

HRSA'S ROLE IN IMPROVING COMMUNITY HEALTH: CREATIVE SOLUTIONS THAT WORK

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INTRODUCTION

The Health Resources and Services Administration (HRSA) is currently focused on 2 high-profile presidential initiatives—one dealing with community health centers and the other with the National Health Service Corps—and is awaiting word from Congress to begin work on a third initiative that will focus on preventing asthma, diabetes, and obesity.

The mission of HRSA is to improve the nation's health by ensuring access to comprehensive, culturally competent, quality health care for some of the nation's most vulnerable families and individuals.

"Both President Bush and Health and Human Services Secretary Thompson are committed to this goal," said the agency's administrator Dr. Elizabeth Duke. "In fact, they are both convinced that the best way to boost access to care and eliminate health disparities is to get more direct health care to the people who need it most."

COMMUNITY HEALTH CENTER EXPANSION

The first initiative is President Bush's 5-year plan to increase the number of patients served annually at community health centers to 16 million by 2006, up from about 10 million currently, by creating new centers or expanding existing centers in 1,200 communities. For fiscal year 2003, the President is asking for \$1.5 billion for health centers—a \$114 million increase over this year's budget and a 2-year increase of almost \$280 million. The targets for 2002 were exceeded with the funding of 170 new access points and the expansion of the capacity of 131 centers.

"As many of you know, health centers have a well-deserved reputation for providing some of our nation's poorest citizens with some of the best primary and preventive care attainable anywhere," Dr. Duke said. The expansion is designed to maintain that reputation and improve upon it if possible.

"The success of our health center collaboratives is one example of how we are working to improve quality," Dr. Duke explained. "We have supported these collaboratives throughout

the health center network to combat diabetes, asthma, cardiovascular disease, HIV/AIDS, and depression."

The collaboratives are leading a fundamental change in a patient-oriented system of care, Dr. Duke pointed out. They are establishing the best research-based screening techniques and follow-up, helping patients set personal goals to manage their conditions, and reaching out to local organizations for discount drugs, space for health promotion classes, and other in-kind contributions.

"So far, the results have been impressive," Dr. Duke said. "Our Diabetes Collaborative includes 333 health centers—close to half of the 763 centers nationwide—that have joined together to develop new ways to help patients monitor, control, and reduce their blood sugar levels."

A prototype cancer collaborative is being tested in 12 centers and should be available system wide within the next year, Dr. Duke said. A new collaborative will focus on pregnancy, delivery, and the first 6 months of life.

NATIONAL HEALTH SERVICE CORPS

The second presidential initiative will reform the National Health Service Corps (NHSC) to place more clinicians in front-line areas of greatest need. The NHSC gives scholarships to medical professionals and pays off their student loans; in exchange, these physicians, dentists, and other health professionals agree to practice in medically under-served areas for at least 2 years.

Increases in NHSC funding of \$20 million this year and a proposed \$45 million in 2003 are tied to the expansion of the health center network, since many NHSC clinicians are assigned to health center sites. Full implementation of the health center expansion will mean that the health center staff will increase by 30,000 people by 2006. Of that number, about 4,500 will be primary-care providers.

"It's an enormous challenge and expanding the number of NHSC clinicians will help us meet our goals," Dr. Duke said.

In 2002, to meet the need for well-prepared clinicians who are able to respond to national crises, Secretary Thompson announced the launch of the NHSC's "Ready Responders." Thir-

ty-six family physicians and 4 dentists will spend most of their time treating the under-served in areas that lack health professionals. They will receive special training and will be ready to deploy to medical emergencies nationwide.

HEALTHY COMMUNITIES INITIATIVE TO COMBAT ASTHMA, DIABETES, AND OBESITY

The President's third initiative at HRSA is the Healthy Communities Innovation Initiative. It is an interdisciplinary effort to bring together experts from throughout the Department of Health and Human Services to focus on ways to prevent asthma, diabetes, and obesity. "These 3 chronic conditions are among the fastest-growing in the United States and present severe problems in many minority communities," Dr. Duke said.

The President's 2003 budget proposes \$20 million for HRSA to set up demonstration programs in 5 communities. Funds will be used to establish efforts to improve health outcomes in areas where illness and death rates due to asthma, diabetes, and obesity are high, Dr. Duke said.

PUBLIC HEALTH PREPAREDNESS AND BIOTERROR RESPONSE CAPABILITY

HRSA is working to strengthen the ability of the nation's public health system and hospitals to prepare for possible biological, chemical, or radiological attacks. Dr. Duke outlined the following plans:

- The first area—and HRSA's primary focus—is the Hospital Preparedness Program. The goal is to link the healthcare system with the public health system, so that the nation is better positioned to detect a bio-terrorist attack and provide appropriate prevention and treatment. "We will be working to make sure that the systems that provide critical health care services to people are closely coordinated with the public health system," Dr. Duke said.

- A new program for Educational Incentives for Curriculum Development and Training is proposed in the President's 2003 budget. The funds will be used to develop health professions school curricula for instruction on the detection and treatment of diseases that can be caused by bioterrorism.

- The HRSA will continue to operate the Emergency Medical Services for Children Program. This program aims to ensure state-of-the-art emergency medical care for ill or injured children and adolescents. The program provides grants to states to improve existing EMS systems and to schools of medicine to develop and evaluate improved procedures and protocols for treating children. "If new protocols are developed for bio-ter-

rorism or chemical agents, we will see that they are adapted for use with children," Dr. Duke said.

- The HRSA will continue to fund Poison Control Centers, a vital part of emergency services needed by all Americans facing the threat of bio-terrorism. "Poison Control Centers can serve as part of the nation's surveillance and first response system," Dr. Duke said. "For example, during the anthrax incident in Florida, HRSA-supported Poison Control Centers were able to provide the public accurate information about anthrax."

LOOKING AHEAD

"Perhaps our biggest challenge is being able to identify and address future healthcare needs and trends," Dr. Duke said. "Being able to make accurate future projections has a tremendous impact on how we provide health care as a nation." She discussed 4 of these trends: the nursing shortage, increasing the number of health centers and service expansion for existing centers, oral health, use of telehealth and emerging technologies, and the challenges of an aging population.

Nursing Shortage

"With all that we know about the vital role of nurses in the healthcare industry, we are seeing critical shortages of nurses in communities across the country," Dr. Duke said. "Nurses are growing older and leaving the profession at the same time that demand for nurses increases. The number of people entering the profession has slowed considerably over the past 4 years. If recent trends continue unchecked, the nursing shortage will worsen significantly over the next 2 decades."

"Reversing these trends is a top priority for Secretary Thompson and all of us at HRSA," Dr. Duke continued. "We are working on every level to increase the number of professional nurses in America, because a shortage threatens our ability to keep our hospitals, nursing homes, and schools operating efficiently."

Health Center Expansion

The HRSA will ask health centers to step up their services to many under-served groups of people, such as those living with HIV/AIDS. One-third of folks with HIV in America are unaware they have it; another one-third know about it and are being treated; the final one-third know about it but are not in treatment.

"Recently, I was in New Hampshire to make a grant award to a small program that did an outstanding outreach job to get moms into care to prevent HIV transmission to new babies—and they had a 100% success rate," Dr. Duke said. "We want to spread that success through outreach and treatment."

Oral Health

“The easiest way to see the difference between the rich and the poor in America is to look at people’s mouths,” Dr. Duke said. “At a community health center in Alpena, Michigan, I heard a tragic story about a young man—just 20 years old—who had an abscessed tooth. No dental care was easily or readily available for him. To make a long story short, this young man had to have all his teeth removed, was in intensive care for some time, and still needs lots of specialized care—all because he couldn’t get an abscessed tooth treated.”

New Technologies

“Telehealth and telemedicine technology have the potential to revolutionize the delivery of health care, especially for those who live in remote or under-served communities,” Dr. Duke said. “We use telehealth to help clinicians in isolated areas stay up-to-date on new developments in their field. And we’re de-

veloping distance learning and training programs to help staff around the country learn and grow throughout their careers.”

In Baldwin, Michigan, the board of directors of a community health center decided to turn its boardroom into a telehealth room. “This will make a tremendous difference for the provision of timely, quality care for the community by linking radiologists to the hospital many miles away,” Dr. Duke said.

Aging Population

“The over-85 age group is our fastest growing population group, but too few providers have had special training in geriatrics,” Dr. Duke pointed out. “A group inside HRSA is working to improve geriatric training nationally.”

The bottom line is clear, Dr. Duke said. “We want to encourage innovation and new ways of thinking. We urge coordination and collaboration that cut across traditional boundaries. And we believe that partnerships are the very best way to create healthier individuals and families.”