

Ohio's Changing Face: The Case for Culturally Responsive Institutions



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The best efforts were made to gather and provide accurate and current information. Data presented from previous years indicates the latest research available. OCHLA will provide any additional information or data upon request as it becomes available.

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I. Introduction

In the past thirty years, Ohio has undergone a major transformation in the makeup of its resident population. Since 1990, Ohio's white, non-Hispanic population has dropped six percent, from 87.1 to 81.1 percent of the total population, while the minority population has increased from 12.9 percent to 18.9 percent.¹ In the decade following 2000, the Ohio Hispanic population increased by 63 percent.² To appropriately represent its ethnically and culturally diversifying constituency, the State of Ohio must ensure that its policies and procedures necessitate culturally and linguistically competent practices. In the context of this report, **cultural competence is defined as a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services.**³ Similarly, **linguistic competence is defined as the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.**⁴ In more general terms, to be culturally and linguistically competent is to understand the various cultural, ethnic and semantic factors that influence a person's behavior and decision-making.

The importance of culturally competent practices is well illustrated in a 2008 qualitative study published by the *Annals of Family Medicine* at the Lutheran Medical Center in Brooklyn. Researchers analyzed the relationship between Latina women and their physicians through several in-depth, one-on-one interviews. The researchers interviewed twenty-eight women regarding their own notions on medical confidentiality and disclosure, as well as their personal experiences with medical professionals. The women described facing language barriers when meeting with physicians, in addition to medical professionals that were seemingly ill equipped to treat patients from cultures different than their own. The inability, and oftentimes unwillingness of medical professionals to better understand and relate to the Latina women, led to a major breakdown in communication. As a result, the women interviewed rarely disclosed their personal, and perhaps more serious, medical issues to professionals and avoided future interactions with medical professionals whenever possible.⁵

The absence of a culturally responsive approach is not exclusive to the healthcare field, and is found across multiple industries and fields. As a consequence, deficiencies in the quality of service provided to Latinos place them at a disadvantage in a variety of areas when compared with members of other racial and ethnic groups. For example, the National Education Association states that there is a significant cultural gap in

¹ Charting the Changes: Ohio Demographic Profile. (2011). *Policy Research and Strategic Planning Office*. Retrieved from <https://development.ohio.gov/files/research/P1096.pdf>

² Ibid.

³ Ohio Department of Mental Health & Addiction Services Initiatives Cultural & Linguistic Competence. (n.d.). Retrieved November 24, 2015, from <http://mha.ohio.gov/Default.aspx?tabid=173>

⁴ Goode, T. D., & Jones, W. (n.d.). A Definition of Linguistic Competence. Retrieved from <http://gucchd.georgetown.edu/products/DefinitionLinguisticCompetence.pdf>

⁵ Julliard, K., Vivar, J., Delgado, C., Cruz, E., Kabak, J., & Sabers, H. (2008). What Latina Patients Don't Tell Their Doctors: A Qualitative Study. *Annals of Family Medicine*, 6(6), 543-549. Retrieved from <http://www.annfammed.org/content/6/6/543.full>

many of our nation's schools, as major changes in US demographics have left teachers ill-equipped to deal with new challenges arising from cultural differences.⁶ The Latino public school population has increased from 11 to 21 percent of all US students between 1987 and 2007, but America's fastest growing ethnic group still remains the least educated of all major ethnic groups.⁷ Educators must adopt culturally responsive pedagogical practices in order to meet the needs of the growing Hispanic student population. Likewise, Latinos face significant linguistic and cultural barriers when interacting with different areas of government. The Brennan Center for Justice at New York University School of Law reports that in their examination of interpretation services in 35 states, "46 percent fail to require that interpreters be provided in all civil cases; 80 percent fail to guarantee that the courts will pay for the interpreters they provide, with the result that many people who need interpreters do not in fact receive them; and 37 percent fail to require the use of credentialed interpreters, even when such interpreters are available."⁸

In this edition of the Latino Community Report, we investigate the services Latinos and other minority groups receive in the areas of education, healthcare, and government, along with the impact culturally competent practices have on the provision of these services. Both anecdotal and empirical evidence will be used to shape this report, and to ensure that the human element is not ignored when the discussion turns to heavier statistical analysis.

⁶ National Education Association, Human and Civil Rights Department. (2008). *Promoting Educators' Cultural Competence To Better Serve Culturally Diverse Students* [Press release]. Retrieved from http://www.nea.org/assets/docs/PB13_CulturalCompetence08.pdf

⁷ Gándara, P. (2010, February). Special Topic / The Latino Education Crisis. *Educational Leadership*, 67(5), 24-30. Retrieved from <http://www.ascd.org/publications/educational-leadership/feb10/vol67/num05/The-Latino-Education-Crisis.aspx>

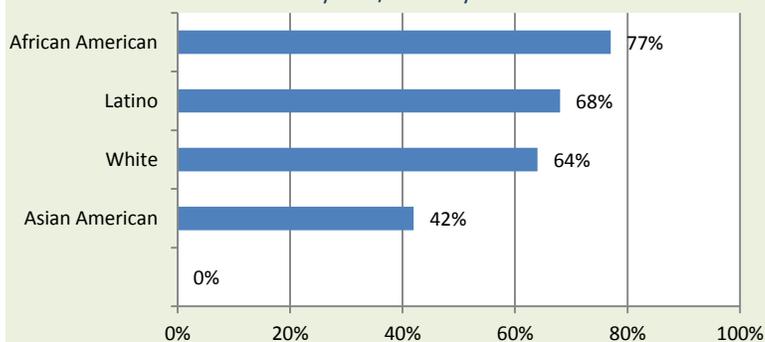
⁸ Abel, L. (2009). Language Access in State Courts. *Brennan Center for Justice at New York University School of Law*. Retrieved from: <https://www.brennancenter.org/sites/default/files/legacy/Justice/LanguageAccessinStateCourts.pdf>

II. Culturally Competent Healthcare

In response to a 1999 request by Congress to investigate disparities in health outcomes among US racial and ethnic groups, the Institute of Medicine published in 2002 a landmark report detailing significant, widespread inequalities in the health services provided to American citizens. The researchers involved with the report, titled *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, found significant variations in the rates and quality of health services received among different races, even after controlling for factors like insurance status, income, age and the severity of medical conditions. **As a result of an unequal provision of health services, minority populations experience higher incidences of certain illnesses and diseases than do non-Hispanic whites.**

Older African Americans and Latinos are More Likely to Have Chronic Conditions

Proportion of adults age 50 and older with chronic conditions,* by race/ethnicity



*Diagnosed with one of seven chronic conditions: asthma, cancer, heart disease, diabetes, high blood pressure, obesity, or anxiety/depression

Source: *Diverse communities, common concerns: Assessing healthcare quality for minority Americans*. New York: The Commonwealth Fund

According to the Centers for Disease Control (CDC), Hispanics are nearly 50% more likely to die from diabetes, liver disease, or cirrhosis than whites,⁹ as are African Americans with heart disease, stroke, cancer, asthma, influenza, pneumonia, and HIV/AIDS.¹⁰ Asian Americans suffer disproportionately from certain types of cancer, Hepatitis B, and tuberculosis,¹¹ while specifically Chinese-Americans have poorer control of high blood pressure than whites, and are at higher risk for hypertension.¹² Minority groups also suffer disproportionately from chronic conditions, resulting in far higher rates of morbidity and mortality than those experienced by non-Hispanic whites.¹³ A brief published by the Georgetown University Health Policy Institute also shows that, compared to whites, a greater number of older African Americans and Latinos report suffering from at least one of the following chronic conditions: asthma, cancer, heart disease, diabetes, high blood pressure, obesity or anxiety/depression.¹⁴

⁹ Hispanic Health. (2015, May 05). Retrieved from <http://www.cdc.gov/vitalsigns/hispanic-health/>

¹⁰ Office of Minority Health. (n.d.). Retrieved from <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61>

¹¹ Russell, L. (2010, December 16). Fact Sheet: Health Disparities by Race and Ethnicity. Retrieved from <https://www.americanprogress.org/issues/healthcare/news/2010/12/16/8762/fact-sheet-health-disparities-by-race-and-ethnicity/>

¹² Chen, M., & Hu, J. (2014). Health disparities in Chinese Americans with hypertension: A review. *International Journal of Nursing Sciences*, 1(3), 318-322. Retrieved from <http://www.sciencedirect.com/science/article/pii/S2352013214000702>

¹³ *Cultural Competence in Healthcare: Is it important for people with chronic conditions?* (Issue brief No. 5). (2004, February 5). Retrieved from <https://hpi.georgetown.edu/agingsociety/pubhtml/cultural/cultural.html>

¹⁴ Ibid.

The Cost of Healthcare Inequalities

As it stands, treatment of chronic conditions alone accounts for 75 percent of direct medical costs in the US each year.¹⁵ With the minority population projected to continue its rapid growth into the future, medical expenditures are expected to increase if the current system remains unchanged. In a report published by the International Journal of Health Services, researchers found that for the years 2003 through 2006, the elimination of health disparities for minorities would have reduced total, direct medical care expenditures by \$229.4 billion.¹⁶ When factoring in the indirect costs of health inequalities among minorities, which includes lower worker productivity and losses from premature deaths, the total costs leap from \$229.4 billion to \$957.5 billion.¹⁷ Of that nearly one trillion dollars in indirect costs, 77 percent is attributable to African Americans, 22.3 percent to Hispanics, and .03 percent to Asian Americans.¹⁸ **The combined total of direct and indirect medical costs resulting from health inequalities is \$1.24 trillion -- a figure greater than the entire GDP of India.**¹⁹

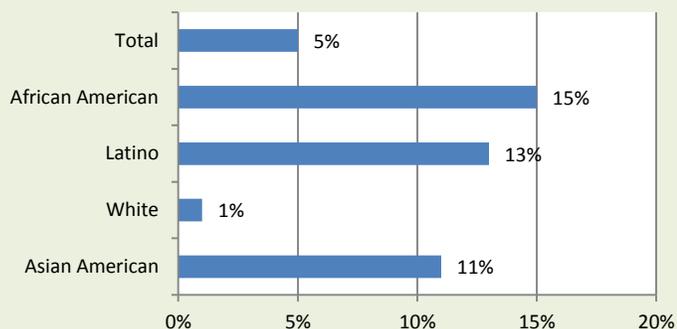
Causes of Health Inequalities

The staggering costs that both patients and providers incur annually as a result of healthcare inequalities are not just a drain on the national economy. When American citizens receive substandard healthcare services because of their race or cultural backgrounds, extant racial divisions deepen and national morale erodes. Thus addressing the social and economic costs of healthcare inequalities must be of the highest priority for all policymakers. **The Institute of Medicine report shows that health inequalities still exist among racial and ethnic groups even after controlling for factors like insurance status, income, age and the severity of medical conditions. As a**

result, scholars and health policy analysts alike blame prejudice, stereotypes and a lack of cultural and linguistic competency in medical professions for the disparities in health outcomes. Every day, doctors, nurses, and other medical professionals must use subjective analysis when interpreting patient needs. The professionals that lack appropriate training in cultural and linguistic competency may be

Racial and Ethnic Minorities are Less Satisfied with the Health Care They Receive

Proportion of people who believe they would receive better health care if they were of a different race and/or ethnicity, total and by race/ethnicity



Source: *Diverse communities, common concerns. Assessing health care quality for minority Americans.* New York: The Commonwealth Fund.

¹⁵ Livingston, G., Minushkin, S., & Cohn, D. (n.d.). *Hispanics and Healthcare in the United States: Access, Information and Knowledge* (Rep.). Retrieved November 30, 2015, from <http://www.pewhispanic.org/files/reports/91.pdf>

¹⁶ LaVeist, T. A., Gaskin, D., & Richard, P. (2011). Estimating the Economic Burden of Racial Health Inequalities in the United States. *International Journal of Health Services*, 41(2), 233.

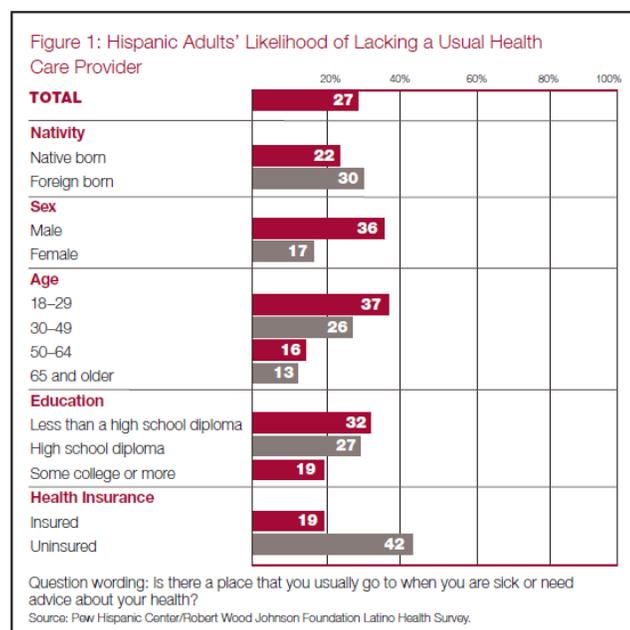
¹⁷ *Ibid.*, 234.

¹⁸ *Ibid.*

¹⁹ *Ibid.*, 235.

ignorant to the needs of patients from different racial or ethnic groups, as they are forced to rely on faulty subjective analysis, colored by privately held prejudices or implicit biases.

In an aforementioned study conducted by researchers at the Lutheran Medical Center in Brooklyn, researchers interviewed 28 Latina women about the many cultural and experiential factors that affect their willingness to disclose personal information to their physicians. According to the researchers, Latina women believed compassion, caring, and kindness to be essential qualities for a physician, and qualities they must possess in order for the women to build a trusting relationship. One of the interviewees, a 26-year-old woman from Mexico, stated that a doctor must “look for the patient’s trust, and he needs to show that he pays me attention and he will take care of me.” Others stated that a healthy physician-patient relationship must extend beyond the office, and may include offering condolences over a death in the family or attending a funeral. Likewise, the women expressed that physician awareness of cultural taboos and customs are vital, as issues like sexuality, family planning, domestic abuse and the usage of recreational drugs are very sensitive. Finally, the women highlighted language barriers as a great strain on patient-physician relations. Of the 28 women who participated in the study, 23 described at least one occasion where language barriers kept them from accurately disclosing their symptoms or medical conditions. One patient even mentioned an occasion when doctors and nurses became frustrated with her because she could not understand what they were saying.²⁰



The sentiments of the women in the Brooklyn study were echoed in a 2014 Atlantic magazine article, written by Amanda Machado.²¹ Machado, a Latina woman, writes “I’ve never felt quite comfortable with most doctors’ styles, and I often leave visits frustrated that the doctor asked little about me, prescribed medication quickly, and didn’t bother getting to know more about my situation as a whole.” Additionally, Ms. Machado describes unwillingness to see a doctor for various medical issues as a more general and pervasive feature of Latino culture, stemming perhaps in part from a historical Latino mistrust of Western medicine. When embedded cultural features, such as a preference for natural remedies over Western medicine are combined with a general lack of cultural competence on the part of medical professionals, the already built in tendency for Latinos to avoid doctors is enhanced. Consequently many treatable illnesses go undetected, resulting in

greater health problems and higher future medical expenses.

²⁰ Julliard, K., Vivar, J., Delgado, C., Cruz, E., Kabak, J., & Sabers, H. (2008). What Latina Patients Don’t Tell Their Doctors: A Qualitative Study. *Annals of Family Medicine*, 6(6), 543-549. Retrieved from <http://www.annfam.org/content/6/6/543.full>

²¹ Machado, A. (2014, May 07). Why Many Latinos Dread Going to the Doctor. *The Atlantic*. Retrieved from <http://www.theatlantic.com/health/archive/2014/05/why-many-latinos-dread-going-to-the-doctor/361547/>

Current Policy Initiatives

Fortunately, many interested parties have already taken significant steps to improve health inequalities by encouraging medical professionals to receive training in cultural and linguistic competency. The National Office of Minority Health, a division of the US Department of Health and Human Services, created the *Promotores de Salud* (Community Health Workers) Initiative in an effort to promote health and wellness among Hispanic/Latino citizens. In Ohio, the Ohio Hispanic Coalition takes part in the *Promotores* initiative, and sponsors community health outreach efforts. In addition to the *Promotores de Salud* Initiative, the Office of Minority Health published in 2000 its CLAS standards in an effort to “advance health equity, improve quality, and help eliminate health care disparities.” The CLAS standards, or Culturally and Linguistically Appropriate Services, are broken into three key action segments, and organized around a principal standard of providing quality care that is responsive to diverse cultural factors.²² Although the CLAS standards are not binding federal regulations, they do provide a blueprint for healthcare organizations to follow. As of 2015, the states of Washington, Oregon, California, New Mexico, Maryland, New Jersey, and Connecticut had passed legislation, modeled after the CLAS standards, requiring medical professionals to receive cultural competency training.²³

In Ohio, legislation is currently under review that, if passed, would require certain healthcare professionals to receive training in cultural competency to gain or renew a professional license. Senate Bill 33, introduced by Senator Charleta Tavares, states that dentists, registered nurses, licensed practical nurses, optometrists, pharmacists, physicians, psychologists, and social workers must obtain instruction or continuing education in cultural competency in order to receive or renew their professional licensure. Likewise, licensing boards must adopt rules that consider race and gender-based disparities in healthcare treatment decisions, while also consulting with outside professional organizations. SB 33 presently awaits additional consideration from the Senate’s Health and Human Services Committee.

A number of State of Ohio agencies seek to eliminate healthcare disparities through targeted initiatives. The Ohio Department of Mental Health and Addiction Services (MHAS) created the Disparities and Cultural Competence (DACC) Advisory Committee, which is comprised of MHAS program staff and external community members, with a goal of eliminating disparities and moving towards health equity. The Latino Affairs Commission is a member of this committee whose objectives include developing a business case for cultural and linguistic competency, and creating a cultural and linguistic competence plan for all human services. The Ohio Commission on Minority Health (OCMH) also seeks to address health disparities in the state by funding projects that are innovative and culturally sensitive in their approach to promoting health and wellness in minority communities.

²² Think Cultural Health - CLAS & the CLAS Standards. (n.d.). Retrieved November 30, 2015, from <https://www.thinkculturalhealth.hhs.gov/content/clas.asp>

²³ Think Cultural Health - CLAS Legislation Map. (n.d.). Retrieved November 30, 2015, from <https://www.thinkculturalhealth.hhs.gov/Content/LegislattingCLAS.asp>

III. Culturally Competent Education

In a March 2011 Education Week article, writers Sarah Karp and Rebecca Harris describe a scene they witnessed in a Chicago elementary school. Quishun Elrod, a new and largely inexperienced teacher at Faraday Elementary, is leading a discussion in her third grade classroom. A child named Michael wishes to participate, but rather than raise his hand, he mutters under his breath, and gets up and down several times. As Ms. Elrod continues with the discussion, Michael's outbursts become increasingly disruptive, eventually culminating with him insulting another child. However rather than reprimand the child, Elrod walks toward Michael and firmly places her arm around his shoulders, all while continuing with the class discussion. Michael immediately falls silent, and becomes attentive to the conversations of his fellow students.²⁴

Intuitive responses to student behavior, like that exhibited by Quishun Elrod in her handling of Michael, are becoming increasingly anomalous in classrooms around the United States. Although Elrod is a new teacher with little, formal practice, she experienced an upbringing similar to many of her students, which has provided "tremendously important ways" for her to connect with them.

Nationally, 84 percent of K-12 teachers are white,²⁵ and most grew up in predominantly white, middle-class, English speaking communities. Conversely just 51 percent of students nationally are white, and by 2024 that figure is expected to drop below 50 percent for the first time ever.²⁶ In Ohio, the graduating class of 2024 is expected to be 51 percent more Hispanic than in 2014, 32 percent more multi-racial, 5 percent more Asian, 4 percent more black, and 11 percent less white.²⁷ Meanwhile, despite rapidly changing student demographics, Ohio schoolteachers are still overwhelmingly white. The Akron Beacon Journal reports that since 2006, when only 20 multi-racial teachers were employed in Ohio, whites have retained 94 percent of Ohio's teaching jobs.²⁸ As a result, both in Ohio and nationally, a largely homogenous teacher workforce must educate a student body that each day becomes more different from them both culturally and linguistically. To contend with the changes to Ohio's student body, teachers must become culturally and linguistically competent in order to effectively connect with and educate an ever increasing percentage of their students.

Outcomes of Culturally Competent Instruction

Teachers that share or understand their students' culture, language, and experiences can have an enormous impact on the quality of education that those students receive. Intellectual performance and student achievement are highly variable and often contingent upon factors outside the control of individual students.²⁹ A student's chances for success in school are rarely determined by natural aptitude alone.

²⁴ Karp, S., & Harris, R. (2011, March 15). Teacher Colleges Emphasizing 'Cultural Competence' Retrieved from http://www.edweek.org/ew/articles/2011/03/15/26catalyst_culturalcomp.h30.html

²⁵ Feistritzer, C. E. (2011). *Profile of Teachers in the U.S. 2011* (p. 11, Rep.). National Center for Education Information.

²⁶ *The Condition of Education 2015* (Rep.). (2015, May). Retrieved <http://nces.ed.gov/pubs2015/2015144.pdf>

²⁷ Livingston, D. (2015, January 4). Racial divide widens in Ohio classrooms. Minority students less likely today to be taught by own race. *Akron Beacon Journal*. Retrieved from <http://www.ohio.com/news/local/racial-divide-widens-in-ohio-classrooms-minority-students-less-likely-today-to-be-taught-by-own-race-1.555203>

²⁸ Ibid.

²⁹ Aronson, J., & Steele, C. M. (2007). Stereotypes and the Fragility of Academic Competence, Motivation, and Self-Concept. In *Handbook of Competence and Motivation* (pp. 436-456). New York, NY: The Guilford Press.

Students of near equal intellectual ability will likely experience different educational outcomes if one is taught by a teacher who understands how to properly engage them, and the other by a teacher who means well, but lacks the training or experience to do the same. Likewise, several studies have shown that there is a strong correlation between student performance and the expectations of both teachers and society.

In a 2014 report published by the Center for American Progress, researchers found that high school students whose teachers have higher expectations for their success are more likely to graduate from college.³⁰ The report also showed that nationally, secondary teachers have far lower expectations for Hispanic and African American students. Teachers surveyed by the center believed that African American students were 47 percent less likely to graduate from college than white students, and Hispanic students 42 percent less likely. Although the report concedes that the low expectations for minority student performance might actually be grounded in their knowledge of the systemic disadvantages facing minorities, teacher expectations remain far more predictive of student success than other factors measured. In another study, researchers at Stanford University and the University of Texas found that when primed with racial stereotypes regarding African American intellectual capacity, African American college students performed worse on average than white college students on general aptitude tests. Other African American students not primed with stereotypes performed at a level equal to the white students.³¹

A teacher workforce that is both culturally and linguistically competent would be a tremendous boon to the educational outcomes of minority students. According to a June 2012 report, more than 39,800 Ohio students classified as limited English proficient (LEP) were enrolled in public schools during the 2010-2011 school year, representing an increase of 38 percent from the 2005-2006 school year and 199 percent from 2000-2001.³² **Despite the growing number of LEP students in Ohio schools, only 53 percent are graduating annually. Nationally 61 percent of LEP students graduate every year, and the states of Indiana, Michigan and Pennsylvania graduate 73, 62 and 63 percent, respectively.**³³ By improving the linguistic competence of Ohio's teachers, hundreds of students annually that would have otherwise failed to earn a diploma will finish high school.

Although strides have been made in recent years both in Ohio and nationally to improve cultural competence among teachers, far too many remain unable to adequately connect with, and raise the personal expectations of minority students. Consequently there is a significant gap in student achievement between white students and minority students. In data taken from the National Center for Educational Statistics, the percentage of white Ohioans graduating from high school in the 2011-12 school year was 86 percent.

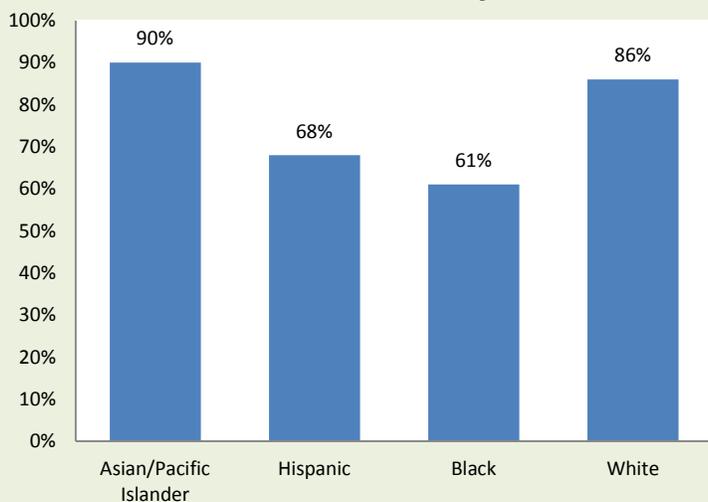
³⁰ Boser, U., Wilhelm, M., & Hanna, R. (2014). *The Power of the Pygmalion Effect* (Issue brief). The Center for American Progress.

³¹ Steele, C. M., & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. *Journal of Personality and Social Psychology*, 69(5), 797-811.

³² Profile of Ohio's English Language Learners (ELL)/ Limited English Proficient (LEP) Students. (2012, June). Retrieved from <http://education.ohio.gov/Topics/Other-Resources/Limited-English-Proficiency/Research/Profile-of-Ohio-s-English-Language-Learners-ELL>

³³ U.S. Department of Education. (2012, November 26). *States Report New High School Graduation Rates Using More Accurate, Common Measure* [Press release]. Retrieved from <http://www2.ed.gov/documents/press-releases/state-2010-11-graduation-rate-data.pdf>

Public High School 4-year Adjusted Cohort Graduation Rate by Race/Ethnicity



Source: National Center for Education Statistics

For Asians/Pacific Islanders that figure was 90 percent, for African Americans it was 61 percent, and 68 percent for Hispanics.³⁴ With the exception of Asians/Pacific Islanders, minority student graduation rates lagged significantly behind the graduation rates of White Ohioans. Lower high school graduation rates among minority students means that fewer black and Hispanic students are going on to earn bachelor's degrees, exacerbating the achievement gap. In 2014 the percentage of white Americans between the ages of 25 and 29 with a bachelor's degree or higher was 41 percent. For African Americans and Hispanics, the percentage with a bachelor's degree or higher was 22 percent and 15 percent, respectively (Asians/Pacific Islanders performed far better than any other group, with 61 percent of 25-29 year olds having attained a bachelor's degree or higher). Accordingly, fewer

minority students attending and finishing college translates into lower career earnings, and greater economic hardships. Median annual earnings in 2013 for 25-34 year olds with at least a bachelor's degree were \$48,500. For individuals with just a high school diploma, the median salary was \$30,000.³⁵

Current Policy Initiatives

In an effort to eliminate the aforementioned educational disparities, policymakers and education leaders around the U.S. are taking steps to improve cultural competency within the teacher workforce. The National Education Association recognizes nine U.S. states (Alaska, Arkansas, California, Indiana, Iowa, Minnesota, Montana, New Mexico, and South Dakota) that have stand-alone cultural competency standards for educators, while the remaining states incorporate cultural awareness standards in their history and foreign language standards.³⁶ Ohio, in coordination with the U.S. Department of Education has begun a plan to ensure that all students have equal access to quality educators. Currently in Ohio a disproportionate number of minority students are being taught by teachers who are ranked as inexperienced and unqualified. The state plans to implement targeted hirings for high-risk schools through the usage of pilot recruitment programs and strategic incentives to lessen educational inequities.³⁷ Similarly the Ohio Department of Education is taking steps to require teacher preparation programs to include cultural competency training in

³⁴ Table 2. Public High School 4-year Adjusted Cohort Graduation Rate (ACGR) 2011/12. (2014, April). Retrieved from https://nces.ed.gov/pubs2014/2014391/tables/table_02.asp

³⁵ *The Condition of Education 2015* (Rep.). (2015, May). Retrieved <http://nces.ed.gov/pubs2015/2015144.pdf>

³⁶ National Education Association, Human and Civil Rights Department. (2008). *Promoting Educators' Cultural Competence To Better Serve Culturally Diverse Students* [Press release]. Retrieved from http://www.nea.org/assets/docs/PB13_CulturalCompetence08.pdf

³⁷ Ohio, Department of Education. (2015). *Executive Summary: Ohio's 2015 Plan to Ensure Equitable Access to Excellent Educators* (pp. 2-9). Retrieved from <http://www2.ed.gov/documents/press-releases/state-2010-11-graduation-rate-data.pdf>

their curricula.³⁸ While cultural and linguistic competency training should not be regarded as a panacea, it can, nevertheless, greatly improve the educational outcomes of a growing number of Ohio students.

³⁸ Ibid. Ohio, Department of Education. (2015). *Executive Summary: Ohio's 2015 Plan to Ensure Equitable Access to Excellent Educators* (p 6).

IV. Culturally Competent Governance

Between the years 2000 and 2010, Ohio's population grew by 1.6 percent, or 183,364 persons, bringing the total number of Ohio citizens to 11,536,504. In comparison with the national average of 9.7 percent, Ohio's growth rate appears anemic.³⁹ Yet that 1.6 percent growth rate masks several dynamic changes that Ohio underwent during the decade following 2000. During that 10 year period, the number of non-Hispanic whites living in Ohio declined by roughly 106,000 people, while growth of the African American population offset Ohio's population decline by exactly that amount. Concurrently, Ohio's Hispanic and Asian populations increased by 137,551 people and 59,600 people respectively.⁴⁰ The changes to Ohio's racial and ethnic demography dictate a thorough evaluation of how government services are provided, and the ease with which residents can access them. Regardless of culture, ethnicity, or language, Ohioans must have equal access to government services. Therefore state bureaucracies must change in accordance with Ohio's demographic shifts to ensure adequate representation of the constituencies they serve.

State Agency Initiatives

Several Ohio departments and agencies have already taken significant steps toward ensuring the equitable delivery of their services to interested constituents. Ohio's Bureau of Worker's Compensation (BWC) provides all of its construction safety and health information in Spanish, as well as English. Additionally the BWC provides free courses to Ohio employers on how to effectively train and communicate with a Spanish-speaking workforce. The Department of Mental Health and Addiction Services provides an alcohol and drug abuse outreach program for both African and Hispanic Americans, a suicide prevention hotline for Spanish speakers, and various other language resources in Spanish, Somali, Chinese, Japanese, Vietnamese, and many other widely spoken languages. Also, MHAS has a cultural and linguistic competency initiative that is designed to connect minority populations to various behavioral health programs. The Department of Jobs and Family Services (ODJFS) has a number of internal policies in place to ensure culturally responsive services and to ensure language accessibility pursuant to Title VI of the Civil Rights Act. ODJFS is committed to making its services accessible to Limited English Proficient (LEP) communities, and has sponsored trainings for state and county staff who function as interpreters. The Bureau of Civil Rights offers the two-day training, which addresses the ethical standards of interpreting while developing a pool of qualified interpreters within the ranks of the agency's bilingual staff. The Ohio Commission on Hispanic/Latino Affairs maintains an online Catalogue of Bilingual Outreach Initiatives (CLOI) which outlines all bilingual services and contacts offered by State of Ohio agencies. Additionally, each state agency has access to telephonic interpretation, written translation, and other translation/interpretation related services through a contract established by the Department of Administrative Services.

As part of our statutory mandates, the Ohio Latino Affairs Commission promotes cultural competence by educating Ohio's elected officials on issues impacting the Latino community. From addressing the needs of Ohio's New American Community, to building the capacity of Latino businesses and non-profits, we work closely with legislators and state agencies to foster understanding and promote cultural competence between the Latino community and Ohio's elected officials. By teaming with other agencies, we are able to promote education initiatives that explain the needs of the Latino population, as well as ways to develop culturally

³⁹ Charting the Changes: Ohio Demographic Profile. (2011, June). *Policy Research and Strategic Planning Office*. <https://development.ohio.gov/files/research/P1096.pdf>

⁴⁰ Ibid.

competent outreach strategies. For example, OCHLA recently worked with the Department of Job and Family Services and their Diversity and Inclusion (D&I) Advisory Committee* to create a webinar on the topic of Latino culture and the services our commission provides. The webinar was sent to thousands of individuals, including all 2,600 ODJFS employees, numerous ListServs, the Ohio House and Senate, as well as the Governor's office.

Additionally, OCHLA has established relationships with the Attorney General's office and the Minority Health Commission to both warn constituents of possible notario scams, and to promote health related grant opportunities to the Latino community. OCHLA is working with the Central Ohio Educational Service Center to develop a professional development workshop for educators that addresses the barriers many Latino students face as they relate to education. On a regular basis, our team presents keynote addresses and delivers presentations in the public and private sector on diversity, cultural competence and the state of Latinos in Ohio. Also, next year we will host the first ever interpreters conference in an effort to share best practices and promote linguistic competence in healthcare and other related fields. Although OCHLA is already heavily involved in its promotion, our role as advocates for improved cultural and linguistic competence in government will continue to grow in the coming years as Ohio's population becomes more ethnically and culturally diverse.

As each state agency or commission establishes policies and procedures to improve their cultural and linguistic competence, the aforementioned services should function as a template for the rest of Ohio's bureaucratic and government offices. **Ohio, like the rest of the US, is in the process of a major demographic transformation, and it is the responsibility of government to adequately reflect those changes in order to equally represent its constituency.**

*The ODJFS D&I Committee is composed of 15 volunteer staff members representing different offices, regions and levels of responsibility. The committee provides guidance and recommendations on diversity and inclusion matters for the agency. Members understand the value of diversity, inclusion and cultural competency for achieving the agency's mission and serve as champions of diversity and inclusion throughout the agency.

V. Conclusion

As the Ohio population continues to grow and diversify, the importance of a culturally and linguistically competent workforce in healthcare, education and government cannot be overstated.

Latinos and other minority populations are the future of Ohio, and as such it is imperative that Ohio government policy evolves to accommodate a more vibrant cultural environment.

The Ohio Latino Affairs Commission tracks all bills and legislative initiatives that may impact the Hispanic community. Currently Senate Bill 33, a bill seeking to require healthcare professionals to receive cultural competency training, is a significant piece of legislation devoted to the subject of cultural competence. Our Commission supports Senate Bill 33, and would offer support to other initiatives that would improve cultural and linguistic competence in the areas of healthcare, education and governance.

Improved cultural and linguistic competence among professionals in government, healthcare and education would have a tremendous positive effect on the strength of the Ohio economy. Healthcare patients would see better health outcomes and a dramatic reduction in healthcare related costs over the course of their lives as enhanced communication between patients and doctors would lead to a lower incidence of chronic ailments. Culturally competent teachers would be better able to connect with their students, improving the odds that at-risk children will finish high school and lead more successful lives. Amended state policy can buttress improvements in social services, education and healthcare through targeted, culturally competent outreach efforts. Taken as a whole, working professionals that are trained to work with people from a variety of backgrounds can drastically improve the quality of life for all Ohioans.

The Ohio Latino Affairs Commission is committed to equipping state leaders with key information on Ohio's Hispanic communities. Latino Community Reports are part of the Commission's work to fulfill its statutory mandate to advise Ohio's government on issues affecting their Hispanic constituents.



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