

(d) Website

The Secretary, in consultation with private-sector experts, shall maintain or enter into a contract to maintain an Internet website to provide science-based information on guidelines for nutrition, regular exercise, obesity reduction, smoking cessation, and specific chronic disease prevention. Such website shall be designed to provide information to health care providers and consumers.

(e) Dissemination of information through providers

The Secretary, acting through the Centers for Disease Control and Prevention, shall develop and implement a plan for the dissemination of health promotion and disease prevention information consistent with national priorities, to health care providers who participate in Federal programs, including programs administered by the Indian Health Service, the Department of Veterans Affairs, the Department of Defense, and the Health Resources and Services Administration, and Medicare and Medicaid.

(f) Personalized prevention plans**(1) Contract**

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall enter into a contract with a qualified entity for the development and operation of a Federal Internet website personalized prevention plan tool.

(2) Use

The website developed under paragraph (1) shall be designed to be used as a source of the most up-to-date scientific evidence relating to disease prevention for use by individuals. Such website shall contain a component that enables an individual to determine their disease risk (based on personal health and family history, BMI, and other relevant information) relating to the 5 leading diseases in the United States, and obtain personalized suggestions for preventing such diseases.

(g) Internet portal

The Secretary shall establish an Internet portal for accessing risk-assessment tools developed and maintained by private and academic entities.

(h) Priority funding

Funding for the activities authorized under this section shall take priority over funding provided through the Centers for Disease Control and Prevention for grants to States and other entities for similar purposes and goals as provided for in this section. Not to exceed \$500,000,000 shall be expended on the campaigns and activities required under this section.

(i) Public awareness of preventive and obesity-related services**(1) Information to States**

The Secretary of Health and Human Services shall provide guidance and relevant information to States and health care providers regarding preventive and obesity-related services that are available to Medicaid enrollees, including obesity screening and counseling for children and adults.

(2) Information to enrollees

Each State shall design a public awareness campaign to educate Medicaid enrollees regarding availability and coverage of such services, with the goal of reducing incidences of obesity.

(3) Report

Not later than January 1, 2011, and every 3 years thereafter through January 1, 2017, the Secretary of Health and Human Services shall report to Congress on the status and effectiveness of efforts under paragraphs (1) and (2), including summaries of the States' efforts to increase awareness of coverage of obesity-related services.

(j) Authorization of appropriations

There are authorized to be appropriated such sums as may be necessary to carry out this section.

(Pub. L. 111-148, title IV, §4004, title X, §10401(c), Mar. 23, 2010, 124 Stat. 544, 975.)

CODIFICATION

Section was enacted as part of the Patient Protection and Affordable Care Act, and not as part of the Public Health Service Act which comprises this chapter.

AMENDMENTS

2010—Subsec. (a)(4). Pub. L. 111-148, §10401(c), substituted “an Exchange” for “a Gateway”.

§ 300u-13. Community transformation grants**(a) In general**

The Secretary of Health and Human Services (referred to in this section as the “Secretary”), acting through the Director of the Centers for Disease Control and Prevention (referred to in this section as the “Director”), shall award competitive grants 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, with not less than 20 percent of such grants being awarded to rural and frontier areas.

(b) Eligibility

To be eligible to receive a grant under subsection (a), an entity shall—

(1) be—

- (A) a State governmental agency;
- (B) a local governmental agency;
- (C) a national network of community-based organizations;
- (D) a State or local non-profit organization; or
- (E) an Indian tribe; and

(2) submit to the Director an application at such time, in such a manner, and containing such information as the Director may require, including a description of the program to be carried out under the grant; and

(3) demonstrate a history or capacity, if funded, to develop relationships necessary to engage key stakeholders from multiple sectors

within and beyond health care and across a community, such as healthy futures corps and health care providers.

(c) Use of funds

(1) In general

An eligible entity shall use amounts received under a grant under this section to carry out programs described in this subsection.

(2) Community transformation plan

(A) In general

An eligible entity that receives a grant under this section shall submit to the Director (for approval) a detailed plan that includes the policy, environmental, programmatic, and¹ as appropriate¹ infrastructure changes needed to promote healthy living and reduce disparities.

(B) Activities

Activities within the plan may focus on (but not be limited to)—

- (i) creating healthier school environments, including increasing healthy food options, physical activity opportunities, promotion of healthy lifestyle, emotional wellness, and prevention curricula, and activities to prevent chronic diseases;
- (ii) creating the infrastructure to support active living and access to nutritious foods in a safe environment;
- (iii) developing and promoting programs targeting a variety of age levels to increase access to nutrition, physical activity and smoking cessation, improve social and emotional wellness, enhance safety in a community, or address any other chronic disease priority area identified by the grantee;
- (iv) assessing and implementing work-site wellness programming and incentives;
- (v) working to highlight healthy options at restaurants and other food venues;
- (vi) prioritizing strategies to reduce racial and ethnic disparities, including social, economic, and geographic determinants of health; and
- (vii) addressing special populations needs, including all age groups and individuals with disabilities, and individuals in urban, rural, and frontier areas.

(3) Community-based prevention health activities

(A) In general

An eligible entity shall use amounts received under a grant under this section to implement a variety of programs, policies, and infrastructure improvements to promote healthier lifestyles.

(B) Activities

An eligible entity shall implement activities detailed in the community transformation plan under paragraph (2).

(C) In-kind support

An eligible entity may provide in-kind resources such as staff, equipment, or office

space in carrying out activities under this section.

(4) Evaluation

(A) In general

An eligible entity shall use amounts provided under a grant under this section to conduct activities to measure changes in the prevalence of chronic disease risk factors among community members participating in preventive health activities²

(B) Types of measures

In carrying out subparagraph (A), the eligible entity shall, with respect to residents in the community, measure—

- (i) changes in weight;
- (ii) changes in proper nutrition;
- (iii) changes in physical activity;
- (iv) changes in tobacco use prevalence;
- (v) changes in emotional well-being and overall mental health;
- (vi) other factors using community-specific data from the Behavioral Risk Factor Surveillance Survey; and
- (vii) other factors as determined by the Secretary.

(C) Reporting

An eligible entity shall annually submit to the Director a report containing an evaluation of activities carried out under the grant.

(5) Dissemination

A grantee under this section shall—

- (A) meet at least annually in regional or national meetings to discuss challenges, best practices, and lessons learned with respect to activities carried out under the grant; and
- (B) develop models for the replication of successful programs and activities and the mentoring of other eligible entities.

(d) Training

(1) In general

The Director shall develop a program to provide training for eligible entities on effective strategies for the prevention and control of chronic disease and the link between physical, emotional, and social well-being.

(2) Community transformation plan

The Director shall provide appropriate feedback and technical assistance to grantees to establish community transformation plans²

(3) Evaluation

The Director shall provide a literature review and framework for the evaluation of programs conducted as part of the grant program under this section, in addition to working with academic institutions or other entities with expertise in outcome evaluation.

(e) Prohibition

A grantee shall not use funds provided under a grant under this section to create video games or to carry out any other activities that may lead to higher rates of obesity or inactivity.

¹ So in original. Probably should be followed by a comma.

² So in original. Probably should be followed by a period.

(f) Authorization of appropriations

There are authorized to be appropriated to carry out this section, such sums as may be necessary for each of fiscal year³ 2010 through 2014.

(Pub. L. 111-148, title IV, § 4201, title X, § 10403, Mar. 23, 2010, 124 Stat. 564, 975.)

CODIFICATION

Section was enacted as part of the Patient Protection and Affordable Care Act, and not as part of the Public Health Service Act which comprises this chapter.

AMENDMENTS

2010—Subsec. (a). Pub. L. 111-148, § 10403(1), inserted “, with not less than 20 percent of such grants being awarded to rural and frontier areas” before period at end.

Subsec. (c)(2)(B)(vii). Pub. L. 111-148, § 10403(2), substituted “urban, rural, and frontier areas” for “both urban and rural areas”.

Subsec. (f). Pub. L. 111-148, § 10403(3), substituted “each of fiscal year” for “each fiscal years”.

§ 300u-14. Healthy aging, living well; evaluation of community-based prevention and wellness programs for Medicare beneficiaries**(a) Healthy aging, living well****(1) In general**

The Secretary of Health and Human Services (referred to in this section as the “Secretary”), acting through the Director of the Centers for Disease Control and Prevention, shall award grants to State or local health departments and Indian tribes to carry out 5-year pilot programs to provide public health community interventions, screenings, and where necessary, clinical referrals for individuals who are between 55 and 64 years of age.

(2) Eligibility

To be eligible to receive a grant under paragraph (1), an entity shall—

(A) be—

- (i) a State health department;
- (ii) a local health department; or
- (iii) an Indian tribe;

(B) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require including a description of the program to be carried out under the grant;

(C) design a strategy for improving the health of the 55-to-64 year-old population through community-based public health interventions; and

(D) demonstrate the capacity, if funded, to develop the relationships necessary with relevant health agencies, health care providers, community-based organizations, and insurers to carry out the activities described in paragraph (3), such relationships to include the identification of a community-based clinical partner, such as a community health center or rural health clinic.

(3) Use of funds**(A) In general**

A State or local health department shall use amounts received under a grant under

this subsection to carry out a program to provide the services described in this paragraph to individuals who are between 55 and 64 years of age.

(B) Public health interventions**(i) In general**

In developing and implementing such activities, a grantee shall collaborate with the Centers for Disease Control and Prevention and the Administration on Aging, and relevant local agencies and organizations.

(ii) Types of intervention activities

Intervention activities conducted under this subparagraph may include efforts to improve nutrition, increase physical activity, reduce tobacco use and substance abuse, improve mental health, and promote healthy lifestyles among the target population.

(C) Community preventive screenings**(i) In general**

In addition to community-wide public health interventions, a State or local health department shall use amounts received under a grant under this subsection to conduct ongoing health screening to identify risk factors for cardiovascular disease, cancer, stroke, and diabetes among individuals in both urban and rural areas who are between 55 and 64 years of age.

(ii) Types of screening activities

Screening activities conducted under this subparagraph may include—

- (I) mental health/behavioral health and substance use disorders;
- (II) physical activity, smoking, and nutrition; and
- (III) any other measures deemed appropriate by the Secretary.

(iii) Monitoring

Grantees under this section shall maintain records of screening results under this subparagraph to establish the baseline data for monitoring the targeted population¹

(D) Clinical referral/treatment for chronic diseases**(i) In general**

A State or local health department shall use amounts received under a grant under this subsection to ensure that individuals between 55 and 64 years of age who are found to have chronic disease risk factors through the screening activities described in subparagraph (C)(ii), receive clinical referral/treatment for follow-up services to reduce such risk.

(ii) Mechanism**(I) Identification and determination of status**

With respect to each individual with risk factors for or having heart disease,

³ So in original. Probably should be “years”.

¹ So in original. Probably should be followed by a period.