



Closing the Gap

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

April 1998

Funding Issue

Inside

Minority Health Perspective.....	3
Writing a Winning Proposal.....	4
Personal Approach to Funding.....	6
Smart Strategies.....	7
List of Corporate Grantmakers.....	8
List of Foundations.....	9
Grantmaker Assistance.....	10
Clinton's Race & Health Initiative....	11
Public Health Education.....	12
How to Keep Your Funding.....	13
Announcements.....	14
Books.....	15
Meetings/Conferences.....	16

Call the Office of Minority Health Resource Center at 1-800-444-6472 to obtain an updated copy of the funding guide. Or browse our Web site: <http://www.omhrc.gov>.



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

Looking for Money

Common Mistakes People Make in the Search for Funding

By Michelle Meadows

On the hit TV show *ER*, it only took a couple of episodes for Nurse Hathaway to find funding for a free clinic. The approach went something like this: Figure out which one of your colleagues is secretly rich. Get him to set up a meeting with his rich grandmother. Get the grandmother to fall for your charm and winning personality. And voilà—a large sum of money arrives by messenger. In real life, the search for funding is more complicated.

A common mistake is beginning a search without a solid understanding of your funding needs. "People come in and say they're looking for money, but then that's all they know," says Ramona Lucius, a supervisor at the Funding Information Center of the Beaumont Library in Texas. "They haven't thought about what amounts they're looking for, whether they need funds for a particular time period, what *exactly* they need the money for, or any other details." But without these specifics, the funding search is on shaky ground.

Effective results come from researching funding prospects by subject, geographic area, and type of support, according to *The User-Friendly Guide to Funding Research and Resources* published by the Foundation Center. In workshops on how to find grants for health and human services, Lucius sets up fund searching scenarios and walks participants through the best approaches for obtaining information.

Another common mistake is underestimating the time it takes to identify funding prospects. "It's typical for beginners to think that they can come in and throw a prospect list together in an hour or two," says Lucius. "But

you really need at least two days of research to find out which funders truly match your needs."

In choosing organizations to approach, variety really can be the spice of life. "Some people don't check out a funding source because they've never heard of it or because nobody from their organization ever thought about it," says Steve Moore, a special assistant with the Office of Minority Health (OMH), U.S. Department of Health and Human Services. "But they might be surprised at how well these 'unlikely sources' could come through."

A significant amount of funding for health and human service comes from government agencies, but corporations are giving too, a fact that may be lesser known. In 1996, Abbott Laboratories distributed more than 5,400 grants, and the largest portion went to health and welfare agencies. More than half of all grants given by Bell Atlantic in the second quarter of 1997 went to health and human services projects.

Companies that have no specific categories for health often have categories that relate to health. For example, the Ben & Jerry's Ice Cream Company lists children, families, and disenfranchised groups as areas of interest. In approaching companies, keep in mind that face-to-face meetings are most effective. So even if you make an initial inquiry by phone or letter, try to land a meeting so that you can get in and talk about your program.

In addition to learning about a company's priority subject areas, it's worth it to get a hold of a list of past grant recipients and information

...continued on next page

The Office of Minority Health Resource Center provides free information on various 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 monthly newsletter published by the Office of Minority Health, Office of Public Health and Science, U.S. Department of Health and Human Services. Address correspondence to: Editor, *Closing the Gap*, OMH-RC, PO Box 37337, Washington, D.C. 20013-7337. Or call OMH-RC toll-free, 1-800-444-6472.

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Looking for Money...*from page one*

on the kind of proposals the company likes to see. In the case of Ben & Jerry's, the foundation supports social change over social service, which means grant reviewers would look more favorably on a youth-led effort to train minority youth leaders than an afterschool program for minority youth.

When submitting proposals, carelessness tops the list of blunders, according to experts. The general consensus is that taking shortcuts gets you nowhere. Repackaging old information, submitting outdated material, sending in a proposal that wasn't spell-checked, and failing to call an agency for clarification on directions all fall into this category. According to Georgia Buggs, a special assistant with OMH, "many people don't take opportunities to get accessible information." There are offices of sponsored programs and other comparable offices in agencies that will give input on proposals—input that is much more useful early on in the process, she said.

Such feedback can prevent grantseekers from missing the mark. "It's important to read requests for proposals carefully so that you can understand what's being requested," Buggs said. "Sometimes, we give people a little information on a national health problem in an RFP and we're asking them to tell us about how that problem affects their

area. But they still might send in a proposal that isn't tailored to their geographic area. And without the local problem statement, they can't move to their goals and objectives."

This is where a fresh set of eyes can help, says Howard Kelley, DDS, a public health analyst in OMH's Division of Information and Education. "Let someone—preferably someone who hasn't been involved in writing the proposal—read it. If that person has questions, reviewers are likely to have questions also," he said. "You can't assume that you're being clear when you're so close to the subject."

Another common mistake is trying to squeeze your program to fit grant guidelines even when it's a stretch. You'll be more successful if you know your goals and then go after funders with that in mind. Also, resist any temptation you may have to claim that your approach is unique when it really isn't.

Alex Repace, the research grants coordinator at the American Health Assistance Foundation, adds: "If you don't follow instructions and leave gaps in your information, we do notice." Repace notes that missing deadlines is also fairly common. "Deadlines can change from year to year, but some people don't check and end up sending in proposals based on last year's deadline," said Repace. "That kind of mistake could have been prevented with a quick phone call."❖

Did you know?

The Division of Student Assistance, Bureau of Health Professions, Health Resources and Services Administration (HRSA) has information on loans, scholarships, and faculty loan repayment for the area of public health. The website, <http://www.hrsa.dhhs.gov/bphr/dsa/ph.htm>, links to private loan programs available to public health program students. HRSA makes funds available for eligible schools to provide scholarships to full-time students from disadvantaged backgrounds who are enrolled in public health programs. The schools are responsible for selecting recipients. HRSA recommends that students ask their school's financial aid office about the program.

Under HRSA's **Faculty Loan Repayment Program**, health professionals agree to serve as a faculty member at a health professions school, providing teaching service for two years. The federal government in turn agrees to pay as much as \$20,000 of the outstanding principal and interest on the individual's educational loans. To obtain application materials for the repayment program, call Shirley Zimmerman, 301-443-1700.

Minority Health Perspective

Increasing Capabilities Through Coalitions

By Clay E. Simpson, Jr., MSPH, PhD
Deputy Assistant Secretary for Minority Health

We need minority health coalitions because quite simply: united we stand and divided we fall. History has shown us this. It's no coincidence that the term coalition comes out of political science, with connotations of enhancing power. Sometimes we see the most curious alliances coming together when there is a common goal.

In political coalitions, we see people—sometimes rivals—coming together to win, where alone they would be certain to lose. This same approach can be an effective way to obtain funding support for minority health programs. A proposal can be made even stronger when there is evidence of groups banding together to increase awareness, improve access to services, and affect change. Alone, they would be fragmented and more likely to be ineffectual. Good coalitions work because together, we can do more, be more, serve more, and accomplish more.

It makes sense that we approach minority health together. All of us are touched by the disproportionate burden of death and disability in our communities. We all have to worry about heart disease, the leading cause of death for all racial and ethnic groups. We all have to worry about diabetes and high blood pressure, major chronic diseases that are a greater burden for us. Our high rates of amputation and kidney disease prove it. And we all have to worry about our children, who are more likely than white children to die before their first birthday.

The federal Office of Minority Health (OMH) has a small staff and a relatively small budget. No matter how optimistic we are, we know we cannot solve all of the nation's health problems. So we learned a long time ago about the fruits of coalition building.

From day one, a major OMH role has been to stimulate the non-federal sector to carry out innovative models to improve minority health. So the notion of coalitions was selected as a way to maximize resources. And in minority communities, we know we're often talking about scarce resources.

Our minority community health coalition demonstration grant program grew out of OMH's history and mission: to improve minority health, to help minority communities with capacity building, and to support the efforts of minority community-based organizations. Through the grant program, minority community health coalitions are able to bring together churches, health centers, private physicians, and others to change their communities.

We talk about the aspects of a successful coalition in terms of the three Cs—commitment, clarity, and competition. The successful coalitions that we fund understand that they need to keep operating, with or without OMH. And they also know that they can't take the chance of putting all of their eggs in one basket. So they build up support from all kinds of sources, public and private, which demonstrates a high level of commitment. It is crucial that all coalition members are committed, not only to obtaining funding, but to making the coalition work. This means that everyone, especially the people of authority, buy into the coalition. Coalitions don't need figureheads, but rather working partners.

Clarity in a coalition is needed early on, and has a significant impact on funding. From the beginning, a coalition's mission and purpose need to be defined. Even the most well-intentioned coalitions can fall apart if members stray away from the original mission without analyzing the consequences of doing so. The survival of community-based organizations often dictates pursuing new objectives in order to obtain needed funding. For example, questions around whether to remain a single-issue or multi-issue coalition are critical junctures for coalitions. Using the mission and purpose as a framework, a successful coalition has goals and measurable and time-specific objectives. All of this, of course, calls for clarity in decision-making. Many coalitions grow out of temporary arrangements that initially operate on the consensus model. As federal funding is introduced, responsibilities and decision-making need to become more formalized. So coalitions need a way to make timely decisions, to delegate authority, and to agree and disagree.

Competition is a fact of life. Agency and personal rivalries are a fact of life. We would be fooling ourselves if we thought otherwise. Competition is manifested in so many minority communities because what often happens is that those with the least are pitted against each other, all fighting for the same pie. But we know this only leaves each group with crumbs. The successful coalitions are able to confront this dynamic head on, and they come out stronger for holding to a united front and advancing their common purpose.

I encourage you to contact our Office of Minority Health Resource Center. Information specialists are available to conduct a customized funding search for you. Call 1-800-444-6472.❖

How to Write A Winning Proposal

Knowing what funders want and how to deliver it

By Jennifer Brooks

About half of all federal and foundation grant proposals are rejected because they are poorly organized or they don't conform to the Request for Proposal's (RFP) guidelines. True, there are never enough funds to go around. But the difference between a winning and losing proposal can be as simple as being organized, understanding what the funder *really* wants, and knowing how to sell your organization.

Failing to prepare is preparing to fail

Without careful planning and organization, many proposal writers can overlook details or misunderstand larger issues laid out in the RFP. If you are organizationally-challenged, here are a few suggestions to help you write that winning proposal.

- Carefully read and analyze the RFP and then make an honest decision about applying.
- Develop a checklist of everything that is being asked in the RFP.
- Develop your strategy and key selling points.
- Make a schedule for yourself.
- Do your research. Use the funding agency as a resource. Some agencies accept drafts for review.
- Be sure to follow an outline or the steps laid out in the RFP.
- Design your program including time and budget. Take time to verify your data.
- Write your first draft. Make sure your proposal is a cohesive piece even if different people worked on it.
- Review and revise as many times as necessary. Don't be afraid to let an outside reader give you feedback.

- Write your cover letter and executive summary.
- Prepare appendices/attachments.
- Submit proposal on time.

Generally, proposals are due 30 to 60 days after the RFP is announced. Don't wait for the announcement to start working on your proposal.

"It's very important that a grant writer be selected and ready prior to the grant announcement," said Mike DuBose, MSW, president of Research Associates, a proposal writing firm in Columbia, South Carolina. "Otherwise there will be a heavy focus on slapping something together at the last minute with lots of confusion and disorganization."

Understanding what funders want

RFPs can often be confusing. Sometimes it's difficult to understand exactly what is being requested and why. **Nonetheless, the most important rule in developing a proposal is to follow the RFP to the "tee".** No matter how difficult this may be, the RFP is your most important source of information. It outlines the information according to how the grantor plans to review it.

"We definitely consider those that are well written and follow all the steps in the RFP," said Miriam Liepold, program officer at the Community Foundation for the National Capital Region in Washington, D.C.

Carefully go over the RFP with your checklist as many times as necessary until you feel that you fully understand all that is being asked.

The checklist should encompass everything ranging from the problem to task assignments to delivery due dates. Proposals that are incomplete, too long, or do not adhere to the instructions will likely be returned as non-conforming.

"You'd be surprised how many people don't include the correct number of copies and supporting documents when submitting their proposal," said Liepold. "They think it's okay just to submit the original proposal."

Don't jump to conclusions. If you have a question regarding the RFP, it's better to pick up the phone and call the grantor. RFPs usually provide contact names and numbers of grantors willing to answer questions.

...continued on next page

***Reasons for not receiving a grant**

Inadequate planning/carelessly prepared applications	39%
Competency of applicant not shown	38%
Nature of project	18%
Misc.	5%

**Based on an analysis of more than 700 proposals rejected by the U.S. Public Health Service. Roy Meador, Guidelines for Preparing Proposals, Chelsea: Lewis Publishers, Inc.*

The following are general points that should be demonstrated in any winning proposal:

- The project's goal is clearly stated and will address the identified community's needs and the program's purpose.
- The project is culturally competent.
- The workplan and strategies are feasible, realistic, and logically sequenced.
- The project can be monitored and evaluated.
- The project will result in specific outcomes.
- The staff and organization are qualified to do the job.
- The project is deemed necessary by the community.
- The budget is realistic.

Develop a winning strategy

A winning strategy should be clear, logical, and effective. In formulating a strategy, you should consider the approach you will take in solving the problem (as spelled out in the RFP). Then you will have to determine the methods you will employ, the resources you will need, costs and time, plus any creative or innovative ideas—things that weren't mentioned in the RFP.

If you are competing with other organizations for funding, this is the time to show what your organization offers that others don't. Market yourself. No one will know how qualified for the job your organization is unless you tell them.

The body of the proposal

Obviously, RFPs differ as programs and community needs differ. "Each foundation has a different focus

and interest," said Liepold. **One thing you shouldn't do is design a program you can't carry out in an effort to fit the RFP requirements.**

Grant reviewers place emphasis on different criteria, depending on the nature of the program. Some funders may emphasize staffing for a specific project, while others may place emphasis somewhere else. "We like to fund well-established organizations that have other sources of funding, as well as strong boards and executive directors that have good communication between them," according to Liepold. "But we also like to see new collaborations with community groups that address how to meet the community's needs."

Every RFP should clearly lay out the criteria by which your proposal will be judged. Again, if the review criteria is not clear to you, call the grantor directly.

The following example lists the basic questions addressed in most proposals.

1) Establishing the need. Demonstrate a clear understanding of the problem within the community or population at which the program is targeted. Your material should be based on your needs assessment. Remember that you need to answer the basic Who? What? Where? When? And How?

2) Goals and objectives. What will your project accomplish based on the assessed community needs? What route will you take to meet the community's needs?

3) Workplan and strategy. What are the specific methods involved in the project? What is the process and the target population? How will the project be managed and staffed? The workplan should always match the objectives.

4) Evaluation. How will the results be measured and the project evaluated?

Writing the proposal

"Effective grant writing is a talent that is a result of many years of diverse expertise, education, and creativity," according to DuBose, who has written over 500 grant proposals. Proposal writing is a very complex and tedious task. For a project to get funded, every aspect of the proposal must be nearly perfect. "Each component is so important that the grant proposal is like an engine—if just one little item is slightly off, it can malfunction," DuBose said.

It is extremely important to follow an outline so that your material is organized. After looking over 40 proposals, reviewers usually need to look back at certain sections to refresh their memories. Make your information hard to find, and you'll end up frustrating someone and knocking yourself out of the running.

Remember, a well-written proposal is one that is clear in thought, logical in structure and organization, and concise. The writer should display fluid movement of ideas, paying attention to stylistic consistency. There are several style manuals available that should be followed throughout the document.

And finally, any winning proposal should look professional, be free from jargon, typographical, grammatical, or mathematical errors, and be submitted on time.

If you want to see examples of past winning proposals, contact the federal agency or foundation involved. Under the Freedom of Information Act, all open-bid proposals can be reviewed by the public. ❖

Personal Approach Leads to Multiple Funding Sources

By Jean Oxendine

Maria Dagdar has come to realize that who you know can be just as important as what you know. The key to getting multiple funding sources is building trust and personal contacts, says Dagdar, the coordinator for Washington Internships for Native Students (WINS).

The program raises funds so that American Indian and Alaska Native (AI/AN) college students can participate in eight-week internships in Washington, D.C. The amount of \$6,300 funds one student internship. The fee covers round-trip airfare, housing, health care, food, an unlimited subway card, a stipend, and a six-credit course titled "Washington Leadership Seminar in Tribal Issues and Native Studies."

WINS began in 1993 when American University (AU) agreed to provide an office for the program coordinator and seed money to help

the program get off the ground. At the time, the program mostly approached federal agencies for funding. That approach worked, Dagdar says, because "federal agencies saw WINS as an avenue to reach American Indian/Alaska Native students, and also as a way to provide a supportive environment for students."

But in order to sustain the program and improve its capabilities, it became necessary to expand the list of potential funders. This sometimes involved taking a hard look at whether the mission of the program and a potential funder were in sync. For example, after careful consideration, the WINS Native Advisory Council ruled that the program would accept funds from gaming—the practice of gambling. The council decided that since gaming money is used to provide significant benefits to tribal communities, it made sense to use the money for WINS and help educate future leaders.

Involving the tribes was an important step in diversifying the program's funding, Dagdar says. She started by calling on friends from various tribes with whom she had built trusting relationships. "This was not an easy task," she says.

"There is a lack of trust in American Indian communities when someone calls and says they're calling from Washington, D.C. I had to justify the \$6,300, and show people how good the program could be if they were supportive."

She is also more aggressively seeking corporate support—making an effort to speak at conferences and taking every opportunity to meet people so they could put a face to her name. "If you have no connection to the people you're calling, it's pretty tough," she said. AU's Program

Development Office is also helping WINS with increasing corporate sponsors.

Corporate funding is critical because it can help support internships for AI/AN students at mainstream institutions. "Money from federal agencies can only support students at tribal colleges," Dagdar explained. "But we don't want to cut out American Indian students from other colleges because they need help as well." She cited an example of two sisters. Only the one who attended the tribal college Crownpoint Institute of Technology could participate in WINS. The other sibling who attended mainstream Allegheny College in Pennsylvania could not take advantage of federal support.

Social work, psychology, and health careers are popular majors for students in the WINS program, according to Dagdar. On January 15, 1998, she gave a presentation to the HHS Tribal College and Universities Work Group at the Office of Minority Health in Rockville, Maryland. "My reception was very warm," she says, "and agencies have already started calling with great interest."

The National Institutes of Health (NIH), has already been a big sponsor of WINS. Students have worked at NIH's Volunteer Clinical Research Center, the National Heart, Lung, and Blood Institute, and the National Institute of Dental Research. Many students wind up changing their major to a health professions field after experiencing such an internship, Dagdar said. "Through WINS, we are fostering the development of motivated and directed leaders."

For more information about the WINS program, call 202-885-2033. Or visit the program's web site: <http://www.american.edu/other.depts/wins>. ❖

Commerce Business Daily

The *Commerce Business Daily*, published by the U.S. Department of Commerce, lists information on federal procurement invitations, contract awards, and subcontracting leads. This publication can also be accessed by e-mail or fax. Contact the Government Printing Office in Washington, D.C. at 1-888-293-6498, or 202-512-1530.

Baltimore Program Benefits from Smart Strategies

By Jean Oxendine

Almost all funding agencies like to see partnerships, according to Gayle Porter, EdD, director of the School Based Program (SBP), part of the East Baltimore Mental Health Partnership of Johns Hopkins University. The SPB operates in 19 public schools (elementary, middle, and senior high schools) in East Baltimore, Maryland. Mental health clinicians work with the SPB on a full-time basis, consulting with school health personnel and psychiatric residents from Hopkins each week.

“The key is to show that you’re partnered with a university or other institution that will be there even if you aren’t funded,” Dr. Porter said. In

addition to partnering with Johns Hopkins, SBP has linked up with Baltimore City Schools, the Baltimore City Department of Social Services, and the Baltimore City Department of Juvenile Justice.

“When I wrote the proposal,” Dr. Porter said, “I was able to show that SBP had serious community support from both individuals and institutions.” She underscores the importance of providing letters of commitment—not words that simply compliment your program, but letters that demonstrate true backing of your program, such as providing examples of how this supporter plans to work with you.

The SPB began with funding from the Baltimore Public School System and the Center for Mental Health Services, part of the Substance Abuse and Mental Health Services Administration (SAMHSA), HHS. After the funding cycle with SAMHSA ended in 1996, Dr. Porter responded to a Request for Proposal (RFP) from the U.S. Department of Education.

In the RFP, the Department cited several priority areas. Dr. Porter zeroed in on reducing aggressive behavior. Her approach—and her selling point, she believes—was to place emphasis on working with and training teachers, more so than parents. “We presented an idea that could be institutionalized, so that even if our program ended, the schools would have the resources to carry it on. The Department of Education is going to have an interest in training teachers, just like the Department of Juvenile Justice would be likely to fund a program that works with police officers.”

Another reason for training teachers rather than parents is that the SPB is in one of the poorest sections of Baltimore, where there are high rates of drug addiction. “If parents refuse to allow their children to receive mental health services, it could be because they are substance abusers, not because they don’t believe in mental health services,” Dr. Porter said. When there’s resistance from parents, it may also be because parents aren’t comfortable talking to their children.

As a result of Dr. Porter’s efforts, the SPB received a \$500,000 grant from the Department of Education, and is likely to be renewed, she said. Other factors that helped the SPB, Porter said, include choosing an approach that had been researched, showing the program’s importance to the community, and showing plans for both prevention and remediation. “There is a covert and overt opposition to prevention-only services by funders,” she said. “Primary and secondary prevention plans must be developed. We want to make sure our clients use future services, no matter what happens to us.”

For more information on the School Based Program, call 410-614-4051. ♦

The Challenge of Looking for Grants

We talked with a couple of federal grant recipients to find out the biggest challenges they face in looking for grants. Names have been withheld to protect privacy.

- “When I think about the challenges in finding grants, I think about the challenges in navigating the system. All the federal forms can be overwhelming, and I think agencies lose potential grantees because we often feel like there isn’t much help to steer us through a complicated process. Community-based organizations are already so stretched for resources. If you don’t have a person in your agency who has experience with the federal grants process, or if that person leaves your organization, you’re in trouble. I’ve also dealt with an agency that didn’t seem very responsive as far as returning our phone calls when we wanted to ask questions. It would be useful to have technical assistance training from the agencies that are offering grants. Also, after we get the grants, there have been times when we weren’t linked up with other grantees. It would be nice for grantees to be brought together for a meeting so that we can learn about what everyone else is doing. So often, our goals are linked.”
- “Being part of a non-profit organization, you are already starting out with limited resources. Sometimes, it even comes down to not having the software to do the charts and graphs that you know would make your needs assessment look even better. Even when we are asked to make multiple copies of our proposals, that can be a challenge though we do get it done. We hired a consultant at one point because we knew we needed help with grant writing, but we quickly found out how expensive that can be. In conversations we’ve had with some federal agencies, it doesn’t seem like they are very aware of these limitations.” ♦

Corporate Grantmakers

Compiled by Michelle Meadows

**Many corporations prefer requests for grant information in writing. Contact the addresses and websites below for details on eligibility and other guidelines for applying.*

- **Aetna Inc.:** Awarded \$16 million in grants, scholarships, and social investments in 1996. Health funding focuses on cardiovascular disease. Write to the Aetna Foundation, 151 Farmington Ave., Hartford, Connecticut 06156. Web: <http://www.aetna.com/foundation/>
- **AT & T:** No specific category for health, but has categories for education and civic and community service. The company teamed up with the Magic Johnson Foundation in 1996 to launch an HIV/AIDS grants program in Atlanta, Los Angeles, and San Francisco. Write to AT & T Foundation, 32 Avenue of the Americas, New York, New York 10013.
- **Bell Atlantic:** Lists health and human services as a program area. You can tap into the web site and do a geographical search to find out about the company's corporate giving in your state. Write to the Bell Atlantic Foundation, 1095 Avenue of the Americas, Room 3200, New York, New York 10036. Web: <http://www.bellatlanticfoundation.com>
- **Ben & Jerry's:** No specific category for health, but lists areas of interest as children and families, disenfranchised groups, and the environment. Write to The Ben & Jerry's Foundation, 30 Community Drive, South Burlington, Vermont 05403. Web: <http://www.benjerry.com/foundation/index.html#areas-interest>
- **Exxon Corporation:** Exxon's 1996 contributions to minority and women-oriented groups totaled \$1.4 million. Company lists poverty as a high priority. Lists health as a program area, and supports health care delivery, substance abuse prevention and treatment, environmental health, and medical and health education. Gave a grant to the American Industrial Hygiene Association to expand its programs to increase minority participation in the industrial health professions. Write to Exxon Corporate Contributions, 5959 Las Colinas Blvd., Irving, Texas 75039. Web: <http://www.exxon.com/exxoncorp/world/grants.html>
- **The Gap Inc.:** In 1995, company contributions totaled more than \$5 million. Health and human services is listed as an area of interest. Write to Gap Community Relations, One Harrison St., San Francisco, California 94105. Web: <http://www.gap.com/>
- **Hewlett-Packard:** Gives grants of state-of-the-art equipment to schools and universities. Supports science education, and health and human services. Write the Hewlett Packard Company Foundation, PO Box 10301 MS 20AH, Palo Alto, California 94303. Web: <http://www.corp.hp.com/Publish/UG>
- **J.C. Penney Company:** Funds organizations that provide direct services to their clients. Lists health and welfare as a category. Target areas are precollege education and volunteerism. Write to the Corporate Contributions and Education Manager, J.C Penney Company, PO box 10001, Dallas, Texas 75301. Web: <http://www.jcpenney.com/commrel/content/guidelin.htm>
- **Proctor & Gamble:** For 1996-1997, P&G charitable contributions totaled about \$23 million. Close to \$6 million went to health and social organizations. Write to the Proctor & Gamble Foundation, PO Box 599, Cincinnati, Ohio 45201. Web: <http://www.pg.com/community/activity/index.htm/#top>
- **Sega:** Supports programs that will improve the education and health of children. Write to the Sega Foundation, 255 Shoreline Drive, Redwood City, California 94065. Web: <http://www.sega.com/central/foundation/index.html>
- **Sprint:** In 1996, Sprint grants totaled \$5.5 million. No specific category for health, but there are categories for community improvement and youth development. Write to the Sprint Foundation, 2330 Shawnee Mission Parkway, Westwood, Kansas 66205. Web: <http://www.sprint.com/sprint/overview/commun.html>
- **Toyota:** Focuses on precollegiate education with special emphasis on teaching and learning math and science. Recent grants went to the Illinois Math and Science Academy in Chicago and the Pacific Science Center in Washington state. Write to Toyota USA Foundation, A404, 19001 S. Western Ave., Torrance, California 90509. Web: <http://www.toyota.com/times/commun/feature/founhome.html>. ❖

Foundations: Who's Funding Health?

Compiled by LeeAnn Robinson

**Please contact organizations directly for application guidelines.*

The Aaron Diamond Research Foundation: Offers postdoctoral research fellowships in the biomedical and social sciences, with emphasis on AIDS and drug abuse research. Minorities and women are encouraged to apply. Contact: 375 Park Avenue, Suite 3303, New York, New York 10152, 212-838-8525.

The Andrew Mellon Foundation: Funds medical and public health education and research. Contact: 140 East 62nd St., New York, New York 10021, 212-838-8400.

The Bush Foundation: Funds health services, social services, and AIDS programs. Contact: E-900 First National Bank Building 332 Minnesota St., St. Paul, Minnesota 55101, 612-227-0891.

Carnegie Corporation of New York: Supports the education and healthy development of children and youth, especially young adolescent health problems such as pregnancy, drug abuse, and violent behavior. Contact: 437 Madison Ave., New York, New York 10022, 212-371-3200.

The Ford Foundation: Offers predoctoral and dissertation fellowships for minorities to help increase number of minorities on university faculties. Individual grants are given in the areas of poverty, human rights, and social justice. Contact: 320 East 43rd St., New York, New York 10017, 212-573-5000.

The James Irvine Foundation: For state of California only. Supports development of health systems with focus on disease prevention and health promotion. Target areas: rural and women's health with an emphasis on low-income populations and women of color. Contact: One Market Plaza, Stuart Tower, Ste 2500, San Francisco, California 94105, 415-777-2244.

The Robert Wood Johnson Foundation: Supports health services, health education, hospitals, nursing, dentistry, AIDS research. Also provides funding to address alcoholism and other drug abuse, disability issues, homelessness, mental health, and youth issues. Contact: P.O. Box 2316, Princeton, New Jersey 08543, 609-452-8701.

John D. & Catherine T. MacArthur Foundation: Offers funding for areas of mental health, community development, biological sciences, general health, and AIDS research. Contact: 140 S. Dearborn Street, Suite 1100, Chicago, Illinois 60603, 312-726-8000.

The William Penn Foundation: Supports social services, health services, child welfare, youth education, aging issues, and family planning. Contact: 1630 Locust St., Philadelphia, Pennsylvania 19103, 215-732-5114.

Finding Information on HHS Grant Programs

The U.S. Department of Health and Human Services (HHS) has about 300 grant programs, most of which are administered in a decentralized manner by several agencies. There is no single publication that describes HHS grant programs. But there is the **Catalog of Federal Domestic Assistance (CFDA)** that profiles all federal grant programs including HHS. It is published annually, and is available for reference in the government documents section of most major libraries. It's also available on-line through GrantsNet—<http://www.os.dhhs.gov:80/progorg/grantsnet/>

A hard-copy version is available for \$69 from the U.S. Government Printing Office, 202-512-1800.

Additionally, each agency publishes and distributes announcements to the public about funding availability. These announcements, with the exception of those prepared by the National Institutes of Health (NIH) and some discretionary programs, are published in the **Federal Register**. (NIH has its own Guide for Grants and Contracts due to the specialized nature of its applicant community and its large volume of announcements.) There is a guide called *The Federal Register—What it is and How to Use it*, available for \$7.50 from the U.S. Government Printing Office, 202-512-1800. ❖

Grantmaker Assistance Program

The Grantmaker Assistance Program (GAP) is an initiative of Grantmakers in Health (GIH) that provides grantmakers with information, expert consultants, targeted technical assistance, resource materials, and networking opportunities. These efforts in turn lead to the design and implementation of community-based efforts that improve community health and well-being.

The GAP initiative was established in 1995 in response to requests from an increasing number of grantmakers for information, technical assistance, and networking opportunities around exploring, planning and implementing programs related to local health and human service systems.

GAP provides customized research and other services in response to requests from individual grantmakers. Other products and services are available to the full grantmaking community. Some of GAP's services include:

- provide opportunities for grantmakers to meet—in workshops, through phone conferences, Internet- and phone-based discussion groups—to examine issues, exchange insights and concerns, and share grantmaking strategies;
- produce publications and other products that provide information on grantmakers' programs and activities. This information is provided in the form of on-line databases, printed and Web-published case studies, compilations of "lessons learned," summaries of grantmaker program approaches and

models, and other tools furthering grantmakers' research and program planning;

- serve as a clearinghouse for relevant materials produced outside Grantmakers in Health such as program and evaluation guides and reports, grant proposal request documents and funding guidelines, project summaries, community assessment guides, and other program tools;
- serve as a resource for the referral of experts, skilled consultants and other sources of technical assistance to grantmakers and their communities.

GAP also engages in special sub-initiatives. In one such initiative, Targeted Regional Efforts, GAP partners with regional, state and community-focused grantmakers to help organize, prepare and present meetings, workshops and other networking opportunities on health and human service issues. They develop research and informational materials useful in assessing and addressing local health and human service concerns and opportunities for improvement.

Under the Health and Human Service Safety Net initiative, GAP produces periodic publications on problems with the health and human services "safety net" and the strategies for addressing them. The sub-initiative also focuses on conducting research, developing a database and disseminating information on the efforts of grantmakers and others in ensuring access to critical health and human services.

The GAP initiative works with grantmakers and does not provide services or other resources directly to communities.

Initial funding for the Grantmaker Assistance Program was provided by the W.K. Kellogg Foundation, the Robert Wood Johnson Foundation, the Rapides Foundation, and the Jewish Healthcare Foundation. Partial funding for GAP is provided by the W.K. Kellogg Foundation.

For more information on the Grantmaker Assistance Program, contact: Janet Perkins, GIH Program Consultant, at (202) 857-0448; e-mail: msjp@erols.com. Or contact Grantmakers in Health, 1100 Connecticut Avenue NW, Suite 1200, Washington, D.C. 20036, (202) 452-8331.

Grantmakers in Health

Grantmakers in Health (GIH) is a coalition of more than 136 philanthropic foundations that provides services to the health and human services grantmaking community, including an annual meeting on health and human services philanthropy, the *GIH Bulletin* on philanthropy news, and a Health Philanthropy Information Center.

For more information, contact: Grantmakers in Health, 1100 Connecticut Avenue NW, Suite 1200, Washington, D.C. 20036, 202-452-8331.

Clinton Announces Racial and Ethnic Health Disparities Initiative

By Jennifer Brooks

President Clinton is serious about improving the health of our nation. During a February 21, 1998 radio address, President Clinton announced the launching of a new Racial and Ethnic Health Disparities Initiative. “By the year 2010, we must eliminate racial and ethnic disparities in infant mortality, diabetes, cancer screening and management, heart disease, AIDS, and immunization,” he said. President Clinton backed up his words by devoting an unprecedented \$400 million from his balanced budget plan to promising prevention and outreach programs that help minorities and other disadvantaged populations. The President also plans to give health insurance to five million more children and increase overall medical research.

“Americans are living longer and are in better health than ever before,” President Clinton said. “But we must not be blind to the alarming fact that too many Americans do not share in the fruits of our progress, and nowhere are the divisions of race and ethnicity more sharply drawn than in the health of our people,” he said.

President Clinton points to gaps in health statistics as reasons for stepping up efforts to improve health care: Infant mortality rates are twice as high for African Americans as for white Americans. African American men suffer from heart disease at nearly twice the rate of whites. African Americans are more likely to die from breast cancer and prostate cancer. Overall, cancer fatalities are disproportionately high among both Latinos and Blacks. And Hispanic rates for diabetes are twice the national average; Native American rates are three times the national average. The President also said Asian Americans suffer from Hepatitis B in greater numbers than other groups. Vietnamese women are five times as likely to have cervical cancer; Chinese Americans four to five times as likely to have liver cancer.

“We do not know all the reasons for these disturbing gaps,” said President Clinton. “Perhaps inadequate education, disproportionate poverty, discrimination in the delivery of health services, cultural differences are all contributing factors.”

Despite the reason, “racial and ethnic disparities in health are unacceptable in a country that values equality and equal opportunity for all,” President Clinton said. “And

that is why we must act now with a comprehensive initiative that focuses on health care and prevention for racial and ethnic minorities.”

President Clinton called on top public health officials, led by Secretary Donna Shalala, to convene a task force to find new ways of targeting existing federal programs that reduce these health disparities. He also announced that David Satcher, MD, our new Surgeon General, will launch a comprehensive campaign to educate the public and work with community leaders and health professionals to reach more Americans.

The President also announced that Grantmakers in Health (GIH), a major coalition of over 136 philanthropic foundations across the country, is joining these efforts. Together, HHS and GIH will host a national conference this spring “to help solve this national problem, community by community,” President Clinton said.

“But to truly eliminate these disparities and ensure better health for all Americans, all Americans must do their part,” President Clinton said. He urged Americans to take more responsibility for their own health and the health of our children.

Over the last six years, the Clinton Administration has placed more emphasis on prevention and on making health care more accessible and affordable. His approach seems to be leading to progress in some areas. “Infant mortality has reached an all-time low, childhood immunization levels are at an all-time high and AIDS death rates are falling for the first time in the history of the epidemic,” said President Clinton.

However, research shows that overall, minority groups are less likely to be immunized against disease, less likely to be routinely tested for cancer, and are less likely to get regular check-ups.

“America has the best health care system in the world,” President Clinton said. “But we can’t take full pride in that system until we know that every American has the best health care in the world. With these steps, I’m confident that we can meet the challenge and go forward as one America into the 21st century—stronger and healthier than ever before.”

**“...an important step
we’re taking to make
sure all Americans,
no matter what their
background, have a
better opportunity to
live healthier lives.”**

Financing Public Health Education

By Michelle Meadows

You've decided to pursue graduate education in public health. Now the question is how to pay the bills. Some experts say that you're in for a challenge because decent sources of support for minority students interested in public health are hard to find.

Your best starting point is the financial aid office of the school you'd like to attend, especially since the method of awarding financial assistance can vary greatly by school.

For example, the University of California at Berkeley has an early application deadline for all people who want to be considered for merit and need-based scholarships. While at the Johns Hopkins University (JHU) School of Public Health, scholarship deadlines vary because they are awarded by the individual departments within the school. It's also a good idea to ask for a referral to the university-wide financial aid office.

At Hopkins, the school sets aside money each year for Master's of Public Health (MPH) tuition scholarships, some of which goes to minority students, according to Ken Adams, director of extramural student support at JHU.

"Finding support at the master's level is extremely difficult," he said. He believes private foundations are better sources of support for master's level students than the government, which can be more useful for MPH students who plan to go on to the doctoral level.

According to Diana Thatcher, director of student affairs at University of California, Los Angeles (UCLA's) School of Public Health, the passage of Proposition 209 has drastically changed the school's policies on financial assistance. Since the proposition prohibits race-based scholarships,

UCLA has had to contact people who have given money for specific populations and inform them that eligibility will now be open to all students.

As a result, the university is working even harder to prepare underserved students for careers in public health, Thatcher said. This includes recruiting minority students, helping them with the application process, and referring them to financial aid sources whenever possible.

"We remain committed to diversity, especially given the nature of the public health field. We know that we need a diverse group of professionals to properly service our communities."

Public Health Resources*

The Minority Health Professions Foundation offers **The Public Health Summer Fellows Program**, an eight-week program designed to encourage and prepare minority undergraduates for careers in public health at the graduate level. Three collaborating institutions—Morehouse School of Medicine, the Centers for Disease Control and Prevention, and the Rollins School of Public Health of Emory University—contribute mentoring field experiences and academic training to fellows selected to participate in the program. Applicants must be rising juniors in college. For more information, contact the Morehouse School of Medicine, 720 Westview Drive, SW, Atlanta, Georgia 30310, 404-752-1674. The Minority Health Professions Foundation is located at 3 Executive Park Drive, NE, Suite 100, Atlanta, Georgia 30329, 404-634-1993.

***See additional public health resources on bottom of page 2.**

Morehouse College's Public Health Sciences Institute (PHSI) offers a cooperative summer program in biostatistics and epidemiology and occupational safety and health. Junior and senior students are eligible to participate. Students participate in 11 weeks of intense research and data analysis with experts at the Centers for Disease Control and Prevention, and receive training in data processing, laboratory research, and technical writing. Contact: Morehouse College, PHSI, PO Box 121, Atlanta, Georgia 30314, 404-215-2733.

The American Public Health Association (APHA) does not offer financial aid for students pursuing public health degrees, but the association has a continuing education (CE) program for public health professionals. CE credits are available at APHA annual meetings. The disciplines for which CE credits will be available at the 1998 meeting in November are posted on the association's Web site: <http://www.apha.org>. The site has a link to public health schools across the U.S.

The Association of Schools of Public Health represents deans, faculty, and students of the accredited and affiliate member schools of public health. The association does not give financial aid to students, but does send special notices of fellowship and internship opportunities to its member schools. A list of schools is available on the Web site <http://www.asph.org/>. The site also has a link to funding opportunities related to public health.

Sibyl Bowie-Featherstone contributed research to this article.

You've Got Funding...But Don't Get Too Comfortable!

By Jennifer Brooks

Too often, people don't notice the progress of a project until there's trouble. And then it's too late. That's why the evaluation component of your proposal is so important. A funding agency expects you to carry out a plan for evaluating your accomplishments and modifying methods over the course of the program.

Monitoring a project is an *ongoing* process that you need to do right from the start. Evaluating is the process of *periodically* checking the progress of a project. The important thing to remember is not to wait until the last minute to deal with any problems that crop up. Your funding agency won't like that kind of surprise.

To help keep financial monitoring on track, program and financial staff need to have good communication. Your financial department

should monitor, track, and coordinate the grant's financial activities. Reports, which would be shared with the project director and the executive director, should outline the budget, the percent of the budget expended, and the amounts that should have been expended. Be sure and check with your funding agency about reporting requirements and formats for continuation proposals.

Learning the Funding Lingo

Don't know a categorical grant from a block grant? Call and request the free *Funding Guide* from the Office of Minority Health Resource Center. The guide has a glossary of more than 25 funding terms. Call 1-800-444-6472.

The National Grants Management Association

This association comprises federal and state granting agencies, college and university officials, and other private and non-profit organizations responsible for the administration of assistance programs.

Contact: NGMA, P.O. Box 5333, Rockville, MD 20848, 301-871-0730.

Healthfinder

Healthfinder serves as a gateway to the U.S. Department of Health and Human Services. The site can lead you directly to minority health funding sources, selected online publications, clearinghouses, databases, other Web sites, and support and self-health groups. Launched on April 15, 1997, the site can also link you to government agencies and non-profit organizations that produce reliable public health information. Visit their Web site at: <http://healthfinder.gov>.

Community Information Exchange

The Community Information Exchange is a national, nonprofit information service that provides community-based organizations and their partners with the information they need to successfully revitalize their communities. The Exchange's databases contain information on topics critical to the well being of communities including substance abuse prevention, crime prevention, affordable housing and health care.

Their monthly newsletter contains deadlines for public and private sector funding, conferences, and job listings. *For more information, contact the Community Information Exchange at (202) 628-2981, fax (202) 783-1485, or visit their Web page at <http://comminfoexch.org>.*

Announcements

NIH Funding Opportunities

The National Institutes of Health has a service called ASKNIH. It's the point of contact for obtaining general information about NIH extramural research and research training programs, requesting publications, learning more about obtaining *The NIH Guide to Grants and Contracts*, and requesting application kits and forms. Contact: ASKNIH, NIH, 301-435-0714; e-mail: ASKNIH@od.nih.gov

The National Eye Institute (NEI) supports research projects that address the leading causes of blindness and impaired vision in the United States. Among the research priority areas are retinal diseases, corneal diseases, and glaucoma. A detailed description of NEI program priorities and funding policies can be found in the report of the National Advisory Eye Council. It's called Vision Research-A National Plan: 1994-1998. To obtain this report, contact NEI's Office of Science Policy and Legislation, Bldg. 31, Room 6A25, 31 Center Drive, MSC 2510, Bethesda, MD 20892, 301-496-4308.

The National Heart, Lung, and Blood Institute has announced a Request for Applications (RFA) Specialized Centers of Research (SCORs) in ischemic heart disease, sudden cardiac death, and heart failure. Applications may be submitted by for profit and non-profit institutions, public and private such as universities, colleges, hospitals, and laboratories. The RFA is intended to support SCOR grants for both basic *and* clinical investigations, not one or the other. Letters of intent are due by June 12, 1998, and applications are due by December 29, 1998. The RFA number is HL-98-007. To obtain the RFA and a grant application form, contact NIH's Division of Extramural Outreach and Information Resources, 6701 Rockledge Dr., MSC 7910, Bethesda, MD 20892, 301-435-0714.

The National Institute on Aging is seeking small grant applications in order to facilitate the entry of promising new investigators into aging research; and to encourage established investigators to enter new, targeted areas in this field. Applications may be submitted by for profit and non-profit institutions, public and private such as universities, colleges, hospitals, laboratories, units of state and local governments, and eligible agencies of the federal government. Racial and ethnic minority individuals, women, and persons with disabilities are encouraged to

apply as principal investigators. The next application due dates are July 17, 1998 and November 17, 1998. For more details and application information, contact NIH's Division of Extramural Outreach and Information Resources. (See address and phone number above.)

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) seeks health services research grant proposals that are aimed at developing a knowledge base to improve the delivery of services for alcohol-related problems. Applications may be submitted by domestic and foreign, for-profit and non-profit, and public and private organizations. Racial and ethnic minorities, women, and persons with disabilities are encouraged to apply as principal investigators. For more general information, contact Dr. Robert Huebner, Division of Clinical and Prevention Research, NIAAA, 6000 Executive Boulevard, MSC 7003, Bethesda, MD 20892, 301-443-0787.

IHS Funding Opportunities:

The IHS Scholarship Program: Indian Health Service provides financial support for Indians to enroll in courses preparing them for acceptance into health professions schools; for students to enroll in courses leading to a baccalaureate degree in specific health professions pregraduate areas, and to Indian students enrolled in health professions and allied health professions programs. For more information, contact the IHS Scholarship Program, 12300 Twinbrook Parkway, Suite 100, Rockville, MD 20852, 301-443-3396.

The IHS Loan Repayment Program: Applicants sign contractual agreements to work in full-time clinical practice at an IHS facility or approved Indian health program. In return, the program will repay all or a portion of the applicant's eligible health professionals education loans (undergraduate and graduate) for tuition expenses. Applicants are eligible to have their loans repaid in amounts up to \$30,000 per year for each year of service. In addition, the program will pay up to 31 percent of federal taxes directly to the Internal Revenue Service. (Loan repayments are deemed taxable income.) Contact the IHS Loan Repayment Program, 12300 Twinbrook Parkway, Suite 100, Rockville, MD 20852, 301-443-3396.

Books

Directory of Biomedical and Health Care Grants 1998: With a Guide to Proposal Planning and Writing (12th Ed.). Lynn E. Miner, 1997.

Directory of Research Grants 1997: With a Guide to Proposal Planning and Writing (22nd Ed.). Lynn E. Miner, 1997.

How to Create and Present Successful Government Proposals: Techniques for Today's Tough Economy. Robert J. Hamper, L. Sue Baugh, 1996.

Secrets of Successful Grantsmanship: A Guerrilla Guide to Raising Money (Jossey-Bass Nonprofit Sector Series). Susan L. Golden, 1997.

Successful Grant Writing: Strategies for Health and Human Service Professionals. Laura N. Gitlin, Kevin J. Lyons, 1996.

Winning Grants Step by Step: Support Centers of America's Complete Workbook for Planning, Developing and Writing Successful Proposals. Mim Carlson, 1995.

Designing Successful Grant Proposals. Donald C. Orlich, 1996.

Finding Funding, Grantwriting and Project Management from Start to Finish. Ernest W. Brewer, et al, 1995.

The Foundation Center's Guide to Proposal Writing (2nd Edition). Jane C. Geever, et al, 1997.

Government Contracts: Proposalmanship and Winning Strategies. Herman Holtz, 1979.

Grants and Contracts Handbook. Paul C. Holman, 1990.

Grantseekers Guide to Project Evaluation. Leslie Ratzliff, 1991.

Grassroots Grants: An Activist's Guide to Proposal Writing. Andy Robinson, Kim Klein, 1996.

Guidelines for Preparing Proposals. Roy Meador, 1991.

Proposal Preparation. Rodney D. Stewart, Ann L. Stewart, 1992.

Correction

The correct phone number to call for the Faculty Loan Repayment Program is (301) 443-1700. Speak to Shirley Zimmerman at the Health Resources and Services Administration about loan repayment of up to \$20,000 per year for qualified health professionals in exchange for serving on a health professions or nursing school faculty for at least two years.

DEPARTMENT OF
HEALTH & HUMAN SERVICES
Public Health Service
Office of Minority Health Resource Center
P.O. Box 37337
Washington DC 20013-7337

Official Business
Penalty for Private Use \$300

BULK RATE
POSTAGE AND FEES PAID
DHHS/OPHS
PERMIT NO. G-280



Closing the Gap

Meetings & Conferences: 1998

Apr. 30-May.2: 1998 Health Care for the Homeless Conference: "Closer to Home: Local Strategies to Address Homelessness," held in St. Louis, MO. Sponsored by the Health Resources and Services Admin. Contact (617) 482-9485.

May 6-8: Native Family Wellness Conference in Fairbanks, Alaska, sponsored by Health Promotions Programs, College of Continuing Education. Contact (405) 325-1790.

May 7-10: 23rd Annual Oncology Nursing Society Congress: "On Track in Changing the World," in San Francisco, CA, sponsored by the Oncology Nursing Society. Contact (412) 921-7373.

May 10-13: Alcohol Policy XI: "Creating Alcohol Safe Communities" in Chicago, IL, the American Medical Association. Contact via e-mail: APCXI@ama.assn.org.

May 11-13: 1998 Pennsylvania Rural Health Conference: "The New Health Care Environment," sponsored by Pennsylvania Office of Rural Health. Contact: (814) 863-8214.

May 13-16: 21st Annual National Conference: "Collaborating for Access, Capitalizing on Success," in Orlando, Florida, sponsored by the National Rural Health Association. Contact: (816) 756-3140.

May 15-17: National Farmworkers Health Conference in Houston, Texas, sponsored by National Association of Community Health Centers. Contact: (202) 659-8008.

May 19-22: National Conference of Health Education and Health Promotion in San Antonio, Texas, sponsored by the Association of State and Territorial Directors of Health Promotion and Public Health Education. Contact: (601) 960-7781.

May 28-31: 13th Annual National Conference in Washington, D.C.: "Beyond Rhetoric: Redefining Diversity through Common Ground" sponsored by National MultiCultural Institute. Contact: (202) 483-0700.