

Inventory of Health and Human Services Programs Affecting Rural Areas

Prepared by:

Roslyn Fraser, B.A.

Dianne Harrop, M.S.

Brandi Shay, B.A.

Keith Mueller, Ph.D.

RUPRI Center for Rural Health Policy Analysis

Prepared for the National Advisory Committee on Rural Health and Human Services

August 23, 2004

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PROGRAMS IN SERVICE DELIVERY

Centers for Disease Control and Prevention (CDC)

Program Name	Description	Funding/Other Information
National Poison Prevention and Control Program	This program supports an integrated system of poison prevention and control services including the following: completing implementation of and maintaining the nationwide toll-free number for poison control services; developing, implementing, and evaluating prevention and public awareness activities associated with the toll-free number; and sustaining improvements to the national Toxic Exposure Surveillance System (TESS).	Up to \$3,900,000 of FY 2003 funds are available to fund one award. It is expected that the award will begin on or about September 14, 2003, and will be made for a 12-month budget period within a project period of up to two years. Funding estimates may change. Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.
Racial and Ethnic Approaches to Community Health (REACH 2010)	REACH 2010 is part of the national initiative to eliminate disparities in health status experienced by racial and ethnic minority populations in the following six priority areas: infant mortality, deficits in breast and cervical cancer screening and management, cardiovascular diseases, diabetes, HIV infections/AIDS, child and adult immunizations. REACH 2010 is a two-phased demonstration project that supports community coalitions in designing, implementing, and evaluating community-driven strategies to eliminate health disparities.	
National Immunization Program (NIP): Immunization Grant Program; Vaccines for Children	As a disease-prevention program, NIP provides leadership for the planning, coordination, and conduct of immunization activities nationwide. Most 317 program funds are dedicated to routine childhood programs, with a smaller portion remaining for adult immunization programs.	Federal funding for the Immunization Grant Program (also called the "317 grant program") began in 1963. In 2003, NIP awarded \$408 million in federal grants to state, local, and territorial public health agencies for program operations and the purchase of vaccines.
National Center for HIV, STD, and Tuberculosis Prevention (NCHSTP): Tuberculosis Elimination and Supplement	CDC works to eliminate TB in the United States and to control the spread of the disease globally. Within the United States, CDC provides financial and technical assistance to local, state and territorial TB control programs to monitor TB, sustain decreases in new cases and support directly observed therapy and investigation of contacts to active TB cases. CDC also supports the TB Trial Consortium to develop and test new therapies, the TB Epidemiological Studies Consortium to evaluate new approaches to controlling TB, and the Model TB Centers to provide training and education in TB prevention and control.	

Program Name	Description	Funding/Other Information
National Center for Injury Prevention Control (CIPC): Coordinate Community Response to Prevent Intimate Partner Violence	The NCIPC extramural research program funds and monitors research in three phases of injury control: prevention, acute care, and rehabilitation. The program also funds research in the two major disciplines used in injury control research: biomechanics and epidemiology. Research supported by the program focuses on the broad-based need to control morbidity, disability, death, and costs associated with injury.	
The Rural Center for AIDS/STD Prevention (RCAP)	RCAP focuses on the promotion of HIV/STD prevention in rural America, with the goal of reducing HIV/STD incidence. The RCAP develops and evaluates educational materials and approaches, examines the behavioral and social barriers to HIV/STD prevention, and provides prevention resources to professionals and the public.	
Community Based Strategies to Increase HIV Testing	CDC expects HIV prevention community planning to improve HIV prevention programs by strengthening the (1) scientific basis, (2) community relevance, and (3) population- or risk-based focus of HIV prevention interventions in each project area.	
Gay Men of Color (GMOC)	Unable to find program information.	
HIV Prevention Projects for Community-Based Organizations (CBO)	Support interventions for people at high risk for HIV infections through three major activities: (1) targeted outreach and health education/risk reduction; (2) targeted outreach and counseling, testing, and referral services; and (3) interventions for persons at very high risk for HIV infection.	
Preventive Health and Health Services Block Grant (PHHSBG)	The PHHSBG is the primary source of funding that provides states the latitude to fund any of the 265 national health objectives in Healthy People 2010. The PHHSBG is used to support clinical services, preventive screening, laboratory research, outbreak control, workforce training, public education, data surveillance, and program evaluation. Because of the allowed flexibility in the use of the funds, no two states allocate their block grant resources in the same way, and no two states provide similar amounts of funding to the same program or activities. A strong emphasis is placed on programs for adolescents, communities with little or poor health care services, and disadvantaged populations.	In FY 2001, Congress appropriated \$180,000,000 for CDC to fund 61 CDC grantees (50 states, 8 territories, the District of Columbia, and 2 Native American tribes). PHHSBG dollars are used to support existing programs, implement new programs, and respond to unexpected emergencies.
The National Breast and Cervical Cancer Early Detection Program (NBCCEDP)	Administered by the CDC, NBCCEDP helps low income, uninsured, and underserved women gain access to lifesaving screening programs for early detection of breast and cervical cancers.	An important CDC partner, Avon, makes available about \$5 million every year to help community-based organizations recruit women for breast cancer screening. During 2003, Avon worked to improve links between these organizations and

Program Name	Description	Funding/Other Information
		NBCCEDP grantees. Also, through the Avon-CDC Foundation Mobile Access Program, a grant of more than \$4,000,000 will fund at least four mammography vans to expand services for medically underserved women through NBCCEDP.
Cardiovascular Health Program	To provide public health leadership to improve cardiovascular health for all, reduce the burden, and eliminate disparities associated with heart disease and stroke.	In 1998, the U.S. Congress provided funding for CDC to initiate a national, state-based heart disease and stroke prevention program with funding for eight states. Currently, 32 states and the District of Columbia are funded, 22 as core capacity programs and 11 as basic implementation programs.
Water Fluoridation Assistance Program	Helps states strengthen their oral health programs, reach people hardest hit by oral diseases, and expand use of measures proven effective in preventing oral disease. Promotes oral health in communities, schools, and health care settings nationwide. Supports research that aims to strengthen prevention efforts in communities. Evaluates prevention strategies to see which are cost-effective.	CDC is the lead federal agency responsible for promoting oral health. with fiscal year 2003 funds that totaled about \$12,000,000.
Healthy Schools! Healthy Kids! Oral Health Initiative	This Rhode Island initiative is a statewide effort to improve oral health of children through school and community partnerships.	
Call to Action	The goals of Call to Action are to promote oral health, improve quality of life, and eliminate oral health disparities.	
National Tobacco Control Program (NTCP)	CDC's Office on Smoking and Health created NTCP to encourage coordinated, national efforts to reduce tobacco-related diseases and deaths. The program provides funding and technical support to state and territorial health departments. The four goals of NTCP are to eliminate exposure to environmental tobacco smoke, promote quitting among adults and youth, prevent initiation among youth, and identify and eliminate disparities among population groups. The four components of NTCP are population-based community interventions, counter-marketing, program policy/regulation, and surveillance and evaluation.	
Facility Assessment and Control Evaluation	Unable to find program information.	
Health Alert Network Project	Intentions are to ensure communications capacity at all local and state health departments (full Internet connectivity, training); capacity to receive distance learning offerings from CDC, et al.; capacity to broadcast and receive health alerts at	

Program Name	Description	Funding/Other Information
	every level.	
Childhood Lead Poisoning Prevention Program (CLPPP)	CLPPP was created to develop programs and policies to prevent childhood lead poisoning; educate the public and health-care providers about childhood lead poisoning; provide funding to state and local health departments to determine the extent of childhood lead poisoning by screening children for elevated blood lead levels, helping to ensure that lead-poisoned infants and children receive medical and environmental follow-up, and developing neighborhood-based efforts to prevent childhood lead poisoning; and support research to determine the effectiveness of prevention efforts at federal, state, and local levels.	In 2003, CDC awarded \$31.7 million to 42 state and local health departments to develop and implement comprehensive lead poisoning prevention efforts.
HIV Prevention Projects	CDC's new initiative emphasizes HIV testing, in both medical and non-medical settings, to identify infected persons who are not aware of their own infection and getting them into treatment and prevention services.	
Comprehensive STD Prevention Systems (CSPS)	The purpose of the CSPS guidelines is to further STD prevention by providing a resource to assist in the design, implementation, and evaluation of STD prevention and control programs. The target audience for these guidelines is public health personnel and other persons involved in managing STD prevention programs.	
Residential Fire Prevention Program	CDC works in partnership with the United States Fire Administration, part of the Department of Homeland Security, the U.S. Consumer Product Safety Commission (CPSC), and several non-government organizations to coordinate a national effort to eliminate residential fire deaths by the year 2020.	In support of this effort, Congress appropriated \$5 million in fiscal year 2002 to the three agencies for a new fire safety campaign targeting high-risk populations—older adults, children, and firefighters.
Unintentional Injury Prevention Programs	CDC awards cooperative agreements and grants to state health departments, injury prevention units within large city or municipal health authorities, and universities to conduct community-based unintentional injury prevention programs throughout the United States. During 2000–2001, programs addressed residential fires, child passenger safety, falls among older adults, and dog bite injuries.	

Health Resources and Services Administration (HRSA)

Program Name	Description	Funding/Other Information
The HIV/AIDS Bureau (HAB)	HAB was formed in August 1997 to consolidate all programs funded under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. The CARE Act was signed into law on August 15, 1990, to improve the quality and availability of care for people with HIV/AIDS and their families.	
Special Projects of Regional and National	SPRANS is a community-based abstinence education program that provides support to public	Funded as Special Projects of Regional and National

Program Name	Description	Funding/Other Information
Significance (SPRANS)	and private entities for the development and implementation of abstinence education programs for adolescents age d 12 through 18 in communities across the country.	Significance (SPRANS) and Community Integrated Service Systems (CISS) under Title V of the Social Security Act
Community Integrated Service Systems (CISS)	The CISS program seeks to reduce infant mortality and improve the health of mothers and children by funding projects for the development and expansion of integrated services at the community level.	FY 2004-05: \$1,000,000 is expected to be available yearly to fund 10 grantees. Awards are limited to \$100,000 per year.
Division of National Health Services Corp (DNHSC): General	The NHSC is committed to improving the health of the nation's underserved. They unite communities in need with caring health professionals and support their efforts to build better systems of care.	
Division of National Health Services Corp (DNHSC): Communities	HPSA designation, recruitment and retention assistance.	
Bureau of Primary Health Care (BPHC), Community Health Center (CHC)	The CHC program is a federal grant program funded under Section 330 of the Public Health Service Act to provide for primary and preventive health care services in medically underserved areas throughout the United States and its territories.	
Bureau of Primary Health Care (BPHC), Migrant Health Program (MHP)	MHP has provided grants to community nonprofit organizations for a broad array of medical and support services to migrant and seasonal farmworkers and their families. The Program was originally authorized by the Migrant Health Act, Public Law 87-692, enacted in September 1962 and is currently authorized under Section 330(g) of the Public Health Service Act.	
Bureau of Primary Health Care (BPHC), Community Access Program (CAP)	Underscoring all CAP efforts is the vision and reality of providing "better health for more people for less cost." CAP grants are designed to increase access to health care by eliminating fragmented service delivery, improving efficiencies among safety-net providers, and encouraging greater private sector involvement. Many CAP models provide for integration of substance abuse and mental health treatment into the primary care model and have as collaborative members social and human services organizations as well as the faith community.	
Title III Early Intervention Services (EIS)	EIS funds comprehensive primary health care for individuals living with HIV disease. Title III grants reached 108,945 patients in 1999; 67% were people of color.	Since FY 1991, more than \$1.058 billion has been appropriated for Title III programs; the FY 2002 appropriation was \$193.9 million. In FY 2000, 259 Title III EIS programs and 93 Title III HIV Planning Grant programs were funded.
Title III-Capacity Building Grant Program	This program funds eligible entities in their efforts to strengthen their organizational infrastructure and enhance their capacity to develop, enhance, or	

Program Name	Description	Funding/Other Information
	expand high-quality HIV primary health care services in rural or urban unserved areas and communities of color. Capacity building grant funds are intended for a fixed period of time (one to three years) and not for long-term activities. Capacity building grants do not fund any service delivery or patient care.	
Comprehensive AIDS Resource Emergency (CARE) Title IV: Services for Women, Infants, Children, Youth, and Their Families	Programs are required to serve women, infants, children, and youth living with HIV disease, but Title IV addresses the needs of these populations specifically.	The FY 2002 appropriation was \$71 million. Since 1988, the Title IV Program and Pediatric AIDS Demonstration Program have provided more than \$474.5 million in funding to states and communities.
The HIV/AIDS Dental Reimbursement Program of the Ryan White CARE Act	Supports access to oral health care for individuals with HIV infection by reimbursing dental education programs for non-reimbursed costs incurred in providing such care.	Congress established the HIV/AIDS Dental Reimbursement Program in 1991, and 56 institutions first received funding. In 1999, funds were awarded to 93 dental education programs that provided oral health care to about 44,000 people. Dental Reimbursement funds awarded in 1999 covered about 48% of the non-reimbursed costs reported that year.
Office for the Advancement of Telehealth (OAT), Telehealth Network Grant Program (THGP)	OAT leads, coordinates and promotes the use of telehealth. The primary objective of THGP is to help communities build the human, technical, and financial capacity to develop sustainable telehealth programs and networks. Grants may be used to develop telehealth network projects in rural areas, in medically underserved areas, in frontier communities, and for medically underserved populations.	In fiscal year 2004, Congress did not appropriate sufficient funds for new grants under the THGP or the Telehealth Resource Center Cooperative Agreement Programs (TRCCP). As a result, OAT is not soliciting new applications for these programs.
Office for the Advancement of Telehealth (OAT) Telemedicine Outreach Grants and Other Special Initiatives	This program leads, coordinates, and promotes the use of telehealth technologies by fostering partnerships within HRSA and with other federal agencies, states, and private sector groups to create telehealth projects; administering telehealth grant programs; providing technical assistance; evaluating the use of telehealth technologies and programs; developing telehealth policy initiatives to improve access to quality health services; and promoting knowledge exchange about "best telehealth practices." Activities: (1) Grants: in 2002, administered approximately 100 telehealth/telemedicine grants in 43 states. Of those, 46 were awarded new funds totaling over \$39 million. (2) Distance Learning: interactive training and education. (3) Telehealth Evaluation: develop "best practice" models. (4) Telehealth Policy Development: assess telecommunications infrastructure policies and develop technical	

Program Name	Description	Funding/Other Information
	guidelines, chair Joint Working Group on Telehealth, write 2001 Telemedicine Report to Congress, and coordinate project on telemedicine and privacy.	
Abstinence Title V	Section 510 of Title V of the Social Security Act, created under Section 912 of the 1996 Welfare Reform legislation (Public Law 104-193), established a new categorical program of grants to states for abstinence education. The grants enable states to support abstinence education and, at the option of the state, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity with a focus on those groups most likely to bear children out-of-wedlock.	The law provides for a mandatory annual appropriation of \$50 million for each of the fiscal years 1998 through 2002. Grants are awarded to the states based on a statutory formula determined by the proportion that the number of low-income children in the state bears to the total number of low-income children for all states.
Healthy Start	The program began with a five-year demonstration phase to identify and develop community-based systems approaches to reducing infant mortality by 50% over the five-year period and to improve the health and well-being of women, infants, children, and their families.	
Office of Rural Health Policy (ORHP), Rural Health Care Services Outreach Grant Program	Funds are available for projects that support the direct delivery of health care and related services, expand existing services, or enhance health service delivery through programs that provide direct health care; provide health education, promotion, and prevention; or address other health-related needs. The emphasis is on the actual delivery of specific services rather than the development of organizational capabilities.	
Office of Rural Health Policy (ORHP), Rural Health Outreach and Network Development Grants	These grants strengthen health care systems in rural communities and encourage innovative approaches to rural health care delivery, to pool resources and efforts to provide more and better services. The 53 Outreach grants, totaling more than \$9.8 million, fund coalitions of at least three health-related organizations to stimulate innovation in health care delivery in rural areas. The 20 Rural Health Network Development grants, totaling more than \$3.9 million, provide support to rural-based health care organizations to work collaboratively to integrate administrative, clinical, financial or technology-related activities.	Thursday, May 1, 2003: nearly \$13.8 million in first-year funds for 73 Rural Health Outreach and Network Development grants.
Office of Special Programs (OSP), Health Care and Other Facilities Grant	These grants provide construction assistance to health facilities across the nation. The Division also manages the Hill-Burton program to assure that obligated health facilities provide free or reduced cost medical services to those persons who are uninsured and underinsured and meet eligibility criteria.	
Student/Resident Experiences and Rotations in Community Health (SEARCH)	The SEARCH program provides health professions students and residents with opportunities to work on interdisciplinary health care teams. Currently, 22 states and U.S.	

Program Name	Description	Funding/Other Information
	territories offer SEARCH programs, extending a unique, hands-on, primary care training experience working with people in underserved rural and urban areas.	
Office of State and National Partnerships (OSNP)	OSNP supports State Primary Care Associations, State Primary Care Offices, and national partners to increase access to preventive and primary health care services and to improve the health status of underserved and vulnerable populations in order to reach 100% access and eliminate health disparities. Partnership is key to OSNP's mission. Particular emphasis has been placed on building capacity, leadership skills, and innovative strategies around community development and outreach and enrollment activities.	
Title II of the Ryan White CARE Act	Provides grants to all 50 States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and five newly eligible U.S. Pacific Territories and Associated Jurisdictions. Title II also funds the AIDS Drug Assistance Program (ADAP) and grants to States for Emerging Communities: those reporting between 500 and 1,999 AIDS cases over the most recent five years.	In FY 2002, \$977.4 million in Title II funds was awarded, of which \$639 million was earmarked for the AIDS Drug Assistance Program (ADAP).
Maternal and Child Health (MCH) Services Title V Block Grant	Improve the health of all mothers and children consistent with the applicable health status goals and national health objectives established by the Secretary of the U.S. Department of HHS.	
Traumatic Brain Injury (TBI)	The Children's Health Act of 2000 enables CDC to provide continued leadership in the study of TBIs. CDC supports multiple projects and programs, including those that track and monitor TBI, link people with TBI to information about services, and prevent TBI-related disabilities.	
Abstinence Education	Purpose is to enable States to support abstinence education and, at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity with a focus on those groups most likely to bear children out-of-wedlock.	(Section 510 of Title V of the Social Security Act, created under Section 912 of the 1996 Welfare Reform legislation (Public Law 104-193), established a new categorical program of grants to states).

Program Name	Description	Funding/Other Information
Universal Newborn Hearing	Newborn screening programs support hospitals and birthing facilities in choosing screening equipment; training newborn hearing professionals; managing data; and educating physicians, parents, and hospital staff. The programs emphasize the importance of early diagnosis and treatment by pediatric health professionals, who urge that hearing diagnoses be made by the time an infant is 3 months old. Hundreds of hospitals operate hearing screening programs, but only about 65% of newborns are screened for hearing loss before being discharged.	09/17/2001: HHS Secretary Tommy Thompson announced that eight states and the Commonwealth of Northern Mariana Islands have received grants worth more than \$1.2 million to implement universal newborn hearing screening programs. With these awards, 44 states, the District of Columbia, Puerto Rico and the Northern Mariana Islands have received grants totaling more than \$7.2 million. Additionally, the American Academy of Pediatrics received a \$150,000 award to get their members more involved in screening programs.
Emergency Medical Services for Children (EMSC)	The EMSC program, a national initiative of HRSA's Maternal and Child Health Bureau and the Department of Transportation's National Highway Traffic Safety Administration, was established in 1984 to help reduce childhood disability and death due to severe illness or injury. EMSC's goal is to ensure that state-of-the-art, child-size emergency equipment is available for children, and that all emergency medical technicians and health care providers offer age-appropriate care, including rehabilitation.	04/23/2004: HRSA announced 16 new grants totaling more than \$2.4 million to improve pediatric emergency care and enhance state emergency medical systems for children. Since 1984, HRSA has awarded \$138 million in 851 grants through the EMSC Program
Poison Control Program	Each year, poison control centers report more than two million poisonings, most occurring at home and involving young children; funds will promote partnerships at the state and community level to support poison control outreach and education.	The Poison Control program is funded by the Poison Control Center Enhancement and Awareness Act of 2000. Program stabilization and certification grants in excess of \$15 million annually also are awarded to help provide financial stabilization and improvements in services to 63 poison control centers serving all of the states, the District of Columbia, and Puerto Rico. The grants are awarded through the Poison Control program in HRSA's Maternal and Child Health Bureau.
State Offices of Rural Health (SORH) Program	This matching grant program began in 1991 and has accomplished the creation of state offices in all 50 states. Each office's mission is to help their individual rural communities build health care delivery systems. They accomplish this mission by collecting and disseminating information, providing technical assistance, helping to coordinate rural health interests state-wide, and supporting efforts to improve recruitment and	

Program Name	Description	Funding/Other Information
	retention of health professionals. These offices created the National Organization of State Offices of Rural Health to ensure that the states' perspectives on rural health were recognized nationally.	
[Medicare] Rural Hospital Flexibility Program (Flex Program)	The Rural Hospital Flexibility Program is a federal initiative that provides funding to state governments to strengthen rural health. It (1) allows small hospitals the flexibility to reconfigure operations and be licensed as Critical Access Hospital (CAHs), (2) offers cost-based reimbursement for Medicare acute inpatient and outpatient services, (3) encourages the development of rural-centric health networks, and (4) offers grants to states to help implement a CAH program in the context of broader initiatives to strengthen the rural health care infrastructure.	
Trauma-Emergency Medical Services Systems Program (TESP)	The Trauma-EMS Systems program, within the authority of Title XII of the Public Health Service Act, provides leadership to facilitate the development of effective, comprehensive, and inclusive statewide trauma systems. The program facilitates the development of state/territorial trauma system infrastructure that coordinates regional systems to administer quality, cost-effective care at the local level. The program promotes prepared trauma systems that can respond to emergency/disaster situations, are coordinated with state emergency management and disaster planning efforts, and function well on a day-to-day basis. national leadership is provided by performing nationwide system assessments, providing strategic planning for necessary initiatives, directing grant funding in support of state infrastructure development, highlighting best practices and creating models for state trauma systems planning and evaluation, and through the program's coordination of related federal activities. The TESP is administered within the Division of Health Care Emergency Preparedness, Special Programs Bureau, Health Resources and Services Administration, Department of Health and Human Services.	Approximately \$2 million awarded each year to 50 states/territories for trauma system infrastructure development, inclusive of the establishment of a lead trauma system agency, identification of the State Trauma System Manager, implementation/ maintenance of a statewide trauma-focused stakeholders group, development or enhancement of each State's trauma system plan, and other State-specific trauma system needs.

Substance Abuse and Mental Health Services Administration (SAMHSA)

Program Name	Description	Funding/Other Information
Office of Early Childhood: Starting Early Starting Smart (SESS)	SESS targets children from birth to age seven who are susceptible to abuse or disruptive behavior, or who have parents who lack skills to provide adequate care for their children due to substance abuse or mental health issues. SESS uses a child-centered, family-focused, community-based approach that includes assistance in substance abuse prevention, mental health services and	In October 1997, with initial funding of \$30 million, the SAMHSA and Casey Family Programs embarked on precedent-setting public/private collaboration. Twelve culturally diverse grantee organizations were selected. Each provides

Program Name	Description	Funding/Other Information
	substance abuse treatment. These services, defined as behavioral health services, are provided in settings that parents with infants and preschool children normally frequent.	integrated behavioral health services in community-based early childhood settings—such as childcare, Head Start and primary care clinics—where young families customarily receive services for children.
Division of Knowledge Development and Evaluation: <i>Fetal Alcohol Syndrome (FAS)</i> <i>Community Initiated</i> <i>Family Strengthening</i>	FAS/Alcohol-Related Birth Defects is the largest of the Center for Substance Abuse Prevention’s programs and includes the FAS Center for Excellence, the Alaska five-year cooperative agreement, the four-state consortium three-year cooperative agreement, and five community-initiated cooperative agreements funded for three years each. In addition, public awareness materials will be developed for the Center for Excellence under the FAS/FAE Public Education and Health Promotion Effort. <i>Community Initiated</i> : Unable to find program information. <i>Family Strengthening</i> : Unable to find program information.	
Safe Schools/Healthy Student Program	Under this program, the Departments of Education, Health and Human Services, and Justice will support the enhancement of comprehensive community-wide strategies for creating safe and drug-free schools and promoting healthy childhood development.	FY 2002 funding: Estimated range of awards: up to \$1 million per year for LEAs or consortia in rural areas and tribal school districts; up to \$2,000,000 per year for LEAs or consortia in suburban areas; up to \$3,000,000 per year for LEAs or consortia in urban areas. Estimated number of awards: 40.
Role of Outreach Workers	Unable to find program information.	
Rural Telemental Health	Unable to find program information.	
Managed Behavioral Health Care in Rural Areas and Related Activities	Unable to find program information.	
Focus on Substance Abuse in Hard-to-Serve Rural Areas	Through collaborative efforts of the Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT), SAMHSA is addressing the substance abuse prevention and treatment issues of rural and Native American communities. Both centers recognize the need for funding to increase knowledge about effective ways to deliver services to rural and native communities, and are committed to providing culturally competent services to members of all communities, including rural communities, American Indian, Alaska Native, and Native Hawaiian communities. In	

Program Name	Description	Funding/Other Information
	response to this issue, CSAP and CSAT fund alcohol and drug abuse service programs under Programs of Regional and National Significance and Substance Abuse Prevention and Treatment Block Grant allocations.	
Outreach/Crisis Intervention	Unable to find program information.	
Comprehensive Community Mental Health	Unable to find program information.	
Best Practices	Increases effectiveness through assisting states, communities, and service systems to adopt evidence-based treatment, services, supports, and prevention strategies.	
Farm Resource Center	This program provides mental health and substance abuse outreach services in rural Illinois to coal miners, farmers, and their families. It is providing direct counseling, has established and is maintaining a statewide hotline, and is utilizing outreach counselors to work with rural families in their homes to address serious health problems such as depression, alcoholism, and domestic violence. The program serves as a model for working with individuals and families of individuals who have been displaced, become unemployed, or are otherwise dislocated from their work environment.	
Targeted Capacity Expansion (TCE)	These programs help to build, maintain, and enhance mental health infrastructure and capacity by providing funding to states, communities, and service systems to increase the availability of services. Resources are increasing local capacity to meet urgent and emerging community needs. A key objective of TCE programs is to promote comprehensive, community-based mental health care.	
Training Extension Agents in Crisis Management	Unable to find program information.	
State Data Improvement Grants	The Data Infrastructure Grants program reports on the uniform reporting system measures, supporting web-based reporting, and refining measures and methodologies for recording and reporting. It also provides support to National Association of State Mental Health Directors to synthesize this data into state-specific and national reports. In addition to the general support for performance-measurement-like activities through the State Incentive Grant (SIG) program, the Center for Substance Abuse Prevention's SIG Enhancement Grants will enable states to strengthen their data infrastructure for gathering and reporting performance data. This program is funded from SAMHSA discretionary funding.	
Protection and Advocacy for Individuals with	Provides formula grant awards to support protection and advocacy (P&A) systems	

Program Name	Description	Funding/Other Information
Mental Illness (PAIMI) Program	designated by the governor of each state and the territories, and the Mayor of the District of Columbia. State P&A systems are authorized to monitor facility compliance with respect to the rights of individuals through activities that ensure the enforcement of the Constitution and federal and state laws. State P&A systems monitor public and private residential care and treatment facilities and non-medical community-based facilities for children and youth. The program primarily supports SAMHSA's capacity goal by expanding the availability of protection and advocacy services. The program directly supports the New Freedom Initiative priority area and the Seclusion and Restraint priority area.	
Projects for Assistance in Transition from Homelessness (PATH)	This program, established in 1991, continues and expands upon activities of the former Block Grant program. The program primarily supports SAMHSA's capacity goal by expanding the availability of services to homeless individuals with serious mental illnesses. The program directly supports the Secretary's Initiative as well as SAMHSA's homelessness priority area. PATH is designed to provide community support services to individuals with serious mental illness who are homeless or at risk of becoming homeless. PATH is a formula grant program to states and U.S. territories to provide (through local governmental entities or private nonprofit organizations) support services including outreach, screening and diagnostic treatment, community mental health services, alcohol and drug treatment, supervisory services in a residential setting, and referrals to other needed services.	
State Block Grants	Substance Abuse Prevention and Treatment Block Grant substantially increases states' capacity to build and enhance their prevention and treatment services and systems to address the needs of rural communities and Native American/Alaskan Native populations.	
Needs Assessment Contract	Unable to find program information.	

Office of Women's Health

Program Name	Description	Funding/Other Information
Women and HIV/AIDS Programs	In response to the Congressional Black Caucus's efforts to focus on the impact of HIV/AIDS in minority communities, the Office on Women's Health has developed the following demonstration programs to address persistent gaps in HIV/AIDS health care needs and services for women: HIV/AIDS and Women in the Rural South	

Program Name	Description	Funding/Other Information
	<p>Program funds demonstration projects for women-based organizations to provide primary and secondary HIV/AIDS services to women living in the rural South. In FY 2003, this program offered three awards.</p> <p>The Incarcerated and Newly Released Women with HIV/AIDS/STDs Program funds demonstration projects for HIV/AIDS continuum of care services provided for incarcerated and newly released minority women. In fiscal year 2003, this program offered three awards.</p> <p>The Model Mentorship Program for Strengthening Organizational Capacity funds demonstration projects for women- and community-based organizations to receive technical assistance to build organizational capacity from experienced minority health organizations. In FY 2003, this program offered nine awards.</p> <p>Prevention of HIV/AIDS Among Young Women Attending Minority Institutions Program is a national HIV/AIDS/STD prevention education program designed to increase knowledge, promote prevention, and reduce the risk of HIV infection among minority women aged 18-25 attending Historically Black Colleges and Universities, Tribal Colleges and Universities, and Hispanic Serving Institutions.</p>	
National Community Centers of Excellence in Women's Health (CCOE)	CCOE program grants were not funded for FY 2003. Implemented in FY 2000, there are currently a total of 12 National Community Centers of Excellence in Women's Health.	
National Centers of Excellence in Women's Health (Department of HHS)	Each center provides the following: an integrated model for the delivery of clinical health care services to women with an emphasis on prevention and early detection of diseases and conditions; a multi-disciplinary research agenda focused on women's health issues; coordination between clinical services in academic centers and surrounding communities; educational programs and materials for the general public and health care professionals on women's health; the integration of a women's health focus into medical school curriculum; efforts to foster the recruitment, retention, and promotion of women in academic medical careers; networking within the community to form alliances with business groups, consumer groups, scientific organizations and public policy leaders; and an evaluation plan to assess project outcomes and effectiveness.	October 2003: HHS announced it would provide a total of nearly \$1 million to support the six new centers, some of which focus on rural women's health.

Administration on Aging

Program Name	Description	Funding/Other Information
Older Americans Act (OAA) Title IV	This title (1) expands the nation's knowledge and understanding of the older population and the aging process; (2) designs, tests, and promotes the use of innovative ideas and best practices in programs and services for older individuals; (3) helps meet the needs for trained personnel in the field of aging; and (4) increases awareness of citizens of all ages of the need to assume personal responsibility for their own longevity.	The Older Americans Act Amendments of 2000 was signed into law on November 13, 2000. Public Law 106-501 extends the Act's programs through FY 2005.
Older Americans Act (OAA) Title III-B: Supportive Services and Senior Centers	The Assistant Secretary shall carry out a program for making grants to states under state plans approved under Section 307 for any of the following supportive services: (1) health (including mental health), education and training, welfare, informational, recreational, homemaker, counseling, or referral services; (2) transportation services to facilitate access to supportive services or nutrition services, and services provided by an area agency on aging; (3) services designed to encourage and assist older individuals to use the facilities and services (including information and assistance services) available to them, including language translation services to assist older individuals with limited English-speaking ability to obtain services under this title; (4) services designed to assist older individuals to obtain adequate housing; (5) services designed to assist older individuals in avoiding institutionalization and to assist individuals in long-term care institutions who are able to return to their communities.	Funds made available under this part shall supplement, and not supplant, any federal, state, or local funds expended by a state or unit of general purpose local government (including an area agency on aging) to provide services described in subsection.
Older Americans Act (OAA) Title III-C: Nutrition Services	The Assistant Secretary shall carry out a program for making grants to states under state plans approved under Section 307 for the establishment and operation of nutrition projects: (1) which, 5 or more days a week (<i>except in a rural area where such frequency is not feasible [as defined by the Assistant Secretary by regulation] and a lesser frequency is approved by the state agency</i>), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide; (2) which shall be provided in congregate settings, including adult day care facilities and multigenerational meal sites; and (3) which may include nutrition education services and other appropriate nutrition services for older individuals.	
Older Americans Act (OAA) Title III-D: Health Promotion and Disease Prevention	The Assistant Secretary shall carry out a program for making grants to states under state plans to provide disease prevention and health promotion services and information at multipurpose senior centers, at congregate meal sites, through home-	

Program Name	Description	Funding/Other Information
	delivered meals programs, or at other appropriate sites. In carrying out such program, the Assistant Secretary shall consult with the Directors of the Centers for Disease Control and Prevention and the National Institute on Aging.	
Older Americans Act (OAA) Title III-E: National Family Caregiver Support Act	The Assistant Secretary shall carry out a program for making grants to states with state plans to pay for the federal share of the cost of carrying out state programs to enable area agencies on aging, or entities that such area agencies on aging contract with, to provide multifaceted systems of support services for (1) family caregivers, and (2) grandparents or older individuals who are relative caregivers.	From sums appropriated under Section 303(e) for FY 2001 through 2005, the Assistant Secretary shall allot amounts among the states proportionately based on the population of individuals 70 years of age or older in the states.
Older Americans Act (OAA) Title VII: Vulnerable Elder Rights Protection Activities	To prevent the abuse, neglect, and exploitation of elder Americans.	
Alzheimer's Disease Demonstration Grants	The program's mission is to expand the availability of diagnostic and support services for persons with Alzheimer's disease, their families, and their caregivers, as well as to improve the responsiveness of the home and community-based care system to persons with dementia. The program focuses on serving hard-to-reach and underserved people with Alzheimer's disease or related disorders.	Current 2003: The U.S. Administration on Aging announced over \$12 million in funding for grant projects to develop innovative models of care for persons with Alzheimer's disease and their family caregivers. Starting July 1, the \$12 million funding allocation supported grants to seven new states and continuation grants to 32 states.

Office of Population Affairs

Program Name	Description	Funding/Other Information
The Adolescent Family Life (AFL)	Program supports demonstration projects to develop, implement and evaluate program interventions to promote abstinence from sexual activity among adolescents and to provide comprehensive health care, education, and social services to pregnant and parenting adolescents.	The AFL program is funded at \$30.7 million in fiscal year 2004.
The Family Planning Program	The program is designed to provide access to contraceptive supplies and information to all who want and need them, with priority given to low-income persons. A broad range of effective and acceptable family planning methods and related preventive health services are available on a voluntary and confidential basis. In addition to contraceptive services and related counseling, Title X-supported clinics also provide a number of preventive health services such as patient education and counseling; breast and pelvic examinations; cervical cancer, STD, and HIV screenings; and pregnancy diagnosis and counseling. For many clients, Title X clinics provide the only continuing source of health care	The program is funded at \$280 million in fiscal year 2004.

Program Name	Description	Funding/Other Information
	and health education.	

PSC

Program Name	Description	Funding/Other Information
Division of Commissioned Personnel (DCP)	DCP staff write the policies and procedures that are published in the Commissioned Corps Personnel Manual (CCPM). The mission of the Public Health Service Commissioned Corps is to provide highly trained and mobile health professionals who carry out programs to promote the health of the nation, understand and prevent disease and injury, assure safe and effective drugs and medical devices, deliver health services to federal beneficiaries, and furnish health expertise in time of war or other national or international emergencies.	

**PROGRAMS IN SERVICE DELIVERY:
AMERICAN INDIANS/ALASKA NATIVES/ASIANS AND PACIFIC ISLANDERS**

Administration on Aging

Program Name	Description	Funding/Other Information
Older Americans Act Title VI – Parts A & B	This title promotes the delivery of supportive services, including nutrition services to American Indians, Alaskan Natives, and Native Hawaiians. A: The Assistant Secretary may make grants to eligible tribal organizations to pay all of the costs for delivery of supportive services and nutrition services for older individuals who are Indians. B: The Assistant Secretary may make grants to public and nonprofit private organizations to pay all of the costs for the delivery of supportive services and nutrition services to older Native Hawaiians.	
Older Americans Act Title VI – Part C	This title promotes the delivery of supportive services, including nutrition services to American Indians, Alaskan Natives, and Native Hawaiians. The Assistant Secretary shall carry out a program for making grants to tribal organizations with applications approved under parts A and B, to pay for the federal share of carrying out tribal programs, to enable the tribal organizations to provide multifaceted systems of the support services described in Section 373 for caregivers described in Section 373.	In providing services under subsection (a), a tribal organization shall meet the requirements specified for an area agency on aging and for a state in the provisions of subsections (c), (d), and (e) of Section 373 and of Section 374.

Centers for Disease Control and Prevention (CDC)

Program Name	Description	Funding/Other Information
REACH 2010 Demonstration Project Rural Programs – AI/AN	REACH 2010 is a two-phased, five-year demonstration project to support community coalitions in the design, implementation, and evaluation of unique community-driven strategies to eliminate health disparities.	Total FY 2000 Funding: \$30 Million and an additional \$5 million from NIH. Amount and Percent of Total Funding Awarded to Indians: \$2,105,3000 (.06 of total funding).

Program Name	Description	Funding/Other Information
Preventive Health and Health Service (PHHS) Block Grant	The PHHS block grant is used to support clinical services, preventive screening, laboratory support, outbreak control, workforce training, public education, data surveillance, and program evaluation targeting such health problems as cardiovascular disease, cancer, diabetes, emergency medical services, injury and violence prevention, infectious disease, environmental health, community fluoridation, and sex offenses. A strong emphasis is placed on adolescents, communities with little or poor health care services, and disadvantaged populations. The states depend on the block grant to support public health funding where no other adequate resources are available.	The Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35) authorized a series of health and social services block grants to states to carry out programs that were previously authorized separately. The final version was signed into law on August 13, 1981, amending the PHS Act to create the PHHS Block Grant. The PHHS Block Grant is a mandatory grant given to 61 grantees (50 states, the District of Columbia, 2 American Indian Tribes, and the 8 U.S. territories) by Congress annually.
National Breast and Cervical Cancer Early Detection Program (NBCCEDP)	The Program builds the infrastructure for breast and cervical cancer early detection by supporting public and provider education, quality assurance, surveillance, and evaluation activities critical to achieving maximum use of the screening, diagnostic, and case management services.	
American Indian/Alaska Native (AI/AN) Support Center for Tobacco Programs	This project is for the development of a regional support center for tribal tobacco programs. The development of the resource networks will enable tribal communities to address and impact the high rates of tobacco used in this population. Assistance will consist of training and technical assistance, networking and partnership building, and promoting collaboration with other tribes, national organizations, other states, and the Federal government.	
Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)	The test program of the National Breast and Cervical Cancer Early Detection Program is named WISEWOMAN. This test program serves two purposes. Through this program, Congress can see if it is practical to offer additional preventive services. Also, the benefits of such services for low-income and uninsured women can be measured. The CDC used a portion of NBCCEDP funding to start three WISEWOMAN test (or demonstration) projects in 1995.	
Core Capacity Building	The purpose of this program is to support demonstration projects for racial and ethnic minority populations at increased risk for infant mortality, diabetes, cardiovascular diseases, HIV infection/AIDS, deficits in breast and cervical cancer screening and management, or deficits in child and/or adult immunization rates to develop, implement, and evaluate innovative community-level intervention demonstrations that could be effective in eliminating health disparities.	

Indian Health Service (IHS)

Program Name	Description	Funding/Other Information
Area Programs	The IHS provides a comprehensive health services delivery system for American Indians and Alaska Natives with opportunity for maximum tribal involvement in developing and managing programs to meet their health needs. Preventive measures involving environmental, educational, and outreach activities are combined with therapeutic measures into a single national health system. Within these broad categories are special initiatives in traditional medicine, elder care, women's health, children and adolescents, injury prevention, domestic violence and child abuse, health care financing, state health care, sanitation facilities, and oral health. Most IHS funds are appropriated for American Indians who live on or near reservations. Congress also has authorized programs that provide some access to care for Indians who live in urban areas.	The IHS annual appropriation is approximately \$3.5 billion. The IHS strives for maximum tribal involvement in meeting the needs of its service population. There are more than 560 federally recognized tribes in the United States. Their members live mainly on reservations and in rural communities in 35 states, mostly in the western United States and Alaska.

**PROGRAMS FOCUSED ON BUILDING SYSTEMS:
INCLUDING RESEARCH AND DEMONSTRATION PROJECTS**

Agency for Healthcare Research and Quality (AHRQ)

Program Name	Description	Funding/Other Information
General Health Services Research Focused on Rural	AHRQ and its predecessor agencies have a long-standing commitment to rural health services research that dates to the 1970s. AHRQ research continues to examine many varied aspects of organizing, delivering, and financing care. AHRQ researchers report important findings in the following areas: rural poverty, physician training, family clinics, managed care. AHRQ addresses inequities in health care for rural Americans through various research initiatives, especially eliminating disparities in health care access and improving quality of care.	
Bioterrorism Preparedness Research (Systems Development)	AHRQ's investment in bioterrorism research recognizes that community clinicians, hospitals, and health care systems have essential roles in the public health infrastructure. To inform and assist these groups in meeting the health care needs of the U.S. population in the face of bioterrorist threats, AHRQ-supported research focuses on the following: emergency preparedness of hospitals and health care systems for bioterrorism and other rare public health events; technologies and methods to improve the linkages between the personal health care system, emergency response networks, and public health agencies; and training and information needed to prepare community clinicians to recognize the manifestations of bioterrorist agents and manage patients appropriately.	

Program Name	Description	Funding/Other Information
Health Information Technology (HIT) Initiative (Medical Informatics)	AHRQ is focusing on implementing and evaluating proven technologies in small and rural communities and advancing the field of HIT by supporting the implementation and evaluation of innovative technologies in diverse health care settings.	
Practice-Based Research Networks (PBRNs)	A PBRN is defined as a group of ambulatory practices devoted principally to the primary care of patients, affiliated with each other in order to investigate questions related to community-based practice. This definition includes a sense of ongoing commitment to the research endeavor, and an organizational structure that transcends a single study.	AHRQ requests \$2,000,000 for core support of the work of primary care PBRNs.
Evidence-Based Practice Centers (EPCs)	The EPCs develop evidence reports and technology assessments on topics relevant to clinical, social science/behavioral, economic, and other health care organization and delivery issues—specifically those that are common, expensive, and/or significant for the Medicare and Medicaid populations. With this program, AHRQ became a "science partner" with private and public organizations in their efforts to improve the quality, effectiveness, and appropriateness of clinical care by facilitating the translation of evidence-based research findings into clinical practice.	
Translating Research into Practice (TRIP)	The collaborative effort between AHRQ and the VA will provide an opportunity to compare and contrast the challenges of making use of research findings at the public policy level, within and across different systems of care, and will contribute to the goal of identifying effective and efficient interventions that have the potential to be used to improve clinical practice, enhance patient safety, and sustain practitioner behavior change across populations, multiple health conditions, and health care systems.	In FY 2005, AHRQ is requesting \$10,400,000, an increase of \$3,400,000 from the FY 2004.
Research on Health Care Costs, Quality, and Outcomes	The purpose is to support and conduct research that improves the outcomes, quality, cost, use, and accessibility of health care and, in addition, to fund new research and to translate research into practice. AHRQ also has strengthened its commitment to support research that will improve health care for vulnerable populations. Lastly, AHRQ has enhanced specific activities that support all of its strategic goals.	FY 2005 request of \$84,000,000, an increase of \$4,500,000 from the FY 2004-enacted level.
Center for Quality Improvement and Patient Safety (CQuIPS)	CQuIPS concentrates in one organizational unit the responsibility for planning, managing, and directing AHRQ's patient safety program and addressing each of Congress's concerns.	
Patient Safety Improvement Corps	Seeks to improve patient safety by providing knowledge and skills to teams of state field staff and hospital partners selected by states. Eligible	

Program Name	Description	Funding/Other Information
	field staff will include patient safety officers and those responsible for patient safety reporting and analysis as well as intervention initiatives.	

Centers for Disease Control and Prevention (CDC)

Program Name	Description	Funding/Other Information
National Institute for Occupational Safety and Health (NIOSH) Agricultural Centers	The centers were established by cooperative agreement to conduct research, education, and prevention projects to address the nation's pressing agricultural health and safety problems. Geographically, the centers are distributed throughout the nation to be responsive to the agricultural health and safety issues unique to the different regions.	
Education and Research Centers (ERCs)	Through ERCs, NIOSH supports academic degree programs and research training opportunities in the core areas of industrial hygiene, occupational health nursing, occupational medicine, and occupational safety, plus specialized areas relevant to the occupational safety and health field. In addition to the academic training programs, NIOSH supports ERC short-term continuing education programs for occupational safety and health professionals, and others with worker safety and health responsibilities.	
Training Projects Grants (TPGs)	TPGs are supported by NIOSH at academic institutions that primarily provide single-discipline graduate training in the fields of industrial hygiene, occupational health nursing, occupational medicine, occupational safety, and closely related occupational safety and health.	
National Resource Center on Aging and Injury (NRCAI)	NRCAI is the primary source for information about injuries among older Americans. Researchers, practitioners, older adults, caregivers, and family members can contact the center, search the online database, and request training and technical assistance.	
National Academic Centers of Excellence on Youth Violence Prevention	The centers bring together resources and experts from a variety of backgrounds to work on issues in youth violence. The centers (1) develop and evaluate youth violence prevention and intervention strategies, and carry them out in cooperation with agencies and experts in the fields of medicine, epidemiology, legal and criminal justice, behavioral and social science, and public health; (2) develop and help to implement a youth violence community response plan; 3) develop, deliver, and maintain a training curriculum for health care professionals; (4) research youth violence risk and protective factors; and (5) work with other youth violence prevention programs, organizations, and individual leaders, especially in communities where there is much youth violence.	

Health Resources and Services Administration (HRSA)

Program Name	Description	Funding/Other Information
Geriatric Education Centers (GECs) (Bureau of Health Professions)	GECs facilitate training of health professional faculty, students, and practitioners in the diagnosis, treatment, and prevention of disease, disability, and other health problems of the elderly.	Grants in 2002 totaled more than \$4.5 million and went to centers in 12 states.
Division of State and Community Assistance	This division supports and provides leadership to primary care associations, primary care offices and other state/national partners to ensure community-based access to health care for all and eliminate health disparities, with a focus on the underserved.	
Substance Abuse and Mental Health Services Administration "Too Smart to Start"	This program provides research-based strategies and materials to community groups with the objective of enhancing communication between parents and children about the harm of underage alcohol use. Materials target both the parent's views about underage drinking and those of the child, with information on alcohol use behaviors of 9-13 year-olds and strategies to deliver behavioral messages.	
Bureau of Health Professions: Area Health Education Centers (BHP: AHECs)	AHECs are academic-community partnerships that train health care providers in sites and programs that are responsive to state and local needs. Health career enhancement and recruitment programs for K-12 students are emphasized. AHECs improve the supply, distribution, diversity and quality of the health workforce, ultimately increasing access to health care in medically underserved areas.	Eighteen academic health centers currently receive Basic AHEC funds to establish a statewide or multi-county AHEC program and phase in a network of affiliated AHEC centers, which may be community hospitals, colleges, health centers, or other organizations. Programs may receive as many as 12 years of Basic AHEC funding. The Health Professions Education Partnerships of 1998 reauthorized the AHEC Program (Basic AHEC and Model AHEC) for five years. The Basic AHEC program was initiated in FY 1972; the Model State Supported AHEC program was initiated in FY 1993.
Bureau of Health Professions: Health Education and Training Centers (BHP: HETCs)	Health Education and Training Center grants improve the health status and life expectancy of low-income and racial and ethnic minority populations in severely underserved areas. HETCs employ educational incentives to attract and retain health care personnel and emphasize wellness in public health education. Training focuses on health education; health career education; continuing education for health professionals; and use of nurse practitioners, physician assistants, public health personnel, and other caregivers relevant to primary care in areas of exceptional need.	FY 2003: \$4 million awarded to 13 projects (five in border states). FY 2002: \$4.2 million awarded to 13 projects (12 were state-supported, five in border states). FY 2001: \$4.2 million awarded to nine projects. FY 1999: \$3.5 million awarded to nine projects (five in border states). FY 1990 - 1998: \$30.5 million awarded. Applicants may request support for as many as three years. Half of appropriated funds each fiscal year must be made

Program Name	Description	Funding/Other Information
		available for approved applications for border HETCs. The award to each is determined by formula, based on the low-income population, including Hispanic individuals, and its rate of growth in Florida and states on the United States-Mexico border; need for health care service providers; and mortality, morbidity and other health status indicators.
HIV/AIDS Bureau (HAB) Ryan White CARE Act AIDS Education and Training Centers	<p>HAB is the largest single source, next to the Medicaid program, of federal funding for HIV/AIDS care for low-income, un- and underinsured individuals. HAB administers the Ryan White CARE Act, which funds primary care and support services for medically underserved people living with or affected by HIV/AIDS. HAB's programs focus on the most important issues in HIV/AIDS, including managed care, HIV/AIDS drugs, treatment adherence, data and evaluation, measuring outcomes, and reaching the most vulnerable populations.</p> <p>Through its AIDS Education and Training Centers (AETC) Program, HAB helps to ensure that HIV/AIDS care providers are well-trained and educated about state-of-the-art care and treatment. HAB also provides training and technical assistance to grantees as they provide care to people living with HIV/AIDS.</p>	

**PROGRAMS FOCUSED ON BUILDING SYSTEMS:
HEALTH PROFESSIONALS**

Centers for Disease Control and Prevention (CDC)

Program Name	Description	Funding/Other Information
Education and Research Centers (ERCs)	Through university-based ERCs, the National Institute for Occupational Safety and Health (NIOSH) supports academic degree programs and research training opportunities in the core areas of industrial hygiene, occupational health nursing, occupational medicine, and occupational safety, plus specialized areas relevant to the occupational safety and health field. In addition to the academic training programs, NIOSH supports ERC short-term continuing education programs for occupational safety and health professionals, and others with worker safety and health responsibilities.	
Training Project Grants (TPGs)	TPGs are supported by the National Institute for Occupational Safety and Health (NIOSH) at academic institutions that primarily provide	

Program Name	Description	Funding/Other Information
	single-discipline graduate training in the fields of industrial hygiene, occupational health nursing, occupational medicine, occupational safety, and closely related occupational safety and health.	
National Center for Environmental Health	This center has a domestic mandate, but global activities. The five main priorities are childhood lead poisoning; water, sanitation, and hygiene; urban health and megacities; micronutrient malnutrition; and emergency preparedness and response. In addition to the five main global priorities, other priorities include pesticides, birth defects-etiology and prevention, genetics and disease prevention-gene-environment interaction, child development, disabilities and health (including landmines), and radiation (beyond emergencies).	

Food and Drug Administration (FDA)

Program Name	Description	Funding/Other Information
FDA Pharmacy Student Experiential Program	This program provides an opportunity to learn about the FDA's multidisciplinary processes for addressing public health issues involving drugs, biologics, and medical devices. Pharmacy students who participate in the FDA Pharmacy Student Experiential Program acquire knowledge, skills, and abilities beneficial to their professional career.	

Health Resources and Services Administration (HRSA)

Program Name	Description	Funding/Other Information
BHPr: Geriatric Training Program for Physicians, Dentists, and Behavioral Mental Health Specialists	This grant program provides support, including fellowships, for geriatric training projects to train physicians, dentists and behavioral and mental health professionals who plan to teach geriatric medicine, geriatric dentistry, or geriatric behavioral and mental health. Programs supported by these grants emphasize the principles of primary care as demonstrated through continuity of care and ambulatory, preventive, and psychosocial aspects of the practice of geriatric medicine, geriatric dentistry, and geriatric behavioral and mental health.	Total FY 2000 Funding: \$1,650,000.
BHPr: Quentin N. Burdick Rural Program for Interdisciplinary Training	This program provides or improves access to health care in rural areas. Specifically, projects funded under this authority shall be designed to (a) use new and innovative methods to train health care practitioners to provide services in rural areas, (b) demonstrate and evaluate innovative interdisciplinary methods and models designed to provide access to cost-effective comprehensive health care, (c) deliver health care services to individuals residing in rural areas, (d) enhance the amount of relevant research conducted concerning health care issues in rural areas, and (e) increase	FY 2000-awarded amount \$135,860. Note: Proposed training sites: the Winnebago Tribal Diabetes Program IHS Hospital, Winnebago, NE; the Omaha Tribal Diabetes Program at the Carl T. Curtis Health Education Center, Macy, NE; Little Priest Tribal College, Winnebago, NE; Nebraska Indian Community College, Macy, NE; The University of Nebraska

Program Name	Description	Funding/Other Information
	the recruitment and retention of health care practitioners from rural areas and make rural practice a more attractive career choice for health care practitioners.	Medical Center, Omaha, NE; Creighton University Omaha, Nebraska 68178, Program Director: Gail Jensen, Ph.D., Tel.: (402) 280-5677, Project Title: Continuous Connection: Consortium for Rural, Interdisciplinary Training, Co-applicant: Clarkson College
Bureau of Health Professions, Public Health Training Centers	Assess workforce learning needs and provide tailored distance learning and related educational programs.	
Bureau of Health Professions, Centers of Excellence (COE)	Grants assist health professions schools to support programs of excellence in health professions education for minority individuals in allopathic and osteopathic medicine, dentistry and pharmacy, and graduate programs in behavioral or mental health (clinical and counseling psychology, clinical social work, marriage and family therapy). COE strengthens the national capacity to train students from minority groups that are under-represented in these health professions and build a more diverse health care workforce.	
Bureau of Health Professions, National Health Services Corp: Provider Enrichment Program	These programs support the development at the local level of better coordinated and comprehensive orientation, ongoing training and education, and mentor programs designed to meet the needs of new providers and their organizations. Key elements of these projects include increasing the number of clinical sites that provide comprehensive orientation to professional staff, improving support through increased availability of ongoing education and training programs, and developing mentoring systems intended to improve job satisfaction.	
Bureau of Health Professions, National Health Services Corp: Primary Care Leadership Training Program (LTP)	This week-long, innovative institute educates students about important issues in primary care, develops leadership skills for future primary care physicians and dentists, and engages students in curricular reform and health policy issues.	
Bureau of Health Professions, National Health Services Corp: Scholarship Program	Students dedicated to practicing primary care in communities of greatest need can compete for educational scholarships. In return for this scholarship support, they must agree to practice in communities across the nation where need is the greatest.	
Bureau of Health Professions, National Health Services Corp: Loan Repayment Program	Fully trained health professionals who are dedicated to working with the underserved and have qualifying educational loans are eligible to compete for repayment of those loans if they choose to serve in a community of greatest need. In addition to loan repayment, these clinicians receive a competitive salary, some tax relief	

Program Name	Description	Funding/Other Information
	<p>benefits, and a chance to have a significant impact on a community. Maximum repayment during the required initial two-year contract is \$25,000 each year. The clinicians may be eligible to continue your loan repayment beyond two years, one year at a time, to the extent they have unpaid qualifying educational loans and continue to serve at an eligible site. One-year amendments are awarded for a maximum of \$35,000 per year. Clinicians choose their practice site before applying to the NHSC LRP, allowing maximum flexibility to match the right clinicians with the right communities. However, employment at a site does not guarantee participation in the NHSC LRP.</p>	
<p>Bureau of Health Professions, National Health Services Corp: J-1 Visa Waiver Program</p>	<p>This program improves accessibility to health care for underserved areas by supporting J-1 visa waiver requests on behalf of foreign medical graduates who have obtained a J-1 visa for graduate medical studies in the United States ("J-1 physicians"). The J-1 Physician is a physician who is in possession of a temporary Exchange Visitor (J-1) Visa to pursue a graduate medical education in the United States and is seeking waiver of their J-1 visa home country residency requirement through the practice of medicine full-time within a shortage area.</p>	<p>Most aliens admitted to the United States on a J-1 Visa to participate in educational exchange programs are required by section 212 (e) of the Immigration and Nationality Act (8 U.S.C. 1182) (e) to return to their home country or last permanent residence for two years before they are eligible to apply for an immigrant visa, permanent residence or another nonimmigrant visa.</p>
<p>Bureau of Health Professions, Division of Medicine and Dentistry: Health professions training programs in:</p> <p><i>Primary Care, General Internal Medicine/General Pediatrics</i></p> <p><i>Faculty Development in Primary Care</i></p> <p><i>General and Pediatric Dentistry</i></p> <p><i>Physician Assistants</i></p>	<p>To plan, develop, and operate or participate (including provision of financial assistance) in approved residency programs in family medicine, general internal medicine, and/or general pediatrics</p> <p>To plan, develop, and operate (including provision of financial assistance) programs for the training of physicians who plan to teach in family medicine (including geriatrics), general internal medicine, and/or general pediatrics training programs</p> <p>To meet the costs of planning, developing, or operating approved residency programs of general or pediatric dentistry, including providing financial assistance to the trainees in these programs.</p> <p>To meet the costs of projects to plan, develop and operate or maintain approved programs, as</p>	<p>For these four programs, and two others not listed: estimated amount of this competition: \$31,000,000; estimated number of awards: 160; estimated project period: 3 years; application availability date: September 11, 2003; letter of intent deadline: September 22, 2003; application deadline: November 6, 2003; projected award date: July 1, 2004.</p>

Program Name	Description	Funding/Other Information
<p><i>Dental Public Health</i></p> <p><i>Podiatric Residency Training in Primary Care</i></p> <p><i>Health Careers Opportunity Program (HCOP)</i></p>	<p>defined in section 799B, for the training of physician assistants, and for the training of individuals who will teach in programs to provide such training.</p> <p>To improve access to quality health care through appropriate preparation and composition of the health profession workforce, and improve access to a diverse and culturally competent/sensitive health professions workforce.</p> <p>Grants are awarded to plan and implement projects in preventive and primary care training for podiatric physicians in approved or provisionally approved residency programs that shall provide financial assistance in the form of traineeships to residents who participate in such projects and who plan to specialize in primary care.</p> <p>HCOP's goal is to assist individuals from disadvantaged backgrounds to undertake education to enter a health profession. The HCOP program works to build diversity in the health fields by providing students from disadvantaged backgrounds an opportunity to develop the skills needed to successfully compete, enter, and graduate from health professions schools.</p>	<p>FY 2004: \$9,170,000 (also includes Public Health/Preventive Medicine funds).</p> <p>Estimated amount of this competition: \$760,000; estimated number of awards: 4; estimated project period: 3 years; application availability date: September 9, 2003; application deadline: October 20, 2003; projected award date: July 1, 2004.</p> <p>Estimated amount of this competition: \$14,152,621; estimated number of awards: 35; estimated project period: 3 years; application availability date: September 12, 2003; application deadline: February 20, 2004; projected award date: September 1, 2004.</p>
<p>Division of Nursing:</p> <p><i>Nursing Education, Practice, and Retention (NEPR)</i></p>	<p>Strengthen and enhance the capacity for nurse education, practice, and retention to address the nursing shortage. Education priority areas are (1) expanding enrollment in baccalaureate nursing programs; (2) developing and implementing internship and residency programs to encourage mentoring and the development of specialties; and (3) providing education in new technologies, including distance learning methodologies. Practice priority areas are (1) establishing or expanding nursing proactive arrangements in non-institutional settings to demonstrate methods to improve access to primary health care in medically underserved communities; (2) providing care for underserved populations and other high-risk groups such as the elderly, individuals with HIV/AIDS, substance abusers, the homeless, and victims of domestic violence; (3) providing managed care, quality improvement, and other skills needed to practice in existing and emerging organized health care systems; (4) developing cultural competencies among nurses.</p>	<p>Estimated amount of this competition: \$3,058,400; estimated number of awards: 11; estimated project period: 2 to 5 years; application availability date: September 15, 2003; application deadline: December 15, 2003; projected award date: July 1, 2004.</p>

Program Name	Description	Funding/Other Information
<p data-bbox="196 835 431 898"><i>Advance Education Nursing</i></p> <p data-bbox="196 1272 431 1335"><i>Nursing Workforce Diversity</i></p>	<p data-bbox="500 138 1092 831">Retention priority areas are (1) career ladder programs which: (a) promote career advancement for nursing personnel in a variety of training settings; cross training or specialty training among diverse population groups; and the advancement of individuals to become professional nurses, advanced education nurses, licensed practical nurses, certified nurse assistants, and home health aides; and (b) assist individuals in obtaining education and training required to enter the nursing profession and advance within such profession, such as by providing career counseling and mentoring; or (2) enhancing patient care delivery systems through improving the retention of nurses and enhancing patient care that is directly related to nursing activities by enhancing collaboration and communication among nurses and other health care professionals, and by promoting nurse involvement in the organizational and clinical decision-making processes of a health care facility.</p> <p data-bbox="500 835 1092 1268">Grants are awarded to eligible institutions for projects that support the enhancement of advanced nursing education and practice. For the purpose of this section, advanced education nurses means individuals trained in advanced degree programs including individuals in combined RN to master's degree programs, post-nursing master's certificate programs, or in the case of nurse- midwives, in certificate programs in existence on November 12, 1998, to serve as nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators or public health nurses.</p> <p data-bbox="500 1272 1092 1503">Grants are awarded to increase nursing education opportunities for individuals from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among registered nurses) by providing student scholarships or stipends, pre-entry preparation, and retention activities.</p>	<p data-bbox="1117 835 1523 1129">Estimated amount of this competition: \$2,091,892; estimated number of awards: 8; estimated project period: 3 years; application availability date: September 15, 2003; application deadline: November 25, 2003; projected award date: July 1, 2004.</p> <p data-bbox="1117 1272 1523 1566">Estimated amount of this competition: \$11,396,000; estimated number of awards: 39; estimated project period: 3 years; application availability date: September 15, 2003; application deadline: December 5, 2003; projected award date: July 1, 2004.</p>
<p data-bbox="147 1581 475 1644">OA/OMH: Rural Health Fellowship Program</p>	<p data-bbox="500 1581 1092 1612">Unable to find program information.</p>	
<p data-bbox="147 1654 475 1770">Quentin N. Burdick Program for Rural Interdisciplinary Training (QBRH)</p>	<p data-bbox="500 1654 1092 1940">Support the education and training of health professions students in rural underserved communities and improve access to health care in rural areas. To address needs of the rural health professions workforce, this program funds student stipends and interdisciplinary training projects that (1) use new and innovative methods to train health care practitioners to provide services in rural areas, (2) demonstrate and evaluate</p>	<p data-bbox="1117 1654 1523 1940">Estimated amount of this competition: \$1,500,000; estimated number of awards: 6; estimated project period: 3 years; application availability date: September 29, 2003; application deadline: January 13, 2004; projected award date: July 1, 2004.</p>

Program Name	Description	Funding/Other Information
	innovative interdisciplinary methods and models designed to provide access to cost-effective comprehensive health care, (3) deliver health care services to individuals residing in rural areas, (4) enhance the amount of relevant research conducted concerning health care issues in rural areas, and (5) increase the recruitment and retention of health care practitioners in rural areas and make rural practice a more attractive career choice for health care practitioners.	

Office of Minority Health

Program Name	Description	Funding/Other Information
Family and Community Violence Prevention Program (FCVP)	FCVP impacts the increasing incidence of violence and abusive behavior in low income, at-risk communities through the mobilization of community partners to address these issues.	