

*T*he subject of healing and the mind stretches beyond medicine into issues about what we value in society and who we are as human beings. Healing begins with caring. So does civilization.

Bill Moyers
Journalist and Author

ALANA (African, Latino, Asian, Native and American)

Brattleboro, Vermont

...to empower individuals to dismantle racism and build a more inclusive community. Living community life and having a successful experience depends on a sense of responsibility for oneself and to other people.

Contact(s)

Naima K. Wade, Director, 802-254-2972

Purpose

To build and reinforce relationships with communities of color and the population at large by addressing issues in health care, education, business, the arts, and human services in a culturally sensitive manner.

Background

In 1993, Brattleboro artist and activist Naima K. Wade and her daughter, Taina Rodriguez, established ALANA (African, Latino, Asian, Native and American) as a non-profit, collaborative, grassroots network of representative ethnocultural organizations in Vermont. ALANA's primary objective is to address issues that negatively affect communities of color: racism, cultural racism, institutional racism, and white privilege. ALANA operates programs in southern Vermont that educate the community; examine structures, policies, and attitudes that allow racism to exist within communities; and explore strategies for dismantling racism. ALANA provides leadership training that strives to provide grassroots empowerment while weaving the process of creative problem solving into the fabric of the community. ALANA recognizes the importance of building a strong, effective, diverse board of directors that is able to articulate and address the mission of the organization.

Program Operations

ALANA conducts diversity training workshops and experiential learning activities aimed at violence prevention, conflict resolution, and mediation. ALANA also trains and teaches faculty, students, school administrators, and non-profit organizations about the value of diversity and the negative impacts of bias, prejudice, discrimination, and institutionalized racism. It holds community education conferences and forums that teach communities at large about the history of the civil rights movement and offers specific techniques for building more inclusive participatory communities in Vermont schools, businesses, and neighborhoods.

ALANA has become a voice for people of color in Vermont, influencing social and health policy. ALANA operates five programs: the HIV/AIDS Education and Prevention Project, a program that assesses the need for HIV education in southern Vermont's communities of color; the BODY and SOUL Women's Health, Education, and Economic

ALANA (African, Latino, Asian, Native and American) (continued)

Development Program, which is designed to improve the health and economic, spiritual, and social well-being of women; AWARE: A Multi-Cultural Youth Peer Education Program, which provides school children with a culturally sensitive curriculum; the CAN-DO Youth Empowerment and Leadership Project, a program that works with young people to help them understand the root causes of discrimination; and Community Education Forums, aimed at violence prevention and conflict resolution.

Outcomes

ALANA's Community Organization and Task Coalition, through its BODY and SOUL Women's Health, Education, and Economic Development Program, has completed the first women of color health curriculum in Vermont. ALANA also reports it is the first organization in Vermont to receive sponsorship from all political parties and numerous local and statewide progressive, grassroots volunteer organizations.

Asian Counseling and Referral Service

Seattle, Washington

For 25 years, ACRS has been promoting the social, emotional, and economic well-being of Asian and Pacific Islander families and communities. By taking the best of both worlds, we help clients attain the highest levels of self-sufficiency in Western society while respecting and maintaining their cultural identity.

C o n t a c t (s)	Janet SooHoo, Deputy Director, 206-695-7534
P u r p o s e	To provide a continuum of holistic, easily accessible, high quality, culturally competent, linguistically appropriate, community-based, and nationally recognized human service programs to Asian Pacific Americans.

Background

The Asian Counseling and Referral Service (ACRS) was created in 1973 as a small, grass-roots, mental health organization staffed by volunteer social workers. Today ACRS is a non-profit organization that promotes the social, emotional, and economic well-being and empowerment of Asian Pacific American individuals, families, and communities by providing and advocating for innovative, community-based, multi-lingual, and multi-cultural health services. ACRS provides a continuum of social services for populations that have historically been underrepresented. All services are provided in a manner that directly or indirectly promotes racial reconciliation and increases positive cultural dialogue. ACRS' model of cultural competence goes beyond service delivery. ACRS recognizes, promotes, and integrates elements of culture within its organization to ensure cultural competency at all levels (that is, management, board of directors, volunteers, human resources, and research/evaluation). ACRS has established strong partnerships with non-Asian organizations and communities to promote the value of diversity and advocate for issues of mutual concern.

Program Operations

ACRS programs help to provide Asian Pacific Americans equal access to health care and social services and reduce racial disparities in health care. ACRS programs include bilingual comprehensive mental health services that combine both Eastern and Western approaches and involve both individuals and families in counseling. At ACRS, nearly 13,000 clients are served annually by case workers who speak the same language and are of the same culture. These cultural similarities have made successful outcomes more likely. ACRS' aging and adult services help elderly and disabled clients live independently in their homes rather than in nursing homes. Food programs, referrals for legal assistance, and financial counseling are also offered to elderly clients. Children, youth, and family services provide programs for at-risk youth, including health services and counseling. Youth services also include cultural heritage education and education on race, stereotypes, and diversity. Vocational services are offered to teach English, develop job-search skills, and facilitate job placement for immigrants and refugees. These services help to reduce disparities in the workplace

Asian Counseling and Referral Service (continued)

and provide opportunities for Asian Pacific Americans as well as other immigrants and refugees. Emergency food and nutrition services, along with food bank services, are provided to low-income families.

Outcomes

Thirteen ethnic groups are served annually by ACRS' largely bilingual and bicultural staff. Collectively, staff members speak more than 25 different languages and dialects. In 1996, ACRS

was given the national Ernest M. Pon Award for its service to Asian Pacific American communities. The Health Care Financing Administration selected ACRS as one of its Best Practices in Culturally Competent Health Care Service Delivery. In 1997, ACRS supported the nutritional needs of more than 10,000 families. With the Cross Cultural Alliance, ACRS was able to ensure that people of color were not excluded from King County services by unfair eligibility requirements. In 1998, the National Asian American Association of Professionals recognized ACRS for its Outstanding Community Service.

Delhi Center Santa Ana, California

C o n t a c t (s)	Irene Martinez, Executive Director, and Margarita Chavez, Assistant Director, 714-549-1317
P u r p o s e	To increase the participation of the Hispanic community in the areas of health and social well-being by empowering local residents with tools and services that enhance their quality of life.

Background

The Delhi Center was founded in 1969 through the efforts of local residents, church members, the Junior League of Newport Beach, and the Marine Corps. The Delhi Center is a community effort that addresses social, economic, and immigration issues in Santa Ana, California. Delhi offers HIV prevention and health services, teenage pregnancy counseling, parenting skills classes, and youth development programming. Recently, Delhi, through Santa Ana College, received a 3-year Federal grant to implement a neighborhood economic and community building development model. The Delhi Center offers its services from two facilities: Delhi Center and Delhi Park.

sensitive services to the Hispanic community such as case management and workshops on HIV/AIDS prevention and how to live with HIV/AIDS, Delhi helps destroy the stigma of HIV/AIDS. The Delhi Center is working in partnership with Santa Ana College; the City of Santa Ana; the Santa Ana Unified School District; the University of California, Irvine; the Private Industry Council; and local residents to implement a 3-year U.S. Department of Housing and Urban Development grant to promote social and economic opportunity. Delhi partnerships have three primary objectives: to re-create the social fabric of the community around the common values held by local residents, to use the network to create better access to economic opportunity, and to foster a better understanding of intraethnic relations at the local level.

Program Operations

The Delhi Center promotes community solidarity, collaboration, and participation through culturally relevant interventions that strengthen leadership and build capacity for self-help. The Delhi Center provides family support services, including case management on social services, referrals to other human service agencies, and monthly food distribution. Delhi also provides workshops on immigration and naturalization, job searching, civic participation, and voting education. Among the primary services offered by Delhi are HIV/AIDS prevention and care services. By providing culturally

Outcomes

The Delhi Center was credited with increasing awareness and the health education of its local residents through a community-based approach. Combined, Delhi Center facilities serve more than 20,000 individuals each year. In 1997, Delhi conducted 4,628 individual counseling sessions with clients who tested positive for HIV/AIDS. The Delhi Center has offered 40 HIV/AIDS prevention classes to a predominantly Hispanic community.

For me, Entre Nosotras is to learn that we are not alone...that we have rights and that I can help to spread the word....

Participant

La Casa de Don Pedro, Inc.

Newark, New Jersey

C o n t a c t (s)	Raymond Ocasio, Executive Director, 973-482-8312
P u r p o s e	To provide for the welfare of low- and moderate-income families by fostering their self-sufficiency and helping them break the cycle of poverty.

Background

La Casa de Don Pedro, Inc. (La Casa), is a non-profit community-based organization. It was founded in 1972 by a group of Puerto Rican residents who sought to create an atmosphere of hope and optimism for their community in the aftermath of the 1968 Newark riot. La Casa's mission is to provide for the well-being of low- and moderate-income families by offering strategies that foster financial independence and self-sufficiency.

Program Operations

La Casa is committed to providing a comprehensive network of family and community services to a growing culturally and ethnically diverse community. The population served by La Casa in Newark's North Ward is approximately 55 percent Latino and 20 percent African American. The staff of more than 100 full-time employees reflect the community's diversity and are well equipped to meet their clientele's needs. La Casa offers more than 20 programs, including counseling, child care, education, mentoring, job training and

placement, homelessness prevention, community economic development, and housing. A key component of La Casa's economic development plan is the organization's credit union. Community residents and the Board of Directors meet regularly to discuss ways to improve services as well as future community development plans and initiatives. La Casa's strong emphasis on family and community building is reflected in many of its programs. La Casa's daycare program is one of the longest-running and most comprehensive programs offered. Children of diverse backgrounds enjoy family-style meals, learn, and play in an environment of respect that teaches the value of diversity.

Outcomes

La Casa currently serves more than 12,000 families annually. The organization is credited with establishing the first bilingual, bicultural daycare center in New Jersey. More than 100 children are enrolled in the yearlong program. Recently, La Casa's welfare-to-work program was awarded a contract with the county of Essex to provide job placement services to area residents.

In a time of diminishing resources and increasing needs, community-based organizations like La Casa are rooted in the community and are more effective in dealing with the social and economic issues of their constituency.

Raymond Ocasio

Maricopa Integrated Health System Customer Service and Cultural Diversity Program

Phoenix, Arizona

We aggressively pursue ways of learning and teaching about different cultures of the communities we serve because, to have positive outcomes, we need to understand that their perceptions of health care are different than ours.

Luis Gendreau

C o n t a c t (s)	Luis Gendreau, Community Relations Manager, 602-344-8726
P u r p o s e	To improve patient care and customer service by increasing cultural sensitivity training for all service providers.

Background

Maricopa Integrated Health System (MIHS) is a service of the Maricopa County government and is the primary source for low-income health care in the Phoenix region. In 1995, the community relations department of MIHS created the Customer Service and Cultural Diversity Program to increase cultural sensitivity and understanding toward patients. In 1996, MIHS formed the Culturally Sensitive Care Committee as part of a systemic strategic initiative to provide the highest quality and most comprehensive culturally sensitive care possible to its patients. The Committee includes doctors, nurses, managers, and administrators. The Committee has focused on increasing awareness of cultural differences as they affect patient care and treatment of family members and other visitors. The patient population served by MIHS is approximately 47 percent Hispanic, 8 percent African American, 5 percent American Indian, 36 percent Caucasian, 1 percent Asian Pacific American, and 3 percent other. The service population at the outpatient clinics is approximately 80 percent Hispanic.

Program Operations

After consulting with ethnicity experts, MIHS' Culturally Sensitive Care Committee recommended the development of a multi-cultural diversity training program for all customer service staff. The Committee's research revealed that most cultural diversity programs focus on workplace diversity. Because the Committee intended to implement a more customer-based program, the Committee developed a model Cultural Diversity Program for all staff employees. The Diversity Program educates staff about culturally specific norms and mores. The curriculum's level of formality is determined by the results of a pretraining survey. Using the survey results, a trainer allows staff to explore issues of cultural differences in perception and practice. To increase the appreciation of these values and practices, employees share their own culture's views on these topics. MIHS also developed and maintains a directory of the foreign languages (currently 17) spoken by staff members.

Maricopa Integrated Health System Customer Service and Cultural Diversity Program (continued)

Outcomes

The Cultural Diversity Program received the 1995 Multicultural Diversity Award from the National Association of Counties. The success of the program led MIHS to produce an 84-page health care provider manual, *Providing Health Care to the*

Hispanic Community, which outlines a culturally sensitive strategy for servicing this population, and it plans to produce similar books for the African-American, American Indian, and Asian Pacific American populations. MIHS also published a Health Communications Guide to improve patient care by enhancing the communication process.

The Bridging the Gap Project, Inc.

Atlanta, Georgia

Atlanta is a highly diverse community with a variety of citizen needs. Fortunately, the Bridging the Gap professionals remain committed to providing crucial help. Through community enrichment and neighborhood development, the Bridging the Gap Project has championed the cause of peace and neighborhood order and is truly making a difference.

*Beverly J. Harvard
Chief
Atlanta Police
Department*

C o n t a c t (s)	Gail A. Hoffman, President and CEO, 404-872-9400
P u r p o s e	To improve the quality of life of refugee and immigrant communities by overcoming cultural barriers for crime prevention.

Background

The Bridging the Gap (BTG) Project was initiated in 1994 by people who had spent years placing refugees in the United States and helping them make the transition to a settled lifestyle. The project principals secured the sponsorship of several institutions, including the U.S. Department of Health and Human Services Office of Refugee Resettlement, the U.S. Department of Justice (DOJ) Community Oriented Policing Services, and the Governor of Georgia’s Children and Youth Coordinating Council.

BTG was based on the idea that the biggest challenge in settling immigrants in this country stems not from racial barriers but from misunderstandings related to cultural diversity. The Project tries to reduce those misunderstandings with four primary strategies: a crisis intervention program; an education initiative for immigrants and landlords; diversity training for law enforcement officials; and a youth program. Programs focus on stereotypes and barriers to communication that create divisions among these groups.

Program Operations

The crisis intervention program was initiated to help non-English-speaking communities overcome their fear of law enforcement and call 911 for assistance. The immigrant community had perceived that police sometimes were hesitant to enter their communities. To assist non-English-speaking immigrants, BTG employs 34 staff members who speak 22 languages to respond to emergency crime situations. Staff receive calls for assistance and notify the police of the situations. The Project has designed separate education and training programs for police and immigrants to work more effectively with one another. As part of the Project, BTG convenes regular meetings of the Multicultural Crime Task Force to discuss issues related to serving diverse communities.

In addition, BTG has developed a mediation and education project to improve interaction between landlords and immigrants. The community-strengthening division convenes meetings to orient ethnic communities and educate them about life in the United States. The division also assists

The Bridging the Gap Project, Inc. *(continued)*

these communities in building relationships with mainstream social service providers. The Project has implemented translation services to give immigrants better access to public services.

BTG also focuses on immigrant youth, since many reported crimes are caused by young adults of diverse backgrounds who live in the same communities. The youth program includes support groups, mentoring, homework assistance, a newsletter, and a gang-prevention program. In addition, a Youth Challenge Day is an annual event that brings ethnic youth together with law enforcement officers to participate in sports activities and educational workshops. The BTG youth program provides a conflict resolution and diversity training program to a select group of youth living in areas plagued by hate crimes. Future plans include extension of BTG over a four-State area, encouraging more youth involvement, and expanding the education programs to a greater cross-section of the population.

Under the New American Services Program, BTG works in partnership with DOJ's Immigration and Naturalization Service to provide services such as photographing and distributing immigration forms. Under the Community-Based Citizenship Initiative, BTG offers civics classes, cultural awareness training, and English as a Second Language programs. Legal services for immigration issues complement the citizenship initiative.

Outcomes

Since the inception of these programs, BTG has fielded an increased number of calls from immigrants who realize that the program can assist them in a crisis. BTG's training programs have increased the ability of law enforcement officers to serve diverse communities. BTG has trained more than 3,700 law enforcement officers and educators and more than 3,500 immigrants.