

COMMUNITY HEALTH WITH CLAS



A guidebook created by Sharpe Community Scholars at the
College of William and Mary

Across Virginia the rising number of Limited English Proficient (LEP) people has presented a challenge to healthcare practitioners who are committed to delivering culturally competent care. This guidebook serves as a resource for practitioners and community health leaders in delivering such care to this population. The guidebook's goal is to give community leaders and health practitioners a source to refer to when LEP patients are present in their practices. It identifies resources that assist these entities in complying with Title VI of the Civil Rights Act. We hope the guidebook will prove to be a useful tool to Virginia health care providers as they make their transition to a more culturally and linguistically diverse health system.



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CHAPTER 1:

In this chapter, you will learn...

The definition of **cultural competence**, its legal status relative to **Title VI and the CLAS Standards**, and why it matters to YOU

- **Compliance with Title VI of the Civil Rights Act and, by extension, CLAS Standards, is required if your organization receives ANY federal funds**

If your organization receives any federal funds,

If you provide services to minorities, or

If you receive services that you think need to comply with Title VI,

Then read on

What is Title VI?

Title VI is a part of the Civil Rights Act of 1964 to protect against discrimination in federally assisted programs.

Overview of Title VI of the Civil Rights Act of 1964

Title VI, 42 U.S.C. § 2000d et seq., was enacted as part of the landmark Civil Rights Act of 1964. It prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance. As President John F. Kennedy said in 1963:

Simple justice requires that public funds, to which all taxpayers of all races [colors, and national origins] contribute, not be spent in any fashion which encourages, entrenches, subsidizes or results in racial [color or national origin] discrimination.

If a recipient of federal assistance is found to have discriminated and voluntary compliance cannot be achieved, the federal agency providing the assistance should either initiate fund termination proceedings or refer the matter to the Department of Justice for appropriate legal action. Aggrieved individuals may file administrative complaints with the federal agency that provides funds to a recipient, or the individuals may file suit for appropriate relief in federal court. Title VI itself prohibits intentional discrimination. However, most funding agencies have regulations implementing Title VI that prohibit recipient practices that have the effect of discrimination on the basis of race, color, or national origin.

To assist federal agencies that provide financial assistance, the wide variety of recipients that receive such assistance, and the actual and potential beneficiaries of programs receiving federal assistance, the U.S. Department of Justice has published a Title VI Legal Manual. The Title VI Legal Manual sets out Title VI legal principles and standards. Additionally, the Department has published an Investigation Procedures Manual to give practical advice on how to investigate Title VI complaints. Also available on the Coordination and Review Website are a host of other materials that may be helpful to those interested in ensuring effective enforcement of Title VI.

Source: <http://www.usdoj.gov/crt/cor/coord/titlevi.htm>

According to the National Center for Cultural Competence...

Cultural Competence is a set of values, behaviors, attitudes, and practices within a system, organization, program, or among individuals that enables them to work effectively across cultures

Components of Cultural Competence include...

- Valuing of diversity
- Recognition of and respect for differences
- Understanding cultural definitions of mental health, well-being, coping, and recovery
- Use of MH and other interventions that “fit”
- Services and information provided in primary languages
- Use of empowerment-based approaches
- Ongoing cultural sensitivity and competence training

Guiding Principles for Cultural Competence

- Recognize the importance of culture
- Recruit staff who represent the cultural composition of the community
- Ensure services are accessible, appropriate, and equitable
- Recognize the role of customs, traditions, and natural support networks
- Involve community leaders and groups as cultural brokers

Ensure service materials are linguistically appropriate

CLAS Standards

A National Standard to Ensure Culturally and Linguistically Appropriate Health Care Services

CLAS Standards

- National Standards for Culturally & Linguistically Appropriate Services (CLAS Standards)
- Issued by Office of Minority Health, (DHHS) 12/00
- Based on, but broader than Title VI, these include organizational cultural competency as well as language assistance services
- 14 Standards
- 3 Categories
- Mandates (4-7)
- Guidelines (1-3, 8-13)
- Recommendation (14)
- Order of Discussion
- “Should,” “are encouraged,” “must”

Standard 1:

Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2:

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3:

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4:

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to

each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5:

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6:

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7:

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8:

Health care organizations should develop, implement and promote a written strategic plan that outlines clear goals, policies, operational plans and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9:

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10:

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity and spoken and written language

are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11:

Health care organizations should maintain a current demographic cultural and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12:

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13:

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14:

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

Title VI “Safe Harbor”

According to Title VI...

Many recipients would like to ensure with greater certainty that they comply with their obligations to provide written translations in languages other than English. A safe harbor means that if a recipient provides written translations under these circumstances, such action will be considered strong evidence of compliance with the recipient's written-translation obligations.

- 10% of the eligible population or 3,000, whichever is less (all documents)
- 5% or 1,000 (the most vital)

ANOTHER GREAT RESOURCE FROM THE VIRGINIA DEPARTMENT OF HEALTH IS AN ONLINE GUIDE WHICH...

“will assist you not only in discovering and utilizing your current resources, but also in building upon them to create an ongoing system to reach your language minority communities.”

<http://www.vdh.virginia.gov/epr/word/ReachingSpecialLanguagesPopulations.doc>

...DID WE MENTION THAT THE VIRGINIA DEPARTMENT OF HEALTH'S WEBSITE IS INVALUABLE IN GENERAL???

<http://www.vdh.virginia.gov>

CHAPTER 2:

In this chapter, you will learn...

About **Virginia Department of Health Contacts/Resources**, and describe what the **Office of Health Policy and Planning's website** can do for YOU

Office of Health Policy and Planning

Mission Statement

"The mission of the Office of Health Policy and Planning is to contribute to the development of health policy in the Commonwealth with research and analysis of the issues affecting the cost, quality, and accessibility of health care; to help rural and medically underserved communities recruit health care professionals and improve healthcare systems; and to develop as well as administer programs to increase and strengthen the healthcare workforce thereby improving health care accessibility for Virginia residents. "

<http://www.vdh.virginia.gov/primcare/healthpolicy/index.asp>

IN OTHER WORDS....

It has additional resources that may assist you in your efforts to comply with Title VI.

So if you have any questions/doubts/concerns, look at the website or contact the office! In particular, make sure you visit:

<http://CLASActVirginia.vdh.virginia.gov>

CHAPTER 3:

In this chapter, you will learn...

How to determine community specific demographics.

Knowing a patient's ethnicity allows the health care provider to better serve the patient. Additionally, collecting data on the ethnicities of patients over time will allow the health care provider to better determine how to serve the surrounding community. The information could be used in the interests of the health and well-being of the particular patient populations.

STEPS FOR IDENTIFYING THE PATIENT

Step 1: Identifying the language needs

- Color-code patients' files and charts with language-specific colors
- Use "I Speak" cards to recognize a patient's first language

Step 2: Finding the right staff to suit the patients and the practice

- Assess your language skills and comfort level
- Provide training for bilingual staff interpreters
- Hire staff interpreters

Step 3: Equipping the Office

- Arrange easy access to telephonic interpreters
- Buy and install high quality speakerphones

- Negotiate a group contract with a telephonic interpreting agency
- Gather information on interpreter services provided by your health plans
- Order patient education materials

Step 4: Assessment of Program

- Track interpreter use

COLLECTING INFORMATION ABOUT A PATIENT'S ETHNICITY

The collection of data should be in a standardized fashion. You should determine the categories of race and ethnicity of the patient. The common racial categories are Caucasian, American Indian or Alaska Native, Asian or Pacific Islander, African-American, Hispanic/Latino, Other. However, there should also be subcategories. The above categories are simply too broad to be able to determine the language of the patient.

Specific classifications or classification system should be used to collect information on race and ethnicity. Ask questions such as: What is the primary language you speak? What is the primary language you write? What is the primary language you prefer for your health care? Use identification cards or posters (i.e. "I Speak" cards) that allow patients to point to their individual languages before arranging for an interpreter. Use audio files for illiterate patients to respond to a particular language. Hire or use bilingual staff members and practitioners, or staff interpreters. Use telephone language lines when necessary

STEPS FOR AN EFFECTIVE LANGUAGE SERVICE

Step 1: Designate responsibility

Step 2: Conduct an analysis of language needs

Step 3: Identify community resources

Step 4: Determine what language services will be provided

Step 5: Determine how to respond to LEP (limited English proficiency) patients

Step 6: Implement staff training, employ interpreters

Step 7: Notify LEP patients of available language services

Step 8: Update activities after periodic review

[Contacts, Grant Opportunities, and Helpful Websites, Found in Back Website Index](#)

CHAPTER 4:

In this chapter, you will learn...

How to overcome cultural barriers. Barriers such as these impose a problem to providing adequate health care and need to be lowered in order to best serve the target community.

EXAMPLES OF CULTURAL BARRIERS

- Language differences
- Cognitive, behavioral, and emotional constraints
- Reluctance of staff to ask information about the race and ethnicity of patient
- Confusion about race and ethnicity categories
- No demonstrated need to collect this type of data
- Reluctance of patients to provide information about race and ethnicity
- Limitations of health information technology systems to collect data
- Lack of staff's time to collect data
- Concerns that the collection of data may expose the hospital to legal liability
- Lack of funding to support the collection of data
- Lack of agreement of executive leadership on the need to collect data
- Uncertainty on how to follow through once data are collected

ELIMINATING CULTURAL BARRIERS

<http://edis.ifas.ufl.edu/FY756>

- Develop programs to address the "real-life, felt or expressed needs" of the community.
- Offer programs in familiar surroundings: neighborhood churches, schools, etc.
- Meet in a location serviced by public transportation systems if necessary.
- Take childcare needs into account when planning Extension services if necessary.
- Offer culturally appropriate door prizes or refreshments.
- Take cultural holidays and community gatherings into consideration so that your programs do not conflict.
- Dress appropriately and respectfully for the culture group you are serving.
- Select visuals that reflect the cultural and ethnic identity of the community.
- Use materials written at an appropriate level and in the appropriate language.
- Use examples that are relevant and meaningful to the community.
- Involve cultural guides and diverse volunteers in program design and implementation.
- Identify and use the appropriate teaching style to address preferred learning styles.

STEPS FOR ESTABLISHING TRUST BETWEEN PROVIDER AND CLIENT

www.miaeyc.com/publications/Beacon/beacon%202005%20winter%20article1.pdf

Step 1: Recognition

Step 2: Empathize/ Sympathize/Compassion

Step 3: Educate

Step 4: Model

Step 5: Support

Step 6: Reaffirm

[Helpful Websites, Found in Back Website Index](#)

CHAPTER 5:

In this chapter, you will learn...

About Public Insurance Options (Medicare/Medicaid).

Many of the immigrants who visit public health clinics are uninsured and cannot afford private health insurance. Some individuals may be eligible for Medicare or Medicaid, yet are not aware that they can receive health coverage through these government programs. Family Access to Medical Insurance Security Plus (FAMIS Plus) is the Commonwealth of Virginia's Medicaid program. FAMIS is the health insurance program for children, and FAMIS MOMS is the program for expectant women. It is important to note that a parent's citizenship status is NOT considered when children apply for FAMIS or FAMIS Plus, nor when pregnant women apply for FAMIS MOMS.

FAMIS, FAMIS Plus, and FAMIS MOMS Eligibility Guidelines

Children under age 19

In order to be eligible for FAMIS Plus, children must:

- Be United States citizens or qualified aliens
- Live in Virginia
- Be under age 19
- Not have health insurance now and or in the past 4 months
- Not be eligible for the Virginia state employee health insurance plan
- Live in families meeting FAMIS income guidelines (See table below)

**FAMIS Plus Income Limits* (Gross Income)
January 24, 2006**

Family Size	Income Limits	
	Year	Month
1	\$13,034	\$1,087
2	\$17,556	\$1,463
3	\$22,078	\$1,840
4	\$26,600	\$2,217
5	\$31,122	\$2,594
6	\$35,644	\$2,971
7	\$40,166	\$3,348
8	\$44,688	\$3,724
Each additional family member	\$4,522	\$377

In order to be eligible for FAMIS, children must:

- Be a United States citizens or qualified aliens
- Live in Virginia
- Be under age 19
- Not have health insurance now and or in the past 4 months
- Not be eligible for the Virginia state employee health insurance plan
- Not be eligible for FAMIS Plus (also known as Medicaid)
- Live in families meeting FAMIS income guidelines (See table below)

**FAMIS Income Limits* (Gross Income)
January 24, 2006**

Family Size	Income Limits	
	Year	Month
1	\$19,600	\$1,634
2	\$26,400	\$2,200
3	\$33,200	\$2,767
4	\$40,000	\$3,334
5	\$46,800	\$3,900
6	\$53,600	\$4,467
7	\$60,400	\$5,034
8	\$67,200	\$5,600
Each additional family member	\$ 6,800	\$ 567

* Income limits are adjusted annually.

A helpful family and income calculator is available online.

English

<http://www.famis.org/eligibility.cfm?lang=English>

Spanish

<http://www.famis.org/welcome.cfm?lang=Spanish>

Pregnant Women

FAMIS MOMS provides complete health care coverage for women during their pregnancies and a period of two months after giving birth.

In order to be eligible for FAMIS MOMS, women must:

- Be a U.S. citizen or qualified legal immigrant
- Be a Virginia resident
- Be currently uninsured
- Have a medically confirmed pregnancy or must have given birth within the past sixty days
- Not have access to a state employee health plan
- Meet family income guidelines.

FAMIS MOMS Income Limits *

January 24, 2006

Family Size **	Income Limits	
	Year	Month
2	\$19,800	\$1,650
3	\$24,900	\$2,075
4	\$30,000	\$2,500
5	\$35,100	\$2,925
6	\$40,200	\$3,350
7	\$45,300	\$3,775
8	\$50,400	\$4,200
Each additional family member		\$ 5,100 \$ 425

Income limits are adjusted annually.

* based on income before taxes (some income may be excluded and certain deductions may apply)

** count the unborn child/ren as additional family members

FAMIS Enrollment

Individuals can apply for FAMIS online, over the phone, or through the mail. They need to fill out the Health Insurance Application for Women and Children.

On the phone:

Interpretation Services Are Available.

Call 1-866-87FAMIS (1-866-873-2647)

TDD users ONLY call, 1-888-221-1590

Hours:

8:00 am to 7:00 pm, Monday - Friday

9:00 am to 12:00 noon, Saturday

On the Internet:

In English

<http://www.famis.org/apply.cfm?lang=English##>

In Spanish

<http://www.famis.org/apply.cfm?lang=Spanish>

Through the Mail:

Individuals may download and print the application form from the internet by visiting

<http://www.famis.org/materials/HealthInsuranceApplicationForChildrenAndPregnantWomen.pdf>

They must then mail the completed application to

FAMIS

P.O. Box 1820

Richmond, VA 23218-1820

They can also fax the application for a quicker delivery to

1-888-221-9402

FAMIS Benefits

Regular checkups are free of charge.

The following is a list of other services covered by FAMIS.

- Doctor visits
- Well-baby checkups
- Hospital visits
- Vaccinations
- Prescription medicine

- Tests and X-rays
- Dental care
- Emergency care
- Vision care
- Mental health care

Dental Care

Smiles for Children offers dental care coverage for children who are enrolled in FAMIS or FAMIS Plus.

Families may have to pay a co-payment of \$2 or \$5 per outpatient doctor visit or prescription drug filled. Additional co-payments are required for other services.

Medicare Eligibility Guidelines

In order to be eligible for Medicare, one must:

Be a United States citizen or permanent resident
Have worked for ten years or longer in Medicare-covered employment or have a spouse that has
Be age 65 or older
Not have other health insurance

OR

If an individual is under 65, s/he may qualify for Medicare if:

S/he is a kidney transplant or kidney dialysis patient
S/he received Social Security or Railroad Retirement Board for at least two years

Medicare Benefits

Medicare Part A is premium free. It covers hospital visits and care in a skilled nursing facility. Home health care and hospice care are also covered.

Medicare Part B requires individuals to pay a premium for medical insurance. Part B helps pay for doctor visits, medical services, and outpatient hospital care.

Medicare Enrollment

Individuals interested in enrolling in Medicare need to contact the Social Security Administration at 1-800-772-1213 or visit their local Social Security agency. Applications for Medicare are submitted through these agencies. The following webpage lists and provides directions to the local Social Security offices in Virginia.

<http://www.ssa.gov/phila/states/virginia.htm>

[More Helpful Websites Found in Back Website Index](#)



CHAPTER 6:

In this chapter, you will learn...

How to evaluate interpreters and improve accessibility to interpreters with strong knowledge of medical jargon

The National Council on Interpreting in Health Care (NCIHC) has developed the first set of national standards for medical interpreting professionals in the United States. The 32 standards provide guidance on the qualifications and proper role of the interpreter and define what constitutes good practice. They are designed to promote better communication between patients and health professionals who do not share a language and improve the quality of care for these patients.

The new national standards provide guidelines on the following nine issues:

1. **Accuracy:** To enable other parties to know precisely what each speaker has said.
 - The interpreter renders all messages accurately and completely, without adding, omitting, or substituting.
 - The interpreter replicates the register, style, and tone of the speaker.
 - The interpreter advises parties that everything said will be interpreted.
 - The interpreter manages the flow of communication.
 - The interpreter corrects errors in interpretation.
 - The interpreter maintains transparency.
2. **Confidentiality:** To honor the private and personal nature of the health care interaction and maintain trust among all parties.

- The interpreter maintains confidentiality and does not disclose information outside the treating team, except with the patient's consent or if required by law.
 - The interpreter protects written patient information in his or her possession.
3. **Impartiality:** To eliminate the effect of interpreter bias or preference.
- The interpreter does not allow personal judgments or cultural values to influence objectivity.
 - The interpreter discloses potential conflicts of interest, withdrawing from assignments if necessary.
4. **Respect:** To acknowledge the inherent dignity of all parties in the interpreted encounter.
- The interpreter uses professional, culturally appropriate ways of showing respect.
 - The interpreter promotes direct communication among all parties in the encounter.
 - The interpreter promotes patient autonomy.
5. **Cultural Awareness:** To facilitate communication across cultural differences.
- The interpreter strives to understand the cultures associated with the languages he or she interprets, including biomedical culture.
 - The interpreter alerts all parties to any significant cultural misunderstanding that arises.
6. **Role Boundaries:** To clarify the scope and limits of the interpreting role, in order to avoid conflicts of interest.
- The interpreter limits personal involvement with all parties during the interpreting assignments.

- The interpreter limits his or her professional activity to interpreting within an encounter.
 - The interpreter with an additional role adheres to all interpreting standards of practice while interpreting.
7. **Professionalism:** To uphold the public's trust in the interpreting profession.
- The interpreter is honest and ethical in all business practices.
 - The interpreter is prepared for all assignments.
 - The interpreter discloses skill limitations with respect to particular assignments.
 - The interpreter avoids sight translation, especially of complex of critical documents, if he or she lacks sight translation skills.
 - The interpreter is accountable for professional performance.
 - The interpreter advocates for working conditions that support quality interpreting.
 - The interpreter show respect for professionals with whom he or she works.
 - The interpreter acts in a manner befitting the dignity of the profession and appropriate to the setting.
8. **Professional Development:** To attain the highest possible level of competence and service.
- The interpreter continues to develop language and cultural knowledge and interpreting skills.
 - The interpreter seeks feedback to improve his or her performance.
 - The interpreter supports the professional development of fellow interpreters.
 - The interpreter participates in organizations and activities that contribute to the development of the profession.

9. **Advocacy:** To prevent harm to parties whom the interpreter serves
 - The interpreter may speak out to protect an individual from serious harm.
 - The interpreter may advocate on behalf of a party or group to correct mistreatment or abuse.

Source: National Council on Interpreting in Health Care, Inc.

http://www.ncihc.org/NCIHC_PDF/National_Standards_of_Practice_for_Interpreter_in_Health_Care.pdf

CHAPTER 7:

In this chapter, you will learn...

About available training programs for doctors, interpreters, community leaders about cultural customs and sensitivities

There are many resources available for doctors, nurses, and other health care professionals to become educated about how to make their practices culturally competent and effective.

The following website has very helpful information regarding how medical professionals can be sensitive to a patient's culture while still treating him/her effectively.

<http://www.amsa.org/programs/gpit/cultural.cfm>

Training Programs and Resources

Compendium of Cultural Competence Initiatives in Health Care

<http://www.vdh.virginia.gov/ohpp/documents/CLASact/general/Compendium.pdf>

This resource provides a list of public and private sector organizations that strive to increase cultural competency in health care. Resources for culturally sensitive professional training, interpreter services, health promotion, and clinic organization are provided.

The Cross Cultural Health Care Program

<http://www.xculture.org/index.cfm>

This website has numerous sources that can facilitate greater cultural awareness in health clinics. There is an online store where training videos, books, research articles, and other items may be purchased. In addition, the website provides information regarding health care provider training and medical interpreter instruction.

Office of Minority Health Resource Center

<http://www.omhrc.gov/templates/browse.aspx?lvl=1&lvlID=3>

The Office of Minority Health Resource Center offers many cross-cultural research articles, books, audiovisual aids, training programs, and funding opportunities. Basic information on national cultural competency requirements is also available.

South Texas College Online Courses

Nursing & Allied Health, Center of Excellence in Migrant Health

Contact csaenz@southtexascollege.edu 956-872-2772

Health care professionals may wish to take courses that instruct students how to become more culturally sensitive in their medical practices. The courses offered through this program are available on the internet.

Courses Include:

Culturally Competent Healthcare for Migrant Workers

Healthcare Alternatives Used by Special Populations

Ethical & Legal Issues in Healthcare of Migrant Populations

Grassroots Approach to Migrant's Health Issues

Management of Chronic & Terminal Illness Among Migrant Farm workers

Videos

Videos may be the most cost-effective way to train several health care workers about becoming culturally competent. The following videos have a variety of intended audiences and purposes.

"The Bilingual Medical Interview."

Created by Boston City Hospital.

Written and directed by Eric J. Hardt, M.D.

Video Post Production: CF Video/Watertown © 1987.

Intended audience- health care providers.

Goal- Improve the viewer's ability to conduct a bilingual medical interview.

"Communicating Effectively Through An Interpreter: Barriers to Communication."

Created by CCHCP – The Cross Cultural Health Care Program.

Contact: PacMed Clinics,

1200 12th Avenue S

Seattle, WA 98144.

Call 206-621-4161 or (206) 326-4161

www.xculture.org.

Intended audience- health care providers

Goal- Learn how to use an interpreter effectively in a medical situation.

“The Culture of Emotions. A Cultural Competence and Diversity Training Program.”

Scientific advisors: Francis C. Lu, M.D. and Juan E. Mezzich, M.D., Ph.D.;

Producer: Harriet Koskoff 415-864-0927.

Intended Audience- Behavioral and Primary Health Care providers

Goal- Teach the view how be culturally competent when dealing with patients.

Kaiser Permanente CARE

Contact: Gus Gaona (323-259-4776) at
Kaiser Permanente MultiMedia Communication,
825 Colorado Boulevard, Suite 301,
Los Angeles, California 90041.

Intended audience- health care providers

Goal- Raise awareness of cultural differences and how they can affect medical care.

“What Language Does Your Patient Hurt In?”

A Three-Tape Video Training Course for Nurses

Inter-Face International. Workbook provided.

Contact Dr. Suzanne Salimbene through IFI4you@aol.com or call 818-282-2433.

Intended Audience- nurses

CHAPTER 8:

In this chapter, you will learn...

About training Programs for Doctors, Interpreters, and Community Leaders Concerning Cultural Customs and Sensitivities

Becoming Culturally Competent is a Developmental Process- Cultural competency cannot be understood automatically overnight. To become culturally competent takes time. It is a learning process where skills need to be absorbed and people must be sufficiently trained.

Structuring a Cultural Competence Training Program- There is no such thing as too much training. The first steps to introducing a training program could be...

1. Health-care Providers/ Community Leaders hold introductory conferences, symposiums or workshops. These events can include knowledgeable speakers, special topic breakout groups and opportunities for discussion and interaction around the rationale and general concepts underlying cultural competence in health care. Follow up meetings should be scheduled so that events are the most beneficial.
2. Managers of the events should do their best to provide continuing education credits for participants of symposium or conference. Attendance rates will most likely be higher if continuing education credits are offered.
3. Time must be given between trainings, so that participants can evaluate what they have learned and try to implement it in their work. They need to figure out what works and what does not work in their particular situation and setting.
4. It is critical that everyone involved with the Health care clinic/center receives training including; administrators, such as medical directors, chiefs of service, hospital administrators and directors of nursing.

Criteria for Selecting A Trainer- Here is a **checklist** of characteristics to look for in trainers for your health care organization. You should find a trainer that ...

- has long-term experience in training health care professionals and in working with health care organizations.
- can work with organizations in assessing their specific needs.
- has breadth and depth enough to be flexible in designing training for specific needs.
- understands the practical issues health care organizations face in meeting the service delivery need of diverse populations.
- has full understanding of the concept of culture and its embodiment in health concepts and practices.
- understands the kinds of knowledge, skills, tools and attitudes health care professionals need to successfully interact with diverse patients.
- sees cultural competence training and learning as a developmental process and has organized their training programs to reflect this perspective.
- has a wide variety of teaching/training approaches and is effective in gaining the confidence of health care professionals.
- is bicultural or has experience in working in multicultural training teams.
- has developed an extensive amount of resource materials, tools and methods to support their training.
- has experience in living, researching or working within cultural communities.
- understands organizational cultural competence as well as individual cultural competence in health care.

Organizations That Conduct Cultural Competence Training

Northern Virginia Area Health Education Center
3131-A Mount Vernon Avenue
Alexandria, VA 22305
703-549-7060 (Voice)
703-549-7002 (Fax)
info@nvahec.org

The Center for Cross-Cultural Health
1313 Fifth St. S.E., Suite 100B
Minneapolis, MN 55414
612-379-3573
www.corshealth.com

The Center for Healthy Families and Cultural Diversity
Department of Family Medicine
University of Medicine and Dentistry of New Jersey- Robert Wood
Johnson Medical School
New Brunswick, NJ 08903-0019
www2.umdnj.edu/fmedweb/chfcd

The Center for Immigrant Health
New York University School of Medicine
550 First Avenue
New York, New York 10016
212-263-7300
www.med.nyc.edu/cih

The Cross Cultural Health Care Program
1200 12th Avenue
Seattle, WA 98144
206-621-4161
www.xcult.org

Intercultural Communications Institute
8835 S.W. Canyon Lane
Portland, OR 97225
503-297-4622
www.intercultural.org

Millennia Consulting
28 E. Jackson Blvd., Suite 1700
Chicago, IL 60604-2214
312-922-9920
www.ConsultMillenia.com

National Center for Cultural Competency
Georgetown University Center for Child and Human Development
3307 M Street N.W. Suite 401
Washington, DC 20007-3935
800-788-2066 or 202-687-5387
www.georgetown.edu/research/gucdc/nccc/cultural5.html

*All information has been provided by The California Endowment, A
Manager's Guide to Cultural Competence Education for Health Care
Providers by M. Jean Gilbert, Ph.D.

*Additional information can be found at

[http://www.calendow.org/reference/publications/cultural_competence.s
tm](http://www.calendow.org/reference/publications/cultural_competence.s
tm)

CHAPTER 9:

In this chapter, you will learn...

About Program Promotion and Design – literature/advertisement of your culturally competent services.

Most importantly before you begin your advertising campaign it would be best to understand the demographics of the group that you are trying to reach. Therefore carefully link this issue with the information covered in chapter 3. If the demographic in your area has use to the internet than only then would internet advertising be reasonable. If housing of your demographic is closely knit than you should consider whether advertising with flyers by knocking door to door or sending out a mailing is more reasonable. Radio and television can be amazingly effective techniques if there is already Hispanic radio or television channels setup in the area. Fliers should be translated into Spanish and serve to inform the community about your project. Make sure to link key information about what is necessary to tell about oneself to receive treatment. Many immigrants are afraid of being deported. On a more detailed level be sure to include contact information, location, means of payment, and the availability of translators pertaining to your program. The effort should reach the cultural gap to seem accessible to the Hispanic population.

For Ideas on Advertising there are a variety of websites with information:

<http://www.tenadams.com/> offers these steps:

- Brand Development
- Market Research
- Creative
- Public Relations
- Media Planning and Buying
- Interactive Design
- Sales/Data Management

<http://www.riosgroup.com/>

Offers these steps:

Broadcast advertising

Print design

Website and multimedia

Media buying

Other options include the use of internet advertising resources:

<http://indexmedico.com/english/company/advertising.htm>. Lastly the,

<http://www.ahaa.org/> can serve as a broad resource for advertising techniques.

CHAPTER 10:

In this chapter, you will learn...

About Cost Minimization

Finding the money to fund a project can be a huge obstacle in the success of a program. Administrators must use creativity in managing the money available. Below are a few tips for controlling the costs of your program.

1. Make a budget

Budgeting is an integral part of society. Every day we are trying to budget our time, our meals, and our money. Just as families' budget time and money, a program must also develop a financial plan. A budget provides a reference for managing money flow very simply and precisely, allowing you to see your financial options clearly.

2. Donations

Donations are the easiest way to get money for any program. Advertisement, however, is key. You must get the word out to get more money!

3. Open your clinic during the most optimal hours

Though having your clinic open during later hours of the day- between 4 and 9- can be a hassle to employees, it can save lots of money on the daily costs of keeping the building open.

4. Shop around

Be smart consumers. When looking for training programs, videos, or buying supplies, be sure to get the best deal.

CHAPTER 11:

In this chapter, you will learn...

Grant Opportunities and How to Apply

Successful grant-writing involves solid advance planning and preparation. It takes time to coordinate your planning and research, organize, write and package your proposal, submit your proposal to the funder, and follow-up.

Where to Begin the Search for Funding

Start Locally

Stephanie Singleton, a former information specialist with OMHRC said, "Starting in your own backyard is the best place to begin a search for funding." Malcolm Williams, program associate at *Grant makers In Health* (a non-profit organization located in Washington, D.C., working to help foundations and corporate giving programs) agrees. Often grant seekers make the mistake of going after the big or well-known foundations, without exploring other opportunities, said Williams. "Grant seekers are less likely to receive funding from large foundations, which are also less likely to accept unsolicited proposals," noted Williams.

There are thousands of smaller foundations that can be more helpful and more receptive to CBOs that are looking for money. Regional Associations of Grant makers (RAGS) such as the Donors Forum of Ohio or the Southeastern Council of Foundations, provide current listings of foundations in a specific geographic area. RAGS often provide CBOs and other organizations with free training or consulting services. For example, the Delaware Valley Grant makers provide training classes and publications that can help an organization write a grant proposal or learn about the foundations in the area. One of the Washington Regional Associations of Grant maker's (WRAG) functions is to facilitate a mutual understanding between grant makers and grant seekers. WRAG and many other RAGS also provide grant seekers with resources like the Common Grant Application Form.

Once a grant seeker has found the nearest RAG in their area, narrowing the pool of possible foundations is the next step, according to Grantsdirect.com, an online directory of foundations and other grant makers in Maryland and the District of Columbia. Before applying for funding, organizations need to find out as much as possible about a foundation by reviewing its profile and any other published materials that are available. Some basic questions to ask include:

- What is the size of the foundation?
- What kinds of revenues, expenses and total contributions does it have?
- What is its capacity to support your organization's project?

This information will most likely be found in a foundation's annual report, which is often available via the foundation's web site. Annual reports reflect the personality, style and interests of a foundation, according to the Foundation Center. Reports can also show whether a foundation is in the process of changing direction or considering new funding initiatives.

Try to Match Missions

A good way for organizations to keep a funding search focused is to learn the mission of each foundation. Williams says that many foundations grant money based on whether or not a proposed program fits with its own mission. The Annie E. Casey Foundation, for example, funds initiatives that have significant potential to demonstrate innovative policy, service delivery and community support for children and families. A grant seeker looking for money to build a community program for the support of the elderly would be better off looking to another foundation.

"Organizations need to find a good fit," said Margaret K. O'Bryon, President and CEO of the Consumer Health Foundation, a Washington, D.C.-based foundation that gives grants to improve access to health care. "Just as each organization has a mission, foundations have a mission and vision for their community. It benefits everyone when an organization takes the time to research what a foundation seeks to accomplish," said O'Bryon.

Williams recommends learning the types of programs or organizations a foundation has funded in the past. This involves doing a fair amount of background research and developing a relationship with the foundation. Sitting down and talking with a representative from a foundation can also build an organization's reputation. "Foundations

want to know that they are more than just a financial resource," said Williams

"I love it when a representative from an organization comes to talk to me," said O'Bryon. "It shows a certain amount of commitment." Talking with a foundation can also be a great way for an organization to learn about other foundations that may be willing to fund its project, O'Bryon added. "We're all here trying to make a difference," O'Bryon said of foundations and organizations. Organizations should think of foundations as active partners, she added.

How to Write a Winning Proposal

About half of all federal and foundation grant proposals are rejected because they are poorly organized or they don't conform to the Request for Proposal's (RFP) guidelines. True, there are never enough funds to go around. But the difference between a winning and losing proposal can be as simple as being organized, understanding what the funder *really* wants, and knowing how to sell your organization.

Preparing to Write

Without careful planning and organization, many proposal writers can overlook details or misunderstand larger issues laid out in the RFP. If you are organizationally-challenged, here are a few suggestions to help you write that winning proposal.

- Carefully read and analyze the RFP and then make an honest decision about applying. Carefully go over the RFP with your checklist as many times as necessary until you feel that you fully understand all that is being asked.
- Develop a checklist of everything that is being asked in the RFP. The checklist should encompass everything ranging from the problem to task assignments to delivery due dates.
- Develop your strategy and key selling points.
- Make a schedule for yourself.
- Do your research. Use the funding agency as a resource. Some agencies accept drafts for review.
- Be sure to follow an outline or the steps laid out in the RFP.
- Design your program including time and budget. Take time to verify your data.
- Write your first draft. Make sure your proposal is a cohesive piece even if different people worked on it
- Review and revise as many times as necessary. Don't be afraid to let an outside reader give you feedback.

- Write your cover letter and executive summary.
- Prepare appendices/attachments.
- Submit proposal on time.

What do the Funders Want?

RFP's can be confusing. Though it may difficult to understand what is being requested, follow the RFP to the "tee." The RFP is your most important source of information. It outlines the information according to how the grantor wants to review it. In order to do this, carefully go over the RFP with your checklist as many times as necessary until you feel that you fully understand all that is being asked.

It is extremely important to follow an outline so that your material is organized. After looking over 40 proposals, reviewers usually need to look back at certain sections to refresh their memories. Your information hard to find, and you'll end up frustrating and knocking yourself out of the running Remember, a well-written proposal is one that is clear in thought, logical in structure and organization, and concise. The writer should display fluid movement of ideas, paying attention to stylistic consistency. There are several style manuals available that should be followed throughout the document. And finally, any winning proposal should look professional, be free from jargon, typographical, grammatical, or mathematical errors. If you want to see examples of past winning proposals, contact the federal agency or foundation involved. Under the Freedom of Information Act, all open-bid proposals can be reviewed by the public.

The following are general points that should be demonstrated in any winning proposal:

- The project's goal is clearly stated and will address the identified community's needs and the program's purpose.
- The project is culturally competent.
- The work plan and strategies are feasible, realistic, and logically sequenced.
- The project can be monitored and evaluated.
- The project will result in specific outcomes.
- The staff and organization are qualified to do the job.
- The project is deemed necessary by the community.
- The budget is realistic.

The Body of the Proposal

Grant reviewers place different emphasis on different criteria, depending on the nature of the program. Every RFP should clearly lay out the criteria by which your proposal will be judged. If the RFP is unclear, call the grantor directly. In general, however, a cover letter is followed by the cover sheet, narrative, budget, qualifications of your organization, conclusion and appendices

1) Cover Letter (one page)

provide a clear, concise overview of the organization, purpose and reason for and amount of the funding request. Be sure to show how your proposal furthers the grant maker's mission, goals and matches the funder's grant application guidelines. Cover Letters should be typed on letterhead.

2) Cover Sheet (1/2 page)

Also called an executive summary, this case statement and proposal summary is the most important component of your proposal. Summarize all of the key information and convince the grant maker to consider your proposal for funding. Introduce your proposal, present a clear, concise summary of, and the visual framework for, the proposed project/program, and include: Applicant contact information, purpose of the funding request, need/problem, objectives, methods, total project cost, amount requested.

3) Narrative (10-15 Pages)

a) Needs Assessment (Problem Statement) (3-4 Pages)

Objectively address specific situation, opportunity, problem, issue, need, and the community your proposal addresses. Support your statement with qualified third-party research/evidence to justify the need or problem. Clearly, concisely demonstrate that a relevant, compelling problem or need exists, and include the following:

1. Description of target population.
2. Definition of community problem to be addressed and service area need.

b) Program Goals and Objectives (1 - 2 pages)

Describe the outcome of the grant in measurable terms, in a succinct description of the proposed project outcome and accomplishments, including your overall goal(s); specific objectives or ways in which you will meet the goal(s). Program Goals and Objectives should include:

1. Minimum of one goal for each problem or need in the problem or statement.
2. Description of the benefiting population.
3. Performance - the action which occurs within a specific time frame at an expected proficiency.
4. Process - the method by which the action will occur.
5. Product - the tangible results from the action's performance and process.

c) Methodology (4 + Pages)

Describe the process to be used to achieve the outcome and accomplishments, in a rational, direct, chronological description of the proposed project; actions that will accomplish your objectives; impact of your proposed activities, how they will benefit the community and who will carry out the activities; time frame for your project/program; long-term strategies for maintaining the on-going project/program. Methodology should include:

1. Restatement of problems and objectives.
2. Clear description and explanation of program/project scope and activities.
3. Sequence of activities, staffing, clients and client selection.
4. Time line of activities.

d) Evaluation (1 - 2 Pages)

Determine the plan for meeting performance and producing the program/project and justify how you will measure the effectiveness of your activities, who will be involved in evaluating and how they will be used; your measured criteria to produce a successful project/program; the expected outcome/achievement at the end of funding period. Evaluations should include:

1. Plan for evaluating accomplishment of objectives.
2. Plan for modifying process and methodology.
3. Provide methods - criteria, data, instruments, analysis.

4) Budget

Clearly delineate costs to be met by the funder and all other funding sources; outline both administrative and program costs.

For specific projects, include separate budgets for the general operating and the special project. Show income and expenses in columnar form (according to general accounting/bookkeeping principles).

Delineate personnel costs for salary and fringe benefit information, and other-than-personal-services (OTPS) expenses for facility operating (rent/mortgage, utilities, maintenance, taxes), and travel, postage, equipment costs, supplies, and insurance, etc.

List actual committed and pending sources of income only. Include fees for service, government funds, corporate/private grants, individual donations, etc.

Prepare a detailed budget consistent with the proposal narrative:

1. Include project costs to be incurred at the time of the program's implementation.
2. Include no miscellaneous or contingency categories, include all items requested for funding, and all items to be paid by other sources, consultants.
3. Detail fringe benefits separately from salaries, detail all OTPS costs.
4. List separately all donated services, including volunteers, indirect costs where appropriate.
5. Sufficiently justify performance of the tasks described in the narrative.

5) Qualifications (1-2 pages)

Describe applicant, qualifications for funding and establish credibility. Demonstrate the means and methodology to solve the problem, or meet the need, within 12-15 months, and include the following:

1. Organization identity and purpose, constituents and service area. Brief summary of organization history, mission and goals.
2. Brief description of organization current programs, activities, service statistics, and strengths/accomplishments. Long-range goals and current programs/projects and activities.
3. Evidence and support (including qualified third-party statistics) of accomplishments.

4. Number of board members, full time paid staff, part-time paid staff, and volunteers. Evidence of Board involvement, activity and key staff members' qualifications and administrative competence.

6) Conclusion (1/2 page)

Present a brief, concise summary of your proposal that states your case, problem, solution and sources/uses of project/program funds.

7) Appendices

Additional attachments are usually required at the funder's discretion. Typical appendices generally include:

1. Verification of tax-exempt status (IRS determination letter).
2. Certificate of Incorporation and By-Laws.
3. Listing of officers and Board of Directors.
4. Financial statements for last completed fiscal year (audited, preferred).
5. Current general operating budget and special project budget (if applicable).
6. List of clients served (if appropriate).
7. List of other current funding sources and uses.
8. Biographies of key personnel or resumes (only if requested).
9. Support letters or endorsements (limited number).
10. Commitment letters from project/program consultants or subcontractors (if applicable).
11. Diagrams for equipment or schematics for building requests (if applicable).

<http://www.npguides.org/>

Grant Opportunities: See Appendix

CHAPTER 12:

In this chapter, you will learn...

About Helpful Websites.

This chapter serves as a wealth of information available online that can be helpful to all people dealing with the cultural issue of the mesh of Hispanics in the health care system of America. Texas and California, and to an extent New York are three areas that have dealt extensively with a rise in the Latino population. Therefore here are websites from colleges or organizations located in those areas have been helpful. Some of the sites seem to pertain specifically to those geographic areas but the information found regarding the Hispanic community and healthcare can be applied to any area dealing with similar population influxes. Some of these sites specifically pertain to studies that can help organizations and legislation change their programs and laws. Other sites are simply amazing translations of medical issues that can be used by medical care systems when printed out as information to give to their Hispanic clients. Some are websites specific to Virginia. Overall they are extraordinarily useful.

<http://www.vahcc.com/>

Virginia Hispanic Chamber of Commerce

<http://ruralhealth.hrsa.gov/Map/Virginia.htm>

The James City County has a growing Hispanic migrant worker population. There are cultural and language barriers for these students, along with a lack of insurance and inadequate income for preventive healthcare

http://www.richmondgov.com/citizen/multilang/docs/English_Hispanic_Guide.pdf

This resource guide was created for the Hispanic community by the City of Richmond. Please click on the link to download this valuable resource.

<http://www.nhmamd.org/>

The National Hispanic Medical Association welcomes you to our new website and encourages you to share it with your colleagues. We look forward to providing information to you to improve the health care delivery for Hispanics and other underserved and the health of all Americans

<http://www.hispanichealth.org/>

As the nation's action, advocacy, and research forum for Hispanic health and well being, we inform and mobilize consumers, support health and human service providers in the delivery of quality care, improve the science base for accurate decision making by promoting better and more inclusive research, promote appropriate use of technology, insure accountability and advocate on behalf of Hispanics, and promote philanthropy

<http://www.hispanichealth.com/>

Established in 1978 in response to the health care crisis in the Puerto Rican community, the Hispanic Health Council (HHC) is a community-based, non-profit organization located in Hartford, Connecticut. Sustained over 25 years by the combined efforts of community activists, researchers and dedicated staff, HHC has earned the trust and confidence "confianza" of the community and is a valued institution in the region.

<http://www.uthscsa.edu/hcoe/>

The web site contains information for activities sponsored and supported by the MHCOE and the UT Medical School at San Antonio as well as general information on other programs. Highlighted are premedical programs, medical student research and clinical experience opportunities, guest speakers, outreach programs, editorials, scholarship opportunities, achievements of Hispanic faculty and students, local, state and national meeting announcements and Hispanic health related information. The website also has contact information for directors and staff

http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=1054

National Hispanic Healthcare Leadership Legislative Forum

<http://www.hsc.unt.edu/TIHH/>

Texas institute for Hispanic health

Abc medicus

www.abcmedicus.com

Patients can email their questions to a doctor; read medical articles; search for doctors and hospitals.

Buscadores de Temas Médicos

www.angelfire.com/wi/wizadi/buscador.html

Links to medical sites, medical journals, and Spanish language search engines.

Buscamed

www.buscamed.com

Health topics links; search for non-Hispanic health sites; read updates pertaining to health issues; subscribe to an online newsletter.

Core Information Exchange Online (CIEO)

www.cieo.com/9h.htm

Provides a variety of resources pertaining to health, reprint of articles, practice guidelines, health providers guide, medical and cultural information, and multicultural medical/educational opportunities.

HIP Health Plan of New York

www.hipusa.com

Provides the New York metropolitan area with information about its program that enables patients to have their heart conditions monitored in their homes using remote monitoring technology.

Patient Education Materials Available in Foreign Languages

www.u-write.com/foreign.shtml

Links to Spanish language sites offering patient education handouts.

Border Health Resources

Regional Academic Health Center Library in Harlingen, Texas

www.library.uthscsa.edu/rahc/internet/hispanic.cfm

Resources pertaining to border health issues.

Centro Médico Servicios Internacionales

University of Alabama at Birmingham Health System

www.health.uab.edu/international/

Answers to health information using saludhoy.com, health-care specialists answer questions about health, medical and healthy lifestyle articles online.

Conectando Texas

Callier Center for Hearing and Speech Disorders: The University of Texas at Dallas

www.callier.utdallas.edu/txc-span.html

A resource for Texas health care providers and families of infants and young children who are deaf or hard of hearing can be found in the online version of the book Texas Connect.

Consumer Health and Patient Education Resources in Languages other than English

Weill Cornell Medical Library

<http://library.med.cornell.edu/Library/HTML/consumer.html>

A variety of health and medical information; drug index; and health information pertaining to children.

MEDLINEplus

<http://medlineplus.gov/esp/>

Lots of health topics in Spanish.

healthfinder: Spanish Sites

<http://www.healthfinder.gov/espanol/>

NOAH: New York Online Access to Health

<http://www.noah-health.org/index.html>

OHSU: List of Spanish Sites

<http://www.ohsu.edu/library/patiented/links.shtml#spanish>

Diabetes Monitor: Diabetes on the Web: Websites Multilinguisticos

<http://www.diabetesmonitor.com/other-10.htm>

Diabetes websites in several languages.

Non-English Language & Health Literacy Resources

<http://www.mgh.harvard.edu/library/chrc/noneng.html>

Several non-English sites, put together by the Treadwell Library, Massachusetts General Hospital.

Agency for Healthcare Research and Quality, in Spanish

<http://www.ahrq.gov/consumer/espanoix.htm>

This site has a bit of everything! Read about conditions and diseases, health care plans, prescriptions, surgery, and quality of care.

The Body: An AIDS and HIV Information Resource

<http://www.thebody.com/espanol.shtml>

Learn answers to your questions about AIDS and HIV at this comprehensive site. In Spanish.

GINE-web

<http://www.unizar.es/gine/home.htm>

The Spanish resource for women's health.

Merck Manual Home Edition in Spanish

http://www.msd.es/publicaciones/mmerck_hogar/index.html

NSW Health - Multicultural Health Communication Service

<http://mhcs.health.nsw.gov.au/health-public-affairs/mhcs/resources/index.html>

Read information on many topics in many different languages.

Planned Parenthood

<http://www.plannedparenthood.org/pp2/portal/medicalinfo/espanol/main.xml>

Learn about pregnancy, birth control, and sexual health.

Self Breast Exam

<http://www.intelihealth.com/IH/ihIH/WSIHW000/8293/32859.html#span>

How to do a self breast exam.

Y-ME National Breast Cancer Organization

<http://www.y-me.org/espanol/>

This site provides wonderful articles for those looking for support and understanding with breast cancer. It also offers information on breast health and male breast cancer. If you would like to talk to a trained peer counselor, call the free 24-hour hotline.

Your Orthopedic Connection

<http://orthoinfo.aaos.org/category.cfm?topcategory=En%20Espanol>

Fuentes de Información para Profesionales de la Salud en Sonora

www.ahsl.arizona.edu/sonora/

A variety of consumer health sites from the United States with information in Spanish. This page is especially for those in the Mexican state of Sonora which borders Arizona.

Health Education Brochures in Multiple Languages

Spencer S. Eccles Health Sciences Library, The University of Utah

medstat.med.utah.edu/library/refdesk/24lang.html

Electronic access to over 200 health education brochures.

<http://medstat.med.utah.edu/24languages/spanish.html>

Health Sciences and Nursing

New Mexico State University Library

<http://lib.nmsu.edu/subject/hlthsci/hlthsci.html>

Contains links to health information resources in New Mexico; links to electronic journals, guides and lists of resources, nursing resources, international health, and government and professional organizations in English and Spanish.

Hispanic Health Beliefs and Practices: Mexican and Mexican-Americans
(Clinical Notes)

www3.baylor.edu/~Charles_Kemp/hispanic_health.htm

This gateway contains information about the history of immigration; communications; social relations; religion; health beliefs and practices; folk remedies; diet; pregnancies, childbirth, and child rearing; dying and death practices; disease prevention and health promotion; health problems; health risks of immigrants; recommended laboratory tests for immigrants; and helpful links and references.

AboutOurKids.org | Artículos en español

AOK Artículos En Español. Los siguientes artículos en español están reunidos aquí para su conveniencia. Las Cartas para los ...

www.aboutourkids.org/aboutour/articulos_espanol.html -

Oregon Health & Science University Libraries:

Patient Education Resources for Clinicians

www.ohsu.edu/library/patiented/links.shtml

Patient education resources for clinicians pertaining to Spanish sites and low-literacy handouts

Patient Education Materials: Recursos en Español

<http://www.med.utah.edu/pated/handouts/indexspan.cfm>

Outlines resources that can be used to help develop written materials for patients and their families.

Salud en los países hispanohablantes

globegate.utm.edu/spanish/salud.html

Medical information sites from different Spanish speaking countries.

There's sites with medical dictionaries, medical terms, newspapers and magazines with medical information, Spanish language search engines, and information about medical institutions and organizations in the Spanish speaking world.

Salud y Ciencias Médicas

Latin American Network Information Center

lanic.utexas.edu/la/region/health/indexesp.html

Links to medical schools, hospitals, and institutes throughout Latin America; International health/medical resources; links to information pertaining to cancer, aids, and pharmaceuticals; and links to international sites with health/medical information.

Spanish Health and Medical Links

Florida State University Department of Modern Languages and Linguistics

www.fsu.edu/%7Emodlang/divisions/spanish/health_links.html

Spanish health and medical links for students enrolled in the course Spanish 2160r, Spanish for Health Professionals.

EthnoMed: Patient Education Resources

Harborview Medical Center, University of Washington

ethnomed.org/ethnomed/patient_ed

Patient education materials on tuberculosis, diaper rash, fever, vomiting/diarrhea, and cough/cold.

Government Resources

Cancer.gov: Algunos documentos específicos están en español

www.nci.nih.gov/espanol/

Press releases pertaining to cancer; information summaries about cancer; handouts from NCI; clinical studies; and pamphlets explain how to prevent cancer.

Centros para el Control y la Prevención de Enfermedades

CDC en Español

www.cdc.gov/spanish/default.htm

Offers disease and health topics found on the CDC web site. More topics are being added.

Consumer Health Information on the Web

Consumer Health: An Online Manual (NN/LM)

n.nlm.gov/scr/conhlth/chweb.htm

A starting point for those beginning a search for consumer health information.

Consumer Health Materials in Spanish

Consumer Health: An Online Manual (NN/LM)

N.nlm.gov/scr/conhlth/chspanish.htm

List of agencies, organizations, associations, book and video distributors providing information pertaining to Spanish language consumer health information.

Consumer Health Materials in Spanish (NN/LM)

<http://n.nlm.gov/train/chi/spres.html/html>

South Central Region medical library system of the National Library of Medicine. List of agencies, organizations, associations, book and video distributors offering resources pertaining to Spanish language consumer health information.

FDA Food and Cosmetic International / Foreign Language Documents

U.S. Food and Drug Administration

Center for Food Safety and Applied Nutrition

vm.cfsan.fda.gov/~mow/internat.html

Information about cosmetics, food additives, foodborne illness, food labeling, food safety, imports and exports, inspections, pesticides and chemical contaminants, seafood and how to obtain information about the FDA.

Health Information for Spanish Health Care Workers
North Carolina AHEC Spanish Language and Cultural Training Initiative
www.hhcc.areasahcc.dst.nc.us/hhcrhlthinfof.html
Material for providers of health care to Hispanic patients and material for Hispanic patients. Also, includes a partial listing of resources for Hispanic health research.

Health InfoNet of Jefferson County
hinfonet.lhl.uab.edu/espanol.htm
A consumer health information service for the residents of Jefferson County, Alabama. It provides resources to support groups, organizations, and medical information.

Healthfinder Español
www.healthfinder.gov/espanol
Provides several hundred Spanish language resources for consumers.

Hispanic American Health
MEDLINEplus Health information
www.nlm.nih.gov/medlineplus/hispanicamericanhealth.html
In MEDLINEplus information pertaining to Hispanic American health is available from a variety of national organizations.

Información sobre la Salud, Publicaciones en Español
National Institute on Deafness and Other Communication Disorders
www.nidcd.nih.gov/textonly/health/pubs_span
Information pertaining to natural gas, meniere, and loss of hearing.

Institutos Nacionales de la Salud (NIH)
salud.nih.gov
Links to information pertaining to health conditions, research studies, drug information, health literature references, special programs, and federal agencies.

Instituto Nacional de las Ciencias Ambientales de la Salud (en EUA): en Español
www.niehs.nih.gov/external/espanol/home.htm
Spanish language publications pertaining to diabetes, digestive diseases, kidney diseases, and urologic diseases.

Lista de Publicaciones en Español
Seguro Social en Español
www.ssa.gov/pubs/englist.html#SS1
Provides information about the social security program and disability,

retirement, and survivor benefits; the appeals process, how to obtain a social security number, work and earnings information; and publications.

Locating Spanish Language Health Information on the World Wide Web
National Network of Libraries of Medicine (South Central Region)

nnlm.gov/scr/techsheets/king.html

Spanish language search engines for finding health/disease related information.

Medicare Español Overview

www.medicare.gov/Spanish/Overview.asp

Search tools to information pertaining to Medicare personal plan finder, prescription drug programs, physician directory, helpful contacts, nursing home comparisons, dialysis facilities, and a supplier directory.

MEDLINEplus: Información de Salud

medlineplus.gov/esp/

The National Library of Medicine's consumer-friendly health Web site. This site has hundreds of health topics in Spanish from federal government agencies, medical associations, and health-related organizations. It includes a medical encyclopedia with illustrations and photographs to accompany 4,000 articles. And, there are interactive tutorials pertaining to various health topics.

Multicultural Health Communication Service: Spanish

www.health.nsw.gov.au/health-public-affairs/mhcs/publications/Spanish.html

Health information for communities throughout New South Wales.

National Immunization Program (NIP)

www.cdc.gov/nip

These agencies have formed La Promesa (The Promise) to provide information to increase the awareness and importance of infant immunizations in Hispanic communities nationwide. .

National Institute of Dental & Craniofacial Research: Información en Español

<http://www.nidcr.nih.gov/espanol/>.

National Institute of Mental Health: Información en Español

<http://www.nimh.nih.gov/publicat/spanishpubs.cfm>

Links that give information about symptoms, diagnostics, and treatments of mental depression.

National Network of Libraries of Medicine, South Central Region

nnlm.gov/scr

South Central Region medical library system of the National Library of Medicine.

Non-English Guides to using Medline

National Network of Libraries of Medicine (South Central Region)

nnlm.gov/nnlm/online/lang

Offers tutorials in the use of MEDLINE, Pubmed, Internet Grateful Med and searching of MEDLINE with instructions in Spanish.

Office of the Patient Advocate: State of California

www.opa.ca.gov

The OPA provides online sources of information on health plans.

Organización Mundial de la Salud

<http://www.who.int/es/index.html>

Health topics; information pertaining to current events and upcoming events occurring around the world.

Recursos en Español

National Women's Health Information Center

www.4woman.gov/spanish/index.htm

Health information and referral center in Spanish for women.

Soy Unica! Soy Latina!

www.soyunica.gov

Information geared primarily around mental health promotion and substance abuse prevention for Hispanic/Latina girls, ages 9-14.

USDA Foreign Language Documents

U.S. Food and Drug Administration

<http://www.fda.gov/oia/foreigndocs.htm>

Consumer publications, easy-to-read brochures, food and cosmetics publications, and a manual explaining and evaluating drugs.

Workplace Safety & Health

Consumer and Industry Services: State of Michigan

<http://www.michigan.gov/cis/0,1607,7-154-11407---,00.html>

The Michigan Department of Consumer and Industry Services' Bureau of

Safety and Regulations helps Spanish-speaking workers access safety and health services.

Non-Profit Organization Resources

Access Project

www.accessproject.org

Provides links to related immigration and health issues websites, state-by-state.

American Lung Association: Información En Español

www.lungusa.org/espanol

Guide to surviving the common cold and news pertaining to asthma, tobacco, and lung disease.

La Biblioteca de Salud PlaneTree

www.planetreesanjose.org/recursos/default.htm

Information pertaining to a variety of health and wellness topics. Many of the resources can be found on MEDLINEplus.

El Consejo de Salud Familiar

Council on Family Health (CFH)

www.cfhinfo.org

A promotional campaign to educate women about the safe use of medicines and dietary supplements before, during and after pregnancy.

Consumer Action (Acción Pro Consumidor)

<http://www.consumer-action.org/Spanish/index.php>

Information about medical history, it's access, and confidentiality of one's medical history; changes in Medicare; coverage of HMO and patients rights; information about avoiding medical fraud and scams.

Evaluation of English and Spanish Health Information on the Internet

www.rand.org/publications/documents/interneteval

Evaluation of English and Spanish health information pertaining to search engine performance, quality of health information, readability assessment of health information on the internet.

familydoctor.org

From the American Academy of Family Physicians, this general health site offers patient education documents for common medical concerns and conditions.

Health On the Net Foundation

www.hon.ch

Search medical information in Spanish on MedHunt and HONselect. Also, it includes access to the Spanish version of MESH.

Información de Salud para los Consumidores en Español

Consumer and Patient Health Information Section

caphis.mlanet.org/resources/CHISspanish.html

This site contains gateways, search engines, and sites divided into subjects; Spanish medical terms site; sites pertaining to patient education handouts and videos in Spanish.

Información de Referencia Sobre el Cáncer

American Cancer Society

http://www.cancer.org/eprise/main/docroot/ESP/ESP_0

Resources pertaining to cancer, treatments, and coping; cancer types, cancer survivors information, statistics, and support groups.

National Heart, Lung, and Blood Institute

emall.nhlbihin.net/welcome2.asp?filter1=eth&value1=LATINOS

Links to information pertaining to asthma, blood, heart, heart attacks, and high blood pressure.

New York Online Access to Health (NOAH)

www.noah-health.org

Search tool to find high quality, full text articles on consumer health information.

OBGYN.net Latina

latina.obgyn.net/espanol/

Provides health information section, announcements, power point presentations, forums, news articles, and featured products related to women's health.

Oncology Nursing Society

www.ons.org

Provides information research, publications, conferences, news, clinical practice, education pertaining to the oncology nursing field.

Organización Panamericana de la Salud

www.paho.org

Provides health data, public health topics, and information resources to the people of the Americas.

Recursos para Bibliotecarios Biomédicos
Asociación de Bibliotecas Biomédicas Argentinas
www.sai.com.ar/abba/abbasit.html

Provides institutions, databases, discussion groups, links to libraries, and portals for biomedical librarians.

Red Informática de Medicina Avanzada (RIMA)
www.rima.org

This portal offers databases, information services, scientific programs for specialists, and connection to other medical specialists around the world.

Texas Medical Association
<http://www.texmed.org/>

The site can be searched by subject for health and medical information in Spanish.

Web Médica de Rafa Bravo
Infodoctor.org/rafabravo

This page was created by Rafael Bravo Toledo and originates from Madrid, Spain. It contains articles, web sites, search engines, and resources for physicians.

<http://www.apha.org/media/abc1.htm>

(American Public Health Association) This handbook serves as a guide to assist with individual and coalition advocacy efforts. The handbook features information on a variety of topics, including the legislative process, the regulatory process, how to work with the media, and tips for writing to policymakers.

<http://www.urban.org/health/index.cfm>

A nonpartisan economic and social policy research organization concerning health care in relation to minorities. The nonpartisan Urban Institute publishes studies, reports, and books on timely topics worthy of public consideration

<http://www.urban.org/url.cfm?ID=900702>

Two-Thirds of Uninsured Children in Fair or Poor Health Are Hispanic
In 2002, approximately 570,000 children were both uninsured and in either fair or poor health. More than two-thirds of these children were Hispanic....

<http://www.urban.org/url.cfm?ID=310969>

Race, Ethnicity, and Health

Data from the 2002 round of the National Survey of America's Families show that insurance coverage increased by 6 percentage points for low-

income black and white children and 5 percentage points for low-income Hispanic children between 1997 and 2002. Twenty percent of Hispanic children were uninsured in 2002 compared with 9 percent of black children and 7 percent of white children. Insurance coverage dropped for low-income Hispanic adults between 1997 and 2002 while remaining flat for low-income black and white adults over this period....

<http://www.urban.org/url.cfm?ID=900241>

Immigration Trends: Opportunities and Challenges

Researcher Michael Fix, a nationally known expert on immigration, talks about the policy implications of demographic changes in Los Angeles. From Los Angeles with Susan Drake, director of the National Immigrant Law Center, and Marie O'Conner of the Los Angeles Times. Hosted by Kojo Nnamdi....

http://www.calendow.org/reference/publications/cultural_competence.shtm

This Website, the California Endowment, has a page of PDF links that deal specifically with the exact issues our guide book is attempting to tackle.

INTERNET SITES THAT PERTAIN TO SPECIFIC CHAPTERS

Chapter 3:

<http://www.calendow.org/reference/publications/pdf/cultural/CAFP%20Language%20Access%20Toolkit.pdf>

“Addressing Language Access Issues in Your Practice: A Toolkit for Physicians and Their Staff Members.” California Academy of Family Physicians and CAFP Foundation 2005.

<http://www.cpehn.org/pdfs/CPEHN%20data%20brief%20June2005.pdf>

“Using Race, Ethnicity and Language Data to Eliminate Health Disparities” California Pan-Ethnic Health Network Policy Brief, June 2005.

http://www.cmwf.org/publications/publications_show.htm?doc_id=270667

Providing Language Services in Small Health Care Provider Settings: Examples from the Field Mara Youdelman, J.D., and Jane Perkins, J.D. The Commonwealth Fund, April 2005

<http://www.rwjf.org/files/research/RWJNPHHlreport-2-06.pdf>

Race, Ethnicity, and Language of Patients: Hospital Practices Regarding Collection of Information to Address Disparities in Health Care. Marsha Regenstein, PhD
The Robert Wood Johnson Foundation
National Public Health and Hospital Institute

http://www.cmwf.org/publications/publications_show.htm?doc_id=225959

Who, When, and How: The Current State of Race, Ethnicity, and Primary Language Data Collection in Hospitals
Romana Hasnain-Wynia, Debra Pierce, and Mary A. Pittman
The Commonwealth Fund, May 2004

http://www.cmwf.org/programs/programs_list.htm?attrib_id=9133

Quality of Care for Underserved Populations (Program that can serve as an example)

<http://www.ethnicityonline.net/default.htm>

Chapter 4:

<http://www.calendow.org/reference/publications/pdf/cultural/CAFP%20Language%20Access%20Toolkit.pdf>

“Addressing Language Access Issues in Your Practice: A Toolkit for Physicians and Their Staff Members.” California Academy of Family Physicians and CAFP Foundation 2005.

http://www.cmwf.org/publications/publications_show.htm?doc_id=284872

Limited English Proficiency, Primary Language Spoken at Home, and Disparities in Children's Health and Healthcare: How Language Barriers are Measured.

Glenn Flores, M.D., Milagros Abreu, M.D., Sandra C. Tomany-Korman, M.S. Public Health Reports, July/August 2005, 120 (4): 418–30

<http://www.cpehn.org/pdfs/CPEHN%20data%20brief%20June2005.pdf>

“Using Race, Ethnicity and Language Data to Eliminate Health Disparities” California Pan-Ethnic Health Network Policy Brief, June 2005

<http://www.colorado.edu/conflict/peace/problem/cultrbar.htm>

“Cultural Barriers to Effective Communication”

Conflict Research Consortium, University of Colorado International Online Training Program on Intractable Conflict 1998

(links to additional helpful links as well)

<http://edis.ifas.ufl.edu/FY756>

“Planning Programs to Break Down Cultural Barriers”

Lisa A Guion and Nicole Walker

University of Florida, Institute of Food and Agricultural Sciences (UF/IFAS) September 2005

http://www.ethnicityonline.net/translation_interpretation.htm

Ethnicity Online: Cultural Awareness in Healthcare

<http://www.miaeyc.com/publications/Beacon/beacon%202005%20winter%20article1.pdf>

“Positive Discipline Techniques: Understanding and Overcoming Cultural Barriers”

Misty Larthridge

Hall, Edward T. and Mildred Reed Hall. Understanding Cultural Differences. Maine: Intercultural Press, Inc., 1990

Chapter 5:

FAMIS Handbook for enrolled individuals

http://www.famis.org/materials/FAMIS_HANDBOOK_English_012406.pdf

FAMIS flyer for immigrants

English

<http://www.famis.org/materials/ImmFlyer-English.pdf>

Spanish

<http://www.famis.org/materials/ImmFlyer-Spanish.pdf>

Chapter 11:

Contacts and Helpful Websites

1. **The Foundation Center** has available an online orientation to the grantseeking process. It is available at <http://fdncenter.org/learn/orient/intro1.html>, or call toll-free (800) 424-9836.
2. **Grantmakers in Health**, contact Mary Backley, (202) 452-8331.
3. **Office of Minority Health Resource Center**, www.omhrc.gov or for a funding search, call (800) 444-6472.
4. **Grants.gov**
5. **Virginia Health Care Foundation**, www.vhcf.org
6. **Virginia Department of Health, the Office of Policy and Planning**, <http://www.vdh.virginia.gov/primcare/healthpolicy/grants/commgrants.asp>

Grant Opportunities

1. Common Counsel Foundation

The Common Counsel Foundation is a consortium of family foundations that will consider all nonprofit community health proposals. The majority of funded organizations have budgets under \$300,000. The foundation web site lists proposal components and also accepts the National Network of Grant makers Common Grant Application. Hospitals or any other tax-supported institutions or government initiatives are not funded. For more info contact:

Common Counsel Foundation
1221 Preservation Park Way
Suite 101
Oakland, CA 94612-1206
Phone: 510-834-2995
Email: ccounsel@igc.org
URL: <http://www.commoncounsel.org>

2. Milagro Foundation

Milagro ("Miracle") is a charitable foundation that supports underrepresented and underprivileged children and youth in the areas of arts, education, and health. The foundation makes grants to community-based, grass-roots organizations that work with children and youth, especially those at risk and disadvantaged due to such factors as poor health, illiteracy, or insufficient educational and cultural opportunities. Milagro focuses upon three areas: (A) helping children and youth live healthy lives through education and prevention of disease; (B) helping live literate lives through learning; and (3) helping live culturally enriched lives through arts education.

www.milagrofoundation.org

3. Community Foundation of the Rappahannock River

Region, Inc.
P.O. Box 208
Fredericksburg, VA 22404
Telephone: (540) 373-9292
Contact: Teri McNally, Exec. Dir.
FAX: (540) 373-3050
E-mail: cfrrr@midatlanticbb.com
URL: <http://cfrrr.org>

Purpose and activities: The foundation's mission is to create, maintain, and administer a permanent collection of charitable funds to improve the quality of life in the Rappahannock River, VA, community.

Fields of interest: Arts; Community development, neighborhood development; Human services; Scholarships/financial aid; Women, centers/services; Youth development.

Types of support: Curriculum development, Endowments, General/operating support, Program development, Scholarship funds, Scholarships--to individuals.

Limitations: Giving limited to the counties of Stafford, Spotsylvania, Caroline, King George, and the City of Fredericksburg, VA.

4. Friedman, Billings & Ramsey Charitable Foundation Inc.

1001 19th St. N., 18th Fl.
Arlington, VA 22209

Purpose and activities: The foundation supports Roman Catholic agencies and churches and organizations involved with arts and culture, education, health care, youth development, and human services.

Fields of interest: Arts; Boys & girls clubs; Children/youth, services; Education; Health care; Human services; Roman Catholic agencies & churches; Youth development.

Geographic focus: District of Columbia; Maryland; Virginia

Types of support: General/operating support.

Limitations: Applications not accepted. Giving primarily in the Washington, DC, area, including MD and VA. No grants to individuals.

Application information: Contributes only to pre-selected organizations.

5. Hawthorne Hottenstein Family Foundation, Inc.

6547 Kristina Ursula Ct.
Falls Church, VA 22044-1100

Fields of interest: Economically disadvantaged; Family services, domestic violence; Women.

Types of support: General/operating support.

Initial approach: Letter in narrative form

Deadline(s): None

6. Houff Foundation

P.O. Box 220
Weyers Cave, VA 24486
Contact: Dwight E. Houff, Secy.

Purpose and activities: Giving primarily for health care and youth services; funding also for social services and Christian organizations.

Fields of interest: Arts; Boys & girls clubs; Christian agencies & churches; Federated giving programs; Health care; Human services; Youth, services.

Geographic focus: Virginia

Limitations: Giving primarily in the Shenandoah Valley, VA, area. No grants to individuals.

Application information: Application form not required.

Deadline(s): None

7. Luck Stone Foundation, Inc.

P.O. Box 29682

Richmond, VA 23229

Telephone: (800) 898-5825

Contact: Charles S. Luck III, Pres.

FAX: (804) 784-6390

URL: <http://www.luckstone.com/about/foundation.php>

Purpose and activities: The foundation supports hospitals and organizations involved with arts and culture, education, health, youth development, human services, and community development.

Fields of interest: Arts; Boys & girls clubs; Community development; Education; Federated giving programs; Health organizations; Higher education; Hospitals (general); Human services; Museums; Youth development.

Geographic focus: Virginia

Types of support: Building/renovation, General/operating support.

Limitations: Giving primarily in VA. No support for religious organizations or political campaigns. No grants to individuals, or for event sponsorships.

Application information: Application form required.

Initial approach: Download application form and mail application form to foundation

Deadline(s): None

8. Maupin-Sizemore Foundation, Inc.

3138 Stoneridge Rd.
Roanoke, VA 24014

Purpose and activities: Giving primarily for education and human services.

Fields of interest: Family services, domestic violence; Higher education; Hospitals (general); Women, centers/services; YM/YWCAs & YM/YWHAs.

Geographic focus: Virginia

Limitations: Giving primarily in VA. No grants to individuals.

Initial approach: Letter

Deadline(s): None

9. John Randolph Foundation

112 N. Main St., Ste. B
P.O. Box 1606
Hopewell, VA 23860
Telephone: (804) 458-2239
Contact: Devel. Off. and Grants Mgr.
FAX: (804) 458-3754
E-mail: jrf@firstsaga.com
URL: <http://johnrandolphfoundation.org>

Purpose and activities: The foundation is committed to providing funding to nonprofit organizations that promote good health concepts and practices; supporting medical and allied health education; actively participating in healthcare planning processes for the community and monitoring appropriate utilization of available healthcare resources; promoting wellness and health education programs; supporting appropriate entities in the reduction of substance abuse, spousal abuse and violent crimes; and working to reduce the cost of healthcare to senior citizens and the disadvantaged.

Fields of interest: Aging; Children/youth, services; Education, community/cooperative; Engineering/technology; Family services; Health care, patient services; Health sciences school/education; Human services; Medical care, community health systems; Mental health/crisis services; Residential/custodial care, hospices; Safety/disasters; Substance abuse, services; Women; Youth development; Youth, pregnancy prevention.

Geographic focus: Virginia

Types of support: Annual campaigns, Building/renovation, Conferences/seminars, Consulting services, Curriculum development, Emergency funds, Equipment, General/operating support, Matching/challenge support, Program development, Research, Scholarship funds, Scholarships--to individuals, Seed money, Technical assistance.

Limitations: Giving primarily in city of Hopewell and surrounding counties of central VA. No support for religious or political organizations.

Application information: See Web site for scholarship programs. Application form required.

Initial approach: Submit concept paper

Copies of proposal: 8

Deadline(s): Feb. 1 and Aug. 1 for concept papers; Apr. 1 and Oct. 1 for invited full proposals.

Final notification: June 30 and Dec. 31

10. Richard S. Reynolds Foundation

1403 Pemberton Rd., Ste. 102

Richmond, VA 23233-4474

Telephone: (804) 740-7350

Contact: Victoria Pitrelli

FAX: (804) 740-7807

E-mail: VPRSRFDN@aol.com

Purpose and activities: Support for higher and secondary education, health, arts and culture, particularly a museum of fine arts, human services, and historic preservation.

Fields of interest: Boys & girls clubs; Engineering/technology; Health care; Health organizations; Higher education; Historic preservation/historical societies; Human services; Museums; Performing arts; Protestant agencies & churches; Secondary school/education.

Geographic focus: Virginia

Types of support: Annual campaigns, Building/renovation, Capital campaigns, Endowments, General/operating support, Professorships, Research, Scholarship funds.

Limitations: Giving primarily in VA. No grants to individuals.

Application information: Application form not required. Applicants should submit the following:

- 1) detailed description of project and amount of funding requested
- 2) copy of IRS Determination Letter
- 3) copy of most recent annual report/audited financial statement/990
- 4) copy of current year's organizational budget and/or project budget

Initial approach: Letter

Copies of proposal: 1

Board meeting date(s): Mid-May and Mid-Nov.
Deadline(s): Apr. 30 and Oct. 31

Final notification: 2 weeks after board meeting

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Filename: Sharpe_Community_Guidebook.doc
Directory: C:\DOCUME~1\sakers\LOCALS~1\Temp
Template: C:\Documents and Settings\sakers\Application
Data\Microsoft\Templates\Normal.dot
Title: 2
Subject:
Author:
Keywords:
Comments:
Creation Date: 5/8/2006 11:38:00 PM
Change Number: 3
Last Saved On: 5/8/2006 11:42:00 PM
Last Saved By: Preferred Customer
Total Editing Time: 3 Minutes
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