
integrated, community-based services to reduce rates of infant mortality and low birthweight and to increase well-baby care. Infant mortality rates for African Americans participating in the Healthy Start Program fell from 19.1 per 1000 between 1989-1991 to 14.4 per 1000 in 1995.

At HRSA-supported health centers, clinicians also have focused on decreasing the rate of infant low birthweight. In 1998, African American women utilizing community health center services delivered infants with an overall low birthweight rate that was 28% lower than that of the overall African American population. Other HRSA grantees developed methods to enhance maternal and child health data collection, research, and policy development that ultimately resulted in quality improvements in health care for mothers and children.

HIV/AIDS

The Ryan White CARE Act is the largest HIV/AIDS program administered by HRSA. This program addresses the lack of both general and specialized care that jeopardizes the health of people with HIV/AIDS. Many that live with HIV have multiple health problems, such as tuberculosis, addictions, or mental health disorders, and require comprehensive health care services. Building greater capacity to provide quality HIV/AIDS care in communities of color is essential in order to eliminate related health disparities suffered mainly by African Americans and Hispanics. HRSA-supported programs have provided primary medical care, oral care, social support services, referrals to clinical trials, peer education, assistance to children orphaned due to AIDS, prevention activities to reduce the transmission of the virus, medication for uninsured people, and innovative models of HIV/AIDS care. In the battle against HIV/AIDS, HRSA has partnered with the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, the National Institutes of Health, and other Federal and State agencies. With a FY 2000 budget of \$1.1 billion, HRSA programs have improved the quality and availability of care and health outcomes for low income and uninsured people and people of color living with HIV/AIDS.

Cancer Screening and Management

In FY 2000, HRSA contributed \$32.2 million to projects focused on various aspects of cancer prevention, screening, treatment, and research. Through these activities, HRSA has developed partnerships with faith-based organizations, lay health promoters,



community health centers, and gay and lesbian health centers. Partnering has facilitated the enlistment of community resources in order to address cultural and other issues that impede access to quality health care for people of color, people with low income, rural and urban residents, and other at-risk populations that are disproportionately affected by cancer. HRSA is convinced that these programs make a real difference, as seen in the results of its Community Health Center User/Visit Study. According to the 1995 survey, women utilizing services at community health centers exceeded a comparable population and Healthy People 2000 objectives for obtaining appropriate clinical breast examinations, mammography services, and pap smear examinations. In many cases, these women also exceeded the targets for cancer screening and management set in Healthy People 2010.



Immunizations

Through the Agency's Together for Tots Program, State and community-based systems have been created to enhance immunization rates of infants and children. In addition, in FY 2000, approximately 2000 youth received the hepatitis vaccine as a direct result of the Hepatitis Immunization Initiative of HRSA's Healthy Schools and Healthy Communities Program. Other HRSA-supported programs provided vaccinations in a variety of settings that included mobile health care vans, health clinics in small communities, social service agencies, and senior centers. Overall, in FY 2000, the Agency spent \$15.2 million to further eliminate the disparity in immunization rates for the elderly and children who have low family income, reside in rural areas, or are people of color.

OTHER HRSA INITIATIVES

The Agency also has devoted attention and resources to additional clinical and cross-cutting areas in which health disparities exist based upon race/ethnicity, income, gender, insurance status, rural or urban geographic location, age, sexual orientation, housing status, or occupation. The areas include oral health, mental health and substance abuse, asthma, cultural competence, diversifying the health care workforce, domestic violence, health care for people living near the U.S. - Mexico border (border health), and health care issues related to lesbian, gay, bisexual, and transgender populations.

Oral Health

The level of untreated dental cavities is 46% in African American children, 36% in Hispanic children, and 26% in white children, resulting in lost school days, loss of self-esteem, needless pain and suffering, and in extreme cases, death (Healthy People 2010).

In FY 2000, HRSA committed \$104.6 million to programs and activities that improve the oral health care received by vulnerable populations, especially children. The largest activity is an interagency program sponsored by HRSA and the Health Care Financing Administration (HCFA). The HRSA-HCFA Oral Health Initiative has three goals:

- To strengthen public and private oral health delivery systems;
- To enhance collaboration among agencies to maximize access; and
- To apply science to reduce disease burden in underserved populations.

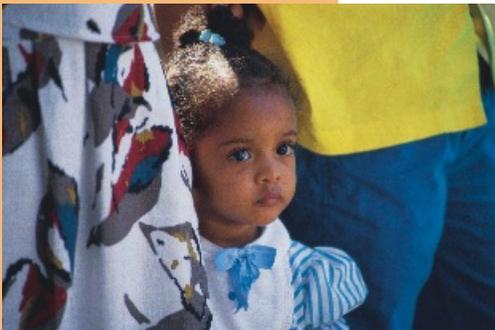
Other partners in this initiative include the Indian Health Service, the Centers for Disease Control and Prevention, the National Institute for Dental and Craniofacial Research, the Agency for Health Care Research and Quality, Head Start, and the Department of Agriculture's Food and Nutrition Services Program known as WIC. Other HRSA programs provide funds to expand available oral health care services to health center clients and rural populations and telemedicine services to providers working near the U.S. - Mexico border.



Mental Health and Substance Abuse

Women are 2 times more likely to be affected by major depression (Healthy People 2010).

HRSA's mental health and substance abuse projects have included activities related to the prevention of fetal alcohol syndrome, substance abuse education for health professions training programs, and clinical quality improvement activities regarding the diagnosis and management of depression. Over 50% of HRSA-supported health centers provide mental health services. HRSA has also supported several activities such as the development of documents to screen for substance abuse during pregnancy and to delineate research gaps in the area of depression in women. Mental health services are one of the top three types of care provided by HRSA-supported telemedicine projects. Several telemedicine projects provided extensive substance abuse counseling, psychiatric evaluation, and other mental health services in rural communities. HRSA has funded a variety of studies related to the health care needs, treatment adherence, and health outcomes of people with HIV/AIDS and mental health and/or substance abuse disorders. Funding for the Agency's mental health and substance abuse programs totaled \$61.2 million in FY 2000.



Asthma

Death from asthma is two to six times more likely to occur among African Americans and Hispanics than among whites (Healthy People 2010).

In FY 2000, HRSA contributed \$29.9 million to programs that reduce disparities in asthma management and complications for low income children, children of color, and rural populations. One such project is the Asthma Collaborative, a clinical quality improvement project designed to improve the

diagnosis and management of asthma for patients utilizing HRSA-supported health care centers. HRSA also funded activities connecting tertiary care asthma specialists to outreach workers and primary care providers who wanted to develop local asthma management programs.



Cultural Competence

Data from the 1990 census revealed that the number of persons that spoke a language other than English at home rose by 43% to 28.3 million. Of these, nearly 45% indicated that they had trouble speaking English (U.S. Census Bureau).

HRSA asserts that increasing the cultural competence of health care systems ultimately will result in reduced health disparities. A model for other government agencies, HRSA's Cultural Competence Committee is facilitating the integration of cultural competence into all policies of its headquarter staff. Of equal importance, the HRSA-supported National Center for Cultural Competence is assisting in the adoption of culturally competent values and practices at HRSA-supported health centers, State and local maternal and child health programs, and National Health Service Corps sites. HRSA also has funded the development of a variety of cultural competence training materials for clinicians and health professions students. In FY 2000, HRSA's total budget for cultural competence activities was \$1.4 million.



Diversifying the Health Care Workforce

In 1995-1996, all of the Schools of Public Health combined awarded only seven doctoral degrees to African Americans. In addition, less than 10 percent of health professionals are underrepresented racial/ethnic minorities [from African American, Native American, Mexican American/Chicano, or mainland Puerto Rican communities] (National Center for Workforce Information and Analysis, Bureau of Health Professions, HRSA).

HRSA recognizes the importance and necessity of training health professionals of color as a means to eliminating health disparities. HRSA and has invested approximately \$328.1 million in FY 2000 to support activities that diversify the health care workforce based on race/ethnicity. The programs have maintained the number of underrepresented minority (URM) practitioners providing primary health care and HIV/AIDS care in medically underserved communities. HRSA's Centers of Excellence Program serves as a catalyst for institutionalizing a commitment to URM and as a National educational center for diversity and health issues for communities of color. Another success is the Health Careers Opportunity Program (HCOP). HCOP activities

have increased the pool of students from disadvantaged backgrounds that enter and graduate from health professions programs. As a result of HRSA's continued efforts in this area, HRSA-supported health professions training programs graduate two to five times more people of color and other disadvantaged students than other health professions training programs. Studies also have shown that graduates of HRSA-supported health professions training programs are three to ten times more likely to practice in underserved areas than their peers.

Domestic Violence

31% of all women have been kicked, punched, hit, choked, or otherwise physically abused by a spouse or partner in their lifetime (1998 Survey of Women's Health, The Commonwealth Fund).

In FY 2000, HRSA invested \$0.7 million in activities that addressed a wide spectrum of family and intimate partner violence, including spousal or partner abuse and abuse against women, children, and the elderly. HRSA's Steering Committee on Domestic Violence sponsored a National satellite broadcast training series on domestic violence that was viewed in 47 States by health care providers, health maintenance organizations (HMOs), rural health associations, academic institutions, women's shelters, and law enforcement agencies. The series also has been rebroadcast by cable companies in nine cities throughout the United States. In Philadelphia alone, the rebroadcast was viewed by 350,000 people. Other HRSA-supported activities provided domestic violence services to rural and public housing residents.

Health Care for People Living Near the U.S. - Mexico Border (Border Health)

3 million of the 11 million people living near the U.S.- Mexico border are uninsured (HRSA Border Health Program).

HRSA recognizes that people living near the U.S. - Mexico border often suffer from a high incidence of disease and disability. HRSA has supported programs and activities that increase access to health care services with the goal of reducing health disparities for this population. In several cases, the Agency has partnered with the Immigration and Naturalization Service in order to promote the health of people living near the U.S. - Mexico border. A program of note is Ten Against Tuberculosis which is designed to prevent the spread of tuberculosis among border populations. The program consists of ten U.S. and Mexican border State health departments that have joined together to improve bi-national cooperation in tuberculosis prevention and control efforts. HRSA has also worked to improve early detection of HIV and use of health care services for persons with HIV living near the U.S. - Mexico border.

In most cases, HRSA serves this population through programs and activities related to the previously described clinical and crosscutting areas. Consequently, HRSA's funding for border health activities has been included in the budget for each respective targeted clinical or crosscutting area.

Health Care Issues Related to Lesbian, Gay, Bisexual, and Transgender Populations

Gay male adolescents are 2 to 3 times more likely than their peers to attempt suicide. In addition, some evidence suggests that lesbians have higher rates of smoking, obesity, alcohol abuse, and stress than heterosexual women (Healthy People 2010).

HRSA recognizes the unique health needs of the lesbian, gay, bisexual, and transgender (LGBT) communities. Major health issues for gay men include HIV/AIDS and other sexually transmitted diseases, substance abuse, depression, and suicide. The issues surrounding personal, family, and social acceptance of sexual orientation can place a significant burden on the mental health and personal safety for all LGBT populations.

Underserved people of other sexual orientation routinely are among the many other people who receive health care services at HRSA-supported Community Health Centers, Migrant Health Centers, Public Housing Primary Health Care Programs, Health Care for the Homeless Programs, and Ryan White CARE Act Programs. Therefore, HRSA's funding for services for underserved LGBT populations is incorporated in the budgets of these programs. HRSA also supports primary care services in some of the Gay and Lesbian Community Services Centers, and there are plans to fund primary care services in additional Gay and Lesbian Community Centers.

Over the past decade, the Agency has supported studies to develop the cultural competence of providers who serve LGBT populations. HRSA has supported a Cultural Diversity Curriculum series for social workers and health practitioners. The series addresses six population groups, including lesbian, gay, bisexual, and transgender people. In 1999, HRSA funded the Gay and Lesbian Medical Association (GLMA) to produce a comprehensive white paper that set forth the evidence for LGBT health disparities and contributed to the development of a strategic plan for addressing LGBT health disparities across the agencies of DHHS. In 1999, HRSA supported GLMA to partner in the development of a Healthy People 2010 Companion Document on LGBT Health Disparities. A HRSA Steering Committee on LGBT Health Disparities was formed to work with the LGBT Health Coalition that was brought together by GLMA in order to create the companion document.