

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary for Health; Notice on Availability of Funds and Request for Applications for Bilingual/Bicultural Service Demonstration Projects in Minority Health

AGENCY: Office of Minority Health, Office of the Assistant Secretary for Health.

ACTION: Notice of availability of funds and request for applications for bilingual/bicultural service demonstration projects in minority health.

AUTHORITY: This program is authorized under section 1707(d)(1) of the Public Health Service Act, as amended in Public Law 101-527.

PURPOSE: To provide support to improve the ability of health care providers and other health care professionals to deliver linguistically and culturally competent health services to limited-English-proficient populations.

APPLICANT ELIGIBILITY: Eligible applicants are public and private nonprofit minority community-based organizations or health care facilities serving a targeted minority community.

ADDRESSES/CONTACTS: Applications must be prepared on Form PHS 5161-1 (Revised July 1992 and approved by OMB under Control Number 0937-0189). Application kits and technical assistance on budget and business aspects of the application may be obtained from Ms. Carolyn A. Williams, Grants Management Officer, Office of Minority Health, Rockwall II Building, Suite 1000, 5515 Security Lane, Rockville, MD 20852, (telephone 301/594-0758) or by Internet E-mail cwilliams@oash.ssw.dhhs.gov. Completed applications are to be submitted to the same address.

Technical assistance on the programmatic content for the Bilingual/Bicultural Grants may be obtained from Ms. Nina Darling or Ms. Rizalina Galicinao. They can be reached at the Office of Minority Health, Rockwall II Building, Suite 1000, 5515 Security Lane, Rockville, MD 20852, (telephone 301/594-0769) or by Internet E-mail ndarling@oash.ssw.dhhs.gov or rgalicin@oash.ssw.dhhs.gov.

In addition, OMH Regional Minority Health Consultants (RMHCs) are available to provide technical assistance. A listing of the RMHCs and how they may be contacted is provided in the grant application kit. Applicants

also can contact the OMH Resource Center (OMH/RC) at 1-800-444-6472 for health information and generic information on preparing grant applications.

DEADLINE: To receive consideration, grant applications must be received by the Grants Management Office by May 15, 1995. Applications will be considered as meeting the deadline if they are either:

- (1) Received at the above address on or before the deadline date, or
- (2) Sent to the above address on or before the deadline date and received in time for orderly processing. Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing. Applications submitted by facsimile transmission (FAX) will *not* be accepted. Applications which do not meet the deadline will be considered late and will be returned to the applicant unread.

AVAILABILITY OF FUNDS: It is anticipated that in Fiscal Year 1995, the Office of Minority Health will have approximately \$1.3 million available to support approximately 13 grants of up to \$100,000 each under this program. At least three grants focusing on HIV/AIDS as a health problem will be funded under this announcement.

PERIOD OF SUPPORT: Support may be requested for a total project period not to exceed 3 years. Non competing continuation awards will be made subject to satisfactory performance and availability of funds.

BACKGROUND: The Office of Minority Health is the unit of the U.S. Department of Health and Human Services that coordinates Federal efforts to improve the health status of racial and ethnic minority populations, including American Indians, Alaska Natives, Asian Americans, Pacific Islanders, African Americans and Hispanics/Latinos. With the passage of the Disadvantaged Minority Health Improvement Act (Pub. L. 101-527), the OMH was established in legislation and given a broad mandate to advance efforts to improve minority health including supporting research, demonstrations and evaluations of new and innovative programs that increase understanding of disease risk factors and support improvement in information dissemination, education, prevention and service delivery to minority communities. The OMH was also directed to develop appropriate planning, logistical support, and

technical assistance related to increasing the capabilities of health care providers and other health care professionals to address cultural and linguistic barriers to effective health care service delivery, and to increase access to effective health care for limited-English-proficient minority populations [Pub. L. 101-527, section 1707(b)(7)].

Social, cultural and linguistic barriers on the part of both providers and clients significantly affect the receipt of needed health care. Among the many factors contributing to the poor health status of limited-English-proficient minorities are:

- Inadequate number of health care providers and other health care professionals skilled in culturally competent and linguistically appropriate delivery of services;
- Scarcity of trained interpreters at the community level;
- Deficiency of knowledge about appropriate mechanisms to address language barriers in health care settings;
- A lack of culturally appropriate community health prevention programs;
- Absence of effective partnerships between major mainstream provider organizations and limited-English-proficient minority communities;
- Low economic status;
- Lack of health insurance; and
- Organizational barriers.

This RFA specifically addresses the barriers that limited-English-proficient minority populations face when trying to access health services.

In the 1990 U.S. Census, language questions asked were (1) Whether respondents speak another language at home, (2) how well they speak English (for those who answered yes to the first question), and (3) which language they speak at home. The census data indicates that 31.8 million persons ages 5 and above (13.8 percent of the total U.S. population counted by the 1990 census) spoke another language at home. Of those, 17.9 million people reported that they speak English very well. Almost 2 million people (1.8 million) do not speak English at all. An additional 4.8 million people do not speak English well.

Large numbers of minorities in the United States are linguistically isolated—living in households in which no one 14 years old or over speaks English and no one who speaks a language other than English speaks English “very well.” The 1990 Census found 1,572,006 Asian and Pacific Islanders at least 5 years of age to be linguistically isolated. The percent of Asian and Pacific Islanders who are linguistically isolated varies by

subgroup—ranging from 9.7% among Filipinos to 59.8% among Hmong. Among Pacific Islanders, Tongans had the highest proportion of persons who were linguistically isolated (18.7%). More than four million Hispanics are linguistically isolated (4,548,677 or 23.8%). Central Americans (40.3%) and Dominicans (39.6%) are the most likely to be linguistically isolated. Among Blacks, 282,147 (0.9%) are linguistically isolated. Among American Indians, Alaska Natives, 77,802 (4%) are linguistically isolated.

Definitions

For purposes of this grant announcement, the following definitions are provided:

(1) **Minority Populations**—As defined by the Office of Management and Budget (OMB) Circular No. 15, include: Asian/Pacific Islanders, Blacks, Hispanics, and American Indian/Alaska Native.

(2) **Limited-English-Proficient Populations**—individuals, as defined above (1), with a primary language other than English who must communicate in that language if the individual is to have an equal opportunity to participate effectively in and benefit from any aid, service or benefit provided by the health provider.

(3) **Minority Community-Based Organization**—a public or private non-profit community-based minority organization or a local affiliate of a national minority organization that has a governing board composed of 51% or more racial/ethnic minority members, has a significant number of minorities in key program positions, has an established record of service to a racial and ethnic minority community.

(4) **Health Care Facilities**—for purpose of this announcement, a health care facility is a public nonprofit facility that has an established record for providing a full range of health care services to a targeted racial and ethnic minority community. Facilities providing only screening and referral activities are not included in this definition. A health care facility may be a hospital, outpatient medical facility, community health center, migrant health care center, or a mental health center.

(5) **Community**—a defined geographical area in which persons live, work, and recreate, characterized by: (a) formal and informal communication channels; (b) formal and informal leadership structures for the purpose of maintaining order and improving conditions; and (c) its capacity to serve as a focal point for addressing societal needs, including health needs. A community should be an appropriate

catchment area in which to address a population's social and health needs.

(6) **Bilingual Direct Services**—any activity that delivers person to person health care/health promotion services which is linguistically and culturally appropriate to limited-English-proficient clientele, including, for example, translation and interpreter services and health education course taught bilingually.

(7) **Cultural Competency**—a set of interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. This requires a willingness and ability to draw on community-based values, traditions, and customs and to work with knowledgeable persons of and from the community in developing focused interventions, communications, and other supports. (Orlandi, Mario A., 1992)

Potential Projects/Activities

A broad range of approaches may be used to respond to this proposal. However, the projects should concentrate on activities to improve the ability of health care providers and other health care professionals to deliver linguistic and culturally competent health services to limited-English-proficient populations. A proposed program may include, but is not limited to:

- language and cultural competency training for health care professionals;
- bilingual health access or health promotion information in the native language of the target population(s);
- on-site interpretation services; and
- trainer development courses on cultural competency.

Organizational Linkages

Project goals should promote access to direct services for limited-English-proficient minority populations by providing continuity of support to clients for outreach, referral and treatment. Linkages must be established between minority community based organizations and appropriate health care facilities. The minority community-based organizations and the health care facilities must reach out and work with each other to ensure that limited-English-proficient persons are in receipt of appropriate health care services. Thus, the applicant, either the minority community-based organization or the health care facility must have an established linkage with the other organization prior to submitting an application.

Application Process

Applicants should pay particular attention to the general and supplemental instructions provided in the application kit to ensure that their applications are responsive to each of the concerns under the following headings:

Background

Provide a description of the problem to be addressed; clearly identify the scope of the problem including linguistic/cultural barriers; the limited-English-proficient minority target group(s) affected; health issues; and the pertinent geographic area/subarea. Provide documentation supporting the serving of at least 40 percent or more persons with limited-English proficiency.

Cite the capability and experience of the organization to provide linguistic and culturally competent health care services.

Goal(s) and Objective(s)

Clearly state the goal(s) of the project. Provide a list of specific, time-phased, measurable objective(s), including target dates.

Methodology

A project management plan must be included which delineates project activities specifying responsible parties, methods to be used, timelines, and anticipated outcomes. Project activities must be linked to goal(s) and objective(s). Indicate the organization's capability to collaborate with other health care providers and health care professionals to effectively reach the target population. Describe the linkage between the organization and the applicable minority community-based organization/health care facility.

Personnel/Management

Describe duties, reporting channels, requisite qualifications, and related experience of personnel who will be responsible for carrying out the project. Resumes and curriculum vitae of key personnel must be provided. Describe management capability and experience of proposed grantee organization.

Evaluation

Specify the approach and provide an example of data collection instruments that will be used to measure accomplishment of objectives; the evaluation should include both process and outcome measures. Provide a concise analysis of how the project will result in a sustained impact on reducing the problem of access to bilingual/bicultural health care services. Provide

information on how the project will be sustained beyond the funding period and the degree that the project can be replicated.

Budget

Budgets of up to \$100,000 total direct and indirect costs per year may be requested to cover: The cost of personnel, consultants, support services, materials, and travel. The project budget must include travel for one project staff member to meet with the OMH Bilingual/Bicultural Program Director in Washington, D.C. Funds may not be used for construction, building alterations or renovations. Also, funds may not be used to purchase equipment except as may be acceptably justified in relation to conducting the project activities.

All budget requests must be fully justified in terms of the goals and objectives proposed and include a computational explanation of how costs were determined.

Review of Applications: Applications will be screened upon receipt. Those that are judged to be incomplete, nonresponsive to the announcement, or nonconforming will be returned without comment. Each organization may submit no more than one proposal under this announcement. If an organization submits more than one proposal, all will be deemed ineligible and returned without comment. Applications judged to be complete, conforming, and responsive will be reviewed for technical merit in accordance with PHS policies.

Applications will be evaluated by Federal and non-Federal reviewers chosen for their expertise in minority health and their understanding of the unique health problems and related issues confronted by limited-English-proficient racial and ethnic populations in the United States.

Applicants are advised to pay special attention to developing clearly defined goals and objectives for their projects, as well as providing well-developed study and evaluation designs for the measurement of project objectives. Both formative and summative evaluations will be required of the grantee, as well as analysis of how the project can be improved to reach the desired outcomes. Applicants should also pay specific attention to the program guidelines, and the general and supplemental instructions provided in the application kit.

Review Criteria: Applications will be reviewed and evaluated for evidence of consistency with the requirements of this announcement. Of specific importance will be the following criteria

under the listed headings. (An indication of the quantitative weight appears in parentheses after each heading):

Background (25%)

- Clarity, specificity, depth and coherence of the described need(s) and problem(s) of the target-population(s) which includes linguistic/cultural barriers.
- Strength and specificity of the capability of the organization to provide linguistically and culturally competent health care services for the target population;
- Degree to which the organization is committed to linkage with the applicable minority community-base organization/health care facility;
- The validity of the documentation supporting the percentage of limited-English-proficient persons the project will serve;
- Extent and outcomes of past efforts/activities with the proposed target community; and
- Specificity of data on the intended target group.

Goals and Objectives (15%)

- Relevance of the proposed goals and objectives to this announcement and the OMH mission;
- Merit of the proposed objectives, including their measurability and relevance to the stated project goals, and soundness/attainability of the time frame specified; and
- Soundness/attainability of proposed impacts/results/products.

Methodology (25%)

- Strength of the work plan and specific activities proposed, including their scope and relevance to each of the stated objectives and projected outcomes;
- The degree to which the linguistic and cultural competence skills will provide the health care providers and health care professionals with the ability to increase outreach effectiveness to the target population(s);
- Evidence that the organization has the established linkages with appropriate health care facilities to provide continuity of support to clients for outreach, referral and treatment; and
- Clearly defined project timeline, Gantt Chart or Pert Chart is included as it relates to project planning, implementation, and program evaluation.

Personnel/Management (15%)

- Strength of proposed grantee organization's management capability;

- Adequacy of qualifications, experience, linguistic and cultural competence of proposed personnel;
- Evidence that the proposed staff can effectively outreach and work with the targeted community; and
- Evidence of clear lines of authority and accountability among proposed staff, volunteers, managers, and collaborators.

Evaluation (20%)

- The strength of the evaluation plan: includes formative and summative evaluation designs; the likelihood that the proposed objectives can be measured; and the linguistic and cultural competence of the project can be assessed;
- Clarity and specificity of proposed qualitative and quantitative measures of project accomplishments;
- Soundness of proposed data analysis and reporting methods;
- Evidence that a project can be replicated;
- Evidence that the proposed implementation plan and bring about the desired outcome(s); and
- If the proposed project provides direct services, likelihood that services will be sustained beyond the expiration of the 3 year funding period.

Budget/Financial Plan (0%)

The budget items will be commented on, but not rated by the review panel.

- Evidence that required budget items are consistent with stated goals and are appropriate to the level of effort required.

Award Criteria: Funding decisions will be determined by the Deputy Assistant Secretary of Minority Health, Office of Minority Health and will take under consideration: the recommendations/ratings of review panels as well as program balance which includes geographic and race/ethnicity distribution, and health problem areas having the greatest impact on minority health in terms of causes of death. Preference will be given to applicants who have received grants under the Bilingual/Bicultural Program.

Supplementary Information: This announcement for Fiscal Year 1995 Bilingual/Bicultural Service Demonstration Grants focuses on the six health problems identified by the Secretary's Task Force on Black and Minority Health as having the greatest impact on minority health in terms of causes of death: (1) Cancer; (2) cardiovascular disease and stroke; (3) chemical dependency; (4) diabetes; (5) homicides; and (6) infant mortality. Additional areas of concern under this announcement include HIV infection,

access to and financing of health care, health professions personnel development, data collection and analysis, and surveillance. Proposals should include strategies that will address these problems in a culturally competent and linguistically appropriate manner.

These health priorities also are addressed in the Health Objectives for the Nation, Healthy People 2000, which the Public Health Service (PHS) is committed to achieving. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (telephone: 202/783-3238).

State Reviews: E.O. 12372 sets up a system for state and local government review of proposed Federal assistance applications.

Applicants [other than federally-recognized Indian tribal governments] should contact their State Single Point of Contact (SPOCs) as early as possible to alert them to the prospective applications and receive any necessary instructions on the state process. For

proposed projects serving more than one state, the applicant is advised to contact the SPOC of each affected State. All comments from a state office must be received within 60 days after the application deadline by the Office of Minority Health's Grants Management Officer. A list of addresses of the SPOCs is enclosed with the application kit material.

Provision of Smoke-Free Workplace and Non-Use of Tobacco Products by Recipients of PHS Grants: The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Public Health System Reporting Requirements: This program is subject to Public Health Systems Reporting Requirements. Under these requirements, a community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The

PHSIS is intended to provide information to state and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental applicants are required to submit the following information to the head of the appropriate state and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date: (a) A copy of the face page of the applications (SF 424), (b) a summary of the project (PHSIS), not to exceed one page, which provides: (1) a description of the population to be served, (2) a summary of the services to be provided, (3) a description of the coordination planned with the appropriate state or local health agencies.

The Catalog of Federal Domestic Assistance number is 93.105.

Dated: March 23, 1995.

Clay E. Simpson, Jr.,

Acting Deputy Assistant Secretary for Minority Health.

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