

Nebraska Health News

July 23, 2003

A compilation of health resources and information provided by the

Public Health Association of Nebraska

PublicHealthNe@cs.com

And the

Nebraska Rural Health Association

NeRHArp@cs.com

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- Prescription Drug Trends
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- PSR Releases the Emerging Links Report Series

3. **FUNDING OPPORTUNITIES**

2003 Nebraska Rural Health Association Annual Conference

September 2 – 4, 2003 - Holiday Inn and Convention Center; Kearney, Nebraska - 800.284.4460

Theme - Rural Health: Care In Place

Agenda and Registration Form is available on NeRHA's website – <http://www.NebraskaRuralHealth.org>

KEYNOTE SPEAKER: Dr. Chuck Fluharty, a rural development specialist with the University of Missouri, will be the keynote speaker at the 2003 Nebraska Rural Health Association annual conference. Dr. Fluharty is a well-known expert on rural issues and development strategies. He is the Director of the Rural Policy Research Institute (RUPRI) at the University of Missouri. This conference will be an excellent opportunity for communities to learn about successful networking strategies to build "Care in Place".

Annual Award Nomination Categories -- DEADLINE: July 31, 2003

Award nomination forms can be downloaded from <http://www.nebraskaruralhealth.org/ConfCover.html>, or contact the NeRHA Conference Office at 402-421-7543, (fax) 425-940-6196, or brenda_linder@yahoo.com

Rural Health Consumer Advocate Award

Rural health care delivery systems will survive with the involvement of rural consumers who recognize that health care is always changing the input of consumers and will best help the system meet the needs of rural Nebraskans. This award recognizes an individual for: a) active participation within his/her community and/or region regarding rural health policy service delivery issues, and b) involvement in community, regional, or state public policy education efforts surrounding rural health issues

Integrated Rural Healthcare Award

The Integrated Rural Healthcare Award is open to any provider giving primary care, mental health, and substance abuse collaborative care in rural areas of our state. We are interested in the collaborative model, the methodology, the types of providers, the issues they are having problems with and the successes they have seen. The provider can be an individual, a team, a system or collaboration. Integration can be with two or all three of the components (primary care, mental health, and substance abuse). Nominations are accepted from patients, fellow providers, payors, or employees of the provider. Awardee will receive a plaque and \$250 at the Nebraska Rural Health Conference in September. Nominee and/or provider must provide an article to be put in the ACCESS newsletter about their integrated rural healthcare program.

Outstanding Rural Health Practitioner Award

This award recognizes an individual that is a direct service provider who has exhibited outstanding leadership in bringing and/or improving health services in rural Nebraska. Factors taken into consideration include providing outstanding care; collaboration and multi-disciplinary teamwork; involvement in the community; involvement in education; and lasting contribution to the rural health care system. Those eligible for this award are individuals who provide direct patient care and include, but are not limited to physicians, nurses, physician assistants, nurse practitioners, etc.

Outstanding Rural Health Achievement Award

This award recognizes an individual for leadership and noteworthy initiative in promoting the development of community oriented rural health care delivery. Factors for selection should include: distinctive efforts to promote and/or improve rural healthcare; provide leadership; involvement in the community; and lasting contributions to health care.

Partners and Exhibitors

Are you interested in being a Conference partner or Conference Exhibitor? Forms can be downloaded from NeRHA's website, or contact the NeRHA Conference Office at 402-421-7543, (fax) 425-940-6196, or brenda_linder@yahoo.com

2003 Public Health Association of Nebraska Annual Conference

October 9 & 10, 2003

Howard Johnson Riverside Inn; 3333 Ramada Road; Grand Island, Nebraska; 1-800-422-3485

Theme: Public Health Nebraska: Shaping the Future

Thursday, October 9, 2003

Meetings and workshops are scheduled for Thursday, October 9. Workshops include topics on suicide prevention, vulnerable populations and strategic planning. The Annual Award Banquet will be held the evening of October 9th.

Friday, October 10, 2003

KEYNOTE SPEAKER: Michael Bird, MSW, MPH, was the first American Indian president of the American Public Health Association (2001) and is the current director of the National Native American AIDS Prevention Center in Oakland, CA. He will be the Keynote Speaker on October 10th at the Public Health Association of Nebraska Annual Conference in Grand Island.

General sessions and concurrent sessions will give participants the opportunity to hear on current national and state legislative issues, women and heart disease, behavioral health, and public health activities.

Agenda and Registration Form will be mailed and available on PHAN's website in July.

Call for Posters

The Public Health Association of Nebraska is soliciting entries for a Poster Session to be held at the Annual Entry forms can be downloaded from PHAN's website and must be postmarked by August 1, 2003.

Annual Award Nomination Categories

DEADLINE: August 15, 2003

Nomination forms are available on PHAN's website at <http://www.publichealthne.org/id30.htm>

Outstanding Student of Public Health Award. This award recognizes a student who has exhibited noteworthy leadership and initiative in promoting community oriented health care delivery. Factors for selection include distinctive efforts to design, provide or promote public health activities; leadership and initiative; and involvement in the community.

PHAN Lifetime Membership Award. This award recognizes significant long-term service to public health in Nebraska. Factors for selection include distinctive efforts to promote and/or improve the public health system; leadership; involvement in the community; and lasting contributions to public health.

Jim Dills Distinguished Public Health Service Award. This award was established to honor career public health leader, Jim Dills. The award is intended to recognize an individual, agency, organization or business exhibiting outstanding leadership in establishing or improving public health services at the community or state level in Nebraska. Factors for selection include designing and providing innovative services; collaboration and multi-disciplinary teamwork; promotion of community collaboration or partnering, and leading others to interest and excitement in public health.

PHAN Service Award This award recognizes a member of the Public Health Association of Nebraska who has made a significant contribution to the successful operation of PHAN.

Exhibitors

Are you interested in being a Conference Exhibitor? Forms can be downloaded from PHAN's website - <http://www.publichealthne.org/id30.htm> or contact the PHAN Office at 402-483-1039.

Continuing Education Units

An application will be submitted for contact hours to the Nebraska Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Contact itsmybagne@aol.com for more information.

For More Information

<http://www.PublicHealthNe.org>

Debbi Barnes-Josiah, PHAN Conference Chair
402-471-9048
(fax) 402-471-7049
debbi.barnes-josiah@hss.state.ne.us

The Sarpy/Cass Department Of Health And Wellness

The Sarpy/Cass Department Of Health And Wellness has hired a firm that is now conducting a telephone survey in Cass and Sarpy Counties. The survey is designed to assess the availability of public health services, the needs of mothers and children, the maintenance practices of good health and other community health issues. The survey will also seek to identify what role the S/CDHW can play in the public's health needs. All individual responses will be kept confidential.

S/CHDW Health Director Jim Sitrick Jr. said a total of 1,000 people will be interviewed - 500 in Cass County and 500 in Sarpy County. It's important that Cass County receive as many responses as Sarpy, said Sitrick, because it's such a diverse county and its needs may be different than the urban needs of Sarpy County. The survey is underway and he says feedback from Cass County interviewees has already been positive. The results will be used to prioritize, plan and design public health programs in Cass and Sarpy Counties. Sitrick said the department is assessing the two county's "most real needs" and then will pursue programs and grant applications to meet those needs.

Medical Management of Chemical and Biological Casualties

Preparations are finalized for the first in a series of courses offered through a partnership with the Nebraska Center for Bioterrorism Education and the Collaborative Training Center at Offutt. This two day course will bring experts from the U.S. Medical Research Institute of Infectious Diseases and the U.S. Army Medical Research Institute of Chemical Defense for the first time to present in a community setting. The target audience will be military and civilian medical care providers. For more information, contact Sharon Medcalf RN, M.Ed. at smedcalf@unmc.edu

Data Use Academy at Omaha

Applications Due Friday, August 1, 2003

It's not too late! Interested in participating in the Data Use Academy at Omaha? Considering submitting an application? Visit the website at <http://www.unmc.edu/Pediatrics/childhealthpolicy/DUA/index.htm>

New Public Health Diversity Website

The Association of Schools of Public Health (ASPH) diversity committee is happy to announce the release of the "Health Disparities Research and Diversity Resource Center." Please visit <http://www.asph.org/diversity> to locate information on faculty recruitment and retention resources, meeting announcements, funding opportunities, School of Public Health activities in health disparities research, and more.

National Academies Press Free Online Books - [06-27-03]

The National Academies Press, publisher for The National Academies, has over 2500 free online books that cover science, engineering, and medicine. The Medical Sciences, Public Health and Health care section can be accessed here <http://books.nap.edu/v3/makepage.phtml?val1=subject&val2=ms>

New Kaiser Family Foundation Report On Race, Ethnicity, And Medical Care

While remarkable progress has been made in reducing barriers to care facing racial and ethnic minority Americans, they continue to experience unequal access to the many advances made in medical technology and basic health services. As part of our commitment to ongoing research into access to care for vulnerable populations, the Kaiser Family Foundation is pleased to release an updated edition of the report, Key Facts: Race, Ethnicity & Medical Care (publication #6069), which was last published in 1999.

This chartbook is intended to serve as a quick reference on racial and ethnic disparities in health, health insurance coverage and health care access and quality. It highlights the best available data and research and provides a selective review of the literature. Topics include: demographics, health status, patterns of health insurance coverage, access to primary and preventive care and use of specialty care for selected health conditions. This publication is available online at <http://www.kff.org/content/2003/6069>.

Bioterrorism: Information Technology Strategy

Bioterrorism: Information Technology Strategy Could Strengthen Federal Agencies' Abilities to Respond to Public Health Emergencies <http://www.gao.gov/new.items/d03139.pdf>

Highlights of the report are here <http://www.gao.gov/highlights/d03139high.pdf>

American Humanics Seeks Grant writing Projects

American Humanics (AH) is an alliance of colleges, universities and nonprofit organizations devoted to preparing college students for careers in nonprofit organizations. The University of Nebraska at Omaha is one of over 75 campus affiliates offering the AH certificate in nonprofit management and leadership. AH certification requires students meet various "competencies" through work in three major areas in addition to requirements for a baccalaureate degree: academic coursework, 300-hour internship experience, and co-curricular activities such as an on-campus student group, workshops, and conferences. For more information on the AH program, please see our website at: www.unomaha.edu/~humanics.

The AH program is currently seeking grant writing projects for students to do during the fall semester PA 4500, Nonprofit Fundraising course. Students will write grant proposals over the semester, to be completed in mid-December. Please see the attached request for projects for more information. Please note that the number of proposals that can be accepted is limited. Proposals should be submitted by August 11, 2003.

For more information contact:

Angela Eikenberry

Director, American Humanics

Certificate in Nonprofit Management

University of Nebraska at Omaha

School of Public Administration

6001 Dodge Street

Omaha, NE 68182

Phone: 402-554-6019

FAX: 402-554-2682

aeikenberry@mail.unomaha.edu

SAVE THE DATE! FOURTH Annual Nebraska Health Ministry Network Conference
“Health Ministries–Listening to the Voice of Spirit”

Thursday, September 25 and Friday, September 26, 2003
Our Saviour’s Lutheran Church, 40th and C Streets, Lincoln NE

PURPOSE AND THEME

Health and wholeness encompass all aspects of life. Health Ministry is a way to build an understanding of a deep faith-health connection, enabling congregations to act as catalysts at the forefront of lasting cultural change. To truly promote HEALTH as a ministry, we need to be healthy ourselves, within healthy structures. But we, as much of society, are in danger of becoming disconnected from our inner selves, from God, from one another.

This conference is a reminder that we are spiritual beings on a human journey. Building healthy communities starts at the core of who we are as God created us, and flows into self-care, our relationships with others, and even the way we treat the earth. As we listen to the voice of Spirit and each other, we create opportunities to re-envision our lives, our communities, and the world.

Brochures will be available in August. Cost is \$20 for the pre-conference and banquet, and \$45 for the conference. For more information, contact the Nebraska Health Ministry Network at 308-345-5605 or im50427@alltel.net, or check our website at www.interchurchministries.org. Click “ministries,” then “Nebraska Health Ministry Network.”

Study finds uninsured have less access to medical technologies

A study published today in the journal Health Affairs finds advances in medical technology are not reaching millions of Americans who lack health insurance, an access gap the researchers estimate is costing the nation an additional \$1.1 billion a year. The study, funded by the Commonwealth Fund Task Force on the Future of Health Insurance, compared the use of high-tech treatments for heart attack, depression and cataracts among insured and uninsured patients aged 55-64. In each case, it found the uninsured group received the high-tech treatments at lower rates compared with the insured group, amounting to an estimated annual loss of \$350 in excess morbidity and mortality costs per uninsured person in this age group. For more, go to www.cmf.org.

[From *AHA News Now*, 7/8/03]

A Profile of New Health Foundations

Grantmakers in Health, a nonprofit educational organization dedicated to helping foundations and corporate giving programs improve the nation's health, has released a report entitled *A Profile of New Health Foundations*, May 2003. The report covers 165 new health foundations (i.e. conversion foundations). Many of these organizations are potential funders of the work of public health institutes, and could be potential partners for core funding support. To view the report, please visit: http://www.qih.org/usr_doc/2003_Conversion_Report.pdf. To find out more about Grantmakers in Health, please visit www.qih.org

HHS To Require Food Labels To Include Trans Fat Contents

Improved Labels Will Help Consumers Choose Heart-Healthy Foods

HHS Secretary Tommy G. Thompson announced that food labels will be required to list the amount of unhealthy trans fatty acids, or trans fat, to give consumers better information when choosing their foods. The new requirement through the Department's Food and Drug Administration (FDA) will mean that manufacturers of most conventional foods and some dietary supplements will have to list in the Nutrition Facts panel the trans fat content of the product, in addition to the information about its overall fat content and saturated fat content.

The additional information will give consumers a more complete picture of fat content in foods -- allowing them to choose foods low in trans fat, saturated fat and cholesterol, all of which are associated with an increased risk of heart disease. Reducing the intake of trans fat and saturated fats is recommended by the Federal Dietary Guidelines for Americans.

Under the new FDA regulations, by Jan. 1, 2006, consumers will be able to find trans fat listed on food nutrition labels directly under the line for saturated fat. The new information is the first significant change on the Nutrition Facts panel since it was established in 1993. The new labeling reflects scientific evidence showing that consumption of trans fat, saturated fat and dietary cholesterol raises low-density lipoprotein (LDL) cholesterol ("bad" cholesterol) levels that increase the risk of coronary heart disease. Nearly 13 million Americans suffer from coronary heart disease, and more than 500,000 die each year from causes related to coronary heart disease.

Trans fat occurs in foods when manufacturers use hydrogenation, a process in which hydrogen is added to vegetable oil in order to turn the oil into a more solid fat. Trans fat is often but not always found in the same foods as saturated fat, such as vegetable shortening, some margarines, crackers, candies, cookies, snack foods, fried foods, baked goods, salad dressings, and other processed foods.

Additional information about this announcement and broader efforts to improve health by providing information consumers can use to make healthy choices is available on FDA's Web site at <http://www.fda.gov/oc/initiatives/transfat/>.

SAMHSA Funding For Comprehensive Community Mental Health Services

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for FY 2003 and FY 2004 for cooperative agreements to develop systems of care that deliver effective comprehensive community mental health services for a target population of children and adolescents with serious emotional disturbance and their families. Funds will be awarded to develop community service systems, and also to fund an array of services delivered through those service systems. In addition, awardees will participate in a national multi-site evaluation, conducted through a separate contract, and will be encouraged to develop the capacity for continuous evaluation of their systems of care. Approximately \$5 million is available for both FY 2003 and 2004 to fund about five awards for each year. The deadline is August 5, 2003, for FY 2003 and October 15, 2003, for FY 2004. Additional information is available at <http://www.samhsa.gov/grants/grants.html>.

Office Of Population Affairs Announces Funds For Family Planning Services

The Office of Population Affairs (OPA) announces the anticipated availability of funds for Fiscal Year (FY) 2004 family planning services grants under Title X of the Public Health Service Act. Public and non-profit private organizations wishing to operate family planning services projects are invited to apply. The anticipated FY 2004 appropriation is approximately \$265 million. OPA intends to make available approximately \$49 million for competing grant awards in approximately 24 states, populations, and/or areas. The remaining funds will be used for continued support of grants and activities that are not competitive in FY 2004. Application and funding dates vary. Due dates range from September 2003 to May 2004 depending on region. Application kits are available online at the Office of Population Affairs Web site at http://opa.osophs.dhhs.gov/xgrants/03jun/srv/ofp_srv_06-2003.html.

NGA, NASBO Release Data On State Budgets For Fiscal Years 2002, 2003

The National Governors Association (NGA) and the National Association of State Budget Officers (NASBO) released new data indicating that states continue to struggle with declining revenues, with most states unable to protect their highest priority programs from budget reductions. "The Fiscal Survey of States" presents actual fiscal year 2002 and estimated 2003 figures. According to the survey, most states enacted across-the-board, targeted reductions to programs, and few states succeeded in exempting high priority programs such as K-12 education, Medicaid, higher education, public safety, or aid to towns and cities. In FY 2003, 37 states were forced to reduce already enacted budgets by nearly \$14.5 billion - the largest spending cut in the history of the 27-year-old Fiscal Survey. Additional strategies Governors used in an attempt to balance their budgets in FY 2003 include:

- 28 states used across-the-board cuts;
- 22 states drew down their rainy day funds;
- 17 states laid off employees;
- 8 states offered early retirement; and

--10 states reorganized agencies and programs.

--A variety of other measures were used in 29 states, including refinancing state debt, implementing hiring freezes, tobacco settlement securitization, deferred payments, and fund transfers. The survey is available at <http://www.nga.org/cda/files/FSS0603.pdf>.

U.S. Birth Rate Declines To Record Low In 2002

The Centers for Disease Control and Prevention (CDC) recently released new findings on birth statistics in a report entitled "Births: Preliminary Data for 2002." This report provides preliminary data on births in the U.S. in 2002. Data on age, race, and marital status of the mother, as well as data on prenatal care, cesarean delivery, preterm births, and low birth weight are provided. According to the report, the current birth rate is the lowest it has ever been since national data have been available. The 2002 birth rate was 13.9 births per 1,000 women, signifying a decrease of 1% from the 2001 rate of 14.1 per 1,000 and a decrease of 17% from the all time high of 16.7 per 1,000 in 1990. Other findings include:

-- A continuing decline in the birth rate for teenagers, with a drop of 5% from 2001 to 42.9 births per 1,000 women aged 15-19 years in 2002;

-- A slight increase in the percentage of preterm and low birth weight babies at 12% and 7.8%, respectively. The low birth weight rate is the highest reported in thirty years; and

-- 26.1% of all births in 2002 were cesarean deliveries, representing the highest level of cesarean births ever reported in the U.S. The number of cesarean births to women with no previous history rose 7% and the rate of vaginal births after previous cesarean delivery dropped by 23%.

The full report is available at http://www.cdc.gov/nchs/data/nvsr/nvsr51/nvsr51_11.pdf.

New Report On Race, Ethnicity, And Care

The Kaiser Family Foundation recently released an updated edition of the report, "Key Facts: Race, Ethnicity & Medical Care," which was originally published in 1999. This chartbook is intended to serve as a quick reference on racial and ethnic disparities in health, health insurance coverage and health care access and quality. It highlights the best available data and research related to racial and ethnic disparities in health, and provides a selective review of the literature. Topics include: demographics, health status, patterns of health insurance coverage, access to primary and preventive care and use of specialty care for selected health conditions. This publication is available online at: <http://www.kff.org/content/2003/6069> .

Information Available On New Health Foundations

Grantmakers in Health, a nonprofit educational organization dedicated to helping foundations and corporate giving programs improve the nation's health, has released a report entitled "A Profile of New Health Foundations, May 2003." The report covers 165 new health foundations, also referred to as conversion foundations. Many of these organizations are potential funders and partners for public health activities. To view the report, please visit: http://www.gih.org/usr_doc/2003_Conversion_Report.pdf.

New IOM Report On Uninsured

The Institute of Medicine's (IOM) Committee on the Consequences of Uninsurance has recently released a new report, entitled "Hidden Costs, Value Lost: Uninsurance in America." This report is the fifth of a series of six reports on the implications of maintaining a large uninsured population in the United States. "Hidden Costs" tallies some of the national economic and social losses due to a range of consequences of uninsurance, including the poorer health and shorter lives of those who lack coverage, diverted public resources for care for the uninsured, and costs to other governmental programs such as Medicare and Disability Insurance. It also assesses the costs of the additional health services that the uninsured would be expected to use with coverage, and compares these to the economic and societal benefits that could be realized if everyone had health insurance on a continuous basis. The Committee's sixth and final report will be issued later in the year. It will present a series of principles for assessing models and

strategies for expanding coverage. To view the report or order a copy, please visit <http://www.iom.edu/report.asp?id=12313>.

Report Examines Medical And Dental Primary Care Systems Coordination

A new report by the Children's Dental Health Project and the American Academy of Pediatric Dentistry entitled, "The Interface Between Medicine and Dentistry in Meeting the Oral Health Needs of Young Children," examines issues related to the coordination of medical and dental primary care systems around children's oral health. According to the report, an unequal distribution of general practice dentists and a shortage of pediatric dentists exist, contributing to children's lack of access to needed dental care. The report also states that approximately 80% of dental caries is concentrated in 25% of the pediatric population. The report discusses ways that dentistry can be integrated into a system of care that facilitates access to other necessary services for children such as medical care, nutrition, child care, and education. To view the report, go to <http://www.cdhp.org/Index.asp?PA=3&XX=115&XX=102&XX=127&XX=104>.

Cultural Competence Survey Available From AUCD Multicultural Council

The Association of University Centers on Disabilities' (AUCD) Multicultural Council recently released a tool to assist organizations in assessing their level of cultural competency. The survey is a tool to help organizational staff get a baseline assessment of the organization's strengths and weaknesses related to cultural competency. The survey can be used periodically to assess how well interventions are working. To access the survey, go to <http://www.aucd.org/councils/multicultural/resources.htm>.

SAMHSA Releases Substance Abuse And Mental Health Programs Guide

The Substance Abuse and Mental Health Services Administration (SAMHSA) released the 2002 edition of its publication "Science-based Prevention Programs and Principles: Effective Substance Abuse and Mental Health Programs for Every Community." This guide contains reviews of current substance abuse prevention theory and practice and includes a compendium of scientifically tested and proven substance abuse prevention and mental health promotion programs. The guide is available online at <http://ncadi.samhsa.gov/govpubs/BKD479/BKD479.pdf>.

Prescription Drug Trends

<http://www.kff.org/content/2003/3057-03>

This two-page fact sheet, updated in May 2003, provides trend data for prescription drug coverage, expenditures, and the key factors that contribute to rising prescription spending: increases in utilization and prices, and changes in drug use from older drugs to newer higher-priced drugs.

America's Children: Key National Indicators of Well-Being

The proportion of U.S. children who are overweight more than doubled to 15% from 6% between 1980 and 2000, according to a federal study released today. While the reasons for the increase are not clear, the report suggests that eating out, diets low in fruits and vegetables, and lack of exercise probably play a role. The study by the Federal Interagency Forum on Child and Family Statistics tracks 25 key health and well-being indicators for children. It indicates that the number of teens who smoke cigarettes daily dropped in 2002 to the lowest point since data were first collected in 1975. Childhood and infant mortality rates also continue to improve. For example, the infant mortality rate has dropped to 6.9 deaths per 1,000 live births in 2000 from about 11 deaths in 1983. The report, "America's Children: Key National Indicators of Well-Being," can be found at <http://www.childstats.gov/>

PSR Releases the Emerging Links Report Series

Physicians for Social Responsibility (PSR) is very pleased to share the first two of three reports in the Emerging Links Series. The reports address the links between chronic disease and environmental exposures. The analysis provided in these materials is an excellent introduction to the connections between the environment and two specific chronic diseases.

These reports are the result of a multi-year effort to identify, document and assess the research, while at the same

time link the findings with PSR's work on health professional education and organizing as well as policy change. We have looked at three diseases - Parkinson's disease, non-Hodgkin's lymphoma, and diabetes. The paper on diabetes is forthcoming.

Visit the EnviroHealthAction Network to view the Emerging Links Series online:
http://www.envirohealthaction.org/environment/disease_environment/

Funding Opportunities

Funding available for the Refugee Microenterprise Development Program

CFDA Number: 93.576.

DATES: The closing date for submission of applications is 30 days from date of publication in the Federal Register.

Announcement Availability: This program announcement and the application materials are available on the Office of Refugee Resettlement Web site at <http://www.acf.hhs.gov/programs/orr/funding>.

FOR FURTHER INFORMATION, CONTACT: Lisa Campbell, Division of Community Resettlement, Office of Refugee Resettlement, Administration for Children and Families, at (202) 205-4597 or LCampbell@ACF.HHS.GOV or Daphne Weeden, Division of Discretionary Grants, Office of Grants Management, Administration for Children and Families, at (202) 260-5980 or paqueries-ogm@acf.hhs.gov.

Funding Availability: ORR expects to make available approximately \$4 million for Microenterprise Development projects for about 15 to 25 awards in amounts ranging from \$100,000 to \$300,000. The award amount range is for planning purposes. Applications with requested amounts that exceed the upper value of the dollar range specified will still be considered for review. No matching or cost sharing by the applicant is required.

Applicant Eligibility: Eligible applicants are public and private non-profit agencies. Faith-based and community organizations are eligible to apply for these grants.

National Grant Program to Fund Purchase of Equipment for Fire Departments

Deadline: Rolling

First Responder Institute, a not-for-profit organization whose mission is to provide assistance to emergency personnel to help them make their communities safer, is accepting grant applications from fire departments across the United States for the purchase of life-saving equipment.

The national grant program was established in January 2003 by GlaxoSmithKline Consumer Healthcare through the "Tums Helps Put Out More Fires Than You Think" cause-related advertising campaign. The campaign donated 10 cents to the First Responder Institute for each bottle of Tums-brand antacid purchased, up to \$200,000, to help fire departments in need of new equipment.

U.S. fire departments are eligible to apply for grants ranging from \$2,500 to \$10,000. Applications will be accepted, reviewed, and distributed on a quarterly basis.

See the First Responder Institute Web site for further information and to access the online application.
RFP Link: <http://www.FirstResponder.org/>

Compassion Capital Fund (CCF) awards

The program announced here will provide Compassion Capital Fund (CCF) awards to build the capacity of faith-based and community organizations, especially partnerships and coalitions, that address the needs of at-risk youth or the homeless. Awards will assist these organizations to improve their program effectiveness and sustainability, access funds from diverse sources, and emulate model programs and best practices.

To be eligible for these one-time, \$50,000 CCF capacity-building awards, applicants must have a proven track record of at least one year in serving the needs of at-risk youth or the homeless.

The Administration for Children and Families (ACF) issues awards under the Fund. The Compassion Capital Fund will help further the President's goals and objectives regarding faith-based and community organizations and will enhance work being supported by multiple Federal agencies. ACF estimates that the funds available under this announcement will support approximately 50 grants.

DATES: The closing date for submission of applications is August 11, 2003.

ELIGIBILITY: ACF invites applications from private, non-profit, faith-based and community organizations, particularly partnerships or coalitions, with a proven track record in serving the needs of at-risk youth or the homeless. Applicants are required to submit proof of non-profit status with the application. Applications lacking proof of non-profit status will not be reviewed. Eligible organizations must have been established for at least one year and addressing the needs of the homeless or at-risk youth in the proposed geographic area. Coalitions of eligible organizations must have been in existence for at least one year. In the case of partnerships or coalitions that do not have a separate governing structure, one member must serve as lead organization for the purposes of the grant award.

FOR FURTHER INFORMATION CONTACT: LCG OCS Operations Center, 1-800-281-9519; e-mail: OCS@lcgnet.com. ACF intends to post answers to frequently asked questions on the ACF Web site at <http://www.acf.dhhs.gov/programs/ocs>. Required application forms are available at: <http://www.acf.dhhs.gov/programs/ofs/forms.htm>.

Hasbro Children's Foundation Announces Funding Guidelines

Deadline: Rolling

A philanthropic program of toy and game manufacturer Hasbro, the Hasbro Children's Foundation is committed to improving the emotional, mental, and physical well-being of children from birth through age twelve and their families through the support of innovative direct service programs in the areas of health, education, and social services.

In making funding decisions, the foundation is guided by three values: Caring, programs that work to ensure that all children have safe and caring environments where they can grow and thrive; Opportunity, programs that provide healthcare, education, and social services that give young children the help they need to join their peers in learning and achieving; and Joy, opportunities for the most vulnerable children to experience joyful moments as part of their everyday life.

The foundation provides three types of direct-service funding support:

Innovative Programs With Local Impact -- Small grants to direct-service programs that meet a need of disadvantaged children in a local community in an innovative way. Funding can be sought to seed a new program component, or help make an existing program more efficient or effective.

National Replication/Adaptation/Expansion of Innovations -- Larger and sometimes multiyear grants for direct-service programs that have the ability to bring their successful programs to other communities. Funding can be sought for the process of growing a program that benefits disadvantaged children and families to multiple sites.

Innovative Programs With National Impact -- Seed grants for programs that propose to meet the needs of vulnerable children and their families in a new way and have the potential for improving the quality of life for these children in every community across the nation. Grant size in this category ranges widely.

Funding request amounts should relate to the scope and reach of the project. The foundation is rarely the sole supporter of a

program. Local community projects should be able to show local support, while larger, multi-city expansions should show partnerships and support in all proposed sites. Local grants for model community programs typically range from \$500 to \$35,000. For multi-site expansions, awards are from \$35,000 up, and are granted over a period of one to three years. The largest grants are awarded to programs that are national in potential impact and scope.

The foundation funds not-for-profit organizations only. The foundation places the highest value on ensuring caring and consistent person-to-person services for the most vulnerable children and their families.

Requests for funding are reviewed on a rolling basis. See the foundation's Web site for complete funding guidelines, application procedures, and examples of funded programs. RFP Link: <http://www.hasbro.org/hcf/>

Rural Health Outreach and Network Grants

Applications are currently available for Outreach and Network Grants from the Office of Rural Health Policy (ORHP). Grants available are the Rural Health Outreach Grant Program, the Network Development Grant Program, and the Network Development Planning Grant Program. Information can be found at <http://ruralhealth.hrsa.gov/> under "funding."

The Rural Health Outreach Grant Program <http://ruralhealth.hrsa.gov/funding/outreach.htm> focuses on service delivery through creative strategies requiring the grantee to form a network with at least two additional partners. Applications are due September 12th. A technical assistance conference call is scheduled for Tuesday July 29th, 2pm EDT. Use the link above for more information about this TA opportunity.

The Network Development Grant Program <http://ruralhealth.hrsa.gov/funding/network.htm> focuses on furthering ongoing collaborative relationships among health care organizations by funding rural health networks that focus on integrating clinical, information, administrative, and financial systems across members. Applications are due September 26th. A technical assistance conference call is scheduled for July 31st at 2pm EDT. See the above link for more information.

The Network Development Planning Grant Program <http://ruralhealth.hrsa.gov/funding/networkplanning.htm> provides one-year of funding to rural communities needing assistance in the development of an integrated healthcare network. The planning grants are to be used to develop a formal network with the purpose of improving the coordination of health services in rural communities and strengthening the rural health care system as a whole. A technical assistance conference call is scheduled for August 5th at 2pm EDT. Please use the above link for more information.

Most application materials are posted on the web, or you can contact the HRSA Grant Application Center at 1-877-477-2123, 1-877-477-2234 (fax), or HRSAGAC@hrsa.gov and ask to be placed on the mailing list to receive the Rural Health Outreach or Network Development official application kits as soon as they are available.

Reference numbers:

For the OUTREACH GRANT cite the reference number HRSA 04-001

For the NETWORK DEVELOPMENT GRANT cite the reference number HRSA 04-002

For the NETWORK PLANNING GRANT cite the reference number HRSA-003

For more information, contact Lilly Smetana at 301-443-6884.

Fiscal Year 2003 Competitive Application Cycle for the Healthy Communities Access Program (HCAP)

Closing date
August 26, 2003

Amount:

Estimated Amount of Available Funds: \$35,000,000 for New Awards and \$70,000,000 for Competing Continuations.

Estimated Number of Awards: Up to 35 New Awards and 100 Competing Continuations.

Estimated Average Size of Each Award: New awards will range from \$800,000 to \$900,000 and Competing Continuations will range from \$600,000 to \$700,000.

Eligible

Tribal, faith-based and community-based organizations are encouraged to apply. For an entity to be eligible to receive a new HCAP award, the following requirements must be met:

1. The applicant entity must represent a consortium whose principal purpose is to provide a broad range of coordinated health care services to their defined community's uninsured and underinsured populations.

2. The community-wide consortium represented by the applicant entity must include at least one of each of the following providers that serve the stated community, unless such provider does not exist, declines or refuses to participate, or places unreasonable conditions on its participation:

- A Federally qualified health center (as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa));
- A hospital with a low-income utilization rate (as defined in section 1923(b)(3) of the Social Security Act (42 U.S.C. 1396-4(b)(3)), that is greater than 25 percent;
- A public health department; and
- An interested public or private sector health care provider or an organization that has traditionally served the medically uninsured and underserved.

3. The applicant entity is neither a current nor former Community Access Program (CAP) grantee and is proposing to serve either a service area or target population of uninsured and underinsured individuals that has not been exclusively served by a previous CAP grant.

Agency

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Summary

To provide assistance to communities and consortia of health care providers and others they represent to develop or continue activities to strengthen integrated community health care delivery systems that coordinate health care services for individuals who are uninsured or underinsured, and to develop or strengthen activities related to providing coordinated care for individuals with chronic conditions who are uninsured or underinsured.

Listed in:

Federal Register
Vol. 68, No. 140
Tuesday, July 22, 2003
Page 43361-43363

For detailed information go to:

<http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2003/03-18632.htm>

Mary Byron Foundation to Honor Innovative Efforts in Fight Against Domestic Violence

Deadline: September 12, 2003

The Mary Byron Foundation, a grantmaking public charity based in Louisville, Kentucky, is accepting nominations for an award that honors groundbreaking efforts to stop domestic violence.

The foundation's Celebrating Solutions Awards recognize institutions that demonstrate an innovative approach to confronting the root causes of domestic violence and developing solutions to break the cycle. Winners will receive a \$10,000 cash award in recognition of their work.

The awards are open to nonprofit or governmental programs that have been operating for a minimum of three years and have demonstrated innovation, positive outcomes, sensitivity to ethnic and racial diversity, evidence of partnerships and community support, and potential for application in other communities.

Interested organizations can download the award application from the foundation's Web site.

RFP Link: <http://www.marybyronfoundation.org/>

Applications Invited for RYKA Women's Fitness Grant Program

Deadline: August 15, 2003

The Women's Sports Foundation

(<http://www.womenssportsfoundation.org/>) and RYKA, an athletic footwear manufacturing company, have joined together to provide fitness grants to support organizations and individuals that enhance women's lives through health and fitness-related programs.

The RYKA Women's Fitness Grant program will provide \$50,000 in financial assistance. All proposals must indicate that the grantee will conduct education programs, produce educational materials, provide fitness participation opportunities, or provide other services that increase women's participation in fitness activities. Programs must primarily serve women age 25 and over.

See the Women's Sports Foundation Web site for complete program guidelines. RFP Link:

<http://www.womenssportsfoundation.org/cgi-bin/iowa/funding/index.html>

Thank you to Richard Thill rthill@cox.net , Teresa Hartman, Ronnette Sailors and many others who sent information for this edition of Nebraska Health News.