

The Ohio Latino Health Summit

Partnering to Break Barriers that Lead to Health Disparity

Summary Report

With the 63% increase in the Hispanic/Latino population of Ohio since 2000, the continuing and glaring health disparities that affect this community are increasingly more important to the quality of life, success, and future of the state. In an effort to build on past health initiatives and to continue to improve health service delivery for Latinos, LULAC Ohio, the Ohio Department of Job & Family Services, the Ohio Latino Health Coalition, the Ohio Department of Health, and the Ohio Latino Affairs Commission hosted a Latino Health Summit on August 3, 2012. Through an effort based on best practices and the success of similar

events around the country, the summit brought together experts, successful service providers, and community members and leaders eager to learn from the experience and take their knowledge back to their own communities to help improve or expand health services for Latinos. The result was in-depth and topic specific workshops that went beyond identifying the issues we already know about, to allow instead for interactive discussions that gave service providers a hands-on opportunity to learn about the latest research and best practice methods in their area of service. Additionally, the summit served as a meaningful networking opportunity for organizations and individuals to promote their services and plan new ideas and projects while also providing the general public with the current status of Latino health in Ohio.

As a result, the summit had dynamic goals that will help service providers improve their services while helping to educate and raise awareness about the health challenges faced by Latinos in Ohio along with the resources available to them. Currently, there is strong consensus among groups about both the health issues that affect Latinos and the barriers and challenges in addressing those issues. Accordingly, the Ohio Latino Health Summit provided a setting for improved methods for addressing barriers and challenges to better services for identified health issues based on a series of workshops/discussions centered on previously identified health priorities for Latinos in Ohio.

Ohio Latino Health Summit Objectives

- To provide the setting for multiple interactive workshops comprised of discussions between service providers, academics, government, and community leaders to share best practices and latest research on the identified health priority areas to inform service delivery for Latinos.
- To provide a mechanism for further action and outreach and to communicate summit information to Ohio's communities through audio recording and a summary report for statewide access to summit.
- To provide researchers, service providers and organizations with a solid networking opportunity to promote their services and establish partnerships that will benefit future service delivery for Latinos.
- To inform the general public and the state legislature on the state of Latino health in Ohio through a report containing the latest research, information, and resources presented at the summit.

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Summit Agenda

Ohio Latino Health Summit

Partnering to break barriers that lead to health disparity

Date: Friday, 8/3/2012

Location: Ohio Department of Job & Family Services - Air Center

4020 East 5th Avenue

Columbus, Ohio 43219

Partners



8:30 am - 9:00 am: Registration

9:00 am - 9:30 am: Opening Remarks:

9:30 am - 9:50 am: Presentation on current status of Latino health in Ohio

10:00 am - 10:55 am: First Series of Workshops: **Building a Framework of Knowledge**

Building the Knowledge and Resources for Diabetes Prevention
Occupational Health, Injury and Illness
Mental health panel: Mental Health and Latinos
Dental Care Access in Ohio

11:00 am - 11:55 am: Second Series of Workshops: **Building a Framework of Knowledge**

Prosecuting Health Care Fraud/Affordable Care Act
Understanding Health Equity and its Implications for Enhancing the Health of Ohio's Latino Community
Saving our Youth: Suicidality in the Latino Community
A Picture of Latino Health in Ohio: Results from a 2011 LULAC Convention Health Survey

12:00 pm - 12:20 pm: Lunch

12:20 pm - 12:40 pm : Keynote

12: 40 pm - 1:00pm: Networking Break

1:00 pm - 1:55 pm: Third Series of Workshops: **Improving Service Delivery**

Developing Culturally Competent Nutrition Education Programs
HIV Prevention, Testing and Case Management
Patient Centered Medical Homes: Ohio's transition to more effective, collaborative and preventative primary care services
Affordable Care Act: Information Session

2:00 pm - 2:55 pm: Fourth Series of Workshops: **Improving Service Delivery**

Focus Groups of Ohio Women: Working to Prevent or Delay Type 2 Diabetes among Women with a History of Gestational Diabetes
BREAST/Amigas Program: A Community Outreach Program to Improve the Breast Health of Uninsured Women through Early Detection
Compliance with Title VI: Dealing with limited English proficiency in the health field
Heart Health Education: Outreach for awareness and prevention

3:00 pm: Closing Remarks

3:15pm: Adjourn

"The vast growth and the increasing diversity of the Hispanic population create a challenge for improving public health interventions and reducing medical care disparities."

The Pew Hispanic Center: Hispanic & HealthCare Report

The Ohio Latino Health Summit

Partnering to Break Barriers
that Lead to Health Disparity

<http://ochla.ohio.gov>

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Summary of Summit Sessions

To access presenter biographies, contact information, and summit presentations, please visit: http://ochla.ohio.gov/Campaigns_Initiatives/ohiolatinohealthsummit.aspx . Below are summaries for sessions that were PowerPoint/information based. The two panels (mental health; nutrition education) and 2 remaining sessions (HIV case management; heart health education) were conversation based and do not include a summary. For information on these sessions, please visit the link above.

Building the Knowledge and Resources for Diabetes Prevention

MaryAnn Horst Nicolay, B.A., DTR - Diabetes Partnership of Cleveland

In this session, MaryAnn Nicolay discussed the topic of the prevalence of diabetes in the Cleveland Hispanic community. She partners with the Diabetes Partnership of Cleveland, which works to address diabetes with a trained volunteer group. The session reviewed statistics in relation to Hispanics and diabetes and explained the reasons for such high rates and other issues, such as the lack of trained Hispanic medical professionals. In regards to solutions, culturally appropriate materials need to be used and there needs to be an increase in delivering diabetes education. Ms. Nicolay then launched into examples and addressed the next steps for presenting information to the Hispanic community.

Dental Care Access in Ohio

David Maywhoor - UHCAN Ohio

David Maywhoor has worked through Dental Access Now! to bring dental care to various communities in Ohio. Having access to dental health care is essential for overall health, employment, and education. According to the Ohio Department of Health, dental care is the top unmet health need for children and low-income adults. Mr. Maywhoor discussed why there is a lack of health care in so many communities in Ohio and then identified how promising approaches could be used to solve the disparity. Multifaceted responses are needed, including building a team of health professionals and community providers throughout Ohio, which would increase accessibility.

Occupational Health, Injury and Illness

Daniel Almaguer, M.S.- LULAC Ohio

Daniel Almaguer discussed work-related injury and illness concerning the U.S. Hispanic and Latino workforce. In 2006, Hispanic workers counted for 13% of U.S. work-related injury deaths. Migrants often work on farms, in construction, and in the poultry, meat packing, fishing, and dairy industries. In jobs such as these, Mr. Almaguer explained that they rarely have access to workers compensation, rehabilitation, or disability benefits. The work can be dangerous and lead to many health issues. Migrant workers often have children with poor health and poor housing conditions as well. Because of these conditions, obstacles to health care exist, such as lack of transportation, cost, and limited interpreter services. Toxins from pesticide and poisons are also a prevalent issue for migrant workers. Mr. Almaguer concluded with a reminder that more efforts are needed to reduce the risk of occupational injury and illness among Hispanic and Latino workers. Risks exist from the work that is engaged, the high susceptibility to injury, and the language differences that lead to miscommunication.

Prosecuting Healthcare Fraud/Affordable Care Act

Kenneth F. Affeldt, Andrew M. Malek - U.S. Department of Justice

Kenneth Affeldt and Andrew Malek work as assistant U.S. attorneys. In their presentation, they talked about healthcare fraud, how it negatively impacts the healthcare system, and how the U.S. Department of Health and Human Services and the U.S. Department of Justice are working together to eliminate it. By investigating providers and suppliers of healthcare, they can look at various cases and discover different kinds of healthcare fraud. Mr. Affeldt and Mr. Malek explained specific examples of healthcare fraud and then related it to laws that are enforced by the federal government, such as the False Claims Act. By discovering cases of healthcare fraud, Mr. Affeldt and Mr. Malek showed how recoveries can be made with money that was previously lost, which helps with the costs of healthcare.

Understanding Health Equity: Implications for Enhancing the Health of Ohio's Latino Community

Chip Allen, MPH - Ohio Department of Health

Chip Allen provided a basic understanding of health equity concepts, discussed the social determinant that impact the health of the Latino community, and highlighted new developments in his presentation. He addressed the topics of health disparities, social determinants of health, and health equity, giving meaning to the terms and providing examples of each. These topics then became relatable to Latinos and illnesses or diseases that have high rates among this community. Health equity could be related to social justice and the assurance that everyone receives access to healthcare. Mr. Allen analyzed how social determinants of health and the target locations for where Latinos live all play a role in overall health. Decisions must be made to increase opportunities for maintaining good health in the Latino community.

Saving Our Youth: Suicidality in the Latino Community

Dr. Evelyn T. Rivera, Ph.D. - Ohio Latino Mental Health Network

The Latino community has been increasing in the United States, currently comprising 15.4% of the U.S. population. Three percent of Ohioans are Hispanic or Latino. Of this group, 24% of the Latino population is under 18 years of age. Dr. Rivera then connected these demographics, among others, to how suicide is the 3rd leading cause of death for young people. She then went into even more detail about how this phenomenon greatly affects young Latinos. Dr. Rivera addressed how cultural and emotional issues may impact Latinos, leading to attempted suicide. By seeing the connection between Latinos and suicide, a need for intervention, research, and awareness can be seen. Dr. Rivera overviewed risk factors, protective variables, prevention and treatment. Finally, Dr. Rivera introduced the research project, Saving Our Youth, and where the project can go from its current position.

A Picture of Latino Health in Ohio: Results from a 2011 LULAC Convention Health Survey

Farrah Jacquez, Ph.D.; Michael Topmiller, M.A.; Lisa Vaughn, Ph.D. - University of Cincinnati

Dr. Jacquez, Mr. Topmiller, and Dr. Vaughn presented the results from the 2011 LULAC Convention Health Survey. They began by discussing the increase in Latino population, especially in Ohio. There is a need for various healthcare services in Ohio, including Spanish-speaking healthcare professionals. The survey had the objective of evaluating the health experiences of Latinos in Ohio. It gathered demographic information, family origin, and healthcare utilization of its participants. 165 Latino Ohioans took part in the survey, and the presentation went into detail about the socioeconomic statuses of these people. The study found out how much Latinos utilized health services, the percent of people who had insurance, and the types of barriers that existed for Latinos trying to seek healthcare. The study also examined differences between immigrant versus U.S. born Latinos. Comparisons with health experiences were also made between Latino Ohioans and other Ohioans. Cultural factors were also considered, such as the levels of acceptance of Latinos in Ohio. The presentation concluded with issues that occur, such as lack of health insurance, barriers to healthcare, and social acceptance. Future steps can be taken to increase the number of bilingual health professionals. In addition, a change in social acceptance of Latinos will facilitate better immigrant health.

Patient Centered Medical Homes: Ohio's Transition to more effective, collaborative and preventative primary care services

Dr. Theodore E. Wymyslo, M.D. - Director, Ohio Department of Health

Dr. Wymyslo addressed the prevalence of illnesses that many Hispanics and Latinos have and its relation to the need for diversity and culturally competent care in the healthcare workforce. Diversity is essential for healthcare professionals because it takes up 13% of state employment. This need, along with quality, affordable healthcare, is a goal for patient-centered medical homes. They want improved quality of care and patient experiences, which House Bill 198 is working on through an education pilot project. The Ohio Department of Health is also working on the Ohio Patient-Centered Primary Care Collaborative; Dr. Wymyslo discussed its responsibilities.

Affordable Care Act

Cathy Levine, J.D. - UHCAN Ohio

Cathy Levine went into detail on the importance of health care reform to Latinos and how patient protection and the Affordable Care Act affect them. Ms. Levine explained the need for health reform, particularly for Latinos. She used statistics to show how there are high rates of Latinos who are uninsured or who do not have a regular doctor. Through the Affordable Care Act, these issues would be improved based on the benefits that the ACA provides. The ACA will also help to expand coverage for its citizens and for non-citizens who are here legally; it is estimated that 5.4 million Latinos in the U.S. will get coverage. Ms. Levine took the time to discuss the health insurance marketplace, the “Exchange”, which will enable people to have more choices and more control over their health plans. She listed who the ACA would help and how the ACA will aid in resolving health disparities by increasing the funding for community health centers and prevention programs. Current provisions that are in effect were discussed, and a direct relation to Ohio was made. Because the Supreme Court upheld the ACA, Ms. Levine went over what steps will be taken by the federal and state governments in the near future. At the conclusion of the presentation, Levine provided an opportunity for people to get involved with health care and the Ohio communities through UHCAN Ohio.

Focus Groups of Ohio Women: Working to prevent of delay Type 2 diabetes among women with a history of gestational diabetes

Dr. Elizabeth Conrey, Ph.D; Mike Robinson, Master’s in Business & Analytics - Ohio Department of Health/ La Verdad Marketing

Through this presentation, Dr. Conrey and Mr. Robinson explained the findings of a study with La VERDAD Marketing on women with a history of gestational diabetes. They had objectives of wanting to raise awareness about gestational diabetes, to increase the number of post-partum screenings, and to increase the education for type 2 diabetes health risks. In the study, they targeted women in high risk populations for gestational diabetes, which included a group of Hispanic women. Dr. Conrey and Mr. Robinson reviewed the findings of the study, showing that the knowledge base before pregnancy needs to be increased, the method and amount of care needs to change so that it is culturally relatable to the patients, and the post-partum visit needs to include information on the risk of developing type 2 diabetes. They found that there is a need for low-cost programs and linguistically and culturally competent medical care providers. The presenters then transitioned to making recommendations on how resources and information can be given to the Hispanic community through text messages, posters, brochures, appointment reminders, and radio public service announcements. By making these changes in the health care system, more women can delay the onset of type 2 diabetes after a history of gestational diabetes.

BREAST/Amigas Program: A Community Outreach Program to Improve the Breast Health of Uninsured Women through Early Detection

Ami Peacock, M.S.W. - BREAST/Amigas Program

Ami Peacock gave breast cancer statistics and general information and then related it to the BREAST program during her presentation. Breast cancer is currently the second leading cause of death due to cancer in American women; Ohio ranks fourth in breast cancer mortality. Only 51.2% of women 40 and older in the United States reported having a mammogram in the last year. Through community profile reports, Ms. Peacock explained that women who are uninsured or underinsured, who are living in poverty, and who have low literacy rates are less likely to get a mammogram. She then related it to race and how the Latino community is affected by breast cancer. The BREAST (Bringing Education Advocacy and Support Together) Program aims to improve the breast health to women through early detection. It targets low income, minority women. 42% of the BREAST Program patients are Hispanic. They offer community health fairs and screenings, outreach and education, a patient navigation program, and they have the “Amigas Unidas” volunteer program. These services exist to help break down cultural barriers. The “Amigas Unidas” program specifically works with Hispanics as an educational outreach program.

Compliance with Title VI: Dealing with limited English proficiency in the health field

Julia Arbini Carbonell - Ohio Department of Job & Family Services

Julia Arbini Carbonell presented on limited English proficiency training in relation to Title VI of the Civil Rights Act of 1964. This act prohibits discrimination by federally funded entities based on race, color, and national origin. Limited English Proficient (LEP) people are unable to speak, read, write or understand English at a level where they can communicate with health or social service providers. Title VI ensures that LEP persons have access to services. Ms. Arbini Carbonell gave examples of illegal discrimination and how communication barriers could lead to illegal practice. For LEP compliance to work, language assistance must be provided, allowing effective communication at no cost to patients. Ms. Arbini Carbonell laid out steps for how providers need to assess language needs, develop and implement written policies for language access, train staff, and monitor situations vigilantly. Oral and written language assistance that follow policy guidance and general principals is necessary for the Hispanic community.

What Attendees Had to Say

In order to develop a cohesive and effective follow-up plan and future health summits, OCHLA collected evaluation forms for each of the 16 sessions, which allowed participants to discuss the things they liked from each session, as well as things they would like to see from future sessions. Here are the major themes that came out of the evaluation process:

1. **More time:** By far the most popular suggestion by summit participants, who consistently stated that more time was necessary for each of the 50-minute discussions. Since the second half of each session consisted of an open Q&A period, many conversations were “cut short” when people still had questions or when the conversation was still flowing. With such important topics and interest from participants, an effort will be made to edit the format of next year’s summit to include more time for interactive discussion. Additionally, the summit follow up plan will include regional meetings in which more time will be given for participant discussion.

2. **More panels:** While only 2 of the 16 sessions consisted of panels, participants expressed a general interest in having discussions with more than one presenter, in order to benefit from a wider perspective on a particular topic.
3. **More case studies/examples:** Participants expressed positive feedback toward the hands-on training sessions provided during the summit, such as the session on Title VI compliance, prosecuting health care fraud, and the Affordable Care Act. Whether it was due to a lack of time or not enough of a specific focus in the presentations, participants suggested that presentations include more real-life case studies from working with the Hispanic community. For example, a specific case study on a health care fraud case involving Latino organizations or constituents would have added to the effectiveness of that particular session. In order for non-profit leaders and health professionals to better understand their Latino communities and patients, they should benefit from specific best-practice examples from around the state.
4. **Regional meetings:** Another prominent suggestion involved the coordination of regional meetings to continue discussions held at the summit as well as to follow up on the action steps outlined in the **Local Conversations on Minority Health** (2011) report. Local conversations consisted of community leaders and members who came together in various cities around Ohio to discuss the main health concerns for Latinos and respective actions steps to mitigate those concerns going forward. OCHLA will work with partner organizations to develop regional meetings that address these steps while connecting to the conversations and suggestions presented by participants at the summit.
5. **Credits for attending summit:** Since most participants at the summit were health care professions or non-profit staff working in health related fields, the summit would provide an even greater benefit to them by offering free Continued Education Units credits (CEUs). These credits would build the capacity of health care professionals to provide health service to all Ohioans while making their organizations more credible in the process. Free CEUs would be a great incentive to get even greater participation at next year's summit.

Summit Follow-Up Plan

1. **Summary report and provision of summit presentations:** In order for the general public, state government, and summit participants to learn more about the summit and benefit from each of the 16 sessions, this summary report will be issued along with the availability of the PowerPoint presentations and contact information for all of the presenters at the summit. You can view this information now by visiting this page: http://ochla.ohio.gov/Campaigns_Initiatives/ohiolatinohealthsummit.aspx .
2. **2. Regional meetings in Ohio:** OCHLA will partner with the Ohio Commission on Minority Health, LULAC Ohio, and other summit partners to host regional meetings in various cities around Ohio. Regional meetings will consist of hands-on sessions on best-practice models and latest research that health practitioners can use to increase their capacity to provide services to their Latino communities. The content for each regional meeting will be developed according to summit feedback and action steps outlined in the **Local Conversation on Minority Health** (2011) report. So far, regional meetings have been confirmed for Cincinnati, Cleveland, Toledo, Lorain, Columbus and Youngstown. Once meeting content, location and date are confirmed, OCHLA will announce meeting dates and open registration for each meeting. For more information on regional meetings, please sign up to receive "Health & Safety" updates in OCHLA's Alliance Membership page: <http://ochla.ohio.gov/Membership/index.aspx>, or call 614-466-8333.