



National Center for Cultural Competence

*Georgetown University Center for Child and Human Development
University Center for Excellence in Developmental Disabilities*

WINTER/SPRING 2003

A Guide to...

Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials

Purpose of this Document

Healthy People 2010 sets elimination of health disparities as a key goal for the United States (U.S. Department of Health and Human Services, 2000). For many of the diseases and conditions targeted in HP 2010, health promotion messages can play an essential role in reducing risk and in decreasing debilitating effects and death rates among diverse populations. While a large body of literature on the general theory and methods of developing health promotion messages and materials exists, a paucity of its content addresses specific approaches effective with diverse populations. The purpose of this document is to provide guidance on how to assure that health promotion materials reflect the principles and practices of cultural and linguistic competence.

Healthy People 2010 strongly supports community level efforts to increase the quality and years of life and to eliminate health disparities. Culturally and linguistically competent health promotion requires a community-level focus. But, because creating new materials is very costly, many communities and organizations may lack the resources to create new health promotion materials to address the cultural and linguistic needs of their localities. Thus, the Guide aims to assist these groups in making appropriate choices among existing materials, as well as to provide recommendations to adapt such materials for use in health promotion efforts. The Guide is designed to be used by a variety of audiences, including: those who implement health promotion activities and want to ensure cultural and linguistic competence; community organizations, including faith-based organizations, that want to address health issues and public health officials and funders who want to assure that health promotion activities they support are culturally and linguistically competent. The Resources section of this "Guide to Choosing & Adapting Culturally and Linguistically Competent Health Promotion Materials" provides sources on the broader topic of developing health promotion activities (see p. 8).

Values and Guiding Principles for Assuring Cultural and Linguistic Competence in Health Promotion Messages and Materials

- **Culturally and linguistically competent health promotion approaches respect cultural values, beliefs and practices of the intended audience.**
 - Messages in health promotion materials should reflect the health beliefs and practices of the intended audience.
 - Messages and materials should also reflect the cultural and linguistic status, and values and beliefs of health care providers, health researchers and public health officials who develop the scientific basis for health promotion efforts.

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Definitions of Terms Used in This Document

Linguistic Competence

Definitions of linguistic competence vary considerably. Such definitions have evolved from diverse perspectives, interests and needs and are incorporated into state legislation, federal statutes and programs, private sector organizations and academic settings. The following definition, developed by the National Center for Cultural Competence (NCCC), provides a foundation for determining linguistic competence in health care, mental health and other human service delivery systems. It also encompasses a broad spectrum of constituency groups that could require language assistance from an organization or agency.

Linguistic competence—the capacity of an organization and its personnel to effectively communicate with persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. This may include, but is not limited to, the use of:

- bilingual/bicultural staff
- cultural brokers
- multilingual telecommunication systems
- Text Telephone Yoke (TTY)
- foreign language interpretation services
- sign language interpretation services
- ethnic media in languages other than English (e.g., television, radio, newspapers, periodicals)
- print materials in easy-to-read, low literacy, picture and symbol formats
- assistive technology devices
- computer assisted real time translation (CART)
- materials in alternative formats (e.g., audiotope, Braille, enlarged print)
- varied approaches to share information with individuals who experience cognitive disabilities
- translation of:
 - legally binding documents (e.g., consent forms, confidentiality and patient rights statements, release of information, applications)
 - signage
 - health education materials
 - public awareness materials and campaigns

The organization must have policy, structures, practices, procedures and dedicated resources to support this capacity.

Cultural Competence

The National Center for Cultural Competence embraces a conceptual framework and model for achieving cultural competence based on the

definitions developed by Cross, et. al. (1989). Cultural competence requires that organizations:

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the above in all aspects of policy making, administration, practice/service delivery and systematically involve consumers/families.

Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum.

Health Promotion

“Health promotion represents a comprehensive social and political process. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but action directed towards changing social, environmental, and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the *detriments of health* and thereby improve their *health*” (World Health Organization, 1998).

Health Promotion Messages

Health promotion messages are the content delivered to an audience to have an impact on awareness, values, beliefs and attitudes and thus behaviors, as part of a health promotion effort. These messages may address risk reduction, community action, or support for those affected by a health issue to prevent secondary morbidity. For example, messages that provide bereavement support may prevent ongoing mental health problems.

Health Promotion Materials

Health promotion materials are defined, for the purpose of this document, as print or audio-visual formats used to deliver health promotion messages. Such materials may include, but are not limited to, pamphlets, brochures, web-based materials, CDs and DVDs, posters, flyers, newspaper ads or articles, other periodicals, videos, public service announcements, or television or radio coverage of a topic.

- A key challenge in health promotion with diverse populations is honoring traditions and beliefs of the intended audience, while recognizing that some of those beliefs and practices may not be congruent with emerging knowledge of what supports healthy outcomes. Culturally competent health promotion supports and honors those practices and beliefs that are protective or benign, and respectfully helps identify and change those beliefs and practices that have a negative health impact.

■ **Culturally and linguistically competent health promotion is always undertaken within a social, environmental and political context.**

Traditionally, health promotion works to change health-related behaviors of individuals. Too often, however, unsuccessful attempts at health promotion end up “blaming the victim” for failure to engage in healthy behaviors, when, in fact, there is no support within the community environment to do so. Aspects of the community context that may affect health promotion efforts include:

- Lack of local grocery stores stocked with healthy foods
- Poor environment for exercise—e.g., no sidewalks, very poor air quality, lack of safety
- Inadequate housing
- Economic status—e.g., intended audience cannot afford suggested behavior changes such as using bedding for infants that meets new safety specifications
- Lack of community-based health supports such as smoking cessation programs, primary and maternal and child health care, and substance abuse treatment
- Lack of access to communication formats, information and venues needed for health promotion for individuals with disabilities

■ **Culturally and linguistically competent health promotion recognizes the family and community as primary systems of support and intervention.**

For many diverse populations, health values, beliefs and practices of the individual are inextricably linked with those of the family and community. Thus, the intended audience for health promotion efforts may need to be family or community rather than solely the individual. Care must be taken to define family and community in ways that are congruent with the culture of the recipients.

■ **Culturally and linguistically competent health promotion assures that its efforts exist in concert with natural and informal health care support systems.**

Health promotion should tap into naturally occurring resources within the community of the intended audience. Both messages and methods for delivering them should acknowledge that community networks of natural healers are integral to the health belief system in many cultural groups. In many cultures, healing involves a holistic approach addressing mind, body and spirit.

■ **Culturally and linguistically competent health promotion assures meaningful involvement of community members and key stakeholders.**

It is vital to have substantive community involvement in planning and decision-making from the *very beginning*, in order to assure that health promotion efforts are effective and appropriate for the intended audience. Health promotion must solicit and value the experiences and perspectives of members of the intended audience as well as community stakeholders and constituencies. An inclusive process can forge alliances and partnerships that have long-lasting benefits for the health of the community. Community partners play several key roles including:

- providing the cultural perspectives of the intended audience
- providing credibility to the effort within the community
- bringing expertise (e.g., knowledge of health beliefs and practices, language and preferred sources of information for the intended audience)
- bringing community resources to support health promotion efforts (e.g., access to local media outlets or other dissemination points, local financial or in-kind support for activities)

Steps for Choosing or Adapting Culturally and Linguistically Competent Health Promotion Materials

- **Determine the need for the health promotion effort and materials to support it.** The impetus for addressing a health issue in a particular community may come from individuals, government agencies, community service, advocacy, social or faith organizations, a local health crisis, or national health initiatives. Such promotion efforts can be effective when a community health problem exists that can be *mitigated by changing or affecting health beliefs and practices*. The initiator(s) should gather input from a broad array of community members to determine whether the health outcome is of concern and importance to those affected by it. Are they even aware that there is a problem? Do they have knowledge about the kinds of risk reduction actions that can be taken? Are there any other efforts under way in the community to address the health issue? Answering these questions will help the initiator(s) decide whether a new effort is needed to address the health outcome and what aspect the messages will address—raising awareness, addressing beliefs and attitudes, and/or promoting behavior changes.
- **Identify and engage key community partners.** Establishing a shared vision of the need for and the nature of a community health promotion activity is key to assuring cultural and linguistic competence and success. Community partners must be involved as part of the team from the very beginning in all decisions, including the decision about whether to address the health issue and how to develop the approach. Potential partners should reflect the diversity of the community, including members who are affected by the health issue to be addressed. Potential partners may include representatives from the following:
 - individuals/families affected by the health issue
 - elders in the community
 - leaders in the faith/spiritual community
 - politicians that represent the community
 - health care professionals and institutions that serve the community
 - community-based health and social service agencies
 - community-based service, advocacy or social organizations
 - local/ethnic media
 - community businesses

To assure active and substantive participation by all partners it is important to allow time to build trust among team members and to consider the following actions:

- provide opportunities for mutual education about the science of the health concern and about the community's history, strengths, resources and concerns
 - utilize a variety of avenues for involvement that respect cultural differences in expression of opinions and in decision-making processes
 - have a community member and a health professional or agency representative co-chair the effort
 - provide interpretation and translation services for participants with limited English proficiency or who need accommodations due to disability
 - arrange for childcare and other supports and choose meeting times to allow for maximum participation by members of the community
- **Determine the focus and intended audience for the health promotion effort and the materials to support it.** With the community partners, determine what culturally based beliefs, values and attitudes may be influencing the behaviors that affect the identified health concern. This information will help provide the focus for the messages and materials chosen. For example, if the intended audience believes that putting a baby to sleep on its back may lead to choking, then the focus of messages about back sleeping to reduce the risk of Sudden Infant Death Syndrome should address this belief. Make no assumptions—beliefs, values and attitudes are very local in nature. Generalizations about a particular racial, ethnic, or cultural group may misguide an organization choosing or adapting culturally and linguistically competent materials.

The team also needs to decide on the audience for the message and thus the materials. Consider cultural patterns related to lines of authority, caretaking roles, and health decisions. For example, health promotion messages related to infants and young children could be directed at multiple audiences—parents, grandparents, other relatives and siblings, childcare providers, and teachers, etc. Yet, the approach to each group may be different. If grandmothers are considered the authority on child-rearing practices, in a particular community, for example, they may be the desired audience. If most of the children in the community spend many hours in childcare, then that group may be the best audience. Community partners can help determine which audience will have the greatest impact on the problem.

- **Understand the intended audience.** To choose health messages and materials that will be effective with the intended audience, consider a variety of factors including the following: race, ethnicity, cultural identification, language preference, time lived in the community and in the United States (if immigrants or refugees), level of acculturation, age, gender, education and literacy and socioeconomic status. Work with the community team to understand how these factors affect the intended audience’s beliefs, values, attitudes, practices. Determine dominant and trusted sources of information and preferred ways of receiving information. Work with community partners to understand culturally related motivations for changing behaviors. Individuals may be motivated by the following:
- living longer,
 - improving health in their community,
 - having better health,
 - pleasing authority figures in the group,
 - being more economically successful,
 - being better-liked or more popular, or
 - becoming assimilated.

Without this level of understanding of the intended audience, it is difficult to choose materials that are effective and culturally and linguistically competent. Materials that resonate with teens who are born in the United States and speak English fluently will be different than those that may be effective with their parents or older relatives who were born elsewhere and who may have limited English proficiency. If staying true to cultural beliefs and traditions is key, then messages and materials should provide this context for the information.

- **Determine the mode of delivery.** In order for health messages to be culturally competent and effective, great care must be taken in choosing the modes of delivering these messages. The team should first consider what methods are likely to be effective. Take into account the following factors:
- Which individuals are seen as trusted sources of information about health practices and lifestyle by the intended audience (peers, elders, spiritual leaders, medical professionals, celebrities)?
 - What formats for receiving information are preferred—print materials, audio-visual presentations on local, ethnic or lifestyle media, including determining which are key outlets, word of mouth, etc.?
 - What is the preferred language for receiving the messages? Again, do not make assumptions; get input from community members. People who speak a language in addition to English may prefer some types of information in their first language and other types of information in English.
 - Consider adaptations to formats needed for individuals with disabilities such as large print, Braille, closed-captioning of television messages, etc.

The team should then consider its resources in the following areas:

- What funds are available or can be leveraged?
- What access does it have to media or other outlets for disseminating messages?
- Which outlets are available as a public service or a contribution by the media organization or another sponsor?
- What person-power and other resources are available in the community to support the delivery of the messages and materials?

Finally, the team should determine what other partners will be needed in delivering the chosen messages and materials.

- **Create criteria for choosing health promotion materials.** The team should next derive a set of criteria that can be used to choose materials based on the information developed in the previous steps. The team should also prioritize these criteria, since finding materials that are a perfect fit may be difficult. With a prioritized set of criteria, the team can choose the most likely matches to their needs. Criteria should address each of the following areas:
 - Content of the message. What focus must be addressed? What beliefs, values and attitudes as well as cultural and spiritual traditions of the intended audience should be reflected?
 - Audience. For what audience should the existing materials have been developed? What are the key characteristics of the intended audience that must be considered?
 - Literacy levels/level of verbal vocabulary. What is required to reach the target audience?
 - Language. What language or languages are needed? Determine whether national or regional dialects are required for the intended audience.
 - Graphics/pictures/visual features. What types of pictures and symbols will resonate with the target audience and be seen as reflecting their culture?
 - Format. What types of format have been determined best for the intended audience—print materials, pictorial materials, videos, etc.?
 - Resource limitations. What, if any limits, does the team have on dollar and other resources?

- **Gather and review existing materials.** There are many possible sources for existing health promotion materials to address a wide array of health issues. The Resources section of this document provides some guidance on ways to search for those materials. Check also with local librarians, who can help identify available resources through the Internet or other approaches. When materials are identified, try to contact the developers to ascertain the following about each:
 - the characteristics of the population for which they were developed;
 - the credibility of the source of the medical information;
 - when they were developed;
 - whether the information is still current and accurate;
 - the cost to obtain or reproduce;
 - copyright issues or other restrictions on using the materials; and
 - their availability in electronic format that, with permission, could be customized for your use.

The team should then use the criteria to assess the materials. If the materials meet some, but not all the criteria, the team will then have to determine if the highest priority criteria have been met. If not, the team can then consider what might “fix” the existing materials and how much the changes will cost. Sometimes a simple insert can add information. If the materials are in an electronic format, changes can be made to customize the content or the graphics. Sometimes it may require combining more than one resource to address the community’s needs. Input from the intended audience who are members of the team will be key in making these kinds of decisions.

- **Elicit reactions from the intended audience.** Informal feedback from key community partners is invaluable, but is also essential to obtain input from a larger group of the intended audience. This step can be time consuming, but it provides a “reality check” that can increase the likelihood of success and assures that the time spent choosing the materials and any expense toward their purchase or reproduction is not wasted. There are many formal ways to obtain feedback (see Resources section on general health promotion, p. 8), but they may be too resource intensive for some community efforts. In that case, develop a way to ask members of the intended audience the following questions about the materials:
 - what was the main idea?
 - was the information new to you?

- do you think you will change your ideas or behaviors based on this information? (if yes, why; if no, why not)
- what else should be included?
- was it easy to read (if print material)?
- was it easy to understand?
- were images presented to you meaningful and respectful (if pictorial or video)?
- could you easily understand the speakers (if audio/visual)?

If the materials are in a language other than English, it is important to ascertain whether the words and phrases used in the materials have the desired meanings for your intended audience.

- **Develop and implement a plan for dissemination.** The team should determine a plan that will most effectively bring the desired message to the intended audience. Where do they look for or receive important information? Use key community partners to help determine the approach. Dissemination points may include the following: local or minority newspapers or radio stations; local advertising circulars; faith-based organizations; recreation centers; grocery or convenience stores; childcare facilities; health clinics and doctors' offices; businesses in the community; social and service clubs; schools; hair and nail salons; bars/liquor stores, etc. In some communities, there may be traditional ways in which important topics are discussed. For example, in some Native American communities, a talking circle may be an effective dissemination strategy. Learn the best approach from the intended audience—do not assume that health messages are best disseminated in health care settings.
- **Create a mechanism for periodic review and modification.** A formal evaluation of a health promotion effort is very resource intensive. The team can, and should, however, continue to meet to gain input from the community partners about how the message is being received. This information may lead the team to add other messages and materials, to make changes to the ones chosen or to rethink the total approach. Culturally and linguistically competent approaches to promoting health must be reviewed and updated over time. Remember, the intended audience may change. First, demographics of the community may change. For example, if the ethnic, linguistic, and cultural make-up of the workforce in the community changes, so must materials chosen for childcare providers. Second, the attitudes, beliefs and values of the same groups and individuals in the community may change over time.

References

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U.S. Department of Health and Human Services. *Objectives for Improving Health. Healthy People 2010: Understanding and Improving Health.* 2nd ed. vol. 2. (Washington, DC: U.S. Government Printing Office, November 2000).

World Health Organization. *Health Promotion Glossary.* (Geneva: Author, 1998).

R E S O U R C E S

Resources on General Health Promotion

Making Health Communication Programs Work: A Planners Guide

Available from the National Cancer Institute at <http://www.cancer.gov>
Look under Find Publications and enter the term “health communication” in the key word search box.
Up to 20 copies may be ordered on-line for free.

Healthy People Toolkit 2010: A Field Guide to Health Planning

A document developed to help promote Healthy People 2010 goals. Models provided are at the state level, however, description of the process and tools can be used at the community level. Available at: <http://www.health.gov/healthypeople/state/toolkit>

CDCynergy is an interactive CD-ROM designed to help Centers for Disease Control and Prevention (CDC) staff and public health professionals systematically plan communication programs within a health context. The program allows users to assemble a health communication plan by answering questions offered in a specific sequence. For more information about this product check: <http://www.cdc.gov/cdcynergy>

Assessing Materials for Low Literacy Readers

The National Cancer Institute has several useful documents available on the web at: <http://oc.nci.nih.gov/services>
Two documents related to literacy issues include: *Clear and Simple: Developing Effective Print Materials for Low-Literate Readers* and *Theory at a Glance: A Guide for Health Promotion Practice*. There are also documents related to accessibility of web information.

Creating Alternate Formats for Individuals with Disabilities

The National Center for the Dissemination of Disability Research has a document that provides guidance and practical suggestions for developing alternate formats for materials. *User-Friendly Materials and Alternate Formats* is available on the website at <http://www.ncddr.org/du/products/specialr.html>. For additional information call 1-800-266-1832 or for V/TT 512-476-6861.

Materials for Diverse Populations on a Variety of Health Issues

The following sections provide information about sources of existing health promotion materials for diverse populations. The NCCC does not endorse any specific materials available through these resources, but provides them as a starting point in the search. To assure that any materials chosen are culturally and linguistically competent, they must be subject to the process described in this document. In addition, it is important to assess the scientific accuracy of the information provided with the support of health professionals on the community team.

Centers for Disease Control and Prevention—Health Topics Section

<http://www.cdc.gov> or in Spanish <http://www.cdc.gov/spanish/default.htm>

Closing the Gap

<http://www.healthgap.omhrc.gov/>
A link of the federal Office of Minority Health Resource Center, this site focuses on the six targeted health disparities.

EthnoMed

<http://ethnomed.org>
Produced by the University of Washington, Harborview Medical Center, this site offers information on cultural beliefs, medical and other issues pertinent to immigrants in the United States.

Office of Minority Health Resource Center

Phone: 1-800-444-6472
<http://www.omhrc.gov/>

Association of Asian Pacific Community Health Organizations

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

National Alliance for Hispanic Health

<http://www.hispanichealth.org>

National Black Women’s Health Project

<http://blackwomenshealth.org>

Healthfinder

<http://www.healthfinder.gov/justforyou/>
A federal web site developed by multiple agencies. The section “just for you” provides health information for various racial and ethnic groups, for different ages and for individuals with disabilities. There is a newly developed section for American Indians and Alaska Natives.

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Sources for health promotion materials developed for diverse populations related to the targeted health disparity areas:

Cardiovascular Disease (Heart attack, high blood pressure, etc.)

National Heart, Lung, and Blood Institute
<http://nhlbi.nih.gov/resources>

Cancer

National Cancer Institute
<http://cancer.gov>

Diabetes

National Institute of Diabetes, Digestive and Kidney Disease
<http://www.niddk.nih.gov/health/diabetes.htm>

HIV/AIDS

<http://www.cdc.gov/hiv/pubs/brochure.htm>
 CDC National Center for HIV, STD and TB Prevention, the Division of HIV/AIDS prevention offers materials in Spanish.

Infant Mortality

March of Dimes provides information related to fetal death and infant mortality
<http://www.modimes.org>

For materials related to Sudden Infant Death Syndrome (SIDS):

National SIDS Resource Center
<http://www.sidscenter.org>

Back to Sleep Campaign
<http://www.nichd.nih.gov/sids>

SIDS Resources for Native Americans
<http://www.mikelasmiracles.org/NativeAmericans.html>

Materials on SIDS in multiple languages
<http://www.sids-network.org/basic.htm>

Vaccination

National Immunization Program
<http://www.cdc.gov/nip>

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Suggested Citation: Bronheim, S., & Sockalingam, S. (2003). A guide to choosing and adapting culturally and linguistically competent health promotion materials. Washington, D.C.: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

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About the

The mission of the National Center for Cultural Competence (NCCC) is to increase the capacity of health care and mental health programs to design, implement and evaluate culturally and linguistically competent service delivery systems. The NCCC conducts an array of activities to fulfill its mission including: (1) training, technical assistance and consultation; (2) networking, linkages and information exchange; and (3) knowledge and product development and dissemination. Major emphasis is placed on policy development, assistance in conducting cultural competence organizational self-assessments and strategic approaches to the systematic incorporation of culturally competent values, policy, structures and practices within organizations.

The NCCC is a component of the Georgetown University Center for Child and Human Development and is housed within the Department of Pediatrics of the Georgetown University Medical Center. It is funded by and operates under the auspices of Cooperative Agreement #U93-MC-00145-08 and is supported in part from the Maternal and Child Health program (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

The NCCC is a collaborative project between the Georgetown University Center for Child and Human Development and the following federal government agencies:

Health Resources and Services Administration

■ **Maternal and Child Health Bureau (MCHB)**

- Division of Services for Children With Special Health Needs
- Sudden Infant Death Syndrome and Other Infant Death Program
- Division of Research, Training and Education (DRTE)
- Healthy Tomorrows Partnership for Children Program/DRTE

■ **Bureau of Primary Health Care (BPHC)**

- Office of Minority & Women's Health

Other target BPHC programs include Community Health Centers, Migrant Health Centers, Health Care for Homeless grantees, Healthy Schools, Healthy Communities grantees, Health Services for Residents of Public Housing, Primary Care Associations and Offices.

■ **Bureau of Health Professions (BHPr)**

- National Health Service Corps (NHSC)

The NCCC has several projects that are not under the auspices of the Cooperative Agreement. The scopes of work for these projects are directly related to increasing the capacity of federal agencies, and their funded programs and partners, to incorporate culturally competent policies and practice. Other federal partners with which the NCCC has contractual relationships include the:

■ **Department of Education**

Federal Interagency Coordinating Council

■ **Environmental Protection Agency (EPA)**

Indoor Environments Division, Office of Radiation & Indoor Air

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