounty.gov/">www.kingcounty.gov/</a>
Jeff Levi	Executive Director	Trust for America's Health <a href="http://www.healthyamericans.org">www.healthyamericans.org</a>
Marty Martinez	Policy Director	California Pan-Ethnic Health Network <a href="http://www.cpehn.org/">www.cpehn.org/</a>
Sara (ST) Mayer	Director of Health Policy and Planning	San Mateo County Health System <a href="http://www.co.sanmateo.ca.us/">www.co.sanmateo.ca.us/</a>

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Carmen Nevarez	Vice President for External Relations and Preventive Medicine Advisor	Public Health Institute <a href="http://www.phi.org/">www.phi.org/</a>
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Abby Dilley	Senior Mediator/Meeting Facilitator	The RESOLVE Team <a href="http://www.resolve.org/">www.resolve.org/</a>

*\*Note that this list is for informational purposes only and does not mean to imply that these individuals or organizations support the totality of this document.*