



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 health disparity reduction planning 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/npa/>.

Ohio's Response to the NPA

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

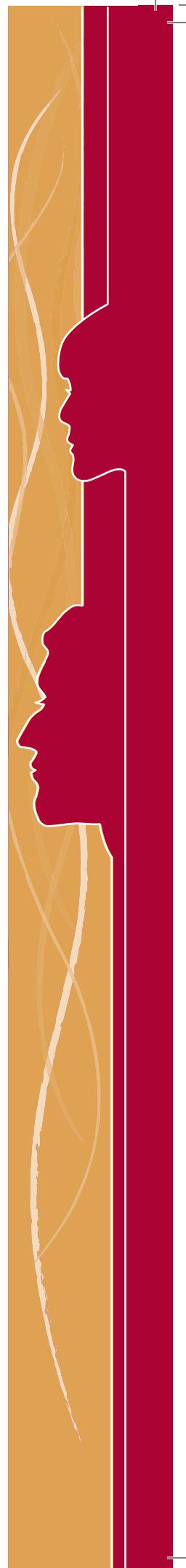
an autonomous state agency created in 1987 to address health disparities and improve the health of minority populations in Ohio, sponsored a statewide initiative to help guide health equity efforts at the local and state levels.

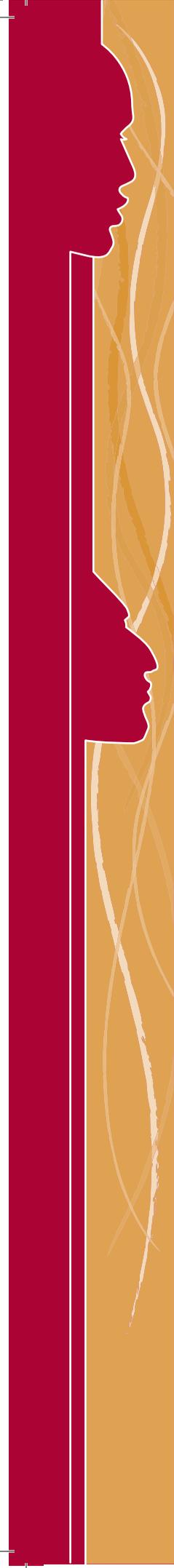
In Phase I of this initiative, OCMH sponsored a series of nineteen Local Conversations on Minority Health throughout the state. The purpose of these gatherings was to carry out community-wide discussions on local health disparities in which health needs could be identified and prioritized from the community's 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 Aerobic 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.

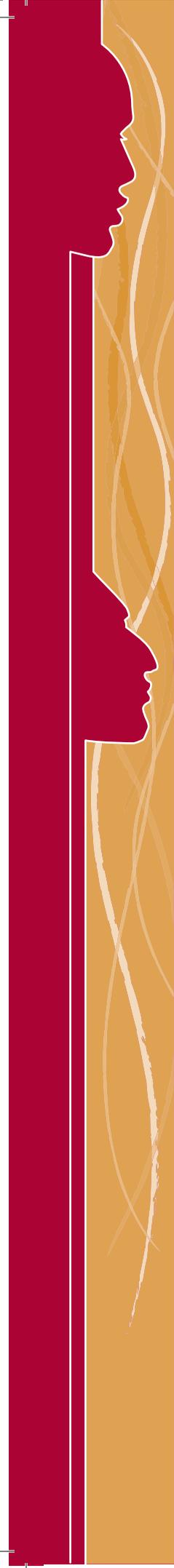
Resources: What resources are needed to address minority health needs?

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

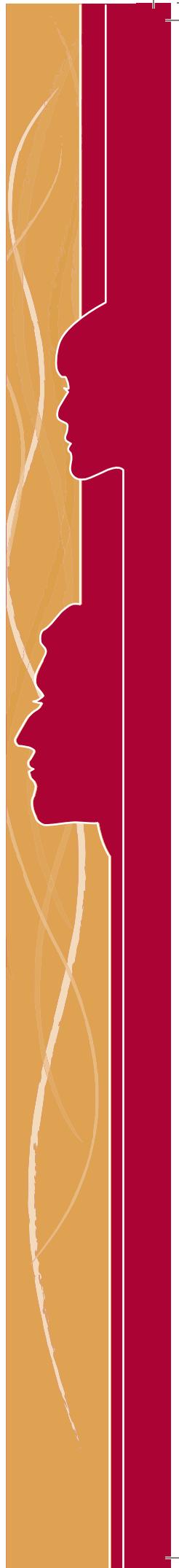
in the Latino community. For example, one of the group participants indicated that he had attended today's meeting specifically to meet some of the community Latino leaders. His purpose was to encourage those Latino leaders in attendance at today's meeting to apply for a seat on their agency boards. 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 as 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

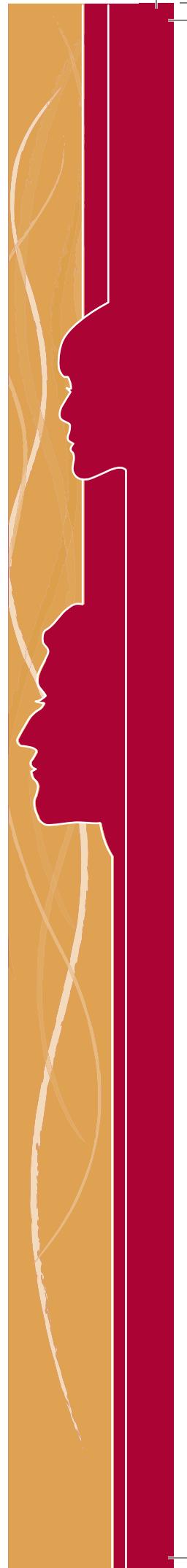
OSU Agriculture and Labor Education, and the Defiance County Health Department. These organizations work with Latinos from Putnam, Paulding, Williams, Defiance, Fulton and Henry counties. Their target population includes migrant, immigrant, and rural (settled-out migrant groups). They have been working 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 area hospitals have developed cardiovascular health materials, but it is not well understood how widely they are being read by Latino patients, whether Latino families find them helpful and 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.

6. 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.

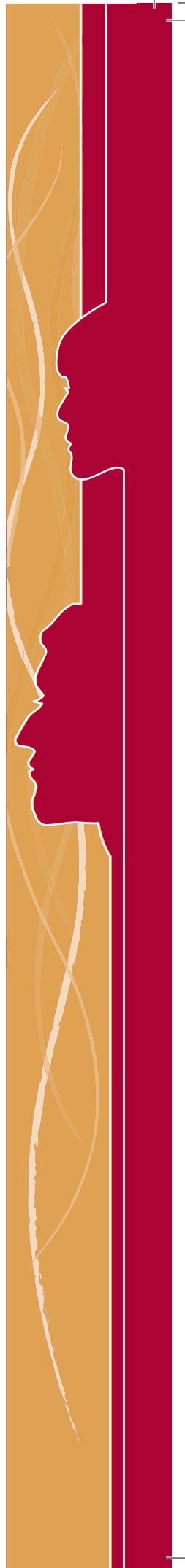
Community Advocates Action Plan

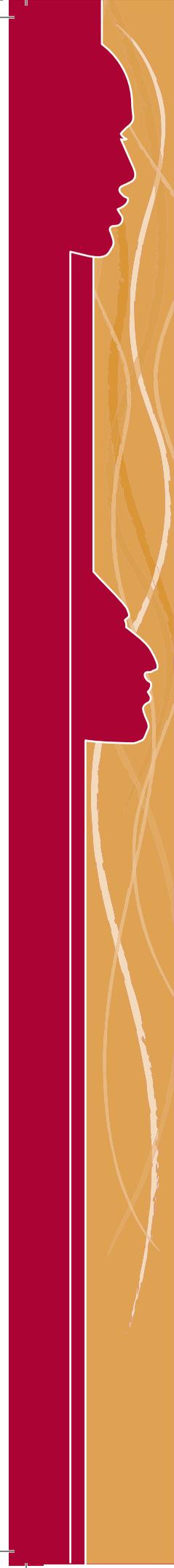
The Columbus representatives included the staff from the Ohio Hispanic Coalition of Columbus (hosts for the meeting), community organization staff, and health providers. The issues of most concern for this group were the lack of health resources available in the Latino community and the shortage of well-qualified 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

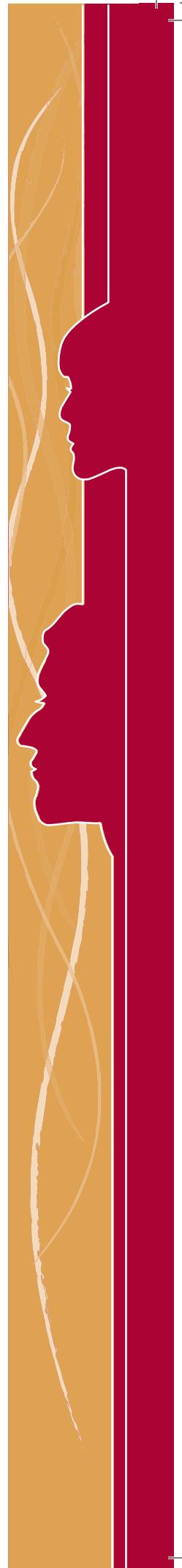
1. Continue to seek funding for the OLHC to increase the number of health initiative projects to address Latino health disparities. Possible resources for funding to research include CDC, NIOSH, LCATP, the Robert Wood Johnson Foundation, the Kellogg Foundation, the Ohio Department of Health, state and 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.

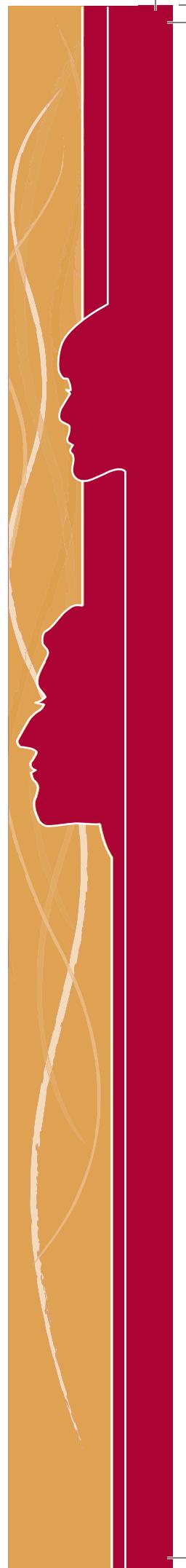
5. Continue to encourage migrant families to participate at the health fairs conducted by the OMEC (Ohio Migrant Education Center) held at local elementary schools and migrant camps.
6. Advocate with Fremont Health Department Director to include migrant families in more of the health services offered 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

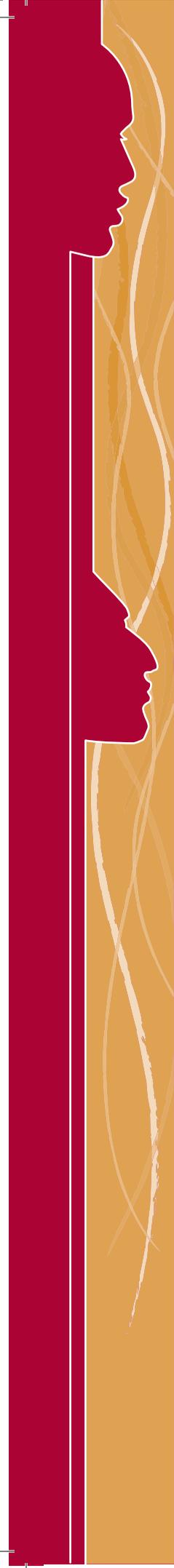
person from the Community Health Services Clinic would attend the FALCON monthly meetings. The group indicated that it has been many months since any staff person from the clinic attended their meetings and that follow-up to encourage participation is needed.

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 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 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

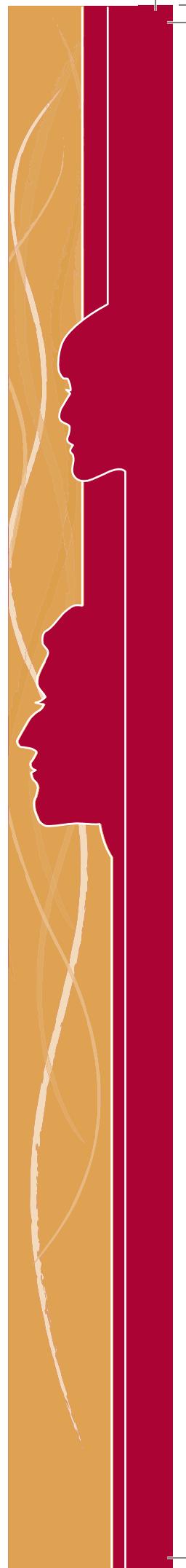
request data on the number of referrals made to health providers or the number of times the agency has been asked to provide interpreter services for doctor appointments or transportation to doctor appointments. Obtain demographic information about Latino families in Cincinnati and other relevant data 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 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 of La Raza, the Latino Council on Alcohol and Tobacco Prevention, the National Health Alliance, and pharmaceutical companies.

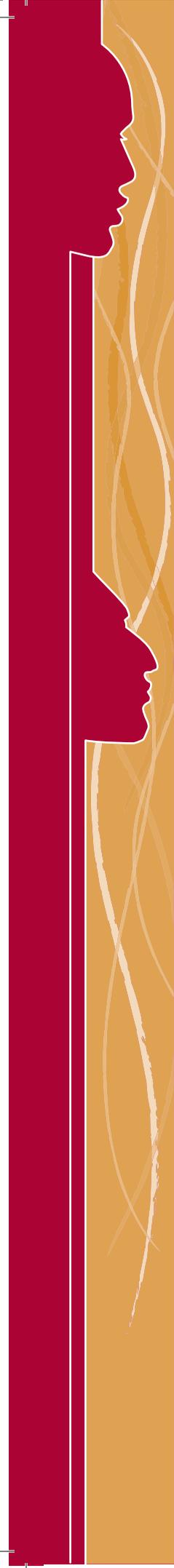
2. Seek funding for the existing *Promotras de Salud Program at Santa Maria Clinic*. This program has proven to be successful and dozens of Latino families have received health services through this program. Grant funding could continue the operation of this program.

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.

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 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 news paper and radio, Su Casa, WIC Offices, JFS Job Stores, community churches in Latino neighborhoods, Latino grocery stores, and schools.
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 that development of bilingual health programs can be funded through these institutions.
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.
5. 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

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- *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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