

HCH Conference Highlights Cultural Competence

Each year the National Health Care for the Homeless Conference provides an opportunity to exchange information and ideas with one another. The 2001 conference, held in Washington DC at the end of June, was no exception. This year, cultural competence was an overarching theme that ran throughout the conference. Several presentations addressed issues specific to Latinos, African Americans, migrant farm workers, gay, lesbian, bisexual and transgender persons, and immigrants. Cultural competence was also highlighted in the keynote address by Bill Hobson, Deputy Associate Administrator, Bureau of Primary Health Care (BPHC), and in remarks by the HCH Clinicians' Network guest speaker, H. Jack Geiger, MD.

Typically we think of cultural competence in terms of racial and ethnic minorities. Viewed more broadly, cultural competence requires that we understand and respect differences among groups whose common life experiences diverge from the mainstream. Homelessness, itself, requires a culturally competent approach to health care,

In This Issue

Given the diversity among homeless individuals, cultural and linguistic competence in the delivery of health care is increasingly important. This issue presents information on cultural competence, resources, and highlights from the 2001 National HCH Conference.

We'd like to know about HCH programs that have developed culturally competent approaches to serving diverse groups among homeless persons. Contact the HCH Information Resource Center at (888) 439-3300, ext 247.

and within this population, there are further distinctions. There are racial, ethnic, and cultural minorities and people who speak languages other than English. There are individuals with disabilities, homeless youth, older persons, migrant farm workers, sexual minorities, immigrants, refugees, and isolated rural populations. Incorporating principles and practices of cultural competency into policy-making, administration, service delivery and consumer activities equips organizations to effectively serve the diverse patient populations who make up the broader population of homeless persons.



Carola Green (right) talks with conference participants after her workshop.

Carola Green, a certified English/Spanish interpreter at Cedars Sinai Medical Center in Los Angeles, defined cultural competence as "an on-going process of seeking cultural awareness, cultural knowledge, cultural skills and cultural encounters in order to move beyond ethnocentrism." Cultural competence requires a knowledge base, interpersonal skills and linguistic competencies that allow providers to understand, appreciate, and work with people whose culture differs from their own. Ms. Green addressed the contribution that trained interpreters can make in serving populations who speak languages other than English. She emphasized that interpreter services go well beyond the translation of words from one language to another. A trained health care interpreter is not only bilingual; he or she also incorporates knowledge of cultural beliefs and patterns into interpretation so as to convey the essential meaning of what is being said across cultures.

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Consumers Participate in National HCH Conference

Twenty-two homeless or formerly homeless consumers, representing HCH programs throughout the country — from Anchorage to Boston — came together in Washington to share their experiences and to organize for a more prominent role within HCH programs locally as well as at the national level. While their numbers may have been small relative to total conference registration, the impact of their presence was significant. Consistent with principles of cultural competence, BPHC is committed to including program participants in HCH policy-making and delivery of services.

In the opening session of the conference, Bill Hobson, Deputy Associate Administrator for the Bureau of Primary Health Care (BPHC), spoke to consumers present. “We look to you to be our teachers and our mentors.” Consumers in attendance responded to his invitation during two consumer-run meetings held at the conference. What emerged is an HCH national consumer network (official name yet to be chosen) that will serve several functions: a channel for communication and support among consumers, an organized voice to provide consumer perspectives to the BPHC, and a structure through which information and resources can be developed and shared.

At the founding meeting, the group elected officers. Kenn Martin of Stout Street Clinic in Denver was elected chair. Ellen Dailey of the Boston Health Care for the Homeless Program and Tonie Burgos of New York Children’s Health Project were elected co-chairs. Sarah Davidson of El Centro del Barrio in San Antonio will serve as secretary. A steering committee holds monthly conference calls to further organize the group, develop a mission statement, and

develop an agenda for the next year. The network plans to conduct outreach to all HCH programs to inform staff and consumers about the group, invite their participation and offer their services. The members of the network are willing to serve as a resource and provide assistance to programs that do not have active consumer boards or advisory groups. Consumer boards are one way in which organizations can deliver services that are more culturally competent and appropriate to the people they serve. These boards provide an ideal

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Alaska Mental Health Consumer Web Inc.

Katsumi, a conference participant from Anchorage, Alaska, attended the organizing meeting of the HCH national consumer network. She shared information about the Alaska Mental Health Consumer website (www.akmhweb.org), a resource that she was instrumental in developing. Katsumi is convinced that the Internet holds great promise as a way for consumers to educate themselves and support each other in recovery. The website is a tool for consumers and non-consumers alike. It provides information on recovery, employment, housing, and other issues of interest and concern. It offers space where consumers and non-consumers can post writings and circulate news of meetings and upcoming events. Individuals can also subscribe to a listserve and participate in chat rooms. The website is an example of what can be achieved through the efforts of one individual who believes in the importance of finding resources, discovering her strengths, and sharing what she has learned with others.

For more information, visit the website at www.akmhweb.org.



Angeline from the Center for Urban Community Services sells her handmade jewelry at the National HCH Conference.

structure to solicit direct information about client needs and the effectiveness of programs and services.

To learn more about the consumer network or to become a member, contact Kenn Martin through Paula Harvey at the Stout Street Clinic (303) 285-5264. ▲

When treating Spanish-speaking patients, Ms. Green noted the tremendous variation among subcultures found within the Latino community. She cautioned providers to learn about the characteristics of the specific Latino sub-populations of their patients. The major factors to consider in serving Latino populations are related to immigration, the obvious language barriers, and the less obvious, and more difficult to grapple with, cultural differences. These differences include perceptions about health and the roles of patient, provider and family. The beliefs of Latino patients are often in stark contrast to the bio-medical per-

“Each of us has to examine ourselves and become an agent of change.”

spective of health care professionals in the United States. In general, for Latinos, patients are passive participants in the provider/patient relationship, with family members being brought in to help make critical health care decisions. Respect is key. The patient defers to the authority of the provider and, in turn, expects to be treated respectfully. In some cultures, illness is attributed to God's will, magic, or malicious intent by others. Folk medicine is familiar and comforting for many Latinos, especially immigrants. Cultural competence requires that health care providers view the positive aspects of traditional cultures as strengths that can be drawn upon to further the healing relationship.

In terms of numbers alone, African Americans represent one of the largest subgroups among homeless persons.

Recommendations for Cultural Competence

- Ask questions and learn about the cultural practices, beliefs, and communication patterns of clients
- Examine personal beliefs and actions
- Recognize and challenge your own cultural biases and stereotypes
- Know your own culture
- Understand role and meaning of body language, gestures, and voice tone in other cultures
- Learn language of clients

Presentation at 2001 National HCH Conference by Carola E. Green

Videos Across Cultures

Videos are effective teaching tools for both consumers and staff. Below are some useful tools for promoting culturally competent health care. Available for loan from the HCH Information Resource Center (see contact information on page 7).

- *Bilingual Medical Interview, I & II*. Program I (31 minutes, 1987) improves bilingual medical interviewing skills by illustrating common barriers to communication with non-English speaking, ways to work with medical interpreters, and the impact of cross-cultural medical encounters. Program II (25 minutes, 1989) focuses on the geriatric population and shows actual medical interviews with patients from diverse cultural backgrounds. Both videos are available from the Boston Area Health Education Center, 1 Boston Medical Center Place, Nursing Education Bldg., Room 209, Boston, MA 02118. Phone (617) 534-5258. Cost: \$150 each or \$250 for set (includes training guide).
- *Por Amor al Corazon* (For the Love of Your Heart) and *Cocinar con el Corazon en Mente* (Cooking with your Heart in Mind). 24 minutes/each program, 1997. Focuses on heart health for the Latino community. Available from: National Heart, Lung, and Blood Institute (NHLBI) Information Center, PO Box 30105, Bethesda, MD 20824-0105. Phone: (301) 592-8563; Fax (301) 592-8573. Cost: \$11 (including s&h).

Lucas Daumont of Inclusion, a consulting firm in northern California, led a workshop on racial disparities in health status and access to health care in this country. Mr. Daumont noted the higher prevalence of cardiovascular disease, diabetes, HIV/AIDS, hepatitis C, and tuberculosis among African-Americans and cited “historic, institutionalized and internalized racism” as a contributing factor. Dr. H. Jack Geiger, keynote speaker at the HCH Clinicians’ Network Annual Meeting, detailed racial disparities in access and utilization of health services. He called upon health professionals to work toward the elimination of the “racial, ethnic and class bias, of which medicine is not immune.” Both Geiger and Daumont stressed the importance of self-examination as an integral part of cultural competence training. Dr. Geiger ended with an appeal, “the struggle has to begin with ourselves and our institutions...each of us has to examine ourselves and become an agent of change.” ▲



Migrant Farm Workers Are Among the Most Vulnerable

The National Center for Farmworker Health (NCFH), a national organization dedicated to improving the health status of farmworker families, estimates that there are 3.5 to 5 million migrant farmworkers and family members in this country at any given time. Approximately 80% are Latino with a substantial proportion being native to Mexico and countries in Central America.

Providing culturally competent health care to migrant farmworkers is similar in many ways to that of other groups of homeless people with some unique challenges. Farmwork is consistently ranked first among the three most dangerous work environments in the country. The long list of occupational hazards that can cause injury or contribute to illness includes: exposure to the elements; long work hours; exposure to agri-chemicals; the stress of bending, stooping, carrying, and lifting heavy loads; machinery accidents; poor hygiene facilities; lack of safe drinking water; and accidents related to migration. It is no surprise that migrant farmworkers are especially vulnerable to a host of health problems, especially respiratory diseases and skin problems, dehydration and heat-related illnesses, injuries,

infectious diseases and hypertension. Depression and substance abuse are also prevalent among farmworker adults, possibly related to poverty and economic hardship,

It is no surprise that migrant farmworkers are especially vulnerable to a host of health problems.

the demands of the work, social isolation or the stress of living in a foreign culture. Cultural competence requires that health care organizations understand and address the needs that arise from these conditions.

Programs that serve migrant farmworkers are frequently confronted with the difficulty of providing continuity of care to such a mobile population. It is difficult to manage illnesses that require monitoring and continuous treatment, such

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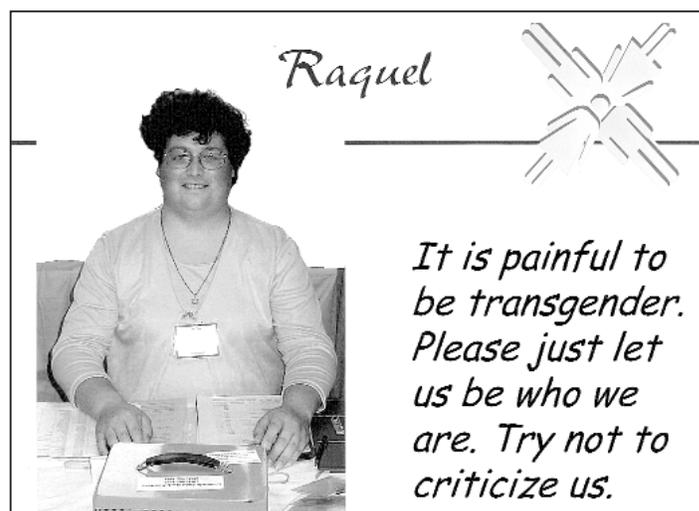
Cultural Competence Reaches Homeless Transgender Individuals

"Homelessness is an issue for many transgender people and we suspected there was a population in Denver that we weren't reaching" ...Jenny Scanlon, RN, FNP, Colorado Coalition for the Homeless, Stout Street Clinic.

Two and a half years ago, the Colorado Coalition for the Homeless, Stout Street Clinic formed its Sexual Minorities Issues Committee to address issues faced by homeless gay, lesbian, bisexual, or transgender (GLBT) individuals. Transgender defines individuals whose physiological and psychological identities do not match.

The committee worked with organizations representing GLBT individuals to seek their perspectives and educate themselves on ways to reach the diverse groups within the GLBT community. As a result of the committee's work, the clinic displays posters and disseminates materials that communicate a "GLBT friendly" environment to clients. Additionally, speakers have been brought in to train staff and raise their awareness of GLBT issues. The committee also recognized a clear need for services for transgender individuals, in particular. "We realized that among sexual minorities, the major gap was in reaching people who are transgender," reports Jenny Scanlon, family nurse practitioner with the Stout Street Clinic.

Ms. Scanlon was instrumental in the search for a way to reach this subgroup. After examining potential service models, the committee recommended that the clinic adopt an approach based on a program developed at the Tom



A client of Stout Street Clinic.

Waddell Health Center Transgender Clinic of the San Francisco Department of Public Health. The protocols that were adapted for use at the Stout Street Clinic are based on two fundamental principles that are essential to cultural competence with transgender persons:

- Hormone therapy is an integral part of ongoing primary care.
- Informed consent replaces the requirement of a psychiatric diagnosis before hormone therapy can begin.

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HCH Clinicians' Network News

Racial and Ethnic Bias in American Medicine

Due to popular demand, the Network is pleased to offer a tape of Dr. H. Jack Geiger's compelling and thought-provoking address, "Racial and Ethnic Bias in American Medicine," delivered at the annual Network membership meeting. If you missed his powerful presentation in June, be sure to take advantage of this special offer. Tapes are \$8.00 including shipping and handling. To order, call 615/226-2292.

National Awards Presented

The Network recognized and celebrated the accomplishments of seven outstanding clinicians working in health care for the homeless at its sixth annual membership meeting in June.

Five Local Heroes were honored: Brenda Cooper-Cutts, homeless outreach service coordinator at Horizon House in Philadelphia; Eric Meininger, MD, with the Health and Wellness Clinic for Youth, Minneapolis Youth Diversion Program; Jeffrey Olivet, MA, family case manager with Albuquerque Health Care for the Homeless; Denise Lowery, MSW, a case manager with the Center for the Vulnerable Child at Children's Hospital in Oakland, California; and Tina Bouchet, RN, Health Care for the Homeless in Baltimore.

Awards for Outstanding Service were presented to Father Jack Wintermyer, PA-C, with Unity Health Care in Washington, D.C., and Pia Valvassori, PhD, a family

nurse practitioner with the Health Care Center for the Homeless in Orlando, Florida. "Every HCH project has passionate providers who are not only working to improve the health and quality of life of our homeless neighbors, but are committed to ending homelessness in this country. The awards program gives an ounce of public recognition and appreciation for the tireless work being done everyday in the field," says Brenda Proffitt, Network director.

To learn more about Network activities, visit www.nhchc.org/network.html or call Brenda Proffitt at 505/872-1151. For a membership brochure or to join, call Pat Petty 615/226-2292.

New HCH Videos

With support from the Bureau of Primary Health Care, the National Health Care for the Homeless Council has produced two new videos on the history, philosophy, and clinical elements of the HCH approach to caring for people experiencing homelessness. These orientation tools to HCH principles and practice - Health Care for the Homeless: An Introduction and Health Care for the Homeless: Outreach - are appropriate for new HCH staff, board/advisory committee members, and the broader community.

Each video may be purchased for \$20. A user's guide accompanies the HealthCare for the Homeless: An Introduction video module. To order, call Polly Bullock at 615/226-2292 or visit www.nhchc.org/publist.html.

Cultural Competence Reaches Homeless Transgender Individuals (continued from page 4)

These principles are key for several reasons. Hormone therapy is critical to transgender individuals' sense of self and well-being. Ms. Scanlon has found that "most transgender individuals will find a way to get hormone therapy, sometimes through the black market or other unsafe ways if that is their only alternative." Providing hormone therapy in a primary care setting eliminates the risk of taking medications of uncertain identity or using unclean needles to inject them. It also provides an opportunity to engage patients in primary care and to address *all* their health care needs. The use of informed consent, in place of requiring a psychiatric diagnosis, eliminates the stigma of mental illness.

In the two years since the program began, there has been a remarkable increase in the number of transgender individuals seeking services. Before the protocols were in

place, there was one transgender patient who visited regularly and another who visited sporadically. Today, there are 23 transgender patients who range in age from 19 to 48 years. Ms. Scanlon remarks, "Transgender people, in general, are so reluctant to seek health care...the vast majority haven't seen a health care provider in years...but these patients are coming, they're keeping their appointments, and they're getting their medical needs addressed." Historically, poor treatment, ignorance of their issues and discrimination discouraged transgender individuals from seeking care. The success of Stout Street Clinic's program is testament to the importance of cultural competence in delivering care to minority and marginalized populations.

For more information contact Jenny Scanlon, RN, FNP, at the Colorado Coalition for the Homeless, Stout Street Clinic at (303) 285-5271 or jscanlon@coloradocoalition.org. ▲



BPHC Initiatives Promote Cultural Competence

“Cultural Latino competence goes beyond race, ethnicity, and gender...it addresses the full spectrum of human diversity and is central to the way we approach quality improvement.”...

Denice Cora-Bramble, MD, senior medical advisor to the Director of the Bureau of Primary Health Care, HRSA

Dr. Cora-Bramble, who oversees Bureau of Primary Health Care (BPHC) activities related to cultural competence, emphasizes the importance of cultural competence in the design and the delivery of clinical care. Concepts of cultural competence “must not be marginalized...but viewed as a quality improvement measure and integrated into the way we deliver care to all individuals.” Dr. Cora-Bramble cites BPHC initiatives that advance culturally competent care across the spectrum of Bureau-sponsored programs. Work is proceeding on several fronts: the development of culturally competent clinical guidelines, resources and technical assistance available through the National Center on Cultural Competence, and a website on quality and culture, supported in part through the Bureau.

Clinical Guidelines

Dr. Cora-Bramble and a panel of nationally recognized clinicians and experts in cultural competence are developing clinical guidelines that embed the concept of culturally competent care and quality improvement in the treatment of patients with cardiovascular disease and diabetes. The project is part of the BPHC Health Disparities Collaboratives, an approach that focuses on patient self-management, clinical decision support, system re-design, clinical information systems, and strong partnerships with local government and community organizations. As a preliminary step in the development of a clinician-focused curriculum, the panel is reviewing the literature related to

clinical guidelines, cultural competence and quality improvement. The curriculum and teaching materials will be used to train clinicians through a series of national meetings over the next year.

**Work on BPHC
cultural competence
initiatives is
proceeding on
several fronts.**

The National Center on Cultural Competence

The Office of Minority and Women’s Health collaborates with the Maternal and Child Health Bureau to fund the National Center on Cultural Competence (NCCC) within the Georgetown University Child Development Center. The mission of the NCCC is to increase the capacity of health care and mental health programs to design, implement and evaluate culturally competent service delivery systems. Major goals are to:

- Promote knowledge development, dissemination, exchange and application at national, regional, state and community levels to assure high quality primary health care services that are culturally and linguistically competent.
- Promote national, state and local linkages to support policies that advance cultural and linguistic competence in primary health care.
- Provide training, technical assistance, consultation, information and other resources related to cultural competence.
- Develop and disseminate products designed to promote culturally and

linguistically competent primary health care systems.

There are several resources on the NCCC website (<http://gucdc.georgetown.edu/nccc>), including a series of policy briefs and other resources to assist individuals and agencies to promote culturally and linguistically competent practices. The NCCC is pilot testing two instruments designed to meet the needs of community health centers to assess cultural competence at the organizational and practitioner levels. BPHC funded programs may request technical assistance from the NCCC via email (cultural@georgetown.edu) or a toll free number (1-800-788-2066).

Website

The BPHC Quality Center, in collaboration with Management Sciences for Health (MSH), a not-for-profit organization dedicated to the improvement of global health, has developed a website (<http://erc.msh.org/quality&culture>) to provide resources to assist health care professionals in providing culturally and linguistically appropriate services. The website, which is in a continuous state of evolution and growth, already offers a wealth of information and materials for clinicians and organizations. For example, *The Provider’s Guide to Quality and Culture* has 11 modules consisting of readings, exercises, references and annotated links to other web resources. Leonard G. Epstein, MSW, senior advisor on quality and culture, describes the site as “the best one stop shopping resource that we have for cultural competence.” ▲



Multicultural Resources Support Quality Treatment

Materials on cultural competence - from manuals to coloring books - cover topics as diverse as ethnicity, sexual orientation, and deaf culture. Highlighted below are some valuable resources.

Getting Started

- Bureau of Primary Health Care. *Cultural Competence: A Journey* addresses the sensitivity, knowledge, and skills that have become priorities for BPHC-supported programs. (800) 400-BPHC or <http://bphc.hrsa.gov/culturalcompetence/Default.htm>.
 - Rx Diversity at <http://www.diversityrs.org>. Promotes cultural competence for quality health care for ethnically diverse communities. Key areas include models and practices, bilingual interpreter services, research and reports.
 - Office of Minority Health. *CLAS standards* are national standards for culturally and linguistically appropriate services in health care. CLAS/Guadalupe Pacheco, Office of Minority Health, 5515 Security Lane, Ste. 1000, Rockville, MD 20852. Gpacheco@osophs.dhhs.gov or <http://omhrc.gov/CLAS>.
- ### Assessment tools
- Campinha-Bacote, J., 1998. *Inventory for Assessing the Process of Cultural Competence Among Health*
 - *Care Professionals*. Transcultural C.A.R.E. Associates, 11108 Huntwicke Place, Cincinnati, OH 45241.
 - National Center for Cultural Competence (NCCC). *Promoting Cultural and Linguistic Competency: Self-Assessment Checklist for Personnel Providing Primary Health Care Services*. NCCC, 3307 M St. NW, Ste. 401, Washington, DC 20007-3935. (202) 687-5387 or <http://gucdc.georgetown.edu/nccc/nccc11.html>.
 - National Public Health and Hospital Institute, 1997. *Self-Assessment of Cultural Competence*. NPHHI, 1212 New York Ave. NW, Ste. 800, Washington, DC 20005.
 - Success by 6/United Way of Minneapolis and Hennepin Medical Society, 1996. *Cultural Competence Clinic Assessment Tools*. Center for Cross Cultural Health, W-227, 410 Church St., Minneapolis, MN 55455.
 - Tirado, Miguel D., 1996. *Tools for Monitoring Cultural Competence in Health Care*. Latino Coalition for a Healthy California, 1535 Mission St., San Francisco, CA 94103.
 - Wisconsin HIV Prevention Community Planning Council, 2000. *Multicultural Competency Assessment for Organizations and Multicultural Competency Self-Assessment for Prevention Service Providers*. With facilitator guide. Narra Smith Cox, PhD, Univ. of WI at Madison, Dept. of Professional Development, 610 Langdon St., #313, Madison, WI 53703. (608) 262-2730 or nc6@mail.dcs.wisc.edu.

How Can We Help You?

For more information, contact Patty Spaulding at the HCH Information Resource Center
Toll-free (888) 439-3300, ext. 247 E-mail: pspalding@prainc.com Web site: www.prainc.com/hch

Migrant Farm Workers Are Among the Most Vulnerable (continued from page 4)

as diabetes, hypertension, and tuberculosis, when workers move from one state to the next following crop harvests. The NCFH has long held the goal of developing mechanisms to facilitate referrals between health centers. An electronic medical record to transfer clinical and service utilization data among service sites will go a long way toward meeting that goal. In the meantime, NCFH operates the Call For Health Project, a toll-free information and referral line, that provides information on available migrant health services throughout the country. Project staff are bilingual in Span-

ish/English. They work with clinicians and case managers to coordinate services between health care sites. The NCFH also maintains a database of migrant and community health centers that provide services to farmworkers. The directory is published by the Bureau of Primary Health Care and can be accessed at the NCFH website (www.ncfh.org).

To learn more about NCFH, visit the website www.nchf.org or call 800-377-9968. ▲

HRSA Continues New Access Point Awards for FY 2001

Two new HCH projects have been awarded grants from the Health Resources and Services Administration (HRSA) as a result of the Fiscal Year 2001 new access point process. Project Renewal, Inc., has been providing services to mentally ill and/or chemically dependent homeless adults in New York City for over 30 years. With the grant funds, they will add a full complement of primary care services for approximately 2,400 new homeless clients. La Familia Medical Center in Santa Fe, NM, a 29-year-old Community Health Center, will use their funds to expand services to include 2,500 homeless people in their service area.

Three additional awards were made to existing HCH projects to expand services to additional patients who will receive care at new access points. Yellowstone City-County Health Department will target the homeless population of Butte, MT, adding 2,000 new clients to their rolls. St. Vincent's Medical Centers of New York is targeting a drop-in center on the lower east side of Manhattan and "Project Hospitality" on Staten Island. These, plus a third location, will provide services to an estimated new 1,600 homeless people. Camillus Health Concern will serve an additional 1,000 homeless people at two new sites in Miami, FL.

HRSA anticipates announcing additional new access point awards by September 30. These awards will be announced in the next issue of *Opening Doors*.

BPHC Awards Service Expansion Dollars to HCH Projects

Fiscal Year 2001 has also provided the opportunity for HCH projects to expand their services to address critical needs of their patients. After review of over 500 applications from Consolidated Health Center programs, HCH projects were awarded the following:

- Expansion of Oral Health Services = 5 awards; \$935,000 committed
- Expansion of Mental Health/Substance Abuse Services = 12 awards; \$1.14 million committed
- Primary Care Services Capacity Expansions = 19 awards; \$1.76 million committed

For more information about HRSA's FY 2001 grant actions, please contact Susan Whitney at (301) 594-4480 or swhitney@hrsa.gov.

New Publication of Interest

With funding from the BPHC, the Division of Community Pediatrics, Children's Hospital at Montefiore and The Children's Health Fund (CHF) have developed a publication to address the nutritional needs of homeless families living in shelters. The publication, *Improving the Nutrition Status of Homeless Children: Guidelines for Homeless Family Shelters*, can be viewed on the CHF website at www.childrenshealthfund.org.



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