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## **About The Information in This Manual**

From time to time, the Massachusetts Department of Public Health may update some of the materials. Please check the School Health Manual online to see if there are any recent updates.

Please be certain to check for new laws and regulations that may be in effect after publication of this Manual. You may find the Massachusetts General Laws online at <http://www.mass.gov/legis/laws/mgl/> and the Code of Massachusetts Regulations at <http://www.lawlib.state.ma.us/cmr.html>. These sites are periodically updated, but are not the official version of the Massachusetts General Laws (MGL) or Code of Massachusetts Regulations (CMR). You should always refer to an official edition of the MGL and CMR. Official editions may be found at the Statehouse Bookstore and many public and law libraries.

## Chapter 16

# REFUGEE AND IMMIGRANT HEALTH CARE

### INTRODUCTION AND DEFINITIONS

According to the 2000 U.S. Census, about 1 in 9 Massachusetts residents is foreign born, and about 1 in 5 speaks a language other than English at home. These nonnative populations may experience language problems, be unfamiliar with Western health care, or lack knowledge of specialized services. Refugees and immigrants have separate, distinct legal statuses in the U.S., which may entitle them to different levels of access to public benefits and services such as health insurance. This chapter addresses health problems that may be experienced by refugee and immigrant children and adolescents, as well as issues that may affect access to health care information and services for refugee and immigrant children and adolescents.

The United Nations defines a *refugee* as a person forced to flee his or her country of origin due to persecution or fear of persecution because of race, religion, nationality, membership in a particular social group, or political opinion. Refugees may flee to or be resettled in the United States. Some refugees enter the U.S. with refugee documents, having been awarded refugee status by the U.S. Citizenship and Immigration Services (USCIS), formerly the Immigration and Naturalization Service (INS). Recipients of *asylum* are referred to as "asylees" and are the same as refugees except that they receive this status after entering the U.S.

An *immigrant* is a legal permanent resident who has gained legal status under U.S. immigration law. Although there are many immigration categories, immigration policy priorities are based on family reunification and importation of skills not available among U.S. workers. Immigrants have the opportunity to eventually obtain citizenship.

A *nonimmigrant* is a person who is in the U.S. for a limited period of time. Included in this category are tourists, business travelers, students, researchers, and some workers. The length of time in the U.S. varies greatly and may be extended.

An *undocumented person* is someone who is present in the U.S. illegally, either by entering the U.S. without USCIS inspection or by entering legally as a nonimmigrant, for example on a visitor or student visa, and staying past the visa's expiration date.

Though the term "immigrant" has a specific legal definition under U.S. immigration law, in this chapter the term is used to refer to anyone who lives in the U.S., was not born in the U.S., is not yet a citizen, and is not a refugee.

Demographic information on refugee and immigrant communities is available from various sources. U.S. Census Bureau data for Massachusetts, at the state and county level (available at <http://www.census.gov>), includes information on race, Latino ethnicity, and U.S. or foreign birth. The Migration Policy Institute has data resources for the U.S. at the national and state level

(<http://www.migrationinformation.org>). Massachusetts Department of Public Health's (DPH) Refugee and Immigrant Health Program has data on refugees resettled in Massachusetts by country of origin and year of entry (<http://www.mass.gov/dph/cdc/rhip/wwwrihp.htm>). DPH's Office of Multicultural Health has summarized 2 types of school enrollment data from the Massachusetts Department of Education: FLNE (First Language is Not English) survey data, on children enrolled in Massachusetts public schools from households where English is not the primary language; and LEP (Limited English Proficiency) data, providing information on the subset of these FLNE children who are enrolled in bilingual education and are attempting to master English. This summary report can be found at [http://www.mass.gov/dph/omh/2001flne\\_rport.pdf](http://www.mass.gov/dph/omh/2001flne_rport.pdf).

Recent arrivals to the U.S., whether refugees or immigrants, face a period of enormous change and adjustment that can affect their physical and emotional well-being. Most refugees and many immigrants left their countries due to violence, political strife, or poverty. For some immigrant and refugee students, the emotional stress and trauma in their backgrounds, in addition to the unsettling or stressful experience of being in a new country, may manifest as physical symptoms such as headaches, abdominal pain, indigestion, fatigue, or insomnia that have no clearly identifiable physical cause. Traumatized refugees and immigrants may experience psychological disorders; depression, adjustment disorders, and post-traumatic stress disorder are relatively common.

In addition to these psychosocial issues, refugees and immigrants may manifest a wide array of common, and usually treatable, physical health conditions. It is important to note that applicants for legal permanent residence and for refugee status undergo a health screening as part of overseas immigration processing. Applicants with serious health conditions of public health significance, or with physical or mental disorders that may pose a threat to the applicant or others, may be denied admission. Refugees are eligible for health screening upon arrival in the U.S., and asylees are eligible for the same screening upon receiving their grant of asylee status. In Massachusetts, over 90% of new refugee arrivals receive screening through a program administered by DPH's Refugee and Immigrant Health Program.

Health practices and beliefs are affected by variables such as ethnic values, cultural orientation, religious beliefs, and linguistic considerations. Schools and health care providers may have limited knowledge about the cultural backgrounds, social expectations, and work experiences of refugee and immigrant populations, including their beliefs, attitudes, and cultural lifestyles. Awareness of factors that may prevent newcomers from seeking care can help a school intervene on behalf of a refugee or immigrant student. In addition, although school health personnel serving a multiethnic population may not be able to master the intricacies of each ethnic population's specific cultural practices, they should attempt to familiarize themselves with common traditional health practices of their school's ethnic communities and adopt principles of cross-cultural communication around health beliefs and practices.

### **COMMON HEALTH CONDITIONS AMONG REFUGEE AND IMMIGRANT CHILDREN**

Refugee and immigrant youth have many of the same health issues or conditions seen in U.S.-born children and adolescents, albeit with differing prevalence rates. The most common conditions are those related to oral health, growth and nutrition, and infectious diseases.

Among refugee children in Massachusetts, nearly two-thirds have documented oral health abnormalities at the time of their health screening in the U.S. Individuals working with refugee and

immigrant children may see striking rates of dental caries and other infections, excessive plaque and gingivitis due to lack of preventive care, and orthodontic issues related to cultural practices such as ritual tooth extraction or missing teeth pulled as a result of severe caries. As a consequence of such oral health problems, children may have poor growth and poor school performance. Poor school performance may result from inattention (from pain), embarrassment (from caries-related halitosis), or speech and language problems (from poor articulation related to missing teeth).

Anemia and micronutrient deficiencies (particularly of iron, zinc, and vitamin A) are also common health problems among refugee and immigrant communities. Iron deficiency anemia has been found in up to one-half of newly arrived refugee children in high-risk age groups (toddlers/preschoolers and early adolescents) from developing countries. Although such deficiencies may be associated with undernutrition, anemia is also seen in refugee and immigrant children from the former Soviet Union in association with overweight, as is also found among low-income children in the U.S.

Anemia and iron deficiency may be compounded by lead poisoning. Studies of refugees and internationally adopted children shortly after their arrival in the U.S. have documented high rates of elevated blood lead levels. The levels found were in excess of those commonly found in the general U.S.-born population, but comparable to those of high-risk urban populations in Massachusetts. In addition, a DPH study of refugees resettled in Massachusetts during 1995 to 1999 revealed high rates of elevated blood lead levels, newly acquired 6 months or more after resettlement in the U.S., suggesting risk for environmental exposures in the U.S. The elevated rates seen across varying refugee and international adoptee populations in the U.S., together with numerous scientific reports of elevated levels among immigrant children (including nearly all recent lead-related child fatalities in the U.S.), suggest that overseas exposure risks, while varied, are ubiquitous in most developing countries and the former Soviet Union.

Growth abnormalities may depend on the socioeconomic circumstances of the immigrant or refugee child's migrations. With infrequent exceptions, by the time these children arrive in the U.S., acute malnutrition is fairly uncommon, concentrated in populations arriving from areas of recent strife or from refugee camps. Among refugee children arriving in Massachusetts from 1995 to 1998, low weight-for-height, an indicator of acute malnutrition, was seen among 8% of African (mostly Somali) and East Asian (mostly Vietnamese) children. Low height-for-age, an indicator of chronic malnutrition, was far more common among children from Africa (13%), the Near East (19%), and East Asia (30%). Typically, though, malnourished immigrant and refugee children undergo a period of rapid catch-up growth once in the U.S. During this time, it is essential that children receive adequate nutritional support and education.

Infectious diseases commonly found among refugee and immigrant children and adolescents are often easily treated and rarely pose a public health threat to the school community. Although refugees are screened for some infections, most immigrant children are not screened either overseas or in the U.S. One common infection is tuberculosis (TB). TB in refugee and immigrant youth is mostly latent, or asymptomatic. Children and adolescents with latent TB infections (i.e., not infectious) may attend school, pending evaluation and treatment. School health personnel should be mindful that targeted tuberculosis skin testing is recommended for students coming from endemic countries (such as most of those in the developing world). School nurses may be able to assist students taking TB medication by checking for adherence with the treatment schedule or by providing directly observed therapy.

In addition, high rates of intestinal parasites, such as *Giardia*, are found in some refugee and immigrant populations. While frequently asymptomatic, children and adolescents with symptoms

suggestive of a parasitic infection or those in situations that pose a high risk of infection or transmission (such as institutional-care or child care settings) may warrant screening and treatment or even empiric treatment with antiparasitic medication. Because of the high rates of parasitic infections among refugee populations, refugees arriving in Massachusetts are screened and treated for intestinal parasites. Another less common infection includes hepatitis B among children from endemic countries. Finally, skin infections such as fungal infections (“ringworm”), scabies, and lice are seen in newly arrived refugees and immigrants.

### A MULTICULTURAL APPROACH TO HEALTH CARE

The following strategies for cultural assessment serve as guidelines for school personnel in cross-cultural interactions around health or other issues:

- Remember that your cultural beliefs may be as foreign to the student as the student’s beliefs may be to you.
- Practice “cultural competence” — a continuous process of learning characterized by respect for differences and appreciation of how your culture interacts with that of students and their families.
- Consider students and their families as *individuals* before considering them as members of a specific cultural group.
- Never presume that an individual’s ethnic identity is any indication of his or her cultural values or patterns of behavior.
- Treat all presumptions about cultural values and traits as hypotheses to be tested anew with each individual. Turn “facts” into questions. Learn what expectations the student and/or family have of you and your role, as well as how they view themselves and their role in the interaction.
- Keep in mind that newcomers are bicultural and that they face the task of integrating at least two different cultures that may conflict.
- Some aspects of an individual’s cultural history, values, and lifestyle may prove relevant to a school health situation, but others may not. Do not prejudge which aspects are relevant to an individual’s understanding of any health issue.

### FACTORS THAT MAY AFFECT ACCESS TO HEALTH SERVICES

Whatever their country of origin or circumstance of arrival, refugees and immigrants may have frustrating experiences dealing with U.S. health services. Varying cultural beliefs and habits may lead to difficulties in accessing or understanding the Western health care delivery system. In addition, factors such as language, transportation, financial barriers, lack of health insurance, and lack of information may seriously affect access to services.

#### Language

It is common for refugee and immigrant children to learn English sooner than their parents. Positioned between their family and the school or health community, students may be expected, by both the family and the school, to serve as interpreters. Placing students in this role serves to make them *de facto* primary decision makers. School-age youth may end up translating information based primarily on what they believe their parents want to hear, or, alternatively, they may circumvent parents entirely, believing it is not important for parents to be informed or to intervene. The Massachusetts Emergency Room Interpreters Law (Chapter 66 of the Acts of 2000) prohibits the use of children as interpreters in emergency rooms for these reasons. Although it may be difficult to find adult interpreters, it is best not to use the child or other family members as

interpreters. When obtaining information, it is important to assure both the child and the parent that health matters being discussed are strictly confidential.

Because of limited English skills, some parents may be unable to communicate with school personnel and may feel isolated from the school community. Both state and federal guidelines require that parents with limited English proficiency be notified about their child's school performance in a language they use. In addition, the guidelines encourage schools to develop opportunities that increase the participation of parents with limited English proficiency. Special efforts by teachers, administrators, and school nurses may be necessary to help refugee and immigrant parents form a stronger connection with the school community. For example, in some schools, parents are encouraged to participate on the school health advisory committee. (School nurse leaders usually meet with the parents prior to the advisory committee meeting to review agenda items and ensure they understand them.) Also, it may be beneficial for school health personnel to meet with representatives of local ethnic communities to learn more about community issues and concerns related to health and health care.

### **Institutional Barriers**

Specialized services for treating newcomers with health and mental health problems may be scarce, and interpreting services may not be available or reimbursable. However, clinics with traditions of serving newcomer communities (e.g., community health centers) may help facilitate access to care for refugee and immigrant families and provide specialized care such as treatment for torture or trauma.

Refugee and immigrant children may be eligible for publicly supported mental and general health care. In particular, the federal government has specific funding streams to ensure that newly arrived refugees and asylees may receive up to 8 months of cash and medical assistance after arrival in the U.S. or receipt of asylee status. In addition, refugees and asylees were exempted from most of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act's immigrant restrictions on receipt of public benefits. By contrast, legal permanent residents currently have more limited eligibility for Medicaid, and undocumented persons are *not* eligible for Medicaid, other than for emergency medical services. It is important to remember that some immigrants with U.S.-born children may be unwilling to utilize public benefits such as Medicaid for those eligible children because of a mistaken fear of deportation or denial of immigration applications.

Of special concern to school health administrators are student health and immunization records. It is common for newcomers to leave their country with incomplete health records, with no records at all, or with immunizations that are not administered according to U.S. standards. Massachusetts law requires all children to be immunized prior to enrollment in school, and school administrators must have proper documentation in hand before a child can attend. When no documentation is available, the immunization series is initiated, even if the family reports that the child has been immunized in their country of origin. Regarding working parents who are pressed for time, it can be difficult for them to complete records or adhere to followup procedures. To facilitate completion of immunizations, newcomers should be encouraged to complete a health assessment for themselves and for their children soon after arrival.

Lack of transportation may also present a barrier to refugee and immigrant parents seeking medical care for their children. Local agencies that advocate for and/or provide services for newcomers may be able to assist in overcoming this barrier to care.

### **Cultural Beliefs About Health Care**

Prevention is not a common approach to health care in many parts of the world, nor are Western-style health services universally available. As a result, newcomers may wait until they are in crisis,

either physically or emotionally, before seeking care. It is helpful to talk with a family or with a community agency to assess family members' knowledge of and experience with Western health care systems. Similarly, refugee and immigrant families may not be familiar with U.S. practices for caring for sick children and keeping sick children at home to limit exposures to infectious diseases in the school.

### **FAMILY ROLES, ACCULTURATION, AND BEHAVIORAL ISSUES**

Family size, traditional family roles, and approaches to raising children are other factors for school personnel to take into consideration when dealing with the health needs of students. When the family structure is large and inclusive, a child may be under the direct care and supervision of family members other than parents. Child-rearing practices in some immigrant or refugee communities may seem severe compared to commonly accepted practices in the U.S.

As in the general population, teaching of sensitive topics (e.g., sexuality education, prevention of substance abuse, HIV/AIDS prevention) is met with varying degrees of acceptance in different newcomer communities. In some cases, parents will not allow their children to participate in classroom sex education and may even go so far as to remove their children from the school. Birth control may be prohibited and not even discussed. For others, sex education in the schools, although not a major concern, may be considered confusing and inappropriate. In some cultures, the expectation is that sex education will be taught indirectly through science or physical education, as was the case in the country of origin. In discussing such sensitive topics, it is important for school officials to be mindful of the cultural inhibitions of students and their families.

Similarly, gender roles in parenting can also be misinterpreted. In some cultures, the mother may not be empowered to make decisions without the father's approval. Therefore, maternal hesitancy in some decision making — particularly around sensitive issues such as those listed above — should not be interpreted as a lack of interest or concern. It is important for school officials to consider whether involvement of the father may be necessary for approving a child's participation.

### **SUMMARY**

School personnel must be informed about and respectful of the customs, health beliefs, health practices, and family roles of newcomers. Workshops for newcomer communities on these topics, provided by local schools and community organizations, can help foster and encourage understanding of the potential health issues of children and their families from different cultures.

## RESOURCES: MASSACHUSETTS AGENCIES AND ORGANIZATIONS

### Massachusetts Office for Refugees and Immigrants (ORI)

18 Tremont Street, Suite 600

Boston, MA 02108

Phone: 617-727-7888

Fax: 617-727-1822

TTY: 617-727-8149

E-mail: [ori.webmaster@state.ma.us](mailto:ori.webmaster@state.ma.us)

Website: <http://www.mass.gov/ori/>

ORI's Refugee Youth Adjustment Services and Refugee School Impact programs provide linguistically and culturally appropriate after-school and summer youth services tailored to the specific needs and challenges of refugee youth. Services include academic support, social skills development, recreational and employment opportunities, and leadership development. Program activities are designed to encourage full participation from refugee youth and to provide supportive services for their families. All ORI youth programs provide linkages to other programs and services in the area and address multiple barriers of participants through a network of in-house and referral support services. Currently, ORI Refugee Youth Adjustment Services and Refugee School Impact grants support programs in Lowell, Lynn, Springfield, West Springfield, Westfield, and Boston. ORI also maintains contact information for a network of refugee and immigrant community and social service organizations. ORI can be contacted for referral information for ethnic community groups.

### Massachusetts Department of Public Health Office of Multicultural Health (OMH)

250 Washington Street, 2nd Floor

Boston, MA 02108

Phone: 617-624-5270

Fax: 617-624-5046

Website: <http://www.mass.gov/dph/omh/omh.htm>

OMH maintains a comprehensive list of statewide interpreters and translators available for foreign language services.

### Massachusetts Department of Public Health Refugee and Immigrant Health Program

305 South Street

Jamaica Plain, MA 02130

Phone: 617-983-6590

Fax: 617-983-6597

Website: <http://www.mass.gov/dph/cdc/rhip/wwwrihp.htm>

**Publication:** The manual *Refugee Health Assessment (2000): A Guide for Health Care Clinicians* is available at <http://www.mass.gov/dph/cdc/rhip/rha/index.htm>.

### The Access Project

Lincoln Plaza

89 South Street, Suite 404

Boston, MA 02111

Phone: 617-654-9911

Fax: 617-654-9922

Website: <http://www.accessproject.org>

The Access Project has served as a resource center for local communities working to improve health and health care access since 1998 and is a research affiliate of the Schneider Institute for Health Policy at Brandeis University. The following page on the website <http://www.accessproject.org/issues.htm> includes links to relevant resources and reports on immigration and health issues related to linguistic barriers to health care.

### **Center for Medical and Refugee Trauma**

Boston Medical Center  
Department of Child and Adolescent Psychiatry  
One Boston Medical Center Place  
Boston, MA 02118  
Phone: 617-414-7531

Website: [http://www.bmc.org/childpsychiatry/refugee\\_trauma.html](http://www.bmc.org/childpsychiatry/refugee_trauma.html)

The Center for Medical and Refugee Trauma at Boston Medical Center has an emphasis on work with children and families who have experienced war, displacement, and resettlement stress. Activities of the Center include the development of culturally informed, socially and ecologically valid interventions for children who have experienced trauma, as well as examination of the impact of trauma on physical and mental health outcomes.

### **Health Care For All**

30 Winter Street, 10th floor  
Boston, MA 02108  
Phone: 617-350-7279  
Fax: 617-451-5838  
TTY: 617-350-0974

Helpline: 800-272-4232 (information about free and low-cost health programs in Massachusetts)

Website: <http://www.hcfama.org>

Health Care For All is dedicated to making quality, affordable health care accessible to everyone, regardless of income or socioeconomic status. It is especially concerned about the most vulnerable members of society — the uninsured, low-income elders, children, people with disabilities, and immigrants.

### **Massachusetts Association of Teachers of Speakers of Other Languages (MATSOL)**

The Schrafft Center, Commonwealth Corporation Incubator  
Suite 1M10-Mezzanine Level  
529 Main Street  
Boston, MA 02129  
Phone: 617-242-1756

Website: <http://www.matsol.org>

With core values of reflective leadership, collaboration, diversity, and professionalism, MATSOL seeks to advocate for the educational opportunities and achievement of English-language learners as well as provide professional development and support to educators working with English-language learners.

### **Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA)**

105 Chauncy Street, Suite 901  
Boston, MA 02111  
Phone: 617-350-5480 x210  
Fax: 617-350-5499

Website: <http://www.miracoalition.org>

MIRA is a multiethnic, multiracial coalition that involves hundreds of grassroots immigrant organizations, human services agencies, legal service providers, religious groups, and human rights groups in cooperative efforts to improve the lives of immigrants and refugees.

### **Massachusetts Medical Interpreters Association (MMIA)**

750 Washington Street  
NEMC Box 271  
Boston, MA 02111-1845

Website: <http://www.mmia.org>

MMIA is a nonprofit organization dedicated to equal access to quality health care for all people and to the development of professional medical interpreting. Founded in 1986, the program is made up of members who provide interpreting services in over 70 languages. Membership is open to all those employed in, concerned with, or interested in medical interpreting.

**Mayor's Office of New Bostonians**

City of Boston

Room 803

1 City Hall Plaza

Boston, MA 02201

Phone: 617-635-2980

Fax: 617-635-4540

E-mail: [NewBostonians@cityofboston.gov](mailto:NewBostonians@cityofboston.gov)

Website: <http://www.cityofboston.gov/newbostonians>

Mayor's Office of New Bostonians publishes *New Bostonians Community Resource Directory*, which includes detailed information on 128 community-based organizations that work with immigrants and newcomers in Boston, and an extensive section on ethnic media.

**National Coalition of Advocates for Students (NCAS)/Boston**

P.O. Box 218

Boston, MA 02134

Phone: 617-746-9995

Fax: 617-746-9997

Website: <http://www.ncasboston.org>

The NCAS website offers free school information for Asian American families (14 articles covering basic information about public schools) as well as a variety of books relating to immigrant students.

**RESOURCES: MASSACHUSETTS COMMUNITY GROUPS AND LOCAL SERVICE AGENCIES**

**Asian American Civic Association (AACA)**

200 Tremont Street

Boston, MA 02116

Phone: 617-426-9492

Website: <http://www.aaca-boston.org>

Since 1967, the AACA has been devoted to the mission of providing economically disadvantaged immigrants and refugees with the means to achieve sustainable economic self-sufficiency in the United States.

**Asian Task Force Against Domestic Violence**

P.O. Box 120108

Boston, MA 02112

Phone: 617-338-2355

Fax: 617-338-2354

Website: <http://www.atask.org>

Since 1994, the Task Force has operated New England's only multilingual shelter and services for Asian victims of domestic violence and their children.

**Brazilian Resource and Services Network (BRSN)**

Juniper Hill School

Room 20

29 Upper Jocelyn Avenue

Framingham, MA 01701

Website: <http://www.fcplink.org/brsn/Brsn.htm>

BRSN is a joint effort on behalf of several Framingham organizations to meet the needs of Brazilian immigrants in the areas of child care, employment, health care, housing, immigration, ESL/citizenship concerns, and drivers' licensing.

### **Centro Latino de Chelsea**

267 Broadway  
Chelsea, MA 02150  
Phone: 617-884-3238 x211  
Fax: 617-884-4646  
E-mail: [info@centrolatino.org](mailto:info@centrolatino.org)  
Website: <http://www.centrolatino.org>

Centro's mission is to improve the quality of life and self-determination of Latinos in Chelsea and surrounding communities through economic development, education, health, and social well-being strategies.

### **Centro Presente**

54 Essex Street  
Cambridge, MA 02139  
Phone: 617-497-9080  
Fax: 617-497-7247  
Website: <http://www.cpresente.org/index.htm>

Founded in 1981, Centro Presente is a statewide, member-driven Latin American immigrant organization committed to the self-determination, self-sufficiency, and social and economic equality of the Latin American immigrant community of Massachusetts.

### **Child and Family Services of Pioneer Valley**

425 Union Street, Level D  
West Springfield, MA 01089  
Phone: 413-737-4718  
Fax: 413-827-7817

Child and Family Services of Pioneer Valley serves the Albanian, Cambodian, Bosnian, Russian, and Vietnamese communities.

### **Haitian-American Public Health Initiative (HAPHI)**

10 Fairway Street  
Mattapan, MA 02126  
Phone: 617-298-8076  
Fax: 617-296-1570  
Website: <http://haphi.org>

HAPHI provides translation services, referral services, health education, and screenings to the Haitian community of Mattapan and parts of Dorchester. It promotes health and fosters well-being within Greater Boston's Haitian community through education, prevention, advocacy, outreach, and services.

### **Haitian Coalition**

One Davis Square  
Somerville, MA 02144  
Phone: 617-629-0798  
Website: <http://www.haitian-coalition.org>

The Haitian Coalition's mission is to organize Haitian people in Somerville and Cambridge to improve the economic, political, physical, and social elements of the Haitian community. The coalition also provides services to Haitians living in surrounding communities, primarily Medford, Malden, and Everett.

### **Latin American Health Institute (LHI)**

95 Berkeley Street  
Suite 600  
Boston, MA 02116  
Phone: 617-350-6900  
Fax: 617-350-6901  
Website: <http://www.lhi.org/lhi/>

LHI is New England's premier community-based public health organization, serving annually over 25,000 Latin American families and individuals through more than 24 direct care programs. In addition, LHI reaches

health care professionals, para-professionals, and institutions through education, technical assistance, fiscal sponsorship, program oversight, and consulting services.

### **RESOURCES: NATIONAL AGENCIES AND ORGANIZATIONS**

#### **Health Resources and Services Administration (HRSA)**

5600 Fishers Lane

Rockville, MD 20857

Phone: 301-443-0210

Fax: 301-443-2803

Website: <http://www.hrsa.gov/culturalcompetence/>

HRSA, an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. The HRSA website includes a comprehensive section on Cultural Competency, including links to resources for Cultural Competence assessment tools, training curricula, health professions education, etc.

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