

Closing the Gap

A newsletter of the Office of Minority Health, U.S. Department of Health and Human Services

October 1998

Hispanic Issue

Inside

Minority Health Perspective.....	3
Hispanic Recruitment and Retention..	4
Diabetes Fact Sheet in Spanish.....	5
U.S.-Mexico Border Health.....	6
Julio Iglesias Addresses Depression..	7
OMH Cooperative Agreements.....	8
Latinos' Attitudes on Smoking.....	9
News Briefs.....	9
Diversity Databank.....	10
New Age-Adjustment Standards.....	12
Fighting Heart Disease.....	13
Symposium/Regional Meetings.....	14
Health Care Access.....	15
Conferences.....	16

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OFFICE OF PUBLIC HEALTH AND SCIENCE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HHS' Hispanic Agenda for Action

By Jennifer Brooks

Thanks to people like Samuel Sanchez, Hispanic students are getting a second shot at a bright future—possibly one leading them to careers in health care. His program ended last January due to lack of funds, but Sanchez, director of Raising Hispanic Academic Achievement, never gave up. He recently secured \$25,000 in funding from the Office of Minority Health (OMH) as part of the U.S. Department of Health and Human Service's (HHS) Hispanic Agenda for Action (HAA).

Now, this fall, his program will again open its doors to 40 Hispanic students in Silver Spring, Maryland, to provide needed help in homework and to teach them about careers in health care. With limited resources, the program will provide tutoring and offer field trips to local health facilities to students with grade point averages of 2.0 who are from low-income families.

The Hispanic Agenda for Action was implemented with students like Sanchez's in mind. Its underlying objectives: to promote Educational Excellence for Hispanic Americans; to increase employment of Hispanic Americans throughout HHS; and to involve Hispanic customers in program planning, implementation and evaluation.

The primary focus of HAA is to ensure that the workforce and programs of the Department are reflective of and sensitive to the Hispanic customers it will be serving in the future. This is particularly important because, according to the U.S. Census Bureau, the number of Hispanics will surpass 40 million by the year 2009—making them the largest minority group in the nation.

In the Spring of 1995, the Secretary of HHS formed the Departmental Working Group on Hispanic Issues—made up of senior HHS

representatives from each Operating Division with experience serving Hispanic populations—to examine the Department's programs and services for Hispanic Americans. This group was established in response to President Clinton's push to ensure that executive branch management practices and operations "provide the highest quality service possible to the American people."

In a 1996 report to the Secretary, the working group found that HHS was not as well prepared as it should be to respond to the future health and human services needs of the Hispanic population. Moreover, it found that despite the appointment of Hispanic Americans to key positions within HHS, Hispanics overall were still seriously underrepresented in the HHS workforce.

Actions to Address the Issues

The working group recommended that each HHS agency develop a short-term and long-term plan of action. Its nine-point agenda includes:

- *Enhancing HHS' capacity to serve Hispanics:* by increasing the number of Hispanics in the HHS workforce. Specifically, HHS agencies should focus on developing targeted recruitment initiatives and activities for Hispanics; promoting the hiring of Hispanics at all pay and grade levels; assuring Hispanic representation in the applicant pool for temporary workforce, term appointments, and fellowships, and for appointments to executive resource boards, advisory committees, and grant review panels; and developing and implementing cultural competency training for HHS employees to enhance their ability to serve Hispanic American customers.

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The Office of Minority Health Resource Center provides free information on health issues affecting U.S. minorities including cancer, heart disease, violence, HIV/AIDS and diabetes. Call us to learn about funding sources for minority health programs. *Closing the Gap* is a free newsletter published monthly by the Office of Minority Health, Office of Public Health and Science, U.S. Department of Health and Human Services. Send all mail to: Editor, Closing the Gap, OMH-RC, PO Box 37337, Washington, D.C. 20013-7337. Or call OMH-RC toll-free, 9 am - 5 pm, 1-800-444-6472.

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Hispanic Agenda...from page one

- *Implementing Executive Order 12900: Educational Excellence for Hispanic Americans:* by identifying and correcting the U.S. educational system's shortcomings in serving Hispanic youth by developing action plans for increasing the participation of Hispanics in federal education programs.
- *Addressing Hispanic Data Issues:* by improving data collection, analysis, and dissemination by reviewing the adequacy of current Departmental data and developing an action plan to address the gaps identified; and developing a mechanism to collect service/financing data and language-use data to identify specific problems of Hispanic customers.
- *Following a Hispanic Health Agenda:* by ensuring that specific recommendations of the TODOS Report—the 1993 Surgeon General's report which resulted from the National Hispanic/Latino Health Initiative—are reviewed and appropriate follow-up is implemented; and developing a standardized tracking system to monitor progress on implementing the TODOS Report.
- *Improving research:* by assuring the appropriate representation of Hispanics in clinical trials and research as well as demonstration grants and evaluation studies funded by HHS; and identifying gaps in knowledge of health problems disproportionately affecting Hispanics and taking action to address them.
- *Promoting cross-cutting collaboration within HHS:* by establishing initiatives to develop more effective outreach methods to Hispanic elderly, children and youth, and battered women.
- *Procurement:* ensuring that information about business opportunities within the Department is disseminated in the Hispanic community, including Hispanic companies and private consultants.
- *Addressing language barriers to access to Department services:* by developing policy guidance for federally funded providers to address the needs of people with limited English proficiency.
- *Developing a Departmental Hispanic Steering Committee* to assist in implementing an action plan to ensure that HHS can effectively serve the increasing Hispanic population.

This issue of *Closing the Gap* reports on some of the progress HHS agencies have made to meet the HAA objectives. And it highlights some State and local programs that are doing their share in reaching Hispanic communities.❖

Celebrating Hispanic Heritage Month

By Jennifer Brooks

From September 15 through October 15, 1998, HHS has been celebrating Hispanic Heritage Month. Initiated by Congress in 1968, Hispanic Heritage Month is a time to celebrate the diverse cultures, traditions, and valuable contributions of Hispanic/Latino people in the U.S., including Latino heroes like Cesar Chavez and Willie Velasquez.

"Equally important is our celebration of the spirit found in the traditional Latino family and faith," said Nelba Chavez, PhD, administrator of Substance Abuse and Mental Health Services Administration. "We must recognize and celebrate the hard working mothers and fathers who are there for their children to help them with homework, talk with

them at the dinner table, and show them the way to a healthy, meaningful and productive life," Dr. Chavez added.

Hispanic Heritage Month is the only celebration that unifies people of Spanish, Caribbean, and North, Central, and South American countries. Hispanics/Latinos have ancestors from many different indigenous tribes from Africa and Europe.

The National Clearinghouse for Alcohol and Drug Information (NCADI) has developed a Web site to highlight Hispanic Heritage Month and its activities. The site also suggests 50 things people can do to celebrate Hispanic Heritage month.

For more information, visit the NCADI Web site: <http://www.health.org/bisp98/>.❖

Reaffirming Our Commitment to Improving Health Services for Hispanics

By Clay E. Simpson, Jr., MSPH, PhD

Demographers tell us to expect dramatic changes in the composition of the U.S. population. By the year 2009, we should expect Hispanics to become the largest minority group in the country. This projection poses many challenges to our nation's health policymakers.

I have been personally touched by efforts to secure the well being of the Latino population. For instance, last summer, a Hispanic senior medical school student showed up at my office and reminded me that when he was a high school junior, he participated in the Hispanic Youth Initiative in Health, Biomedical Research, and Policy Development Summer program, coordinated by the Interamerican College of Physicians and Surgeons. What's so amazing about his visit is that he still remembered the presentation I made many years ago as part of the Youth Initiative, and thanked me for my words of encouragement. The Youth Initiative is one of several efforts supported by the U.S. Department of Health and Human Services (HHS) that has proven to be effective in stimulating Hispanics to pursue careers in fields where they are still under represented—the health and biomedical sciences.

HHS has made progress in addressing the needs of the Hispanic population, particularly since the launching of the Hispanic Agenda for Action (HAA) in 1996. Nevertheless, the 1997 HAA Progress Report reflects the need to improve several areas in order for us to reach the traditionally underserved Hispanic community.

We reaffirm our commitment to improving services to Hispanics, and recognize that without action we won't be able to accomplish our goals. In order to solve the manifold obstacles in the delivery of quality health care to Hispanics, HHS agencies are following what I call an A.C.T.I.O.N. plan responsive to the needs and expectations of Hispanics. A.C.T.I.O.N. stands for: Addressing health issues, Challenging gaps, Transforming attitudes, Involving Hispanics in the decision-making process, Optimizing information resources, and Networking with community-based organizations.

We're addressing health issues that touch the lives of millions of Hispanic Americans. For example, in 1997 the Health Care Financing Administration conducted a series of seminars on Medicare and Medicaid issues that affect Hispanics. We're also challenging gaps in the provision of

health care and services to Hispanics. In order to further the departmental goal of eliminating health disparities that affect the Hispanic population, the Substance Abuse and Mental Health Services Administration will award grants to the U.S./Mexico border states to provide prevention and early intervention activities on substance abuse to Latino youth and families.

Furthermore, we're transforming the attitudes of health care policymakers toward the special needs of the Hispanic community. By helping managers and staff reach an increased awareness of Hispanic health issues, our Department will be able to make wise decisions that will benefit the Latino community.

We're aware of the severe underrepresentation of Hispanics in the HHS workforce and recognize that further efforts are imperative to diversify our work environment. Many agencies are striving to recruit and involve more Hispanics in the decision-making process because of their special knowledge of the health needs of the Latino community.

We have, however, been successful in capitalizing on our information resources to disseminate culturally and linguistically appropriate materials to Latinos via the Internet, toll-free numbers, and mail. HHS also provides valuable health information through television, radio, and newspapers.

Finally, HHS, by means of cooperative agreements and contracts, is consistently networking with community-based organizations. Hispanic organizations, both local and national, tend to have a deeper insight into the health issues that affect the communities they serve and represent.

HHS' strong commitment to A.C.T.I.O.N. is helping us make significant strides in furthering the goals highlighted in the Hispanic Agenda for Action. Nevertheless, each and every one of us must continue channeling our efforts to improve services to Hispanic customers. But awareness of health disparities that affect Hispanics is not enough. Only A.C.T.I.O.N. can respond to the health needs of our rapidly growing Hispanic population and bring us closer to equality in the delivery of health care.

Dr. Clay E. Simpson, Jr. is Deputy Assistant Secretary for Minority Health, Office of Minority Health, U.S. Department of Health and Human Services. ♦

CDC/ATSDR Establishes Workgroup To Enhance Hispanic Representation

By William C. Parra, MS

Known as the Nation's prevention agency, HHS's Centers for Disease Control and Prevention (CDC) collaborates closely with State and local health departments, academic institutions, professional and community organizations, school systems, industry, and labor. Its 6,500 employees are assigned to state and major city health departments, national organizations, and throughout the world to help translate CDC recommendations into improved health outcomes.

Although Hispanics currently represent almost 10 percent of the Civilian Labor Force, their representation in the Federal Government is substantially lower. Hispanics are underrepresented in 95 percent of all Federal agencies with more than 500 employees and represent less than 6 percent of the Federal workforce.

As of October 1, 1997, 172 employees had self-identified as Hispanic at CDC and the Agency for Toxic Substances and Disease Registry (ATSDR), constituting approximately 2.6 percent of the total workforce. Hispanics are the only racial and ethnic minority to be consistently underrepresented in all six major job categories and in all of the agency's organizational entities.

The causes for Hispanic underrepresentation need to be well understood to increase the number of well-qualified Hispanic men and women in Federal positions. At CDC/ATSDR, Hispanic underrepresentation results in lost opportunities to focus on the research needs of Hispanic populations and to develop culturally competent intervention strategies that can effectively reach Hispanic communities.

On September 8, 1997, a CDC/ATSDR workgroup on Hispanic Recruitment and Retention was formed. Its purpose was to develop targeted plans to improve the representation of Hispanics at the agency. The workgroup completed its recommendations on November 26, 1997. It began the process by conducting a needs assessment survey among Hispanic employees in the agency.

The survey was based on a similar instrument administered in September 1991 and focused on three main areas: (1) recruitment patterns; (2) job satisfiers and dissatisfiers which ultimately influence retention; and (3) recommendations to improve Hispanic recruitment and retention.

The survey had some limitations. It was not distributed to Hispanic employees who had left the agency to determine why they had left and was only directed to individuals who self-identify as Hispanic.

The survey had a 48.5 percent response rate. Almost 60 percent of the respondents were recruited to CDC via word of mouth, and almost 50 percent were recruited from other

Federal, state, and local government jobs. Approximately 50 percent were recruited from the historically high-Hispanic-population states.

Several factors were found to influence individuals to accept a job: (1) salary; (2) location; (3) opportunity for advancement, and (4) challenge. Respondents ranked the agency favorably on all of these factors except opportunity for advancement. Factors most likely to *influence individuals to leave CDC/ATSDR* were: (1) limited opportunity for advancement; (2) family responsibilities; (3) discrimination; and (4) failure to meet personal needs and goals. Conversely, factors most likely to *retain employees at CDC/ATSDR* were: (1) better opportunities for advancement; (2) better mentoring programs; and (3) increased Hispanic health focus.

Approximately 60 percent of the respondents had a master's degree or higher, and over 60 percent were at a GS-13 grade level or higher. Because it was felt that individuals with less education or those at lower grade levels may rate job satisfiers/dissatisfiers differently, a cross tabulation was conducted on these two factors. No significant differences were found.

The workgroup recommended that CDC/ATSDR proactively expand its recruitment efforts to bring vacancies to the attention of highly qualified Hispanics. Such efforts, if successful, should help increase CDC/ATSDR's propor-

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CDC/ATSDR Hispanic Heritage Month Activities

- **Weekly:** Informational e-mails on Hispanic Women at CDC/ATSDR
- **September 2:** Presentation on "Visionary Community Educational Campaign: Reducing Neural-Tube Birth Defects Through the Use of Folic Acid" by Montes de Longo, MD
- **October 10:** Lake Altoona Picnic
- **October 15:** Presentation on "Women's Health Issues" by Dr. Elena Rios, president, National Hispanic Medical Association
- **October:** CDC Display:
 - Executive Order 12900 Materials
 - Posters on Research in Hispanic Populations/Communities
- Hispanic Employee Directory to be published

Diabetes Fact Sheet Now Available in Spanish

By Jennifer Brooks

The CDC has just released a Spanish-language version of the *National Diabetes Fact Sheet*. Diabetes is the seventh leading cause of death in the U.S., according to the CDC's National Center for Health Statistics.

"We decided to create a Spanish version of the fact sheet because diabetes is such a serious problem that disproportionately affects Hispanics/Latinos," said Marc Safran, MD, chief medical officer for the CDC's Diabetes Program Branch. On average, Hispanic Americans are almost twice as likely to have diabetes as non-Hispanic Whites of similar age.

Collaborating with the National Council of LaRaza (NCLR), HHS's Office of Minority Health (OMH), Health Resources and Services Administration, and National Insti-

tute of Diabetes and Digestive and Kidney Diseases, the American Diabetes Association, and other government agencies and national organizations, the CDC compiled a comprehensive fact sheet on diabetes that is now available to the public in Spanish.

"Rather than translating our current English-language diabetes fact sheet ourselves, we decided to involve a variety of experts in the process," said Dr. Safran. Therefore, NCLR did the translation, OMH did reverse translation and provided editorial comments, and a team of Spanish-speaking professionals from the CDC reconciled the documents to produce a final Spanish version.

"The wonderful thing about the process is that it enabled collaborating

organizations to channel their efforts into sharing ideas and scrutinizing national information on diabetes," Dr. Safran said. "The organizations then worked in synergy to develop a set of national statistics and information that can subsequently be used by each organization to help tailor unique messages for their own target audiences," he added.

The eight-page fact sheet covers such topics as diabetes prevalence and incidence, complications, costs, and treatment. And it details diabetes information as it relates to Hispanics/Latinos and other U.S. minorities.

To order copies of either the English or Spanish version of the CDC's National Diabetes Fact Sheet, call the Office of Minority Health Resource Center toll free at 1-800-444-6472. ♦

Recruitment...from previous page

tion of Hispanics in the workforce from 2.6 percent in October 1997 to a level of 11.1 percent at the end of year 2005.

The goal of attaining parity in 2005 would apply to all job categories and all organizational entities within CDC/ATSDR and would reflect an annual 1.1 percentage point increase in the proportion of Hispanic employees at the agency.

To reach parity, CDC/ATSDR's recruitment efforts would have to result in an increase in the number of Hispanic employees from the current level of 172 to 721 in year 2005, equalling an average increase of about 69 new Hispanics a year, assuming the successful retention of all Hispanics who are currently employed.

Strategies found to successfully recruit Hispanics include: (1) word of mouth, an extremely important

method, requiring improved support and expansion of employees' personal and professional networks; (2) better use of internships and fellowships that could serve as conduits for the future recruitment of individuals currently enrolled in schools of medicine and other health professions; (3) expansion of current cooperative agreements with the Association of Schools of Public Health, the Association of Teachers of Preventive Medicine, and the Minority Health Professions Foundation to better target Hispanic students or research issues; (4) active participation in the National Internship Program administered by the Hispanic Association of Colleges and Universities; (5) special incentives, such as reimbursement of moving expenses to recruit Hispanics; and (6) implementation of the educational loan deferment and repayment plan

approved in Congress.

Strategies found to retain Hispanic employees include: (1) Hispanic employee advisory groups to address issues that provide Hispanics with a mechanism for increased input, influence, and empowerment; (2) a research agenda that addresses Hispanic health issues, including a closer look at morbidity and mortality in Hispanic populations; (3) long-term communication channels with Hispanic communities; (4) a nondiscriminatory work environment; (5) increase in the number of Hispanic employees in decision-making positions; (6) retention bonuses; and (7) equal access to career development opportunities.

William C. Parra, MS, chairs the CDC/ATSDR workgroup and serves as deputy director of the National Center of Environmental Health. ♦

U.S. Moves to Develop U.S.-Mexico Border Health Commission

By Lou Valdez, MS

In October 1994, the U.S. Congress passed Public Law 103-400, which authorizes the President to conclude an agreement with Mexico to establish a United States-Mexico Border Health Commission (BHC). In Fiscal Year 1998, Congress appropriated \$800,000 to HHS to fund U.S. participation in the Commission, which will target the U.S.-Mexico region that spans California, Arizona, New Mexico and Texas.

The primary goals of the Commission are to institutionalize a domestic focus on border health which can transcend political changes, and create an effective venue for binational discussion to address public health issues and problems that affect the U.S.-Mexico border populations.

Salient Features of the Law

Under U.S. law, the BHC is mandated to:

- Conduct a comprehensive needs assessment in the border area for the purpose of identifying, evaluating, preventing and resolving health problems that affect the general population of the area.
- Implement actions recommended by the needs assessment through assisting in the coordination of public and private efforts to prevent and resolve health problems, and educate the population concerning such health problems in a culturally competent manner.
- Conduct or sponsor investigations, research, or studies designed to identify and monitor health problems that affect the general population in the border area.
- Conduct or support a binational, public-private effort to establish a comprehensive and coordinated system, which uses advanced technologies to the maximum extent possible, for gathering health-related data and monitoring health problems in the border area.
- Provide financial, technical or administrative assistance to public or private persons who act to prevent, resolve, or educate such population concerning such health problems.

Major Challenges

The framers of the legislation believed that the BHC would require significant participation and support from Federal and State representatives of both countries. The Commission has the challenge of bringing together effective

Federal, State and local public and private capabilities and resources in dynamic partnerships to improve the health and well being of border populations through creative multi-sectoral approaches.

Equally important in establishing the BHC is ensuring appropriate and effective Mexican participation, while respecting the various legal jurisdictions and legislative authorities between the Federal and State levels of the U.S. and Mexico. HHS maintains an informal dialogue with Secretariat of Health of Mexico on the creation of the BHC and Mexico's important role. In January 1998, HHS requested the Department of State to explore—with appropriate Mexican government officials—the potential for participation in the BHC. If and when Mexico decides to participate, it may vary widely from the U.S. effort.

The challenge is to develop a commission that is sustainable and meaningful for U.S. and Mexican stakeholders. The BHC must create awareness and political will across a wide constituency about the U.S.-Mexico border, its populations, and environment. It must have sufficient breadth and depth to assure that attention to the border will transcend political change. Through outreach efforts, data collection and analysis, and joint collaborative action based on an agenda developed through a consensus process, the BHC can educate others about the unique challenges at the border. And, the BHC can create a shared commitment among the public and private sector to find solutions that involve collective and coordinated actions by government, non-governmental organizations, and the communities involved.

The BHC should become a forum for tackling critical issues, and developing the necessary resources, e.g., political will, community commitment, technical expertise, and financial resources, to address border needs. To achieve its goals, the BHC must incorporate several key elements into its development/management process. It must have the formal commitment of both political parties in the U.S. Border States, the State governors currently in office, the State commissioners/directors of Health and mayors of border cities. Essential elements for BHC success include effective communication channels, capacity for advocacy, commitment to binational solutions, and sustainable infrastructure.

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The BHC must respect and acknowledge the differences in systems, policies, politics, and cultures between the two countries and across the border States. It is these very differences, as well as the similarities of problems and concerns, that make the U.S.-Mexico border and the Border Health Commission unique.

Composition/Offices

The Secretary of HHS or her designee will serve as chair for the U.S. side of the Commission. The commissioners of health or chief health officers for Texas, New Mexico, Arizona, and California will also serve as Commission members. Two individuals who have demonstrated ties to community-based organizations from each of the states of Texas, New Mexico, Arizona, and California, nominated by the chief executive officer of the respective states and appointed by the President, will complete the U.S. membership.

Staff responsibility for establishment of and support for the BHC has been placed in the Office of International and Refugee Health, Office of Public Health and Science, Office of the Secretary.

The appointment process for the U.S. Commissioners who represent border constituents is underway. A design team of federal and state partners has been selected to help prepare Commissioners, once they are selected and appointed by the President, for the first Border Health Commission meeting.

Lou Valdez, is International Officer for the Americas, Office of International and Refugee Health, HHS. ❖

Closing the Gap is also available on-line.

**Visit our Web site at:
<http://www.omhrc.gov>**

Julio Iglesias Urges Hispanics to Seek Treatment for Depression

Latin singing star Julio Iglesias is speaking up about major depression—a common, life-threatening, but treatable mental illness that affects an average of 3 to 5 percent of all Hispanic Americans over a lifetime. Iglesias is featured in a new radio public service announcement (PSA), recorded in English and Spanish, on depression.

The PSAs were developed by the National Institute of Mental Health (NIMH), and are currently airing in major media markets throughout the country, including 105 stations affiliated with the Hispanic Radio Network (HRN).

Iglesias points out in the PSAs that sometimes people with other major illnesses like heart disease, cancer, and stroke are more vulnerable to becoming seriously depressed. Treating co-occurring depression actually helps people recover from their other diseases and survive longer. “You can help a loved one get treatment for depression and start enjoying life again,” Iglesias says.

The PSAs are part of NIMH’s education campaign which includes a three-minute HRN health show segment describing the symptoms of depression and successful treatments.

As a result of the campaign, nearly 1,000 Spanish-speakers have called NIMH’s toll-free phone numbers each month to order brochures on depression and anxiety disorders.

These efforts to ensure widespread print, broadcast, and electronic dissemination of information on mental disorders are just one aspect of NIMH education programs that assign high priority to reaching diverse Hispanic communities and other

minorities, as well as the general public. In addition to this radio PSA campaign, the Depression and Anxiety Disorders Education Programs have developed collaborations with private sector organizations and other government agencies, vastly increasing outreach to Hispanic communities nationwide.

This outreach has included the development of work site education programs and the creation of a network of organizational partners to help plan and carry out communications at the local level. Order forms offering Spanish-language brochures on depression and anxiety were placed in grocery stores in many Hispanic neighborhoods.

Collaboration within the National Institutes of Health resulted in recent articles on depression and panic disorder that were highlighted in *Pro Salud*, a free insert for established Spanish-language newspapers and magazines. The publication appears in the seven major markets where more than 60 percent of Spanish-speaking people in the U.S. reside.

NIMH invites people to call 1-800-421-4211 to request depression materials, or call 1-88-88-ANXIETY for information in Spanish or English on anxiety disorders, including panic and obsessive compulsive disorders.

Spanish speakers may also choose to view Spanish information materials and order them from the National Institute of Mental Health Web site. Click on Public Information on the first page of <http://www.nimh.nih.gov>. The Office of Minority Health Resource Center also has a catalog of NIH materials in Spanish, including information from NIMH on panic disorder and depression. Call 1-800-444-6472. ❖

OMH Funds Hispanic Programs Through Cooperative Agreements

By Jean Oxendine

The Office of Minority Health (OMH) supports a number of cooperative agreements that focus on Hispanic populations. Through these cooperative agreements, OMH assists in launching research and demonstration projects. Multi-project cooperative agreements are regularly funded by OMH and other partners within HHS as a means of collaborating on joint ventures. OMH supports the following projects through its cooperative agreements:

Aspira Association, Inc.: This cooperative agreement enhances activities relevant to education, health promotion and disease prevention, and family and youth violence prevention with the ultimate goal of improving the health status of minorities and disadvantaged people.

Interamerican College of Physicians and Surgeons (ICPS): OMH supports Hispanic partners in projects that encourage Hispanic high school students to remain in school and pursue careers in the health professions; develop a database of Hispanic researchers; produce a Hispanic health-related magazine; develop a Hispanic health care providers' directory; establish a Hispanic consortium on mental health; and support a Hispanic biomedical conference.

National Coalition of Hispanic Health and Human Services Organizations (COSSMHO): This agreement provides a training and technical assistance center on cultural competency for Hispanic community-based organizations; and supports a national prenatal hotline to encourage women to access prenatal care.

National Council of La Raza: This cooperative agreement aims to increase awareness of health issues among Hispanics by extending and improving health education, prevention, and promotion of activities; improving access to health services; enabling community-based organizations to play an expanded role in preventive health efforts; and developing a national Latino focused diabetes education program.

Inter-University Program for Latino Research (IUPLR): This new agreement will assist IUPLR to expand and enhance its activities relevant to health issues affecting the

Hispanic community in areas such as health promotion, illness prevention, health services research, educational, and research training activities. Future activities will focus on programs and policies that aim at improving the overall health of Hispanics in order to eliminate health disparities that exist between them and other populations.

Hispanic Association of Colleges and Universities (HACU): This agreement focuses on expanding and increasing opportunities for member colleges and universities to participate in HHS programs. During 1998, it was used to place 35 HACU interns within HHS. Additionally, this cooperative agreement is being used to launch a capacity-building initiative targeting 10 Hispanic Serving Institutions (HSI). The initiative will focus on building the capability of HSIs' Offices of Sponsored Programs to compete for HHS research and grant awarding projects. This will be a joint OMH and NIH project.

National Hispanic Religious Leaders Partnership (NHRLP): This agreement will focus on increasing NHRLP's capacity to partner with HHS to improve the health status of Hispanics. Project activities will target access to health care, cultural competency, mental health, child abuse and youth health issues, and substance abuse and prevention.

National Latino Children's Institute (NCLI): This agreement will focus on improving the general welfare of Latino children in the U.S. The program will target health promotion, disease prevention, and education. Future projects are expected to include programs and policies that strive to eliminate health and socioeconomic disparities that affect Hispanic children.

National Hispanic Medical Association (NHMA): This new agreement will serve to build the capacity of NHMA to participate in Federal programs. Project activities will address issues such as: access to health care, health promotion and disease prevention, medical research, medical and faculty recruitment, and cultural competence curriculum.

For further information on these and other OMH cooperative agreements, please call (301) 594-0769.❖

Latinos Need Culturally Appropriate Smoking Cessation Programs

By Jennifer Brooks

Latinos who smoke have different attitudes and beliefs than non-Latino Whites when it comes to smoking, according to a study by the Agency for Health Care Policy and Research (AHCPR) published in a recent issue of the agency's newsletter, *Research Activities*. The study suggests public health media programs should encourage Latinos to quit smoking cigarettes based on those attitudes and beliefs.

According to the study, Latinos most often quit smoking because of criticism from family members, concern about the children's health, and a desire to set a good example for their children, while Whites were more often concerned about their own health and desire to achieve the difficult goal of quitting smoking.

Therefore, according to Eliseo J. Perez-Stable, MD, "if the goal of public health media programs is to encourage Latinos to quit smoking cigarettes, they should emphasize quitting for the sake of the family's health and decrease emphasis on

quitting to improve personal health." Dr. Perez-Stable is co-director of the AHCPR-supported MEDTEP Research Center for Diverse Populations at the University of California, San Francisco.

The study also revealed that Latinos were more likely than Whites to believe tobacco is not addictive. Whites were more likely than Latinos to continue smoking to avoid gaining weight.

Dr. Perez-Stable suggests physicians should focus on maintenance of the family's health and personal appearance, as opposed to personal health, to increase Latino patients' motivation to quit smoking.

The AHCPR study involved a random survey of 312 Latino smokers and 354 non-Latino Whites age 18-65 who resided in the San Francisco area. A detailed report of the findings, "Ethnic comparison of attitudes and beliefs about cigarette smoking," by Dr. Perez-Stable, et al., can be found in the March 1998 issue of the *Journal of General Internal Medicine*. ♦

Hispanic Scholarship Guide

Vista, the nation's largest Hispanic magazine, has joined hands with Chrysler Corporation to develop college financial assistance opportunities for Hispanics seeking higher education.

The guide lists three main sources of financial assistance based on need and merit: federal government, colleges and universities, and private institutions. And it provides information on Pell Grants, Supplemental

Educational Opportunity Grants, Perkins Loans, Guaranteed Student Loans, Parents' Loans for Undergraduate Students, and College Work-Study Programs.

For more information or to order a copy of the guide, contact Vista magazine at 999 Ponce de Leon Blvd., Ste. 600, Coral Gables, FL 33134, (305) 442-2462. Or, browse its Web site at www.HispanicScholarships.com. ♦

In the News...

• **New Director**—After serving as advisor on regional and minority women's health for the Office on Women's Health, HHS, Elena Rios, MD, MSPH, is leaving to be the new executive director for the National Association of Hispanic-Serving Health Professions Schools. Established by HHS in response to President Clinton's 1996 executive order, "Educational Excellence for Hispanic Americans"—part of HHS's Hispanic Agenda for Action—the association represents 17 medical schools around the country. Dr. Rios concurrently serves as president of the National Hispanic Medical Association.

• **White House Reports Re-leased on President's Race Initiative**—Two reports related to the President's Initiative to Eliminate Racial and Ethnic Health Disparities are now available on the White House Web site at, www.whitehouse.gov. The reports are the *Race Advisory Council's Report to the President*, which contains the Council's findings and recommendations; and the Council of Economic Advisors report, *Indicators of Social and Economic Well Being*. The reports were released on September 18, 1998, by the White House. ♦

FDA Supports HAA, Develops Diversity Databank

By Rosamelia Lecia

Development of a Diversity Databank is just one of the ideas the U.S. Food and Drug Administration (FDA) has pursued in support of the Hispanic Agenda for Action (HAA). It helps the FDA—the world’s oldest and most respected consumer protection agency—identify scientists and professionals from Hispanic and other underrepresented groups for employment within the agency.

Located in the Office of the Commissioner since its establishment in 1995, the Diversity Databank is an integral part of FDA’s vision, “To provide superior public service by developing, maintaining and supporting a high-quality, diverse workforce,” said Dr. Jonca Bull, special assistant to the Commissioner. The databank assists FDA managers in identifying qualified minority professionals seeking full- and part-time employment, as well as candidates for membership on FDA advisory committees and boards.

With the support and collaboration of FDA offices in Human Resources and Management Services, External Affairs, and the Office of Equal Opportunity and Civil Rights, the Diversity Databank maintains an active outreach program with minority professional organizations and academic institutions.

Candidates in the Diversity Databank have granted FDA permission to include information that will allow the agency to monitor applications from underrepresented groups.

However, submission of a résumé or curriculum vitae to the Diversity Databank does not constitute an application for employment which requires responding to a specific FDA vacancy announcement.

Increasing Consumer Representation

FDA actively recruits minorities, women, and people with disabilities to serve on its advisory committees. Consumer representatives serve on 32 chartered advisory committees and 16 panels, and the disciplines they represent vary. They include consumer advocates, college professors,

lawyers, nurses, physicians, microbiologists, biologists, pharmacists, engineers, and veterinarians.

The primary roles of advisory committees are to provide independent expert scientific advice in the evaluation of regulated products. They also help the agency make sound decisions based upon the reasoned application of good science.

“Public participation is an integral and vital component to FDA’s decision-making process,” said Charles Gaylord, acting associate commissioner for consumer affairs. “Consumers who serve on the Agency’s advisory committees provide a point of view that is necessary to ensure a proper balance with industry and scientific views.”

Consumer representatives have important roles in committee deliberations. Their role is to lead discussions on key issues from the perspective of consumers while the other committee members focus on issues from the perspective of scientists and clinicians. Consumer representatives serve as special government employees for terms lasting from two to four years. Appointees must comply with conflict of interest and other government requirements.

HAA Activities

FDA also supports the HAA through conference participation, student recruitment and training and special outreach efforts, including follow-up regional meetings from the

September 1996 HHS Hispanic Health Symposium (see story on page 14).

One key has been the involvement of FDA’s senior management, who have been thoroughly briefed on the overall scope of HAA and the development of recruitment initiatives for addressing underrepresentation of Hispanics at the agency.

FDA supported and participated in conferences, discussing such issues as HAA, tobacco, recruitment, mentoring, and public participation at FDA. The confer-

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“FDA’s vision is to provide superior public service by developing, maintaining and supporting a high-quality, diverse work force.”

ences included the National Coalition of Hispanic Health and Human Services Organizations, National Council of La Raza, League of United Latin American Citizens, IMAGE, National Hispanic Medical Association, Hispanic Association of Colleges and Universities (HACU), and the Society for the Advancement of Chicanos and Native Americans in Science.

FDA also hired four HACU interns over the past three years and provided support to the InterAmerican College of Physicians and Surgeons' Summer Youth Program. Approximately 200 students visited FDA and were provided information on job opportunities, tobacco, food safety and FDA's responsibilities.

The agency is expanding outreach regarding its vacancy opportunities by advertising in publications such as *Hispanic Business* magazine. FDA is also sponsoring a two hour seminar, "Merging Paradigms: Cross-Cultural Mentoring Perspectives" as part of Hispanic Heritage Month.

To apply to be a member of an advisory committee, submit a resumé with cover letter to FDA, Office of Consumer Affairs, 5600 Fishers Lane, Room 16-85, Rockville, MD 20857. Individuals who would like more information should call (301)827-5006.

For more information on the Diversity Databank, contact Dr. Jonca Bull, MD, Special Assistant, Office of the Commissioner, 5600 Fishers Lane, Room 14B-03, Rockville, MD 20857, or call (301) 827-3350.

The Diversity Databank Web site is www.fda.gov/diversity. Our Web site provides up-to-date information on current FDA job openings as well as a link to the Resumix site, which provides help in resumé preparation.

Rosamelia Lecia is director of FDA's Office of Equal Opportunity and Civil Rights. ❖

Hispanic Research Reviews

By Paul Johnson

As part of the Secretary's Hispanic Agenda for Action, the Assistant Secretary for Planning and Evaluation (ASPE) has the lead role for coordinating research, demonstrations, and evaluations (RD&E) that affect Hispanics.

Last year, the ASPE initiated a process for reviewing the HHS's Hispanic/Latino RD&E efforts in selected programs or service delivery areas. Syntheses of Department-supported RD&E projects are now being prepared on three topics:

- Culturally-relevant definitions of health and illness and implications for cultural competency in the health professions and training;
- The impact of realignment and

reaggregating of State and community social services on Hispanic/Latino families; and

- The role of managed care in expanding access to care for Hispanic/Latino families and their children.

The purpose of each topical review is to identify areas of new knowledge and possible gaps to be filled in future research agendas. Plans are to complete the reviews in 1999.

The leader of the project is Dr. Robert Valdez, National Research Director of the Inter-University Program for Latino Research, at the University of Texas at Austin.

For more information, contact Paul Johnson, ASPE project officer, at (202) 401-8277; pjohnson@osaspe.dhhs.gov. ❖

Ohio Commission Invests in Latino Health

The Ohio Commission on Minority Health has more than a half-million dollars invested in the Latino community through its grants programs.

A total of \$458,538 in demonstration and lupus grants targeting Latinos have been awarded during 1998 and 1999 to the:

- Hispanic Urban Minority Alcoholism and Drug Abuse Outreach Program for conducting a family violence prevention project;
- Rural Opportunities, Inc. for administering a systemic lupus erythematosus grant, and a demonstration grant to conduct substance abuse and violence prevention education for migrant and seasonal farmworkers ages 12 to 21; and
- Burdman Group, Inc., for a domestic violence prevention grant.

In addition, the Commission is launching a \$150,000 Hispanic/Latino Health Initiative to improve the delivery of health services to Ohio's

second largest minority population.

"There are numerous civic, social and cultural organizations in the Latino community, but few health-related provider agencies," noted Commission Executive Director Cheryl Boyce. "A lack of Latino health organizations has made it difficult for the Commission to develop strategies to reach Ohio's Spanish-speaking community."

For this upcoming year, the Ohio initiative will focus on:

- bilingual and bicultural health literature addressing risk reduction and diseases and conditions which disproportionately affect the Hispanic/Latino population;
- services targeting the needs of the community; and
- advocacy efforts which address issues of statewide concern.

For more information, contact the Ohio Commission on Minority Health at (614) 466-4000, or e-mail Cheryl Boyce at: cmb_boyce@ohio.gov. ❖

Implications of New Age Adjustment Standard on Racial/Ethnic Health Disparities

By Olivia Carter-Pokras, PhD

As of September 1, 1998, HHS agencies and programs that use age-adjusted* death rates must change the population standard they use from the year 1940 base to the year 2000 projections from the Bureau of the Census. This new standard, which will be applied to adjusted numbers, ratios, and rates of death for 1999 and beyond, has important implications for assessing the relative health of racial and ethnic minorities. Compared to the age-adjusted rates using the old 1940 standard, use of the new standard may give the appearance that disparities in mortality have been significantly reduced.

Age-adjusted death rates are widely used by Federal and state health agencies and programs to measure trends and differentials in the risk of death over time and among population groups and geographic areas. The rates are summary measures, or averages, across all age groups, which are free from the distorting effects of differences in age distributions among comparison groups. Age-adjusted death rates are indices rather than direct measures of mortality, and should be used only when examining trends or comparing population groups. Also, in detailed analyses of health, age-adjusted death rates should be supplemented with rates specific for age.

Before the new policy was implemented, HHS agencies used several different population standards to produce age-adjusted death rates. This created confusion among data users, such as the media, and imposed a burden on State and local data users who must produce several data series in order to be consistent with Federal data. Use of the new standard will produce mortality data that are uniform throughout the Department, and that are more consistent with the current population structure (older) than the 1940 population standard (younger) that it replaces. In addition, it will reduce the statistical burden on State and local health agencies, and result in more effective communication with the public. Although researchers are generally required to use the new HHS standard, they may use other appropriate standards if a rationale is given.

When describing the disparities in mortality that racial and ethnic minorities experience, it is important to understand the impact of the change in age-adjustment standard. The National Center for Health Statistics (NCHS) has

*A single number or rate is calculated for comparison groups that takes into account differences in the age distribution between the two groups.

found in preliminary analyses that the size of the mortality disparity between Blacks and Whites, and between Hispanics and non-Hispanics, will be affected. The changing population standard will also likely affect mortality differentials for other racial and ethnic minority groups although the effects may be different from that for the Black population.

The mortality race ratio for the Black and White populations in 1995 is reduced by a third from 1.6 using the 1940 standard to 1.4 using the year 2000 standard. Since Blacks tend to be a younger population than Whites, the effect of the change from using a younger 1940 population standard to using an older 2000 population standard will differ for Blacks than Whites. The mortality ratio is highest for 0 to 24 year olds, where Blacks have twice the death rate of Whites. For those 65 years of age and older, the mortality ratio is 1.1. The reduction in the overall (all ages combined) mortality ratio from the 1940 to the year 2000 standard reflects the greater weight that the year 2000 standard gives to the older population, where race differentials in mortality are smaller. The single ratio of age-adjusted rates masks the important age-specific differences in the mortality race ratio.

Will our ability to monitor mortality trends be compromised?

How does the change in the new standard affect our ability to monitor trends in mortality over time? While the magnitude of the mortality race ratio is affected by the change in standard, the trend in the ratio over time when the same standard is used is not seriously affected. The trends in the mortality race ratio based on both the 1940 and 2000 standards are nearly parallel. The *widening or narrowing of the race gap in mortality will be approximately the same when the same standard is used*, even if the magnitude of the gap itself is different.

What can you do?

OMH and NCHS recommend that you:

- Encourage researchers analyzing mortality data by race and ethnicity to present their data by race/ethnicity and age (i.e., age-specific rates), not just adjusted for age.

continued on next page

Salud para su Corazón: A Model for Heart Health

Salud para su Corazón (Health for your Heart), an innovative community-based outreach initiative of the National Heart, Lung, and Blood Institute (NHLBI), aims to increase awareness, knowledge, and promote heart-healthy lifestyles among low income, low acculturated, and less educated Latinos 18-54 years of age.

“We targeted Latinos because their current lifestyles and poor access to health information, services, and screening increase their risk for developing heart disease—the number one killer of Latinos, as well as all Americans,” according to Matilde Alvarado, RN, MSN, of NHLBI’s Office of Prevention, Education, and Control.

Salud was shaped by social marketing principles, core cultural values of Latinos, and formative research. In addition, an alliance of community business and health leaders was integrated into all aspects of the initiative. Program strategies included the development of educational materials for both print and mass media distributed through various community channels such as mass media, churches, clinics, doctor’s offices, health fairs, parents’ groups, and public health programs.

“These strategies were selected with the understanding that activities would be organized and carried out where people live, work, socialize, and worship in order to have the greatest impact for encouraging behavior

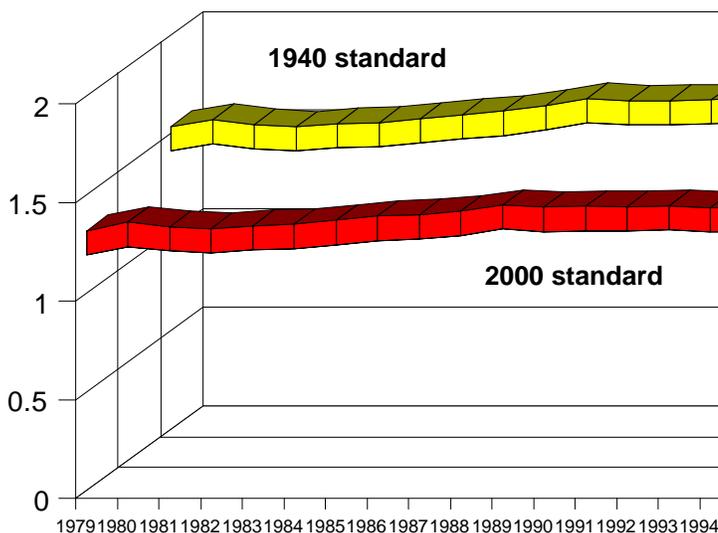
change,” Alvarado said. *Salud* was pilot tested in metropolitan Washington, DC’s Latino community. There, the initiative significantly raised the awareness, knowledge, and intention to change behavior among intended audience, she added.

Materials and strategies are available to replicate, and the toll-free phone number may be publicized in order to bring heart health to Latino communities across the nation.

For more information, contact the NHLBI Information Center at (301) 251-1222. Visit the Latino Cardiovascular Health Resources at the NHLBI Web site at <http://www.nhlbi.nih.gov>. Or for a complementary copy of a set of eight easy-to-read bilingual brochures on heart health, call 1-800-282-9126. ❖

Age...from previous page

Mortality race ratio based on 1940 and year 2000 standard populations: U.S., 1979-1994



Race ratio = ratio of age-adjusted death rates for the Black population to that for the White population.

- Use age-specific rates when discussing racial and ethnic disparities in mortality.
- If an age-adjusted rate or ratio has to be used to describe racial and ethnic disparities in mortality, make sure that users understand the impact of the change in the age-adjustment standard and supplement age-adjusted rates or ratios with age-specific rates.
- When comparing age-adjusted rates or ratios over time, make sure the same standard is used throughout.
- Encourage research on the impact of the new standard on mortality rates and ratios for Hispanic subgroups as well as American Indians/Alaska Natives, and Asian Americans/Pacific Islanders.

Dr. Olivia Carter-Pokras is director of the Division of Policy and Data, Office of Minority Health. ❖

National Hispanic Health Symposium and Regional Meetings

By Jean Oxendine

To ensure that the Hispanic Agenda for Action (HAA) receives community review, and to ensure that all Department of Health and Human Services (HHS) regions conduct activities that support the HAA, Secretary Shalala called for a National Hispanic Health Symposium to precede the Hispanic Heritage Month celebration in 1997.

The symposium, "Building a Healthy Nation," was convened by HHS from September 11-13, 1997, in Los Angeles, CA. The National Coalition of Hispanic Health and Human Services Organizations (COSSMHO), under a cooperative agreement with HHS, organized the logistics for the symposium.

The meeting brought together more than 500 HHS officials and Hispanic community-based leaders. This group jointly reviewed existing HHS plans for addressing the needs of Hispanic customers, discussed program models, and developed regional action plans. The level of community and federal participation in the Symposium represented a landmark in HHS' history of Hispanic initiatives.

The National Hispanic Health Symposium was a working meeting, with the first day consisting of senior HHS officials and community leaders participating in executive discussions that explored current issues and HHS plans for meeting the needs of Hispanic customers.

The second day was devoted to regional meetings in which participants decided how to examine the nine areas of the HHS Hispanic Agenda for Action (see article on front page). Some regions made recommendations under all nine areas, some chose to prioritize areas for immediate action, while other regions chose to identify priority issues and make recommendations that cut across the nine HAA areas.

The report that resulted lists broad regional recommendations. Regions are currently developing a process for updating the recommendations and setting priorities and time frames for implementation. A series of more detailed region-specific recommendations to guide the implementation of the HHS Hispanic Agenda for Action is currently being developed as well.

To date, eight of the ten regions have held official meetings with community-based organizations, while the other two regions are in the process of planning their meetings.

The following are descriptions of two of the regions that reported these recommendations as this issue of *Closing the Gap* went to press.

Region III Meeting

On July 22, 1998, a regional meeting was held in Philadelphia. Region III representatives (Delaware, Maryland, Pennsylvania, Virginia, West Virginia, and the District of Columbia) reviewed recommendations and discussed community needs and ways in which these needs can be addressed regionally. The meeting was organized by the Consortium for Latino Health.

This meeting was the first step at building a strong network within Region III between Latino and community-based groups and HHS.

Each agency within HHS presented information and a review of its mission. In the afternoon, community leaders described the major health issues affecting Latinos in their communities.

The group touched on many of the suggestions from the symposium and offered a few new suggestions including:

- using money from HMO's for reimbursement of health education for chronic diseases in Latino populations;
- using Hispanic media as a tool to educate the community about alternative medicine;
- inviting and including State representatives and other local government representatives to future meetings.

They also listed a series of "next steps", such as encouraging community based organizations to work with HHS to implement recommendations, and planning follow-up meetings between local Latino community-based organizations and Region III representatives.

Region VI Meeting

On August 20 and 21, 1998, Region VI conducted a two day meeting as a follow-up to the National Hispanic Health Symposium. All operating divisions in Region VI participated, with presentations outlining the agencies' missions and goals and their relationships to the Hispanic community. Additionally, staff was available to talk one-on-one

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Civil Rights Office Promotes Health Care Access

By Jean Oxendine

Improving access to care for Hispanic populations was the focus of two conferences sponsored this fall by the Office for Civil Rights (OCR), Region III, in Philadelphia. "The 'Opening Doors to Health Care for Latinos' conferences were an extension of HHS's Hispanic Agenda for Action and our outreach efforts to the community," said Kristina Chelius, outreach coordinator.

The first conference, held September 9 in Philadelphia, drew people from Delaware, Pennsylvania, and West Virginia. The second was held October 7 in Washington, DC, with participants from Washington, DC, Maryland, and Virginia. The conferences aimed to bring together Hispanic community agencies and health care providers to discuss issues Hispanic consumers face in trying to gain access to health care.

"For the past three and a half years, OCR has been active as a member of the team in outreach to Hispanics," said Chelius. OCR developed a Hispanic Community Outreach Program in February 1995. Through this project, it meets with state, local, and community-based agencies to discuss civil rights issues involving service delivery to Hispanics. OCR provide information on the responsibilities of health and social service providers to persons with limited English proficiency. These free workshops are conducted in English and Spanish. OCR has given more than 35 presentations to Hispanic community agencies in Pennsylvania, Delaware, Virginia, Maryland, and Washington, DC.

The two fall sessions offered cultural awareness training for health professionals, focusing on the impor-

ance of cultural awareness, interpreter training, and how to use services like the AT&T Language Line in clinical settings. Attendees included Latino community agencies, health care providers, state health representatives, and health insurance representatives, among others.

The conferences provided an opportunity for health care providers, community organizations and OCR to work together to identify and understand the obstacles encountered by Latinos in accessing health care, and in developing practical and effective ways of addressing those obstacles.

For additional information on the Region III OCR's outreach efforts to Hispanics, please call Krisitna Chelius at (215)861-4432; or contact Marlene Rey at (215) 861-4447. ♦

Symposium...from previous page

with community representatives from New Mexico, Arkansas, Oklahoma, and Texas. A total of 81 community members attended the conference.

During day two of the meeting, the group identified key issues and areas in which to review and prepare goals. Additionally, to assist the group in covering the entire region, they divided the Region into five districts to review, plan, and implement short- and long-term goals.

Other regions are planning meetings to follow up recommendations from the September 1997 Symposium. Updates on regional activities and progress toward symposium goals are available on the COSSMHO Web site at: www.cossmho.org. ♦

"Corazón de Madre" 1999 Immunization Calendar

A 1999 Immunization Pocketbook Calendar is now available to help Hispanic mothers keep their infants on schedule with their vaccinations. The bilingual calendar, "Corazón de Madre," (Mother's Heart), is illustrated by Latino artists who capture their interpretations of a mother's love for her child, along with an inspirational message and gentle reminder, "Vacúnelo a Tiempo, Todo el Tiempo" (Vaccinate on Time, Every Time).

Calendars may be ordered in quantities of 100, 500, and 1,000 by calling (202) 342-0676. These calendars are free but a postage and handling fee will be charged. Individual copies can be obtained free of charge by calling the Office of Minority Health Resource Center at 1-800-444-6472.

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Closing the Gap

Conferences/Meetings: Oct.-Dec. 1998

**Join us in Celebrating
Hispanic Heritage Month
September 15-October 15 1998 !**

Oct. 8-11: National Conference of Society for Advancement of Chicanos and Native Americans in Science, in Washington, DC. Call (408) 459-3747.

**National Healthy People
Consortium Meeting**

*"Building the Next Generation of
Healthy People"*

November 12-13, 1998
Capitol Hilton, Washington, D.C.

Call 1-800-FOR-HP2K
(1-800-367-4725).

Oct. 22-24: 4th Annual Minority Health Conference of the National Rural Health Association, held in Albuquerque, NM. Contact: (816) 756-3140.

Oct. 28-30: 13th Annual Symposium held in Arlington, VA, sponsored by Center for Clinical Quality Evaluation. Call: (202) 833-3043.

Oct. 29-Nov. 1: U.S. Conference on AIDS, "Til It's Over," held in Dallas, TX, sponsored by National Minority AIDS Council. Call: (202) 483-6622.

Nov. 5-8: 8th Annual Midwest Farmworker Stream Forum held in San Antonio, TX, sponsored by National Center for Farmworker Health. Contact: (512) 328-7682.

Nov. 15-17: Annual Conference of the National Association of Social Workers, held in Boston, MA. Contact: (202) 336-8674.

Dec. 5-9: 10th Annual Conference of the National Association for Native American Children of Alcoholics, held in Tulsa, OK. Contact: 1-800-322-5601.

Nov. 15-19

126th Annual Conference of the American Public Health Association, held in Washington, D.C.
Contact: (202) 789-5670.

Visit the Office of Minority Health at
Booth #726 and 728 !