



*The National Leadership Summit on  
Eliminating Racial & Ethnic Disparities in Health*

For the  
Office of Minority Health  
Office of Public Health and Science  
U.S. Department of Health and Human Services  
Rockville, Maryland

Developed by the Office of Minority Health Resource Center

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## *to the National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health*

The Office of Minority Health, U.S. Department of Health and Human Services, is excited to be sponsoring this first National Leadership Summit. The Summit seeks to draw national attention to the existence of health disparities and to innovative approaches which address these disparities being implemented in our communities at the local, State, National, Federal, and Tribal levels. The mission of the Summit is to stimulate action at all levels to enhance program outcomes and help eliminate health disparities.

Under the direction of the Deputy Assistant Secretary for Minority Health, Dr. Nathan Stinson, the Office of Minority Health (OMH) advises the Secretary and the Office of Public Health and Science on public health issues affecting American Indians and Alaska Natives, Asian Americans, Blacks/African Americans, Hispanics/Latinos, Native Hawaiians and Other Pacific Islanders.

The Office of Minority Health (OMH) was created by the U.S. Department of Health and Human Services (HHS) in 1985 as a result of the Report of the Secretary's Task Force on Black and Minority Health. OMH works to improve the health of racial and ethnic minority populations through the development of effective health policies and programs aimed at eliminating disparities in health.

Together with HHS divisions and other Federal departments, OMH works to improve collection and analyses of data on the health of racial and ethnic populations. OMH also monitors efforts to achieve the goals of *Healthy People 2010*, which has a special focus on *eliminating*, and not merely *reducing*, racial and ethnic disparities in health.

The U.S. Department of Health and Human Services' Initiative to Eliminate Racial and Ethnic Disparities in Health employs five overarching strategies to conceptualize, direct, strengthen, and integrate action and activities in public health:

- Strengthening the science base for decision-making by fostering data collection efforts, research, demonstrations, and evaluations;
- Engaging in strategic communications to increase awareness and understanding of the major health problems confronting Americans, informing, educating, and empowering people about health and human services;
- Establishing, strengthening, and mobilizing partnerships to identify and solve health problems;
- Developing, improving, and enforcing policies, plans, laws, and regulations that support individual and community health and human service efforts; and
- Linking people to needed personal health and human services, assuring the provision of such services when otherwise unavailable, and ensuring an adequate and competent workforce to deliver such services.

These cross-cutting strategies are key to Federal, State, and local efforts to address health disparities and will be highlighted throughout the workshops and plenary sessions organized in three distinctive tracks: Access, Health Professions, and Research and Data.



## *to the National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health*

While the Summit itself will be an important venue to highlight successful programs that are operating at the local, State, or national levels, Summit planners understand the importance of imparting skills with practical application. Workshop sessions are designed with the goal of providing “hands-on” learning experiences based on real life programs, challenges, and examples. Workshop presenters have been asked to incorporate “skills building” as part of the presentations and to make their presentations interactive rather than “sit and listen.”

Your Summit planning committee is eager to ensure that participants leave the Summit with information and resources that can be used in the community. This “Community Resources Tool Kit” is designed to serve as a foundation for individuals and organizations looking to enhance their programs or start new programs. This Tool Kit includes:

- Data and Statistics;
- Federal and State Information;
- Initiatives and Programs; and
- Technical Assistance.

Additional information that can easily be added to your Took Kit, along with pertinent up-to-the-minute data will focus on specific diseases and cross-cutting issues. Additional items will be available on-site during the Summit. It is our hope by the conclusion of this Summit, you, the participant, will have:

- Learned about effective programs and strategies utilized to address barriers at the local, State and Federal levels;
- Enhanced your skills to affect change and mobilize resources in order to address health disparities;
- Engaged in dialogue and information sharing with key national, State and local experts engaged in developing and implementing programs and policies addressing health disparities at the community level;
- Gained additional insight about the connection between health and social/economic factors such as employment, housing, education, and the environment; and
- Enhanced your understanding of the need for all communities to work together as one and how the health of one community affects the health of all communities.

**ENJOY YOUR SUMMIT!**

# Data & Statistics

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Census Numbers		state cancer data, and more.	
Geographic distribution			
Population growth			





## U.S. Population Overview

Since the last U.S. Census was taken, significant changes have occurred—in October 1997, the Office of Management and Budget (OMB) issued revised Federal standards for collecting and presenting data on race and ethnicity. Among other changes, the standards allow respondents when answering the race question option to “mark or select one or more races.”

The OMB made this modification after considering recommendations from its Inter-agency Committee for the Review of Racial and Ethnic Standards, information obtained through public hearings and other sources of public opinion, and test results from the Census Bureau and other Federal agencies.

When discussing racial and ethnic terms, the language can be confusing depending on where the information comes from and how it is presented.

The Office of Minority Health classifies minorities into the following main groups: Black/ African American, American Indian/Alaska Native, Asian American, Hispanic/ Latino, and Native Hawaiian and Other Pacific Islanders.

In an effort to maintain the integrity of the information presented, the terminology each organization uses will not be replaced by the OMH terms or streamlined. For example, in the Healthy People 2010 sections:

- The term “American Indian” is used without its “Alaska Native” counterpart, when the data are collected only from the American Indian population.
- The term “American Indian or Alaska Native” is used when the data are collected from both populations and combined. In some cases, the original data does not distinguish between both populations so the data cannot be presented separately.
- In some cases, the term “Asian or Pacific Islander” is used when data are collected from both populations and combined.
- The term “Asian” signifies that the data were collected only from Asian populations (Native Hawaiian and Other Pacific Islanders were not included in these data).

The following section provides a thumbnail sketch of minority demographics in the United States—census numbers, geographic distribution, population growth, where to find state statistics, etc.

To read the *Racial and Ethnic Classifications Used in Census 2000 and Beyond*, go to <http://www.census.gov/population/www/socdemo/race/racefactcb.html>



### TERMINOLOGY

The term “African American or Black” refers to people having origins in any of the Black race groups in Africa—this includes people who reported themselves to be “Black, African American, or Negro” or wrote in entries such as Nigerian, Jamaican, African American, etc.

### CENSUS NUMBERS

Of the 281.4 million people in the United States in 2000, 12.9 percent (36.4 million) reported themselves to be African American or Black. 34.7 million reported being only African American and another 1.8 million reported themselves to be African American as well as one or more other races.

### GEOGRAPHIC DISTRIBUTION

According to Census 2000, there are African Americans living in every state of the U.S. but the majority—54 percent—live in the South. Nineteen percent lived in the Midwest, 18 percent were in the Northeast, and 10 percent were in the West.

New York, California, Texas, Florida, Georgia, Illinois, Maryland, North Carolina, Michigan, and Louisiana are the ten states with the largest African American populations, combining for 58 percent of the total African American population.

### POPULATION GROWTH

According to the Population Projections Program, Population Division, U.S. Census Bureau, the growth projections for Non-Hispanic African Americans are:

- July 2006—35.8 million
- July 2010—37.5 million
- July 2015—39.5 million



### KAISER FAMILY FOUNDATION'S STATE HEALTH FACTS ONLINE

This new resource contains the latest state-level data on demographics, health, and health policy, including health coverage, access, financing, and state legislation.  
<http://www.statehealthfacts.kff.org/>

Source: The Black Population 2000  
Census Brief 2000  
<http://www.census.gov/prod/2001pubs/c2kbr01-5.pdf>

# U.S. POPULATION AMERICAN INDIAN ALASKA NATIVE

## TERMINOLOGY

The term “American Indian/Alaska Native” is used to refer to those having origins in any of the original peoples of North and South America, including Central America, and those who have tribal affiliations.

## CENSUS NUMBERS

Of the 281.4 million people in the United States in 2000, 4.1 million (1.5 percent) reported themselves to be American Indian/Alaska Native. Of the 4.1 million, 2.5 million reported only American Indian/Alaska Native, and the remaining 1.6 million reported American Indian/Alaska Native as well as one or more other races.

## GEOGRAPHIC DISTRIBUTION

According to Census 2000, there are American Indians living in every state of the U.S. but the majority—43 percent—live in the West. Thirty-one percent lived in the South, 17 percent were in the Midwest and 9 percent were in the Northeast.

The ten states with the largest American Indian populations in 2000, in order, were California, Oklahoma, Arizona, Texas, New Mexico, New York, Washington, North Carolina, Michigan, and Alaska. California (627,562) and Oklahoma (391,949) account for about 25 percent of the entire American Indian population.

The largest tribal groupings are Cherokee, Navajo, Latin American Indian, Choctaw, Sioux, Chippewa, Apache, Blackfeet, Iroquois, and Pueblo.



## STATE AND COUNTY QUICKFACTS

QuickFacts tables are summary profiles showing frequently requested data items from various Census Bureau programs. Currently, profiles are available at the national, state, and county level. <http://quickfacts.census.gov/qfd/>

## ALASKA NATIVE

Eskimo was the largest Alaska Native tribal grouping followed by Tlingit-Haida, Alaska Athabascan, and Aleut. These four accounted for 3.6 percent of all American Indian and Alaska Native responses alone and 2.7 percent alone or in any combination.

## POPULATION GROWTH

According to the Population Projections Program, Population Division, U.S. Census Bureau, the growth projections for American Indian/Alaska Native Non-Hispanics are:

July 2006—2.2 million  
July 2010—2.3 million  
July 2015—2.4 million

Source: The American Indian and Alaska Native  
Population 2000 Census Brief 2000  
<http://www.census.gov/prod/2002pubs/c2kbr01-15.pdf>



## TERMINOLOGY

The term “Asian” refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (Cambodia, China, India, Japan, Thailand, etc.) People reported themselves to be from the following minority groups: Chinese, Filipino, Japanese, Asian Indian, Korean, Vietnamese, Cambodian, Laotian, Thai, and others.

## CENSUS NUMBERS

Of the 281.4 million people in the United States in 2000, 11.9 million (4.2 percent) reported themselves to be Asian. Of that, 10.2 million (3.6 percent) reported being only Asian and 1.7 million (0.6 percent) reported being Asian as well as one or more other races.

In Census 2000, Chinese was the largest detailed Asian group in the United States followed by Filipinos, Asian Indians, Vietnamese, and Korean. Combined, Chinese, Filipinos, and Asian Indians account for 58 percent of all those who reported a single Asian group.

## GEOGRAPHIC DISTRIBUTION

According to Census 2000, there are Asians living in every state of the U.S. but the majority who reported Asian—49 percent—live in the West. Twenty percent lived in the Northeast, 19 percent lived in the South, and 12 percent were in the Midwest.

The ten states with the largest Asian populations in 2000 were California, New York, Hawaii, Texas, New Jersey, Illinois, Washington, Florida, Virginia, and Massachusetts. Combined, these 10 states account for 75 percent of the Asian population.

## POPULATION GROWTH

According to the Population Projections Program, Population Division, U.S. Census Bureau, the growth projections for Asian and Pacific Islander Non-Hispanics are as such:

- July 2006—12.8 million
- July 2010—14.4 million
- July 2015—16.4 million



## STATE AND COUNTY QUICKFACTS

QuickFacts tables are summary profiles showing frequently requested data items from various Census Bureau programs. Currently, profiles are available at the national, state, and county level. <http://quickfacts.census.gov/qfd/>

# U.S. POPULATION HISPANIC/LATINO

## TERMINOLOGY

In Census 2000, people of Spanish/Hispanic/Latino origin could identify themselves as Mexican, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino (writing in what term best described their ethnic origin).

## CENSUS NUMBERS

Of the 281.4 million people in the United States in 2000, 12.5 percent (35.3 million) were Hispanic. Of the 35.3 million, 58.5 percent reported Mexican, 9.6 percent reported Puerto Rican, Cubans made up 3.5 percent and those reporting other Hispanics made up 28.4 percent.

## GEOGRAPHIC DISTRIBUTION

According to Census 2000, there are Hispanics living in every state of the U.S. but the majority—43.5 percent—live in the West. The South was home to 32.8 percent of the Hispanic population, 14.9 percent lived in the Northeast, and 8.9 percent lived in the Midwest. Half of all Hispanics lived in California and Texas—11 million and 6.7 million respectively.

## POPULATION GROWTH

According to the Population Projections Program, Population Division, U.S. Census Bureau, the growth projections for Hispanics are as such:

- July 2006—39.3 million
- July 2010—43.7 million
- July 2015—49.3 million



**KAISER FAMILY  
FOUNDATION'S STATE  
HEALTH FACTS ONLINE**

This new resource contains the latest state-level data on demographics, health, and health policy, including health coverage, access, financing, and state legislation.  
<http://www.statehealthfacts.kff.org/>

Source:  
The Hispanic Population 2000  
Census 2000 Brief  
<http://www.census.gov/prod/2001pubs/c2kbr01-3.pdf>

# U.S. POPULATION

## NATIVE HAWAIIAN OTHER PACIFIC ISLANDER

### TERMINOLOGY

The term “Native Hawaiian and Other Pacific Islander” refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

People reported themselves to be in the following minority groups: Polynesian, Hawaiian, Samoan, Tongan, Other Polynesian, Micronesian, Guamanian, Other Micronesian, and Pacific Islander not specified.

### CENSUS NUMBERS

Of the 281.4 million people in the United States in 2000, only 0.3 percent (874,000) reported Native Hawaiian and Other Pacific Islander. This included 399,000 people who reported only Pacific Islander and 476,000 people who reported Native Hawaiian and Other Pacific Islander as well as one or more other races.

### GEOGRAPHIC DISTRIBUTION

According to Census 2000, the majority of those who reported Pacific Islander—73 percent—lived in the West. 14 percent lived in the South, 7 percent lived in the Northeast, and 6 percent lived in the Midwest.

### POPULATION GROWTH

According to the Population Projections Program, Population Division, U.S. Census Bureau, the growth projections for Asian and Pacific Islander Non-Hispanics are as such:

- July 2006—12.8 million
- July 2010—14.4 million
- July 2015—16.4 million

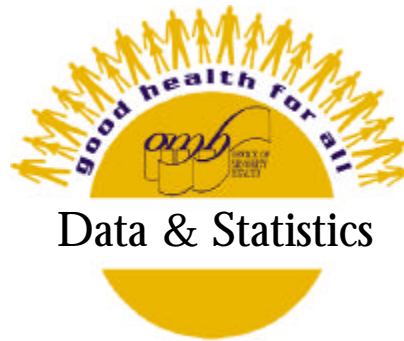


### STATE AND COUNTY QUICKFACTS

QuickFacts tables are summary profiles showing frequently requested data items from various Census Bureau programs. Currently, profiles are available at the national, state, and county level. <http://quickfacts.census.gov/qfd/>

Source:  
The Native Hawaiian and Other Pacific Islander Population 2000  
Census 2000 Brief  
<http://www.census.gov/prod/2001pubs/c2kbr01-14.pdf>





## Data & Statistics

# Minority Health Overview

**H**ealthy People 2010 is the prevention agenda for the United States that builds on health initiatives pursued over the past two decades:

- In 1979, Healthy People: The Surgeon General’s Report on Health Promotion and Disease Prevention provided national goals for reducing premature deaths and preserving independence for older adults;
- In 1980, another report, Promoting Health/Preventing Disease: Objectives for the Nation, set forth 226 targeted health objectives for the Nation to achieve over the next 10 years; and
- In 1990, Healthy People 2000: National Health Promotion and Disease Prevention Objectives identified health improvement goals and objectives to be reached by the year 2000.

The Healthy People 2010 initiative continues in this tradition as an instrument to improve health for the first decade of the 21st century. Healthy People 2010 is designed to achieve two overarching goals:

- Increase quality and years of healthy life, and
- Eliminate health disparities.

These two goals are supported by specific objectives in 28 focus areas (see column) with a specific target to be achieved by the year 2010.

As part of the Department of Health and Human Services’ Initiative to Eliminate Racial and Ethnic Disparities in Health, the following 6 focus areas are being profiled due to the high rates of incidence and death among minority groups: *cancer, cardiovascular disease and stroke, diabetes, HIV/AIDS, immunization, and infant mortality.*

Sectioned by race/ethnicity, each of the following sections looks at the leading causes of death, disparities, Healthy People 2010 goals and objectives, and current health information for the 6 focus groups.

### *Complete Healthy People 2010 Objectives*

Access to Quality Health Services  
 Arthritis, Osteoporosis, and  
 Chronic Back Conditions  
 Cancer  
 Chronic Kidney Disease  
 Diabetes  
 Disability/Secondary Conditions  
 Educational and  
 Community-Based Programs  
 Environmental Health  
 Family Planning  
 Food Safety  
 Health Communication  
 Heart Disease and Stroke  
 HIV  
 Immunization and  
 Infectious Diseases  
 Injury and Violence Prevention  
 Maternal, Infant, and Child Health  
 Medical Product Safety  
 Mental Health/Mental Disorders  
 Nutrition and Overweight  
 Occupational Safety and Health  
 Oral Health  
 Physical Activity and Fitness  
 Public Health Infrastructure  
 Respiratory Diseases  
 Sexually Transmitted Diseases  
 Substance Abuse  
 Tobacco Use  
 Vision and Hearing



## 15 Leading Causes of Death for African Americans, 1999

All African Americans	African American Women	African American Men
77,713 Heart Disease	40,636 Heart Disease	37,077 Heart Disease
61,409 Malignant Neoplasm	28,867 Malignant Neoplasm	32,542 Malignant Neoplasm
18,731 Cerebrovascular	10,908 Cerebrovascular	8,629 Unintentional Injury
12,533 Unintentional Injury	7,112 Diabetes Mellitus	7,823 Cerebrovascular
11,830 Diabetes Mellitus	3,904 Unintentional Injury	6,131 Homicide
7,840 Chronic Lower Respiratory Disease	3,675 Nephritis	5,377 HIV
7,751 HIV	3,388 Chronic Lower Respiratory Disease	4,718 Diabetes Mellitus
7,536 Homicide	3,178 Septicemia	4,452 Chronic Lower Respiratory Disease
6,659 Nephritis	3,008 Influenza & Pneumonia	2,984 Nephritis
5,794 Influenza & Pneumonia	2,374 HIV	2,818 Perinatal Period
5,772 Septicemia	2,182 Perinatal Period	2,786 Influenza & Pneumonia
5,000 Perinatal Period	2,158 Hypertension	2,594 Septicemia
3,708 Hypertension	1,636 Alzheimer's Disease	1,812 Liver Disease
2,793 Liver Disease	1,405 Homicide	1,630 Suicide
2,325 Alzheimer's Disease	981 Liver Disease	1,550 Hypertension

The following sections are covered in greater detail throughout the next chapter of African American Health.

Heart Disease and Cerebrovascular – see Cardiovascular Disease/Stroke Section

Malignant Neoplasm – see Cancer section

Diabetes Mellitus – see Diabetes section

HIV – see HIV/AIDS section

Influenza & Pneumonia – see Immunization section

Perinatal Period – see Infant Mortality





# Cancer

# AFRICAN AMERICAN H E A L T H

## Healthy People 2010 (HP2010) Cancer Goal

The Healthy People 2010 goal for cancer is to reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer.

While there are a total of 15 cancer objectives, the following information is for lung, breast, colorectal, and prostate cancer—the most common cancers found in African Americans.

### Cancer Disparities for African Americans

- African Americans are about 34 percent more likely to die of cancer than are whites and more than two times more likely to die of cancer than are Asian or Pacific Islanders, American Indians, and Hispanics.
- African American women are more likely to die of breast and colon cancers than are women of any other racial and ethnic group, and they have approximately the same lung cancer death rates as white women.
- African American men have the highest death rates of colon and rectum, lung, and prostate cancers.
- Age-adjusted lung cancer death rates are approximately 40 percent higher among African American males than white males.
- Breast cancer deaths in African American females continue to increase, in part, because breast cancer is diagnosed at later stages in African American females.

### HP2010 Cancer Objectives

Reduce the overall cancer death from 202.7 cancer deaths per 100,000 population to 159.9 deaths per 100,000 population.

- In 1999, the rate of overall cancer deaths among African Americans (non-Hispanic) was 261.4 per 100,000 population compared to the total rate of 202.7 cancer deaths per 100,000 population.

Reduce the lung cancer death rate from 56.0 lung cancer deaths per 100,000 population to 44.9 deaths per 100,000 population.

- In 1999, the rate of lung cancer deaths among African Americans (non-Hispanic) was 67.0 per 100,000 population compared to the total rate of 56.0 per 100,000 population.

Reduce the breast cancer death rate from 27.0 breast cancer death per 100,000 females to 22.3 deaths per 100,000 females.

- In 1999, the rate of breast cancer deaths among African Americans (non-Hispanic) was 36.7 per 100,000 population compared to the total rate of 27.0 per 100,000 population.

Reduce the colorectal cancer death rate from 21.1 colorectal cancer deaths per 100,000 population to 13.9 deaths per 100,000 population.

- In 1999, the rate of colorectal cancer deaths among African Americans (non-Hispanic) was 28.2 per 100,000 population compared to the total rate of 21.1 per 100,000 population.

Reduce prostate cancer deaths from 30.9 prostate cancer deaths per 100,000 males to 28.8 deaths per 100,000 males.

- In 1999, the rate of prostate cancer deaths among African Americans (non-Hispanic) was 68.7 per 100,000 population compared to the total rate of 30.9 per 100,000 population.

### According to the American Cancer Society:

- In 2002, the American Cancer Society (ACS) estimates that 1,284,900 new cases of cancer will be diagnosed and 555,500 people will die from cancer in the United States
- Cancers most common in men are prostate, lung and bronchus, and colon and rectum, comprising

# AFRICAN AMERICAN HEALTH

55 percent of all new cancer cases. Prostate cancer will account for 30 percent (189,000) of new cancer cases in men in 2002.

- Cancers most commonly diagnosed in women are breast, lung and bronchus, and colon and rectum, accounting for about 55 percent of new cancer cases. Breast cancer alone is expected to account for 31 percent (203,500) of all new cancer cases among women in 2002.
- For men, the most cancer deaths occur from lung and bronchus, prostate, and colon and rectum.
- For women, the most cancer deaths occur from lung and bronchus, breast, and colon and rectum in women. While there is more public awareness about breast cancer, lung cancer is the number one cause of cancer death in women, not breast cancer.
- Surpassing breast cancer as the leading cause of cancer death in 1987, lung cancer is expected to account for about 25 percent of all female cancer deaths in 2002.
- Overall, African Americans have the highest incidence and mortality rates for cancer.
- The incidence rate of cancer in African Americans is 60 percent higher than Hispanics and Asian/Pacific Islanders and is more than twice as high as the rate for American Indians.
- The mortality rate is about 33 percent higher in African Americans than among whites, and more than twice as high as cancer death rates in Asian/Pacific Islanders, American Indians, and Hispanics.
- Except for female breast cancer incidence and female lung cancer death rates, where rates are highest in whites, race- and sex-specific incidence and

death rates for the most common cancer sites are higher for African Americans than for any of the other racial and ethnic groups.

## Trends in Cancer

- Cancer incidence rates decreased by 2 percent per year among Hispanics, by 1.7 percent for African Americans, and by 1.2 percent for whites, while rates remained relatively stable among American Indians/Alaska Natives and Asian/Pacific Islanders between 1992 and 1998.
- For all cancer sites combined, the annual mortality rate decreased 1.3 percent in African Americans, 1.2 percent in Asian/Pacific Islanders, 1.1 percent among whites, and 0.9 percent among Hispanics; and it leveled off in American Indians/Alaska Natives.
- For race- and sex-specific trends, African-American men showed the largest decrease in both incidence and mortality during the same calendar years.

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200 Independence Avenue, SW  
Washington, D.C. 20201  
800-367-4725  
<http://www.health.gov/healthypeople>  
For the complete list of cancer objectives, go to  
<http://www.health.gov/healthypeople/document/HTML/Volume1/03Cancer.htm>  
Note: All data age-adjusted to the year 2000 standard population.  
Data source: DATA2010...the Healthy People 2010 Database-  
February 2002 Edition



*American Cancer Society*  
1599 Clifton Road, NE  
Atlanta, GA 30329  
800-ACS-2345 (800-227-2345)  
<http://www.cancer.org>  
Note: The incidence and mortality data for this 2002 information was age-adjusted to the 2000 population standard of the United States.

# Cardiovascular Disease/Stroke

## Healthy People 2010 (HP2010) Cardiovascular Disease/Stroke Goal

The HP2010 goal is to improve cardiovascular health and quality of life through:

- The prevention, detection, and treatment of risk factors;
- Early identification and treatment of heart attacks and strokes; and
- Prevention of recurrent cardiovascular events.

### Cardiovascular Disparities

- The prevalence of heart attacks among U.S. adults aged 20 years and older is 4.3 percent and 3.3 percent for African American (non-Hispanic) males and females, respectively.
- While White (non-Hispanic) men have a higher prevalence rate of heart attacks (5.2 percent) than African American men, White (non-Hispanic) women have a lower rate (2.0 percent) than African American women in the same group.

### Stroke Disparities

- The prevalence of stroke for persons aged 20 years and older in the United States was 2.2 percent for White (non-Hispanic) males and 1.5 percent for females. These percents are lower than those for African Americans (non-Hispanic)-2.5 percent for males and 3.2 percent for females.
- Stroke deaths are highest in African American females born before 1950 and in African American males born after 1950.
- Among the racial and gender groups, declines in the stroke death rate are smallest in African American males.
- When adjusted for age, stroke deaths are almost 80 percent higher in African Americans than in Whites and about 17 percent higher in males than in females.

# AFRICAN AMERICAN H E A L T H

- Age-specific stroke deaths are higher in African Americans than in Whites in all age groups up to age 84 years and higher in males than in females throughout all adult age groups.

### HP2010 Cardiovascular Disease/Stroke Objectives

Reduce the number of coronary heart disease deaths from 204 deaths per 100,000 population in 1999 to 166 deaths per 100,000 population.

- In 1999, the rate of coronary heart disease deaths among African Americans (non-Hispanic) was 255 per 100,000 population compared to the total population rate of 204 per 100,000 population.

Reduce stroke deaths from 62 deaths per 100,000 population in 1999 to 48 deaths per 100,000 population.

- In 1999, the rate of stroke deaths among African Americans (non-Hispanic) was 85 per 100,000 population compared to the total population rate of 62 per 100,000 population.

### According to the American Heart Association:

- Cardiovascular disease (CVD) accounted for 33.8 percent of all deaths in African American men.
- African American men in the 65-84 age group had a higher number of cardiovascular deaths (23,324) than African American men in other age groups.
- CVD accounted for 40.8 percent of all deaths in African American women.
- African American women in the 65-84 age group had a higher number of cardiovascular deaths (26,864) than African American women in other age groups.

# AFRICAN AMERICAN HEALTH

- The overall death rate from CVD was 354.1 per 100,000 population but rose to 402.1 for African American women and to 526.0 for African American men.
- As many as 30 percent of all deaths in hypertensive African American men and 20 percent of all deaths in hypertensive African American women may be attributed to high blood pressure.
- Per 100,000 population, stroke death rates for African American men and women were 87.4 and 78.1, respectively.
- Young African Americans are 2-3 times more likely to have an ischemic stroke than their White counterparts.

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*800-367-4725*

<http://www.health.gov/healthypeople>  
*For the detailed list of cardiovascular and stroke objectives, go to*  
<http://www.health.gov/healthypeople/document/HTML/Volume1/12Heart.htm>

*Note: All data age-adjusted to the year 2000 standard population. Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition*

*American Heart Association*  
*National Center*  
*7272 Greenville Avenue*  
*Dallas, TX 75231*  
*800-242-8721*  
<http://www.americanheart.org>

*American Stroke Association*  
*National Center*  
*7272 Greenville Avenue*  
*Dallas, TX 75231*  
*888-478-7653*  
<http://www.strokeassociation.org>



## Diabetes

### Healthy People 2010 (HP2010) Diabetes Goal

The overall HP2010 goal for diabetes is, through prevention programs, reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes.

### Diabetes Disparities

- Gaps exist among racial and ethnic groups in the rate of diabetes and its associated complications in the United States.
- Certain racial and ethnic communities, including African Americans, Hispanics, American Indians, and certain Pacific Islander and Asian American populations as well as economically disadvantaged or older people, suffer disproportionately compared to White populations.
- The relative number of persons with diabetes in African American, Hispanic, and American Indian communities is one to five times greater than in White communities.
- Deaths from diabetes are 2 times higher in the African American population than they are in the White population.
- Diabetes-associated renal failure is 2.5 times higher in the African American population than it is in the Hispanic population.

### HP2010 Diabetes Objectives

Reduce diabetes-related deaths to 45 deaths per 100,000 population.

- In 1999, the diabetes-related death rate among African Americans (non-Hispanic) was 139 per 100,000 population.

Reduce cardiovascular disease deaths among persons with diabetes to 309 per 100,000 population.

- In 1999, the cardiovascular disease death rate among African Americans (non-Hispanic) with

diabetes was 328 per 100,000 population.

Increase the percent of annual dilated eye examinations in persons with diabetes, ages 18 years and over, to 75 percent.

- In 1999, the percentage of diabetic African Americans who received an annual dilated eye examinations was 67 percent.

Increase the percent of people, ages 18 and older, who receive diabetes education to 60 percent.

- In 1999, the percentage of African Americans who received diabetes education was 51 percent.

### According to the Department of Health and Human Services (HHS):

- Nearly 16 million of all Americans are pre-diabetic (their blood sugar levels are high, but not high enough to be classified as diabetic), sharply raises the risk for developing type 2 diabetes and increases the risk of heart disease by 50 percent.
- HHS-supported research shows that most people with pre-diabetes will likely develop diabetes within a decade unless they make modest changes in their diet and level of physical activity, which can help them reduce their risks and avoid the debilitating disease.
- An updated HHS estimate shows 17 million Americans suffer from diabetes—an increase of 8 percent from the most commonly used previous estimate. The new estimate is based on population changes in the most recent U.S. census.
- In the United States, nearly 60 percent of adults are now considered significantly overweight, and in adolescents the prevalence of obesity has nearly tripled in the past 20 years.

### According to the National Institute on Diabetes & Digestive & Kidney Diseases (NIDDK)

- Approximately 8 percent of all Whites have diabetes—that is about 11.4 million people.

# AFRICAN AMERICAN H E A L T H

- Approximately 13 percent of all African Americans have diabetes—that is about 2.8 million people.
- On average, African Americans are two times more likely to have diabetes than Whites (non-Hispanic) of similar age.
- The frequency of diabetic retinopathy is 40 percent to 50 percent higher in African Americans than in Whites, according to NHANES III data.
- Death rates for people with diabetes are 27 percent higher for African Americans compared with Whites.
- The highest incidence of diabetes in African Americans occurs between 65 and 74 years of age. Twenty-five percent of these individuals have diabetes.
- African Americans with diabetes experience kidney failure, also called end-stage renal disease (ESRD), about four times more often than diabetic Whites.



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*<http://www.health.gov/healthypeople>*  
*For the detailed list of diabetes objectives, go to <http://www.health.gov/healthypeople/document/HTML/Volume1/05Diabetes.htm>*  
*Note: Death rates are age-adjusted to the year 2000 standard population. Data source: DATA2010...the Healthy People 2010 Database—February 2002 Edition*



*National Diabetes Information Clearinghouse (NDIC)*  
*1 Information Way*  
*Bethesda, MD 20892-3560*  
*800-860-8747*  
*301-654-3327*  
*301-907-8906 Fax*  
*<http://www.niddk.nih.gov/health/diabetes/pubs/afam/afam.htm>*



# AFRICAN AMERICAN H E A L T H

## HIV/AIDS

### Healthy People 2010 (HP2010) HIV Goals

The overall HP2010 goal is to prevent human immunodeficiency virus (HIV) infection and its related illness and death.

### HIV Disparities

- By the end of 1998, the number of African Americans living with AIDS was almost identical to that of Whites.
- The rate of African Americans living with AIDS increased from 33 percent in 1992 to 40 percent in 1998.
- In 1998, 55 percent of the reported AIDS cases occurred among African Americans and Hispanics, yet these two population groups represent an estimated 13 percent and 12 percent, respectively, of the total U.S. population.
- The AIDS case rate among African Americans in calendar year 1998 was 66.4 per 100,000 persons, or eight times the rate for Whites (8.2 per 100,000) and over twice the rate for Hispanics (28.1 per 100,000).
- Among women with AIDS, African Americans and Hispanics have been especially affected, accounting for nearly 77 percent of cumulative cases reported among women by 1998.
- From 1999 to 2000, the estimated number of persons living with AIDS increased 7.9 percent.

- Center for Disease Control and Prevention estimates that about 339,000 persons were living with AIDS as of December 2000: 41 percent were African Americans, 38 percent were White, 20 percent were Hispanic, 1 percent were Asian/Pacific Islander, and <1 percent were American Indian/Alaska Native.

### HP2010 HIV/AIDS Objectives

Reduce the number of new cases of AIDS to 1.0 per 100,000 population in people ages 13 years and older-in 1999 there were 18.6 per 100,000 population.

- In 1999, new AIDS cases among African Americans (non-Hispanic) was 79.9 per 100,000 population in people ages 13 years and older.

Increase HIV testing in adults (ages 25-44 years) with tuberculosis (TB) to 85 percent-up from the 55 percent getting tested in 1998.

- Seventy-six percent of African American (non-Hispanic) adults with TB got tested for HIV in 1998-just short of the 85 percent target.

Reduce the number of HIV-infection deaths to 0.7 per 100,000 population-in 1999 there were 5.4 per 100,000 population.

- In 1999, the number of HIV-infection deaths among African Americans (non-Hispanic) was 24.9 per 100,000-almost 36 times the target of 0.7 per 100,000 population.

Call the Office of Minority Health's Resource Center today to receive a free copy of *HIV Impact*, a newsletter about HIV/AIDS and minorities.

800-444-6472 or visit us on the Web at <http://www.omhrc.gov>

According to the Centers for Disease Control and Prevention, the number of AIDS cases reported in African American men, women, and children under the age of 13 through June 2001, in the United States was as follows:

- 220,982 cases in African American (non-Hispanic) men;
- 80,802 cases in African American (non-Hispanic) women; and
- 5,283 cases in African American children.

The number of African Americans (non-Hispanic) living with AIDS more than doubled in a 7-year period:

- An estimated 60,644 African Americans (non-Hispanic) were living with AIDS in the United States in 1993;
- An estimated 92,014 African Americans (non-Hispanic) were living with AIDS in the United States in 1996; and
- An estimated 139,670 African Americans (non-Hispanic) were living with AIDS in the United States in 2000.

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*http://www.health.gov/healthypeople*  
*For the detailed list of HIV objectives, go to <http://www.health.gov/healthypeople/document/HTML/Volume1/13HIV.htm>*  
*Note: All data age-adjusted to the year 2000 standard population.*  
*Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition*

*HIV/AIDS Surveillance Report, Vol. 13, No. 1*  
*Division of HIV/AIDS Prevention*  
*National Center for HIV, STD and AIDS Prevention*  
*Centers for Disease Control and Prevention*  
*Mail Stop E-49*  
*Atlanta, GA 30333*  
*404-639-2007 Fax*  
*<http://www.cdc.gov/hiv/stats/hasr1301.htm>*



# AFRICAN AMERICAN HEALTH

## Immunization

### Healthy People 2010 (HP2010) Immunization Goal

The HP2010 goal is to prevent disease, disability, and death from infectious diseases, including vaccine-preventable diseases.

### Immunization Disparities

- While vaccinations against pneumonia and influenza among African Americans and Hispanics 65 years and older has increased, their coverage is still lower than the general population.
- In 1997, African American and Hispanic influenza vaccinations were 45 percent and 53 percent respectively, compared to rates of 66 percent for Whites.

### HP2010 Immunization Objectives

Insure that 80 percent of children ages 19 to 35 months are fully immunized.

- In 2000, 68 percent of African American (non-Hispanic) children were fully immunized.

Insure that 90 percent of non-institutionalized adults over the age of 65 years receive influenza and pneumococcal vaccines.

- In 1998, among African Americans (non-Hispanic) in this group, 51 percent of received an influenza vaccine and 33 percent received a pneumococcal vaccine.

Achieve a 60 percent pneumococcal and influenza vaccination rate among non-institutionalized adults ages 18 to 64 years.

- In 1999, among of African Americans (non-Hispanic) in this group, 25 percent received an influ-

# AFRICAN AMERICAN H E A L T H

enza vaccine and 16 percent received a pneumococcal vaccine.

Reduce new tuberculosis (TB) cases to 1.0 per 100,000 population.

- In 1998, the new TB case rate among African Americans (non-Hispanic) was 17.8 per 100,000 population.
- According to the CDC's Division of Tuberculosis Elimination, in 2000, there were 16,377 cases of tuberculosis, and of those, 5,161 cases were found in African Americans (non-Hispanic).

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*<http://www.health.gov/healthypeople>*  
*For the entire list of immunization objectives, go to [http://www.health.gov/healthypeople/document/HTML/Volume1/14Immunization.htm#\\_Toc494510242](http://www.health.gov/healthypeople/document/HTML/Volume1/14Immunization.htm#_Toc494510242)*  
*Note: All data age-adjusted to the year 2000 standard population. Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition*



## Infant Mortality & Maternal Child Health

### Healthy People 2010 (HP2010) Maternal Child Health Goal

The overall HP2010 goal is to improve the health and well being of women, infants, children, and families.

### Maternal Child Health Disparities

- The 1997 infant mortality rate among African American infants was 2.3 times that of White infants. Although infant mortality rates have declined within both racial groups, the proportional discrepancy between African Americans and Whites remains largely unchanged.
- The rate of maternal mortality among African Americans is 20.3 per 100,000 live births, nearly four times the White rate of 5.1 per 100,000. African American women continue to be three to four times more likely than White women to die of pregnancy and its complications.
- The maternal death differential between African Americans and Whites is highest for pregnancies that did not end in live birth (ectopic pregnancy, spontaneous and induced abortions, and gestational trophoblastic disease).
- Rates of low birth weight (LBW) for White women have risen from 5.7 percent of births in 1990 to 6.5 percent in 1998. Among African Americans, the LBW rate has declined slightly in the 1990s but remains twice as high as that of Whites-13 percent in 1998.
- African Americans also are more likely to have other risk factors, such as young maternal age, high birth order (that is, having many live births), less education, and inadequate prenatal care. Puerto Ricans also are especially likely to have LBW infants.



# AFRICAN AMERICAN H E A L T H

- American Indians or Alaska Natives and African Americans account for a disproportionate share of fetal alcohol syndrome (FAS) deaths. In 1990, the rates of FAS among American Indians or Alaska Natives and African Americans were 5.2 and 1.4 per 1,000 live births, respectively, compared with 0.4 per 1,000 among the population as a whole.
- African American and Hispanic women also are less likely than Whites to enter prenatal care early. For both African American and White women, the proportion entering prenatal care in the first trimester rises with maternal age until the late thirties, then begins to decline.
- In 1998, 57 percent of African American women under age 18 years began care early, compared with 66 percent of White women of the same age.
- Among women aged 18 to 24 years, 68 percent of African Americans received care in their first trimester, compared to 76 percent of White women. Among women aged 25 to 39 years, 79 percent of African American women entered care early, compared with 89 percent of White women.
- Women in certain racial and ethnic groups also are less likely than White women to breastfeed their infants. In the early postpartum period, 45 percent of African American mothers and 66 percent of Hispanic mothers breastfed in 1998, compared with 68 percent of White women. These differences persist at 5 to 6 months postpartum, when 19 percent of African American women, 28 percent of Hispanic women, and 31 percent of White women breastfed.

## HP2010 Maternal Child Health Objectives

Reduce all infant deaths (within 1 year) from 7.0 per 1,000 live births to 4.5 per 1,000 live births.

- In 1999, the death rate among infants born to African American (non-Hispanic) mothers was 14.1 per 1,000 live births—twice the national rate of 7.0 per 1,000 live births.

Reduce deaths from sudden infant death syndrome (SIDS) from 0.67 deaths per 1,000 live births to 0.25 deaths per 1,000 live births.

- In 1999, the SIDS death rate among infants born to African American (non-Hispanic) mothers was 1.32 per 1,000 live births, compared to the national rate of 0.67 deaths per 1,000 live births.

Increase the women receiving early and adequate prenatal care from 75 percent to 90 percent.

- In 1999, 68 percent of African American (non-Hispanic) women received early and adequate prenatal care.



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For the detailed list of maternal and child health objectives, go to  
<http://www.health.gov/healthypeople/document/HTML/Volume2/16MICH.htm>  
Note: All data age-adjusted to the year 2000 standard population. Data source: DATA2010... the Healthy People 2010 Database-February 2002 Edition*



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## 15 Leading Causes of Death for American Indians/Alaska Natives, 1999

All American Indians/Alaska Natives	American Indian/Alaska Native Women	American Indian/Alaska Native Men
2,343 Heart Disease	1,076 Heart Disease	1,267 Heart Disease
1,791 Malignant Neoplasm	869 Malignant Neoplasm	922 Malignant Neoplasm
1,286 Unintentional Injury	427 Unintentional Injury	859 Unintentional Injury
705 Diabetes Mellitus	393 Diabetes Mellitus	312 Diabetes Mellitus
537 Cerebrovascular	304 Cerebrovascular	289 Liver Disease
501 Liver Disease	212 Liver Disease	233 Cerebrovascular
396 Chronic Lower Respiratory Disease	203 Chronic Lower Respiratory Disease	222 Suicide
308 Influenza & Pneumonia	164 Influenza & Pneumonia	193 Chronic Lower Respiratory Disease
276 Suicide	111 Nephritis	171 Homicide
239 Homicide	86 Septicemia	144 Influenza & Pneumonia
187 Nephritis	68 Homicide	81 Septicemia
167 Septicemia	63 Alzheimer's Disease	76 Nephritis
125 Perinatal Period	61 Perinatal Period	64 Perinatal Period
100 Congenital Anomalies	54 Suicide	51 HIV
86 Alzheimer's Disease	52 Congenital Anomalies	48 Congenital Anomalies

The following sections are covered in greater detail throughout the next chapter of American Indian/Alaska Native Health.

Heart Disease and Cerebrovascular – see Cardiovascular Disease/Stroke Section

Malignant Neoplasm – see Cancer section

Diabetes Mellitus – see Diabetes section

HIV – see HIV/AIDS section

Influenza & Pneumonia – see Immunization section

Perinatal Period – see Infant Mortality



# Cancer

## Healthy People 2010 (HP2010) Cancer Goal

The HP2010 goal for cancer is to reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer.

## Cancer Disparities for American Indians/Alaska Natives

- While there are cancer disparities for American Indians and Alaska Natives, they currently have an overall cancer death rate that is both lower than the overall cancer rate and the 2010 target rate.
- Only 24 percent of American Indians and Alaska Natives received colorectal cancer screening in the last 2 years, which is less than half goal of getting 50 percent of all people screened.

## HP2010 Cancer Objectives

Reduce the overall cancer death rate by 21 percent—from 202.4 cancer deaths per 100,000 population to 159.9 deaths per 100,000 population.

- In 1999, the rate of overall cancer deaths among American Indians/Alaska Natives was 126.4 per 100,000, which was lower than the total rate of 202.4 cancer deaths per 100,000.

Reduce the lung cancer death rate by 22 percent—from 57.6 lung cancer deaths per 100,000 population to 44.9 deaths per 100,000 population.

- In 1999, the rate of lung cancer deaths among American Indians/Alaska Natives was 34.9 per 100,000 compared to the total rate of 57.6 per 100,000.

Reduce the breast cancer death rate by 20 percent—from 27.9 breast cancer death per 100,000 females to 22.3 deaths per 100,000 females.

- In 1999, the rate of breast cancer deaths among American Indians/Alaska Natives was 15.4 per 100,000 compared to the total rate of 27.9 per 100,000.

# AMERICAN INDIAN/ ALASKA NATIVE HEALTH

Reduce the colorectal cancer death rate by 34 percent—from 21.2 colorectal cancer deaths per 100,000 population to 13.9 deaths per 100,000 population.

- In 1999, the rate of colorectal cancer death among American Indians/Alaska Natives was 12.0 per 100,000 compared to the total rate of 21.2 per 100,000.

Reduce prostate cancer deaths by 10 percent—from 32.0 prostate cancer deaths per 100,000 males to 28.8 deaths per 100,000 males.

- In 1999, the rate of prostate cancer deaths among American Indians/Alaska Natives was 12.5 per 100,000 population compared to the total rate of 32.0 per 100,000.

## According to the American Cancer Society (ACS):

- An estimated 1,284,900 new cases of cancer will be diagnosed and 555,500 people will die from cancer in the United States in the year 2002.
- Cancers most common in men are prostate, lung and bronchus, and colon and rectum, comprising 55 percent of all new cancer cases. Prostate cancer will account for 30 percent (189,000) of new cancer cases in men in 2002.
- Cancers most commonly diagnosed in women are breast, lung and bronchus, and colon and rectum, accounting for about 55 percent of new cancer cases. Breast cancer alone is expected to account for 31 percent (203,500) of all new cancer cases among women in 2002.
- For men, the most cancer deaths occur from lung and bronchus, prostate, and colon and rectum.
- For women, the most cancer deaths occur from lung and bronchus, breast, and colon and rectum in women. While there is more public awareness

# AMERICAN INDIAN/ ALASKANATIVE HEALTH

about breast cancer, lung cancer is the number one cause of cancer death in women, not breast cancer.

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and Health Promotion  
U.S. Department of Health  
and Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201  
800-367-4725*



*<http://www.health.gov/healthypeople>  
To read the entire section of cancer objectives, go to <http://www.health.gov/healthypeople/document/HTML/Volume1/03Cancer.htm>*

*Note: Death rates are age-adjusted to the year 2000 standard population. Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition*

*American Cancer Society  
1599 Clifton Road, NE  
Atlanta, GA 30329  
800-ACS-2345 (800-227-2345)  
<http://www.cancer.org>*

*The incidence and mortality data for this 2002 information were age-adjusted to the 2000 population standard of the United States.*

## Cardiovascular Disease/Stroke

### Healthy People 2010 (HP2010) Cardiovascular Disease/Stroke Goal

The HP2010 goal is to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events.

### Cardiovascular Disparities

- Among American Indians aged 65 to 74 years the rates (per 1,000) of new and recurrent heart attacks are 25.1 for males and 9.1 for females.

### Stroke Disparities

- The rates (per 1,000) of new and recurrent strokes in American Indians aged 65 to 74 years are 15.2 for males and 7.9 for females.

### HP2010 Heart Disease and Stroke Objectives

Reduce the number of coronary heart disease deaths from 204 deaths per 100,000 population in 1999 to 166 deaths per 100,000 population.

- In 1999, the rate of coronary heart disease deaths among American Indians or Alaska Natives was 128 per 100,000 population, which was below the total rate of 204 per 100,000 population.

Reduce stroke deaths from 62 deaths per 100,000 population in 1999 to 48 deaths per 100,000 population.

- In 1999, the rate of stroke deaths among American Indians or Alaska Natives was 40 per 100,000 population compared to the total population rate of 62 per 100,000 population.

## According to the American Heart Association:

- Cardiovascular disease accounted for 25.2 percent of all deaths for American Indian and Alaska Native men.
- Cardiovascular disease accounted for 27.0 percent of all deaths for American Indian and Alaska Native women.
- In 1999, the overall death rate for stroke was 61.8 per 100,000 population—the same death rate for American Indians/Alaska Natives was 39.7 per 100,000 population.

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*800- 367-4725*  
*<http://www.health.gov/healthypeople>*  
*For the detailed list of cardiovascular and stroke objectives,*  
*go to <http://www.health.gov/healthypeople/document/HTML/Volume1/12Heart.htm>*  
*Note: Death rates are age-adjusted to the year 2000 standard population.*  
*Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition*



*American Heart Association*  
*National Center*  
*7272 Greenville Avenue*  
*Dallas, TX 75231*  
*800-242-8721*  
*<http://www.americanheart.org>*

*American Stroke Association*  
*National Center*  
*7272 Greenville Avenue*  
*Dallas, TX 75231*  
*888-478-7653*  
*<http://www.strokeassociation.org>*

# AMERICAN INDIAN/ ALASKA NATIVE HEALTH

## Diabetes

### Healthy People 2010 (HP2010) Diabetes Goal

The overall HP2010 goal for diabetes is, through prevention programs, reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes.

### Diabetes Disparities for American Indians/Alaska Natives

- The relative number of persons with diabetes in African American, Hispanic, and American Indian communities is one to five times greater than in White communities.
- Certain racial and ethnic communities, including African Americans, Hispanics, American Indians, and certain Pacific Islander and Asian American populations as well as economically disadvantaged or older people, suffer disproportionately compared to White populations.
- The relative number of persons with diabetes in African American, Hispanic, and American Indian communities is one to five times greater than in White communities.

### HP2010 Diabetes Objectives

Reduce diabetes-related deaths to 45 deaths per 100,000 population.

- In 1999, the diabetes-related death rate among American Indians or Alaska Natives was 112 per 100,000 population

Reduce cardiovascular disease deaths among persons with diabetes to 309 per 100,000 population.

- In 1999, the cardiovascular disease death rate among American Indians or Alaska Natives with diabetes was 231 per 100,000 population



# AMERICAN INDIAN/ ALASKA NATIVE HEALTH

Increase the percent of annual dilated eye examinations in persons with diabetes who are ages 18 years and over to 75 percent.

- In 1999, the percentage of diabetic American Indians or Alaska Natives who received an annual dilated eye examination was determined to be DSU-data was statistically unreliable.

## According to the Department of Health and Human Services:

- Nearly 16 million Americans are pre-diabetic (their blood sugar levels are high, but not high enough to be classified as diabetic), which sharply raises the risk for developing type 2 diabetes and increases the risk of heart disease by 50 percent.
- HHS-supported research shows that most people with pre-diabetes will likely develop diabetes within a decade unless they make modest changes in their diet and level of physical activity, which can help them reduce their risks and avoid the debilitating disease.
- Based on population changes in the most recent U.S. census, an updated HHS estimate shows 17 million Americans suffer from diabetes-an increase of 8 percent from the most commonly used previous estimate.
- In the United States, nearly 60 percent of adults are now considered significantly overweight, and in adolescents the prevalence of obesity has nearly tripled in the past 20 years.

## According to National Institute of Diabetes & Digestive & Kidney Diseases:

- Of the 2.3 million self-identified American Indians/Alaska Natives who receive care from the Indian Health Service (IHS), about 70,000 had diabetes in 1998.

- In 1997, the prevalence of diagnosed diabetes among American Indian/Alaska Native men ages 20-44 was 3.2 per 100 population compared to a rate of just 0.6 for Whites (non-Hispanic) in the same gender and age group.
- In 1997, the prevalence of diagnosed diabetes among American Indian/Alaska Native women ages 20-44 was 4.1 per 100 population compared to a rate of just 1.3 for Whites (non-Hispanic) in the same gender and age group.
- Diabetes is particularly common among middle-age and older American Indians and Alaska Natives.
- Pima Indians have a 50 percent incidence rate of diabetes--50 percent of the Pima women who are between the ages of 30 and 64 have type 2 diabetes.
- About 9 percent of American Indians and Alaska Natives have been diagnosed with diabetes-on average, they are 2.8 times as likely to have diagnosed diabetes as Whites (non-Hispanic) of a similar age.
- 40 to 70 percent of American Indian adults age 45 to 74 were found to have diabetes in a recent screening study in three geographic areas.
- Type 2 diabetes is becoming increasingly common in youth. Researchers studying 5,274 Pima Indian children from 1967 to 1996 found that the prevalence of type 2 diabetes in girls age 10 to 14 increased from 0.72 percent in the period 1967 to 1976 to 2.88 percent in the period 1987 to 1996.

## Alaska Natives

The prevalence of type 2 diabetes in Alaska Natives varies by subgroup:

- Eskimo groups (Inupiaq Eskimos in the northern and northwestern coastal areas and Yup'ik Eskimos in the southwestern coastal regions and St. Lawrence Island) had a prevalence of 12.1 per 1,000 in 1993.



- Indian groups (Athabascan in the interior region; Tlingit, Haida, and Tsimshian in the coastal areas) had a prevalence of 24.3 per 1,000 in 1993.
- Aleut groups (residents of the Aleutian Islands, the Pribilof Islands, the western tip of the Alaska Peninsula, the Kodiak area, and the south central coastal areas) had a prevalence of 32.6 per 1,000 in 1993.

### Gestational Diabetes

The prevalence of gestational diabetes in certain groups of American Indians and Alaska Natives is as follows:

- 14.5 percent of pregnancies in Zuni Indians
- 3.4 percent of deliveries in Navajo Indians
- 5.8 percent of deliveries in Yup'ik Eskimos.

Follow-up studies of American Indian women with gestational diabetes found a high risk of developing subsequent diabetes:

- 27.5 percent of Pima Indian women developed diabetes within 4 to 8 years, and
- 30 percent of Zuni Indian women developed diabetes within 6 months to 9 years after pregnancy.

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*800- 367-4725*



<http://www.health.gov/healthypeople>  
 For the detailed list of diabetes objectives, go to <http://www.health.gov/healthypeople/document/HTML/Vol-ume1/05Diabetes.htm>

*Note: Death rates are age-adjusted to the year 2000 standard population. Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition.*

*National Diabetes Information Clearinghouse (NDIC)*  
*1 Information Way*  
*Bethesda, MD 20892-3560*  
*800-860-8747*  
*301-654-3327*  
*301-907-8906 Fax*  
<http://www.niddk.nih.gov/health/diabetes/pubs/amindian/amindian.htm>

# AMERICAN INDIAN/ ALASKA NATIVE HEALTH

## HIV/AIDS

### Healthy People 2010 (HP2010) HIV Goals

The overall HP2010 goal is to prevent human immunodeficiency virus (HIV) infection and its related illness and death.

### HIV Disparities

- From 1999 to 2000, the estimated number of persons living with AIDS increased 7.9 percent.
- CDC estimates that about 339,000 persons were living with AIDS as of December 2000: 41 percent were black, 38 percent were White, 20 percent were Hispanic, 1 percent were Asian/Pacific Islander, and <1 percent were American Indian/Alaska Native.
- The number of American Indians and Alaska Natives living with AIDS doubled in 7 years—from 572 in 1993 to 1,185 in 2000—a trend that was completely disproportional to the increase in the overall American Indian/Alaska Native population.
- In 1993, the American Indian and Alaska Native population was approximately 1.3 million and grew to 1.5 in 2000—an increase of approximately 16 percent.

### HP2010 HIV/AIDS Objectives

Reduce the number of new cases of AIDS to 1.0 per 100,000 population in people ages 13 years and older—in 1999 there were 18.6 per 100,000 population.

- In 1999, new AIDS cases among American Indians or Alaska Natives was 10.9 per 100,000 population in people ages 13 years and older.

# AMERICAN INDIAN/ ALASKA NATIVE HEALTH

Increase HIV testing in adults (ages 25-44 years) with tuberculosis (TB) to 85 percent-up from the 55 percent getting tested in 1998.

- Only 39 percent of American Indian or Alaska Native adults with TB got tested for HIV in 1998- less than half of 85 percent target.

Reduce the number of HIV-infection deaths to 0.7 per 100,000 population-in 1999 there were 5.4 HIV-infection deaths per 100,000 population.

- In 1999, the number of HIV-infection deaths among American Indians or Alaska Natives was 3.1 per 100,000 population-nearly 4 times the target of 0.7 per 100,000 population.

**According to the Centers for Disease Control and Prevention**, the number of AIDS cases reported in American Indian/Alaska Native men, women, and children under the age of 13 through June 2001, in the United States were as follows:

- 1,971 cases in American Indian/Alaska Native men;
- 460 cases in American Indian/Alaska Native women; and
- 31 cases in American Indian/Alaska Native children.

The number of American Indians and Alaska Natives living with AIDS more than doubled in a 7-year period:

- An estimated 572 American Indians/Alaska Natives were living with AIDS in the United States in 1993.
- An estimated 809 American Indians/Alaska Natives were living with AIDS in the United States in 1996.

- An estimated 1,185 American Indians/Alaska Natives were living with AIDS in the United States in 2000.

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*800- 367-4725*



<http://www.health.gov/healthypeople>  
*For the detailed list of HIV objectives, go to <http://www.health.gov/healthypeople/document/HTML/Volume1/13HIV.htm>*

*Note: Death rates are age-adjusted to the year 2000 standard population.*

*Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition*

*HIV/AIDS Surveillance Report, Vol. 13, No. 1*  
*Division of HIV/AIDS Prevention*  
*National Center for HIV, STD and AIDS Prevention*  
*Centers for Disease Control and Prevention*  
*Mail Stop E-49*  
*Atlanta, GA 30333*  
*404-639-2007 Fax*  
<http://www.cdc.gov/hiv/stats/hasr1301.htm>

## Immunization

### Healthy People 2010 (HP2010) Immunization Goal

The HP2010 goal is to prevent disease, disability, and death from infectious diseases, including vaccine-preventable diseases.

### HP2010 Immunization Objectives

Increase the 73 percent rate of children ages 19 to 35 months getting fully immunized to 80 percent.

- In 2000, 67 percent of American Indian or Alaska Native children were fully immunized.

Increase the rate of non-institutionalized adults over the age of 65 years receiving influenza and pneumococcal vaccines from 60 and 50 percent, respectively, to a 90 percent immunization rate for both.

- In 1999, the data for American Indian or Alaska Native in this group who received influenza and pneumococcal vaccines was statistically unreliable.

Increase the rate of non-institutionalized adults ages 18 to 64 years receiving influenza and pneumococcal vaccines from 27 and 14 percent, respectively, to 60 percent immunization rate for both.

- In 1999, among American Indians or Alaska Natives in this group, 28 percent received both a pneumococcal and influenza vaccine.

Reduce new tuberculosis (TB) cases from 6.8 per 100,000 population 1.0 per 100,000 population.

- In 1998, the new TB case rate among American Indians or Alaska Natives was 11.2 per 100,000 population.

**According to the CDC's Division of Tuberculosis Elimination:**

- In 2000, there were 16,377 cases of tuberculosis, and of those, 236 cases were found in American Indians/Alaska Natives.

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<http://www.health.gov/healthypeople>  
*For the entire list of immunization objectives, go to [http://www.health.gov/healthypeople/document/HTML/Volume1/14Immunization.htm#\\_Toc494510242](http://www.health.gov/healthypeople/document/HTML/Volume1/14Immunization.htm#_Toc494510242)*  
*Note: Death rates are age-adjusted to the year 2000 standard population.*  
*Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition*



# AMERICAN INDIAN/ ALASKA NATIVE HEALTH

## Infant Mortality/ Maternal Child Health

### Healthy People 2010 (HP2010) Maternal Child Health Goal

The HP2010 goal is to improve the health and well-being of women, infants, children, and families

### Maternal Child Health Disparities

- American Indians or Alaska Natives and African Americans account for a disproportionate share of fetal alcohol syndrome (FAS) deaths.
- In 1990, the rates of FAS among American Indians or Alaska Natives and African Americans were 5.2 and 1.4 per 1,000 live births, respectively, compared with 0.4 per 1,000 among the population as a whole.

### HP2010 Maternal Child Health Objectives

Reduce all infant deaths (within 1 year) from 7.0 per 1,000 live births to 4.5 per 1,000 live births.

- In 1999, the death rate among infants born to American Indian or Alaska Native mothers was 9.3 per 1,000 live births, compared to the national rate of 7.0 per 1,000 live births.

Reduce deaths from sudden infant death syndrome (SIDS) from 0.67 deaths per 1,000 live births to 0.25 deaths per 1,000 live births.

- In 1999, the SIDS death rate among infants born to American Indian or Alaska Native mothers was 1.47 per 1,000 live births, compared to the national rate of 0.67 deaths per 1,000 live births.

# AMERICAN INDIAN/ ALASKANATIVE HEALTH

Increase the women receiving early and adequate prenatal care from 75 percent to 90 percent.

- In 1999, 58 percent of American Indian or Alaska Native women received early and adequate prenatal care.

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*Washington, D.C. 20201*  
*800- 367-4725*



*<http://www.health.gov/healthypeople>*  
*For the detailed list of maternal and child health objectives,*  
*go to [http://www.health.gov/healthypeople/document/](http://www.health.gov/healthypeople/document/HTML/Volume2/16MICH.htm)*  
*HTML/Volume2/16MICH.htm*  
*Note: Death rates are age-adjusted to the year 2000 stan-*  
*dard population. Data source: DATA2010...the Healthy*  
*People 2010 Database-February 2002 Edition*

## 15 Leading Causes of Death for Asian/Pacific Islanders, 1999

All Asians/Pacific Islanders	Asian/Pacific Islander Males	Asian/Pacific Islander Females
8,959 Heart Disease	5,065 Heart Disease	4,132 Malignant Neoplasm
8,703 Malignant Neoplasm	4,571 Malignant Neoplasm	3,894 Heart Disease
3,073 Cerebrovascular	1,475 Cerebrovascular	1,598 Cerebrovascular
1,524 Unintentional Injury	950 Unintentional Injury	623 Diabetes Mellitus
1,135 Diabetes Mellitus	710 Chronic Lower Respiratory Disease	574 Unintentional Injury
1,112 Chronic Lower Respiratory Disease	512 Diabetes Mellitus	402 Chronic Lower Respiratory Disease
836 Influenza & Pneumonia	462 Influenza & Pneumonia	374 Influenza & Pneumonia
645 Suicide	457 Suicide	276 Nephritis
566 Nephritis	290 Nephritis	194 Hypertension
389 Septicemia	226 Homicide	190 Septicemia
350 Homicide	199 Septicemia	188 Suicide
347 Hypertension	182 Liver Disease	139 Congenital Anomalies
306 Perinatal Period	171 Perinatal Period	138 Alzheimer's Disease
289 Liver Disease	157 Aortic Aneurysm	135 Perinatal Period
263 Congenital Anomalies	153 Hypertension	124 Homicide

The following sections are covered in greater detail throughout the next chapter of Asian/Pacific Islander Health.  
 Heart Disease and Cerebrovascular – see Cardiovascular Disease/Stroke Section  
 Malignant Neoplasm – see Cancer section  
 Diabetes Mellitus – see Diabetes section  
 HIV – see HIV/AIDS section  
 Influenza & Pneumonia – see Immunization section  
 Perinatal Period – see Infant Mortality



# Cancer

## Healthy People 2010 (HP2010) Cancer Goal

The HP2010 goal for cancer is to reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer. While there are a total of 15 cancer objectives, the following information is for lung, breast, colorectal, and prostate cancer.

### HP2010 Cancer Objectives

Reduce the overall cancer death rate from 202.7 cancer deaths per 100,000 population to 159.9 deaths per 100,000 population.

- In 1999, the rate of overall cancer deaths among Asians or Pacific Islanders was 125.3 per 100,000 population compared to the total rate of 202.7 cancer deaths per 100,000 population.

Reduce the lung cancer death rate from 56.0 lung cancer deaths per 100,000 population to 44.9 deaths per 100,000 population.

- In 1999, the rate of lung cancer deaths among Asians or Pacific Islanders was 28.5 per 100,000 population compared to the total rate of 56.0 per 100,000 population.

Reduce the breast cancer death rate from 27.0 breast cancer death per 100,000 females to 22.3 deaths per 100,000 females.

- In 1999, the rate of breast cancer deaths among Asians or Pacific Islanders was 13.1 per 100,000 population compared to the total rate of 27.0 per 100,000 population.

Reduce the colorectal cancer death rate from 21.1 colorectal cancer deaths per 100,000 population to 13.9 deaths per 100,000 population.

- In 1999, the rate of colorectal cancer death among Asians or Pacific Islanders was 12.2 per 100,000 population compared to the total rate of 21.1 per 100,000 population.

# ASIANAMERICAN PACIFIC ISLANDER H E A L T H

Reduce prostate cancer deaths from 30.9 prostate cancer deaths per 100,000 males to 28.8 deaths per 100,000 males.

- In 1999, the rate of prostate cancer deaths among Asians or Pacific Islanders was 13.5 per 100,000 population compared to the total rate of 30.9 per 100,000 population.

**According to the Surveillance, Epidemiologic, and End Results (SEER) data from the National Cancer Institute:**

- The top cancer sites in all Americans are lung, colon/rectum, breast, and prostate, but for Asian populations, liver cancer is the third highest cancer site and stomach cancer is the fourth highest cancer site.
- Korean stomach cancer rates are five times the rate for the total population.
- Liver cancer rates are highest for Vietnamese.
- The liver cancer incidence rate from 1995-1999 was 14.1 per 100,000 population compared to the rate of 5.7 per 100,000 population for all races.
- The liver cancer mortality rate from 1995-1999 was 10.9 per 100,000 population compared to the rate of 4.5 per 100,000 population for all races.
- The stomach cancer incidence rate from 1995-1999 was 17.8 per 100,000 population compared to the rate of 9.1 per 100,000 population for all races.



# ASIANAMERICAN PACIFIC ISLANDER H E A L T H

- The stomach cancer mortality rate from 1995-1999 was 9.9 per 100,000 population compared to the rate of 5.0 per 100,000 population for all races.

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800-367-4725

<http://www.health.gov/healthypeople>

To read the entire section of cancer objectives, go to <http://www.health.gov/healthypeople/document/HTML/Volume1/03Cancer.htm>

Note: Data have been age-adjusted to 2000 population.  
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition.

Cancer Statistics Branch  
Surveillance Research Program  
Division of Cancer Control and Population Sciences  
National Cancer Institute  
Suite 504, MSC 8316  
6116 Executive Boulevard  
Bethesda, MD 20892-8316  
301-496-8510  
301-496-9949 Fax  
<http://seer.cancer.gov/about/contact.html>



## Cardiovascular Disease/Stroke

### Healthy People 2010 (HP2010) Cardiovascular Disease/Stroke Goal

The HP2010 goal is to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events.

### Cardiovascular Disparities

- The average annual coronary heart disease (CHD) incidence rate (per 1,000) in Japanese American males living in Hawaii was 4.6 for ages 45 to 49 years, 6.0 for ages 50 to 54 years, 7.2 for ages 55 to 59 years, 8.8 for ages 60 to 64 years, and 10.5 for ages 65 to 68 years.

### Stroke Disparities

- The average annual incidence rates (per 1,000) of stroke in Japanese American males increased with advancing age from 45 to 49 years to 65 to 68 years at the initial examination: 2.1 to 8.2 for total stroke, 1.5 to 6.6 for thromboembolic stroke, and 0.4 to 1.0 for intracerebral hemorrhage.

### HP2010 Heart Disease Objectives

Reduce the number of coronary heart disease deaths from 204 deaths per 100,000 population in 1999 to 166 deaths per 100,000 population.

- In 1999, the rate of coronary heart disease deaths among Asians or Pacific Islanders was 122 per 100,000 population, which was below the total rate of 204 per 100,000 population.

Reduce stroke deaths from 62 deaths per 100,000 population in 1999 to 48 deaths per 100,000 population.

- In 1999, the rate of stroke deaths among Asians or Pacific Islanders was 52 per 100,000 population compared to the total population rate of 62 per 100,000 population.



## According to the American Heart Association:

- Cardiovascular disease accounted for 36.2 percent of all deaths in Asian/Pacific Islander men.
- Cardiovascular disease accounted for 36.3 percent of all deaths in Asian/Pacific Islander women.
- In 1999, the overall death rate for coronary heart disease was 195.6 per 100,000 population-the same death rate for Asians/Pacific Islanders was 115.7 per 100,000 population.
- In 1999, the overall death rate for stroke was 61.8 per 100,000 population-the same death rate for Asians/Pacific Islanders was 52.4 per 100,000 population.

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For the detailed list of cardiovascular and stroke objectives, go to

<http://www.health.gov/healthypeople/document/HTML/Volume1/12Heart.htm>

Note: Data have been age-adjusted to 2000 population.

Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition.

### American Heart Association

National Center

7272 Greenville Avenue

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### American Stroke Association

National Center

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Dallas, TX 75231

888-478-7653

<http://www.strokeassociation.org>



# ASIAN AMERICAN PACIFIC ISLANDER HEALTH

## Diabetes

### Healthy People 2010 (HP2010) Diabetes Goal

The overall HP2010 goal for diabetes is, through prevention programs, reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes.

### Diabetes Disparities for Asians and Pacific Islanders

- The rate of diabetes and its associated complications vary among racial and ethnic groups in the United States.
- Certain racial and ethnic communities, including African Americans, Hispanics, American Indians, and certain Pacific Islander and Asian American populations as well as economically disadvantaged or older people, suffer disproportionately compared to White populations.

### HP2010 Diabetes Objectives

Reduce diabetes-related deaths to 45 deaths per 100,000 population.

- In 1999, the diabetes-related death rate among Asians or Pacific Islanders was 62 per 100,000 population.

Reduce cardiovascular disease deaths among persons with diabetes to 309 per 100,000 population.

- In 1999, the cardiovascular disease death rate among Asians with diabetes was 224 per 100,000 population.
- In 1999, the cardiovascular disease death rate among Native Hawaiians and other Pacific Islanders with diabetes was 156 per 100,000 population.

# ASIANAMERICAN PACIFIC ISLANDER HEALTH

Increase the percent of annual dilated eye examinations in persons with diabetes who are ages 18 years and over to 75 percent.

- In 1999, the percentage of diabetic Asians or Pacific Islanders who received an annual dilated eye examination was determined to be DSU-data was statistically unreliable.

## According to the Department of Health and Human Services:

- Nearly 16 million Americans are pre-diabetic (their blood sugar levels are high, but not high enough to be classified as diabetic)-this sharply raises the risk for developing type 2 diabetes and increases the risk of heart disease by 50 percent.
- HHS-supported research shows that most people with pre-diabetes will likely develop diabetes within a decade unless they make modest changes in their diet and level of physical activity, which can help them reduce their risks and avoid the debilitating disease.
- An updated HHS estimate shows 17 million Americans suffer from diabetes-an increase of 8 percent from the most commonly used previous estimate. The new estimate is based on population changes in the most recent U.S. census.
- In the United States, nearly 60 percent of adults are now considered significantly overweight, and in adolescents the prevalence of obesity has nearly tripled in the past 20 years.

## According to National Institute of Diabetes and Digestive and Kidney Diseases:

- The prevalence of diabetes in Native Hawaiians living in Hawaii is 4.9 percent;
- The prevalence of diabetes in Japanese men and

women living in Seattle, WA, is 20 percent and 16 percent, respectively;

- The prevalence of diabetes in Koreans living in Hawaii is 2.0 percent; and
- Analysis of data collected in Hawaii from 1996 to 2000 showed that Native Hawaiians were 2.5 times more likely to have diabetes than non-Hispanic White residents of similar age.



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*<http://www.health.gov/healthypeople>  
For the detailed list of diabetes objectives,  
go to <http://www.health.gov/healthypeople/document/HTML/Volume1/05Diabetes.htm>  
Note: Data have been age-adjusted to 2000 population.  
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition.*

### *National Diabetes Information Clearinghouse (NDIC)*

*1 Information Way  
Bethesda, MD 20892-3560  
800-860-8747  
301-654-3327  
301-907-8906 Fax*

*<http://www.niddk.nih.gov/health/diabetes/pubs/asianam/asianam.htm#23>*

## HIV/AIDS

### Healthy People 2010 (HP2010) HIV Goals

The overall HP2010 goal is to prevent human immunodeficiency virus (HIV) infection and its related illness and death.

### HIV Disparities

- From 1999 to 2000, the estimated number of persons living with AIDS increased 7.9 percent.

# ASIAN AMERICAN PACIFIC ISLANDER HEALTH

- The Centers for Disease Control and Prevention (CDC) estimates that about 339,000 persons were living with AIDS as of December 2000: 41 percent were black, 38 percent were White, 20 percent were Hispanic, 1 percent were Asian/Pacific Islander, and <1 percent were American Indian/Alaska Native.
- The number of Asian and Pacific Islanders living with AIDS has more than doubled in 7 years, from 1,293 living with AIDS to 2,840 in 2000, which is completely disproportional to the increase in the overall Asians/Pacific Islanders population.

## HP2010 HIV/AIDS Objectives

Reduce the number of new cases of AIDS to 1.0 per 100,000 population in people ages 13 years and older- in 1999 there were 18.6 per 100,000 population.

- In 1999, new AIDS cases among Asians or Pacific Islanders was 4.8 per 100,000 population in people ages 13 years and older.

Increase HIV testing in adults (ages 25-44 years) with tuberculosis (TB) to 85 percent-up from the 55 percent getting tested in 1998.

- Only 29 percent of Asian or Pacific Islander adults with TB got tested for HIV in 1998-just less than a third of the 85 percent target.

Reduce the number of HIV-infection deaths to 0.7 per 100,000 population-in 1999 there were 5.4 per 100,000 population.

- In 1999, the number of HIV-infection deaths among Asians or Pacific Islanders was 0.8 per 100,000 population-almost meeting the target of 0.7 per 100,000 population.

The number of AIDS cases reported in men, women, and children under the age of 13 through June 2001, in the United States is as follows:

- 5,157 cases in Asian/Pacific Islander men;
- 765 cases in Asian/Pacific Islander women; and

- 52 cases in Asian American/Pacific Islander children.

## According to the CDC:

- An estimated 1,293 Asians/Pacific Islanders were living with AIDS in the United States in 1993.
- An estimated 1,854 Asians/Pacific Islanders were living with AIDS in the United States in 1996.
- An estimated 2,840 Asians/Pacific Islanders were living with AIDS in the United States on 2000.



### *Healthy People 2010*

*Office of Disease Prevention and Health Promotion  
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200 Independence Avenue, SW  
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800- 367-4725*

*<http://www.health.gov/healthypeople>*

*For the detailed list of HIV objectives, go to <http://www.health.gov/healthypeople/document/HTML/Volume1/13HIV.htm>*

*Note: Data have been age-adjusted to 2000 population. Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition*



### *HIV/AIDS Surveillance Report, Vol. 13, No. 1*

*Division of HIV/AIDS Prevention*

*National Center for HIV, STD and AIDS Prevention*

*Centers for Disease Control and Prevention*

*Mail Stop E-49*

*Atlanta, GA 30333*

*404-639-2007 Fax*

*<http://www.cdc.gov/hiv/stats/hasr1301.htm>*

# ASIANAMERICAN PACIFIC ISLANDER H E A L T H

## Immunization

### Healthy People 2010 (HP2010) Immunization Goal

The HP2010 goal is to prevent disease, disability, and death from infectious diseases, including vaccine-preventable diseases.

### HP2010 Immunization Objectives

Insure that 80 percent of children ages 19 to 35 months are fully immunized.

- In 2000, 71 percent of Asian or Pacific Islander children were fully immunized.

Insure that 90 percent of non-institutionalized adults over the age of 65 years receive influenza and pneumococcal vaccines.

- In 1999, only 40 percent of Asians or Pacific Islanders in this group received a pneumococcal vaccine, while 71 percent received an influenza vaccine.

Achieve a 60 percent pneumococcal and influenza vaccination rate among non-institutionalized adults ages 18 to 64 years.

- In 1999, among Asians or Pacific Islanders in this group, 23 percent of received an influenza vaccine, but pneumococcal vaccine data was determined to be DSU-data statistically unreliable.

Reduce new tuberculosis (TB) cases to 1.0 per 100,000 population.

- In 1998, the new TB case rate among Asians or Pacific Islanders was 34.9 per 100,000 population.

**According to the CDC's Division of Tuberculosis Elimination:**

- In 2000, there were 16,377 cases of tuberculosis, and of those, 3,451 cases were found in Asians/Pacific Islanders-32.9 per 100,000 population.



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*Washington, D.C. 20201*

*800- 367-4725*

*<http://www.health.gov/healthypeople>*

*For the entire list of immunization objectives, go to [http://www.health.gov/healthypeople/document/HTML/Volume1/14Immunization.htm#\\_Toc494510242](http://www.health.gov/healthypeople/document/HTML/Volume1/14Immunization.htm#_Toc494510242)*

*14Immunization.htm#\_Toc494510242*

*Note: Data have been age-adjusted to 2000 population.*

*Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition.*



## Infant Mortality

### Healthy People 2010 (HP2010) Maternal Child Health Goal

The HP2010 goal is to improve the health and well-being of women, infants, children, and families.

#### HP2010 Maternal Child Health Objectives

Reduce all infant deaths (within 1 year) from 7.0 per 1,000 live births to 4.5 per 1,000 live births.

- In 1999, the death rate among infants born to Native Hawaiian and other Pacific Islander mothers was 7.0 per 1,000 live births, which was the same as the national rate.
- In 1999, the death rate among infants born to Asian mothers was 4.3 per 1,000 live births—lower than both the national rate and the 2010 target rate of 4.5 infant deaths per 1,000 live births.

Reduce deaths from sudden infant death syndrome (SIDS) from 0.67 deaths per 1,000 live births to 0.25 deaths per 1,000 live births.

- In 1999, the SIDS death rate among infants born to Asian or Pacific Islander mothers was 0.31 per 1,000 live births, which is lower than the national rate of 0.67 deaths per 1,000 live births.

Increase the women receiving early and adequate prenatal care from 75 percent to 90 percent.

- In 1999, 76 percent of Asian women received early and adequate prenatal care.
- In 1999, 68 percent of Native Hawaiian and other Pacific Islander women received early and adequate prenatal care.



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For the detailed list of maternal and child health objectives, go to <http://www.health.gov/healthypeople/document/HTML/Volume2/16MICH.htm>  
Note: Data have been age-adjusted to 2000 population.  
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition*





## 15 Leading Causes of Death for Hispanics, 1999

All Hispanics	Hispanic Males	Hispanic Females
25,332 Heart Disease	13,261 Heart Disease	12,071 Heart Disease
19,805 Malignant Neoplasm	10,426 Malignant Neoplasm	9,379 Malignant Neoplasm
8,488 Unintentional Injury	6,458 Unintentional Injury	3,029 Cerebrovascular
5,788 Cerebrovascular	2,759 Cerebrovascular	2,803 Diabetes Mellitus
5,095 Diabetes Mellitus	2,349 Homicide	2,030 Unintentional Injury
2,941 Liver Disease	2,292 Diabetes Mellitus	1,292 Chronic Lower Respiratory Disease
2,811 Chronic Lower Respiratory Disease	2,120 Liver Disease	1,127 Influenza & Pneumonia
2,792 Homicide	1,519 Chronic Lower Respiratory Disease	919 Perinatal Period
2,202 Influenza & Pneumonia	1,486 HIV	821 Liver Disease
2,061 Perinatal Period	1,396 Suicide	748 Nephritis
1,905 HIV	1,142 Perinatal Period	722 Congenital Anomalies
1,650 Suicide	1,075 Influenza & Pneumonia	656 Alzheimer's Disease
1,542 Nephritis	794 Nephritis	594 Septicemia
1,466 Congenital Anomalies	744 Congenital Anomalies	443 Homicide
1,187 Septicemia	593 Septicemia	419 HIV

The following sections are covered in greater detail throughout the next chapter of Hispanic Health.  
 Heart Disease and Cerebrovascular – see Cardiovascular Disease/Stroke Section  
 Malignant Neoplasm – see Cancer section  
 Diabetes Mellitus – see Diabetes section  
 HIV – see HIV/AIDS section  
 Influenza & Pneumonia – see Immunization section  
 Perinatal Period – see Infant Mortality





# Cancer

## Healthy People 2010 (HP2010) Cancer Goal

The HP2010 goal for cancer is to reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer. While there are a total of 15 cancer objectives, the following information is for lung, breast, colorectal, and prostate cancer.

### Cancer Disparities for Hispanics

- Hispanics have higher rates of cervical, esophageal, gallbladder, and stomach cancers, compared to non-Hispanic Whites.
- New cases of female breast and lung cancers are increasing among Hispanics, who are diagnosed at later stages and have lower survival rates than Whites.

### HP2010 Cancer Objectives

Reduce the overall cancer death from 202.7 cancer deaths per 100,000 population to 159.9 deaths per 100,000 population.

- In 1999, the rate of overall cancer deaths among Hispanics or Latinos was 122.0 per 100,000 population compared to the total rate of 202.7 cancer deaths per 100,000 population.

Reduce the lung cancer death rate from 56.0 lung cancer deaths per 100,000 population to 44.9 deaths per 100,000 population.

- In 1999, the rate of lung cancer deaths among Hispanics or Latinos was 22.5 per 100,000 population compared to the total rate of 56.0 per 100,000 population.

Reduce the female breast cancer death rate from 27.0 breast cancer death per 100,000 females to 22.3 deaths per 100,000 females.

- In 1999, the rate of female breast cancer deaths among Hispanics or Latinos was 15.4 per 100,000 population compared to the total rate of 27.0 per 100,000 population.

# HISPANIC/LATINO H E A L T H

Reduce the colorectal cancer death rate from 21.1 colorectal cancer deaths per 100,000 population to 13.9 deaths per 100,000 population.

- In 1999, the rate of colorectal cancer death among Hispanics or Latinos was 12.8 per 100,000 population compared to the total rate of 21.1 per 100,000 population.

Reduce prostate cancer deaths from 30.9 prostate cancer deaths per 100,000 males to 28.8 deaths per 100,000 males.

- In 1999, the rate of prostate cancer deaths among Hispanics or Latinos was 19.0 per 100,000 population compared to the total rate of 30.9 per 100,000 population.

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800-367-4725  
<http://www.health.gov/healthypeople>  
To read the entire section of cancer objectives, go to <http://www.health.gov/healthypeople/document/HTML/Volume1/03Cancer.htm>  
Note: Data have been age-adjusted to 2000 population.  
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition  
The incidence and mortality data for this 2002 information was age-adjusted to the 2000 population standard of the United States.*



# HISPANIC/LATINO HEALTH

## Cardiovascular Disease/Stroke

### Healthy People 2010 (HP2010) Cardiovascular Disease/Stroke Goal

The HP2010 goal is to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events.

### Cardiovascular Disparities

- Other racial and ethnic coronary heart disease (CHD) and stroke data indicate that among U.S. adults aged 20 years and older, the age-adjusted (year 2000) prevalence of heart attacks was 4.1 percent for Mexican American males and 1.9 percent for females.

### Stroke Disparities

- For stroke, other data show that the estimated age-adjusted (2000 standard) prevalence of stroke for persons aged 20 years and older in the United States for Mexican Americans was 2.3 percent for males and 1.3 percent for females.

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800- 367-4725  
<http://www.health.gov/healthypeople>  
For the detailed list of cardiovascular and stroke objectives,  
go to [http://www.health.gov/healthypeople/document/  
HTML/Volume1/12Heart.htm](http://www.health.gov/healthypeople/document/HTML/Volume1/12Heart.htm)  
Note: Data have been age-adjusted to 2000 population.  
Data source: DATA2010...the Healthy People 2010 Da-  
tabase-February 2002 Edition.*

### HP2010 Heart Disease Objectives

Reduce the number of coronary heart disease deaths from 204 deaths per 100,000 population in 1999 to 166 deaths per 100,000 population.

- In 1999, the rate of coronary heart disease deaths among Hispanics or Latinos was 144 per 100,000 population, which was below the total rate of 204 per 100,000 population.

Reduce stroke deaths from 62 deaths per 100,000 population in 1999 to 48 deaths per 100,000 population.

In 1999, the rate of stroke deaths among Hispanics or Latinos was 40 per 100,000 population compared to the total population rate of 62 per 100,000 population.

### According to the American Heart Association:

- Cardiovascular disease (CVD) and stroke are the number one killers of Hispanics, accounting for almost 31 percent of all Hispanic deaths annually.
- CVD affects Mexican American men and women more than other it does other Hispanic groups- 29 percent and 27 percent, respectively.
- Mexican American women are more likely to have high blood pressure compared to non-Hispanic Whites.
- Mexican American men are less likely to have high blood pressure than non-Hispanic Whites.

*American Heart Association  
National Center  
7272 Greenville Avenue  
Dallas, TX 75231  
800-242-8721  
<http://www.americanheart.org>*

*American Stroke Association  
National Center  
7272 Greenville Avenue  
Dallas, TX 75231  
888-478-7653  
<http://www.strokeassociation.org>*



- Among all people with high blood pressure, Mexican Americans are less likely than Whites (non-Hispanic) and non-Hispanic Blacks to know they have it, get it treated, or keep it under control.
- Hispanics are more likely to be overweight or obese, more likely to have diabetes, and less likely to participate in physical activity compared to non-Hispanic Whites—all contributing factors to CVD.

## Diabetes

### Healthy People 2010 (HP2010) Diabetes Goal

The overall HP2010 goal for diabetes is, through prevention programs, reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes.

### Diabetes Disparities for Hispanics

- The relative number of persons with diabetes in African American, Hispanic, and American Indian communities is one to five times greater than in White communities.

### HP2010 Diabetes Objectives

Reduce diabetes-related deaths to 45 deaths per 100,000 population.

- In 1999, the breakdown for diabetes-related deaths among Hispanics or Latinos was:
  - 46 deaths per 100,000 population among Cubans
  - 107 deaths per 100,000 population among Mexican Americans
  - 113 deaths per 100,000 population among Puerto Ricans

Reduce cardiovascular disease deaths among persons with diabetes to 309 per 100,000 population.

- In 1999, the cardiovascular disease death rate among Hispanics or Latinos with diabetes was 194 per 100,000 population.

Increase the percent of annual dilated eye examinations in persons with diabetes who are ages 18 years and over to 75 percent.

- In 1999, the percentage of diabetic Hispanics or Latinos who received an annual dilated eye examination was 63 percent.

Increase the percent of people, ages 18 and older, who receive diabetes education to 60 percent.

- In 1999, the percentage of Hispanics who received diabetes education was 35 percent.

### Additional Information

### According to the Department of Health and Human Services;

- Nearly 16 million Americans are pre-diabetic (their blood sugar levels are high, but not high enough to be classified as diabetic)—this sharply raises the risk for developing type 2 diabetes and increases the risk of heart disease by 50 percent.
- HHS-supported research shows that most people with pre-diabetes will likely develop diabetes within a decade unless they make modest changes in their diet and level of physical activity, which can help them reduce their risks and avoid the debilitating disease.
- An updated HHS estimate shows 17 million Americans suffer from diabetes—an increase of 8 percent from the most commonly used previous estimate. The new estimate is based on population changes in the most recent U.S. census.
- In the United States, nearly 60 percent of adults are now considered significantly overweight, and in adolescents the prevalence of obesity has nearly tripled in the past 20 years.

# HISPANIC/LATINO HEALTH

## According to the National Institute on Diabetes & Digestive & Kidney Diseases (NIDDK):

- In 2000, of the 30 million Hispanic Americans, about 2 million had been diagnosed with diabetes;
- About 10.2 percent of all Hispanic Americans have diabetes;
- On average, Hispanic Americans are 1.9 times more likely to have diabetes than Whites (non-Hispanic) of similar age;
- Diabetes is particularly common among middle-aged and older Hispanic Americans. For those age 50 or older, about 25 to 30 percent have either diagnosed or undiagnosed diabetes;
- Diabetes is twice as common in Mexican American and Puerto Rican adults as in non-Hispanic Whites;
- The prevalence of diabetes in Cuban Americans is lower, but still higher than that of non-Hispanic Whites;
- Mexican American women, especially when they are overweight, have higher rates of gestational diabetes than non-Hispanic White women; and
- Risk factors seem to be more common among Hispanics than Whites (non-Hispanic) include a family history of diabetes, gestational diabetes, impaired glucose tolerance, hyperinsulinemia and insulin resistance, obesity, and physical inactivity.

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800- 367-4725*

*<http://www.health.gov/healthypeople>*

*For the detailed list of diabetes objectives, go to <http://www.health.gov/healthypeople/document/HTML/Volume1/05Diabetes.htm>*

*Note: Data have been age-adjusted to 2000 population.  
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition*

*National Institute of Diabetes & Digestive & Kidney Diseases*

*National Diabetes Information Clearinghouse*

*1 Information Way*

*Bethesda, MD 20892-3560*

*800-860-8747*

*<http://www.niddk.nih.gov/health/diabetes/pubs/hispan/hispan.htm#t1>*



## HIV/AIDS

### Healthy People 2010 (HP2010) HIV Goals

The overall HP2010 goal is to prevent human immunodeficiency virus (HIV) infection and its related illness and death.

### HIV Disparities

- By the end of 1998, the number of African Americans living with AIDS which increased from 33 percent of the AIDS population in 1992 to 40 percent in 1998, was almost identical to the number of Whites living with AIDS.
- In 1998, 55 percent of the reported AIDS cases occurred among African Americans and Hispanics, yet these two population groups represent an estimated 13 percent and 12 percent, respectively, of the total U.S. population.

# HISPANIC/LATINO HEALTH

- The AIDS case rate among African Americans in calendar year 1998 was 66.4 per 100,000 persons, or eight times the rate for Whites (8.2 per 100,000) and over twice the rate for Hispanics (28.1 per 100,000).
- Among women with AIDS, African Americans and Hispanics have been especially affected, accounting for nearly 77 percent of cumulative cases reported among women by 1998.

## HP2010 HIV/AIDS Objectives

Reduce the number of new cases of AIDS to 1.0 per 100,000 population in people ages 13 years and older- in 1999 there were 18.6 per 100,000 population.

- In 1999, new AIDS cases among Hispanics or Latinos was 32.5 per 100,000 population in people ages 13 years and older.

Increase HIV testing in adults (ages 25-44 years) with tuberculosis (TB) to 85 percent-up from the 55 percent getting tested in 1998.

- Only 46 percent of Hispanic adults with TB got tested for HIV in 1998-just over half of the 85 percent target.

Reduce the number of HIV-infection deaths to 0.7 per 100,000 population-in 1999 there were 5.4 per 100,000 population.

- In 1999, the number of HIV-infection deaths among Hispanics or Latinos was 7.3 per 100,000 population-just over ten times the target of 0.7 per 100,000 population.

According to the Centers for Disease Control and Prevention: The number of AIDS cases reported in Hispanic men, women, and children under the age of 13 through June 2001, in the United States is as follows:

- 117,829 cases in Hispanic men
- 27,391 cases in Hispanic women
- 2051 cases in Hispanic children

The number of Hispanics living with AIDS more than doubled during a 7-year period:

- An estimated 31,040 Hispanics were living with AIDS in the United States in 1993;
- An estimated 45,609 Hispanics were living with AIDS in the United States in 1996; and
- An estimated 66,624 Hispanics were living with AIDS in the United States 2000.



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www.health.gov/healthypeople/document/HTML/Volume1/  
13HIV.htm  
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tabase-February 2002 Edition*

*HIV/AIDS Surveillance Report, Vol. 13, No. 1  
Division of HIV/AIDS Prevention  
National Center for HIV, STD and AIDS Prevention  
Centers for Disease Control and Prevention  
Mail Stop E-49  
Atlanta, GA 30333  
404-639-2007 Fax  
http://www.cdc.gov/hiv/stats/hasr1301.htm*



# HISPANIC/LATINO HEALTH

## Immunization

### Healthy People 2010 (HP2010) Immunization Goal

The HP2010 goal is to prevent disease, disability, and death from infectious diseases, including vaccine-preventable diseases.

### Immunization Disparities

- While vaccinations against pneumonia and influenza among African Americans and Hispanics 65 years and older has increased, their coverage is still lower than the general population.
- In 1997, African American and Hispanic influenza vaccinations were 45 percent and 53 percent respectively, compared to rates of 66 percent for Whites.

### HP2010 Immunization Objectives

Insure that 80 percent of children ages 19 to 35 months are fully immunized.

- In 2000, 69 percent of Hispanic or Latino children were fully immunized.

Insure that 90 percent of non-institutionalized adults over the age of 65 years receive influenza and pneumococcal vaccines.

- In 1999, only 29 percent of Hispanics or Latinos in this group received a pneumococcal vaccine and 56 percent received an influenza vaccine.

Achieve a 60 percent pneumococcal and influenza vaccination rate among non-institutionalized adults ages 18 to 64 years.

- In 1999, among Hispanics or Latinos in this group, only 8 percent received a pneumococcal vaccine and 27 percent of received an influenza vaccine.

Reduce new tuberculosis (TB) cases to 1.0 per 100,000 population.

- In 1998, the new TB case rate among Hispanics or Latinos was 13.6 per 100,000 population.
- According to the CDCs Division of Tuberculosis Elimination, in 2000, there were 16,377 cases of tuberculosis, and of those, 3,805 cases were found in Hispanics.



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*Note: Data have been age-adjusted to 2000 population.*  
*Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition*

# Infant Mortality/ Maternal Child Health

# HISPANIC/LATINO H E A L T H

## Healthy People 2010 (HP2010) Maternal Child Health Goal

The HP2010 goal is to improve the health and well-being of women, infants, children, and families

### Maternal Child Health Disparities

- Puerto Rican women are likely to have low-birth weight (LBW) infants.
- Hispanic women also are less likely than Whites to enter prenatal care early.
- Women in certain racial and ethnic groups also are less likely than White women to breastfeed their infants. In the early postpartum period, 66 percent of Hispanic mothers breastfed in 1998, compared with 68 percent of White women. These differences persist at 5 to 6 months postpartum, when 28 percent of Hispanic women, and 31 percent of White women breastfed.

### HP2010 Maternal Child Health Objectives

Reduce all infant deaths (within 1 year) from 7.0 per 1,000 live births to 4.5 per 1,000 live births.

- In 1999, the death rate among infants born to Hispanic mothers was 5.7 per 1,000 live births, compared to the national rate of 7.0 per 1,000 live births.

Reduce deaths from sudden infant death syndrome (SIDS) from 0.67 deaths per 1,000 live births to 0.25 deaths per 1,000 live births.

- In 1999, the SIDS death rate among infants born to Hispanic or Latino mothers was 0.37 per 1,000 live births, compared to the national rate of 0.67 deaths per 1,000 live births.

Increase the women receiving early and adequate prenatal care from 75 percent to 90 percent.

- In 1999, 66 percent of Hispanic or Latino women received early and adequate prenatal care.

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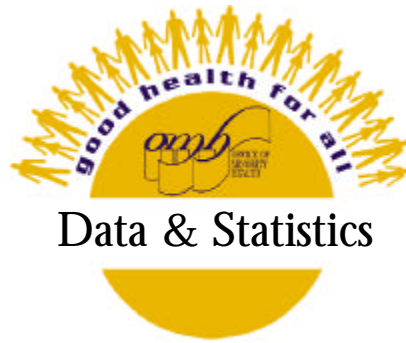
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Note: Data have been age-adjusted to 2000 population.  
Data source: DATA2010...the Healthy People 2010 Da-  
tabase-February 2002 Edition*







## Online State Statistical Resources

### **Area Resource File (ARF)**

Health Resources and Services Administration (HRSA) HRSA's Area Resource File (ARF) is a database containing over 6,000 variables for each county in the U.S. ARF is used for health service research, health policy analysis, and other geographically based activities.  
<http://www.arfsys.com/main.htm>

### **Birth Data**

Centers for Disease Control and Prevention (CDC) CDC's National Center for Health Statistics (NCHS) provides links to state health department birth data.  
<http://www.cdc.gov/nchs/about/major/natality/sites.htm>

### **Child Health USA 2000**

Health Resources and Services Administration (HRSA) HRSA's Maternal and Child Health Bureau (MCHB) offers a report that includes 59 health status and health care utilization indicators for children. Also includes demographics, data on AIDS, risk behaviors, infant mortality, STDs, reproductive health, abortion, violence, tobacco, substance abuse, drugs, alcohol, leading causes of death, injuries, health care financing, vaccination coverage, dental care, physician visits, hospital utilization, prenatal care, Medicaid, tables with data for states, cities compared to the nation.  
<ftp://ftp.hrsa.gov/mchb/chusa00.pdf>

### **Community Health Status Indicators (CHSI)**

Health Resources and Services Administration (HRSA) The CHSI project team created 3,082 reports of health status indicators, one for each county in the nation. Data were pulled primarily from the CDC, NCHS, U.S. Bureau of the Census, EPA, HRSA's Area Resource File, HRSA's Bureau of Primary Health Care, and SAMHSA. The following information is available for each county:

access to care; environmental health; four summary causes of health; leading causes of death; measures of birth and death; population characteristics; prevention services use; risk factors for premature death; and special populations.

<http://www.communityhealth.hrsa.gov/>

### **FASTATS**

Centers for Disease Control and Prevention (CDC) CDC's National Center for Health Statistics (NCHS) Web site offers quick and easy-to-read data on health topics, as well as state health information. Visit the site, click on the state of interest and find out the following—death and birth rates, divorce and marriage rates, as well as links to other state-related Web sites.

<http://www.cdc.gov/nchs/fastats/Default.htm>

### **The Health Care Cost and Utilization Project (HCUP)**

Agency for Healthcare Research and Quality (AHRQ) A tool for identifying, tracking, analyzing, and comparing statistics on hospitals at the national, regional, and state level.

<http://www.ahrq.gov/data/hcup/>

### **Investment in Tobacco Control - State Highlights 2001**

Centers for Disease Control and Prevention (CDC) CDC's Office on Smoking and Health (OSH) published Investment in Tobacco Control - State Highlights 2001 that analyzes current investments in tobacco control, it places these investments in the context of health and economic consequences of tobacco use specific to the state, and compares current investments with the specific funding ranges contained in CDC's Best Practices for Comprehensive Tobacco Control Programs.

[http://www.cdc.gov/tobacco/statehi/statehi\\_2001.htm](http://www.cdc.gov/tobacco/statehi/statehi_2001.htm)

### **National Child Care Information Center**

Department of Health and Human Services (HHS)  
This ACF/HHS sponsored site provides statistical profiles of child care participation for states and HHS regions, as well as state summaries of child care related statistics.  
<http://nccic.org/>

### **Pregnancy Risk Assessment Monitoring System (PRAMS)**

Centers for Disease Control and Prevention (CDC)  
PRAMS collects state-specific, population-based data on maternal attitudes and experiences prior to, during and immediately following pregnancy.  
[http://www.cdc.gov/nccdphp/drh/srv\\_prams.htm](http://www.cdc.gov/nccdphp/drh/srv_prams.htm)

### **State and County QuickFacts**

U.S. Census Bureau  
QuickFacts tables are summary profiles showing frequently requested data items from various Census Bureau programs. Currently, profiles are available at the national, state, and county level.  
<http://quickfacts.census.gov/qfd/>

### **State and Local Area Integrated Telephone Survey (SLAITS)**

Centers for Disease Control and Prevention (CDC)  
CDC's National Center for Health Statistics (NCHS) provides information about the methods used and topics covered in SLAITS—the State and Local Area Integrated Telephone Survey—which collects health care data at state and local levels.  
<http://www.cdc.gov/nchs/slaits.htm>

### **State Health Care Expenditures**

Centers for Medicare & Medicaid Services (CMS)  
State Health Care Expenditures measure spending for personal health care services and products (hospital care, physician services, and nursing home care) by state of provider and by two sources of funding (Medicare and Medicaid).  
<http://www.hcfa.gov/stats/nhe-oact/stateestimates/>

### **State Health Profiles**

Health Resources and Services Administration (HRSA)  
Interactive site to find facts about health conditions and care in states. Leads to individual state reports including tables showing key facts on health resources, physicians, nurses, allied health workers.  
<http://stateprofiles.hrsa.gov/>

### **State Health Statistics- Overview**

Centers for Disease Control and Prevention (CDC)  
CDC's National Center for Health Statistics (NCHS) Web site contains tables that describe the health of people in each state by sex, race, and age.  
<http://www.cdc.gov/nchs/statestatsbysexrace.htm>

### **State/Territory Cancer Data for the U.S.**

Centers for Disease Control and Prevention (CDC)  
CDC's National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP) state Cancer Burden Data fact sheets contain data on lung cancer, colorectal cancer, breast cancer, and prostate cancer. The National Program of Cancer Registries state/Territory Profiles provide background on the program, as well as state-specific information.  
<http://www.cdc.gov/cancer/dbdata.htm>

### **State Health Workforce Profiles**

Health Resources and Services Administration  
The State Health Workforce Profiles compile accurate and current data on supply, demand, distribution, education and use of health personnel. Estimated numbers of workers indicate the size of the state's health workforce. Per capita ratios facilitate comparisons with other states and the nation. <http://bhpr.hrsa.gov/healthworkforce/profiles/default.htm>

### **State-By-State Insurance Data**

Agency for Healthcare Research and Quality (AHRQ)  
The Agency for Healthcare Research and Quality (AHRQ) announces the availability of MEPSnet/IC, a new, interactive tool that provides quick and easy access to employer-based health insurance data from AHRQ's Medical Expenditure Panel Survey (MEPS).  
<http://www.ahrq.gov/news/press/pr2001/mepsnetpr.htm>

# Federal and State Information

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## U.S. Department of Health and Human Services

**T**he Department of Health and Human Services (HHS) is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

With over 300 programs in place, HHS covers a wide array of activities designed to provide the best health care services to those who need it.

Some highlights include:

- Assuring food and drug safety;
- Comprehensive health services for American Indians;
- Financial assistance and services for low-income families;
- Head Start (pre-school education and services);
- Improving maternal and infant health;
- Medicaid (health insurance for low-income people);
- Medical and social science research;
- Medicare (health insurance for elderly and disabled Americans);
- Preventing child abuse and domestic violence;
- Preventing outbreak of infectious disease, including immunization service;
- Services for older Americans, including home-delivered meals; and
- Substance abuse treatment and prevention.

Within the Federal government, HHS is the largest grant-making agency offering approximately 60,000 grants per year. HHS' Medicare program is the nation's largest health insurer, handling more than 900 million claims per year.

HHS works closely with state, local, and Tribal governments, and many HHS-funded services are provided at the local level by state, county or Tribal agencies, or through private sector grantees.

The Department's programs are administered by 11 HHS operating divisions, including eight agencies in the U.S. Public Health Service and three human services agencies. In addition to the services they deliver, the HHS programs provide for equitable treatment of beneficiaries nationwide, and they enable the collection of national health and other data. The next section gives a thumbnail sketch of those operating divisions as well as a list of subordinate offices.



### **Administration for Children and Families (ACF)**

200 Independence Avenue, SW  
Washington, D.C. 20201  
202-619-0257

<http://www.acf.hhs.gov>

ACF is responsible for some 60 programs which provide services and assistance to needy children and families, administers the new state-federal welfare program, Temporary Assistance to Needy Families, administers the national child support enforcement system, and the Head Start program, provides funds to assist low-income families in paying for child care, and supports state programs to provide for foster care and adoption assistance.

### **Administration on Aging (AoA)**

330 Independence Avenue, SW  
Washington, D.C. 20201  
202-619-7501

<http://www.aoa.gov/>

AoA supports a nationwide aging network, providing services to the elderly, especially to enable them to remain independent. AoA supports some 240 million meals for the elderly each year, including home-delivered “meals on wheels,” helps provide transportation and at-home services, supports ombudsman services for elderly, and provides policy leadership on aging issues.

### **Agency for Healthcare Research and Quality (AHRQ)**

2101 E. Jefferson Street  
Suite 501  
Rockville, MD 20852  
301-594-1364

<http://www.ahrq.gov>

AHRQ supports research designed to improve the outcomes and quality of health care, reduce its costs, address patient safety and medical errors, and broaden access to effective services. The research sponsored, conducted, and disseminated by the Agency for Healthcare Research and Quality (AHRQ) provides information that helps people make better decisions about health care.

### **Agency for Toxic Substances and Disease Registry (ATSDR)**

1600 Clifton Road  
Atlanta, GA 30333  
888-42-ATSDR (888-422-8737)

<http://www.atsdr.cdc.gov/>

ATSDR works with states and other federal agencies to prevent exposure to hazardous substances from waste sites. The agency conducts public health assessments,

## **FEDERAL/STATE FEDERAL AGENCIES**

health studies, surveillance activities, and health education training in communities around waste sites on the U.S. Environmental Protection Agency’s National Priorities List.

### **Centers for Disease Control and Prevention**

1600 Clifton Road  
Atlanta, GA 30333  
800-311-3435

<http://www.cdc.gov>

The CDC provides a system of health surveillance to monitor and prevent outbreak of diseases. With the assistance of states and other partners, CDC guards against international disease transmission, maintains national health statistics and provides for immunization services and supports research into disease and injury prevention.

### **Centers for Medicare & Medicaid Services (CMS)**

7500 Security Boulevard  
Baltimore MD 21244-1850  
410-786-3000

<http://cms.hhs.gov/>

CMS (formerly the Health Care Financing Administration) administers the Medicare and Medicaid programs, which provide health care to America’s aged and indigent populations, about one in every four Americans, including nearly 18 million children and nursing home coverage for low-income elderly. CMS also administers the new Children’s Health Insurance Program through approved state plans that cover more than 2.2 million children.

### **Food and Drug Administration**

5600 Fishers Lane  
Rockville, MD 20857  
888-INFO-FDA (888-463-6332)

<http://www.fda.gov/>

The FDA assures the safety and efficacy of food, human and veterinary drugs, biological products, medical devices, cosmetics, and radiation-emitting electronic products. The FDA is also responsible for removing any unsafe or unlawful products from the marketplace.

# FEDERAL/STATE FEDERAL AGENCIES

## **Health Resources and Services Administration (HRSA)**

U.S. Department of Health and Human Services  
Parklawn Building  
5600 Fishers Lane  
Rockville, MD 20857  
<http://www.hrsa.gov/>

HRSA helps provide health resources for medically underserved populations. HRSA supports a nationwide network of 643 community and migrant health centers, and 144 primary care programs for the homeless and residents of public housing, serving 8.1 million Americans each year. HRSA also works to build the health care workforce and maintains the National Health Service Corps, oversees the nation's organ transplantation system, works to decrease infant mortality and improve child health and provides services to people with AIDS through the Ryan White CARE Act programs.

## **Indian Health Service (IHS)**

Headquarters  
The Reyes Building  
801 Thompson Avenue  
Suite 400  
Rockville, MD 20852-1627  
<http://www.ihs.gov>

IHS supports a network of 37 hospitals, 60 health centers, 3 school health centers, 46 health stations and 34 urban Indian health centers to provide services to nearly 1.5 million American Indians and Alaska Natives of 557 federally recognized tribes.

## **National Institutes of Health (NIH)**

Bethesda, MD 20892  
301-496-4000  
<http://www.nih.gov>

With 17 separate institutes, NIH is the world's premier medical research organization, supporting some 35,000 research projects nationwide in diseases like cancer, Alzheimer's, diabetes, arthritis, heart ailments, and AIDS.

## **Office of the Secretary**

200 Independence Avenue, SW  
Washington, D.C. 20201  
877-696-6775 Toll-free  
202- 619-0257

<http://www.hhs.gov/os>

Office of the Secretary of Health and Human Services (OS) advises the President on health, welfare, and income security plans, policies, and programs of the Federal government. The Secretary administers these functions through the Office of the Secretary and the Department's 11 operating divisions, including a budget of \$460 billion and a workforce of 65,000 employees.

## **Program Support Center (PSC)**

Director of Customer Relations  
5600 Fishers Lane  
Room 17A-39  
Rockville, MD 20857  
301-443-1494  
<http://www.psc.gov/>

A service-for-fee organization, PSC utilizes a pioneering business enterprise approach to provide government support services throughout HHS as well as other Departments and Federal agencies. Administrative operations, financial management and human resources are solution- and customer-oriented, state-of-the-art and highly responsive to customer needs.

## **Substance Abuse and Mental Health Services Administration (SAMHSA)**

Office of Communications  
5600 Fishers Lane  
Rockville, MD 20857  
301-443-8956  
<http://www.samhsa.gov/>

SAMHSA is the Federal agency charged with improving the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses.

**Who, Where, What!**  
**What office belongs to what agency?**  
**To find out, see the following pages**



## **Administration for Children and Families**

Office of the Assistant Secretary  
Administration on Children, Youth, and Families  
Administration on Developmental Disabilities  
Administration for Native Americans  
Office of Administration  
Office of Community Services  
Office of Child Support Enforcement  
Office of Family Assistance  
Office of Legislative Affairs and Budget  
Office of Public Affairs  
Office of Policy and External Affairs  
Office of Planning, Research and Evaluation  
Office of Regional Operations  
Office of Refugee Resettlement

## **Agency for Healthcare Research and Quality**

## **Agency for Toxic Substances and Disease Registry**

## **Centers for Disease Control and Prevention**

Epidemiology Program Office  
National Center for Chronic Disease Prevention and Health Promotion  
National Center for Environmental Health  
National Center for Health Statistics  
National Center for HIV, STD, and TB Prevention  
National Center for Infectious Disease  
National Center for Injury Prevention and Control  
National Center on Birth Defects & Developmental Disabilities  
National Immunization Program  
National Institute for Occupational Safety & Health  
Office of the Director  
Public Health Practice Program Office

## **Center for Medicare & Medicaid Services**

Center for Beneficiary Choices  
Center For Medicare Management  
Center For Medicaid And State Operations  
Office of the Administrator  
Office of the Actuary  
Office of Communications And Operations Support  
Office of Clinical Standards and Quality  
Office of Equal Employment Opportunity And Civil Rights  
Office of Financial Management  
Office of Internal Customer Support  
Office of Information Services  
Office of Legislation

# **FEDERAL/STATE MORE HHS OFFICES**

Office of Research, Development & Information  
Public Affairs Office

## **Food and Drug Administration**

Office of the Commissioner  
Center for Biologics Evaluation and Research  
Center for Drug Evaluation and Research  
Center for Devices and Radiological Health  
Center for Food Safety and Applied Nutrition  
Center for Veterinary Medicine  
National Center for Toxicological Research  
Office of Regulatory Affairs

## **Health Resources and Services Administration**

Office of the Administrator  
Bureau of Health Professions  
Bureau of Primary Health Care  
HIV/AIDS Bureau  
Maternal and Child Health Bureau  
Office of Field Operations  
Office of Special Programs

## **Indian Health Service**

Office of the Director  
Division of Human Resources  
Division of Information Resources  
Office of Legislative Affairs  
Office of Environmental Health/Engineering  
Office of Management Support  
Office of Public Health  
Office of Tribal Programs  
Office of Public Affairs

## **National Institutes of Health**

Office of the Director  
Warren Grant Magnuson Clinical Center  
Center for Information Technology  
Center for Scientific Review  
Fogarty International Center  
National Center for Complementary and Alternative Medicine  
National Cancer Institute  
National Center on Minority Health and Health Disparities

# FEDERAL/STATE MORE HHS OFFICES

National Center for Research Resources  
National Eye Institute  
National Human Genome Research Institute  
National Heart, Lung, and Blood Institute  
National Institute on Aging  
National Institute on Alcohol Abuse and Alcoholism  
National Institute of Allergy and Infectious Diseases  
National Institute of Arthritis and Musculoskeletal and  
Skin Diseases  
National Institute of Biomedical Imaging and Bioengi-  
neering  
National Institute of Child Health and Human De-  
velopment  
National Institute on Drug Abuse  
National Institute on Deafness and Other Communi-  
cation Disorders  
National Institute of Dental and Craniofacial Research  
National Institute of Diabetes and Digestive and Kid-  
ney Diseases  
National Institute of Environmental Health Sciences  
National Institute of General Medical Sciences  
National Institute of Mental Health  
National Institute of Neurological Disorders and Stroke  
National Institute of Nursing Research  
National Library of Medicine

## Office of the Secretary

Office of the Assistant Secretary for Administration  
and Management  
Office of the Assistant Secretary for Budget, Technol-  
ogy, and Finance  
Office of the Assistant Secretary for Legislation  
Office of the Assistant Secretary for Public Affairs  
Office of the Assistant Secretary for Planning and  
Evaluation  
Office for Civil Rights  
Office of the General Counsel  
Office of Inspector General  
Office of Public Health and Science

## Program Support Center

### Substance Abuse and Mental Health Services Adminis- tration

Office of the Administrator  
Center for Mental Health Services  
Center for Substance Abuse Prevention  
Center for Substance Abuse Treatment  
Office of Applied Studies  
Office of Program Services

While not every HHS agency has a specific minority health office, many have a division or department set up that handles minority/special population concerns.

#### **Agency for Healthcare Research and Quality (AHRQ)**

AHRQ Office of Priority Populations Research  
Executive Office Center, Suite 600  
2101 East Jefferson Street  
Rockville, MD 20852  
301-594-7248  
301-443-0251 Fax  
<http://www.ahrq.gov>

#### **Agency for Toxic Substance and Disease Registry (ATSDR)**

ATSDR Office of Urban Affairs  
1600 Clifton Road, Mailstop E-28  
Atlanta, GA 30333  
404-498-0111  
404-498-0087 Fax  
<http://www.atsdr.cdc.gov/OUA/>

#### **Centers for Disease Control and Prevention (CDC)**

CDC Office of the Associate Director for Minority Health  
1600 Clifton Road, NE, Mailstop D39  
Atlanta, GA 30333  
404-639-7210  
404-639-7039 Fax  
<http://www.cdc.gov/od/admh/>

#### **Food and Drug Administration (FDA)**

FDA Office of Special Health Issues  
Parklawn Building, HF-12  
5600 Fishers Lane  
Rockville, MD 20857  
301-827-4460  
301-443-4555 Fax  
<http://www.fda.gov/oashi/home.html>

## **FEDERAL/STATE MINORITY HEALTH/ SPECIAL POPULATION OFFICES**

#### **Health Resources and Services Administration (HRSA)**

HRSA Office of Minority Health  
Parklawn Building, Room 10-49  
5600 Fishers Lane  
Rockville, MD 20857  
301-443-2964  
301-443-7853 Fax  
<http://www.hrsa.gov/OMH/>

#### **Indian Health Service (IHS)**

IHS Affirmative Employment Program  
801 Thompson Avenue, Suite 400  
Rockville, MD 20852  
301-443-7493  
301-443-0096 Fax  
<http://www.ihs.gov>

#### **National Institutes of Health (NIH)**

NIH National Center on Minority Health and Health Disparities (NCMHD)  
6707 Democracy Boulevard, Suite 800  
MSC-5465  
Bethesda, MD 20892-5465  
301-402-1366  
301-480-4049 Fax  
<http://ncmhd.nih.gov/>

#### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

SAMHSA Office of Policy and Program Coordination  
Rockwall II Building, Room 10-75  
5600 Fishers Lane  
Rockville, MD 20857  
301-443-7265  
301-443-9538 Fax  
<http://www.samhsa.gov>





## Federal Health Information Clearinghouses and Centers

**T**he Federal Government operates many clearinghouses and information centers that focus on specific topics. Their services include distributing publications, providing referrals, and answering inquiries. The clearinghouses are listed by keyword and should be contacted directly for information.



## ADOPTION

### **National Adoption Information Clearinghouse (NAIC)**

330 C Street, SW  
Washington, D.C. 20447  
888-251-0075  
703-352-3488  
703-385-3206 Fax  
<http://www.calib.com/naic>

## AGING

### **National Aging Information Center**

U.S. Administration on Aging  
Room 4656  
330 Independence Avenue, SW  
Washington, D.C. 20201  
202-619-7501  
202-401-7620 Fax  
<http://www.aoa.gov/naic>

### **National Institute on Aging Information Center**

P. O. Box 8057  
Gaithersburg, MD 20898-8057  
800-222-2225  
301-496-1752  
301-589-3014 Fax  
<http://www.nia.nih.gov/health/>

## AIDS/HIV

### **AIDS Clinical Trials Information Service (ACTIS)**

P. O. Box 6421  
Rockville, MD 20849-6421  
800-874-2572  
301-519-0459 International  
301-519-6616 Fax  
<http://www.actis.org/>

### **CDC National Prevention Information Network (NPIN) (HIV/AIDS, STDs, TB)**

P. O. Box 6003  
Rockville, MD 20849-6003  
800-458-5231  
301-562-1098 International  
800-243-7012 TTY  
301-588-1589 International TTY  
888-282-7681 Fax  
301-562-1050 International Fax  
<http://www.cdcnpin.org>

# FEDERAL/STATE FEDERAL HEALTH CLEARINGHOUSES

### **HIV/AIDS Treatment Information Service (ATIS)**

P. O. Box 6303  
Rockville, MD 20849-6303  
800-448-0440  
301-519-0459 International  
301-519-6616 Fax  
888-480-3739 TTY  
<http://www.hivatis.org>

## ALCOHOL, DRUGS, SUBSTANCE ABUSE

### **National Clearinghouse for Alcohol and Drug Information (NCADI)**

P. O. Box 2345  
Rockville, MD 20847-2345  
800-729-6686  
301-468-2600  
800-487-4889 TTY  
301-230-2867 International TTY  
301-468-6433 Fax  
<http://www.health.org>

## ALLERGY/INFECTIOUS DISEASE

### **National Institute of Allergy and Infectious Diseases (NIAID)**

Office of Communications and Public Liaison  
Building 31, Room 7A-50  
31 Center Drive, MSC 2520  
Bethesda, MD 20892-2520  
301-496-5717  
301-402-0120 Fax  
<http://www.niaid.nih.gov>

# FEDERAL/STATE FEDERAL HEALTH CLEARINGHOUSES

## ALTERNATIVE MEDICINE

### **National Center for Complementary and Alternative Medicine (NCCAM) Clearinghouse**

P. O. Box 7923  
Gaithersburg, MD 20898  
888-644-6226  
866-464-3615 TTY  
866-464-3616 Fax  
<http://nccam.nih.gov/>

## ALZHEIMER'S DISEASE

### **Alzheimer's Disease Education and Referral (ADEAR) Center**

P. O. Box 8250  
Silver Spring, MD 20907-8250  
800-438-4380  
301-495-3334 Fax  
<http://www.alzheimers.org>

## ARTHRITIS

### **National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) Information Clearinghouse**

National Institutes of Health  
1 AMS Circle  
Bethesda, Maryland 20892-3675  
877-22-NIAMS  
301-495-4484  
301-565-2966 TTY  
301-718-6366 Fax  
<http://www.niams.nih.gov/>

## ASTHMA

### **National Heart, Lung, and Blood Institute (NHLBI) Health Information Center**

P. O. Box 30105  
Bethesda, MD 20824-0105  
301-592-8573  
240-629-3255 TTY  
301-592-8563 Fax  
<http://www.nhlbi.nih.gov>

## BLINDNESS/VISUAL IMPAIRMENT

### **National Library Service for the Blind & Physically Handicapped**

Library of Congress  
Washington, D.C. 20542  
202-707-5100  
202-707-0712 Fax  
202-707-0744 TTY  
<http://www.loc.gov/nls/>

## CANCER

### **Cancer Information Service (CIS)**

National Cancer Institute (NCI)  
9000 Rockville Pike  
Bethesda, MD 20892  
800-4-CANCER (800-422-6237)  
800-332-8615 TTY  
<http://cis.nci.nih.gov/>

## CHILD ABUSE

### **National Clearinghouse on Child Abuse and Neglect Information**

330 C Street, SW  
Washington, D.C. 20847  
800-394-3366  
703-385-7565  
703-385-3206 Fax  
<http://www.calib.com/nccanch/>



## CHILD CARE SERVICES

### National Child Care Information Center (NCCIC)

243 Church Street, NW  
2nd Floor  
Vienna, VA 22180  
800-616-2242  
800-516-2242 TTY  
800-716-2242 Fax  
<http://nccic.org>

## CHILDREN AND FAMILY

### National Clearinghouse on Families & Youth (NCFY)

P. O. Box 13505  
Silver Spring, MD 20911-3505  
301-608-8098 Voice/TTY  
301-608-8721 Fax  
<http://www.ncfy.com/>

### National Institute of Child Health and Human Development (NICHD) Clearinghouse

P. O. Box 3006  
Rockville, MD 20847  
800-370-2943  
888-320-6942 TTY  
301-984-1473 Fax  
<http://www.nichd.nih.gov/publications/health.cfm>

## CHILDREN'S DISABILITIES

### National Information Center for Children and Youth with Disabilities (NICHCY)

P. O. Box 1492  
Washington, D.C. 20013-1492  
800-695-0285 Voice/TTY  
202-884-8200 Voice/TTY  
202-884-8441 Fax  
<http://www.nichcy.org>

## CHILDREN'S HEALTH INSURANCE

### InsureKids Now

HRSA's Office of Field Operations  
Parklawn Building  
Room 13A-55  
5600 Fishers Lane  
Rockville, MD 20857  
877-KIDS NOW (877-543-7669)  
<http://www.insurekidsnow.gov>

# FEDERAL/STATE FEDERAL HEALTH CLEARINGHOUSES

### State Children's Health Insurance Program (SCHIP)

Outcome Information Clearinghouse  
7500 Security Boulevard  
MS S2-01-16  
Baltimore, MD 21244  
410-785-8705  
410-786-5943 Fax  
<http://www.hcfa.gov/init/outreach/outhome.htm>

## CHILDREN'S MENTAL HEALTH

### Center for Mental Health Services Knowledge Exchange Network

P. O. Box 42490  
Washington, D.C. 20015  
800-789-2647  
301-443-1805 International  
301-984-8796 Fax  
301-443-9006 TDD  
<http://www.mentalhealth.org>

## CLINICAL TRIALS

### ClinicalTrials.gov

8600 Rockville Pike  
Bethesda, MD 20894  
888-FIND-NLM (888-346-3656)  
301-496-5511 TTY  
301-594-5983 International  
<http://www.clinicaltrials.gov>

## CONSUMER INFORMATION

### Federal Consumer Information Center

Pueblo, CO 81009  
888-878-3256 Toll-free  
719-948-9724 Fax  
<http://www.pueblo.gsa.gov>

# FEDERAL/STATE FEDERAL HEALTH CLEARINGHOUSES

## **U.S. Consumer Product Safety Commission (CPSC)**

Washington, D.C. 20207-0001  
800-638-2772  
301-504-0990  
<http://www.cpsc.gov>

## **CRIMINAL JUSTICE**

### **National Criminal Justice Reference Service (NCJRS)**

P. O. Box 6000  
Rockville, MD 20850  
800-851-3420  
301-519-5500 International  
877-712-9279 TTY  
301-947-8374 International TTY  
<http://www.ncjrs.org>

## **DEAFNESS/COMMUNICATION DISORDERS**

### **National Institute on Deafness and Other Communication Disorders (NIDCD) Information Clearinghouse**

1 Communication Avenue  
Bethesda, MD 20892-3456  
800-241-1044  
800-241-1055 TTY  
301-907-8830 Fax  
<http://www.nidcd.nih.gov/health/health.htm>

## **DIABETES**

### **National Diabetes Education Program (NDEP)**

1 Diabetes Way  
Bethesda, MD 20892-3600  
800-860-8747  
800-438-5383 Publications  
301-907-8906 Fax  
<http://ndep.nih.gov/>

### **National Diabetes Information Clearinghouse (NDIC)**

1 Information Way  
Bethesda, MD 20892-3560  
800-860-8747  
301-654-3327  
301-907-8906 Fax  
<http://www.niddk.nih.gov/health/diabetes/ndic.htm>

## **DIGESTIVE DISEASES**

### **National Digestive Diseases Information Clearinghouse (NDDIC)**

2 Information Way  
Bethesda, MD 20892-3570  
800-891-5389  
301-654-3810  
301-907-8906 Fax  
<http://www.niddk.nih.gov/health/digest/nddic.htm>

## **DISABILITY AND REHABILITATION**

### **DisabilityDirect**

<http://www.disabilities.gov>

### **National Center for the Dissemination of Disability Research (NCDDR)**

Southwest Educational Development Laboratory  
211 East Seventh Street, Suite 400  
Austin, Texas 78701-3281  
800-266-1832  
512-476-6861  
512-476-2286 Fax  
<http://www.ncddr.org>

### **National Rehabilitation Information Center (NARIC)**

10001 Derekwood Lane  
Suite 115  
Lanham, MD 20706  
301-459-5900  
<http://www.naric.com/>

## **DISEASE PREVENTION/HEALTH PROMOTION**

### **Centers for Disease Control and Prevention (CDC)**

Office of Public Inquiry  
1600 Clifton Road, NE  
Atlanta, GA 30333  
800-311-3435  
404-639-3534  
404-639-3311  
<http://www.cdc.gov>

## **Healthfinder**

National Health Information Center (NHIC)  
P. O. Box 1133  
Washington, D.C. 20013-1133  
800-336-4797  
301-565-4167  
301-468-1204 Fax  
<http://www.healthfinder.gov>

## **National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)**

Centers for Disease Control and Prevention  
4770 Buford Highway, NE  
MS K13  
Atlanta, GA 30341  
770-488-5080  
770-488-5969 Fax  
<http://www.cdc.gov/nccdphp>

## **DOMESTIC VIOLENCE**

### **National Domestic Violence Hotline**

Texas Council on Family Violence  
P. O. Box 161810  
Austin, TX 78716  
800-799-SAFE (800-799-7233)  
800-787-3224 TTY  
512-453-8541 Fax  
<http://www.ndvh.org/>

### **National Health Resource Center on Domestic Violence**

Family Violence Prevention Fund  
383 Rhode Island Street, Suite 304  
San Francisco, CA 94103  
888-RX-ABUSE (888-792-2873)  
415-252-8900  
415-252-8991 Fax  
<http://endabuse.org/programs/healthcare>

### **Violence Against Women Office (VAWO)**

U.S. Department of Justice  
810 7th Street, NW  
Washington, D.C. 20531  
202-307-6026  
202-307-2277 TTY  
202-307-3911 Fax  
<http://www.ojp.usdoj.gov/vawo/welcome.html>

# **FEDERAL/STATE FEDERAL HEALTH CLEARINGHOUSES**

## **DRUG POLICY**

### **White House Office of National Drug Control Policy (ONDCP)**

Drug Policy Information Clearinghouse  
P. O. Box 6000  
Rockville, MD 20849-6000  
800-666-3332  
301-519-5212 Fax  
<http://www.Whitehousedrugpolicy.gov/about/clearingh.html>

## **ENVIRONMENTAL HEALTH**

### **Environmental Protection Agency (EPA)**

Headquarters Information Resources Center  
401 M Street, SW  
Mailcode 3404  
Washington, D.C. 20460  
202-260-5922  
202-260-5153 Fax  
<http://www.epa.gov/natlibra/hqirc/about.htm>

## **EYE HEALTH**

### **National Eye Institute (NEI)**

Office of Communication, Health Education, and Public Liaison  
National Institutes of Health  
2020 Vision Place  
Bethesda, MD 20892-2510  
301-496-5248  
301-402-1065 Fax  
<http://www.nei.nih.gov>

## **FAMILY PLANNING**

### **Office of Population Affairs (OPA)**

Office of Population Affairs Clearinghouse  
P. O. Box 30686  
Bethesda, MD 20824-0686  
301-654-6190  
301-215-7731 Fax  
<http://opa.osophs.dhhs.gov/clearinghouse.html>

# FEDERAL/STATE FEDERAL HEALTH CLEARINGHOUSES

## FOOD AND DRUG SAFETY

**Food and Drug Administration (FDA)**  
5600 Fishers Lane  
Rockville, MD 20857  
888-INFO-FDA (888-463-6332)  
<http://www.fda.gov/>

## FOOD AND NUTRITION

**Food and Nutrition Information Center (FNIC)**  
National Agricultural Library  
10301 Baltimore Avenue  
Beltsville, MD 20705-2351  
301-504-5719  
301-504-6856 TTY  
301-504-6409 Fax  
<http://www.nal.usda.gov/fnic/>

## HEALTH CARE POLICY AND RESEARCH

**Agency for Healthcare Research and Quality (AHRQ)**  
Publications Clearinghouse  
P. O. Box 8547  
Silver Spring, MD 20907-8547  
800-358-9295  
410-381-3150 International  
888-586-6340 TDD  
301-594-2800 InstantFAX service  
<http://www.ahrq.gov>

**National Information Center on Health Services Research and Health Care Technology (NICHSR)**  
National Library of Medicine  
8600 Rockville Pike  
Building 38A, Room 4S-410  
Mail Stop 20  
Bethesda, MD 20894  
301-496-0176  
301-402-3193 Fax  
<http://www.nlm.nih.gov/nichsr/nichsr.html>

## HEALTH CARE FINANCE

**Center for Medicare and Medicaid Services (CMS)**  
(Formerly HCFA – Health Care Finance Administration)  
7500 Security Boulevard  
Baltimore, MD 21244  
410-786-3000  
<http://www.cms.hhs.gov>

## HEALTH STATISTICS

**National Center for Health Statistics (NCHS)**  
Centers for Disease Control and Prevention  
6525 Belcrest Road  
Suite 1064  
Hyattsville, MD 20782  
301-458-4636  
301-458-4027 Fax  
<http://www.cdc.gov/nchs>

## HEART DISEASE & HEART HEALTH

**National Heart, Lung, and Blood Institute (NHLBI)**  
**Health Information Center**  
P. O. Box 30105  
Bethesda, MD 20824-0105  
301-592-8573  
301-592-8563 Fax  
<http://www.nhlbi.nih.gov>

## HIGHWAY SAFETY

**National Highway Traffic Safety Administration (NHSTA)**  
Department of Transportation  
400 Seventh Street, SW  
NTS-21  
Washington, D.C. 20590  
888-DASH-2-DOT (888-327-4236)  
202-366-5399  
202-493-2062 Fax  
<http://www.nhsta.dot.gov>

## HOMELESSNESS

### **National Resource Center on Homelessness and Mental Illness**

Policy Research Associates, Inc.  
345 Delaware Avenue  
Delmar, NY 12054  
800-444-7415  
518-439-7612 Fax  
<http://www.nrchmi.com/>

## IMMUNIZATION

### **The National Immunization Program (NIP)**

Centers for Disease Control and Prevention  
1600 Clifton Road, NE  
Mailstop E52  
Atlanta, GA 30333  
800-232-2522  
800-243-7889 TTY  
404 639 8828 Fax  
<http://www.cdc.gov/nip>

## INJURY PREVENTION

### **National Center for Injury Prevention and Control (NCIPC)**

4770 Buford Highway, NE  
Mailstop K65  
Atlanta, GA 30341-3724  
770-488-1506  
770-488-1667 Fax  
<http://www.cdc.gov/ncipc/>

### **U.S. Consumer Product Safety Commission (CPSC)**

Washington, D.C. 20207  
800-638-2772  
800-638-8270 TTY/TDD  
301-504-0281 Fax  
<http://www.cpsc.gov>

## KIDNEY AND UROLOGIC DISEASES

### **National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC)**

3 Information Way  
Bethesda, MD 20892-3580  
800-891-5390  
301-654-4415  
301-907-8906 Fax  
<http://www.niddk.nih.gov/health/kidney/kidney.htm>

# FEDERAL/STATE FEDERAL HEALTH CLEARINGHOUSES

## LEAD POISONING

### **National Lead Information Center**

801 Roeder Road  
Suite 600  
Silver Spring, MD 20910  
800-424-LEAD (800-424-5323)  
301-588-8495 Fax  
<http://www.epa.gov/lead/nlic.htm>

## LIBRARY SERVICES

### **National Library of Medicine (NLM)**

8600 Rockville Pike  
Bethesda, MD 20894  
888-FIND-NLM (888-346-3656)  
301-496-5511 TTY  
301-594-5983 International  
<http://www.nlm.nih.gov>

## LIMITED ENGLISH PROFICIENCY

### **U.S. Department of Education**

Office for Civil Rights  
400 Maryland Avenue, SW  
Washington, D.C. 20202-1100  
800-421-3481  
877-521-2172 TDD  
202-205-9862 Fax  
<http://www.ed.gov/offices/OCR>  
<http://www.lep.gov>

## LUNG DISEASE & LUNG HEALTH

### **Indoor Air Quality (IAQ) Information Clearinghouse**

IAQ INFO  
P. O. Box 37133  
Washington D.C. 20013-7133  
800-438-4318  
703-356-4020  
703-356-5386 Fax  
<http://www.epa.gov/iaq/>

# FEDERAL/STATE FEDERAL HEALTH CLEARINGHOUSES

**National Heart, Lung, and Blood Institute (NHLBI)  
Health Information Center**  
P. O. Box 30105  
Bethesda, MD 20824-0105  
301-592-8573  
301-592-8563 Fax  
<http://www.nhlbi.nih.gov>

## LUPUS

**National Institute of Arthritis and Musculoskeletal and  
Skin (NIAMS) Diseases Information Clearinghouse**  
National Institutes of Health  
1 AMS Circle  
Bethesda, Maryland 20892-3675  
877-22-NIAMS  
301-495-4484  
301-565-2966 TTY  
301-718-6366 Fax  
<http://www.niams.nih.gov/>

## MATERNAL AND CHILD HEALTH

**National Center for Education in Maternal and Child  
Health (NCEMCH)**  
2000 15th Street North  
Suite 701  
Arlington, VA 22201  
703-524-7802  
703-524-9335 Fax  
<http://www.ncemch.org>

**National Maternal and Child Health Clearinghouse  
(NMCHC)**  
2070 Chain Bridge Road  
Suite 450  
Vienna, VA 22182  
888-434-4624  
703-821-2098 Fax  
<http://www.nmchc.org>

## MEDICAID

**Center for Medicare and Medicaid Services (CMS)**  
Center for Medicaid and State Operations  
7500 Security Boulevard  
Baltimore, MD 21244  
410-786-7144  
<http://www.hcfa.gov/medicaid>  
(See Website for state/regional toll-free numbers)

## MEDICARE

**Center for Medicare and Medicaid Services**  
Center for Medicare Management  
7500 Security Boulevard  
Baltimore, MD 21244  
800-MEDICARE (800-633-4227)  
877-486-2048 TTY  
<http://www.medicare.gov>

## MENTAL HEALTH

**Center for Mental Health Services Knowledge Exchange  
Network (KEN)**  
P. O. Box 42490  
Washington, D.C. 20015  
800-789-2647  
301-984-8796 Fax  
301-443-9006 TDD  
<http://www.mentalhealth.org>

**National Institute of Mental Health (NIMH)**  
NIMH Public Inquiries  
6001 Executive Boulevard  
Room 8184, MSC 9663  
Bethesda, MD 20892-9663  
301-443-4513  
301-443-4279 Fax  
<http://www.nimh.nih.gov>

## OCCUPATIONAL SAFETY

**National Institute for Occupational Safety and Health  
(NIOSH)**  
4676 Columbia Parkway  
Cincinnati, OH 45226  
800-35-NIOSH (800-356-4674)  
513-533-8573 Fax  
<http://www.cdc.gov/niosh>



## ORAL HEALTH

### **National Oral Health Information Clearinghouse (NOHIC)**

1 NOHIC Way  
Bethesda, MD 20892-3500  
301-402-7364  
301-656-7581 TTY  
301-907-8830 Fax  
<http://www.nohic.nidcr.nih.gov>

### **National Maternal and Child Oral Health Resource Center**

2000 15th Street, North  
Suite 701  
Arlington, VA 22201-2617  
703-524-7802  
703-524-9335 Fax  
<http://www.mchoralhealth.org/>

## ORGAN TRANSPLANTATION

### **Division of Transplantation**

Office of Special Programs  
Health Resources and Services Administration (HRSA)  
Parklawn Building, Room 7C-22  
5600 Fishers Lane  
Rockville, MD 20857  
301-443-7577  
301-443-1267 Fax  
<http://www.organdonor.gov>

## ORPHAN DRUGS AND RARE DISEASES

### **Office of Orphan Products Development**

Food and Drug Administration  
5600 Fishers Lane  
Rockville, MD 20857  
800-300-7469  
301-827-3666  
301-443-4915 Fax  
<http://www.fda.gov/orphan/>

### **Office of Rare Diseases (ORD)**

National Institutes of Health  
31 Center Drive  
Room 1B19, MSC 2084  
Bethesda, MD 20892-2084  
301-402-4336  
301-480-9655 Fax  
<http://rarediseases.info.nih.gov/>

# FEDERAL/STATE FEDERAL HEALTH CLEARINGHOUSES

## OSTEOPOROSIS

### **NIH Osteoporosis and Related Bone Diseases~National Resource Center**

1232 22nd Street, NW.  
Washington, D.C. 20037-1292  
800-624-2663  
202-223-0344  
202-466-4315 TTY  
202-293-2356 Fax  
<http://www.osteoporosis.gov>

## PHYSICAL FITNESS

### **Presidents Council on Physical Fitness and Sports**

Department W  
200 Independence Avenue, SW  
Room 738-H  
Washington, D.C. 20201-0004  
202-690-9000  
202-690-5211 Fax  
<http://www.fitness.gov>

## POST TRAUMATIC STRESS DISORDER

### **National Center for Post Traumatic Stress Disorder (NCPTSD)**

National Center for PTSD (116D)  
Executive Division  
215 North Main Street  
White River Junction, VT 05009  
802-296-5132  
802-296-5135 Fax  
<http://www.ncptsd.org>

# FEDERAL/STATE FEDERAL HEALTH CLEARINGHOUSES

## PRIMARY CARE

### Health Resources and Services Administration (HRSA)

Information Center  
P. O. Box 2910  
Merrifield, VA 22116  
888-275-4772 Toll-free  
703-442-9051  
703-556-4831 TTY/TDD  
<http://www.ask.hrsa.gov>

## RURAL HEALTH

### Rural Information Center Health Service (RICHS)

National Agricultural Library, Room 304  
10301 Baltimore Avenue  
Beltsville, MD 20705-2351  
800-633-7701  
301-504-5547  
301-504-5181 Fax  
301-504-6856 TDD/TTY  
<http://www.nal.usda.gov/ric/richs>

## SICKLE CELL DISEASE

### National Heart, Lung, and Blood Institute (NHLBI) Health Information Center

P. O. Box 30105  
Bethesda, MD 20824-0105  
301-592-8573  
301-592-8563 Fax  
<http://www.nhlbi.nih.gov>

## SMOKING AND TOBACCO

### Office on Smoking and Health

Centers for Disease Control and Prevention  
Publications Catalog, Mail Stop K-50  
4770 Buford Highway, NE  
Atlanta, GA 30341-3724  
800-CDC-1311 (800-232-1311)  
770-488-5705  
770-332-2552 Fax  
<http://www.cdc.gov/tobacco>

## STROKE

### National Institute of Neurological Disorders and Stroke (NINDS)

Brain Resources and Information Network (BRAIN)  
NINDS/NIH  
P. O. Box 5801  
Bethesda, MD 20824  
800-352-9424  
301-496-5751 Fax  
<http://www.ninds.nih.gov>

## SUDDEN INFANT DEATH SYNDROME (SIDS)

### National SIDS Resource Center

2070 Chain Bridge Road  
Suite 450  
Vienna, VA 22182  
866-866-7437 Toll-free  
703-821-8955  
703-821-2098 Fax  
<http://www.sidscenter.org>

## VETERANS AFFAIRS

### Center for Minority Veterans

810 Vermont Avenue, NW  
Washington, D.C. 20420  
800-827-1000  
<http://www.va.gov>



## **VIOLENCE PREVENTION**

### **National Youth Violence Prevention Resource Center (NYVPRC)**

8401 Colesville Road  
Suite 200  
Silver Spring, MD 20910  
888-Safeyouth (888-723-3968)  
800-243-7012 TTY  
301-562-1001 Fax  
<http://www.SAFEYOUTH.org>

## **WEIGHT CONTROL**

### **Weight-control Information Network (WIN)**

1 WIN Way  
Bethesda, MD 20892-3665  
877-946-4627 Toll-free  
202-828-1025  
202-828-1028 Fax  
<http://www.niddk.nih.gov/health/nutrit/nutrit.htm>

## **WOMEN'S HEALTH**

### **National Women's Health Information Center (NWHIC)**

8550 Arlington Boulevard  
Suite 300  
Fairfax, VA 22031  
800-994-WOMAN (800-994-9662)  
888-220-5446 TDD  
703-560-6598 Fax  
<http://www.4woman.gov>

# **FEDERAL/STATE FEDERAL HEALTH CLEARINGHOUSES**





Federal & State

## State Contacts

**T**he following section offers a State Minority Liaison list of state minority health representatives in each state. For those states not listed, contact the local health department.

The Public Health Service Regional Minority Health Consultants and State Health Departments are also listed. If you do not see your state listed, please contact the Office of Minority Health Resource Center at 800-444-6472 for additional assistance.



## Alabama

Gwendolyn Lipscomb  
Director  
Minority Health  
Office of Primary Care and Rural Health Development  
Alabama Department of Public Health  
RSA Tower, Suite 840  
Montgomery, AL 36104  
334-206-5396  
334-206 5434 Fax  
E-mail: [glipscomb@adph.state.al.us](mailto:glipscomb@adph.state.al.us)

## Arizona

Vanessa Nelson Hill  
Chief  
Local and Minority Health  
1740 West Adams  
Phoenix, AZ 85007  
602-542-2906  
602-542-2722 Fax  
E-mail: [vhill@hs.state.az.us](mailto:vhill@hs.state.az.us)

## Arkansas

Christine B. Patterson, MSW, LCSW  
Office of Minority Health  
Arkansas Department of Health  
4815 West Markham, Slot 22  
Little Rock, AR 72205  
501-661-2193  
501-661-2414 Fax  
E-mail: [cbpatterson@healthyarkansas.com](mailto:cbpatterson@healthyarkansas.com)

Tommy Sproles  
Director  
Arkansas Minority Health Commission  
Arkansas Department of Health  
1123 South University – Suite 910  
Little Rock, AR 72204  
501-686-2720  
501-686-2722 Fax  
E-mail: [tommysproles@mail.state.ar.us](mailto:tommysproles@mail.state.ar.us)

# FEDERAL/STATE MINORITY LIAISONS

## California

Vanessa Baird  
Acting Chief  
Office of Multicultural Health  
California Department of Health Services  
700 North 10th Street, Suite 110  
P. O. Box 942732  
Sacramento, CA 94234-7320  
916-322-1519  
916-327-6135 Fax  
E-mail: [vbaird@dhs.ca.gov](mailto:vbaird@dhs.ca.gov)

## Colorado

Lori Maldonado  
Public Information Specialist/Minority Health  
Representative  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530  
303-692-2028  
303-782-0095 Fax  
E-mail: [lori.maldonado@state.co.us](mailto:lori.maldonado@state.co.us)

## Connecticut

Vine M. Samuels, MPH  
Director  
Office of Multicultural Health  
State Department of Public Health  
410 Capitol Avenue, MS#13PPE  
P. O. Box 340308  
Hartford, CT 06134-0308  
860-509-7140  
860-509-7160 Fax  
E-mail: [vine.samuels@po.state.ct.us](mailto:vine.samuels@po.state.ct.us)

# FEDERAL/STATE MINORITY LIAISONS

## Delaware

Mawuna D. Gardesey  
Director  
Office of Minority Health  
Delaware Division of Public Health  
P. O. Box 637  
Dover, DE 19903  
302-744-4700  
302-739-6659 Fax  
E-mail: [Mgardesey@state.de.us](mailto:Mgardesey@state.de.us)

## District of Columbia

Patricia Kelley Theiss  
Public Health Advisor  
Minority Health Liaison for the District of Columbia  
Department of Health/ State Center for Health  
Statistics Administration  
825 North Capitol Street, NE  
Suite 2100  
Washington, D.C. 20008  
202-442-9039  
E-mail: [patricia.theiss@dc.gov](mailto:patricia.theiss@dc.gov)  
<http://www.dchealth.com>

## Federal States of Micronesia

Eliuel K. Pretrick, MD  
Secretary of Health  
Department of Human Resources  
Federated States of Micronesia  
P. O. Box 70  
Palikir, Pohnpei, FM 96941  
011-691-320-2619  
011-691-320-5263 Fax  
E-mail: [fsmhealth@mail.fm](mailto:fsmhealth@mail.fm)

## Florida

Melvin L. Herring, Jr.  
Director  
Office of Equal Opportunity and Minority Health  
4052 Bald Cypress Way, Bin A00  
Tallahassee, FL 32399-1701  
850-245-4012  
850-487-2168 Fax  
E-mail: [Melvin\\_Herring@doh.state.fl.us](mailto:Melvin_Herring@doh.state.fl.us)  
<http://www.doh.state.fl.us/EquOpp/index.html>

## Georgia

Carol Snype Crawford  
Executive Director  
Office of Minority Health  
Department of Community Health  
2 Peachtree Street NW, Room 36.330  
Atlanta, GA 30303-3159  
404-657-6707  
404-657-2769 Fax  
E-mail: [ccrawford@dch.state.ga.us](mailto:ccrawford@dch.state.ga.us)  
<http://www.communityhealth.com>

## Guam

Dennis Rodriguez  
Director  
Department of Public Health and Social Services  
P. O. Box 2816  
Agana, Guam 96910  
011-671-734-7101  
011-671-734-5910 Fax

## Hawai'i

Claire K. Hughes, DrPH, RD  
Administrator  
Office of Health Equity,  
Hawai'i State Department of Health  
1250 Punchbowl Street, Room 257  
Honolulu, HI 96813  
808-586-4673  
808-586-8252 Fax  
E-mail: [ckhughes@mail.health.state.hi.us](mailto:ckhughes@mail.health.state.hi.us)

## Illinois

Doris Turner  
Acting Chief  
Center for Minority Health Services  
535 West Jefferson, 5th Floor  
Springfield, IL 62761  
217-782-4977  
217-782-3987 Fax  
E-mail: dtturner@idph.state.il.us

## Indiana

Danielle L. Patterson, Director  
Office of Minority Health  
Indiana State Department of Health  
2 North Meridian Street, 2-K  
Indianapolis, IN 46204  
317-233-7596  
E-mail: dpatters@isdh.state.in.us  
<http://www.in.gov/isdh>

Stephanie E. DeKemper  
President/CEO  
Indiana Minority Health Coalition, Inc.  
3737 North Meridian Street  
Suite 303  
Indianapolis, IN 46208  
317-926-4011 x221  
877-367-4642 IMHC Line  
E-mail: sdekemper@imhc.org  
<http://www.imhc.org>

## Iowa

Janice T. Edmunds-Wells  
Social Work Consultant  
Minority Health Liaison  
Iowa Department of Health  
5th floor - Lucas State Office Building  
Des Moines, IA 50319-0075  
515-281-4904  
515-242-6384 Fax  
E-mail: jwells@idph.state.ia.us

# FEDERAL/STATE MINORITY LIAISONS

## Kentucky

Leonard Gray  
Executive Director of Minority Affairs  
Governor's Office  
700 Capital Avenue  
State Capital Building-Room106  
Frankfort, KY 40601  
502-564-2611  
502-564-2517 Fax  
E-mail: lgray@mail.state.ky.us

## Louisiana

Durand "Rudy" Macklin  
Director  
Bureau of Minority Health Access  
Governor's Council on Physical Fitness and Sports  
1201 Capitol Access Road, 3rd Floor  
Baton Rouge, LA 70821  
225-342-9500  
225-342-5568 Fax  
E-mail: rmacklin@dhh.state.la.us

## Maine

Sophie Glidden  
Director  
Office of Rural Health and Primary Care  
#11 State House Station  
Augusta, ME 04333-0011  
207-287-5524  
207-287-5431 Fax  
E-mail: sophie.e.glidden@state.me.us  
<http://www.state.me.us/dhs/bohodr/orhpcpge.htm>

## Marshall Islands

Donald F. Chapell  
Secretary of Health/Minister of Health Services  
Republic of the Marshall Islands  
Majuro, Marshall Islands 96960  
011-692-625-5660/3355  
011-692-625-3436 Fax  
E-mail: rmimohe@ntamar.com

# FEDERAL/STATE MINORITY LIAISONS

## Maryland

Angela A. Brooks  
Director  
Maryland Office of Minority Health  
Office of Community Relations  
Maryland Department of Health and Mental Hygiene  
201 West Preston Street, Room 516  
410-767-6593  
410-333-5337 Fax  
E-mail: [abrooks@dhmh.state.md.us](mailto:abrooks@dhmh.state.md.us)

## Massachusetts

Brunilda Torres, LICSW  
Director  
Office of Multicultural Health  
Massachusetts Department of Public Health  
250 Washington Street  
Boston, MA 02108  
617-624-5272  
617-624-5046 Fax  
E-mail: [brunilda.torres@state.ma.us](mailto:brunilda.torres@state.ma.us)

## Michigan

Jacquetta Hinton  
Minority Health Specialist  
Michigan Department of Community Health  
Office of Minority Health  
3423 N. Martin L. King, Jr. Boulevard  
Lansing, MI 48909  
517-335-8723  
517-335-9909 Fax  
E-mail: [hintonjac@michigan.gov](mailto:hintonjac@michigan.gov)

## Minnesota

Gloria C. Lewis  
Director  
Office of Minority and Multicultural Health  
Minnesota Department of Public Health  
Golden Rule Building  
85 East 7th Place, Suite 400  
P. O. Box 64882  
St. Paul, MN 55164-0882  
651-297-5813  
651 215-5801 Fax  
E-mail: [Gloria.Lewis@state.mn.us](mailto:Gloria.Lewis@state.mn.us)

## Mississippi

Louisa Young Denson, LSW, MPPA  
Deputy Bureau Director  
Mississippi State Department of Health  
Minority Affairs  
570 E. Woodrow Wilson Boulevard  
P. O. Box 1700  
Jackson, MS 39215-1700  
601-576-7950  
601-576-7905 Fax  
E-mail: [ldenson@msdh.state.ms.us](mailto:ldenson@msdh.state.ms.us)  
<http://www.msdh.state.ms.us>

## Montana

Deborah Henderson and Sharon Wagner  
Family and Community Health Bureau  
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Minority Health Contacts  
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# Initiatives & Programs

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## Initiatives & Programs

# HHS Programming

**W**hile there are many noteworthy initiatives and programs that occur every year, the following sections looks at a few of the recent highlights-more specifically, those that benefit minorities, focus on the 6 health disparities, and/or make a significant contribution to the well-being of all people.



### **Be Smart About Your Heart: Control the ABCs of Diabetes - 2001**

This new public awareness campaign comes in response to new studies that show a dramatic link between diabetes and heart disease. As heart disease is the leading cause of death in people with diabetes, this campaign aims to start treating diabetes comprehensively-focusing not only on blood glucose, but blood pressure, cholesterol, and overall heart health. This is an effort by the U.S. Department of Health and Human Services (HHS), the National Diabetes Education Program (NDEP), and the American Diabetes Association (ADA). NDEP is co-sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and the Centers for Disease Control and Prevention.

*For more information, go to <http://ndep.nih.gov/>*

### **Call to Action on Overweight and Obesity - 2001**

“The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity,” outlines strategies that communities can use in helping to address the problem of increased obesity levels in the U.S (In 1999, an estimated 61 percent of U.S. adults were overweight, along with 13 percent of children and adolescents). Those options include requiring physical education at all school grades, providing more healthy food options on school campuses, and providing safe and accessible recreational facilities for residents of all ages.

*For more information, visit <http://www.surgeongeneral.gov/topics/obesity/>*

### **Closing the Health Gap - 2001**

This national campaign is designed to bring the best health information to African American communities and help African American consumers take charge of their health. The campaign addresses the major health threats confronting African Americans, including diabetes, cancer, heart disease and stroke, HIV/AIDS, infant mortality, substance abuse, suicide and violence, organ donation, improved rates of child and adult immunizations, and health issues among women and older adults. HHS and ABC Radio Networks sponsor closing the Health Gap.

*For more information, go to <http://www.healthgap.omhrc.gov/>*

### **Diabetes Education Program for Older Americans - 2001**

This program is designed to help older adults understand that routine self-monitoring of blood sugar levels can help delay or prevent the complications of diabetes. The National Diabetes Education Program is working

## INITIATIVES / PROGRAMS NOTABLES

with Centers for Medicare & Medicaid Services to reach Americans 65 years and older as well as younger people with disabilities who have diabetes with information on the treatment and benefits available for people with Medicare. An estimated 4.5 million Medicare beneficiaries have diabetes. HHS’ Administration on Aging is assisting with dissemination of campaign information through its preventive health programs across the states and local communities.

*For more information, go to <http://ndep.niddk.nih.gov>*

### **Gift of Life Donation Initiative - 2001**

This nationwide campaign encourages organ and tissue donation, as well as registration for marrow donation, and donation of blood. Initial phases of the campaign included the Workplace Partnership for Life, a public/private network of employers, unions and other employee organizations promoting the goals of the campaign. Additionally, HHS Secretary Tommy Thompson released a model donor card for organ donation, called for a major review of existing organ donor registries, and offered support to create a national Gift of Life medal recognizing all families who consent to donation. HHS is also developing a model organ donation curriculum for drivers’ education classes to be offered to state and local education systems.

*For more information, go to <http://www.organdonor.gov>*

### **Global Health - 2001**

A new Web site, [globalhealth.gov](http://globalhealth.gov), is a Web portal providing information on the HHS’ work on global health issues, as well as worldwide health statistics, reports and publications, and links to the department’s global health partners. The site was developed to be a portal of global health information for policymakers, researchers, doctors and the general public, and highlights vital information on HIV/AIDS, malaria, tuberculosis and tobacco use. The site is administered by the department’s Office of International and Refugee Health.

*For more information, go to <http://www.globalhealth.gov>*

# INITIATIVES / PROGRAMS NOTABLES

## **Healthfinder Español-2001**

HHS launched healthfinder español, a Spanish-language Web site that helps consumers track down reliable health information quickly and easily on the Internet. Modeled after the [www.healthfinder.gov](http://www.healthfinder.gov) Web site, this version offers health information on over 300 topics from 70 government agencies and nonprofit organizations, including those health issues of greatest concern to those of Hispanic heritage. The site offers both a Spanish text search and a list of topics in Spanish that can be browsed. *For more information, go to <http://www.healthfinder.gov/espanol>*

## **HealthierUS Initiative - 2002**

Based on the premise that increasing personal fitness and becoming healthier is critical to achieving a better and longer life, this initiative is using families, communities, and business to work together to encourage physical activity. The White House's Executive Order activities to promote personal fitness includes revitalizing the President's Council on Physical Fitness and Sport and following the four principles of being physically active every day, eating a nutritious diet, getting preventive screenings, and making health choices.

*For more information on the HealthUS Initiative, go to <http://www.healthierus.gov>*

*For more information on the Executive Order, go to <http://www.whitehouse.gov/infocus/fitness/execsummary.html>*

*"Physical Activity Fundamental to Preventing Disease" is available online at <http://aspe.hhs.gov/health/reports/physicalactivity/>*

## **HHS Center for Faith-Based and Community Initiatives - 2002**

The mission of the Center for Faith-Based and Community Initiatives is to create an environment within the Department of Health and Human Services (HHS) that welcomes the participation of faith-based and community-based organizations as valued and essential partners with the Department in assisting Americans in need. CFBCI's mission is part of HHS' focus on improving human services for the country's neediest. CFBCI is the leader of the Department's efforts to better utilize faith-based and community-based organizations in providing

effective human services.

*For more information, go to <http://www.hhs.gov/faith/>*

## **National Center on Minority Health and Health Disparities (NCMHD) - 2000**

"...conduct and support research, training, dissemination of information, and other programs with respect to minority health conditions and other populations with health disparities." This was the mandate from Congress when the NCMHD was established via the Minority Health and Health Disparities Research and Education Act of 2000, Public Law 106-525.

The mission of the National Center on Minority Health and Health Disparities (NCMHD) is to promote minority health and to lead, coordinate, support, and assess the NIH effort to reduce and ultimately eliminate health disparities. In this effort, NCMHD will conduct and support basic, clinical, social, and behavioral research, promote research infrastructure and training, foster emerging programs, disseminate information, and reach out to minority and other health disparity communities.

*For more information, go to <http://ncmhd.nih.gov/>*

## **New Freedom Initiative - 2001**

This initiative is a government-wide framework for helping provide people with disabilities with the tools they need to fully access and participate in their communities. The initiative's proposals that involve the Department of Health and Human Services (HHS) include: promoting full access to community life; integrating Americans with disabilities into the workforce; and the creation of the National Commission on Mental Health. For more information, go to <http://www.hhs.gov/newfreedom/>

*For a more comprehensive look at HHS' role in the initiative, go to <http://www.hhs.gov/newfreedom/hhsrole.html>*

## **Urban Partnerships for Welfare Reform Initiative -2002**

Working closely with 10 cities nationwide, HHS' initiative aims at developing strategies to support and sustain healthy families to become economically independent. This effort will target HHS' technical assistance to promote positive changes in the lives of welfare recipients in the chosen cities. In addition to providing targeted support to selected cities, the initiative also will highlight strategies that can be used more broadly to advance the goals of welfare reform in urban areas.



## CANCER

### American Social Health Association (ASHA)

P. O. Box 13827

Research Triangle Park, NC 27709

919-361-8400

919-361-8425 Fax

<http://www.ashastd.org>

- *Pap Smears Today; Healthy Women Today*  
<http://www.ashastd.org/programs/ccpp.html>  
ASHA, in cooperation with the Centers for Disease Control (CDC) and Prevention developed a national model to increase Pap-testing and follow-up among low-income African American and Hispanic women. Available for download online, project objectives included assessing patient's and provider's knowledge, attitudes and behaviors regarding the prevention, detection and control of cervical cancer; and, identifying cultural and communication barriers to timely and adequate gynecological health care.

## CHRONIC DISEASE PREVENTION

### Centers for Disease Control and Prevention (CDC)

National Center for Chronic Disease Prevention and Health Promotion

Mail Stop K-40

4770 Buford Highway NE

Atlanta, GA 30341-3717

770-488-5706

<http://www.cdc.gov/nccdphp>

- *Exemplary State Programs to Prevent Chronic Disease and Promote Health*  
<http://www.cdc.gov/nccdphp/exemplary/index.htm>  
The CDC developed this document to provide states with models of state-based programs that are making a sustained contribution to reducing the burden of chronic diseases by targeting one or more of the following key objectives:
  - Reducing risk factors for chronic diseases;
  - expanding the use of screening for early detection of chronic diseases;
  - providing high-quality health education programs; and

## INITIATIVES / PROGRAMS MODEL PROGRAMS

- creating healthier communities.

State programs are available for the following:

- Arthritis  
<http://www.cdc.gov/nccdphp/exemplary/arthritis.htm>
- Cancer  
<http://www.cdc.gov/nccdphp/exemplary/cancer.htm>
- Diabetes  
<http://www.cdc.gov/nccdphp/exemplary/diabetes.htm>
- Healthy Mothers/Healthy Babies  
[http://www.cdc.gov/nccdphp/exemplary/healthy\\_mothers.htm](http://www.cdc.gov/nccdphp/exemplary/healthy_mothers.htm)
- Healthy Youth  
[http://www.cdc.gov/nccdphp/exemplary/healthy\\_youth.htm](http://www.cdc.gov/nccdphp/exemplary/healthy_youth.htm)
- Heart Disease and Stroke  
[http://www.cdc.gov/nccdphp/exemplary/heart\\_disease.htm](http://www.cdc.gov/nccdphp/exemplary/heart_disease.htm)
- Oral Health  
[http://www.cdc.gov/nccdphp/exemplary/oral\\_health.htm](http://www.cdc.gov/nccdphp/exemplary/oral_health.htm)
- Physical Activity  
[http://www.cdc.gov/nccdphp/exemplary/physical\\_activity.htm](http://www.cdc.gov/nccdphp/exemplary/physical_activity.htm)
- Preventing Chronic Disease  
[http://www.cdc.gov/nccdphp/exemplary/preventing\\_chronic\\_disease.htm](http://www.cdc.gov/nccdphp/exemplary/preventing_chronic_disease.htm)
- Tobacco programs  
<http://www.cdc.gov/nccdphp/exemplary/tobacco.htm>

# INITIATIVES / PROGRAMS MODEL PROGRAMS

## EMPLOYMENT

### U.S. Equal Employment Opportunity Commission (EEOC)

Equal Employment Opportunity Commission  
1801 L Street, N.W.  
Washington, D.C. 20507  
800-669-4000  
202-663-4900  
<http://www.eeoc.gov>

- *Best Practices of Private Sector Employers*  
<http://www.eeoc.gov/task/practice.html>  
Report from EEOC that highlights noteworthy business practices by which employers are complying with their EEO obligations and diversity objectives especially practices thought of as creative or innovative.

## HIV

### National Alliance of State and Territorial AIDS Directors (NASTAD)

444 North Capitol Street, NW  
Suite 339  
Washington, D.C. 20001  
<http://www.nastad.org>

- *Bright Ideas 2002: Innovative or Promising Practices in HIV Prevention and HIV Prevention Community Planning Bright Ideas*  
<http://www.nastad.org/pdf/BrightIdeas2002.pdf>  
Developed by NASTAD in cooperation with the Centers for Disease Control and Prevention (CDC) and the Academy for Educational Development (AED), provides ideas, best practices, and resources to improve the community planning process.
- *Programs that Work (PTW)*

<http://www.cdc.gov/nccdphp/dash/rtc/index.htm>

The purpose of Programs that Work (PTW) is to identify curricula with credible evidence of effectiveness in reducing health risk behaviors among young people-risky sexual behaviors that contribute to HIV and other STD infections and unintended pregnancy and tobacco-use behavior.

### Replicating Effective Programs Plus

Division of HIV/AIDS Prevention  
National Center for HIV, STD and AIDS Prevention  
Centers for Disease Control and Prevention  
Mail Stop E-49  
Atlanta, GA 30333  
<http://www.cdc.gov/hiv>

- *Replicating Effective Programs (REP)*  
<http://www.cdc.gov/hiv/projects/rep/default.htm>  
REP is a CDC-initiated project that identifies HIV/AIDS prevention interventions with demonstrated evidence of effectiveness. REP supports the original researchers in developing a user-friendly package of materials designed for prevention providers.

## IMMUNIZATION

### Immunization Action Coalition (IAC)

1573 Selby Avenue, Ste. 234  
St. Paul, MN 55104  
651-647-9009  
651-647-9131 Fax  
<http://www.immunize.org>

- *Hepatitis Prevention Programs*  
<http://www.hepprograms.org>  
A project of IAC, this Website showcases programs across the United States that work to prevent hepatitis A, B, or C in people who are at risk for infection. Helpful for health and social service professionals who develop or manage programs for populations at risk for hepatitis.

## PRIMARY HEALTH CARE

### Bureau of Primary Health Care

4350 East West Highway  
Bethesda, MD 20814  
800-859-2386  
<http://bphc.hrsa.gov>

- *The Models That Work Campaign (MTW)*  
<http://bphc.hrsa.gov/mtw/>  
MTW identifies and promotes the replication of innovative community-based models for the delivery of primary health care to underserved and vulnerable populations. This public-private partnership, led by the Health Resources and Services Administration (HRSA), offers support to organizations and communities that are interested in increasing access to care and eliminating disparities in health status for the millions of America's neediest citizens.

## REFUGEE HEALTH

Office of Refugee Resettlement,  
Administration for Children and Families  
370 L'Enfant Promenade, SW  
6th Floor /East  
Washington, D.C. 20447  
202-401-9250  
202-401-5487 Fax  
<http://www.acf.dhhs.gov/programs/orr/index.htm>

- *Office of Refugee Resettlement (ORR) Best Practices*  
<http://www.acf.dhhs.gov/programs/orr/tehasst/bestpractices.htm>  
Culled from the 1998 Office of Refugee Resettlement (ORR) Conference, this online document looks at best practices in refugee issues: orientation to the United States; employment; health care access; and more.

# INITIATIVES / PROGRAMS MODEL PROGRAMS

## SAFETY

### National Institute for Occupational Safety and Health (NIOSH)

4676 Columbia Parkway, Mail Stop C-13  
Cincinnati, OH 45226-1998  
800-356-4674  
513-533-8573 Fax  
<http://www.cdc.gov/niosh/>

- *Best Practices in Workplace Surveillance: Identification and Tracking of Workplace Injury, Illness, Exposures, and Hazards*  
<http://www.cdc.gov/niosh/sbw/>  
The purpose of this workshop was to offer successful workplace surveillance programs conducted in the private and public sectors, to learn from them, and to share surveillance tools and effective prevention activities. Session information is available online.

*While there are many interesting and innovative programs and models by non-Federal organizations, this section focuses on those that are Federally-funded. If you do not see a 'model program' or 'best practice' for a specific topic of interest, please contact the office of Minority Health Resource Center for additional assistance.*

800-444-6472

# INITIATIVES / PROGRAMS MODEL PROGRAMS

## SUBSTANCE ABUSE

### Substance Abuse Mental Health Services Administration

Center for Substance Abuse Prevention (CSAP)  
Model Programs  
5600 Fishers Lane  
Rockville, MD 20857  
877-773-8546  
<http://www.samhsa.gov>

- *The CSAP Model Programs*  
<http://www.samhsa.gov/centers/csap/modelprograms/programs.htm>

Programs featured on this site have been tested in communities and schools across America, and are proven to prevent or decrease substance abuse and other high-risk behaviors. CSAP offers general program information as well as more specific information concerning training, technical assistance, program material, costs, and other issues regarding program implementation/replication.

## STATE PROGRAMS

### The National Association of Counties (NACo)

440 First Street, NW  
Suite #800  
Washington, D.C. 20001  
202-393-6226  
202-393-2630 Fax  
<http://www.naco.org/>

- *County Model Programs*  
<http://www.naco.org/counties/models/index.cfm>  
The NACo database highlights a cross-section of the programs being developed, implemented and enhanced from urban, suburban, and rural counties across the country—programs address problems local governments face.

### National Governor's Association (NGA)

Hall of States  
444 North Capitol Street  
Washington, D.C. 20001-1512  
202-624-5300  
<http://www.nga.org/>

- *NGA Center for Best Practices*  
<http://www.nga.org/center/1,1188,00.html>  
The NGA Center for Best Practices tracks, evaluates, and disseminates information on state innovations and best practices. The Center also surveys the states on key issues and provides assessments of current activities for individual states; catalogues innovative programs and shares this information via reports, briefs, and a variety of online and printed materials; and hosts seminars, conference calls, and regional roundtables on key issues and disseminates information through the Center Website and online publications.

### The United States Conference of Mayors (USCM)

1620 Eye Street, NW  
Washington, D.C. 20006  
202-293-7330  
202-293-2352 Fax  
<http://www.usmayors.org/>

- *USCM Best Practices Database*  
[http://www.usmayors.org/uscm/best\\_practices/](http://www.usmayors.org/uscm/best_practices/)  
This database allows you to search 'best practices' that are being used throughout the country. Topics covered range from HIV/AIDS prevention, diabetes, cancer, and more.

## TOBACCO/SMOKING PREVENTION

### CDC's Office on Smoking and Health

Mail Stop K-50  
4770 Buford Highway, NE  
Atlanta, GA 30341-3717  
<http://www.cdc.gov/tobacco/>

- *CDC's Best Practices for Comprehensive Tobacco Control Programs*  
<http://www.cdc.gov/tobacco/bestprac.htm>  
This evidence-based guide is targeted to help States plan and establish effective tobacco control programs to prevent and reduce tobacco use. The book

identifies and describes the key elements for effective state tobacco control programs, including programs designed for communities, schools, and the entire State.

Best Practices also addresses the significance of cessation programs, counter-marketing, enforcement, surveillance and evaluation, and chronic disease programs to reduce the burden of tobacco-related diseases. Tobacco control program funding models for all 50 States and the District of Columbia are included.

## INITIATIVES / PROGRAMS MODEL PROGRAMS

### VIOLENCE PREVENTION

#### **Blueprints for Violence Prevention**

Center for the Study and Prevention of Violence  
Institute of Behavioral Science  
University of Colorado at Boulder  
900 28th Street, Suite 107  
439 UCB  
Boulder, CO 80309-0439  
303-492-1032  
303-443-3297 Fax

<http://www.colorado.edu/cspv/blueprints/Default.htm>  
The Center for the Study and Prevention of Violence (CSPV), at the University of Colorado at Boulder, with funding from the Colorado Division of Criminal Justice, Centers for Disease Control and Prevention, and the Pennsylvania Commission on Crime and Delinquency, designed and launched a national violence prevention initiative to identify and replicate violence prevention programs that are effective. The 11 model programs, called Blueprints, have been effective in reducing adolescent violent crime, aggression, delinquency, and substance abuse.

#### **SafeUSA**

P. O. Box 8198  
Silver Spring, MD 20907-8198  
888-252-7751  
<http://www.cdc.gov/safeusa/>

- *Best Practices of Youth Violence Prevention*  
<http://www.cdc.gov/safeusa/publications/bestpractices.htm>  
Resource book details strategies to prevent youth violence—parent and family-based strategies, home visiting, social and conflict resolution skills, and mentoring.

# INITIATIVES / PROGRAMS LEGISLATION

There are several places to find out what agency has proposed, authorized, budgeted for legislation for initiatives and/or programs. The following two are good places to start:

## **Department of Health and Human Services (HHS)**

<http://www.hhs.gov>

The HHS Web site is a good starting place to find out about the different HHS agencies. Site offers press releases, daily news, announcements, health information, and links to other Web sites, etc.

Several links available that deal with legislative and budget information:

## **HHS Office of Budget Internet Site**

<http://www.hhs.gov/budget/doctest.htm>

The Office of Budget provides analysis and advice to the Secretary and other HHS senior officials on all program and management issues associated with the Department's budget. You can use our site to access valuable information about the HHS budget, testimony of HHS officials in front of House and Senate Appropriation Committees, HHS Operating Divisions' performance plans, as well as background information on the components within the Office of Budget.

## **HHS Office of the Assistant Secretary for Legislation (ASL)**

<http://www.hhs.gov/asl/testimony.html>

ASL provides advice to both the HHS Secretary and Department on congressional legislation and facilitates communication between the HHS and Congress. The Office informs the Congress of Departmental priorities, actions, grants and contracts.

## **HHS Press Releases**

<http://www.hhs.gov/news/press/2002.html>

This is a good place to find out what awards have been made, what health days have been enacted, what initiatives have been passed, what HHS Secretary Tommy Thompson is doing to provide 'good health for all.'

## **THOMAS - The Library of Congress**

<http://thomas.loc.gov/>

THOMAS is a comprehensive Federal legislative information site. You will find the full text of all legislation introduced in Congress and the Congressional Record since 1989, summaries of bills since 1973, recent congressional committee reports and legislative schedules, as well as a multitude of links to other sites of interest in legislative research.

### **How Will THOMAS Help Me?**

- If I am checking to see if pending legislation has passed on an item that is of interest to me;
- If I want to see how my state representative votes on certain issues;
- If I want to know what measures are expected to be considered on the House/Senate floor this week; and
- If I want to see what budget has been approved for a specific agency.

# Funding

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## Federal Funding

**T**he Federal government offers many funding resources, from online tutorials to grant databases to publications. The following section looks at just some of the many resources available through the government.



## Easy Ways to Look for Federal Funding

# F U N D I N G FEDERAL SOURCES

### The Catalog of Federal Domestic Assistance (CFDA)

The Catalog of Federal Domestic Assistance is a government-wide compendium of Federal programs, projects, services, and activities that provide assistance or benefits to the American public. It contains financial and non-financial assistance programs administered by departments and establishments of the Federal government.

Compiled and maintained by the General Services Administration (GSA), the CFDA profiles all Federal grant programs, including HHS programs and lists a specific contact for obtaining additional information and application forms. It also includes a helpful section on writing grant applications.

FYI-The CFDA won't tell you if an agency has competitive grant money right now for the program in which you're interested, but it will tell you where to go in order to find out.

### How to Access the CFDA

Accessing the CFDA is easy. It is published annually and updated mid-year and is available in various formats—print, diskette, CD-ROM, and online. There are various ways to obtain your copy of the Catalog, the easiest being as follows:

#### Print

The Catalog is published annually, usually in June and December. The June edition reflects completed congressional action on program legislation and the December edition includes information that was not available at the time of the June edition.

#### Diskettes

Issued semiannually, the diskettes come with all Catalog text on Federal assistance programs and highlights of new programs introduced since the last edition of the Catalog, plus files for added, deleted, and changed programs.

#### Online

The online database can be used to find assistance programs meeting your requirements and for which you are eligible. Listed for each grant program is the specific office within a Federal grant-making agency that oversees that program. This person or office can answer any further questions about the program, as well as provide application forms.

#### CD-Rom

Issued semiannually, the CFDA CD-ROM offers full program text of the Catalog, plus browser software for keyword and category searching and free technical support from the Catalog of Federal Domestic Assistance Staff. Each CD-ROM includes all indices and appendices in the Catalog, plus grant writing and user tutorials.

### CONTACT INFORMATION

#### Catalog of Federal Domestic Assistance

<http://www.cfda.gov>

#### Catalog of Federal Domestic Assistance: Find Assistance Programs

<http://www.cfda.gov/public/faprs.htm>

#### CD-ROM

800-669-8331

#### Diskettes

800-669-8331

#### CD-ROM and Diskettes Online Ordering

<http://www.cfda.gov/public/cat-order-disk.htm>

#### Print Subscription to CFDA

800-669-8331

#### Print Subscription to CFDA Online Ordering

<http://www.cfda.gov/public/COF99.htm>

# FUNDING FEDERAL SOURCES

## The Federal Register

The Federal Register is the official publication for executive orders, proposed regulations, legal notices from Federal agencies and organizations, and notices of funding availability (NOFAs). Agencies also use the Federal Register to solicit views from the general public on various policy and program issues.

The Office of the Federal Register (OFR), National Archives and Records Administration (NARA) is responsible for publishing this information, with each issue of the Federal Register is organized into four categories:

- Presidential Documents, including Executive orders and proclamations;
- Rules and Regulations, including policy statements and interpretations of rules;
- Proposed Rules, including petitions for rulemaking and other advance proposals; and
- Notices, including scheduled hearings and meetings open to the public, grant applications, and administrative orders.

## Code of Federal Regulations (CFR)

Documents published in the Federal Register as proposed or final rules include citations to the Code of Federal Regulations (CFR).

The CFR contains all the rules issued by Executive Branch departments and agencies, organized into 50 titles which represent the broad areas subject to regulation by the U.S. Government. Titles that may be useful to readers of this toolkit include Title 42-The Public Health and Welfare, Title 21-Food and Drugs, or Title 20-Education.

The CFR reference numbers allow a quick and easy way to find a particular rule or part of a rule among the complete set of U.S. general and permanent regulations.

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FYI: The CFR and the Federal Register are used together to find the latest version of any given rule.

When a Federal agency publishes a regulation in the Federal Register, that regulation usually is an amendment to the existing CFR in the form of a change, an addition, or a removal.

## Why should I read the Federal Register?

- If you are looking for Federal funding for a project;
- If you need to know about the day-to-day operations of the Federal Government;
- If your business is regulated by a Federal agency;
- If you are an attorney practicing before a regulatory agency;
- If your organization attends public hearings or meetings or applies for grants; and
- If you are concerned with Government actions that affect the environment, health care, financial services, exports, education, or other major public policy issues.

### Agency-specific Federal Register Information

#### Environmental Protection Agency (EPA)

Offers full-text online information and LISTSERV of selected Federal Register documents that deal with environmentally related issues.  
<http://www.epa.gov/fedrgstr/>

#### Food and Drug Administration (FDA)

Directory contains FDA-related documents published in the Federal Register.  
<http://www.fda.gov/cdrh/fedregin.html>

#### Occupational Safety and Health Administration (OSHA)

Offers worker safety and health-related Federal Register documents.  
[http://www.osha-slc.gov/OCIS/toc\\_fed\\_reg.html](http://www.osha-slc.gov/OCIS/toc_fed_reg.html)

#### U.S. Department of Agriculture (USDA)

Offers Community Toolbox, an online tool that allows you to generate a customized listing of notices of funding availability (NOFAs).  
<http://ocd.usda.gov/nofa.htm>

## Rulemaking

The Federal Register informs citizens of their rights and obligations and provides access to a wide range of Federal benefits and opportunities for funding.

Every agency in the Federal government is required to publish notices of proposed rules in the Federal Register to allow people to participate in government decision making.

The procedure by which this is done is simple: the public is notified of the proposed rule via the announcement in the Federal Register. Any organization or person is able to respond to the proposed rule either through a hearing or through written comment. With the advent of the Internet, many agencies encourage comments through e-mail.

Depending on the announcement and agency, the comment period may be 30, 60, or 90 days. Each notice gives details on how and where the comment should be directed, as well as the name and telephone number of a contact person for more information.

When the final regulations are published, they must address any and all pertinent issues raised in comments and any changes made in response to them.

## How to Access the Federal Register

The Federal Register is available through various Federal organizations, most notably the U.S. Government Printing Office (GPO) and NARA Websites. Information can be accessed via e-mail, the Internet, and print subscription.

### Print

The daily Federal Register has a table of contents organized alphabetically by agency, which lists each document and span of pages.

Two monthly publications provide information on documents that appeared in past issues of the Federal Register: the LSA (List of CFR Sections Affected) is a numerical listing that helps readers track changes to the CFR; and the Federal Register Index is a cumulative subject index of documents published in the Federal Register.

### Online

The online edition has the same information as the paper edition—the table of contents online has links that lead the user to each document in the current paper issue. Subject matter, date, and category can also be searched.

There is an online tutorial that takes the user step-by-step through utilizing the Federal Register—it covers how to search, what terms to use, where to find public notices, etc.

### E-mail

GPO provides a LISTSERV via e-mail that provides the Table of Contents (TOC) for each daily issue of the Federal Register.

# F U N D I N G FEDERAL SOURCES

## Contact Information

### The Code of Federal Regulations

<http://www.access.gpo.gov/nara/cfr/index.html>

### The Federal Register

[http://www.archives.gov/federal\\_register/index.html](http://www.archives.gov/federal_register/index.html)

### Federal Register access via GPO

[http://www.gpo.gov/su\\_docs/aces/aces140.html](http://www.gpo.gov/su_docs/aces/aces140.html)

### Federal Register LISTSERV

<http://listserv.access.gpo.gov/>

### Federal Register Tutorial

<http://www.nara.gov/fedreg/frtu/frturead.html>

### Hard Copy Subscription

202-512-1800

### Helpful Hints for Searching

[http://www.access.gpo.gov/su\\_docs/help/hints/fr.html](http://www.access.gpo.gov/su_docs/help/hints/fr.html)

### Public Participation in Rulemaking: FR e-Docket: Documents Open for Comment

[http://www.archives.gov/federal\\_register/public\\_participation/fr\\_e\\_docket.html](http://www.archives.gov/federal_register/public_participation/fr_e_docket.html)

### Public Participation in Rulemaking: Federal e-Rulemaking Web Sites

[http://www.archives.gov/federal\\_register/public\\_participation/public\\_participation.html](http://www.archives.gov/federal_register/public_participation/public_participation.html)

### U.S. Government Printing Office

<http://www.gpo.gov/>

# FUNDING

## FEDERAL SOURCES

### GrantsNet

GrantsNet is an Internet application tool created by the Department of Health and Human Services (DHHS) Office of Grants Management (OGM) for finding and exchanging information about HHS and other Federal grant programs.

GrantsNet serves the general public, the grantee community, and grant-makers (i.e. state and local governments, educational institutions, non-profit organizations, and commercial businesses).

GrantsNet provides a variety of Department-wide grants policies governing the award and administration of grant activities, publishing these in grants policy directives, regulations, and/or manuals.

#### Contact Information

##### GrantsNet

<http://www.hhs.gov/grantsnet/>

##### Other HHS Funding Opportunities

<http://www.hhs.gov/grantsnet/otherops.htm>

#### What Kind of Information Can I Find Here?

Use the Roadmap on GrantsNet to find everything from lists of current HHS funding opportunities to key grants management officials in other Federal agencies.

### Health Resources and Services Administration (HRSA) Preview Guide

HRSA's Preview Guide profiles its discretionary grant programs—broken down by individual bureaus—for each fiscal year. The publication also lists and explains common grant terminology and provides answers to frequently asked questions.

The purpose of the Preview Guide is to provide the general public with a single source of program and application information related to HRSA's competitive grant offerings.

This guide is designed to replace the multiple Federal Register notices, which traditionally advertised the availability of HRSA's discretionary funds for its various programs—periodically, program initiatives may still be announced in the Federal Register.

The following information is included in the HRSA Preview: (1) program title; (2) legislative authority; (3) purpose; (4) eligibility; (5) funding priorities and/or preferences; (6) estimated dollar amount of competition; (7) estimated number of awards; (8) estimated project period; (9) Catalog of Federal Domestic Assistance (CFDA) identification number; (10) application availability date; (11) letter of intent deadline (if any); (12) application deadline; (13) projected award date; and (14) programmatic contact, with telephone and e-mail addresses.

#### Access

The Preview Guide is available in various formats:

#### Print

The print version contains a description of grant programs, and includes instructions on how to contact HRSA for information and receive application kits for all programs.

#### E-mail

You can be placed on a mailing list to get the Preview Guide as well as be notified of any additional information.

#### Online

The online version is available in WordPerfect, PDF, and HTML formats, and contains the same information as the print version.

#### Contact Information

**HRSA Grants Application Center**  
877-HRSA 123 (877-477-2123)

##### HRSA Preview Guide

<http://www.hrsa.gov/grants.htm>

##### HRSA Preview Guide Mailing List Sign-up

E-mail: [hrsagac@hrsa.gov](mailto:hrsagac@hrsa.gov)

##### HRSA Preview Guide Online Ordering Form

[http://www.hrsa.gov/g\\_order3.htm](http://www.hrsa.gov/g_order3.htm)

## National Institutes of Health (NIH) NIH Guide for Grants and Contracts

The NIH Guide for Grants and Contracts, in place of the Federal Register due to the specialized nature of NIH's applicants, serves as the official publication of NIH policies, procedures, and availability of funds. Available funding is announced weekly in the NIH Guide for Grants and Contracts, and on occasion, unofficial notices of interest to the scientific research community are published. The Centers for Disease Control and Prevention (CDC) also announce research-based funding opportunities in the NIH Guide.

NIH considers applications for the support of basic or clinical biomedical, behavioral, and bioengineering research. New extramural grant programs and priorities are implemented by publication of one of the following:

- Program Announcement (PA): announces increased priority and/or emphasizes particular funding mechanisms for a specific area of science; applications accepted on standard receipt dates on an on-going basis.
- Request for Applications (RFA): identifies a more narrowly defined area for which one or more NIH institutes have set aside funds for awarding grants; one receipt date, specified in RFA; and
- Request for Proposals (RFP): solicits proposals for a contract; one receipt date, specified in RFP.

### Access

NIH Guide for Grants and Contracts information can be accessed via e-mail and the Internet.

### E-mail

NIH provides a LISTSERV via e-mail that provides the Table of Contents (TOC) for each week's issue of the Guide. Associated with each TOC entry is the Internet address for further information.

### Online

Online version of the Guide allows user to search grant availability via program announcement; requests for application; year or week; and/or subject area.

# F U N D I N G FEDERAL SOURCES

## Contact Information

**NIH Guide for Grants and Contracts**  
<http://grants.nih.gov/grants/guide/index.html>

**NIH Guide for Grants and Contracts:  
Online Searching**  
<http://grants1.nih.gov/grants/guide/index.html#search>

**NIH Guide for Grants and Contracts:  
Using the TOC Notification LISTSERV  
Service**  
<http://grants1.nih.gov/grants/guide/listserv.htm>

**NIH Forms (including applications and  
instructions)**  
<http://grants.nih.gov/grants/forms.htm>

**NIH Grants Information Office**  
301-435-0714

### FYI

When applying for a Federally funded grant, inquire if the Request for Applications (RFA), is related to one of the priority areas as defined in Healthy People 2010 - the report may serve as a helpful guideline for your application.

"Healthy People 2010: Understanding and Improving Health" explains the history of the Healthy People initiative, the model on which Healthy People 2010 is based, how to use Healthy People 2010 as a systematic approach to health improvement, and the Leading Health Indicators.

This report is available from the Healthy People Web site at <http://www.health.gov/healthypeople/>.



# F U N D I N G

## FEDERAL SOURCES

### Types Of Federal Assistance

To assist you in finding funding that best suits your needs, the following list defines the types of assistance that are available through the programs listed in the CDFA.

Currently, programs in the CFDA are being classified by GSA into 15 types of assistance—benefits and services of the programs are provided through seven financial types of assistance and eight non-financial types of assistance.

- |  |  |
|--|--|
| <b>(A) Formula Grants</b>                        | Allocations of money to States or their subdivisions in accordance with distribution formulas prescribed by law or administrative regulation, for activities of a continuing nature not confined to a specific project.  |
| <b>(B) Project Grants</b>                        | The funding, for fixed or known periods, of specific projects. Project grants can include fellowships, scholarships, research grants, training grants, traineeships, experimental and demonstration grants, evaluation grants, planning grants, technical assistance grants, survey grants, and construction grants.   |
| <b>(C) Direct Payments for Specified Use</b>     | Financial assistance from the Federal government provided directly to individuals, private firms, and other private institutions to encourage or subsidize a particular activity by conditioning the receipt of the assistance on a particular performance by the recipient. This does not include solicited contracts for the procurement of goods and services for the Federal government. |
| <b>(D) Direct Payments with Unrestricted Use</b> | Financial assistance from the Federal government provided directly to beneficiaries who satisfy Federal eligibility requirements with no restrictions being imposed on the recipient as to how the money is spent. Included are payments under retirement, pension, and compensatory programs.   |
| <b>(E) Direct Loans</b>                          | Financial assistance provided through the lending of Federal monies for a specific period of time, with a reasonable expectation of repayment. Such loans may or may not require the payment of interest.  |
| <b>(F) Guaranteed/Insured Loans</b>              | Programs in which the Federal government makes an arrangement to identify a lender against part or all of any defaults by those responsible for repayment of loans.  |
| <b>(G) Insurance</b>                             | Financial assistance provided to assure reimbursement for losses sustained under specified conditions. Coverage may be provided directly by the Federal government or through private carriers and may or may not involve the payment of premiums.   |



<b>(H) Sale, Exchange, or Donation of Property and Goods</b>	Programs which provide for the sale, exchange, or donation of Federal real property, personal property, commodities, and other goods including land, buildings, equipment, food and drugs. This does not include the loan of, use of, or access to Federal facilities or property.
<b>(I) Use of Property, Facilities, and Equipment</b>	Programs which provide for the loan of, use of, or access to Federal facilities or property wherein the federally owned facilities or property do not remain in the possession of the recipient of the assistance.
<b>(J) Provision of Specialized Services</b>	Programs that provide Federal personnel directly to perform certain tasks for the benefit of communities or individuals. These services may be performed in conjunction with nonfederal personnel, but they involve more than consultation, advice, or counseling.
<b>(K) Advisory Services and Counseling</b>	Programs that provide Federal specialists to consult, advise, or counsel communities or individuals to include conferences, workshops, or personal contacts. This may involve the use of published information, but only in a secondary capacity.
<b>(L) Dissemination of Technical Information</b>	Programs which provide for the publication and distribution of information or data of a specialized or technical nature frequently through clearinghouses or libraries. This does not include conventional public information services designed for general public consumption.
<b>(M) Training</b>	Programs that provide instructional activities conducted directly by a Federal agency for individuals not employed by the Federal government.
<b>(N) Investigation of Complaints</b>	Federal administrative agency activities that are initiated in response to requests, either formal or informal, to examine or investigate claims of violations of Federal statutes, policies, or procedure. The origination of such claims must come from outside the Federal government.
<b>(O) Federal Employment</b>	Programs that reflect the Government wide responsibilities of the Office of Personnel Management in the recruitment and hiring of Federal civilian agency personnel.

# FUNDING FEDERAL SOURCES

## HHS Grants Offices

While many HHS offices announcement grants through their Websites or through the Federal Register, you can still call to get more information on what grants are being advertised or more about the agency's grant policies.

If you are not sure of which program or office to contact, contact the grants office that handles all programming to get more information.

### Administration on Aging (AoA)

AoA Program Announcements  
330 Independence Avenue, SW  
Washington, D.C. 20201  
202-619-0441 Discretionary Funds  
202-619-2957 Indian Specific  
202-401-0838 Grants Management Office  
202-260-1012 Fax  
<http://www.aoa.gov/t4>

### Administration for Children and Families (ACF)

ACF Office of Administration  
Office of Financial Services  
370 L'Enfant Promenade, SW  
Washington, D.C. 20447  
202-401-9225 Discretionary Grant Programs  
202-401-6603 Mandatory Grant Programs  
202-260-1012 Fax  
<http://www.acf.dhhs.gov/grants.html>

### Agency for Healthcare Research and Quality (AHRQ)

Agency for Healthcare Research and Quality  
P. O. Box 8547  
Silver Spring, MD 20907-8547  
301-594-1447  
888-586-6340 TDD  
<http://www.ahrq.gov/fund/>

### Agency for Toxic Substances and Disease Registry (ATSDR)

Grant information for the Agency for Toxic Substances and Disease Registry (ATSDR) is located within the Centers for Disease Control and Prevention Procurement and Grants Office—see contact information below.

### Centers for Disease Control and Prevention (CDC)

CDC Procurement and Grants Office  
1600 Clifton Road  
Atlanta, GA 30333  
404-639-3311  
404-639-7039  
<http://www.cdc.gov/funding.htm>

### Centers for Medicare and Medicaid Services (CMS)

CMS Contracting and Grant Opportunities  
7500 Security Boulevard  
Baltimore MD 21244-1850  
410-786-3000 Medicare and Medicaid Information  
410-786-5130 Discretionary Grants  
<http://cms.hhs.gov/contractors/potentialcontractors/default.asp>

### Food and Drug Administration (FDA)

FDA Office of Contracts and Grants Management Division  
5600 Fishers Lane, Room 2032  
Rockville, MD 20857  
301-443-1240  
301-443-3757 Fax  
<http://www.fda.gov/oc/ofacs/grants/>

## Health Resources and Services Administration (HRSA)

HRSA Grants Application Center  
Attention: Grants Management Officer  
901 Russell Avenue, Suite 450  
Gaithersburg, MD 20879  
877-477-2123 HRSA Grants Application Center  
301-443-1433 Grants Management Office  
<http://www.hrsa.gov/grants.htm>

Note: The following HRSA offices have Web sites with direct links to their funding opportunities but the contact information for each is the same as above.

**HRSA Bureau of Health Professions (BHPr)**  
<http://www.bhpr.hrsa.gov/grants2002/>

**HRSA Bureau of Primary Health Care (BPHC)**  
<http://www.bphc.hrsa.gov/grants/>

**HRSA HIV/AIDS Bureau (HAB)**  
<http://hab.hrsa.gov/grant.htm>

**Maternal & Child Health Bureau (MCHB)**  
<http://www.mchb.hrsa.gov/html/grantsguidance.html>

**Office of Rural Health Policy (ORHP)**  
<http://ruralhealth.hrsa.gov/funding/>

**Office for the Advancement of Telehealth (OAT)**  
<http://telehealth.hrsa.gov/grants.htm>

## Indian Health Service (IHS)

IHS Office of Administration and Management  
Grants and Contracts Division  
Twinbrook Metro Plaza  
12300 Twinbrook Parkway, Suite 630  
Rockville, MD 20852  
301-443-5774  
301-443-2510 Fax  
<http://www.ihs.gov>

# FUNDING FEDERAL SOURCES

## National Institutes of Health (NIH)

NIH Contracts and Grants Division  
6100 Executive Boulevard, Room 6D01  
Bethesda, MD 20892  
301-496-4422  
301-402-2425 Fax  
<http://grants.nih.gov/grants/index.cfm>

## Office of the Secretary

Office of Minority Health  
Contact the Office of Minority Health Resource Center to check the availability of funding.  
Office of Minority Health Resource Center (OMHRC)  
P. O. Box 37337  
Washington, D.C. 20013-7337  
800-444-6472  
301-230-7874  
301-230-7198 Fax  
<http://www.omhrc.gov>

Office of Population Affairs  
4350 East West Highway  
Suite 200 West  
Bethesda, MD 20814  
301-594-4000  
301-594-4012 Grants Management Office  
301-594-5980 Fax  
<http://opa.osophs.dhhs.gov/grants.html>

## Substance Abuse & Mental Health Services Administration (SAMHSA)

SAMHSA Office of Extramural Programs  
Grants Management Branch  
Parklawn Building, Room 12C-26  
5600 Fishers Lane  
Rockville, MD 20857  
301-443-3875  
301-443-1589 Fax  
<http://www.samhsa.gov/grants/grants.html>

# FUNDING FEDERAL SOURCES

## Other Funding Sources

For academic funding sources, consider the following resources:

### Federal Student Aid Information Center

Most federal student aid is awarded based on financial need rather than scholastic achievement. For instance, most grants are targeted to low-income students. However, you do not have to show financial need to receive certain federal student loans.

For more information, go to [http://www.ed.gov/prog\\_info/SFA/StudentGuide/](http://www.ed.gov/prog_info/SFA/StudentGuide/) or call 800-4-FED-AID (800-433-3243).

### National Health Service Corps (NHSC)

The National Health Service Corps unites communities in need with caring health professionals and support their efforts to build better systems of care. 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.

For more information, go to [http://nhsc.bhpr.hrsa.gov/get\\_involved/scholarships.html](http://nhsc.bhpr.hrsa.gov/get_involved/scholarships.html) or call 800-221-9393.

**STOP!!**

Call the OMH Resource Center today for information and a database search on: scholarships; fellowships; grants; and other funding sources.

800-444-6472 • <http://www.omhrc.gov>

The National Institutes of Health offers many research programs for students at various levels of study - below are some links to such programs.

### National Institutes of Health (NIH) Undergraduate Scholarship Program

This program offers competitive scholarships to students from disadvantaged backgrounds who are committed to careers in biomedical, behavioral and social science health-related research.

The program is designed to improve access to education leading to research careers for those who have had fewer opportunities than others.

For more information, go to <http://ugsp.info.nih.gov/> or call 800-528-7689.

### National Institutes of Health (NIH) Programs for Predoctoral Students

- Predoctoral Intramural Research Training Award
- Interim or Year-Off Intramural Research Training Award
- Clinical Research Training Program (CRTP)

### National Institutes of Health (NIH) Programs for Physicians and Post-doctoral Researchers

- Loan Repayment Programs (LRP)
- Laboratory Research Pathway.
- Combined Clinical and Research Pathway

For more information on the programs for predoctoral students, physicians, and post-doctoral researchers, go to <http://ugsp.info.nih.gov/BioResearch/rschprog.htm#PPRProg>



## Non-Federal Funding

**P**ivate funding can be obtained from a variety of sources such as foundations, corporations, voluntary agencies and community groups. Generally, private organizations fund programs that address their individual interests, such as health care or the environment, or that benefit a particular group, such as minorities or women.

The following are just a few examples of foundations that offer programs that are health-and/or minority-related.



### **Bill & Melinda Gates Foundation**

P. O. Box 23350  
Seattle, WA 98102  
206-709-3140

E-mail: [info@gatesfoundation.org](mailto:info@gatesfoundation.org) for general questions or grant inquires

<http://www.gatesfoundation.org/>

The Foundation seeks to provide access to quality education, to improve health in the developing world, to bring computers, Internet access and training to public libraries in low-income communities in the United States and Canada, and to address the needs of children and families in the Pacific Northwest.

### **The California Endowment**

21650 Oxnard Street  
Suite 1200  
Woodland Hills, CA 91367  
818-703-3311  
800-449-4149

<http://www.calendow.org/>

The Endowment awards grants to organizations that directly benefit the health and well-being of the people of California. Key areas of interest include multicultural health, access to health care, and health and well-being. The Endowment uses a variety of funding approaches to meet the needs of local communities including an open application grant program (CommunitiesFirst), requests for proposals, funding partnerships, commissioned grants and program-related investments. Funding is restricted to not-for-profit and governmental organizations within the State of California—no grants are made to individuals.

### **Commonwealth Fund**

One East 75th Street  
New York, NY 10021  
212-606-3800

<http://www.cmwf.org>

The Commonwealth Fund is a private foundation that supports independent research on health and social issues and makes grants to improve health care practice and policy. The Fund is dedicated to helping people become more informed about their health care, and improving care for vulnerable populations such as children, elderly people, low-income families, minority Americans, and the uninsured.

## FUNDING NON-FEDERAL

### **The Foundation Center**

79 Fifth Avenue  
New York, NY 10003  
212-620-4230

<http://fdncenter.org/>

The Center collects, organizes, and communicates information on U.S. philanthropy; conducts and facilitates research on trends in the field; provides education and training; and ensures public access to information and services through its Web site, print and electronic publications, five library/learning centers, and a national network of over 200 cooperating collections.

### **The Robert Wood Johnson Foundation**

Route 1 and College Road East  
P. O. Box 2316  
Princeton, NJ 08543-2316  
609-452-8701

<http://www.rwjf.org>

The Robert Wood Johnson Foundation is the largest U.S. foundation devoted to improving the health and health care of all Americans. Grantmaking is concentrated in four areas—access to basic health care at reasonable cost; care and support for people with chronic health conditions; healthy communities and lifestyles; and substance abuse prevention. The foundation awards grants through national calls for proposals and unsolicited requests for funding.

# FUNDING NON-FEDERAL

## Funding Tips

One of the hardest parts in the grantseeking process can be getting started. The following are some questions you might ask yourself before you start preparing your grant application.

Every grant-making organization, public or private, has different guidelines to follow, however, this list is general enough to apply to any organization.

### Reasons for Funding

- Who is the target of the funding need?
- What way does my plan address the need for assistance?
- What are your reasons for undertaking the project?
- What are the short term and long term goals of the project?
- What relevant background information and research is required?

### Project Development

- What are the goals and objectives of the funding organization and do they match the goals and objectives of my program?
- What steps need to be implemented in order for the program to be carried out?
- What type of budget will I need for my program?
- What type of proposal format should be used (e.g., forms or letters)?
- What does the project involve, who does it involve or affect and how will we evaluate project outcomes?

### Funding Sources

- Who has funding that best suits my project?
- Where can I obtain information about potential funders?

- Why should I look at more than one funding source?
- What type of funding is available after the initial grant money runs out?

### Proposal Tips

- When are the application deadlines?
- Who is the appropriate contact for the proposal?
- What, if any, technical assistance is offered by the grantor that will be useful to me?
- Where can I find technical assistance in case the grantor does not provide it?
- Who will help in making sure that I properly complete the proposal and submit the appropriate forms?

### Additional Sources of Funding Help

- A grant writing workshop or team up with an experienced fundraiser.
- A local public library to locate funding resources and reading materials.
- Your State Office of Grants Management (or similar office) to seek funds available through your state.
- A local smaller foundation in your community.



# Funding Glossary

# FUNDING GLOSSARY

**Annual Report**-A voluntary report issued by a foundation or corporate giving program which provides financial data and descriptions of grantmaking activities.

**Appropriated Funds**-Money set aside by Congress to be spent in the following fiscal year for specified projects or programs.

**Assets**-The amount of capital or principal-money, stocks, bonds, real estate, or other resources of the foundation or corporation.

**Authorized Funds**-Money which Congress initially allocates for needed projects or programs. Until this money is appropriated, it cannot be spent.

**Beneficiary**-In philanthropic terms, the donee or grantee receiving funds from a foundation or corporate giving program is the beneficiary, though society benefits as well.

**Block Grant**-Refers to grants in which the Federal Government outlines in broad terms how State and local governments should spend Federal aid—ultimately leaving the spending up to state and local officials.

**Bricks and Mortar**-An informal term for grants for buildings or construction projects.

**Budget**-Itemized list of expenditures and income that is written as part of a proposal.

**Capital Support**-Funds provided for endowment purposes, buildings, construction, or equipment and including, for example, grants for 'bricks and mortar.'

**CBO**-Community-based organization; any service-providing organization.

**Challenge Grant**-A grant award that will be paid only if the donee organization is able to raise additional funds from another source(s).

**Community Fund**-An organized community program which makes annual appeals to the general public for funds which are usually not retained in endowment but are used for the ongoing operational support of local social and health service agencies.

**Community Foundation**-A 501(c)(3) organization which makes grants for charitable purposes in a specific community or region.

**Company-Sponsored Foundation** -A private foundation whose grant funds are derived primarily from the contributions of a profit-making business organization.

**Competitive grant**-Award for specific types of research, demonstration, training, etc.

**Contract**-An agreement between the Government and an individual or organization to perform a specific work order, job, or function for a specified amount of money.

**Cooperative Venture**-A joint effort between or among two or more grantmakers (including foundations, corporations, and government agencies).

**Corporate Giving Program**-A grantmaking program established and administered within a profit-making company.

**Demonstration Grant**-Funds used to underwrite a feasibility study or program (e.g., to test the assumption that a new drug rehabilitation program actually works).

**Demonstration Project**-A first-of-a-kind project funded by the Government in hopes of demonstrating to others how to educate, deliver services, or establish new research methodologies.

**Direct costs**-Cost items directly related to producing the end project or providing services specified in the grant or contract. Direct costs include labor, other direct costs, indirect costs, overhead costs, and general and administrative costs.

**Donee**-The recipient of a grant. (Also known as the grantee or the beneficiary.)

**Donor**-The individual or organization which makes a grant or contribution.

# FUNDING GLOSSARY

**Endowment-Funds** intended to be kept permanently and invested to provide income for continued support of an organization.

**Entitlement Grant**-Noncompetitive and awarded automatically on basis of legally defined formula to all agencies or institutions that qualify (State, medical schools, etc.)

**Extramural Funding**-Monies used to finance projects or programs carried out by non-Federal-Government organizations or staff.

**Family Foundation**-An independent private foundation whose funds are derived from members of a single family.

**Federated Giving Program**-A joint fundraising effort usually administered by a nonprofit 'umbrella' organization which in turn distributes contributed funds to several nonprofit agencies.

**Fiscal Year (FY)**-A 12-month accounting period, which for the Federal Government runs from October 1 of one calendar year to September 30 of the next.

**Formula Grants**-Awarded by Federal agencies on the basis of a set formula such as so many dollars per population, per capita income, or enrollment. Chief recipients are State governments.

**General and Administrative Costs**-Expenses incurred by contractor/grantee in the management and administration of the organization as a whole (e.g., accounting staff, legal expenses, expenses related to proposal preparation).

**General Purpose Grant**-A grant made to further the general purpose or work of an organization, rather than for a specific purpose or project.

**Grant**-Award of money or direct assistance to perform activity or programs whose outcome is seen as less certain than that from a contract, with expected results described in general terms.

**Grant-Financial Report**-A report detailing how grant funds were used by an organization.

**Grassroots Fundraising**-Efforts to raise money from individuals or groups from the local community on a broad basis.

**Independent Foundation**-A grantmaking organization usually classified by the IRS as a private foundation.

**In-Kind Contributions**-A contribution of equipment, supplies, or other property as distinguished from a monetary grant.

**In-Kind Support**-A nonmonetary contribution of equipment, supplies, or other property as distinguished from a grant.

**Indirect Costs**-Cost items not directly related to producing a product or providing a service specified in a contract or grant, but rather costs incurred in maintaining contractor/grantee personnel and facilities.

**Intramural Funding**-Monies spent by the Federal Government internally for staff operating expenses, travel, supplies, programs, research, etc.

**Legislative Intent**-When Congress appropriates money for specific programs or projects it is done through an agreed-upon budget.

**Legislative Language**-This is the actual wording contained in items passed (approved by a majority) by the legislature-the United States Congress. Legislative language in a budget has the weight of law and must be followed.

**Matching Grant**-A grant which is made to match funds provided by another donor.

**Matching Grants/Funds**-Funds or in-kind contributions that must be provided by the grantee or a third party.

**Operating Foundation**-A 501(c)(3) organization classified by the IRS as a private foundation whose primary purpose is to conduct research, social welfare, or other programs determined by its governing body or establishment charter.

**Operating Support Grant**-A grant to cover the regular personnel, administrative, and other expenses for an existing program or project.

**Other Direct Costs**-Cost of all items, except direct labor, directly related to producing the end project.

**Overhead Costs**-Expenses incurred by contractor or grantee in maintaining staff and facilities (e.g., rent, supplies, equipment, employee fringe benefits).

**Peer Review**-Advisory panel of experts from outside the government who make recommendations on the relative merit of applications. Used by most units of the Federal Government to review research and project grants.

**Private Foundation**-A nongovernmental, nonprofit organization with funds (usually from a single source, such as an individual, family, or corporation) and program managed by its own trustees or directors which was established to maintain or aid social, educational, religious, cultural, or other charitable activities serving the common welfare, primarily through the making of grants.

**Program Amount**-Funds which are expended to support a particular program.

**Program Officer**-A staff member of a foundation or corporation who may have expertise in particular areas of grantmaking.

**Program/Project Officer**-Individual designated by sponsoring agency to serve as the official responsible for the scientific, technical, and programmatic aspects of the grant project.

**Project Grants**-An overall term for the wide variety of grants that support specific projects.

**Project Period**-The total time for which support of a project has been approved, including extensions of time.

**Proposal**-A written application, often with supporting documents submitted to a foundation or corporation in requesting a grant.

**Public Charity**-In general, an organization which is tax exempt under Code section 501(c)(3) and is classified by IRS as a public charity and not a private foundation.

## F U N D I N G G L O S S A R Y

**Qualifying Distributions**-Expenditures of private foundations used to satisfy payout requirement.

**Query Letter**-A brief letter outlining an organization's activities and its request for funding sent to a foundation or corporate giving program to determine whether it would be appropriate to submit a full grant proposal.

**Revenue Sharing**-Mechanism whereby the Federal Government turns funds back to local units of government.

**RFA (Request for Application)**-An announcement from a funding source that will result in a grant award.

**RFP (Request for Proposal)**-When the Government issues a new contract or grant program, it sends out RFPs to agencies that might be qualified to participate. The RFP lists project specifications and application procedures.

**Seed Money**-A grant or contribution used to start a new project or organization. Seed grants may cover salaries and other operating expenses of a new project.

**Site Visit**-Visit by persons responsible to funding agency to obtain additional information before the award of a contract.

**Special Purpose Foundation**-A private foundation which focuses its grantmaking activities in one or a few special areas of interest.

**Tax Exempt**-Refers to organizations that do not have to pay Federal or State corporate tax, State sales taxes, or telephone excise taxes.

**Technical Assistance**-Operational or management assistance given to nonprofit organizations. It can include fundraising assistance, budgeting and financial planning, program planning, legal advice, marketing, and other aids to management. Assistance may be offered directly by a foundation or corporate staff member or in the form of a grant to pay for the services of an outside consultant.



# Technical Assistance

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**T**here are many different definitions of technical assistance (TA)—from ‘management assistance’ given to non-profit organizations to a ‘paid consultant’ to write a grant. Both of these definitions and the ones in between all apply under the term ‘technical assistance’.

For the purposes of this toolkit, ‘technical assistance’ is any type of verbal communication, print material, media outreach, toolkit, or assessment tool that makes ones job easier in imparting information and education to a target audience.

This section lists organizations that provide some type of technical assistance for the priority health concerns of cancer, cardiovascular disease/stroke, diabetes, HIV/AIDS, immunization, and infant mortality. The form of TA may be workshops, online tutorials testing for the risk of heart disease, software programs to install, and more!

While not exhaustive, there are many different types of TA resources listed for those interested in the following areas: Alzheimer’s disease, asthma, border health, caregivers, community health, cultural competence, disabilities, elderly persons, environmental health, hepatitis, lupus, mental health, migrant health, rural health, sickle cell disease, suicide, thalassemia, women’s health, and more.





## CANCER

### Cancer Care, Inc.

275 Seventh Avenue  
New York, NY 10001  
<http://www.cancercare.org>

- Technical Assistance Institute  
Teleconferences Program  
<http://www.cancercare.org/clinical/education/>  
Cancer Care's Technical Assistance Institute teleconferences and programs offer technical assistance to community and health care professionals to assist them in developing and implementing support programs for cancer patients, their families, and their caregivers.

### National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

CDC/DCPC  
4770 Buford Hwy, NE  
MS K64  
Atlanta, GA 30341  
888-842-6355  
<http://www.cdc.gov/cancer/nbccedp/index.htm>

- Workplans: A Program Management Tool Education and Training Packet  
<http://www.cdc.gov/cancer/nbccedp/training/workplans.htm>  
The packet serves as a guide for State, Tribal, and Territorial BCCEDP staff in the process of developing a workplan. The tip sheets contain in-depth, step-by-step instructions for developing a workplan, including issues surrounding program planning, implementation, and evaluation.

### National Cancer Institute

Risk Factor Monitoring and Methods Branch  
Applied Research Program  
Division of Cancer Control and Population Sciences  
EPN 4005  
6130 Executive Blvd-MS C 7344  
Bethesda, MD 20892-7344  
301-496-8500  
<http://riskfactor.cancer.gov/index.html>

- The Diet History Questionnaire (DHQ)  
<http://riskfactor.cancer.gov/DHQ/>  
Helpful for assessing potential cancer risk factors, DHQ is a food frequency questionnaire (FFQ) con-

## TECHNICAL ASSISTANCE PRIORITY HEALTH

sisting of 124 food items, including both portion size and dietary supplement questions. It takes about 1 hour to complete and was designed, based on cognitive research findings, to be easy to use.

## CARDIOVASCULAR DISEASE/ CEREBROVASCULAR DISEASE

### American Heart Association

National Center  
7272 Greenville Avenue  
Dallas, TX 75231  
800-AHA-USA-1 (800-242-8721)  
<http://www.americanheart.org>

- What is Get With The GuidelinesSM?  
<http://www.americanheart.org/presenter.jhtml?identifier=1165>  
“Get With The Guidelines” is a new program to help hospitals teach cardiovascular patients to reduce their risk of another event. The American Heart Association conducts training sessions across the country.

### American Stroke Association

National Center  
7272 Greenville Avenue  
Dallas, TX 75231  
888-4-STROKE (888-478-7653)  
<http://www.strokeassociation.org>

- Acute Stroke Treatment Program  
<http://www.strokeassociation.org/presenter.jhtml?identifier=2723>  
This tool kit is for stroke center directors, hospital providers and staff who want to establish a primary stroke center. The Program Capacity Assessment Criteria checklist allows hospitals to evaluate their readiness to treat stroke. Other tools include physician's standing orders, integrative pathways, hospital stroke scales, and more.

# TECHNICAL ASSISTANCE PRIORITY HEALTH

- **Organizing Stroke Screenings**  
<http://www.strokeassociation.org/downloadable/stroke/1013009158564StrkScreenGdlns.pdf>  
Created for healthcare professionals, staff, and volunteers as a guide in conducting stroke screenings, this kit recommends educational and support materials needed, as well as protocols to follow. It also includes a stroke risk assessment form.
- **Stroke: When Minutes Matter**  
[http://www.strokeassociation.org/downloadable/stroke/1013009397780min\\_mat.pdf](http://www.strokeassociation.org/downloadable/stroke/1013009397780min_mat.pdf)  
This program kit offers senior center directors the tools they will need to hold an educational event on stroke warning signs and the need to dial 911 when experiencing those warning signs. The kit includes instructions and reproducible handouts.

**National Heart, Lung, and Blood Institute**  
P. O. Box 30105  
Bethesda, MD 20824-0105  
301-592-8573  
<http://www.nhlbi.nih.gov/index.htm>

- **The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults**  
[http://www.nhlbi.nih.gov/guidelines/obesity/prctgd\\_c.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf)  
The goal of the Practical Guide is to provide the tools needed to effectively manage overweight and obese adult patients.
- **Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III, or ATP III)**  
[http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3\\_rpt.htm](http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3_rpt.htm)

## DIABETES

**Diabetes Today National Training Center**  
1700 Research Boulevard  
Suite 400  
Rockville, MD 20850  
877-CDC-DIAB  
301-294-5453

<http://www.diabetestodayntc.org>

The purpose of the Diabetes Today National Training Center is to establish a national training center that will conduct Diabetes Today training courses and provide technical assistance and follow-up to participating States, the District of Columbia, the Virgin Islands, Puerto Rico, national and regional organizations, and communities.

**National Diabetes Education Program**  
National Diabetes Information Clearinghouse  
1 Diabetes Way  
Bethesda, MD 20892-3600  
800-438-5383  
<http://ndep.nih.gov/>

- **Diabetes Community Partnership Guide**  
<http://ndep.nih.gov/materials/pubs/community-guide/community-guide.htm>  
This how-to kit is the ideal tool to help launch diabetes activities in your community. The 150-page kit contains ideas and guidelines to start partnerships, plan activities, and raise community awareness.
- **Making a Difference: The Business Community Takes on Diabetes**  
<http://ndep.nih.gov/materials/pubs/making-a-difference/index.htm>  
This White paper is a call to action for business leaders to become involved in workplace and community activities to control diabetes-related complications. It provides information on the human and economic impact of diabetes and gives suggestions on how businesses can help employees with diabetes achieve improved glycemic control.

Contact the OMH Resource Center today if you need help finding organizations that provide technical assistance!  
800-444-6472 • [www.omhrc.gov](http://www.omhrc.gov)

# TECHNICAL ASSISTANCE PRIORITY HEALTH

- **Media Kits**  
<http://ndep.nih.gov/materials/puborder/resource.htm#kits>  
Focusing on diabetes prevention, media kits are available for the following minority groups: African American, American Indian, Asian American and Pacific Islander in English, Hispanic and Latino in English and Spanish, and the following translated versions Cambodian, Chinese, Gujarati, Hindi, Hmong, Ilokano, Korean, Laotian, Samoan, Tagalog, and Vietnamese.
- **The Power to Control Diabetes is in Your Hands (community kit)**  
<http://ndep.nih.gov/materials/puborder/resource.htm#health>  
This kit is a tool for individuals and organizations to use in educating people with diabetes, their families, and friends about how to control this disease and use Medicare benefits to pay for diabetes self-testing equipment and supplies.
- **Team Care: Comprehensive Lifetime Management for Diabetes**  
<http://ndep.nih.gov/materials/pubs/team-care/team-care.htm>  
This report was created to help organizational leaders in health care systems and health care purchasers implement multidisciplinary team care for people with diabetes in all clinical settings. It describes how to reduce the human and economic toll of diabetes through a continuous, proactive, planned, patient-centered, and population-based approach to care.

## **Texas Medical Foundation**

Barton Oaks Plaza Two, Suite 200  
901 Mopac Expressway South  
Austin, TX 78746-5799  
888-691-9167  
<http://www.dqip.org/>

- **Compendium of Diabetes Best Practices**  
<http://www.dqip.org/compendium/index.html>  
The Compendium of Diabetes Best Practices assists health care providers by improving the screening, monitoring, and treatment of diabetic patients.

- **Diabetes Quality Improvement Project (DQIP) Data Abstraction Software and User's Guide**  
<http://www.dqip.org/toolkit.html>  
The DQIP abstraction tool kit is designed for use by managed care plans and physician practices to measure the routine care they deliver to their diabetic patients. Using this tool kit, providers can collect and analyze data to measure and ultimately improve the quality of diabetes care they deliver.

## **HIV/AIDS**

### **AIDS Education and Training Centers (AETC)**

National Resource Center (NRC)

<http://www.aids-ed.org/>

This online resource is provided as an information resource for physicians and other health care professionals to assist in the appropriate treatment of patients with HIV/AIDS.

### **Business Responds to AIDS and Labor Responds to AIDS Programs (BRTA/LRTA)**

CDC National Prevention Information Network (NPIN)

P. O. Box 6003

Rockville, MD 20849-6003

800-458-5231

<http://www.brta-lrta.org/>

- **The Labor Leader's Kit**  
<http://www.brta-lrta.org/mats/labor.htm>  
The kit includes all the resources labor leaders need to build comprehensive AIDS in the workplace programs.
- **The Manager's Kit**  
<http://www.brta-lrta.org/mats/manager.htm>  
The kit includes all the resources business leaders need to build comprehensive AIDS in the workplace programs.

# TECHNICAL ASSISTANCE PRIORITY HEALTH

## Center for Community-Based Health Strategies

1825 Connecticut Avenue, NW  
Washington, D.C. 20009-5721  
202-884-8862  
<http://www.healthstrategies.org>

- HIV Prevention Among Drug Users: A Resource Guide for Community Planners & Program Managers  
<http://www.healthstrategies.org/pubs/publications/HPDU-EntireDocument.pdf>
- HIV Prevention Community Planning: An Orientation Guide  
[http://www.healthstrategies.org/pubs/publications/HIV\\_Prevention\\_Guide.pdf](http://www.healthstrategies.org/pubs/publications/HIV_Prevention_Guide.pdf)
- The State of Latinos in HIV Prevention Community Planning: A Briefing and a Call to Action [http://www.healthstrategies.org/pubs/publications/slcp\\_mar2002.pdf](http://www.healthstrategies.org/pubs/publications/slcp_mar2002.pdf)

## Health Resources and Services Administration (HRSA)

HIV/AIDS Bureau  
5600 Fishers Lane  
Rockville, MD 20852  
301-443-3376  
<http://www.hab.hrsa.gov/>

- CARE Act TA Library  
<http://hab.hrsa.gov/tools>  
The TA Library is a searchable database of TA information for the CARE Act community (e.g., manuals, tools, sample materials developed by grantees).

## HIVAIDSTA.org

<http://www.hivaidsta.org/>

This is an online resource offering HIV prevention community planning materials, peer samples, links to community planning groups, listservs, technical assistance, and more. This site is a joint project of the Academy of Educational Development (AED) Center for Community-Based Health Strategies and the National Alliance of State and Territorial AIDS Directors (NASTAD).

- Assessing the Need for HIV Prevention Services: A Guide for Community Planning Groups  
[http://www.hivaidsta.org/ta\\_materials/ta\\_tools.htm#assessingneed](http://www.hivaidsta.org/ta_materials/ta_tools.htm#assessingneed)  
This guide is intended to help HIV prevention community planning groups (CPGs) design, implement, update, and manage useful needs assessments.
- Self Assessment Tool for HIV Prevention Community Planning  
[http://www.hivaidsta.org/ta\\_materials/ta\\_tools.htm#selfassessment](http://www.hivaidsta.org/ta_materials/ta_tools.htm#selfassessment)  
This assessment tool is designed to provide community-planning groups with a practical, easy-to-use instrument to assess and enhance their community planning process; and to assist community-planning groups in identifying their needs for technical assistance.

## National Alliance of State and Territorial AIDS Directors (NASTAD)

444 North Capitol Street, NW  
Suite 339  
Washington, D.C. 20001  
202-434-8090  
<http://www.nastad.org/>

- NASTAD Global AIDS Technical Assistance Program (GATAP)  
[http://www.nastad.org/pro\\_gap.asp?menu=pro](http://www.nastad.org/pro_gap.asp?menu=pro)  
GATAP increases the capacity of resource-constrained countries to plan, implement and manage HIV prevention and care activities through peer-based technical assistance, organizational assessment, training, policy and program development, community planning, capacity-building, evaluation, and more.

**National Center for Chronic Disease Prevention and Health Promotion**

Division of Adolescent and School Health (DASH) Information Service

HealthyYouth

P. O. Box 8817

Silver Spring, MD 20907.

888-231-6405

888-282-7681 Fax

<http://www.cdc.gov/nccdphp/dash/>

- Handbook for Evaluating HIV Education  
[http://www.cdc.gov/nccdphp/dash/program\\_evaluation/hiv/index.htm](http://www.cdc.gov/nccdphp/dash/program_evaluation/hiv/index.htm)  
Handbook addresses evaluation of HIV policy, HIV curricula, HIV staff development programs, and HIV-related student outcomes in schools. Handbook can also be used to help assess the quality of HIV education programs at the state and local levels.

**National Center for HIV, STD and AIDS Prevention**

Division of HIV/AIDS Prevention

Centers for Disease Control and Prevention

Mail Stop E-49

Atlanta, GA 30333

800-342-2437

800-344-7432 Spanish

<http://www.cdc.gov/hiv>

- Evaluating CDC-Funded Health Department HIV Prevention Programs  
<http://www.cdc.gov/hiv/aboutdhap/perb/hdg.htm>  
Volumes 1 and 2 are designed to assist grantees in responding to CDC requirements regarding the evaluation of HIV prevention interventions supported with CDC funds.
- HIV Prevention Program Evaluation Materials Database  
<http://www2.cdc.gov/dhap1/petas/selection.asp>  
Database provides information about a variety of HIV prevention program evaluation resources appropriate to community-based organizations, health departments, capacity-building assistance providers, CDC staff, and other HIV prevention providers.

**T E C H N I C A L  
A S S I S T A N C E  
P R I O R I T Y H E A L T H**

**IMMUNIZATION**

**All Kids Count**

750 Commerce Drive, Suite 400

Decatur, Georgia 30030

800-874-4338

<http://www.allkidscount.org/>

- Increasing Private Provider Participation in Immunization Registries: A Toolkit and Guide  
<http://www.allkidscount.org/iz/publications/toolkit.html>  
Toolkit includes how-to information on understanding the local health care environment and customers, how to develop a recruitment plan, providers' frequently asked questions, and examples of research instruments for understanding private providers, health plans, and parents.

**Centers for Medicare and Medicaid Services**

7500 Security Boulevard

Baltimore MD 21244-1850

410-786-3000

<http://cms.hhs.gov/>

- Medicare Adult Immunization Computer Based Training Course Description  
[http://www.hcfa.gov/medlearn/CBT\\_AI.htm](http://www.hcfa.gov/medlearn/CBT_AI.htm)  
The goal of the Adult Immunization course is to help you better understand the importance of adult immunizations and identify ways to increase the immunization rates in the healthcare community.

# TECHNICAL ASSISTANCE PRIORITY HEALTH

## **National Immunization Program (NIP)**

Public Inquiries

Mailstop E-05

1600 Clifton Road, NE

Atlanta, GA 30333

800-232-2522

800-232-0233 Spanish

<http://www.cdc.gov/nip/>

<http://www.cdc.gov/spanish/inmunizacion.htm>

- **The Clinic Assessment Software Application (CASA)**  
<http://www.cdc.gov/nip/casa/Default.htm>  
CASA is a tool for assessing immunization practices within a clinic, private practice, or any other environment where immunizations are provided

## **INFANT MORTALITY**

### **Agency for Healthcare Research and Quality**

Publications Clearinghouse

P. O. Box 8547

Silver Spring, MD 20907-8547

800-358-9295

<http://www.ahrq.gov/>

- **CHILD HEALTH TOOLBOX—Measuring Performance in Child Health Programs Access, Quality, and Health Service Delivery**  
<http://www.ahrq.gov/chtoolbox/>  
Provides concepts, tips, and tools for evaluating Medicaid, the State Children's Health Insurance Program (SCHIP), Title V, and other health care service programs for children.

### **National Fetal and Infant Mortality Review (NFIMR)**

P. O. Box 96920

Washington, D.C. 20090-6920

202-863-2587

<http://www.acog.org/> (Click on 'technical help' then click on 'NFIMR')

- **Sustaining the FIMR Program: A Toolkit** [http://www.acog.org/from\\_home/departments/dept\\_notice.cfm?recno=10&bulletin=789](http://www.acog.org/from_home/departments/dept_notice.cfm?recno=10&bulletin=789)  
The purpose of this document is to provide directors and coordinators responsible for managing fetal and infant mortality review (FIMR) programs with information to help sustain their program.

### **National Sudden Infant Death Syndrome Resource Center (NSRC)**

2070 Chain Bridge Road, Suite 450

Vienna, VA 22182

703-821-8955

<http://www.sidscenter.org/>

NSRC assists state Maternal Child Health Bureau-supported projects, state SIDS programs funded through the MCHB Block Grant, policymakers, program planners, parents, family members, the general public, researchers, educators, medical and legal professionals, care providers, and counselors.



## ACCESS

### **Bureau of Primary Health Care (BPHC)**

4350 East-West Highway, 3rd Floor  
Bethesda, MD 20814  
301-594-3802  
301-594-4987  
<http://bphc.hrsa.gov>

- **Center for Communities in Action (CCA)**  
<http://bphc.hrsa.gov/CCA/>  
The CCA will identify partners and help to mobilize communities to provide access to primary health care to everyone in America. The Center is a major national support vehicle allowing the BPHC to transfer tools and technologies to partner organizations and communities that are critical to building and sustaining health care systems for poor and vulnerable populations. The CCA mission is to assist communities to effectively deploy local, state, and Federal assets to achieve 100% access to primary care for all individuals. Efforts and energies of the center are directed at identifying and assisting needy communities in building networks and relational models that promote capacity building, alignment of local assets and intellectual capital and effective utilization of Federal and state assistance.

## ALZHEIMER'S

### **Administration on Aging (AoA)**

330 Independence Avenue, SW  
Washington, D.C. 20201  
202-619-7501 National Aging Information Center  
800-677-1116 Eldercare Locator - to find services for an older person in his or her locality  
<http://www.aoa.gov>

- **Because We Care**  
<http://www.aoa.gov/wecare/default.htm>  
An online resource guide for the growing number of Americans who are caring for an older family member, adult child with disabilities, or older friend. This Guide provides information and a range of suggestions to make caregiving easier and more successful.

# TECHNICAL ASSISTANCE OTHERHEALTH

## ASTHMA

### **National Heart, Lung, and Blood Institute**

P. O. Box 30105  
Bethesda, MD 20824-0105  
301-592-8573  
<http://www.nhlbi.nih.gov/index.htm>

- **The Asthma Management Model System**  
<http://www.nhlbisupport.com/asthma/index.html>  
This model is an information management tool designed to facilitate science-based decision-making and evidence-based medicine in long-term asthma management. The system consists of three main components—research, education, and communication.

### **U.S. Environmental Protection Agency**

Indoor Air Quality Information Clearinghouse (IAQ INFO)  
P. O. Box 37133  
Washington D.C. 20013-7133  
800-438-4318  
703-356-4020  
<http://www.epa.gov/iaq>

- **Tools for Schools Action Kit**  
<http://www.epa.gov/iaq/schools/tools4s2.html>  
This kit helps school personnel identify, solve, and prevent indoor air quality problems in the school environment. Through the use of a 19-step management plan and checklists for the entire building, schools can also lower their students and staff's risk of exposure to asthma triggers.

# TECHNICAL ASSISTANCE OTHERHEALTH

## BORDER HEALTH

### **Centro de Evaluación: US/Mexico Border Health Evaluation Center**

The University of Oklahoma School of Social Work  
1005 S. Jenkins Avenue, Rhyne Hall  
Norman, OK 73019  
405-325-0442

<http://www.ou.edu/border/>

Offers technical assistance in data management (MIS) and/or data collection; survey instrument development and measurement issues; model development and articulation; data analysis and presentation of findings; and other evaluation issues related to border health.

## CAREGIVERS

### **National Family Caregiver Support Program (NFCSP)**

Administration on Aging (AoA)  
330 Independence Avenue, SW  
Washington, D.C. 20201  
202-619-7501 National Aging Information Center  
800-677-1116 Eldercare Locator - to find services for an older person in his or her locality  
<http://www.aoa.gov>

- National Family Caregiver Support Program Resource Guide  
<http://www.aoa.gov/carenetwork/nfcsp-resource-guide.html>  
This guide has been designed to offer practical information to the aging network to help implement the new caregiver program. It will feature possible implementation strategies and approaches, based on current research and practice, that network staff may consider in carrying out the NFCSP. The Resource Guide currently is in publication clearance but is available online.

## CHILD CARE

### **Tribal Child Care Technical Assistance Center (TriTAC)**

P. O. Box 1221  
Pawhuska, OK 74056  
800-388-7670

<http://www.nccic.org/tribal/>

TriTAC provides targeted technical assistance services to over 500 Tribes supported by the Child Care and Development Fund in an effort to enhance the quality, affordability and supply of child care available for all families, develop more coordinated delivery systems, promote linkages with State and local programs, and improve child care opportunities for families, providers, and Tribal communities. Activities include: a toll-free information and referral line; maintenance of a website with information on tribal child care programs, including promising practices and available resources; an annual national tribal child care conference; and cluster trainings.

## COMMUNITY HEALTH

### **Health Resource and Services Administration**

HRSA Information Center  
P. O. Box 2910  
Merrifield, VA 22116  
888-ASK-HRSA  
<http://www.ask.hrsa.gov>

- Community Health Status Indicators (CHSI)  
<http://www.communityhealth.hrsa.gov/>  
The CHSI provides 3,082 reports of health status indicators, one for each county in the nation. Reports provide health officials with data that can be used for assessment of needs, measurement of preventable disease, disability, and death, and more.



**Public Health Foundation**  
Healthy People Initiative  
1220 L Street, NW  
Suite 350  
Washington, D.C. 20005  
202-898-5600  
<http://www.phf.org>

- **The Healthy People Toolkit**  
<http://www.health.gov/healthypeople/state/toolkit/default.htm>  
Toolkit provides guidance, technical tools, and resources to help states, territories, and tribes develop and promote successful state-specific Healthy People 2010 plans. It can also serve as a resource for communities and other entities embarking on similar health planning endeavors. With the assistance and guidance of the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services (HHS), the Public Health Foundation reviewed both year 2000 and year 2010 initiatives and identified these seven areas as common elements of most health planning and improvement efforts.  
The seven action areas are: Building the Foundation: Leadership and Structure; Identifying and Securing Resources; Identifying and Engaging Community Partners; Setting Health Priorities and Establishing Objectives; Obtaining Baseline Measures, Setting Targets, and Measuring Progress; Managing and Sustaining the Process; and Communicating Health Goals and Objectives.

## CULTURAL COMPETENCE

**The Cross Cultural Health Care Program**  
2821 Beacon Avenue South  
Seattle, WA 98144  
206-860-0329  
<http://www.xculture.org/>  
Each year CCHCP provides trainings in linguistic and cultural competency in numerous health and social service settings around the country. Trainings target three crucial arenas of a health care system: the staff who provide care, the administrators who coordinate the delivery of care, and the policy-makers who regulate the form and manner of its delivery.

# TECHNICAL ASSISTANCE OTHERHEALTH

**The National Alliance for Hispanic Health**  
1501 Sixteenth Street, NW  
Washington, D.C. 20036  
202-387-5000  
<http://www.hispanichealth.org/>

- **The Hispanic Health Needs Assessment (HHNA)**  
[http://www.hispanichealth.org/hhna2001\\_1.pdf](http://www.hispanichealth.org/hhna2001_1.pdf)  
The HHNA provides Hispanic communities with tools to self-identify critical health issues and priorities thought existing public health data systems as well as community surveys.

**National Center for Cultural Competence**  
3307 M Street, NW, Suite 401  
Washington, D.C. 20007-3935  
800-788-2066  
202-687-8899 Fax  
<http://www.georgetown.edu/research/gucdc/nccc/>

- **Cultural Competency Self-Assessment Checklist**  
<http://www.georgetown.edu/research/gucdc/nccc/nccc7.html>  
This online checklist is intended to heighten the awareness and sensitivity of personnel to the importance of cultural diversity and cultural competence in human service settings. It provides concrete examples of the kinds of values and practices which foster such an environment.

**New York University (NYU)**  
Center for Immigrant Health  
Division of Primary Care  
NYU School of Medicine  
550 First Avenue  
New York, NY 10016  
212-263-8783  
<http://www.med.nyu.edu/cih/>  
The Center for Immigrant Health's mission is to facilitate the delivery of linguistically, culturally, and epidemiologically sensitive health care services to newcomer populations.

# TECHNICAL ASSISTANCE OTHERHEALTH

## Resources for Cross Cultural Health Care

8915 Sudbury Road  
Silver Spring, MD 20901  
301-588-6051

<http://www.DiversityRx.org>

Resources for Cross Cultural Health Care is a national network of individuals and organizations in ethnic communities and health care which offer technical assistance and information on linguistic and cultural competence in health care. Particular areas of expertise include medical interpretation program design and training, cross cultural assessment and training, and development of linguistically and culturally competent health care programs, policies, and laws.

## DISABILITY

### Americans with Disabilities Act (ADA)

Technical Assistance Program (ADATA)  
800-949-4232

<http://www.adata.org/>

ADATA-in existence since 1992-was set up primarily to further the understanding and implementation of the ADA. The program has created a vast infrastructure of resources, including numerous ADA publications and videos, materials targeted to specific audiences, training packages and an unparalleled knowledge of the ADA.

### Disability Business Technical Assistance Centers (DBTACs)

<http://www.adata.org/dbtac.html>

These ADATA-established regional centers provide information, training, and technical assistance to employers, people with disabilities, and other entities with responsibilities under the ADA.

## ENVIRONMENT

### Environmental Protection Agency

1200 Pennsylvania Avenue, NW  
Washington, D.C. 20460

<http://www.epa.gov>

The EPA offers several clearinghouses that offer technical assistance in the area of health and the environment

including the Air Risk Information Support Center; the Clean Air Technology Center (CATC); the Indoor Air Quality Information Clearinghouse (IAQINFO); the National Antimicrobial Information Network; the Pollution Prevention Information Clearinghouse (PPIC); the National Lead Information Center (NLIC), and more.

## FAMILIES AND CHILDREN

### The National Clearinghouse on Families & Youth (NCFY)

P. O.Box 13505  
Silver Spring, MD 20911-3505

301-608-8098

<http://www.ncfy.com/>

- The National Clearinghouse on Families & Youth  
<http://www.ncfy.com/pubs.htm>  
NCFY produces technical assistance and educational publications on behalf of the Family and Youth Services Bureau.

## HEALTH CARE COSTS

### Agency for Healthcare Research and Quality

Publications Clearinghouse  
P. O. Box 8547

Silver Spring, MD 20907-8547

800-358-9295

<http://www.ahrq.gov/>

- Healthcare Cost & Utilization Project (HCUP)  
<http://www.ahcpr.gov/data/hcup/>  
Researchers and policymakers use HCUP data to identify, track, analyze, and compare hospital statistics at the national, regional and State levels-data are used to describe patterns of care for uncommon as well as common diseases, analyze hospital procedures, including those that are performed infrequently, and study the care of population sub-groups such as minorities, children, women, and the uninsured.

## HEPATITIS

### Office of Health Communication

National Center for Infectious Diseases  
Centers for Disease Control and Prevention  
Mailstop C-14  
1600 Clifton Road  
Atlanta, GA 30333  
888-4-HEP-CDC (888-443-7232)  
<http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm>

- **Viral Hepatitis**  
<http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm>  
Provide technical assistance to state and local health departments, and the international community for implementation of prevention activities, including CDCs recommendations for Elimination of Hepatitis B Virus Transmission in the United States, Prevention and Control of Hepatitis C Virus Infection and Related Chronic Disease, and Prevention of Hepatitis A through Active Immunization; and WHO's infant hepatitis B immunization programs and Safe Injection Global Network.

## HIGH BLOOD PRESSURE

### National Heart, Lung, and Blood Institute

P. O. Box 30105  
Bethesda, MD 20824-0105  
301-592-8573  
<http://www.nhlbi.nih.gov/index.htm>

- **The Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure**  
<http://www.nhlbi.nih.gov/guidelines/hypertension/jncintro.htm>  
This report contains important new information for clinicians—a discussion of new pharmacologic therapies including combination drugs, information from recently completed randomized controlled trials on hypertension prevention and treatment, a guide to help clinicians individualize treatment by stratifying patients' risks, a revised treatment algorithm, as well as detailed and updated strategies for special populations and situations.

# TECHNICAL ASSISTANCE OTHERHEALTH

## INJURY AND VIOLENCE PREVENTION

### Children's Safety Network (CSN)

National Injury and Violence Prevention Resource Center  
Education Development Center, Inc.  
55 Chapel Street  
Newton, MA 02458-1060  
617-969-7100, ext. 2207  
<http://www.edc.org/HHD/csn>  
CSN, funded by the U. S. Department of Health and Human Services, HRSA, Maternal and Child Health Bureau, provides maternal and child health (MCH) and other injury prevention professionals with technical assistance, data, other information, and resources to help incorporate injury and violence prevention programs into existing MCH programs.

- **Children's Safety Network Injury Data Technical Assistance Center (NIDTAC)**  
<http://www.nidtac.org/>  
NIDTAC provides technical assistance to regional, state and local MCH agencies with the identification of existing injury data sources, development of injury surveillance and data collection systems, development of injury needs assessments, program responses and the evaluation of injury prevention programs, and more.

### National Resource Center for Safe Schools

Northwest Regional Educational Laboratory  
101 Southwest Main Street, Suite 500  
Portland, OR 97204  
800-268-2275  
<http://www.safetyzone.org>  
The National Resource Center for Safe Schools offers training, technical assistance, and information to help schools and communities create safe school environments.

# TECHNICAL ASSISTANCE OTHERHEALTH

## LUPUS

### **Lupus Foundation of America, Inc. (LFA)**

1300 Piccard Drive, Suite 200

Rockville, MD 20850-4303

800-558-0121

301-670-9292

800-558-0231 Spanish

<http://www.lupus.org>

The LFA develops education and training programs to train volunteers, community leaders and representatives of the medical community to provide services to people with lupus. LFA also offers assistance on starting a chapter or support group.

## MANAGED CARE

Health Resources and Services Administration (HRSA)  
Managed Care Technical Assistance Center (MCTAC)  
John Snow, Inc.

1616 N. Fort Myer Drive, 11th Floor

Arlington, VA 22209-3100

877-832-8635

<http://www.jsi.com/hrsamctac/>

MCTAC was created to help HRSA grantees, including health professions education and training programs, sub-contractors to HRSA grantees, and other Safety Net Providers obtain managed care technical assistance and training. MCTAC does not duplicate or replace existing technical assistance resources provided by HRSA's sponsoring Bureaus and Offices. MCTAC services will supplement existing managed care technical assistance resources.

## MEDICAID

### **Centers for Medicare & Medicaid Services**

7500 Security Boulevard

Baltimore MD 21244-1850

410-786-3000

<http://cms.hhs.gov/>

Administered by the Centers for Medicare & Medicaid Services (formerly the Health Care Finance Administra-

tion), Medicaid is a jointly funded, Federal-State health insurance program for certain low-income and needy people. It covers approximately 36 million individuals including children, the aged, blind, and/or disabled, and people who are eligible to receive federally assisted income maintenance payments.

## MEDICARE

### **Centers for Medicare & Medicaid Services**

7500 Security Boulevard

Baltimore MD 21244-1850

800-633-4227

<http://www.medicare.gov>

Administered by the Centers for Medicare & Medicaid Services (formerly HCFA-the Health Care Finance Administration), Medicare, the nation's largest health insurance program, provides health insurance to people age 65 and over, those who have permanent kidney failure, and certain people with disabilities.

- **HCFA Managed Care Nonrenewal Tool Kit**  
<http://www.cms.hhs.gov/professionals/partners/nmep/materials/educationaltools/nonrenewal/default.asp>  
This Tool Kit has been developed to help HCFA staff, State Health Insurance Assistance Programs (SHIPs), and other partners conduct outreach in areas affected by HMO nonrenewals and service area reductions. Offers fact sheets covering beneficiary rights, options and resources available; talking points; Q & A documents; a PowerPoint presentation; Model press releases; and other resources.
- **The Medicare Learning Network (MedLearn)**  
<http://www.hcfa.gov/medlearn/>  
This online network was established in response to increased Medicare health care professional usage of the Internet as a learning resource. Issues surrounding provider education and provider customer service have moved to the forefront of the Centers for Medicare and Medicaid Service's (CMS's) priorities. Demands from the provider community are continuing to increase and play a greater role in CMS's business functions.

## MENTAL HEALTH

### Center for Mental Health Services (CMHS)

Knowledge Exchange Network

P. O. Box 42490

Washington, D.C. 20015

800-789-2647

<http://www.mentalhealth.org>

- Research, Training, and Technical Assistance Centers  
<http://www.mentalhealth.org/publications/allpubs/KEN95-0010/default.asp>  
Lists TA centers supported by the Center for Mental Health Services. Services may include technical assistance, information and referrals, on-site consultation, training, library services, publications, annotated bibliographies, and other resources.

### Georgetown University Child Development Center

3307 M Street, NW

Suite 401

Washington, D.C. 20007-3935

202-687-5000

<http://gucdc.georgetown.edu/>

- National Technical Assistance Center for Children's Mental Health  
<http://www.georgetown.edu/research/gucdc/cassp.html>  
Offers TA in the form of information packets, issue briefs, and monographs on children and adolescents with serious emotional disturbances; training institutes on planning, delivery, and financing of services; and agency and organization collaboration.

### National Association of State Mental Health Program Directors (NASMHPD)

66 Canal Center Plaza, Suite 302

Alexandria, VA 22314

703-739-9333

<http://www.nasmhpd.org/ntac/>

- National Technical Assistance Center for State Mental Health Planning (NTAC)  
<http://www.nasmhpd.org/ntac/>  
NTAC delivers customized, on-site technical assistance to state mental health agencies, state mental health planning and advisory councils, consumers, families and other organizations on issues related to mental health planning, service delivery and evaluation.

## TECHNICAL ASSISTANCE OTHERHEALTH

### UCLA / School Mental Health Project (SMHP)

Center for Mental Health in Schools

Department of Psychology

P. O. Box 951563

Los Angeles, CA 90095-1563

310-825-3634

<http://smhp.psych.ucla.edu>

SMHP addresses barriers to learning and promote healthy development by gathering and disseminating information, developing materials, providing direct assistance, training, and facilitating networking and the exchange of ideas.

## MIGRANT HEALTH

### Migrant Head Start Quality Improvement Technical Assistance Support Center

1255 23rd, NW

Washington, D.C. 20037

800-864-0465

<http://www.mhsqic.org/>

Migrant Head Start provides Head Start services for the children of eligible mobile migrant farmworkers across the country. The Quality Improvement [Technical Assistance Support] Center provides technical assistance to Migrant Head Start grantees and delegate agencies.

## OBESITY

### National Heart, Lung, and Blood Institute (NHLBI)

P. O. Box 30105

Bethesda, MD 20824-0105

301-592-8573

<http://www.nhlbi.nih.gov/index.htm>

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults  
[http://www.nhlbi.nih.gov/guidelines/obesity/ob\\_home.htm](http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm)  
These guidelines, released by NHLBI, in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases, focus on the identi-



# TECHNICAL ASSISTANCE OTHERHEALTH

fication, evaluation, and treatment of overweight and obesity. The guidelines come in various formats-see below.

- **OEI Treatment Guidelines Implementation Tool for Palm OS**  
<http://hin.nhlbi.nih.gov/obgdpalm.htm>  
Treat overweight and obesity according to the Clinical Guidelines on Overweight and Obesity in Adults with this free interactive program for use on Palm operating system devices.
- **The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults**  
<http://www.nhlbi.nih.gov/guidelines/obesity/practgde.htm>  
The goal of the Practical Guide is to provide the tools needed to effectively manage overweight and obese adult patients.

## ORAL HEALTH

### **National Institute of Dental and Craniofacial Research (NIDCR)**

1 NOHIC Way  
Bethesda, MD 20892-3500  
301-402-7364  
301-907-8830 Fax  
<http://www.nidr.nih.gov/sgr/sgr.htm>

- **Surgeon General's Report on Oral Health**  
<http://www.nidr.nih.gov/sgr/sgr.htm>  
The report calls for a national partnership to provide opportunities for individuals, communities and the health professions to work together to maintain and improve the nation's oral health. Looks at broadened awareness and use of common preventive tactics, including personal daily oral hygiene habits such as brushing with a fluoride toothpaste and flossing daily, community programs such as community water fluoridation and tobacco cessation programs, and health care provider-based interventions such as the use of dental sealants and examinations for oral and pharyngeal cancers.

## ORGAN DONATION/TRANSPLANTATION

### **National Marrow Donor Program**

Suite 500  
3001 Broadway Street Northeast  
Minneapolis, MN 55413-1753  
800-MARROW2 (800-627-7692)  
<http://www.marrow.org>

- **Medical Professionals' Guide**  
[http://www.marrow.org/MEDICAL/medical\\_professionals\\_guide.html](http://www.marrow.org/MEDICAL/medical_professionals_guide.html)  
A vital resource for oncologists, hematologists, immunologists, geneticists and other medical professionals, the 2001 "A Medical Professionals' Guide to Unrelated Stem Cell Transplantation" explains the process and timelines associated with finding an unrelated marrow donor, blood stem cell donor or umbilical cord blood unit.

## PUBLIC HEALTH

### **Centers for Disease Control and Prevention**

1600 Clifton Road  
Atlanta, GA 30333  
800-311-3435  
<http://www.cdc.gov/>

- **Framework for Program Evaluation in Public Health**  
<http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/rr4811a1.htm>  
The framework guides public health professionals in their use of program evaluation. It is a practical, nonprescriptive tool designed to summarize and organize essential elements of program evaluation.

### **The Public Health Training Network (PHTN)**

Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30333  
800-41-TRAIN (800-418-7246)  
<http://www.phppo.cdc.gov/PHTN//default.asp>  
PHTN is a distance learning system that uses a variety of instructional media ranging from print-based to videotape and multimedia to meet the training needs of the public health workforce nationwide. PHTN's helps state and Federal health agencies produce training programs, capacity build, support field operations, and develop agency-specific program.

## QUALITY ASSURANCE

### Agency for Healthcare Research and Quality

Publications Clearinghouse

P. O. Box 8547

Silver Spring, MD 20907-8547

800-358-9295

<http://www.ahrq.gov/>

- Tools for Quality Measurement: CONQUEST: Computerized Needs-Oriented Quality Measurement Evaluation System

<http://www.ahrq.gov/child/qmtools/conquestim.htm>

CONQUEST is an easy-to-use quality improvement software tool that uses a common structure and language to help users identify, understand, compare, evaluate, and select among 1,200 clinical performance measures that can be used to assess and improve quality of care. CONQUEST's interlocking databases link condition-specific treatment and service recommendations from guidelines to related measures.

## RURAL HEALTH

### The Rural Information Center (RIC)

National Agricultural Library, Room 304

Beltsville, MD 20705-2351

800-633-7701

301-504-5547

<http://www.nal.usda.gov/ric/>

RIC provides customized information products to specific inquiries including assistance in economic revitalization issues; local government planning projects; rural health topics; funding sources; technical assistance programs; research studies; and other related issues.

## SICKLE CELL DISEASE

### National Heart, Lung, and Blood Institute

P. O. Box 30105

Bethesda, MD 20824-0105

301-592-8573

<http://www.nhlbi.nih.gov/index.htm>

- Management and Therapy of Sickle Cell Disease  
<http://www.nhlbi.nih.gov/health/prof/blood/sickle/sick-mt.htm>

A clinical guide for health care professionals by a group of pediatricians, nurses, hematologists, and

# TECHNICAL ASSISTANCE OTHERHEALTH

internists summarizes collective experiences with various therapeutic regimens. Updated to reflect recent advances and modifications in the clinical management of sickle cell disease as well as findings from the Preoperative Transfusion Study, the Prophylactic Penicillin Trial II, the Multicenter Hydroxyurea Study, and epidemiological data from the Cooperative Study of Sickle Cell Disease.

### The Sickle Cell Information Center

P. O. Box 109

Grady Memorial Hospital,

80 Jessie Hill Jr. Drive SE,

Atlanta, GA 30303

404-616-3572

<http://www.scinfo.org/>

This online gateway, sponsored in part by Grady Memorial Hospital and Emory University, provides sickle cell patient and professional education, news, research updates and worldwide sickle cell resources.

## SUBSTANCE ABUSE

### Center for Substance Abuse Prevention

Substance Abuse & Mental Health Services Administration (SAMHSA)

SAMHSA's Workplace Resource Center

Division of Workplace Programs

5600 Fishers Lane

Rockwall II Building, Room 815

Rockville, MD 20857

800-Workplace

<http://workplace.samhsa.gov>

SAMHSA's Workplace Resource Center provides technical assistance and guidance in developing and evaluating programs and policies designed to address alcohol and drug problems at work. TA is also provided on policy development, supervisor training, employee education, employee assistance programs, and drug testing.

# TECHNICAL ASSISTANCE OTHERHEALTH

**Center for Substance Abuse Treatment (CSAT)**  
Substance Abuse and Mental Health Services Administration (SAMHSA)  
5600 Fishers Lane  
Rockville, MD 20857  
301-443-8956  
<http://www.samhsa.gov>

- CSAT Treatment Improvement Protocols (TIPs)  
<http://www.treatment.org/Externals/tips.html>  
TIPs are best practice guidelines for the treatment of substance abuse.
- The Technical Assistance Publications (TAPs)  
<http://www.treatment.org/Taps/>  
TAPs are publications, manuals, and guides developed to offer practical responses to emerging issues and concerns in the substance abuse treatment field.

## SUICIDE

**The Center for Mental Health Services (CMHS)**  
Knowledge Exchange Network (KEN)  
P. O. Box 42490  
Washington, D.C. 20015  
800-789-2647

- National Strategy for Suicide Prevention  
<http://www.mentalhealth.org/suicideprevention/default.asp>  
Offered through the Substance Abuse and Mental Health Services Administration (SAMHSA), the NSSP site offers many resources for researchers and program evaluators-databases, policy and legislation, suicide facts, state and private activities, and more.

## WOMEN'S HEALTH

**National Women's Health Information Center (NWHIC)**  
8550 Arlington Boulevard  
Suite 300  
Fairfax, VA 22031  
800-994-WOMAN (800-994-9662)  
888-220-5446 TDD  
703-560-6598 Fax  
<http://www.4woman.gov>  
NWHIC, a service of the Office on Women's Health in the Department of Health and Human Services, provides a gateway to Federal and other women's health information resources.

## YOUTH

**National Center for Chronic Disease Prevention and Health Promotion**  
Division of Adolescent and School Health (DASH) Information Service  
HealthyYouth  
P. O. Box 8817  
Silver Spring, MD 20907  
888-231-6405  
888-282-7681 Fax  
<http://www.cdc.gov/nccdphp/dash/>

- School Health Program Guidelines  
<http://www.cdc.gov/nccdphp/dash/guidelines/index.htm>  
These guidelines include specific recommendations to help states, districts, and schools implement health programs and policies that have been found to be most effective in promoting healthy behaviors among youth. Guidelines are available for AIDS, Healthy Eating, Injury and Violence, Physical Activity, and Tobacco Use.





**T**he following section is an alphabetical list of all the organizations listed in this Toolkit, except for state health departments and minority liaisons, and regional minority health consultants.



**Administration for Children and Families (ACF)**  
200 Independence Avenue, SW  
Washington, D.C. 20201  
202-619-0257  
<http://www.acf.hhs.gov>

**Administration on Aging (AoA)**  
330 Independence Avenue, SW  
Washington, D.C. 20201  
202-619-7501  
<http://www.aoa.gov/>

**Agency for Healthcare Research and Quality (AHRQ)**  
2101 East Jefferson Street  
Suite 501  
Rockville, MD 20852  
301-594-1364  
<http://www.ahrq.gov>

**Agency for Healthcare Research and Quality (AHRQ)**  
Publications Clearinghouse  
P. O. Box 8547  
Silver Spring, MD 20907-8547  
800-358-9295  
410-381-3150 International  
888-586-6340 TDD  
301-594-2800 InstantFAX service  
<http://www.ahrq.gov>

**Agency for Toxic Substances and Disease Registry (ATSDR)**  
1600 Clifton Road  
Atlanta, GA 30333  
888-42-ATSDR (888-422-8737)  
<http://www.atsdr.cdc.gov/>

**AIDS Clinical Trials Information Service (ACTIS)**  
P. O. Box 6421  
Rockville, MD 20849-6421  
800-874-2572  
301-519-0459 International  
888-480-3739 TTY  
301-519-6616 Fax  
<http://www.actis.org/>

**All Kids Count**  
750 Commerce Drive, Suite 400  
Decatur, Georgia 30030  
800-874-4338  
<http://www.allkidscount.org/>

## RESOURCES ORGANIZATIONS

**Alzheimer's Disease Education and Referral (ADEAR) Center**  
P. O. Box 8250  
Silver Spring, MD 20907-8250  
800-438-4380  
301-495-3334 Fax  
<http://www.alzheimers.org>

**American Cancer Society (ACS)**  
1599 Clifton Road, NE  
Atlanta, GA 30329  
800-ACS-2345 (800-227-2345)  
<http://www.cancer.org>

**American Heart Association (AHA)**  
National Center  
7272 Greenville Avenue  
Dallas, TX 75231  
800-AHA-USA-1 (800-242-8721)  
<http://www.americanheart.org>

**American Social Health Association (ASHA)**  
P. O. Box 13827  
Research Triangle Park, NC 27709  
919-361-8400  
919-361-8425 Fax  
<http://www.ashastd.org>

**American Stroke Association (ASA)**  
National Center  
7272 Greenville Avenue  
Dallas, TX 75231  
888-4-STROKE (888-478-7653)  
<http://www.strokeassociation.org>

**Bill & Melinda Gates Foundation**  
P. O. Box 23350  
Seattle, WA 98102  
206-709-3140  
<http://www.gatesfoundation.org/>

# TECHNICAL ASSISTANCE OTHERHEALTH

## **Blueprints for Violence Prevention**

Center for the Study and Prevention of Violence  
Institute of Behavioral Science  
University of Colorado at Boulder  
900 28th Street, Suite 107  
439 UCB  
Boulder, CO 80309-0439  
303-492-1032  
303-443-3297 Fax  
<http://www.colorado.edu/cspv/blueprints/Default.htm>

## **Bureau of Primary Health Care**

4350 East West Highway  
Bethesda, MD 20814  
800-859-2386  
<http://bphc.hrsa.gov>

## **Business Responds to AIDS and Labor Responds to AIDS Programs (BRTA/LRTA)**

CDC National Prevention Information Network (NPIN)  
P. O. Box 6003  
Rockville, MD 20849-6003  
800-458-5231  
<http://www.brta-lrta.org/>

## **The California Endowment**

21650 Oxnard Street  
Suite 1200  
Woodland Hills, CA 91367  
818-703-3311  
800-449-4149  
<http://www.calendow.org/>

## **Cancer Care, Inc.**

275 Seventh Avenue  
New York, NY 10001  
<http://www.cancercare.org>

**Cancer Information Service (CIS)**  
National Cancer Institute (NCI)  
9000 Rockville Pike  
Bethesda, MD 20892  
800-4-CANCER (800-422-6237)  
800-332-8615 TTY  
<http://cis.nci.nih.gov/>

## **Catalog of Federal Domestic Assistance**

Federal Domestic Assistance Catalog Staff (MVS)  
General Services Administration  
1800 F Street, NW  
Room 4032  
Washington, D.C. 20405

## **CDC National Prevention Information Network (NPIN)**

(HIV/AIDS, STDs, TB)  
P. O. Box 6003  
Rockville, MD 20849-6003  
800-458-5231  
800-243-7012 TTY  
888-282-7681 Fax  
301-562-1050 International Fax  
<http://www.cdcnpin.org>

## **Center for Medicaid and State Operations**

Center for Medicare and Medicaid Services (CMS)  
7500 Security Boulevard  
Baltimore, MD 21244  
410-786-7144  
<http://www.cms.gov/medicaid>  
(see website for state/regional toll-free numbers)

## **Center for Medicare Management**

Center for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244  
800-MEDICARE (800-633-4227)  
877-486-2048 TTY  
<http://www.medicare.gov>

## **Center for Mental Health Services Knowledge Exchange Network**

P. O. Box 42490  
Washington, D.C. 20015  
800-789-2647  
301-443-1805 International  
301-984-8796 Fax  
301-443-9006 TDD  
<http://www.mentalhealth.org>

**Center for Substance Abuse Prevention (CSAP)**  
Substance Abuse and Mental Health Services Administration (SAMHSA)  
5600 Fishers Lane  
Rockville, MD 20857  
301-443-8956  
<http://www.samhsa.gov>

**Center for Substance Abuse Treatment (CSAT)**  
Substance Abuse and Mental Health Services Administration (SAMHSA)  
5600 Fishers Lane  
Rockville, MD 20857  
301-443-8956  
<http://www.samhsa.gov>

**Center for Minority Veterans**  
The Veterans Administration  
810 Vermont Avenue, NW  
Washington, D.C. 20420  
800-827-1000  
<http://www.va.gov>

**Centers for Disease Control and Prevention (CDC)**  
1600 Clifton Road  
Atlanta, GA 30333  
800-311-3435  
<http://www.cdc.gov>

**Center for Community-Based Health Strategies**  
1825 Connecticut Avenue, NW  
Washington, D.C. 20009-5721  
202-884-8862  
<http://www.healthstrategies.org>

**Centers for Medicare & Medicaid Services (CMS)**  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
410-786-3000  
<http://cms.hhs.gov/>

**Centro de Evaluación: US/Mexico Border Health Evaluation Center**  
The University of Oklahoma School of Social Work  
1005 South Jenkins Avenue, Rhyne Hall  
Norman, OK 73019  
405-325-0442  
<http://www.ou.edu/border/>

## RESOURCES

ORGANIZATIONS

**Children's Safety Network (CSN)**  
National Injury and Violence Prevention Resource Center  
Education Development Center, Inc.  
55 Chapel Street  
Newton, MA 02458-1060  
617-969-7100, ext. 2207  
<http://www.edc.org/HHD/csn>

**ClinicalTrials.gov**  
8600 Rockville Pike  
Bethesda, MD 20894  
888-FIND-NLM (888-346-3656)  
301-496-5511 TTY  
301-594-5983 International  
<http://www.clinicaltrials.gov>

**Commonwealth Fund**  
One East 75th Street  
New York, NY 10021  
212-606-3800  
<http://www.cmwf.org>

**The Cross Cultural Health Care Program**  
2821 Beacon Avenue South  
Seattle, WA 98144  
206-860-0329  
<http://www.xculture.org/>

**Diabetes Today National Training Center**  
1700 Research Boulevard  
Suite 400  
Rockville, MD 20850  
877-CDC-DIAB  
301-294-5453  
<http://www.diabetestodayntc.org>

**DisabilityDirect**  
<http://www.disabilities.gov>

# TECHNICAL ASSISTANCE OTHERHEALTH

## **Division of Adolescent and School Health (DASH) Information Service**

HealthyYouth  
P. O. Box 8817  
Silver Spring, MD 20907  
888-231-6405  
888-282-7681 Fax  
<http://www.cdc.gov/nccdphp/dash>

## **Division of Community and Migrant Health**

Bureau of Primary Health Care  
4350 East-West Highway, 7th Floor  
Bethesda, MD 20814  
301-594-4303  
<http://www.bphc.hrsa.gov/migrant/default.htm>

## **Division of HIV/AIDS Prevention (DHAP)**

National Center for HIV, STD and AIDS Prevention  
Centers for Disease Control and Prevention  
Mail Stop E-49  
Atlanta, GA 30333  
404-639-2007 Fax  
<http://www.cdc.gov/hiv/>

## **Division of Transplantation**

Office of Special Programs  
Health Resources and Services Administration (HRSA)  
Parklawn Building, Room 7C-22  
5600 Fishers Lane  
Rockville, MD 20857  
301-443-7577  
301-443-1267 Fax  
<http://www.organdonor.gov>

## **Environmental Protection Agency (EPA)**

Headquarters Information Resources Center  
401 M Street, SW  
Mailcode 3404  
Washington, D.C. 20460  
202-260-5922  
202-260-5153 Fax  
<http://www.epa.gov/natlibra/hqirc/about.htm>

## **Federal Consumer Information Center**

Pueblo, CO 81009  
888-878-3256 Toll-free  
719-948-9724 Fax  
<http://www.pueblo.gsa.gov>

## **Food and Drug Administration (FDA)**

5600 Fishers Lane  
Rockville, MD 20857  
888-INFO-FDA (888-463-6332)  
<http://www.fda.gov/>

## **Food and Nutrition Information Center (FNIC)**

National Agricultural Library  
10301 Baltimore Avenue  
Beltsville, MD 20705-2351  
301-504-5719  
301-504-6856 TTY  
301-504-6409 Fax  
<http://www.nal.usda.gov/fnic/>

## **The Foundation Center**

79 Fifth Avenue  
New York, NY 10003  
212-620-4230  
<http://fdncenter.org/>

## **Georgetown University Child Development Center**

3307 M Street, NW  
Suite 401  
Washington, D.C. 20007-3935  
202-687-5000  
<http://gucdc.georgetown.edu/>

## **Government Printing Office**

Superintendent of Documents  
P. O. Box 371954  
Pittsburgh, PA 15250-7954  
202-512-1800  
202-512-2250 Fax  
<http://www.gpo.gov/>

## **Health Resources and Services Administration (HRSA)**

5600 Fishers Lane  
Rockville, MD 20857  
<http://www.hrsa.gov/>

**Health Resources and Services Administration (HRSA)**  
Information Center  
P. O. Box 2910  
Merrifield, VA 22116  
888-275-4772 Toll-free  
703-442-9051  
703-556-4831 TTY/TDD  
<http://www.ask.hrsa.gov>

**Healthfinder**

National Health Information Center (NHIC)  
P. O. Box 1133  
Washington, D.C. 20013-1133  
800-336-4797  
301-565-4167  
301-468-1204 Fax  
<http://www.healthfinder.gov>

**Healthy People 2010**

Office of Disease Prevention and Health Promotion  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201  
800-367-4725  
<http://www.health.gov/healthypeople>

**HIV/AIDS Treatment Information Service (ATIS)**

P. O. Box 6303  
Rockville, MD 20849-6303  
800-448-0440  
301-519-0459 International  
301-519-6616 Fax  
888-480-3739 TTY  
<http://www.hivatis.org>

**Immunization Action Coalition (IAC)**

1573 Selby Avenue, Ste. 234  
St. Paul, MN 55104  
651-647-9009  
651-647-9131 Fax  
<http://www.immunize.org>

**Indian Health Service (IHS)**

Headquarters  
The Reyes Building  
801 Thompson Avenue  
Suite 400  
Rockville, MD 20852-1627  
<http://www.ihs.gov>

# RESOURCES ORGANIZATIONS

**Indoor Air Quality (IAQ) Information Clearinghouse**

IAQ INFO  
P. O. Box 37133  
Washington, D.C. 20013-7133  
800-438-4318  
703-356-4020  
703-356-5386 Fax  
<http://www.epa.gov/iaq/>

**InsureKids Now**

HRSA's Office of Field Operations  
Parklawn Building  
Room 13A-55  
5600 Fishers Lane  
Rockville, MD 20857  
877-KIDS NOW (877-543-7669)  
<http://www.insurekidsnow.gov>

**Lupus Foundation of America, Inc. (LFA)**

1300 Piccard Drive, Suite 200  
Rockville, MD 20850-4303  
800-558-0121  
301-670-9292  
800-558-0231 Spanish  
<http://www.lupus.org>

**Managed Care Technical Assistance Center (MCTAC)**

John Snow, Inc.  
1616 N. Fort Myer Drive, 11th Floor  
Arlington, VA 22209-3100  
877-832-8635  
<http://www.jsi.com/hrsamctac/>

**Migrant Head Start Quality Improvement Technical Assistance Support Center**

1255 23<sup>rd</sup>, NW  
Washington, D.C. 20037  
800-864-0465  
<http://www.mhsqic.org/>

# TECHNICAL ASSISTANCE OTHERHEALTH

## **National Adoption Information Clearinghouse (NAIC)**

330 C Street, SW  
Washington, D.C. 20447  
888-251-0075  
703-352-3488  
703-385-3206 Fax  
<http://www.calib.com/naic>

## **National Aging Information Center**

U.S. Administration on Aging  
Room 4656  
330 Independence Avenue, SW  
Washington, D.C. 20201  
202-619-7501  
202-401-7620 Fax  
<http://www.aoa.gov/naic>

## **The National Alliance for Hispanic Health**

1501 Sixteenth Street, NW  
Washington, D.C. 20036  
202-387-5000  
<http://www.hispanichealth.org/>

## **National Alliance of State and Territorial AIDS Directors (NASTAD)**

444 North Capitol Street, NW  
Suite 339  
Washington, D.C. 20001  
<http://www.nastad.org>

## **National Association of Counties (NACo)**

440 First Street, NW  
Suite #800  
Washington, D.C. 20001  
202-393-6226  
202-393-2630 Fax  
<http://www.naco.org/>

## **National Association of State Mental Health Program Directors (NASMHPD)**

66 Canal Center Plaza, Suite 302  
Alexandria, VA 22314  
703-739-9333  
<http://www.nasmhpd.org/ntac/>

## **National Breast and Cervical Cancer Early Detection Program (NBCCEDP)**

CDC/DCPC  
4770 Buford Hwy, NE  
MS K64  
Atlanta, GA 30341  
888-842-6355  
<http://www.cdc.gov/cancer/nbccedp/index.htm>

## **National Cancer Institute**

Risk Factor Monitoring and Methods Branch  
Applied Research Program  
Division of Cancer Control and Population Sciences  
EPN 4005  
6130 Executive Blvd-MS C 7344  
Bethesda, MD 20892-7344  
301-496-8500  
<http://riskfactor.cancer.gov/index.html>

## **National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)**

Centers for Disease Control and Prevention (CDC)  
Mail Stop K-40  
4770 Buford Highway NE  
Atlanta, GA 30341-3717  
770-488-5706  
<http://www.cdc.gov/nccdphp>

## **National Center for Complementary and Alternative Medicine (NCCAM) Clearinghouse**

P. O. Box 7923  
Gaithersburg, MD 20898  
888-644-6226  
866-464-3615 TTY  
866-464-3616 Fax  
<http://nccam.nih.gov/>

## **National Center for Cultural Competence**

3307 M Street, NW, Suite 401  
Washington, D.C. 20007-3935  
800-788-2066  
202-687-8899 Fax  
<http://www.georgetown.edu/research/gucdc/nccc/>



**National Center for the Dissemination of Disability Research (NCDDR)**

Southwest Educational Development Laboratory  
211 East Seventh Street, Suite 400  
Austin, Texas 78701-3281  
800-266-1832  
512-476-6861  
512-476-2286 Fax  
<http://www.ncddr.org>

**National Center for Education in Maternal and Child Health (NCEMCH)**

2000 15th Street North  
Suite 701  
Arlington, VA 22201  
703-524-7802  
703-524-9335 Fax  
<http://www.ncemch.org>

**National Center for Health Statistics (NCHS)**

Division of Data Services  
6525 Belcrest Road  
Hyattsville, MD 20782-2003  
301-458-4636  
<http://www.cdc.gov/nchs/>

**National Center for Infectious Diseases**

Centers for Disease Control and Prevention  
Mailstop C-14  
1600 Clifton Road  
Atlanta, GA 30333  
888-4-HEP-CDC (888-443-7232)  
<http://www.cdc.gov/ncidod/>

**National Center for Injury Prevention and Control (NCIPC)**

4770 Buford Highway, NE  
Mailstop K65  
Atlanta, GA 30341-3724  
770-488-1506  
770-488-1667 Fax  
<http://www.cdc.gov/ncipc/>

**National Center for HIV, STD and AIDS Prevention**

Division of HIV/AIDS Prevention  
Centers for Disease Control and Prevention  
Mail Stop E-49  
Atlanta, GA 30333  
800-342-2437  
800-344-7432 Spanish  
<http://www.cdc.gov/hiv>

## RESOURCES ORGANIZATIONS

**National Center for Post Traumatic Stress Disorder (NCPTSD)**

National Center for PTSD (116D)  
Executive Division  
215 North Main Street  
White River Junction, VT 05009  
802-296-5132  
802-296-5135 Fax  
<http://www.ncptsd.org>

**National Child Care Information Center (NCCIC)**

243 Church Street, NW  
2nd Floor  
Vienna, VA 22180  
800-616-2242  
800-516-2242 TTY  
800-716-2242 Fax  
<http://nccic.org>

**National Clearinghouse for Alcohol and Drug Information (NCADI)**

P. O. Box 2345  
Rockville, MD 20847-2345  
800-729-6686  
301-468-2600  
800-487-4889 TTY  
301-230-2867 International TTY  
301-468-6433 Fax  
<http://www.health.org>

**National Clearinghouse on Child Abuse and Neglect Information**

330 C Street, SW  
Washington, D.C. 20847  
800-394-3366  
703-385-7565  
703-385-3206 Fax  
<http://www.calib.com/nccanch/>

# TECHNICAL ASSISTANCE OTHERHEALTH

## **National Clearinghouse on Families & Youth (NCFY)**

P. O. Box 13505  
Silver Spring, MD 20911-3505  
301-608-8098 Voice/TTY  
301-608-8721 Fax  
<http://www.ncfy.com/>

## **National Criminal Justice Reference Service (NCJRS)**

P. O. Box 6000  
Rockville, MD 20850  
800-851-3420  
301-519-5500 International  
877-712-9279 TTY  
301-947-8374 International TTY  
<http://www.ncjrs.org>

## **National Diabetes Education Program (NDEP)**

1 Diabetes Way  
Bethesda, MD 20892-3600  
800-860-8747  
800-438-5383 Publications  
301-907-8906 Fax  
<http://ndep.nih.gov/>

## **National Diabetes Information Clearinghouse (NDIC)**

1 Information Way  
Bethesda, MD 20892-3560  
800-860-8747  
301-654-3327  
301-907-8906 Fax  
<http://www.niddk.nih.gov/health/diabetes/ndic.htm>

## **National Digestive Diseases Information Clearinghouse (NDDIC)**

2 Information Way  
Bethesda, MD 20892-3570  
800-891-5389  
301-654-3810  
301-907-8906 Fax  
<http://www.niddk.nih.gov/health/digest/nddic.htm>

## **National Domestic Violence Hotline**

Texas Council on Family Violence  
P. O. Box 161810  
Austin, TX 78716  
800-799-SAFE (800-799-7233)  
800-787-3224 TTY  
512-453-8541 Fax  
<http://www.ndvh.org/>

## **National Eye Institute (NEI)**

Office of Communication, Health Education, and Public Liaison  
National Institutes of Health  
2020 Vision Place  
Bethesda, MD 20892-2510  
301-496-5248  
301-402-1065 Fax  
<http://www.nei.nih.gov>

## **National Family Caregiver Support Program (NFCSP)**

Administration on Aging (AoA)  
330 Independence Avenue, SW  
Washington, D.C. 20201  
202-619-7501 National Aging Information Center  
800-677-1116 Eldercare Locator - to find services for an older person in his or her locality  
<http://www.aoa.gov>

## **National Fetal and Infant Mortality Review (NFIMR)**

P. O. Box 96920  
Washington, D.C. 20090-6920  
202-863-2587  
<http://www.acog.org/> (Click on 'technical help' then click on 'NFIMR')

## **National Governor's Association (NGA)**

Hall of States  
444 North Capitol Street  
Washington, D.C. 20001-1512  
202-624-5300  
<http://www.nga.org/>

## **National Heart, Lung, and Blood Institute (NHLBI) Health Information Center**

P. O. Box 30105  
Bethesda, MD 20824-0105  
301-592-8573  
240-629-3255 TTY  
301-592-8563 Fax  
<http://www.nhlbi.nih.gov>

**National Health Resource Center on Domestic Violence**  
Family Violence Prevention Fund  
383 Rhode Island Street, Suite 304  
San Francisco, CA 94103  
888-RX-ABUSE (888-792-2873)  
415-252-8900  
415-252-8991 Fax  
<http://endabuse.org/programs/healthcare>

**National Highway Traffic Safety Administration (NHSTA)**  
Department of Transportation  
400 Seventh Street, SW  
NTS-21  
Washington, D.C. 20590  
888-DASH-2-DOT (888-327-4236)  
202-366-5399  
202-493-2062 Fax  
<http://www.nhsta.dot.gov>

**The National Immunization Program (NIP)**  
Centers for Disease Control and Prevention  
1600 Clifton Road, NE  
Mailstop E52  
Atlanta, GA 30333  
800-232-2522  
800-243-7889 TTY  
404 639 8828 Fax  
<http://www.cdc.gov/nip>

**National Information Center on Health Services Research and Health Care Technology (NICHSR)**  
National Library of Medicine  
8600 Rockville Pike  
Building 38A, Room 4S-410  
Mail Stop 20  
Bethesda, MD 20894  
301-496-0176  
301-402-3193 Fax  
<http://www.nlm.nih.gov/nichsr/nichsr.html>

**National Information Center for Children and Youth with Disabilities (NICHCY)**  
P. O. Box 1492  
Washington, D.C. 20013-1492  
800-695-0285 Voice/TTY  
202-884-8200 Voice/TTY  
202-884-8441 Fax  
<http://www.nichcy.org>

## RESOURCES ORGANIZATIONS

**National Institute for Occupational Safety and Health (NIOSH)**  
4676 Columbia Parkway  
Cincinnati, OH 45226  
800-35-NIOSH (800-356-4674)  
513-533-8573 Fax  
<http://www.cdc.gov/niosh>

**National Institute of Allergy and Infectious Diseases (NIAID)**  
Office of Communications and Public Liaison  
Building 31, Room 7A-50  
31 Center Drive, MSC 2520  
Bethesda, MD 20892-2520  
301-496-5717  
301-402-0120 Fax  
<http://www.niaid.nih.gov>

**National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) Information Clearinghouse**  
National Institutes of Health  
1 AMS Circle  
Bethesda, MD 20892-3675  
877-22-NIAMS  
301-495-4484  
301-565-2966 TTY  
301-718-6366 Fax  
<http://www.niams.nih.gov/>

**National Institute of Child Health and Human Development (NICHD) Clearinghouse**  
P. O. Box 3006  
Rockville, MD 20847  
800-370-2943  
888-320-6942 TTY  
301-984-1473 Fax  
<http://www.nichd.nih.gov/publications/health.cfm>

# RESOURCES

## ORGANIZATIONS

### **National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK)**

1 Information Way  
Bethesda, MD 20892-3560  
800-860-8747  
<http://www.niddk.nih.gov/>

### **National Institutes of Health (NIH)**

Get street address  
Bethesda, MD 20892  
301-496-4000  
<http://www.nih.gov>

### **National Institute of Mental Health (NIMH)**

NIMH Public Inquiries  
6001 Executive Boulevard  
Room 8184, MSC 9663  
Bethesda, MD 20892-9663  
301-443-4513  
301-443-4279 Fax  
<http://www.nimh.nih.gov>

### **National Institute of Neurological Disorders and Stroke (NINDS)**

Brain Resources and Information Network (BRAIN)  
NINDS/NIH  
P. O. Box 5801  
Bethesda, MD 20824  
800-352-9424  
301-496-5751 Fax  
<http://www.ninds.nih.gov>

### **National Institute on Aging Information Center**

P. O. Box 8057  
Gaithersburg, MD 20898-8057  
800-222-2225  
301-496-1752  
301-589-3014 Fax  
<http://www.nia.nih.gov/health/>

### **National Institute on Deafness and Other Communication Disorders (NIDCD) Information Clearinghouse**

1 Communication Avenue  
Bethesda, MD 20892-3456  
800-241-1044  
800-241-1055 TTY  
301-907-8830 Fax  
<http://www.nidcd.nih.gov/health/health.htm>

### **National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC)**

3 Information Way  
Bethesda, MD 20892-3580  
800-891-5390  
301-654-4415  
301-907-8906 Fax  
<http://www.niddk.nih.gov/health/kidney/kidney.htm>

### **National Lead Information Center**

801 Roeder Road  
Suite 600  
Silver Spring, MD 20910  
800-424-LEAD (800-424-5323)  
301-588-8495 Fax  
<http://www.epa.gov/lead/nlic.htm>

### **National Library of Medicine (NLM)**

8600 Rockville Pike  
Bethesda, MD 20894  
888-FIND-NLM (888-346-3656)  
301-496-5511 TTY  
301-594-5983 International  
<http://www.nlm.nih.gov>

### **National Library Service for the Blind & Physically Handicapped**

Library of Congress  
Washington, D.C. 20542  
202-707-5100  
202-707-0712 Fax  
202-707-0744 TTY  
<http://www.loc.gov/nls/>

### **National Marrow Donor Program**

Suite 500  
3001 Broadway Street Northeast  
Minneapolis, MN 55413-1753  
800-MARROW2 (800-627-7692)  
<http://www.marrow.org>

**National Maternal and Child Health Clearinghouse (NMCHC)**

2070 Chain Bridge Road  
Suite 450  
Vienna, VA 22182  
888-434-4624  
703-821-2098 Fax  
<http://www.nmchc.org>

**National Maternal and Child Oral Health Resource Center**

2000 15th Street, North  
Suite 701  
Arlington, VA 22201-2617  
703-524-7802  
703-524-9335 Fax  
<http://www.mchoralhealth.org/>

**National Oral Health Information Clearinghouse (NOHIC)**

1 NOHIC Way  
Bethesda, MD 20892-3500  
301-402-7364  
301-656-7581 TTY  
301-907-8830 Fax  
<http://www.nohic.nidcr.nih.gov>

**National Rehabilitation Information Center (NARIC)**

10001 Derekwood Lane  
Suite 115  
Lanham, MD 20706  
301-459-5900  
<http://www.naric.com/>

**National Resource Center for Safe Schools**

Northwest Regional Educational Laboratory  
101 Southwest Main Street, Suite 500  
Portland, OR 97204  
800-268-2275  
<http://www.safetyzone.org>

**National Resource Center on Homelessness and Mental Illness**

Policy Research Associates, Inc.  
345 Delaware Avenue  
Delmar, NY 12054  
800-444-7415  
518-439-7612 Fax  
<http://www.nrchmi.com/>

## RESOURCES ORGANIZATIONS

**National Sudden Infant Death Syndrome (SIDS) Resource Center**

2070 Chain Bridge Road  
Suite 450  
Vienna, VA 22182  
866-866-7437 Toll-free  
703-821-2098 Fax  
<http://www.sidscenter.org>

**National Youth Violence Prevention Resource Center (NYVPRC)**

8401 Colesville Road  
Suite 200  
Silver Spring, MD 20910  
888-Safeyouth (888-723-3968)  
800-243-7012 TTY  
301-562-1001 Fax  
<http://www.SAFEYOUTH.org>

**National Women's Health Information Center (NWHIC)**

8550 Arlington Boulevard  
Suite 300  
Fairfax, VA 22031  
800-994-WOMAN (800-994-9662)  
888-220-5446 TDD  
703-560-6598 Fax  
<http://www.4woman.gov>

**New York University (NYU)**

Center for Immigrant Health  
Division of Primary Care  
NYU School of Medicine  
550 First Avenue  
New York, NY 10016  
212-263-8783  
<http://www.med.nyu.edu/cih/>

# RESOURCES ORGANIZATIONS

## **NIH Osteoporosis and Related Bone Diseases~National Resource Center**

1232 22nd Street, NW.  
Washington, D.C. 20037-1292  
800-624-2663  
202-223-0344  
202-466-4315 TTY  
202-293-2356 Fax  
<http://www.osteoporosis.gov>

## **Office of Minority Health Resource Center (OMHRC)**

P. O. Box 37337  
Washington, D.C. 20013-7337  
800-444-6472  
301-230-7874  
301-230-7198 Fax  
<http://www.omhrc.gov>

## **Office of Orphan Products Development**

Food and Drug Administration  
5600 Fishers Lane  
Rockville, MD 20857  
800-300-7469  
301-827-3666  
301-443-4915 Fax  
<http://www.fda.gov/orphan/>

## **Office of Population Affairs (OPA)**

OPA Clearinghouse  
P. O. Box 30686  
Bethesda, MD 20824-0686  
301-654-6190  
301-215-7731 Fax  
<http://opa.osophs.dhhs.gov/clearinghouse.html>

## **Office of Rare Diseases (ORD)**

National Institutes of Health  
31 Center Drive  
Room 1B19, MSC 2084  
Bethesda, MD 20892-2084  
301-402-4336  
301-480-9655 Fax  
<http://rarediseases.info.nih.gov/>

## **Office of Refugee Resettlement**

Administration for Children and Families  
370 L'Enfant Promenade, SW  
6th Floor /East  
Washington, D.C. 20447  
202-401-9250  
202-401-5487 Fax  
<http://www.acf.dhhs.gov/programs/orr/index.htm>

## **Office on Smoking and Health**

Centers for Disease Control and Prevention  
Publications Catalog, Mail Stop K-50  
4770 Buford Highway, NE  
Atlanta, GA 30341-3724  
800-CDC-1311 (800-232-1311)  
770-488-5705  
770-332-2552 Fax  
<http://www.cdc.gov/tobacco>

## **Presidents Council on Physical Fitness and Sports**

Department W  
200 Independence Avenue, SW  
Room 738-H  
Washington, D.C. 20201-0004  
202-690-9000  
202-690-5211 Fax  
<http://www.fitness.gov>

## **Program Support Center (PSC)**

Director of Customer Relations  
5600 Fishers Lane  
Room 17A-39  
Rockville, MD 20857  
301-443-1494  
<http://www.psc.gov/>

## **Public Health Foundation**

1220 L Street, NW  
Suite 350  
Washington, D.C. 20005  
202-898-5600  
<http://www.phf.org>

## **The Public Health Training Network (PHTN)**

Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30333  
800-41-TRAIN (800-418-7246)  
<http://www.phppo.cdc.gov/PHTN//default.asp>



### **Resources for Cross Cultural Health Care**

8915 Sudbury Road  
Silver Spring, MD 20901  
301-588-6051  
<http://www.DiversityRx.org>

### **The Robert Wood Johnson Foundation**

Route 1 and College Road East  
P. O. Box 2316  
Princeton, NJ 08543-2316  
609-452-8701  
<http://www.rwjf.org>

### **Rural Information Center Health Service (RICHS )**

National Agricultural Library, Room 304  
10301 Baltimore Avenue  
Beltsville, MD 20705-2351  
800-633-7701  
301-504-5547  
301-504-5181 Fax  
301-504-6856 TDD/TTY  
<http://www.nal.usda.gov/ric/richs>

### **SafeUSA**

P. O. Box 8198  
Silver Spring, MD 20907-8198  
888-252-7751  
<http://www.cdc.gov/safeusa/>

### **The Sickle Cell Information Center**

P. O. Box 109  
Grady Memorial Hospital,  
80 Jessie Hill Jr Drive SE,  
Atlanta, GA 30303  
404-616-3572  
<http://www.scinfo.org/>

### **Substance Abuse & Mental Health Services Administration (SAMHSA)**

SAMHSA's Workplace Resource Center  
Division of Workplace Programs  
5600 Fishers Lane  
Rockwall II Building, Room 815  
Rockville, MD 20857  
800-Workplace  
<http://workplace.samhsa.gov>

## **R E S O U R C E S** **ORGANIZATIONS**

### **Texas Medical Foundation**

Barton Oaks Plaza Two, Suite 200  
901 Mopac Expressway South  
Austin, TX 78746-5799  
888-691-9167  
<http://www.dqip.org/>

### **Tribal Child Care Technical Assistance Center (TriTAC)**

P. O. Box 1221  
Pawhuska, OK 74056  
800-388-7670  
<http://www.nccic.org/tribal/>

### **UCLA / School Mental Health Project (SMHP)**

Center for Mental Health in Schools  
Department of Psychology  
P. O. Box 951563  
Los Angeles, CA 90095-1563  
310-825-3634  
<http://smhp.psych.ucla.edu>

### **U.S. Conference of Mayors (USCM)**

1620 Eye Street, NW  
Washington, D.C. 20006  
202-293-7330  
202-293-2352 Fax  
<http://www.usmayors.org/>

### **U.S. Consumer Product Safety Commission (CPSC)**

Washington, D.C. 20207-0001  
800-638-2772  
301-504-0990  
<http://www.cpsc.gov>

### **U.S. Department of Education**

Office for Civil Rights  
400 Maryland Avenue, SW  
Washington, D.C. 20202-1100  
800-421-3481  
877-521-2172 TDD  
202-205-9862 Fax  
<http://www.ed.gov/offices/OCR>

# RESOURCES

## ORGANIZATIONS

### **U.S. Equal Employment Opportunity Commission (EEOC)**

Equal Employment Opportunity Commission  
1801 L Street, N.W.  
Washington, D.C. 20507  
800-669-4000  
202-663-4900  
<http://www.eeoc.gov>

### **Violence Against Women Office (VAWO)**

U.S. Department of Justice  
810 7th Street, NW  
Washington, D.C. 20531  
202-307-6026  
202-307-2277 TTY  
202-307-3911 Fax  
<http://www.ojp.usdoj.gov/vawo/welcome.html>

### **Weight-control Information Network (WIN)**

1 WIN Way  
Bethesda, MD 20892-3665  
877-946-4627 Toll-free  
202-828-1025  
202-828-1028 Fax  
<http://www.niddk.nih.gov/health/nutrit/nutrit.htm>

### **White House Office of National Drug Control Policy (ONDCP)**

Drug Policy Information Clearinghouse  
P. O. Box 6000  
Rockville, MD 20849-6000  
800-666-3332  
301-519-5212 Fax  
<http://www.whitehousedrugpolicy.gov/about/clearingh.html>



# RESOURCES

## ORGANIZATIONS