populations. Grantees are public or private entities that demonstrate a commitment to bridging health care service gaps and improving health outcomes for uninsured people. In FY 2000, HRSA awarded 20 grants of up to $1 million each.

Another new HRSA activity strives to improve health care access by increasing the affordability of health insurance through State programs. Under this program, HRSA has distributed $15 million to 10 States for one-year studies that identify uninsured people within each State and design proposals for providing them access to health insurance. Grantees will develop statewide systems that offer uninsured people quality, affordable health insurance similar to that provided to Federal and State employees.

HRSA'S TARGETED HEALTH DISPARITY ACTIVITIES

HRSA recognizes that access to health care services alone will not eliminate health disparities in the U.S. Access to health care services does not address many factors that impact health disparities, such as population-specific differences in risk factors for illness, lack of prevention messages with a specific clinical or population focus, biases of the health care system towards women and people of color, and inadequate utilization of self-care principles and health promoting services by vulnerable populations. In response, HRSA has implemented targeted clinical and crosscutting health disparity activities as a means of eliminating the unequal burden of disease among various populations.

Many of HRSA's targeted health disparity activities are related to the clinical areas of Healthy People 2010 and the 1998 Initiative for the Elimination of Racial/Ethnic Disparities in Health of the Federal Department of Health and Human Services:

- Diabetes
- Cardiovascular disease
- Infant mortality
- HIV/AIDS
- Cancer screening and management
- Immunizations

These six clinical issues were chosen as areas of focus for two reasons. They represent a major portion of the health problems in low income, rural, and urban communities and in people of color. The elimination of population-specific differences in the presence of these diseases or their related health outcomes would significantly improve the overall health status of these vulnerable communities. These clinical issues were also selected

because National health experts currently have baseline data that will be needed to monitor progress in the elimination of the related disparities. HRSA has joined the efforts of other Federal agencies by devoting significant attention and resources to addressing the health disparities in these six clinical areas:

Diabetes

In FY 2000, HRSA spent $53.5 million on programs to prevent and treat diabetes. The largest of these programs is the Diabetes Collaborative, a quality improvement project that aims to delay or decrease the complications of diabetes for patients utilizing HRSA-supported health centers. HRSA's partners in the Diabetes Collaborative include the Institute for Healthcare Improvement, the Centers for Disease Control and Prevention, State diabetes control programs, State primary care associations, and the Bayer Corporation. Through this initiative, diabetes care and education have been substantially improved. 60% of health center clients receiving care at sites participating in the Diabetes Collaborative have received appropriate glycosolated hemoglobin testing while the National average across all U.S. health care settings is 20%.

Another HRSA-supported diabetes program has created informative brochures and distributed foot care products in order to prevent diabetic foot complications. In furthering this activity, HRSA has established partnerships with the Health Care Financing Administration and private entities such as the Congress of National Black Churches, the National Institute of Diabetes and Digestive and Kidney Disorders, the L.I.F.E Foundation, and WalMart.

Other HRSA grantees have offered diabetes-related services that included recognition of best practices in treatment, cultural competence training, prevention interventions for children, and telehealth services for patient education and treatment.

Cardiovascular Disease

Low income, rural and urban communities and people of color bear a disproportionate burden of cardiovascular illness. HRSA's commitment to reduce disability and death due to cardiovascular disease exceeded $67.3 million in FY 2000.

The Agency's Rural Health Research Grant Programs have supported many projects and studies designed to enhance the quality of care and decrease related complications of cardiovascular disease. These projects include screenings, preventive services and education, and the creation of clinician networks that provide a continuum of cardiovascular services.

HRSA-supported health centers also have actively engaged issues related to cardiovascular disease. A 1995 survey revealed that African Americans and Hispanic hypertensive patients at HRSA-supported health centers were three times more likely to report controlled blood pressure than comparable populations treated at other facilities.

The Rural Telemedicine Grant Program has provided specialty care and continuing medical education services in rural communities where cardiologists, nutritionists, vascular surgeons, and other specialists are rare or non-existent. In fact, cardiology is one of the top three consultative services provided through the Rural Telemedicine Grant Program.

Infant Mortality

In FY 2000, HRSA invested $364.9 million in programs that reduce infant mortality. These programs targeted a variety of populations including low income women and children, rural and urban populations, and people of color. The most prominent initiative is the Healthy Start Program. This initiative began in 1991 and was founded on the premise that communities themselves could best develop strategies necessary to attack the causes of infant mortality and low birth- weight, especially among high-risk populations. The objective of this program is to develop and expand