**FEDERAL ASSISTANCE**

<table>
<thead>
<tr>
<th>1. TYPE OF ACTION</th>
<th>2. APPLICANT'S APPLICATION</th>
<th>3. STATE APPLICATION IDENTIFIER</th>
<th>4. LEGAL APPLICANT/RECIPIENT</th>
<th>5. FEDERAL EMPLOYER IDENTIFICATION NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ PREAPPLICATION</td>
<td>□ NOTIFICATION OF INTENT (OpI)</td>
<td>□ REPORT OF FEDERAL ACTION</td>
<td>a. Applicant Name: Santa Barbara Community College District</td>
<td>95-6000940</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>b. Organization Unit: Santa Barbara City College</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>c. Street/P.O. Box: 721 Cliff Drive</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>d. City: Santa Barbara</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>e. County: Santa Barbara California</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>f. State: Blank</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>g. ZIP Code: 93109</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>h. Contact Person (Name &amp; telephone No.): Burton P. Miller (805) 965-0581</td>
<td></td>
</tr>
</tbody>
</table>

7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT

Breaking the Information Barrier to Effective Health Care Consumption

10. AREA OF PROJECT IMPACT (Names of cities, counties, States, etc.)

Santa Barbara County

11. ESTIMATED NUMBER OF PERSONS BENEFITING

180

12. TYPE OF APPLICATION

A-New C-Revision E-Augmentation

B-Renewal D-Continuation

15. TYPE OF CHANGE (For A or E)

A-Increase Dollars F-Other (Specify): B-Decrease Dollars C-Increase Duration D-Decrease Duration E-Cancellation

16. PROJECT START DATE Year month day

19 7 8 9

17. PROJECT DURATION Months

36

19. EXISTING FEDERAL IDENTIFICATION NUMBER

FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code)


22. THE APPLICANT CERTIFIES THAT

a. To the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved.

b. If required by OMB Circular A-95 this application was submitted, pursuant to instructions therein, to appropriate clearingshouses and all responses are attached:

---

23. CERTIFYING REPRESENTATIVE

Glenn G. Gooder

24. AGENCY NAME

25. APPLICATION RECEIVED Year month day

26. ORGANIZATIONAL UNIT

27. ADMINISTRATIVE OFFICE

28. FEDERAL APPLICATION IDENTIFICATION

30. FEDERAL GRANT IDENTIFICATION

31. ACTION TAKEN

32. FUNDING

33. ACTION DATE Year month day

34. STARTING DATE Year month day

35. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)

36. ENDING DATE Year month day

37. REMARKS ADDED

---

424-101 (OE Form 425, 8/77) STANDAR FORM 424 PAGE 1 (10-75) Prescribed by GSA, Federal Management Circular 74-7
## PART II

### PROJECT APPROVAL INFORMATION

**ITEM 1.**
Does this assistance request require State, local, regional, or other priority rating?
- **Name of Governing Body**
- **Priority Rating**
  - [ ] Yes
  - [x] No

**ITEM 2.**
Does this assistance request require State, local advisory, educational or health clearances?
- **Name of Agency or Board**
  - [ ] Yes
  - [x] No
  
  (Attach Documentation)

**ITEM 3.**
Does this assistance request require clearinghouse review in accordance with OMB Circular A-95?
  - [ ] Yes
  - [x] No

  (Attach Comments)

**ITEM 4.**
Does this assistance request require State, local, regional, or other planning approval?
- **Name of Approving Agency**
- **Date**
  - [ ] Yes
  - [x] No

**ITEM 5.**
Is the proposed project covered by an approved comprehensive plan?
- **Location of Plan**
  - [ ] Yes
  - [x] No
  
  Check one:
  - [ ] State
  - [ ] Local
  - [ ] Regional

**ITEM 6.**
Will the assistance requested serve a Federal installation?
- **Name of Federal Installation**
- **Federal Population benefiting from Project**
  - [ ] Yes
  - [x] No

**ITEM 7.**
Will the assistance requested be on Federal land or installation?
- **Name of Federal Installation**
- **Location of Federal Land**
  - [ ] Yes
  - [x] No

**ITEM 8.**
Will the assistance requested have an impact or effect on the environment?
- **See instructions for additional information to be provided.**
  - [ ] Yes
  - [x] No

**ITEM 9.**
Will the assistance requested cause the displacement of individuals, families, businesses, or farms?
- **Number of:**
  - [ ] Individuals
  - [ ] Families
  - [ ] Businesses
  - [ ] Farms
  - [ ] Yes
  - [x] No

**ITEM 10.**
Is there other related assistance on this project previous, pending, or anticipated?
- **See instructions for additional information to be provided.**
  - [ ] Yes
  - [x] No

HEW-608T
### SECTION C - NON-FEDERAL RESOURCES

<table>
<thead>
<tr>
<th>(a) GRANT PROGRAM</th>
<th>(b) APPLICANT</th>
<th>(c) STATE</th>
<th>(d) OTHER SOURCES</th>
<th>(e) TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Consumers' Education</td>
<td>$8,765</td>
<td>$</td>
<td>$</td>
<td>$8,765</td>
</tr>
<tr>
<td>9.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>10.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>11.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>12. TOTALS</td>
<td>$8,765</td>
<td>$</td>
<td>$</td>
<td>$8,765</td>
</tr>
</tbody>
</table>

### SECTION D - FORECASTED CASH NEEDS

<table>
<thead>
<tr>
<th>(a) GRANT PROGRAM</th>
<th>(b) 1ST QUARTER</th>
<th>(c) 2ND QUARTER</th>
<th>(d) 3RD QUARTER</th>
<th>(e) 4TH QUARTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. FEDERAL</td>
<td>$11,108</td>
<td>$7,793</td>
<td>$8,493</td>
<td>$34,973</td>
</tr>
<tr>
<td>14. NON-FEDERAL</td>
<td>$2,192</td>
<td>$2,191</td>
<td>$2,191</td>
<td>$8,765</td>
</tr>
<tr>
<td>15. TOTALS</td>
<td>$13,300</td>
<td>$9,984</td>
<td>$10,684</td>
<td>$43,738</td>
</tr>
</tbody>
</table>

### SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

<table>
<thead>
<tr>
<th>(a) GRANT PROGRAM</th>
<th>(b) 1ST YEAR</th>
<th>(c) 2ND YEAR</th>
<th>(d) 3RD YEAR</th>
<th>(e) 4TH YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Consumers' Education</td>
<td>$35,750</td>
<td>$20,835</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>17.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>18.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>19.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>20. TOTALS</td>
<td>$35,750</td>
<td>$20,835</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### SECTION F - OTHER BUDGET INFORMATION (attach additional sheets if necessary)

21. DIRECT CHARGES: Project Director, Sydney Siemens, $25,000 per year

22. INDIRECT CHARGES: Indirect costs are 33% of direct personnel. This rate has been tentatively approved by Region IX, HEW pending the award of a grant allowing indirect cost reimbursement. At that time a provisional rate will be negotiated.

23. REMARKS:

PART IV - PROGRAM NARRATIVE (attach per instructions)
## PART III - BUDGET INFORMATION

### SECTION A - BUDGET SUMMARY

<table>
<thead>
<tr>
<th>GRANT PROGRAM, FUNCTION OR ACTIVITY</th>
<th>FEDERAL CATALOG NO.</th>
<th>ESTIMATED UNOBLIGATED FUNDS</th>
<th>NEW OR REVISED BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a)</td>
<td>FEDERAL (c)</td>
<td>NON-FEDERAL (d)</td>
</tr>
<tr>
<td>Consumers' Education</td>
<td>13,564</td>
<td>$34,973</td>
<td>$8,765</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. TOTALS</td>
<td></td>
<td>$34,973</td>
<td>$8,765</td>
</tr>
</tbody>
</table>

### SECTION B - BUDGET CATEGORIES

<table>
<thead>
<tr>
<th>OBJECT CLASS CATEGORIES</th>
<th>Consumers' Education</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Education</td>
<td>(2)</td>
<td>(3)</td>
</tr>
<tr>
<td>a. PERSONNEL</td>
<td>$25,560</td>
<td></td>
</tr>
<tr>
<td>b. FRINGE BENEFITS</td>
<td>$3,433</td>
<td></td>
</tr>
<tr>
<td>c. TRAVEL</td>
<td>$2,365</td>
<td></td>
</tr>
<tr>
<td>d. EQUIPMENT</td>
<td>$600</td>
<td></td>
</tr>
<tr>
<td>e. SUPPLIES</td>
<td>$330</td>
<td></td>
</tr>
<tr>
<td>f. CONTRACTUAL</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>g. CONSTRUCTION</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>h. OTHER</td>
<td>$1,685</td>
<td></td>
</tr>
<tr>
<td>i. TOTAL DIRECT CHARGES</td>
<td>$34,973</td>
<td></td>
</tr>
<tr>
<td>j. INDIRECT CHARGES</td>
<td>$8,765</td>
<td></td>
</tr>
<tr>
<td>k. TOTALS</td>
<td>$43,738</td>
<td></td>
</tr>
</tbody>
</table>

# Total Income:

| PROGRAM INCOME | $0 |

NEW: 608T

F10
ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE REGULATION UNDER
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

Santa Barbara City College
(Name of Applicant)

(hereinafter called the "Applicant")

HEREBY AGREES: THAT it will comply with title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health, Education, and Welfare (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Dated December 12, 1977

Santa Barbara City College
(Applicant)

By

(President, Chairman of Board, or comparable authorized official)

721 Cliff Drive
Santa Barbara, CA 93109
(Applicant's mailing address)

HEW-441
(12-64)

G6
ASSURANCE OF COMPLIANCE WITH TITLE IX OF THE EDUCATION AMENDMENTS OF 1972 AND THE REGULATION ISSUED BY THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE IN IMPLEMENTATION THEREOF

(PLEASE READ EXPLANATION OF HEW FORM 639 A (3/77)* BEFORE COMPLETING THIS DOCUMENT)

Pursuant to 45 C.F.R. 86.4:

<table>
<thead>
<tr>
<th>Santa Barbara City College</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Name of Applicant or recipient)</td>
</tr>
<tr>
<td>721 Cliff Drive</td>
</tr>
<tr>
<td>(address)</td>
</tr>
<tr>
<td>Santa Barbara, CA 93109</td>
</tr>
<tr>
<td>(city, state, zip code)</td>
</tr>
<tr>
<td>IRS 956000940</td>
</tr>
<tr>
<td>(identifying code-FICE, OE, or IRS)</td>
</tr>
</tbody>
</table>

(hereinafter the "Applicant") gives this assurance in consideration of and for purpose of obtaining Federal education grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other Federal financial assistance to education programs or activities from the Department of Health, Education, and Welfare (hereinafter the "Department"), including payments or other assistance hereafter received pursuant to applications approved prior to the date of this assurance.

ARTICLE I - TYPE OF INSTITUTION SUBMITTING ASSURANCE.

A. The Applicant is (check the following boxes where applicable):

1. ( ) A state education agency.
2. ( ) A local education agency.
3. (X) A publicly controlled educational institution or organization.
4. ( ) A privately controlled educational institution or organization.
5. ( ) A person, organization, group or other entity not primarily engaged in education. If this box is checked, insert primary purpose or activity of Applicant in the space provided below:

*HEW Form 639 A (3/77) This form supersedes HEW Form 639 (7/76). HEW Form 639 (7/76) submitted prior to this revision are valid and recipients need not submit a new assurance.
B. ( ) Claiming a religious exemption under 45 C.F.R. 86.12(b).
(If religious exemption is claimed, attach statement by
highest ranking official of Applicant, identifying the
specific provisions of 45 C.F.R. Part 86 which conflict with
a specific religious tenet of the controlling religious organization.)

C. The Applicant offers one or more of the following programs or
activities (check where applicable):

1. ( ) Pre-school
2. ( ) Kindergarten
3. ( ) Elementary or Secondary
4. ( ) Graduate
5. ( ) Other (such as special programs
   for the handicapped even if
   provided on the pre-school, elementary
   or secondary level). If this box is
   checked, give brief description below:
   6. (x) Undergraduate (including
          junior and community colleges)
   7. (x) Vocational or Technical
   8. ( ) Professional

ARTICLE II-PERIOD OF ASSURANCE. This assurance shall obligate the
Applicant for the period during which Federal financial assistance is
extended to it by the Department.

ARTICLE III-TERMS AND CONDITIONS. The Applicant hereby agrees that it will:

1. Comply, to the extent applicable to it, with Title IX of the Education
   Amendments of 1972 (P.L. 92-318), as amended, 20 U.S.C. 1681, 1682, 1683,
   and 1685 (hereinafter, "Title IX"), and all applicable requirements imposed
   by or pursuant to the Department's regulation issued pursuant to Title IX,
   45 C.F.R. Part 86 (hereinafter, "Part 86"), to the end that, in accordance
   with Title IX and Part 86, no person in the United States shall, on the
   basis of sex, be excluded from participation in, be denied the benefits
   of, or be otherwise subjected to discrimination under any education
   program or activity for which the Applicant receives or benefits from
   Federal financial assistance from the Department. (This assurance does
   not apply to sections 904 (proscribing denial of admission to course of
   study on the basis of blindness) and 906 (amending other laws of Title IX,
   20, U.S.C. 1684 and 1686.)

2. Assure itself that all contractors, subcontractors, subgrantees
   or others with whom it arranges to provide services or benefits to its
   students or employees in connection with its education program or
   activity are not discriminating on the basis of sex against these
   students or employees.
3. Make no transfer or other conveyance of title to any real or personal property which was purchased or improved with the aid of Federal financial assistance covered by this assurance, and which is to continue to be used for an education program or activity and where the Federal share of the fair market value of such property has not been refunded or otherwise properly accounted for to the Federal government, without securing from the transferee an assurance of compliance with Title IX and Part 86 satisfactory to the Director and submitting such assurance to the Department.

4. Submit a revised assurance within 30 days after any information contained in this assurance becomes inaccurate.

5. If the Applicant is a state education agency, submit reports in a manner prescribed by the Director under 45 C.F.R. 80.6(b) as to the compliance with Title IX and Part 86 of local education agencies or other education programs or activities within its jurisdiction.

ARTICLE IV-DESIGNATION OF RESPONSIBLE EMPLOYEE AND ADOPTION OF GRIEVANCE PROCEDURES. (Check the appropriate box.)

A. 1. (X) Pursuant to 45 C.F.R. 86.8, the Applicant has adopted grievance procedures and designated the following employee to coordinate its efforts to comply with Part 86 and has notified all of its students and employees of these grievance procedures and the following name, address and telephone number of the designated employee:

2. Daniel Oroz
   (name of employee)

3. 721 Cliff Drive, Santa Barbara, CA 93109
   (office address)

4. (805) 965-0581
   (telephone number)

B. 1. ( ) The Applicant is not presently receiving Federal financial assistance subject to Part 86 and, consequently, has not designated a responsible employee or adopted grievance procedures pursuant to 45 C.F.R. 86.8 but will do so immediately upon award of such assistance and will immediately notify the Director, its students and employees of the name, office address, and telephone number of the employee so designated.
ARTICLE V - SELF-EVALUATION. (Check the appropriate box.)

A. ( ) The Applicant has completed a self-evaluation as required by 45 C.F.R. 86.3(c) and has not found it necessary to modify any of its policies and practices or to take any remedial steps to come into compliance with Part 86.

B. (X) The Applicant has completed a self-evaluation as required by 45 C.F.R. 86.3(c) and has ceased to carry out any policies and practices which do not or may not meet the requirements of Part 86 and is taking any necessary remedial steps to eliminate the effects of any discrimination which resulted or may have resulted from adherence to such policies and practices.

C. ( ) The Applicant has not completed the self-evaluation required by 45 C.F.R. 86.3(c) but expects to have it completed by _____________ insert date _____________

D. ( ) The Applicant is not required to conduct a self-evaluation under 45 C.F.R. 86.3 since it did not receive any Federal financial assistance to which Part 86 applies prior to July 21, 1976.

Date: December 12, 1977

Santa Barbara City College

(Insert name of Applicant)

By ____________________________

(This document must be signed by an official legally authorized to contractually bind the Applicant.)

Superintendent-President

(Insert title of authorized official.)
**DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE**

**PROTECTION OF HUMAN SUBJECTS CERTIFICATION**

**STATEMENT OF POLICY:** Safeguarding the rights and welfare of human subjects involved in activities supported by grants or contracts from the DHEW is the responsibility of the institution which receives or is accountable to the DHEW for the funds awarded for the support of the activity. In order to provide for the adequate discharge of this institutional responsibility, it is the policy of the Department that no grant or contract for an activity involving human subjects shall be made unless the application for such support has been reviewed and approved by an appropriate institutional committee. (Reference: "Institutional Guide to DHEW Policy on the Protection of Human Subjects."")

1. **TITLE OF PROPOSAL**

Breaking the Information Barrier to Effective Health Care Consumption

2. **PROJECT DIRECTOR/PROGRAM DIRECTOR/FELLOW**

Sydney Siemens

**POSITION TITLE** Associate Professor, Health Occupations

3. **INSTITUTIONAL COMPONENT OR DEPARTMENT**

Santa Barbara City College

4. **CHECK ONE OF THE FOLLOWING STATEMENTS AS APPLICABLE:**

- [ ] A. This application does not propose any activities that would involve human beings who might be considered subjects, human material, or personal data from primary or secondary sources.

- [ ] B. This is to CERTIFY that this application which does propose activities involving human subjects has been reviewed and approved by our institutional committee on the date of [insert date] in accordance with the DHEW policy and the institutional assurance on file with the DHEW. (The review date should be recent; certification is invalid if review date would precede award date by more than one year.)

- [ ] C. This is to CERTIFY that this application which proposes to involve human subjects is pending review on the date of [insert date] in accordance with the DHEW policy and the institutional assurance on file with the DHEW. If the committee does not review and approve the proposal by or on the date certified, the agency office requesting this certification will be notified immediately by telephone, telegraph, or mail. (Review date should precede requested or planned date of award by at least one month whenever possible.)

- [ ] D. This application proposes to involve human subjects. This institution does not now have an active assurance on file with the DHEW. I understand that information on the assurance procedure will be received should the application become eligible for an award.

5. **SIGNATURE OF INSTITUTIONAL OFFICIAL AUTHORIZED TO SIGN PROPOSALS**

[Signature]

6. **DATE**

December 12, 1977

7. **TELEPHONE NO. (Code, No., Extension)**

(805) 965-0581

8. **ADDRESS**

Santa Barbara City College
721 Cliff Drive, Santa Barbara, CA 93109

**NOTE TO AGENCY:** This form should NOT be included with application forms that have provision for human subject certification. It may be used to request certification, or correction of certification.
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE
REHABILITATION ACT OF 1973, AS AMENDED

The undersigned (hereinafter called the “recipient”) HEREBY AGREES THAT it will comply with section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HEW regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to § 84.5(a) of the regulation [45 C.F.R. 84.5(a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health, Education, and Welfare after the date of this Assurance, including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Department of Health, Education, and Welfare or, where the assistance is in the form of real or personal property, for the period provided for in § 84.5(b) of the regulation [45 C.F.R. 84.5(b)].

The recipient: [Check (a) or (b)]

a. ( ) employs fewer than fifteen persons;
   A73

b. ( ) employs fifteen or more persons and, pursuant to § 84.7(a) of the regulation [45 C.F.R. 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with the HEW regulation:

   Daniel Oroz
   Name of Designate(s) – Type or Print
   C12

   Santa Barbara Community College District
   Name of Recipient – Type or Print
   A12
   956000940
   (IRS) Employer Identification Number
   A1
   B1
   C1
   A41
   B11
   C11
   A42
   Santa Barbara
   Street Address or P. O. Box
   A71
   City
   B12
   California
   93109
   State
   Zip
   B41
   B71

I certify that the above information is complete and correct to the best of my knowledge.

December 12, 1977
Date
B72
B77

Signature and Title of Authorized Official
B78

If there has been a change in name or ownership within the last year, please PRINT the former name below:

NOTE: The 'A', 'B', and 'C' followed by numbers are for computer use. Please disregard.

PLEASE RETURN ORIGINAL TO: Office for Civil Rights, HEW, P. O. Box 8222, Washington, D.C. 20024.
BREAKING THE INFORMATION BARRIER TO EFFECTIVE
HEALTH CARE CONSUMPTION

I. ABSTRACT

The era of the informed consumer and accountability for the system has arrived. Critics of the health care system contend that it is designed to make profits for associated industries and that costs to taxpayers and clients are not consistent with the quality of care received. Sociologists view the patient as a relatively minor element in the structure of the health care delivery system. Patients as a whole are becoming increasingly more vocal about their dissatisfaction. Women, who are the primary consumers of health care, state that the system is not designed to give adequate care to them. Health Professionals and consumers alike are recognizing that the patient must become an active participant in his own health maintenance and care.

The purpose of this proposal is to develop a flexible, modular curriculum designed to be used with specific groups of female consumers to assist them to become more discriminating and knowledgeable when using health care practitioners, facilities and products. The content will include information about purchasing drugs, foods, insurance, appliances or aids related to health or illness. It will also cover information on legal rights, standards and safeguards, means of redress, and criteria for appropriate and timely utilization of practitioners and facilities. The student will be assisted to become more assertive and self directed in pursuit of adequate health care.

Through the use of surveys, interviews and review of pertinent studies, the needs and interests of specific groups of women consumers will be identified. The groups will include Chicano and Anglo women from 15 to 75 of middle and lower socio-economic level. Pilot classes will be developed and refined prior to establishment of content for the final curriculum.

The immediate results which will accrue from this project will be:

1. A body of more knowledgeable, discriminating and effective women health consumers in the Santa Barbara area. Implications inherent in having this type of consumer are cost containment for the consumer and accountability for the health care delivery system.

2. Development of a modular flexible curriculum designed to meet the needs of several different groups of women health care consumers. This curriculum will be offered to educational and health agencies nation-wide to encourage development of courses to increase consumer efficiency and satisfaction in relation to health care.