



OHIO LATINO HEALTH COALITION

Local Conversations
on Minority Health

Round 2 – Continuing the
Conversation

Community Report 2016

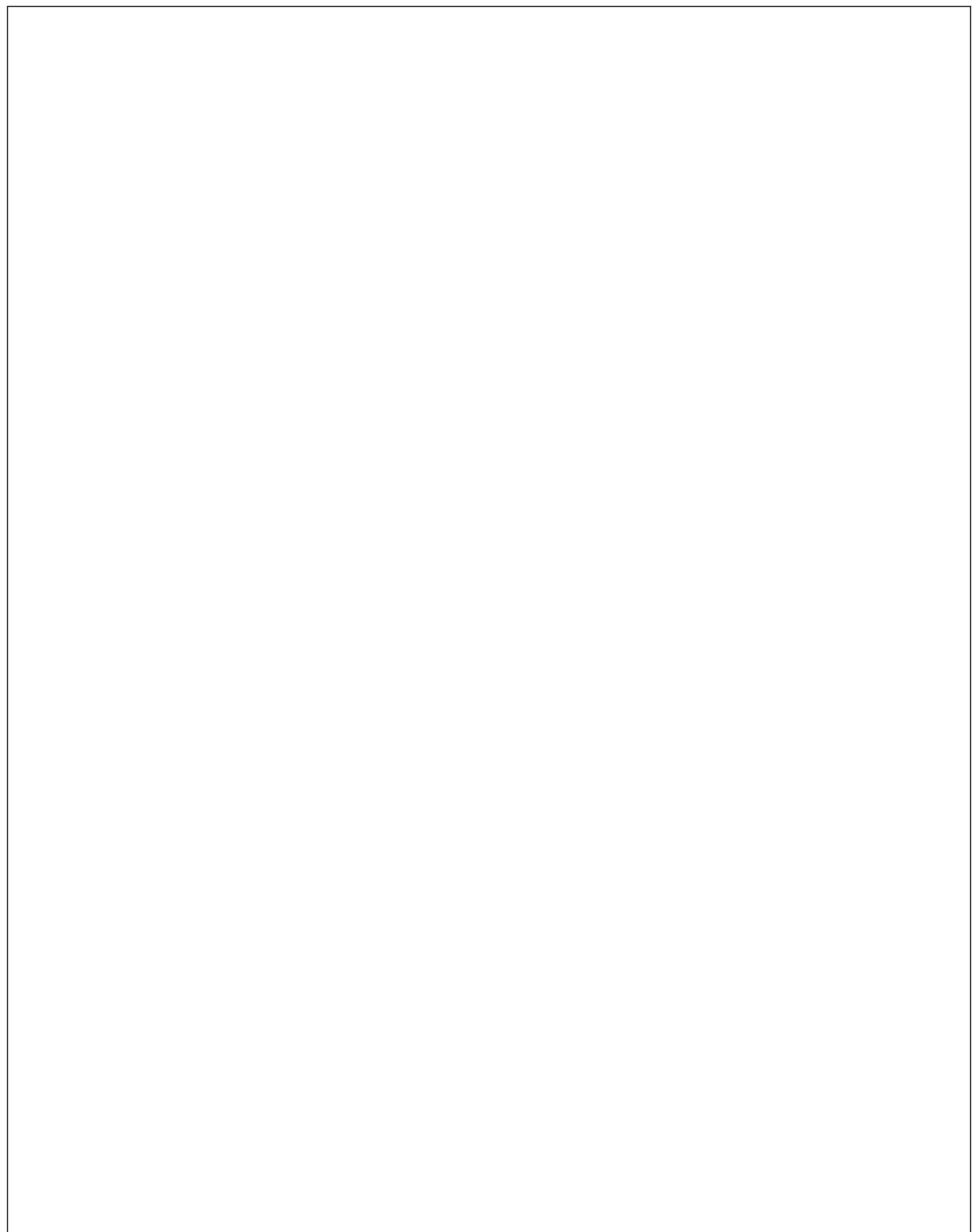




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The National Partnership for Action to End Health Disparities

In 2011, the Office of Minority Health (OMH) initiated a national, comprehensive, and community-driven strategic plan to end minority health disparities. OMH partnered with federal agencies and 11 cabinet level departments to form a Federal Interagency Health Equity Team. This initiative became known as the ***National Partnership for Action to End Minority Health Disparities***.

NPA sought input from a series of “Community Voices” meetings and regional conversations. Leaders and representatives from various sectors of the community were responsible for establishing the goals and priorities for national action. From these community meetings, the *National Stakeholder Strategy for Achieving Health Equity* report was created, which set goals and objectives for eliminating health disparities through cooperatives and strategic actions of stakeholders around the country.

Ohio’s Response to the NPA

The Ohio Commission on Minority Health in 2008 supported the NPA’s efforts to reduce and end minority health disparities. The Commission on Minority Health is a state agency that was created in 1987 to address and improve the health of minority populations in Ohio. The Commission remains committed to sponsoring a statewide initiative to address health equity efforts at the local and state level.

PHASE I

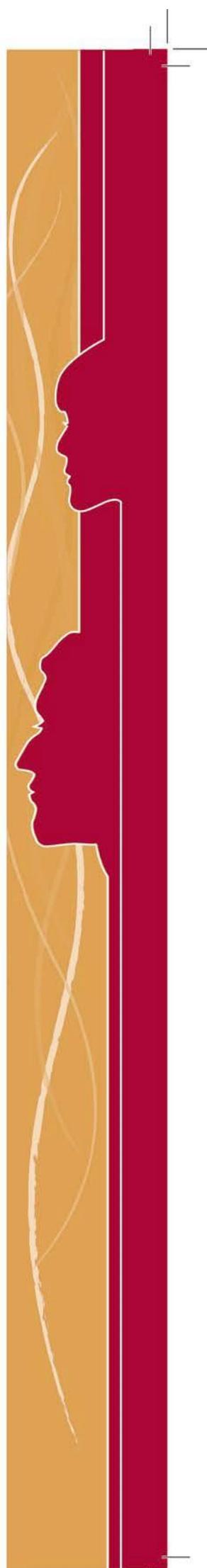
Beginning with PHASE I, the Commission funded 19 agencies to sponsor “Local Conversations” on minority health throughout the State of Ohio. The purpose of the conversations was to: 1) Share stories and build teamwork across local communities; 2) Identify and prioritize minority health needs in local communities; and 3) Begin action planning for local responses to health disparities. Sixteen of the “Local Conversations” were held in Ohio’s large and small urban regions. Three statewide ethnic health coalitions also sponsored “Local Conversations” with representatives from their minority populations, which included: Latino, Asian American, and Native American groups.

PHASE II

During Phase II, the goal was to take the identified issues and develop viable action plans that would help reduce health disparities thereby improving the overall health of the minority populations. The action plans would come from the prioritized health needs identified during the “Local Conversations”.

History of Ohio Latino Health Coalition

The Ohio Latino Health Coalition was the lead group that facilitated Phase I and Phase II of the “Local Conversations”. The Ohio Latino Health Coalition was in existence from 1999 to 2009. It was founded by Lydia Alejandro, then Director of Prevention Services at Adelante, Mary Isa Garayua, Executive Director of Organizacion Civica y Cultura de Hispana Americanos, and





Crystell Llado, Executive Director of El Centro de Servicios Sociales. During their 10 years of work in addressing Latino health disparities, they developed many successful health promotion projects, which were all funded by the Ohio Commission on Minority Health (OCMH). The initiatives include: 6 Statewide Latino Health Conferences, Bilingual Cook Book with Low Fat Latino Recipes, Radio Novelas on Diabetes, Heart Disease, and Cancer, Low Impact Bilingual aerobics videos, and more. The OCMH supported the Ohio Latino Health Coalition through funding, mentoring, technical support and advice.

In 2008 during Phase I of the Latino “Local Conversations”, over 60 Latino advocates convened to identify and prioritize the health needs of the community. The meeting was divided into 4 groups: 1) Capacity Building; 2) Services; 3) Infrastructure; 4) Resources. As a result of the meeting, 22 health needs were identified and 26 health recommendations were proposed for developing action plans for the Latino community.

In 2009 during Phase II, the Ohio Latino Health Coalition facilitated another statewide meeting to prioritize the 26 health recommendations that were developed during the Phase I session. The top four priority recommendations were used to develop an action plan for the community.

Ohio Latino Health Coalition co-founder Lydia Alejandro facilitated “Strategic Action Plan” sessions in Cincinnati, Cleveland, Columbus, Dayton, Fremont, Toledo and Wauseon during Phase II as well. Nearly 90 people from Latino agencies, churches, government agencies, legal services and migrant advocacy groups attended these sessions.

Report to the Community, 2011

A Latino *Local Conversations Report* was drafted and distributed to the Latino community advocates who participated in the Community Action Step Planning process. This report was beneficial in directing the course of action to reduce health disparities among Latinos in each of the communities visited. Each community developed their own action steps to address the health needs of the Latino families they serve. Over 2,000 community reports were distributed throughout Ohio’s Latino communities (rural, urban, and migrant).

Round II – Fiver Year Update of the Action Steps – From 2011 to 2016

In 2016, the Ohio Commission on Minority Health contacted the Ohio Commission on Hispanic/Latino Affairs to review the action plans that were developed during the “Local Conversations”. The Ohio Commission on Hispanic/Latino Affairs (OCHLA) since 2011 has filled the void that was left by the Ohio Latino Health Coalition. OCHLA has sponsored statewide Latino Health Summits, facilitated statewide Round II “Local Conversations” meetings, sponsored minority health month activities, and continued the momentum in addressing Latino health disparities for Latino communities in Ohio.

The following information is a 5-year review of the action steps that were devised by the Latino communities of Cincinnati, Cleveland, Columbus, Dayton, Fremont, Toledo and Wauseon. It is important to note that in all cities, many members of the original planning group were not involved in the plan’s implementation due to extenuating circumstances such as job changes or moving. FALCON, a migrant advocacy group from Fremont, was the only group that retained representation from most of the original group members.

Geographic Scope

The geographic focus of this review remains the same, and the cities of Cincinnati, Cleveland, Columbus, Dayton, Fremont, Toledo and Wauseon are included in the update.

Demographics of the Latino Population in Ohio

The Latino population in Ohio is comprised of persons whose ancestry or nationality originated from Mexico, Puerto Rico, South America, Central America, the Caribbean or Spain. In the 2010 Census Data, Hispanics accounted for 3.4% of Ohio's total population. Hispanics/Latinos are among the fastest growing groups in Ohio. The Hispanic population increased by 63%, or 137,551 persons from 2000 to 2010. (Ohio.gov, June 2011 Report by Ohio Policy Research and Strategic Planning Office – State Affiliate of Census Bureau). The majority of Ohio's Latino population is Mexican, with many descendants of Mexico arriving in Ohio as early as the 1900's. Ohio also has a large Puerto Rican population, which resides largely in the Northeastern portion of the state. In recent years, Ohio has experienced a growing number of Central and South Americans settling in the southwest region of the state.

Infant Mortality Rate among Hispanic/Latino Population

Infant Mortality is defined as the death of a baby before his or her first birthday. The rate is calculated as the number of babies who died before their first birthday per 1,000 live births.

As evidenced below, the infant mortality rate for Hispanic children remains higher than that of their non-Hispanic white counterparts.

(Ohio.gov – Ohio Department of Health – Bureau of Vital Statistics)

Latino population

Year 2011 = 6.80%

Year 2010 = 7.61%

Year 2009 = 7.41%

White Population

Year 2011 = 6.41%

Year 2010 = 6.42%

Year 2009 = 6.40%

Health Disparities among Ohio Latinos

According to *The Impact of Chronic Diseases (2015)* found on the Ohio.gov website, incidences of diseases were with prevalence rates reported for Ohio using an estimated prevalence of adults (ages 18 plus) ever diagnosed with diabetes mellitus, asthma, and heart disease. The report also indicated that Hispanic adults were more than twice as likely as white adults to be uninsured.

<u>Disease</u>	<u>Hispanic</u>	<u>Hispanic- United States</u>	<u>White</u>	<u>White - United States</u>
Diabetes Mellitus	11.6%	9.8%	11.30%	9.4%
Asthma	12.8%	7.8%	9.60%	8.7%
Heart Disease	9.7%	(none shown)	8.17%	(none shown)

Based on the 2004 Ohio Latino Health Coalition, Statewide Comprehensive Survey Findings, the migrant farm worker population in Ohio, who arrive and work in agricultural seasonally represented 10% of the respondent findings. For this group, diabetes (15.7%) and hypertension (13.1%) were the most common reported health problems. A total of 60% of migrant workers reported needing a Spanish-speaking interpreter for doctor appointments. Due to the lack of current disaggregated data, updated morbidity and mortality information was unavailable at the time of this report. It is for this reason that we strongly encourage statewide, over sampling of minority populations for the purpose of providing disaggregated, health data that will be used to inform minority health policy and programming.





Five Year Review of Action Steps from the City/Regional Meetings

FREMONT - FALCON GROUP (Farmworker Agencies Liaison Communication and Outreach Network)

CAPACITY BUILDING #2: Cultural competency training for health professionals that includes skills development in building rapport and trust with minority consumers.

ACTION STEP #1: *Train advocates about legal rights that migrant families have when it comes to Title VI and laws relevant to hospitals or clinics who receive federal funding.*

Response:

This action step has been achieved. Since 2013, ABLE Legal Services Migrant Farm Worker Component Staff conduct trainings on legal rights relevant to migrant families. The training also addresses legal rights under Title VI regulation. The training for Northwest Ohio hospitals has been accomplished as well. The Community Health Services Clinic in Fremont since 1999 has provided cultural competency training to all new employees and on-going training to all other employees. FALCON advocates have also received legal training by ABLE Legal Services.

ACTION STEP #2: *Provide training for the hospital and clinic administrators and their staff on Title VI regulations.*

Response:

This action step has been achieved. For several years, an ABLE Legal Services Attorney has provided this training.

Problem Area: Migrant families have raised concerns that at some health organizations, they are asked to use the Language Line phone system for interpreter services. FALCON members are concerned that a Language Line does not meet the cultural needs of our migrant families. The families feel more comfortable with a person to interpret for them. Community Health Services has several bilingual staff members available to care for migrant workers, including interpreters and clinical staff.

**** Note:** A Language Line Phone System is a phone where over 90 languages can be accessed for interpreter needs at the hospital or a health clinic.

ACTION STEP #3: *Provide cultural sensitivity training to hospital and clinic personnel that would include Spanish language needs of migrant families, prescription instructions in Spanish and bilingual health educational materials.*

Response:

This action step has been accomplished. Community Health Services Clinic and area hospitals provide cultural competency training for all employees. Community Health Services Clinic continues to provide on-going cultural competency training to all their employees.

ACTION STEP #4: *Search for existing training resources that cover topic areas of preventive health education, cultural competency training models, and health program models that are used in other states for migrant families. Possible resource contacts for this information include: The Ohio Commission on Minority Health, The Ohio Health Coalition, the National Council of La Raza, and National Medical Health Association.*

Response:

This action step was accomplished. It is also an ongoing process as they continue to search for bilingual health resources for migrant families.

CAPACITY BUILDING #3: Increase the number and improve the quality of training programs for interpreters.

ACTION STEP #1: Educate migrant families about laws relevant to health care access by a) developing PSA'S to air on Spanish language radio programs, (b) develop written bilingual information about Title VI to distribute at migrant labor camps in Northwest Ohio, (c) Meet with families at the camps to fully explain their rights under Title VI.

Response:

This goal has been partially achieved as the group continues to work on preparing a wallet size "Know your Legal Rights" card. FALCON is also looking to develop a resource pamphlet that lists the health clinics and doctors' offices in Northwest Ohio that offer bilingual interpreters.

ACTION STEP #2: Provide Title VI information at community service agencies.

Response:

This action step has been accomplished. Most community service agency staff persons have attended ABLE's Legal Services Training several times since 2013.

ACTION STEP # 3: Seek interpreter training programs that may already exist in other cities of Ohio. Begin this search process by contacting advocates involved with this issue.

Response:

FALCON stated that they are aware of interpreter training programs, but have found them to be costly. Some trainings are as high as \$1,000. FALCON believes the most salient issue is getting the State of Ohio to develop a state certification for bilingual healthcare interpreters, similar to the model used in the court system. A state certification would verify that someone is competently trained as a medical interpreter. FALCON members would like to research what other states have done in this area so they may obtain a "blueprint" on how to implement the certification process. Further recommendation by the group is to contact the Ohio Commission on Hispanic/Latino Affairs for assistance in educating legislators about the feasibility of creating a state certification process for medical interpreters.

SERVICES #2: Develop programs to address the needs of undocumented individuals and individuals with no health insurance.

ACTION STEP #1: Provide more health education for migrant families, including prevention strategies in better food choices, risk factors associated with diabetes and high blood pressure. Include the undocumented family members in health education. Find other places where migrant families can obtain bilingual health education materials.

Response:

This action step has been achieved. Since 2011, there have been more bilingual health education materials provided to migrant families.





Community Health Services (CHS) provides bilingual brochures and flyers for migrant families that are placed at CHS Clinic sites. Staff said they offer and distribute bilingual health education materials to migrant families at the Clinic and during outreach at migrant camps. Ohio Migrant Education Center said that they obtain on-line health education materials and distribute them at migrant health fairs they sponsor and during their visits to migrant camps. Pathstone Administrators commented that accessing bilingual health education materials has increased by using the internet. They also distribute their bilingual materials to migrant families at all Pathstone agency sites.

ACTION STEP #2: *Use the Ohio Latino Health Coalition Aerobic Video and convert to DVD format and distribute the DVD's among the migrant families. Migrant families own DVD Players and could use the Aerobic video as one method for exercising to stay healthy.*

Response:

This action step has been achieved. The OLHC aerobic videos were distributed at migrant health fairs and during visits to migrant labor camps.

ACTION STEP #3: *Educate migrant families about prescribed blood tests and advise them to go to Fremont Memorial Hospital, where lab fees may be lower. Continue the health education efforts of the TMC staff who provide health education at migrant camps when conducting outreach.*

Response:

This was inaccurate information in the 2011 Report. Community Health Services Clinic in Fremont has never charged migrant families for lab fees nor do they charge lab fees now. Migrant families are able to get all the lab work that is needed without paying for the lab fees. TMC Migrant Head Start Agency continues to provide bilingual health education to the children at the TMC Centers and during outreach.

ACTION STEP #5: *Continue to encourage migrant families to participate at the Health Fairs conducted by Ohio Migrant Education Center (OMEC) held at local elementary schools and migrant camps.*

Response:

This action step has been achieved. In the past five years, OMEC has continued to sponsor migrant health fairs for migrant families. At these health fairs, screening for diabetes, high blood pressure and dental checks are provided. Bilingual health educational materials are also provided. The health fairs are beneficial to the families. At the health fairs, the screenings can identify diseases or health problems. If needed, family members are referred to a health clinic. However, advocates said that sometimes it is hard to get families to seek medical treatment because they cannot afford to take time off for doctor appointments.

ACTION STEP #6: *Advocate with the Fremont Health Department Director to include migrant families in more of the health services offered by the Health Department. The Health Department provides WIC services, and services of the Help Me Grow Program to migrant families. FALCON advocates should explore whether migrant families are eligible for all Health Department services or are excluded from some.*

Response:

This Action Step has been accomplished. TMC Migrant Head Start agency has developed a working relationship with the Fremont Health Department for programs and services for migrant children.

ACTION STEP # 7: *FALCON members were aware that the TRIPS program offers transportation services for migrant workers in Sandusky County at a reasonable rate and that a local church in Fremont provided vouchers to pay for TRIP Services. FALCON recommended exploring which agency operates the TRIPS program and whether or not these services are available in other counties. The TRIPS program could benefit migrant families who have no transportation to help get them to the clinic for health care services.*

This action step has been partially achieved. FALCON is aware that many migrant families have problems accessing health clinics due to transportation issues. They believe a mobile health unit may be more helpful for families. OMEC representative mentioned that in his travel to South Florida, he saw a large farm business where workers live and noticed they use a transportation system for families. There is a van that stops at 2-3 migrant camps to pick up family members to take them to the clinic. Later, the van returns family members back to the camp. FALCON talked about exploring with ODOT (Ohio Department of Transportation) the feasibility of contracting transportation services for migrant families who are eligible for Medicaid or Medicare.

ACTION STEP # 8: *The FALCON Group believed that it would be helpful to address migrant health care issues if a staff person from the Community Health Services Clinic would attend the FALCON monthly meetings.*

Response:

This was an inaccurate statement in the original Community Report, 2011. At the time of the meeting, CHS patient Care Coordinator who had been attending regularly had retired. After the hiring of the new Patient Care Coordinator, attendance from Community Health Service Clinic has been regular with attending the monthly FALCON meetings, wherever the location of the meetings may be.

ACTION STEP # 9: *Research how to initiate funding to expand health services for migrant families in the Northwest area. Research how other clinics like the one in Tipp City, Ohio got their start.*

Response:

There has been an expansion of health services in Northwest Ohio, namely at Community Health Services Clinic of Fremont. Community Health Services has added three more clinic sites in Willard, Stony Ridge, Napoleon, (in addition to their dental offices and 3 clinic sites in Fremont).

ACTION STEP #10: *FALCON members should be encouraged to attend the Provider's meeting in Fremont to bring attention to migrant health care issues.*

Response:

This action step was accomplished. The Providers Meeting took place on December 2009 and was attended by and hosted by TMC Migrant Head Start. TMC is one of the FALCON member agencies.

HAS THE AFFORDABLE CARE ACT IMPROVED THE HEALTH CONDITIONS OF MIGRANT FAMILIES?

Response:

FALCON members commented that 80% of migrant workers are undocumented, and therefore unable to take advantage of the Affordable Care Act. H2A Workers do not qualify for ACA either. However, the U.S. citizen children of migrant families may apply for Medicaid or ACA. The Community Health Service Clinic representative stated that the clinic assists with the application process for expanded Medicaid and they have helped numerous families to apply.

AGENCY PARTNERS IN ATTENDANCE AT THE MARCH 15, 2016 MEETING:

Ohio Migrant Education Center, ABLE Legal Services, Ohio Department of Job and Family Services, TMC Migrant Head Start, Community Health Services, US Department of Labor, Wage and Hour Division of Toledo, Path Stone, Migrant Health Promotion, Lutheran Social Services of Northwest Ohio, St. Joseph's Church of Fremont.

WAUSEON – HISPANIC HEALTH COALITION

The following are responses to the ACTION STEPS that were initiated five years ago with the Hispanic Health Coalition. They began by selecting the categories of Capacity Building #3: Increase the number and improve the quality of training programs for interpreters.





ACTION STEP #1: *Identify Latino Leaders by working with local community churches (e.g. posting in church bulletins and translating church bulletins into Spanish), the Sociedad de Guadalapanos, (connected to Catholic Church and active in the Latino Community) and the Parish Nurses Network and identify Latino leaders who have public speaking and advocacy skills and inform them of the strategic action plan.*

Response:

This action step was partially achieved. Five years ago, Hispanic Health Coalition members began to make contact with local churches and community leaders about projected health projects for Latino communities in two of the six county areas. There were notices posted in church bulletins. Contact was also made with the Parish Nurses Network.

ACTION STEP #2: *Link Latino leaders with the hospital staff for the purpose of reviewing bilingual cardio health educational materials for translation accuracy and to check if Latino patients are reading these materials or not. Latino leaders could promote the importance of cardio health materials as a prevention method to avoid heart diseases and thereby reduce the onset of heart diseases.*

Response:

This action step was partially achieved by the Hispanic Health Coalition. Members met with hospital administrators in Defiance and Wauseon about their language access concerns. It is unknown whether the issue of bilingual cardio health educational materials was addressed or resolved. Hospital administrators explained to HHC members that having bilingual interpreters is costly and that it would be expensive to install Language Lines or TV Monitor Type of language lines. However, these are in use today at the hospitals, and an individual has been hired to serve as a bilingual interpreter. It is unknown whether the interpreter is on-call or works full-time. Additionally, the Wauseon hospital had a bilingual Latino serve as an interpreter for Latino families. Since that time, he has retired from the hospital.

ACTION STEP #3: *Check with Northwest State Community College to find out if there are any Latino bilingual students who could be identified as potential leaders or serve as bilingual interpreters.*

Response:

This action step was partially achieved. The Hispanic Health Coalition members set up a meeting with Northwest State Community College Administrators to raise awareness about the health needs of Latinos in the community, and to network with bilingual students at the college. HHC met with three department heads of the Northwest College regarding the action plan. Although they did not meet their interpreter goals, the college made an effort to become more involved in the sponsorship of Hispanic Heritage Month activities on campus. For the past several years, Hispanic Heritage Month activities have included: 1) College Tours for children and teens of Latino families, 2) Displaying the Art Work of Latino children of the community, 3) Folkloric Dancers, 4) Latino Story Tellers, 5) Agency tables on health and other community resources, 6) Church sponsored Mariachi Group. Generally, up to 800 people attend this event during Hispanic Heritage Month.

ACTION STEP #4: *Recommend that interpreter training from Akron be brought to the region, exploring the cost and whether the program is available outside the Akron area. Explore how Latinos, after taking this training, could start their own Interpreter businesses and offer services to hospitals and clinics.*

Response:

This action step was partially achieved. The Wauseon Hispanic Health Coalition group members conducted research on the cost and set-up of training in their area. They had developed ideas on how to start up Bilingual Interpreter Businesses.

For example, they thought to have the college students who are fluent in Spanish language help translate documents and interpret when necessary. Students would be paid for this service. Unfortunately, they were not able to succeed with this action step due to lack of start-up monies for small business, liability, and other issues. This endeavor would have taken a lot of time and effort to develop and the HHC group members were all employed full-time elsewhere and did not have the time to devote to developing an interpreter services business.

ACTION STEP #5: *Research and obtain more documentation about problems encountered due to lack of interpreters. Emergency rooms, clinics, hospitals have experienced many problems with Latino patients getting the right health care assessment or treatment due to language barriers. Documenting these problems could provide a rationale for hospitals or clinics to hire bilingual staff. If documentation of all the problems were recorded, the Ohio Department of Health, the Ohio Commission on Minority Health, Governor's Office or state representatives could be approached about possible action or funding to address these issues.*

Response:

This action step was partially achieved. The Hispanic Health Coalition kept notes of the problems they encountered while assisting Latino families with access to health services. However, the group did not forward the documented problems to any organization or hospital administrators.

ACTION STEP #6: *Providing cultural training would be beneficial in breaking down barriers between healthcare systems and the Latino community regarding language, culture, traditions, and Latinos customs. Local/regional Latino health professionals should be identified to provide the Latino cultural training. Healthcare providers could collaborate to sponsor or fund the training for their health care staff.*

Response:

This action step was partially achieved. Although cultural training was not initiated, hospital administrators have taken the initiative to provide funding and space during Hispanic Heritage Month to sponsor health fairs for the Latino community and other residents of the community.

Has the Affordable Care Act helped the Latino communities of the six county region of Paulding, Fulton, Putnam, Henry, Defiance, and Williams?

Response:

Concerning Fulton and Defiance counties, the Affordable Care Act has been helpful in getting many Latino families enrolled into Insurance Plans. Because of this, more Latino families were able to access and receive health care services. Even though there is still a high incidence rate of diabetes and heart diseases in our communities, the Affordable Care Act has helped Latino families get treated for these diseases.

The only problems encountered were the lack of individuals able to assist families in filling out the required forms for eligibility and enrollment. We did not know of any community agency that helped our Latino families with enrollment. Lack of outreach and lack of health education continue to be problems in our Latino communities.

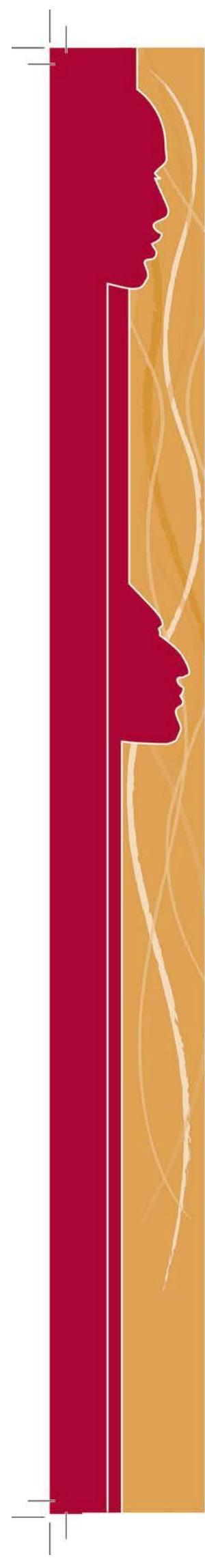
In the farm worker community, the Affordable Care Act has not been helpful.

What are the urgent health needs in the Latino communities within the six counties?

Response:

There is still a high incidence rate of obesity, diabetes and heart disease. Latino families lack awareness regarding the disease prevention and education about nutrition, exercise, early detection screenings and hygiene.





In migrant communities, families have poor housing, showers, and water conditions. Since migrant camps are typically community style, families share the same bathrooms and bathing facilities. This can cause bacteria and other harmful diseases. Migrant families need more Spanish language health materials that are simple and culturally relevant, especially since the topics of hygiene and obesity are very sensitive. Health fairs are offered where early detection screenings are provided, but often Latino families do not attend the health fairs in our communities. We have to work harder to improve our outreach methods.

There is also a lack of bilingual mental health counselors for Latino families. Mental health is an area in which Latino families need more culturally competent information and education.

Latino community advocates often work full-time in addition to volunteering in the community. They recognize that without bilingual services and information, the Latino community is unaware of the services available to them.

AGENCY PARTNERS: Ridge Project, Department of Health, Defiance College

COLUMBUS GROUP

RESOURCES #1: Advocate for increased funding to support enhanced systems and tools to improve communication with the Latino community, such as health promotion programs and health service programs.

ACTION STEP #1: *Funding is needed in Columbus' Latino community for quality trained medical interpreters. The process should start with establishing need by obtaining data from health providers and the community about the lack of health interpreters at clinics, hospitals, health departments, or any other health provider. Even though some health institutions may have a few interpreters, the number or quality may not be adequate. More importantly, health advocates need to be specific about identifying the health services that are lacking in the Latino community in Columbus, so that when ready to search for funding, advocates can streamline their search based on identified health needs. Review the OLHC Statewide Health Survey Report to identify Columbus specific information.*

Response:

This action step is still in progress. Data is still needed to verify the need for many of the health services which according to Columbus advocates, are still weak when assisting Latino families. Some of the positive changes that have occurred is the improved partnering relationships between large health organizations, insurance companies and Latino organizations. Another positive change in the community is the annual Latino Health Summit, which is sponsored by the Ohio Commission on Hispanic Latino Affairs. The summit provides feature workshops from medical experts who work closely with the Latino community.

ACTION STEP #2: *Collect data by preparing a list of the number of health providers who currently provide bilingual interpreter services. This list should show the name, address, number of interpreters, hours of interpreting services available, the training the interpreter has received, and if the interpreter is an employee or contractor with the health provider.*

Response:

This action step has been achieved. Latinos can access cap4kids.org to find this information. Organizations like Our Guadalupe Center, LEON, Ohio Hispanic Coalition, and the Ohio Commission on Hispanic/Latino Affairs are helpful in identifying health providers with bilingual services.

Also, there was a Latino Community Health Assessment completed by the Health Department. The findings have been helpful to educate our Latino community advocates about the most serious existing health conditions. For instance, cancer was ranked #5 in the ranking disease prevalence in the Latino community. The Commission on Hispanic/Latino Affairs has also conducted surveys on the health status in 2014 during their Regional Meetings at the Latino Local Conversations.

ACTION STEP #3: *Promote health screenings and free testing in the Latino community such as mammograms, HBP checks, glucose screens, prenatal care and WIC services at the health fairs. Also, promote the locations of the health clinics that are more accessible and affordable.*

Response:

This action step has been achieved since many of the Latino centers offer health fairs and other health promotional events. During Minority Health Month in April, the Ohio Commission on Minority Health offers funding to sponsor these events in our minority communities in the State of Ohio. Dozens of health fairs and good health promotional events are taking place in the city of Columbus.

ACTION STEP #4: *Develop a network of health advocates to meet monthly for the purpose of moving these action steps forward. Include those advocates who attended today's strategic action planning sessions.*

Response:

This has been partially achieved. Latino advocates have met to discuss health issues through the Latino Health Summits sponsored by the Ohio Commission on Hispanic/Latino Affairs. Some of the current groups are: Ohio Hispanic Coalition, Empleos and Employment, LEON (Latino Empowerment Outreach Network), Hispanic Chamber of Commerce, Ohio State University's magazine for Latino students called "Oue Pasa", St. Vincent Family Center Hispanic/Latino Services and the Office of Public Health at Columbus Public Health.

CAPACITY BUILDING #1: Provide leadership training for Latinos that would help build skills needed for advocacy and services on community boards.

ACTION STEP #1: *Identify leaders in the Latino community. Develop a list of these leaders and contact them concerning the action steps developed by this group and invite them to participate in the action planning and implementation of goals.*

Response:

This has been accomplished in the past five years. The list of Latino leaders has been growing and leaders have been convened to work together on several Latino health issues. Through the annual Latino Health Summit, the following entities have met and reported on topics relevant to Latino health: UHCAN Ohio, Office of Minority Health at Columbus Public Health, Migrant Agricultural Ombudsman, Ohio State University Medical Center, Columbus Health Dept., Mount Carmel Hospital, James Cancer Hospital, Nationwide Children's Hospital, Molina Health Care, In-Health, Ohio Health Research Institute.

ACTION STEP #2: *Develop a flyer for the next meeting of this group of health advocates to invite possible community leaders. The phrase suggested for the flyer was "To help build resources for health care for Latino community".*

Response:

This action step was accomplished.

ACTION STEP # 3: *Prepare a list of other community leaders to invite to the monthly Meetings, including LEON, the Ohio Commission on Latino Affairs, the Health Advisory Boards of East, West, South and North sectors, the Columbus Health Departments, academic leaders, the Diabetes Association Access Health of Columbus, the Arthritis Association, state and city council representatives, and representatives of hospitals.*





Response:

This has been accomplished. Contact has been made and meetings have taken place with the following Organizations: LEON, Ohio Commission on Hispanic/Latino Affairs, Columbus Health Departments of each sector of the city, Nationwide Children's Hospital, James Cancer Hospital, Ohio State University Medical Center, Mount Carmel Hospital, Ohio Health Research Institute.

Additional concerns of Latino advocates working in Columbus with Latino families:

- Navigating the medical system is challenging for Latino families.
- We need to become more assertive with politicians and policy regulators to address the most salient Latino health issues
- Patient intake forms at clinics, hospitals, etc., do not allow Latinos to properly identify their ethnicity. Most Latinos self-identify based on their ancestral heritage or country of birth. Without being able to correctly self-identify it makes it difficult to effectively collect data and thereby address health needs.

AGENCY PARTNERS IN ATTENDANCE: Ohio Hispanic Coalition, Ohio State University Medical Center, Bureau of Workers Compensation, Nationwide Insurance, Ohio Commission on Hispanic/Latino Affairs, Columbus Cancer Center, Office of Minority Health at Columbus Public Health.

TOLEDO AT ADELANTE GROUP

INFRASTRUCTURE #3: Advocate for greater involvement of Latinos on governing boards, health organizations advisory committees and community task forces dealing with health issues.

ACTION STEP # 1: *Identify Latino agencies and Latino leaders in the community for potential board representatives. Prepare a list of Latino community leaders and arrange a meeting with these leaders to discuss their interest in serving on Boards to bring attention to Latino health issues. Work with community leaders to develop advocacy skills to prepare them for future board service. For those agencies seeking Latino board representation, invite Latino leaders to their board meetings and set up personal contact meetings or send an invitation letter to request their consideration of becoming a board member.*

Response:

This action step has been accomplished partially. There are two Latino leaders serving on the Board of Port Authority, as well as the University of Toledo. Also, Dr. Greg Guzman is a commissioner with the Ohio Commission on Hispanic/Latino Affairs and representing Toledo. The City of Toledo Mayor's Office also has local Commissioners assigned for the City of Toledo and there are two Latino leaders that serve on the Mayor's Commission.

Latino Leaders have also formed a Latino Alliance group to address issues as it pertains to Toledo's Latino community.

ACTION STEP #2: *On the Latino community side, take aggressive steps, such as sending letters to organizations, to request meetings with CEO'S and request application forms for Board seats.*

Response:

This action step has been accomplished. Currently, Latino leaders from Adelante, Inc. and ABLE Legal Services serve on the Mental Health Board Task Force. Steps have been taken to coordinate meetings with Boards to address contact issues and focus on health disparity issues. This group also stated that the Latino Alliance is another group of leaders who can advocate for Board positions relevant to health. It was

recommended that Latino leaders stay informed of important board vacancies and advisory group vacancies. Current Latino leaders need to continue training new leaders, so that it's not the same Latino person sitting on all the Boards in the City of Toledo. Several group members at the meeting recalled past mental health programs designed to meet the needs of the Toledo Latino community. For instance, Unison Behavioral Health Care Center initiated a Latino Mental Health Component called "Esperanza" (translated Hope). There were 3 Latino counselors hired and they worked primarily with the Latino community. They were effective in reaching and counseling Latino families in Toledo. Also, 10 years ago, Adelante received funding from the Mental Health Board to operate a program called "AYUDA", (translated – HELP). This mental health initiative identified Latino families in need of mental health services and AYUDA staff made the referrals, provided transportation and ensured that the appointments with mental health providers were kept. AYUDA staff also assisted with bilingual interpreting services if none was available at the mental health provider. Unfortunately, these programs no longer exist. Currently, the National Alliance on Mental Illness office of Toledo offers a Latino initiative and bilingual services.

CAPACITY BUILDING #2: Provide cultural competency training for health professionals, including skill development to build rapport and trust with minority communities.

ACTION STEP # 1: *Latino organizations or agencies could develop and facilitate cultural training for health professionals and pre-professionals including students from nursing schools, medical students, and pharmacy. CEU'S in cultural training could be offered for nurses, doctors, and other health professionals.*

Response:

This action step has not been achieved. However, more organizations in Toledo are becoming aware of the need for cultural training, especially when agencies are providing services to Latino families who do not speak English. The Center for Non-Profit Resources plans to offer cultural training that will be taught by two UT professors. There has been cultural training provided by Latino agency advocates in the past five years.

ACTION STEP #2: *Advocate with state medical boards to mandate that doctors, nurses, mental health therapists, chemical dependency counselors, should be required to obtain CEU'S in cultural competency training which includes cultural training.*

Response:

This action step has not been achieved in its entirety, although efforts have been made by hospitals and agencies to address this area. For instance, The Center for Non-Profits Resources is conducting a cultural competency training. The training will be conducted by UTC Professors. Also, The United Way has a Community Health Improvement Plan that will address 5 priority health needs in Toledo. In the South End of Toledo, ProMedica is planning to build a OBGYN health clinic that will meet the cultural needs of Latina women. The doctor who will be practicing there is bilingual. Another doctor has started his own free health clinic, operating every Thursday evening from 6:00 – 8:30 pm. The doctor has medical students as volunteers to assist him at the Clinic. The group agreed that the free clinic is a wonderful opportunity for people in the City of Toledo with no health insurance to access healthcare, but the lack of bilingual interpreters remains an issue.

ACTION STEP #3: *Advocate at the local level with hospitals and health clinics (Promedica Neighborhood Health Association, Mercy Hospital) to require that the doctors, nurses, and other health professionals obtain CEU'S in cultural competency training.*





Response:

This action step has been partially achieved. Currently, Adelante, Inc. has two interns from the University of Toledo Social Work Program who provide direct services to the Latino community and are becoming aware of the unique needs of the Latino community.

CAPACITY BUILDING #3: Increase the number and improve the quality of training programs for interpreters.

ACTION STEP #1: *Work with Congresswoman Marcy Kaptur's Office in appropriating a funding reserve bilingual interpreters for the Latino community. Develop a proposal and get statistics from Ohio Latino Health Coalition on the number of Latinos who require bilingual interpreters and on the percentage of Latinos whose primary language is Spanish. Outline the problems they have encountered that exist and the serious health health consequences that occur for Latino families with bilingual services. The group also discussed the importance of documenting the problems they have encountered with lack of interpreters in their community and feel this information will be helpful in approaching Congresswoman Kaptur's office for funding.*

Response:

This goal has been partly achieved. Leaders have met with Congresswoman Marcy Kaptur's Office and with former State Representative Barbara Sears who is interested in addressing Latino health disparity issues. Present at the meeting was a representative from Senator Sherrod Brown's Office. She stated that she would forward the meeting notes on Latino Local Conversations funded by Ohio Commission on Minority Health to Senator Sherrod Brown.

ACTION STEP # 2: *Encourage hospitals, clinics, and other health providers to hire quality bilingual staff at their facilities.*

Response:

This action step has been achieved and continues to be a work in progress for Latino advocates. Latino advocates continue to request bilingual services for the Latino families that they refer for health services. Lack of bilingual interpreters continues to be a problem in Toledo. Latino staff who are bilingual from the Adelante Agency have helped families by interpreting for them at their health appointments. Since the 2011 Report, the only change that has occurred with the issue of bilingual interpreters is that hospitals are using the Language Line Phone System, instead of hiring persons to serve as interpreters. Latino advocates present at the meeting agreed that the Language Line is not culturally sensitive to Latino families. Hiring a person to serve as an interpreter would be more helpful to the families, especially in the area of mental health counseling. Counseling is a personal and sensitive form of treatment. Using a phone or a TV monitor as an interpreter can be detrimental to the recovery process. ABLE Legal Services has been working on the Title VI Bilingual Rights issue for Latino families.

SERVICES #3: Develop programs with a great focus health promotion and prevention of problems, and on the whole family as the unit of intervention.

ACTION STEP #1: *Strengthen the infrastructure of Latino agencies so that they can facilitate bilingual health education programs in the Latino community.*

Response:

This action step has been achieved. In the past five years, Adelante has taken a lead in ensuring that health prevention programs for Latino families are available. They are now offering bilingual services for the community at a fee rate. Adelante also offers a variety of programs for Latino families in Toledo, such as alcohol and drug prevention, literacy, prenatal care, and several others.

ACTION STEP #2: *Prepare a list of the current health education programs for the Latino community. From this list, determine what new programs are needed.*

Response:

Although there may not be a written list of current health programs, the Latino advocates were present at the meeting confirmed having knowledge of health program resources in Toledo for Latino families. For instance, The Sofia Quintero Arts and Cultural Center had received a grant to offer a Nutrition Program at the Center. There are cooking classes offered to the community as well as health educational materials. The program is going well with their goal was to reach 80 people in the 3-year grant period. They have already served 65 persons. SQACC Center also partners with MCO Hospital to send doctors to volunteer in the community to improve nutrition habits.

The Ohio State University Extension Office still operates their Nutrition Program. This program has a bilingual staff person who offers FREE classes on nutrition, selecting healthy food choices, healthy recipes, and safe handling of food and cooking utensils. The YWCA has a program called HOPE for Latina women to get mammograms for free. But they still need to work on hiring bilingual interpreters who can explain the results of the mammogram. Several of the participants commented that grants should add a line item to compensate bilingual interpreters for their services in order to achieve successful outcomes.

ABLE Legal Services suggested that agencies prepare and distribute a Needs Assessment Form in the Latino community so that feedback can be obtained on the needs and recommendations for improving health services. ABLE office does this annually to get feedback from their client population and it helps ABLE Administrators assess the quality of their legal services for improvement. Another participant stated that this is a problem with the Health Department of Toledo- Lucas County. They do not capture enough data on Latino health needs because they do not reach the Latino community when sending out their survey forms nor do they have their form in the Spanish language.

Another issue that is important to address is the fact that Latina women are not seeking prenatal care services. This can have serious consequences to the unborn child. Adelante has hired a staff person to work on this health disparity for Latina women. Among Latina women, Toledo has the 2nd highest incidence rate of infant mortality.

ADDITIONAL INFORMATION FROM TOLEDO GROUP:

- Promedica Mercy Hospital is planning to build a health clinic with OB-GYNC services in the South end of Toledo, where there is a high Latino concentration. Several agencies are located in the South End, Adelante LRC is one of them.
- United Way of Greater Toledo has developed a Community Health Improvement Plan.
- Lucas County Health has developed a holistic health initiative.

Has the Affordable Care Act Improved the health of Latino families in Toledo?

Not for Latino families. The Marketplace is challenging for Latino families to navigate, for example, phone menus are not culturally sensitive. The lack of outreach and education materials in Spanish and the lack of bilingual assistance to help the families were among important barriers. However, for mainstream Latino families, the ACA was helpful.

AGENCY PARTNERS IN ATTENDANCE: ABLE Legal Services, Adelante LRC, Lucas County Juvenile Court, Lucas County Mental Health Board, Toledo City Council District#3, Lucas County Victim Witness Program, Welcome Toledo, Registered Nurse of Wood County, University of Toledo, Sofia Quintero Arts and Cultural Center, Senator Sherrod Brown's Office, Molina Health Care, United Way





CINCINNATI GROUP

SERVICES # 1: Advocate for increased funding to support the development of additional health promotion and health service programs targeting the Latino population.

ACTON STEP #1: *Seek grant funding to develop health programs. Compile data to justify the need for the grant dollars. Read and review the health needs of Cincinnati Latinos using the Ohio Latino Health Coalition's Statewide Survey Report. Obtain demographic information on Latinos in Cincinnati for grant applications. Meet with agencies that provide services for Latino families to request data on the number of referrals made to health providers or the number of times the agency has been asked to provide interpreter services for doctor appointments or transportation to doctor appointments. Obtain demographic information about Latino families in Cincinnati and other relevant data needed for grant applications. Contact the health clinics to request their data about any health issues/barriers they may have in providing services for the Latino community. Search for state, federal, and local funding sources for Latino families including the Ohio Department of Health, the Ohio Commission on Minority Health, the Centers for Disease Control, The National Council of La Raza, the Latino Council on Alcohol and Tobacco Prevention, the National Health Alliance and pharmaceutical companies.*

Response:

This action step has been achieved. Su Casa has received grant funding to provide health promotion and other prevention programs for the Latino community. They have a program on diabetes prevention and programs for their senior citizens, which comprises 5% of their client population. What has improved from five years ago is the increase in mental health services, primarily because of the awareness that has been generated through outreach efforts. Another health resource for Latinos is NAMI (National Alliance on Mental Illness) of Cincinnati. NAMI hired a bilingual, bi-cultural staff person, who conducts the Core Programs of NAMI for family members and parents in Spanish. NAMI offers free community resources with support groups, education classes on mental illness, and advocacy. Santa Maria Clinic offers a variety of health services for Latino families in Cincinnati. They offer bilingual services and other primary health services. Searching for grant funding from state, local, and federal Funding has been done. The Ohio Commission on Hispanic/Latino Affairs has been instrumental in providing Latino health data, using several resources, including the Statewide Ohio Latino Health Coalition Survey Report.

ACTION STEP #2: *Seek funding for the existing Promotoras de Salud Program at Santa Maria Clinic. This program has proven to be successful and dozens of Latino families have received health services through this program. Grant funding could continue the operation of this program.*

Response:

The Santa Maria Clinic continues to provide quality health services to the Latino community in Cincinnati, especially families living in the Price Hill area. The Bienestar Program continues to Focus on Hispanic Health Initiatives.

SERVICES #2: Develop programs to address the health needs of undocumented individuals and individuals with no health insurance.

ACTION STEP#1: *Promote health fairs in the Latino community so that families who are uninsured or undocumented can obtain glucose and blood pressure screenings and other prevention screenings. Contact the Commission on Minority Health to request grant application for minority health month funding.*

Response:

This action step has been achieved. Health fairs continue to be instrumental in offering Latino uninsured and undocumented immigrant families the opportunity to get health screenings.

ACTION STEP #2: *Promote the expanded health services of Winton Hill Medical Center in the Latino community. This center recently added another site for medical services that is closer geographically to the Latino families of Cincinnati. However, this information has not yet reached the Latino families. The group decided that promotion of this center would be done with a bilingual flyer at locations such La Jornada (Spanish language newspaper) and radio, Su Casa WIC Office, JFS Offices, community churches in Latino neighborhoods, grocery stores and schools.*

Response:

This action step has been achieved. Outreach to the Latino communities has been conducted to promote the new site of this Medical Center. Flyers were distributed and announcements were made in the Latino news media.

ACTION STEP #3: *Work collaboratively with Latino organizational leaders like the Greater Cincinnati Latino Coalition to address Latino health disparity issues in Cincinnati. Build relationships and work collaboratively with clinics, hospitals, and universities so that bilingual health programs can be funded through these institutions.*

Response:

This action step has been achieved. In the past five years, Su Casa agency has developed networking and collaborative relationships with several organizations. They include: Crossroads, Central Community Health Board, Santa Maria Hospital, Diabetes Association, LULAC, Latina Today Magazine, University of Cincinnati, Ohio Commission on Hispanic/Latino Affairs, Center for Closing the Health Gap, Cincinnati's Children's Hospital, Legal Aide, and Metro Transportation System. Increased awareness of the health needs of the Latino community has improved as a result of meetings and collaborative relationships.

Partnering with agencies has improved health resources for Latino families. Some issues remain and are listed below:

- 1) Prevention services that are culturally appropriate. The needs of Latino families in the greater Cincinnati area vary. For instance, in New Carlisle, the Latino population consists mainly of those of Mexican heritage. In Springfield, the Latino population is primarily from Central and South America. In the city of Cincinnati, the Latino population is diverse, but Central Americans are the newest arrived immigrant group.
- 2) More developed Spanish language materials that are not complicated or technical. There is a high literacy rate among our Latino families, so providing personal or group setting Spanish language educational sessions would be more helpful.
- 3) Training on cultural competency for hospital and clinic staff would be helpful for Latino families using their medical services. For instance, Title VI requires that hospitals or clinics receiving federal funding must provide interpreting services for those patients with limited English proficiency ability. However, most hospitals use the Language Line Phone System for Interpreter Services for our families and this method of communication is not culturally appropriate for Latino families. However, if the interview can be done personally, face to face, instead of using a phone to explain health problems, this would greatly benefit our Latino families.

ACTION STEP # 4: *Contract with local private interpreter agencies for bilingual interpreter services for Latino families. This could be one method for increasing services for families who struggle with finding competent interpreters for their health needs.*





Response:

This has been partially achieved. We have not contracted for bilingual services. Referrals are made to area clinics or services for families. Su Casa also provides bilingual interpreter services for the Latino families that we serve.

ACTION STEP #5: *Develop an ongoing health advocacy group to address Latino health disparities in Cincinnati. The Su Casa Director volunteered to host these monthly meetings at her center. The group decided that they could continue their efforts in executing the action steps that they proposed today. They would like to find more health resources for undocumented Latino families and families with no health insurance. They would also like to build a stronger network and include the City Health Department and other health providers.*

Response:

This action step has been achieved. In the past five years, Su Casa has hosted many community meetings. Most recently, in 2014, they hosted the Regional Health Conversation Summary sponsored by the Ohio Commission on Hispanic/Latino Affairs. At this meeting, Latino health issues were raised and discussed for possible solutions. Thirteen organizations participated, which included hospitals and university. The dialogue that began five years ago with the Action Step model of Phase II of the Local Conversations is still on-going with Cincinnati community advocates.

Some of the health issues from the last forum that this group will address:

- Address Latina women nutrition issues: Educate on eating healthy on a low budget. Provide an “Hazlo Bien” education program
- Develop a County Health Resource List for the Latino community
- Conduct a Health Legislation 101 Training so that advocates can work to start changing laws that can improve the quality of health care for our Latino families
- Increase bilingual education on Domestic Violence for Latino families, especially for women

HAS THE AFFORDABLE CARE ACT IMPROVED THE HEALTH CONDITIONS OF LATINO FAMILIES IN CINCINNATI?

The ACA is not eligible as promised. Many immigrants do not qualify. Migrant workers and undocumented individuals are not taken into consideration in the marketplace. It did not help many elderly Hispanics that were eligible to sign up.

There were some language and computer challenges within the community that caused Latino families not to sign up.

AGENCY PARTNERS: Su Casa Center, National Alliance on Mental Illness, Crossroads, Santa Maria LULAC, Diabetes Association, University of Cincinnati, Center for Closing the Gap, Legal Aid, Latina Today, Cincinnati Children’s Hospital.

DAYTON GROUP

SERVICES #3: Develop programs to address the needs of undocumented individuals and individuals with no health insurance.

ACTION STEP #1: *Develop a network for health advocates that include Latino advocates so that all can become more familiar with the cultural health needs of Latino families in Dayton.*

Response:

This action step has been achieved in the past five years. The community has evolved in expanding health initiatives to assist families with no health insurance or those who are undocumented.

For instance, there is now a Latino Student Medical Association that is involved in providing health services through health fairs and outreach. Early detection screenings are done at the health fairs. Persons who are undocumented can pay \$25.00 to see a doctor at the Casanos Clinic on the West side of Dayton on Edwin Moses Blvd. Also, located on Third Street is the East End Health Center, is a Federal Qualified Health Center where Latino families can receive primary health services on a sliding fee scale. They also offer bilingual interpreters. The Community Health Center in New Carlisle is also a federal qualified health center and offers bilingual interpreter services, along with sliding scale fees for those with no health insurance. They also have a Promotoras Program. The Community Health Center offers 7 locations.

A network of advocates to promote health and assist Latino families is very strong in Dayton. For instance, there is an Issue Action Group that has been formed to connect residents to health centers. *Bienvenidos* Radio Program and Welcome Dayton work to identify the needs of the residents and direct them to the health centers they need. The churches are also involved in networking in the community. Sister Maria of St Mary's Church is a well-known figure in the Latino community for her efforts to assist Latino families with health services.

ACTION STEP # 2: *Plan a community meeting where Latino families are invited and conduct the meeting in Spanish. At this meeting, get input from families about what they need to do to access primary healthcare, bilingual health materials, etc. Include news media at this meeting to raise awareness in the city of Dayton about Latino health disparity issues.*

Response:

This action step has been in process. It has not been a one-time meeting that has occurred in the past five years, but rather a series of Latino community resources that have been developed through many Latino leaders. For instance, at St. Mary's Church, there has been an After School Program developed by a Wright State University graduates. The program, El Puente, offers after school tutoring and they currently have 60 Latino children enrolled and 40 children on the waiting list. Also, parents meet there every Friday night. The Latino Connection is another group organized in Dayton to focus on Latino issues, including health. This group represents many businesses, social workers, Latino based agencies, churches and more. Latino Unidos de Dayton is another community support group that is made up of many subcommittees focusing on mental health, education, cultural activities, voter registration, and other issues including health resources and cultural health needs for Latino families.

ACTION STEP #3: *Develop a health resource center to serve as a clearinghouse where health information can be more accessible to Latino advocates and families.*

Response:

The Dayton Latino leaders, have done a remarkable job in developing, organizing, and initiating health resources and activities for Latino families. There are plans to develop a health resource center soon, but a deadline has not been established yet. The Rocking Horse Center is a federal qualified health center that offers an abundance of health education and primary care services for Latino residents. Accessibility of health information is distributed through all the above mentioned community groups, through health fairs, churches, schools and many of the community workers who get involved directly with the families and helping them find and get referrals to health services.





ACTION STEP# 4: *Identify community leaders to join the planning group, concentrating in particular in identifying Latino leaders from the East end of Dayton where a large number of Latino families reside.*

Response:

This has been achieved and is still evolving. Dayton's east side is home to the largest Latino population. There have been many Latino leaders identified in all segments of private and public sectors. A Latino Dream Team Initiative has been developed and they are working on preparing a strategic plan. However, Latino leadership in the school systems is weak. The La Guardia Newspaper is also involved in providing health information and other resource information to Latino families. Among the community leaders are: Wright State University, Latino Unidos de Dayton, Latino Connection, staff from various agencies, churches, businesses, Care Source, and others.

SERVICES #3: Develop Programs with a greater focus on health promotion and prevention of health problems and on the whole family as the unit of intervention.

ACTION STEP #1: *Develop links with other minority health groups in Dayton such as the health Sub-committee of the Latino Connection, a Latino advocacy group in Dayton.*

Response:

This has been achieved in the past five years. The Latino and African American Community have built positive work relationships. They have shared resources and information relative to their minority communities. They have collaborated in sponsoring health fairs through the Dayton Council on health equity. The minority groups participate in events like World Refugee Day, International Women's Day, and Latino Fest.

ACTION STEP# 2: *Find out about other minority health initiatives in Dayton and elsewhere.*

Response:

This action step has been achieved. The advocacy groups that are active in Dayton's Latino and African American communities are strong. They stay current with health initiatives and programs that are developing and figure out strategies to meet the needs of their minority communities.

ACTION STEP #3: *Identify the most prevalent diseases of the Latino community in Dayton and develop programs to address the barriers in accessing health care such as early detection screenings, education and finding money to pay for interpreter services.*

Response:

The Dayton group has achieved this action step in the past five years. The Dayton Latino group has identified the following as the most prevalent diseases affecting the Latino community: Diabetes, hypertension, and asthma. Although the group believes that a lot of advocacy has occurred to raise awareness in the Dayton Latino community and surrounding suburbs about these diseases, access to health care services still remains an issue. Some of the access issues are: 1) Lack of transportation; 2) lack of health education so that the families understand the importance of seeking early medical treatment for diabetes, hypertension and other diseases; 3) Interpreter services are provided by Vocalink, a statewide Interpreting service via telephone. Other issues include the ability to fill prescriptions, whether it is having the ability to pay for it or taking the medication as often as prescribed. Undocumented immigrants can get their medications at the New Carlisle Health Center, according to one representative. Health fairs can be useful for Latino families because they can get screenings for high blood pressure and health education materials. However, there is a missing link and that is a list of possible health clinics for referral to seek follow-up with a medical doctor. The group who sponsors the health fairs is planning to prepare a list of health providers and distribute the list at the health fairs they plan to hold in the future.

ACTION STEP #5: *Educate Latino families in Dayton about health disparities and build awareness campaigns to increase health education on a more consistent basis. Include caretakers of Latino children (parents and grandparents) to get them more involved in early prevention of certain diseases more prevalent in the Latino population. Build programs to teach about regular exercise, better food choices, early detection screenings, and how to cope with stress.*

Response:

This action step has been achieved. The process of raising awareness about health and prevalent disease in the Latino community is on-going. Health education and addressing the health needs of Latinos is done by various groups like, Latino Connection, Latino Unidos de Dayton, Health Welcome Dayton, the Health Clinic in New Carlisle, and a host of other groups. Programs on nutrition are being supported by several groups. Also, the Heart Association Office has now hired a Latino representative for the “Corazon” program. Also, market store opened on October 15th. that specializes in healthy cooking classes and is located on 3rd and Main Street. The Program Home Full a Hub will match dollars on EBT card and people can get produce for free.

The area that lacks services for Latino families is mental health services. There are not enough mental health providers who are bilingual in Dayton. It is hard for Latino families to talk about mental health, but it is an important health concern and one that is being addressed by several groups. The only Latino whom this group knows that is Latina, bilingual and a counselor is Dr. Erendira Garcia-Lopez at Wright State University. Working to expand mental health services is another goal for this Dayton group.

ACTION STEP #6: *Get the mainstream news media and the Latino news media (La Jornada, y La Voz) involved in understanding health disparities affecting Latino families in Dayton. Educate Latino and mainstream news media about Latino health issues so that articles are written in Spanish and English to raise awareness in Dayton of these problems.*

Response:

This action step has been achieved. La Guardia Newspaper does devote attention to health issues and education. They generally will focus one page in each publication to focus on health. La Jornada also includes health information in their newspaper. There is no Spanish language radio program in Dayton; but, there is one in Cincinnati that they are able to access.

SECOND SESSION AT DAYTON WITH A GROUP FROM SPRINGFIELD AND NEW CARLISLE:

This group wanted to participate in the Latino Local Conversations meeting as well. They represent the above mentioned communities which are close in distance to Dayton.

New Carlisle:

This community has a migrant farm worker population. There is no Latino based agency there, other than TMC Migrant Head Start Center. They provide daycare and head start services to migrant children. They have a Latino Coalition which includes advocates from Springfield. The New Carlisle Community Health Center offers a full array of health services including: dental, primary, lab, bilingual services, or a sliding scale fee if they don't have health insurance. They work well with the Latino community and endeavor to provide culturally competent services. In New Carlisle, Latino families find out about health services through word of mouth, Spanish language materials and also ads with La Jornada. However, literacy is an issue with Latino families, so they cannot rely on printed educational materials. One of the participants from New Carlisle said that he is working on creating an “APP” in English and Spanish that can list the health resources available in the area.

An important aspect of the New Carlisle Community Health Center is that they work on building trust and rapport with their Latino patients. They are familiar with their Mexican ancestry and their customs and traditions. They are also hosting family events where they ask families about their health needs.





Currently, a major challenge that impacts health needs is transportation. There are some buses, but the route availability does not always meet the needs for Latino families. Care Source offers some transportation to those who have insurance with them.

Springfield:

This community is about 25 minutes from Dayton. It is further than New Carlisle. They do not have a large migrant population, but the Dole Vegetable Company attracts seasonal Latino workers. The Latino population is about 2,000. The Dole Company sponsors health fairs in Springfield annually. There is a health clinic called the Rocking Horse that was started by a nun; Latino families go there for service because they are treated well. There is another program available to the Latino community called *Project Woman* that addresses the needs of women victims of domestic violence.

In the past, there was a Latino based agency called *Del Pueblo*, but it is not currently in operation. There is some church involvement with Latinos in Springfield. The St. Theresa Church has a Hispanic Ministry. Some of the current health issues for Latino families in Springfield are:

- 1) Lack of bilingual mental health services
- 2) Lack of bilingual services – Many of the Latino advocates have jobs and usually do the interpreting for family members who ask them to help; this can become burdensome. It is disappointing that bilingual services are not more readily available to the Latino community.
- 3) Lack of transportation to get to medical appointments. It was recommended by one of the participants at the meeting to contact the Office of Development in Columbus to address transportation issues.

AGENCY PARTNERS IN ATTENDANCE: Wright State University, Care Source, InHealth Insurance, American Heart Association, City of Dayton, (Human Relations Council), New Carlisle Community Health Center, Care Source, Community Advocate of Dayton, Springfield City School District, Vocalink, Ohio Department of Job and Family Services, Project Woman, Pregnancy Resource Center, Greene County JFS.

CLEVELAND GROUP

SERVICES #2: Develop programs to address the health needs of undocumented individuals and individuals with no health insurance.

ACTION STEP #1: *Contact hospitals and other clinics in Cleveland to identify whether there are overall policies for assisting in payment of services for the undocumented and the uninsured or if individual departments or programs make their own decisions.*

Response:

This action step has been achieved. Metro Health Hospital Representatives stated that the hospital has a “No One Turned Away” policy. They have a rating system. If the person is not able to pay for services, they will not be turned away and this policy exists in all 20 hospital sites. The Director of the Spanish American Committee Agency stated that 65% of the persons that seek services from her agency do not have health insurance.

There are also other large hospital systems in Cleveland that help Latino families, including the Cleveland Clinic and University Hospital. There are also Federally Qualified Clinics in Cleveland. Metro Health has Latino representatives who assist in advocating to help families obtain the health services they need. Metro Health received grant funding from the Mexican Government to provide health services to migrant workers in Painesville and Lorain. They are also working with the Consulate Office in Detroit, Michigan to coordinate efforts with this grant. The group indicated that there is a fairly large undocumented population in Cleveland. Recently, a large population from Puerto Rico has immigrated due to the financial problems that Puerto Rico is experiencing. This is driving families to leave Puerto

Rico and immigrate to the United States. Finding services is difficult for Latino families in Cleveland. Language is a barrier and distributing flyers does not work. The Hispanic Alliance staff reported on a door to door campaign in Latino neighborhoods to notify families of the services available to them.

ACTION STEP # 2: *After obtaining this information from the Cleveland Hospitals, prepare a list with this information for each of the hospitals and clinics that were contacted.*

Response:

This action step has been achieved. Each of the hospitals has brochures and flyers about the availability of services. The Cleveland Group thought about producing a poster that could list all the hospitals and clinics to make it easier for Latino families to identify location of hospitals and clinics in Cleveland. They also thought it would be helpful to list on one poster

all the health events going on in the city. For example, promoting Minority Health Month activities that are in Cleveland during the month of April.

The Assistant Director of Proyecto Luz said that they partner with Metro Health using funding through the Ryan White Care Act to assist persons with HIV/AIDS with health services.

ACTION STEP # 3: *Designate a group to meet with the hospitals or clinic staff to initiate discussion about these problems.*

Response:

This action step has been partially achieved. Many of the group representatives have been meeting, but perhaps not formerly. There are several groups in Cleveland to address Latino health. For example, The Cleveland Clinic and Metro Health both have groups. NOAH is the North East Alliance of Hispanic Health. This group worked with Metro Health in conducting a Health Needs Survey to begin to capture health data on Latinos. They had over 600 respondents. They covered issues of prevention screenings, the various churches and groups involved in health and other areas. At this local conversation, the Hispanic Alliance representative indicated they would be interested in taking the lead to bring a group together to further this action step to assist Latino families in Cleveland. She indicated that their agency is neutral since they are more about supportive service referrals. They also discussed that Cleveland has a large senior citizen population that lacks adequate health services and that bilingual issues are more prevalent with this population. Another issue identified is the lack of transportation for Latino families with limited financial resources. They can ride the RTA public transit bus, but the cost is \$5.00 and that is expensive for these families.

ACTION STEP # 4: *Develop bilingual educational materials for Latino community in Cleveland to reach the undocumented and uninsured. These materials can include health education about nutrition, exercise and other ways families can do to reduce the risks associated with diabetes, high blood pressure, or other diseases. Prepare a bilingual information sheet that lists hospitals and clinics that will help with payment of health services for distribution in Latino community. Include a list of health providers who have bilingual staff.*

Response:

This action step has been achieved. Many Latino focused programs are available, however marketing them is still a challenge. One group member said that there are no billboards promoting good health or anything health related in Spanish. The group felt that more use of the internet media could be helpful; it was suggested that digital media should be used more widely since Latinos and the young in particular are well connected through social media, thus, making this medium idea for health providers to promote their services or bilingual health education. The May Dugan Center indicated that they offer assistance to males and females who are victims of crime. They also offer Trauma Informed Care Services and GED Programs for students who are 18 and older and dropped out of school.





ACTION STEP #5: *Have a discussion among health advocates and churches about what role the faith-based community should have in addressing Latino health disparities. Arrange a date, location, and time for this meeting to discuss this issue. There are many churches in the Cleveland area who offer health screening programs and health education to their parishioners. Invite those churches or faith-based groups who are involved in addressing Latino health disparities to this meeting to share their experiences.*

Response:

This action step has been achieved. Many of the church groups have met with community advocates to discuss Latino health. St. Michael's Church has a strong volunteer program and has been involved in many Latino health initiatives. The Sagrada Familia Church also offers health programs and screenings and sponsors health fairs for their families. There is a Hispanic Pastor's Association (30 Pastors) partnering with Cleveland Clinic to address Latino health issues. Nueva Luz is also a pastoral organization that provides health referrals and ministers to persons who have HIV-AIDS.

INFRASTRUCTURE # 1: Initiate workforce development programs directed to motivate and prepare Latino students for entry and success in health professional training.

ACTION STEP # 1: *Contact El Barrio agency to get information about their past grant funded program called "Creando Posibilidades" designed to recruit Latino students for health careers.*

Response:

This action step has been achieved. El Barrio continues to provide workforce development training at their Center. Nueva Luz works with students who are referred to them from St. Martin de Porres church and work with them for one year. MetroHealth works with Lincoln West students that are juniors and seniors in high school to direct them in health careers. MetroHealth also sponsors a Scholars Program for 9th graders to explore health careers through paid employment for 75 students. They also are featuring a "True to You" partnership of 8th grade students shadowing. University Hospital just launched a Young Scholars Program for students in 7th to 12th grade, targeting Latino and African American males.

ACTION STEP #2: *Contact the existing hospital community initiative programs at each hospital in Cleveland to ask what they are doing in the Latino Community. Raise their awareness about this group's interest in preparing Latino students for entry into health careers. Provide them with recommendations such as "Creando Posibilidades" and work with hospital administrators to develop collaborative projects.*

Response:

This action step has been achieved. There are many health career initiatives developed in the past five years. For example, Nueva Luz works with students who are referred to them from St. Martin de Porres church and work with them for one year. MetroHealth works with Lincoln West students that are juniors and seniors in high school to direct them in health careers. MetroHealth also sponsors a Scholars Program for 9th graders to explore health careers through paid employment for 75 students. They also are featuring a "True to You" partnership of 8th grade students shadowing. University Hospital just launched a Young Scholars Program for students in 7th to 12 grade, targeting Latino and African American males. The Spanish American Committee also has a strong workforce development program for Latino students.

ACTION STEP # 3: *Work with the 32% of Latino students from Cleveland who do graduate from high school and mentor them and assist them in pursuing college education in health careers. Teach them how to apply for college tuition assistance.*

Response:

This action step has been achieved and is a work in progress. Esperanza Inc. maintains data on the Latino student high school graduation rate. The current graduation rate among Latino students at Lincoln West is 65%. Thomas Jefferson School is working with non-English speaking students, then after being taught English, they transfer them to Lincoln West. Additionally, there is a large refugee population in Cleveland.

ACTION STEP #4:

Apply for funding from corporations, local foundations or other entities to increase funding for the Latino community for health services, focusing especially on the type of funding that is available for Latino students to pursue health careers. The ultimate goal would be to have Latino students from Cleveland obtain college degrees as professionals and return to Cleveland to work at the hospitals, clinics, and doctor offices.

Response:

This action step has been partially achieved. There are many career health initiatives developed that include Metro Health, University Hospital, Esperanza, Spanish American Committee, Nueva Luz and others are still in progress. Data collection for this area is needed. The group has identified the increase of refugees and other Latino immigrants in Cleveland. The health care systems need to develop improved multi-cultural and multi-lingual services. Strategic alliance should be developed with colleges, high schools, tech schools and partnering with foundations. The major barrier in applying for funding is the lack of data on Latinos and health disparities. The Latino community needs grant funding to conduct surveys and build baseline health data.

HAS THE AFFORDABLE CARE ACT IMPROVED THE HEALTH CONDITIONS OF LATINO FAMILIES IN CLEVELAND?

No, it was hard to navigate the marketplace. There is not information to sign up and people did not understand the benefits. Latino families are not used to having health insurance coverage in their ancestral countries.

AGENCY PARTNERS:

Spanish American Committee, Metro Health Hospital, Care Source, Nueva Luz Urban Resource Center, Office of U.S. Representative Marcy Kaptur, May Dugan Center, Hispanic Alliance, St. Michaels Church, Cleveland Office of Minority Health.





Ohio Latino Health Coalition

Local Conversations on
Minority Health

Report to the Community 2011



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The National Partnership for Action to End Health Disparities

Spearheaded by the Office of Minority Health, the National Partnership for Action to End Health Disparities (NPA) was established to mobilize a national, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation forward in achieving health equity. Through a series of Community Voices and Regional Conversations meetings, NPA sought input from community leaders and representatives from professional, business, government, and academic sectors to establish the priorities and goals for national action. The result is the *National Stakeholder Strategy for Achieving Health Equity*, a roadmap that provides a common set of goals and objectives for eliminating health disparities through cooperative and strategic actions of stakeholders around the country.

Concurrent with the NPA process, federal agencies coordinated governmental through a Federal Interagency Health Equity Team, including representatives of the Department of Health and Human Services (HHS) and eleven other cabinet-level departments. The resulting product is the *HHS Action Plan to Reduce Racial and Ethnic Health Disparities*, launched simultaneously with the NPA *National Stakeholder Strategy* in 2011. The HHS plan outlines goals, strategies, and actions. HHS will take to reduce health disparities among racial and ethnic minorities. Both documents can be found on the Office of Minority Health web page at <http://minorityhealth.hhs.gov>

Ohio's Response to the NPA

In support of the NPA, the Ohio Commission on Minority Health (OCMH),

an autonomous state agency created in 1987 to address health disparities and improve the health of minority populations in Ohio, sponsored a statewide initiative to help guide health equity efforts at the local and state levels.

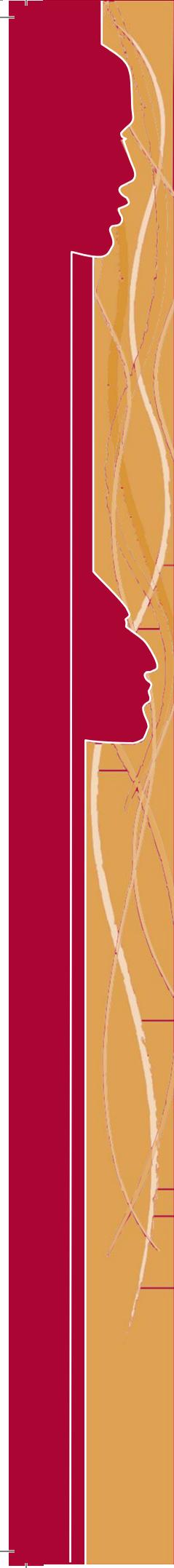
In Phase I of this initiative, OCMH sponsored a series of nineteen Local Conversations on Minority Health throughout the state. The purpose of these gatherings was to carry out community-wide discussions on local health disparities in which health needs could be identified and prioritized from the community's perspective, and strategies could be generated toward local action plans to address minority health needs. Sixteen of the Local Conversations were geographically-based and were held in the state's large and small urban regions. In addition, three statewide ethnic health coalitions convened ethnic-specific Local Conversations for Latino, Asian American, and Native American groups which brought in representatives from these populations across the state.

In Phase II, the Local Conversations communities continued broad-based dialogues on health disparities and refined their local action plans. The Ohio Latino Health Coalition Health Disparity Reduction Plan in this document is a result of this process.

Ohio Latino Health Coalition

The Ohio Latino Health Coalition (OLHC), formerly known as the Hispanic Health Initiative, was founded in 1999 by three Latina women advocates, Mary Isa Garayua of Youngstown, Lydia Alejandro of Fremont, and Yvonne Crystell Llado of Lorain. All three women had been working in the social work field for many years and had observed the barriers and issues in accessing health services by Latino families. Barriers of concern





included Latino families not being able to afford health insurance and not having easy access to health education, lack of preventive health initiatives for early detection screenings, issues around interpreters, and a lack of Latino professionals serving on governing boards of health associations or community task force dealing with health issues.

The OLHC founders were also concerned with the high incidence rate of diabetes, and cardiovascular diseases prevalent in the Latino communities. As a result, these women began contacting other community leaders who also were interested in addressing Latino health disparity issues. From these meetings, a Latino health coalition was born.

The Coalition has had a successful history of carrying out health initiatives, including:

- Bilingual Low Impact Aerobics Video (Ritmo y Salud)
- Bilingual Cook Book with Low Fat Latino Recipes
- Spanish Health Novelas (CD format) 20-minute novelas on diabetes, cancer, and high blood pressure
- Six Latino Health Disparity Statewide Conferences featuring Latino doctors, chemical dependency counselors, mental health counselors and other health professionals and keynote speakers on topics such as diabetes, mental health, cardiovascular diseases, cultural competency, HIV/AIDS, Title VI, and chemical dependency.
- Statewide Health Needs Survey—214-page comprehensive report outlining responses of over 2,000 Latino respondents

These projects were sponsored primarily by the Ohio Commission on Minority Health.

Geographic Scope

The geographic focus for the Local Conversations conducted by the Ohio Latino Health Coalition was statewide, with concentrated efforts in the cities where the majority of the state's Latino population resides—Cleveland, Lorain, Toledo, Fremont, Youngstown, Dayton, Cincinnati and Columbus. In Fremont and other locations, the target population includes migrant workers.

Demographics of the Latino Population in Ohio

The Latino population is made up of individuals whose ancestry or nationality is Mexican, Puerto Rican, Central American, South American, Caribbean or Spanish. The Latino ethnic classification includes a diverse set of cultures with a common bond of the Spanish language. Census estimates in 2009 indicate that Latinos account for 2.8% of the Ohio's population

(<http://quickfacts.census.gov/qfd/states/39000.html>). The majority of the state's Latino population is from Mexico, with many descendants of Mexicans who came to the state as early as the 1900's.

There are also large numbers of Latinos in Ohio from Puerto Rico (largely in the eastern part of the state) and Cuba. More recently, the population from Central America and South America has begun to grow in Ohio in southwest region of the state.

Health Disparities among Ohio Latinos

The most comprehensive information on Latino health conditions and health disparities comes from a 2004 statewide survey conducted by the Ohio Latino Health Coalition. This survey found that hypertension was the most commonly reported condition (22.7%), followed by diabetes (16.9%) and asthma (12.5%).

Moreover, 34.3% who reported having a particular health problem were being treated for *multiple* serious medical conditions. Migrant workers who arrive in Ohio seasonally each year to hand harvest crops represented 10% of the respondents to the 2004 survey. For this group, diabetes (15.7%) and hypertension (13.1%) were the most common health problems. A total of 60% of migrant workers reported needing a Spanish interpreter with the doctor.

OLHC Conversations on Minority Health

Phase I

On August 29, 2008, the Ohio Latino Health Coalition sponsored the first Latino Local Conversation on Minority Health. Over 60 people attended, representing health departments, Latino-based agencies, news media, government and social service agencies, church leaders, and other Latino community advocates across Ohio. The purpose of this event was to give the Latino community opportunity to identify and prioritize the health needs in their respective communities and to address barriers to accessing health care services. The group was divided into four small discussion groups where they discussed Latino health needs in the categories of resources, capacity building, services, and infrastructure. From these discussions, participants identified over 22 health needs and 26 health recommendations as strategies for action.

Phase II

In 2009, Phase II of the Latino Local Conversations Health Initiative was implemented. It began with another statewide meeting in which participants prioritized the 26 health recommendations from the first event.

Prioritized Recommendations

Capacity Building: What would help communities build their assets to improve the health of their residents?

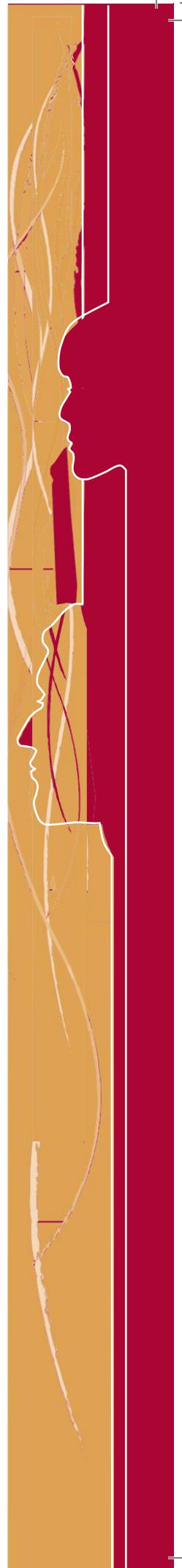
1. Provide leadership training for Latinos that would help to build skills needed for advocacy and service to serve on community boards.
2. Provide cultural competency training for health professionals including skill development in building rapport and trust with minority consumers.
3. Increase the number and improve the quality of training programs for interpreters.

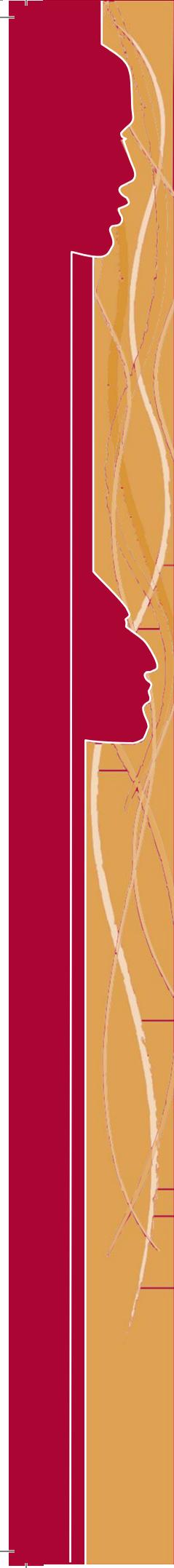
Resources: What resources are needed to address minority health needs?

1. Advocate for increased funding to support enhanced systems and tools to improve communication with the Latino community.

Infrastructure: What physical, human, and financial resources are needed to deliver quality health services?

1. Strengthen the Ohio Latino Health Coalition as a vehicle for providing ongoing attention to health disparities affecting the Latino community.
2. Initiate workforce development programs directed to motivate and prepare Latino students for entry and success in health professional training.
3. Advocate for greater involvement of Latinos on governing boards and advisory committees of health organizations and community task forces dealing with health issues.





Services: What kinds of services are needed to address our Latino population in ethnic-specific health promotion programs, mental health care or adopting best practice?

1. Advocate for increased funding to support the development of additional health promotion and health service programs targeting the Latino population.
2. Develop programs to address the needs of undocumented individuals and individuals with no health insurance.
3. Develop programs with a greater focus on health promotion and prevention of health problems and on the whole family as the unit of intervention.

Phase II activities continued with strategic planning sessions in the cities of Toledo, Cincinnati, Dayton, Cleveland, Fremont, Columbus, and Wauseon. These sessions were facilitated by Lydia Alejandro, Co-Founder of the OLHC. At each of these meetings, representatives from Latino-based agencies, government agencies, health departments, churches, migrant advocacy groups, legal services and members of the Ohio Latino Health Coalition participated in developing action steps for their cities, selecting specific recommendations and action steps to develop more fully. A total of 89 participants attended the strategic action planning meetings.

Action Planning Steps from the City/Regional Meetings

TOLEDO

Two meetings were held in Toledo. One meeting was with the Farm Worker Agencies Liaison Communication/Outreach (FALCON), a migrant farm worker advocacy group comprised of many Northwest Ohio agencies and the other

was hosted by Adelante, Inc. and attended by community advocates from Toledo. The FALCON group selected Capacity Building as its focus area.

FALCON Group Action Plan

CAPACITY BUILDING# 2: Cultural competency training for health professionals that includes skill development in building rapport and trust with minority consumers.

The discussion centered on the problems migrant families encounter when they seek healthcare services in their communities. For instance, lack of bilingual professional staff is still a big problem, especially at hospitals where families have had to rely on their children, other family members, or friends to serve as interpreters. Problems have arisen from this practice because of a lack of understanding of medical terminology and consequently poor or erroneous prescription information is not interpreted properly. Other problems identified were a lack of cultural sensitivity to migrant families and no bilingual signage at hospitals about Title VI Rights.

ACTION STEPS

1. Train advocates about the legal rights that migrant families have when it comes to Title VI and other laws relevant to hospitals or clinics who receive federal funding.
2. Provide training for the hospital and clinic administrators and their staff on Title VI regulations.
3. Provide cultural sensitivity training to hospital and clinic personnel that would include Spanish language needs of migrant families, prescription instructions in Spanish, and bilingual health educational materials.
4. Search for existing training resources that cover topic areas of preventive health education,

cultural competency training models, and health programs models that are used in other states for migrant families.

Possible resource contacts for this information include the Ohio Commission on Minority Health, the Ohio Latino Health Coalition, the National Council of La Raza, and the National Medical Health Association.

CAPACITY BUILDING #3: Increase the number and improve the quality of training programs for interpreters.

ACTION STEPS

1. Educate the migrant farm workers about laws relevant to healthcare access by:
 - a. Developing PSAs to air on the Spanish language radio programs
 - b. Developing written bilingual information about Title VI to distribute at migrant labor camps in Northwest Ohio
 - c. Meeting personally with families at the camps to fully explain their rights under Title VI
2. Providing Title VI information at community service agencies.
3. Seek interpreter training programs that may already exist in other cities of Ohio. Begin this search process by contacting advocates involved with this issue who can provide contact information.

The second meeting in Toledo was with Adelante, Inc., a non-profit organization whose mission is to serve and empower Latino individuals and families in Northwest Ohio through education, prevention, economic literacy, health and other social services. This group discussed the need to build more infrastructure

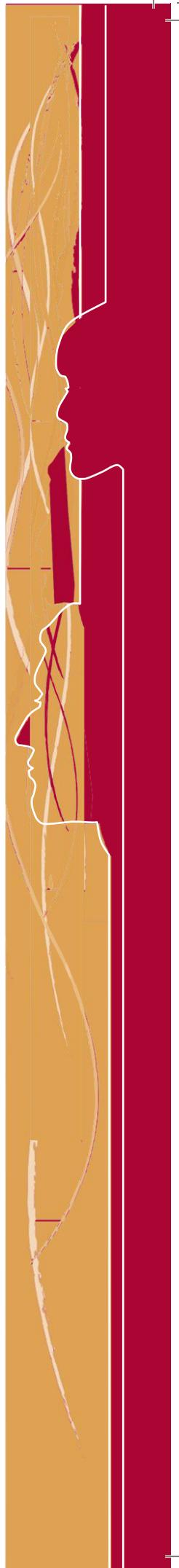
in the Latino community. For example, one of the group participants indicated that he had attended today's meeting specifically to meet some of the community Latino leaders. His purpose was to encourage those Latino leaders in attendance at today's meeting to apply for a seat on their agency boards. The group also discussed the need for bilingual interpreters at hospitals and clinics as well as the need for more health education programs that would include information on nutrition, exercise, preventive screenings, the importance of taking prescribed medication consistently, and other health education areas. The Adelante group selected recommendations in the areas of infrastructure, services, and capacity building for their strategic action plan.

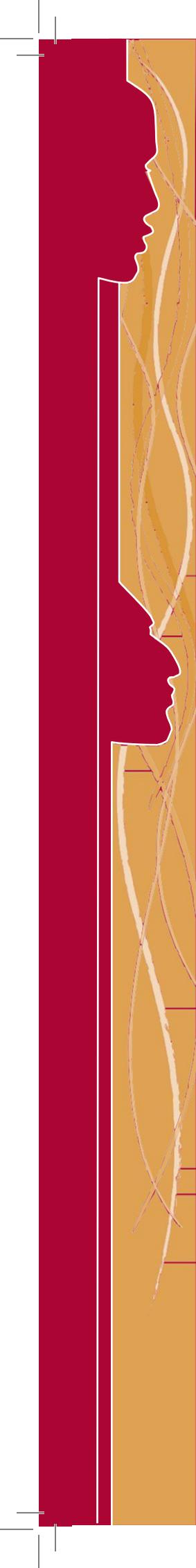
Adelante Group Action Plan

INFRASTRUCTURE #3: Advocate for greater involvement of Latinos on governing boards and advisory committees of health organizations and community task forces dealing with health issues.

ACTION STEPS

1. Identify Latino agencies and Latino leaders in the community for potential board representation. Prepare a list of Latino community leaders and arrange a meeting with these leaders to discuss their interest in serving on boards to bring attention to Latino health issues. For those community members not having the advocacy skills yet, work with them to develop these skills toward future board service. For those agencies seeking Latino board representation, invite Latino leaders to their board meetings and set up personal contact meetings or send an invitation letter to request their





consideration of becoming a board member.

2. On the Latino community side, take aggressive steps such as sending letters to organizations to request meetings with CEOs and application forms for board seats.

CAPACITY BUILDING #2: Provide cultural competency training for health professionals including skill development in building rapport and trust with minority communities.

ACTION STEPS

1. Latino organizations or agencies could develop and facilitate cultural training for health professionals and pre-professionals, including students from nursing schools, medical schools, and pharmacy. CEUs in cultural training could be offered for nurses, doctors, and other health professionals.
2. Advocate with State Medical Boards to mandate that doctors, nurses, mental health therapists, chemical dependency counselors should be required to obtain CEUs in cultural training.
3. Advocate at the local level with hospitals and health clinics (Pro Medica, Neighborhood Health Association, Mercy Hospital) to require that the doctors, nurses, and other health professionals, should obtain CEUs in cultural competency training, which includes cultural training.

CAPACITY BUILDING #3: Increase the number and improve the quality of training programs for interpreters.

ACTION STEPS

1. Work with Congresswoman Marcy Kaptur's Office in appro-

priating a funding reserve for bilingual interpreters for the Latino community. Develop a proposal and get statistics from Ohio Latino Health Coalition on the number of Latinos who require bilingual interpreters and on the percentage of Latinos whose primary language is Spanish. Outline the problems that exist and the serious health consequences that occur for Latino families without bilingual services. The group also discussed the importance of documenting the problems they have encountered with lack of interpreters in their community and feel this information will be helpful in approaching Congresswoman Kaptur's office for funding.

2. Encourage hospitals, clinics, and other health providers to hire quality bilingual staff at their facilities.

SERVICES #3: Develop programs with a greater focus on health promotion and prevention of health problems and on the whole family as the unit of intervention.

ACTION STEPS

1. Strengthen the infrastructure of Latino agencies so that they can facilitate bilingual health education programs in the Latino community.
2. Prepare a list of the current health education programs for the Latino community. From this list, determine what new programs are needed.

Wauseon

The Wauseon meeting included members of the Ohio Latino Health Coalition who are representatives from Mercy Hospital of Defiance, the National Hispanic Abstinence Outreach, NWSC College, the

OSU Agriculture and Labor Education, and the Defiance County Health Department. These organizations work with Latinos from Putnam, Paulding, Williams, Defiance, Fulton and Henry counties. Their target population includes migrant, immigrant, and rural (settled-out migrant groups). They have been working as a group for the past 5 years, addressing Latino health barriers and issues. They selected capacity building as the first topic for developing an action plan for their six county region. Their discussion centered around the isolation of migrant families and the need for leaders in the settled-out communities to serve as advocates and mentors to the migrant community.

They also discussed existing resources and capacities of healthcare systems. For example, the hospitals have developed cardiovascular health materials but there is no data showing if Latino patients reads them, or whether Latino families find them helpful and/or if these materials are easy to read and culturally appropriate for the Latino population. There was also discussion of the potential loss of income for hospitals not providing interpreter services and how that information might be used to increase funding to address the interpreter issue.

CAPACITY BUILDING #2: Provide cultural competency training for health professionals including skill development in building rapport and trust with minority communities.

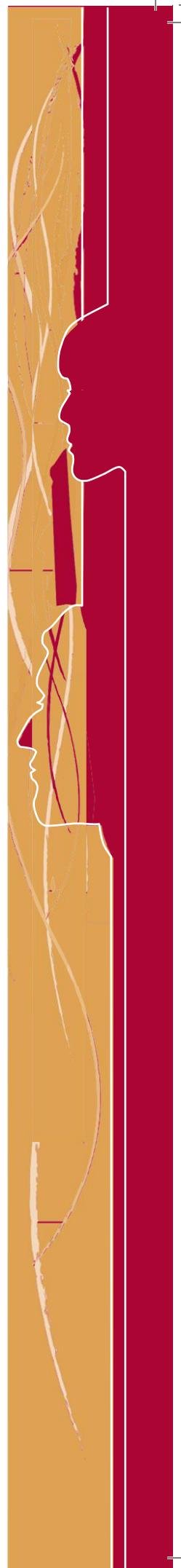
CAPACITY BUILDING #3: Increase the number and improve the quality of training programs for interpreters.

ACTION STEPS

1. Identify Latino leaders by working with local community churches (e.g., posting information in church bulletins and translating church bulletins into Spanish), the Sociedad de Guadalupanos,

(connected to Catholic Church and active in the Latino community) and the parish nurses network. Identify Latino leaders who have public speaking and advocacy skills and inform them of the strategic action planning outcomes.

2. Link Latino leaders with the hospital staff for the purpose of reviewing bilingual cardio health educational materials for translation accuracy and to check if Latino patients are reading these materials or not. Latino leaders could promote the importance of the cardio health materials as a prevention method to avoid heart diseases and thereby reduce the onset of heart diseases.
3. Check with Northwest State College to find out if there are any Latino students bilingual in Spanish who could be identified as potential leaders or serve as bilingual interpreters.
4. Recommend that an interpreter training from Akron is brought to provide training for this group's 6 county region. Explore cost and whether or not this program is available outside the Akron area or has an on-line training process. Explore how Latinos, after certification from this program, could start their own interpreter businesses and offer services to hospitals and clinics.
5. Research and obtain more documentation about problems encountered due to lack of interpreters. Emergency rooms, clinics, and hospitals have experienced many problems with Latino patients getting the right





health care assessment or treatment due to language barriers. Documenting these problems could provide a rationale for hospitals or clinics to hire bilingual staff. If documentation of all the problems were recorded, the Ohio Department of Health State, the Ohio Commission on Minority Health, Governor's office, or state representatives, could be approached about possible action or funding to address these issues.

1. Providing cultural training would be beneficial in breaking down barriers between healthcare providers and the Latino community regarding language, culture, traditions and customs of Latinos. Local/regional Latino health professionals should be identified to provide the Latino cultural training. Healthcare providers could collaborate to sponsor/fund the training for their health care staff.

DAYTON

The discussion in Dayton included participants representing the Children's Hungry Alliance, Help Me Grow, Dayton Public School, Wright State University Community Health Nursing, the Dayton Council on Health Equity, and the Catholic Hispanic Ministry, among others. Many of the agency representatives that work with the Latino community in Dayton identified barriers to health care access as including: language, under/uninsured, undocumented immigration status, lack of cultural competency, and lack of bilingual health education materials available to Latino families. Participants also said that many health professionals in Dayton do not know or understand the culture, customs, beliefs or traditions of the Latino groups and sub-ethnic groups they see as

patients. While there is one health clinic in Dayton that offers bilingual services, participants were not sure how well this is working. The group also noted that healthcare systems are cumbersome for Latino families and know that many Latino families still struggle with communicating their health needs since without bilingual interpreters. The group selected services for their strategic action plan.

SERVICES#3: Develop programs to address the needs of undocumented individuals and individuals with no health insurance.

ACTION STEPS

1. Develop a network for health advocates which should include the Latino advocates so that all can become more familiar with the cultural health needs of Latino families in Dayton.
2. Plan a community meeting where Latino families are invited and conduct the meeting in Spanish. At this meeting, get input from families about what they need to access primary healthcare, bilingual health materials, etc. Include news media at this meeting to raise awareness in the city of Dayton about Latino health disparity issues.
3. Develop a health resource center to serve as a clearinghouse where health information can be more accessible to Latino advocates and families.
4. Identify community Latino leaders to join the planning group, concentrating in particular on identifying Latino leaders from East end of Dayton where a larger number of Latino families reside.
5. For those non-Latino persons at the planning group meeting who are not familiar with the Latino culture, set up a time with Latino

advocates for Latino culture training. Travel to Latino neighborhoods and spend time observing the culture of the Latino families.

SERVICES#3: Develop programs with a greater focus on health promotion and prevention of health problems and on the whole family as the unit of intervention.

1. Develop links with other minority health groups in Dayton such as the health subcommittee of the Latino Connection, a Latino advocacy group in Dayton.
2. Find out about other minority health initiatives in Dayton and elsewhere (e.g., explore whether the Harlem model could be adapted to serve Latino families in Dayton).
3. Review the data from the Ohio Latino Health Coalition Statewide Health Needs Survey report and use it to identify the health needs of Latino families in Dayton.
4. Identify the most prevalent diseases of the Latino community in Dayton and develop programs to address the barriers in accessing health care such as using early detection screenings, more education and finding dollars to pay for interpreter services.
5. Educate the Latino families in Dayton about health disparity issues and build awareness campaigns to increase health education on a more consistent basis. Include caretakers of Latino children (parents and grandparents) to get them more involved in early prevention of certain diseases more prevalent in Latino population. Build programs to teach about regular exercise, better food choices, early detection screenings and how to cope with stress

6. Get the mainstream news media and the Latino news media (*El Jornal* and *La Voz*) involved in understanding the health disparity issues affecting Latino families in Dayton. Educate the Latino and mainstream news media about Latino health issues so that articles are written in Spanish and English to raise awareness in Dayton of these problems.

COLUMBUS

Two sessions were held in Columbus, one for members of the Ohio Latino Health Coalition and one for Latino community advocates in the Columbus area.

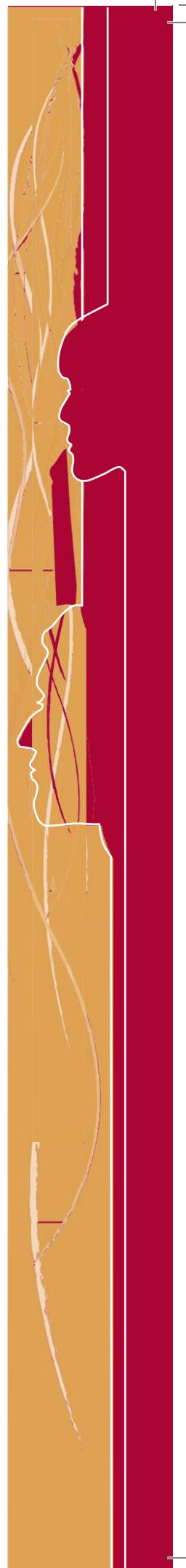
Community Advocates Action Plan

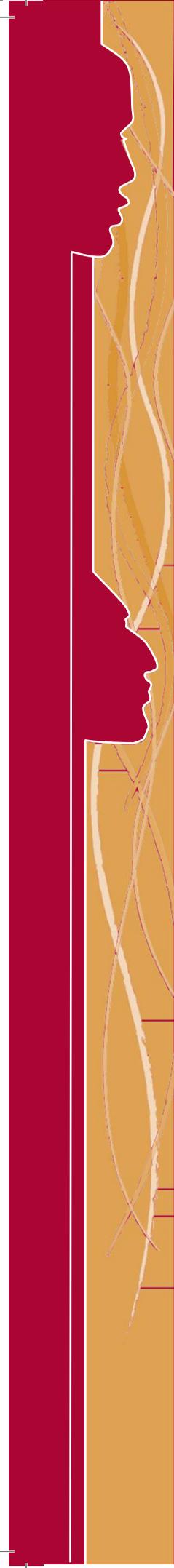
The Columbus representatives included the staff from the Ohio Hispanic Coalition of Columbus (hosts for the meeting), community organization staff, and health providers. The issues of most concern for this group were the lack of health resources available in the Latino community and the shortage of well-qualified medical bilingual interpreters. They were also concerned about the lack of networking among health advocates in the Latino community. The group selected resources and capacity building as the basis for their action plans.

RESOURCES #1: Advocate for increased funding to support enhanced systems and tools to improve communication with the Latino community, such as health promotion programs and health service programs.

ACTION STEPS

1. Funding is needed in the Columbus Latino community for quality trained medical interpreters. The process should start with establishing need by obtaining data from health providers and community





about the lack of health interpreters at clinics, hospitals, health departments or any other health provider. Even though some of these health institutions may have some interpreters, the number or even quality of interpreters may not be adequate. More importantly, health advocates need to be specific about identifying the health services that are lacking in the Latino community in Columbus, so that when ready to search for funding, advocates can streamline their search based on identified health needs. Review the OLHC Statewide Health Survey Report to identify Columbus specific information.

2. Collect data by preparing a list of the number of health providers who currently provide bilingual interpreter services. This list should show name of health provider, address, the number of interpreters, the hours interpreting services are available, the training the interpreter has received and whether the interpreter is an employee or contractor with the health provider.
3. Promote health screenings and free testing in the Latino community such as mammograms, HBP checks, glucose screenings, prenatal care, and WIC services at health fairs. Also, promote the locations of the health clinics that are more accessible and affordable.
4. Develop a network of health advocates to meet monthly for purpose of moving these action steps forward. Include the Latino advocates participating in the strategic planning session.

CAPACITY BUILDING #1: Provide leadership training for Latinos that would help to build skills needed for advocacy and service on community boards.

ACTION STEPS

1. Identify leaders in Latino community. Develop a list of these leaders and contact them concerning the action steps developed by this group and invite them to participate in the action planning and implementation of these goals.
2. Develop a flyer for next meeting of this group of health advocates to invite possible community leaders. The phrase suggested for the flyer was: *To help build resources for healthcare for Latino community.*
3. Prepare a list of other community leaders to invite to the monthly meetings, including: LEON, the Ohio Commission on Latino Affairs, the Health Advisory Boards of East, West, South and North sectors, the Columbus Health Department, academic leaders, the Diabetes Association, Access Health of Columbus, the Arthritis Association, state and city council representatives, and representatives of hospitals.

OLHC Group Action Plan

This OLHC group reviewed health recommendations topics that the other cities had selected for their action plans and decided to focus on developing an action plan of the health recommendations that had not been selected by other city groups.

INFRASTRUCTURE #1: Strengthening the Ohio Latino Health Coalition as a vehicle for providing on-going attention to health disparity issues affecting the Latino communities.

ACTION STEPS

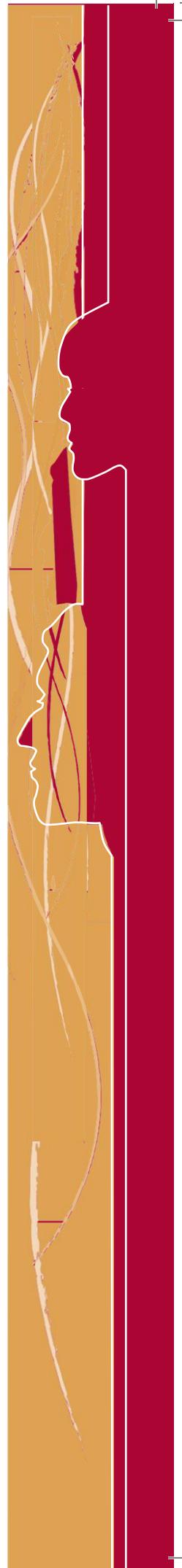
1. Continue to seek funding for the OLHC to increase the number of health initiative projects to address Latino health disparities. Possible resources for funding to research include CDC, NIOSH, LCATP, the Robert Wood Johnson Foundation, the Kellogg Foundation, the Ohio Department of Health, state and city foundations, and insurance companies.
2. Focus more on working with universities from our communities for the purpose of recruiting their student population for internships at Latino-based agencies. Identify medical colleges and develop relationships with the colleges to work with them so that they increase their knowledge about Latino health disparity issues and barriers for health care services. Work with universities for possible partnering for grant funding to increase Latino-based health initiatives and including Latinos in their clinical trials.
3. Apply for non-profit status to improve opportunities to apply for grant funding.
4. Initiate contact with the Director of the Ohio Department of Health in Columbus to advise him of health services needed for Latino communities in Ohio and to develop potential funding from the Ohio Department of Health.
5. Develop a website for the OLHC so that we can maintain on-going communication with Latino community advocates on a statewide basis and use the website to distribute the bilingual health education materials we have developed.

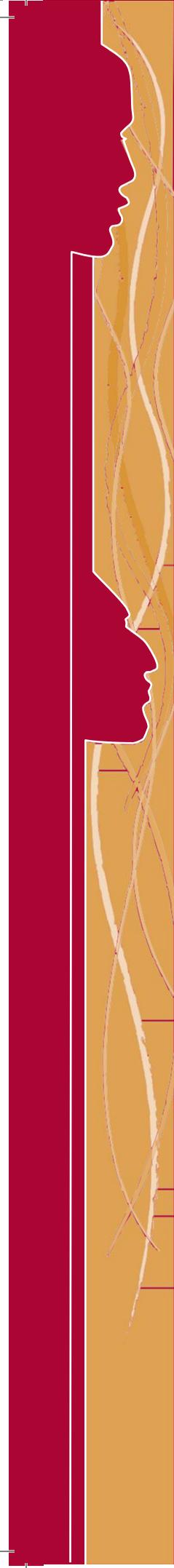
CAPACITY BUILDING #1: Provide leadership training for Latinos to build skills needed for advocacy and service on community boards.

CAPACITY BUILDING #3: Increase the number of, and improve the quality of, training programs for interpreters.

ACTION STEPS

1. The Ohio Latino Health Coalition should provide training three times a year on Latino health disparity issues in the Latino communities using a train-the-trainer model that would educate Latino leaders to increase their knowledge about Latino health issues and barriers and their understanding of the most prevalent diseases among Latinos (diabetes, high blood pressure, cancer, and asthma). It is anticipated that increasing the awareness and education level of Latino professionals could increase the potential for Latinos to serve on community health boards (city and state).
2. Contact leaders who have been involved in developing interpreter training for those working in the health care field. Explore the feasibility of partnering with them to offer this type of training to community advocates in Latino communities. Also, the OLHC will support the efforts of these advocates in getting state recognition and certification for this training.
3. The OLHC can develop a cultural competency training program for health providers using the model and training manual developed by the National Council of La Raza. Explore charging a fee for this training to further the health initiatives of OLHC.





INFRASTRUCTURE #2: Initiate a workforce development program directed to motivate and prepare the Latino students for entry and success in health professional training.

ACTION STEPS

1. Identify and work with health professionals from other countries who are not certified to practice as doctors, nurses, or other health professional career here in the United States. Research the state and national regulations (e.g., the American Medical Association) to learn how these health professionals could be allowed to practice (with restrictions) or through certification in the United States and partner with them to have them volunteer their medical skills in the Latino community.
2. Set up a career conference where Latino students can meet Latino health professionals.

FREMONT

The session in Fremont was a continuation of the discussion begun by the FALCON group in Toledo on the health issues affecting migrant families in Northwest Ohio. During the summer season, the health clinic in Fremont limits doctor visits to Mondays only. Having only one day a week in which they can get primary healthcare services puts pressure on migrant families. Also, the families have to wait hours at the clinic due to the large numbers of migrant family patients. For those families that don't have health insurance, the clinic charges a sliding scale fee. Though small, many families still cannot afford this fee. The mobile health vans that go to migrant camps only provide health screenings, not primary care services. As a result, the Community Health Service Clinic in Fremont is the

only health provider for migrant families in Northwest Ohio, which includes many counties. Transportation to the health clinic is an issue for some migrant workers. Some of the workers do not own their own vehicles and have to ask other workers from the camp for a ride to the clinic, discouraging them from seeking medical care. The FALCON group selected the category of services for today's action planning session.

SERVICES #2: Develop programs to address the needs of undocumented individuals and individuals with no health insurance.

ACTION STEPS

1. Provide more health education for migrant families. Increasing their health knowledge about screenings, food choices, risk factors associated with diabetes, high blood pressure, and other diseases could be another way for those who are undocumented and those with no health insurance to improve their health conditions by taking responsibility for eating healthier and getting information about free health screenings. Find other outlets where migrant families can obtain health education. Find out if the health clinic in Fremont provides this.
2. Use the OLHC Aerobic Video and convert it to DVD format for distribution to migrant families. FALCON members indicated that migrant families have DVD players and could use the aerobic video as one method for exercising to stay healthy.
3. Educate migrant families about prescribed blood tests and advise them to go to Fremont Memorial for a discounted price. The clinic lab fees are too high for families.

Continue the health education efforts of the health clinic in Fremont for children 0-5 years of age.

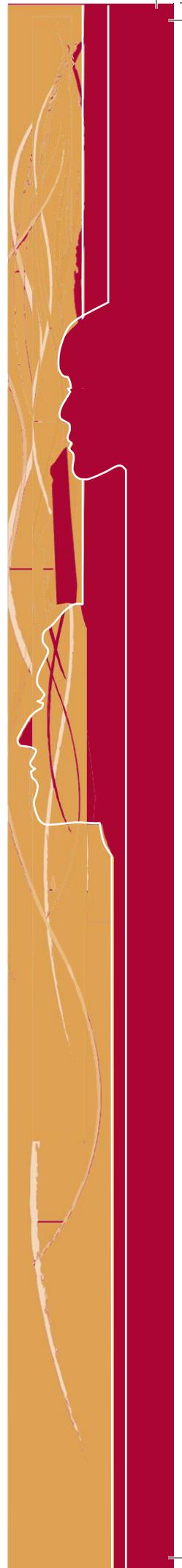
5. Continue to encourage migrant families to participate at the health fairs conducted by the OMEC (Ohio Migrant Education Center) held at local elementary schools and migrant camps.
6. Advocate with Fremont Health Department Director to include migrant families in more of the health services offered by the Health Department. The Health Department provides WIC services and services of the Help Me Grow program to migrant families. However, they refer migrant children to the CHS Clinic for immunizations. FALCON advocates should explore whether migrant families are eligible for all Health Department services or are excluded from some.
7. FALCON members were aware that the TRIPS program offers transportation services for migrant workers in Sandusky County at a reasonable rate and that a local church in Fremont provides vouchers for migrant families for TRIPS services. The group recommended exploring which agency operates the TRIPS Program and whether or not their services could be extended to other counties. The TRIPS program could benefit migrant families who have no transportation to help them get to the clinic for health care services.
8. The FALCON group members believed that it would be helpful to address migrant healthcare issues more regularly if a staff person from the Community Health Services would attend the FALCON monthly

meetings. The group indicated that it has been many months since any staff person from the clinic attended their meetings and that follow-up to encourage participation is needed.

9. Research how to initiate funding to expand health services for migrant families in the Northwest area. Invite the director of the health clinic in Fremont to find out how they started a new clinic and explore whether a second clinic could be established.
10. FALCON members should be encouraged to attend health clinic providers' meetings in Fremont to bring attention to migrant healthcare issues.

CLEVELAND

This group identified the lack of access to healthcare services for the undocumented Latino population in Cleveland and Latino families who have no health insurance as the issues of most concern. Participants also noted that hospitals and other healthcare providers are inconsistent in the provision of services to these individuals. Another issue centers on children who were born in the United States but whose parents are undocumented. The children could potentially qualify for health coverage through Medicaid, but many undocumented parents are not aware of this and/or are not comfortable applying for anything where they must give their personal information. Consequently, they often do not apply. The group selected services and infrastructure as their categories for an action plan.





SERVICES #2: Develop programs to address the health needs of undocumented individuals and individuals with no health insurance.

ACTION STEPS

1. Contact hospitals and other clinics in Cleveland to identify whether there are overall policies for assisting in payment of services for the undocumented and the uninsured or if individual departments or programs make their own decisions.
2. After obtaining this information from the Cleveland hospitals, prepare a list with this information for each of the hospitals and clinics that were contacted.
3. Designate a group to meet with the hospital or clinic staff to initiate discussion about these problems.
4. Develop bilingual educational materials for Latino community in Cleveland to reach the undocumented and the uninsured. These materials can include health education about nutrition, exercise and other ways families can do to reduce the risks associated with diabetes, high blood pressure, or other diseases. Prepare a bilingual information sheet that lists hospitals and clinics that will help with payment of health services for distribution in the Latino community. Include a list of health providers who have bilingual staff.
5. Have a discussion among health advocates and churches about what role the faith-based community should have in addressing Latino health disparities. Arrange a date, location and time for this meeting to discuss this issue. There are many churches in the Cleveland area who offer health screening

programs and health education to their parishioners. Invite those churches or faith-based groups who are involved in addressing Latino health disparities to this meeting to share their experiences.

INFRASTRUCTURE # 1: Initiate workforce development programs directed to motivate and prepare Latino students for entry and success in health professional training.

ACTION STEPS

1. Contact the El Barrio agency to get information about their past grant-funded program called “Creando Posibilidades” designed to recruit Latino students for health careers.
2. Contact the existing hospital community initiative programs at each hospital in Cleveland to ask what they are doing in the Latino community. Raise their awareness about the group’s interest in preparing Latino students for entry into health careers. Provide them with recommendations on programs such as “Creando Posibilidades” and work with hospital administrators to develop collaborative projects.
3. Work with the 32% of Latino students from Cleveland who do graduate from high school and mentor them and assist them in pursuing college education in health careers. Teach them how to apply for college tuition assistance.
4. Apply for funding from corporations, local foundations or other entities to increase funding for the Latino community for health services, focusing especially on the type of funding that is available for Latino students to pursue health careers.

The ultimate goal would be to have Latino Students from Cleveland to obtain college degrees as health professionals and return to Cleveland to work at the hospitals, clinics and doctor offices.

CINCINNATI

One of the first health concerns raised by the group today was how Latino families have to wait a long time to get a doctor's appointment. For example, one of the health clinics has a waiting list of 700 persons. This makes it difficult for Latino families to seek medical attention when they need it. This also becomes a problem if a person has chronic illness and need their medications because they will most likely end up waiting a long time before able to see the doctor. The clinic with the long waiting list appears to be the clinic that is most frequently used by the Latino community. Another health concern that was raised is the lack of community health resources for the undocumented and uninsured Latino families. The Cincinnati group chose services for their action planning.

SERVICES#1: Advocate for increased funding to support the development of additional health promotion and health service programs targeting the Latino population.

ACTION STEPS

1. Seek grant funding to develop health programs and services for Latino families of Cincinnati. Compile data to justify the need for the grant dollars. Read and review the data from the OLHC statewide needs survey to pull out data about the health needs of Latinos in the Cincinnati area. Meet with agencies that provide services for Latino families to request data on

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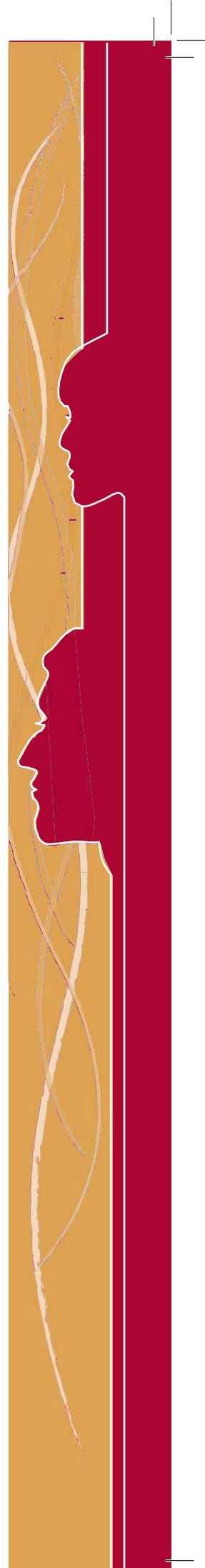
the number of referrals made to health providers or the number of times the agency has been asked to provide interpreter services for doctor appointments or transportation to doctor appointments. Obtain demographic information about Latino facilities in Cincinnati and other relevant data needed for grant applications. Contact the health clinics to request their data about any health issues/barriers they may have in providing services for the Latino community. Search for state, federal, and local funding sources for health programs for Latino families, including the Ohio Department of Health, the Ohio Commission on Minority Health, the Centers for Disease Control, the National Council de la Raza, the Latino Council on Alcohol and Tobacco Prevention, the National Health Alliance, and pharmaceutical companies.

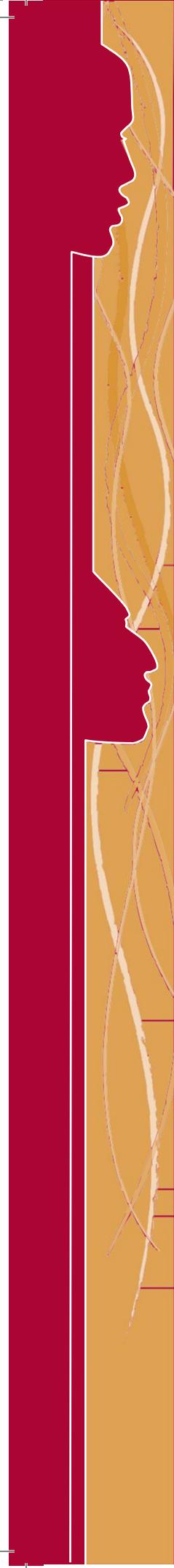
2. Seek funding for the existing *Promotras de Salud Program at Santa Maria Clinic*. This program has proven to be successful and dozens of Latino families have received health services through this program. Grant funding could continue the operation of this program.

SERVICES#2: Develop programs to address the needs of undocumented individuals and individuals with no health insurance.

ACTION STEPS

1. Promote health fairs in the Latino community so that families who are uninsured or undocumented can obtain glucose and blood pressure screenings





and other preventive screenings. Contact the Commission on Minority Health to request a grant application for Minority Health Month for the month of April.

1. Promote the expanded health services of Winton Hill Medical Center in the Latino community. This center recently added another site for medical services that is closer in geographic location to the Latino families of Cincinnati. However, this information has not yet reached the Latino families. The group decided that promotion of this center would be done with a bilingual flyer at locations such as *El Jornal* Spanish newspaper and radio, Su Casa, WIC Offices, JFS Job Stores, community churches in Latino neighborhoods, Latino grocery stores, and schools.
2. Work collaboratively with Latino organizational leaders like the Greater Cincinnati Latino Coalition to address Latino health disparity issues in Cincinnati. Build relationships and work collaboratively with clinics, hospitals, and universities so that that development of bilingual health programs can be funded through these institutions.
3. Contract with local private interpreter agencies for bilingual interpreter services for Latino families. This could be one method for increasing services for families who struggle with finding competent interpreters for their health needs.
4. Develop an ongoing health advocacy group to address Latino health disparity issues in Cincinnati. The SU CASA Director

volunteered to host these monthly meetings at her center. The group decided that they could continue their efforts in executing the action steps that they proposed today. They would like to find more health resources for undocumented Latino families and families with no health insurance. They would also like to build a stronger network and include the City Health Department and other health providers.

OHIO LATINO HEALTH COALITION MEMBERS

- *Mary Isa Garayua*, Co-Founder of OCCHA, Inc., Youngstown
- *Lydia Alejandro*, Co-Founder of OLHC, Fremont
- *Victor Leandry*, El Centro de Servicios Sociales, Lorain
- *Francisco Espinoza*, Program Assistant, OSU Bowling Green
- *Helen Rodriguez*, LCADA, Lorain
- *Lilleana Cavanaugh*, Latino Commission of Columbus
- *Melissa Kolenz*, Nueva Luz, Cleveland
- *Lydia Fernandez*, Cleveland

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