

**Local Conversations**  
**National Partnership for Action to End Health Disparities**  
**Cleveland, Ohio**  
**Trinity Commons**  
**Tuesday, October 7, 2008**  
**9 am to 4 pm**

**Welcome**

Event sponsors: Cleveland Clinic, MetroHealth Medical Center, and University Hospitals Case Medical Center

The 500 participants were welcomed by Cynthia Barnes Booker; Invocation from the Very Reverend Tracey Lind; Remarks from the Health Director, Matthew Carroll, and Health Commissioner Karen Butler. The Mayor Frank Jackson was unable to attend however sent his greetings. The welcome concluded with a special showing of excerpts from *Unnatural Causes* PBS documentary.

**Explanation of the National Partnership for Action to End Health Disparities** was given by Cheryl Boyce, M.S., and Executive Director of the Ohio Commission on Minority Health. Ms. Boyce also introduced Program Coordinator, Bounthanh Phommasathit, M.S. of the Ohio Commission on Minority Health.

**Meeting Purpose and Charge**

Greg Hall, MD and Charles Modlin, MD gave the overall purpose and charge of the event.

**Morning Panel of Medical Professionals**

The panel gave a brief overview of their organizations/services and reflections on health disparities. The panel included:

Charles Modlin, MD Medical Director –Cleveland Clinic-Center for Minority Health; Ethel Smith, MD, Visiting Nurse Association Hospice Palliative Care; Ata Ulhaq, MD., University Hospital Case Medical Center; Ash Segal, MD., Internist, Assistant Medical Professor Case Medical School; Jean Therrien, RN, MS., Executive Director Neighborhood Family Practice

**Research Evaluation and Enhancement Program (REEP) Team**

Fatima Perkins, MNO, MSLIS gave an overview of REEP and the process for the breakout sessions.

## **Cleveland Local Conversations:**

### **Identifying Needs/Strategies:**

The Cleveland format was modified. Focus groups were set-up by ethnic populations and then by topic. The participating ethnic groups:

- African American
- Asian
- Hispanic/Latino
- Special category: Youth

Ethnic group participation: African American 80%;Asian American 3 %; Latino 10%;and Caucasian 7%

## **AFRICAN AMERICAN**

### **African American Introduction**

The majority of participants for this group remained in the session thus; the overall concerns are introduced followed by the individual sessions which identified the needs and strategies.

### **Approach**

In order to address the needs of the African American community as well as the other minority communities, the group stressed the need to employ a multi-system approach. A comprehensive marketing campaign that reflects the diversity of the community should be used to frame the approach. This approach would include understanding the cultural aspects of the communities to be served which would facilitate the coordination of a community wide health/social services needs assessment.

### **Individuals/Consumers**

The group expressed that consumers need to take ownership for their health destinies. Though individuals have been exposed to horrendous barriers like “institutionalized racism” and “discrimination” any health paradigm should include a component of individual responsibility. In order to further this concept, the health literacy of consumers needs to be raised. Consumers hear about health issues and have tacit knowledge about health disparities however they do not take it “personally” until faced with a health issue. Health literacy would include translating medical jargon into understandable terms, health care plans would be described in “lay man’s” terms. Succinct information about “what you are signing up for including co-pays” would also be considered helpful.

Other concerns were expressed like self hate. Participants spoke of internalized self hate that generates external consequences as seen with reckless behaviors resulting in illness. Participants stated that “loving one’s self” and “recreating life deliberately” are crucial to healthy lifestyles. Restoration of individuals as well as communities was discussed. To initiate the restorative process, individuals would need to experience self love in order to heal their own communities.

### **Community Stakeholders (service providers, health systems and funders)**

The scale of the problem needs to be determined for the local communities. Participants expressed concern over not knowing exactly what “we are dealing with” in regards to health disparities. The community needs to be accountable for addressing issues that hinder individual growth like racism, language barriers and life style choices. The community focus should be on empowering the individual who will then be strong enough to help the community. A proactive health stance is needed versus reactionary measures. The group perception is that the current system is not “health care but sick care.”

The group believes that the various ethnic communities should collaborate with each other to serve the community as a whole. This strategy may result in more resources, improved services, enhanced capacity and expanded infrastructure.

### **African American Resource Needs (full list/top five highlighted):**

- 1. Primary care physicians**
- 2. Culturally competent practitioners**
- 3. Literacy health specialist/educators**
- 4. Everyday role models of people living healthy lifestyles**
- 5. Community care navigators and knowledge workers links**
6. Money for services
7. Clearinghouse of health information/access
8. Flexible government programming that allows for healthcare
9. Mental health and substance abuse treatment
10. Follow up to those getting free health care screenings
11. Neighborhood based pharmacy services
12. Fitness centers in the community
13. Resource guide for physicians that could be shared with the community
14. Quality grocery stores with nutritional/affordable foods
15. Burial care for those without money
16. Culturally sensitive printed materials
17. Biochemical therapies at no/low cost
18. GAP assistance like transitional medical care for re-entry populations
19. Hospital disclosure and prices up front
20. Nonprofit organization transportation assistance to get clients to facilities
21. Universal care/access payment
22. Insurance system that reimburses for preventative measures

### **African American Strategies for resource needs:**

1. Pipeline of youth into science, technology
2. Expose young people to profession
3. Incentives/loan repayments
4. Design electronic medical health records
5. Train on how to collaborate
6. Integrate medical home model or HC models
7. Increase graduation rates for minority primary care providers

8. Loan forgiveness to medical doctors who work in the community
9. Instill excitement about learning
10. Payment reform that values primary care physicians instead of specialists
11. College exposure early in grade school
12. Role models of African American physicians
13. Engage accountable politicians
14. Offer /expand health screenings to city recreation centers
15. Teach lifestyle management
16. Patient navigator systems need to be placed locally
17. Government set asides for gap/transitional health care
18. Insurance coverage for gap services
19. Continuous think tank examining how we got to the current state of health and how to move forward

**African American service needs (full list/top five highlighted):**

- 1. Conflict management**
- 2. Non traditional supportive mental services that can remove stigma**
- 3. Health promotion and preventive health services in schools and workforce settings**
- 4. Low cost/no cost pharmaceutical services**
- 5. More services for single adults who do not have children**
6. HIV/AIDS service expansion
7. Exercise programs in the neighborhoods
8. Cultural classes and offerings for the community

**African American Strategies for service needs:**

1. Community health needs assessment
2. Remove barriers to self motivation
3. Eliminate institutional racism
4. Empower consumers
5. Conduct culturally based needs assessment
6. Use community organizations to administer the needs assessment
7. Implement strategic planning including a SWOT analysis for nonprofits
8. Hold politicians accountable
9. Quality assurance and self assessment of service providers
10. Inform leadership and decision makers of local market
11. Provide culturally competent training to health care providers
12. Address hopelessness
13. Convene mobile town hall meetings

**African American Capacity Building needs (full list/top five highlighted full list):**

- 1. Evaluation of current programs to see if they're effective**
- 2. Collaborations in general and with other ethnic groups**
- 3. Qualified educated, culturally sensitive workforce**
- 4. Better educated and empowered consumers**
- 5. Reduction of unnecessary competition and duplication of services**

6. Support of programs that are working
7. Awareness about available services
8. Community needs assessment that addresses health and social services
9. Strategic planning at the service provider level
10. Training and continued education for health care workers
11. Community relationships with funders versus service provider
12. Better understanding of health disparities by the community
13. “No wrong door policy”
14. Consumer health literacy
15. Consumers involvement in the health planning process
16. African American nurses and other allied health care professional
17. Preventive care services
18. Policy shift on health care
19. Quality improvement /quality rating programs  
for health care providers that involve consumer feedback
20. More transportation options for patients
21. Coordination of health care systems/medical home

**African American Strategies for capacity building:**

1. Create a comprehensive database for healthcare services
2. Engage local vendors for distribution
3. Place the database on ODH website/PDF printable
4. Involve funding community to access information about who they are funding
5. Update 211 listings to include healthcare
6. Raise awareness amongst service providers and consumers as to who is providing what service
7. Design and conduct a community needs assessment that addresses health and social services
8. Establish sustainable missions and stick to their mission ( nonprofits/service providers)
9. Implement strategic planning using the community’s goals as a backdrop
10. Provide continuing education for health care workers
11. Nurture support of funders
12. Raise awareness with funders about the communities needs
13. Community stakeholders need to provide a better understanding of local health issues
14. Receive help wherever consumer calls or walks– in-“No wrong door policy”
15. Increase health literacy of consumer
16. Make a business case for why the community’s health approach needs to change ( share with hospital leadership, politicians)
17. Engage the consumer to be part of the planning of health services
18. Identify how African American nurses and other allied health care professional can be utilized more effectively
19. Increase access to preventive care
20. Use strategies that meet individuals at their current status

21. Convene stakeholders to change old/traditional healthcare policies that do not work
22. Establish a continual quality improvement /quality rating program based on standards
23. Collaborative efforts amongst community transportation providers

**African American infrastructure needs (full list/top five highlighted)**

1. **Contain the outgrowth of hospitals, “bigger is not better”**
2. **Coordinated efforts by the health care systems**
3. **Eradicate "classism"**
4. **Flexibility with clinical guidelines**
5. **Attention to patient/consumer**
6. Accountability by the health care system

**African American strategies for infrastructure needs:**

Time ran out. None listed

## **ASIAN PACIFIC ISLANDER**

**Asian Resource Needs:**

The participants were very concerned about stereotypes that inhibit their ability to seek resources like, the “Asian community is wealthy, all are educated and literate, they are the model minority.” The group challenges the community to gain a better knowledge and awareness of the Asian culture by visiting their community and talking with their leaders. In addition, it was stressed that the Asian community is not homogeneous but consisting of various cultures/ethnic groups that speak different languages as well as different dialects. There is a general misunderstanding that if materials are translated into Mandarin or Cantonese that the language issue is resolved.

The group believes that a **pipeline needs to be developed to increase Asian health care professionals**. Individuals need to be recruited at an early age to explore health careers. This would address the need for additional representation as well as engaging Asian to work within their communities when they receive health related educational degrees.

As stated, the group highly recommends that **service providers broaden their awareness of the Asian communities**. This in turn would make more Asian communities aware of available existing resources. Also keep in mind that all best practice strategies do not transfer to all minority communities. An example was given illustrating how service provides target African Americans through the barber shops and hair salons. This strategy does not work for Asian. A better strategy would be to reach out to them via the grocery store or an ethnic specific food market.

Though there are a few service providers to address Asian concerns. These organizations will need to build capacity to continue existence. The group concurs that an Asian **center needs to be created**. The facility would serve as a community focal point for all Asian communities as well as a conduit and link for service providers. The center would have culturally competent staff that is aware of the ethnic group needs and able to address those needs through appropriately translated materials, resources and services.

The group believes that schools should be a major resource for furthering cultural diversity. For example, the definition for minority seems to focus on African Americans. **A heritage/cultural curriculum** highlighting the Asian experience should be developed. Most educational entities address American History, World History and African American History. Other cultural groups should be prominently added to the school curriculum. Awareness of other ethnic groups through the school setting may help foster an understanding and/or appreciation for other cultures.

The group would like to see more resources for Asian **population data**. Current data, particularly locally, lacks breadth. Most data sources include all Asian ethnic groups together not understanding that each group is diverse and has its share of unique health issues. Other resource needs were identified. The group felt strongly about the need for leadership development. It is perceived that this would not only assist with building community capacity but also with accessing funding and other resources.

**Asian resource needs (full list/top five highlighted):**

1. **A stronger Asian health professional pipeline**
2. **Awareness of Asian communities by service providers**
3. **An Asian facility/center – “one stop.”**
4. **Asian culture curriculum for schools**
5. **Data resources for the “sub” populations. (Currently, all Asians are “lumped” together. There is no understanding of the diverse ethnic and cultural groups within the Asian community)**
6. Various translations of materials -everyone does not speak Mandarin or Cantonese.
7. Culturally competent providers who deliver culturally competent services
8. Leadership programs for Asian Americans
9. Access to best practice services
10. More networking opportunities
11. Communication avenues with major funders

**Asian Resource Strategies:**

**The group identifies these potential strategies to address their resource needs:**

1. Develop a local leadership program
2. Target public relations for specific programs to youth, and Southeast Asian populations
3. Work with Asian Health Coalitions and other partners
4. Be inclusive, plan with all populations in mind and invite all organizations to the table.
5. Go to the actual community to learn about the culture and talk to their leaders
6. Partner with local colleges to design cultural/heritage curriculum for youth

**Asian Service Needs:**

The participants expressed a need for more services in Asian communities. In particular, there is a need for **patient navigators**. The concept of health disparities is not understood by everyone. This concept goes beyond personal health and impacts the community as a whole. Participants believe a grass roots approach is needed within

communities to help individuals gain a better understanding. Patient navigators could help individuals navigate the health system and connect to other needed services already available to the community. There is an overarching concern that Asians particularly those dealing with health insurance like Medicare do not know the intricacies of what they are “signing up” for. Within the community, there is a lack of knowledge as to where to find particular services. For example, community awareness sessions were held about Medicare however, Asian community members were not aware of them. Even if they were aware, materials for the awareness sessions were in English only.

**Culturally competent services need to be increased.** Serving an ethnic group does not make a service culturally competent. There needs to be some basic knowledge of the culture and protocols. Culturally competent staff needs to be available and bilingual staff to provide quality translation. Awareness needs to go beyond one culture within an ethnic group. The Asian community consists of many cultures. There is a misconception that Asian only means Chinese.

**Awareness of available services is paramount.** The Asian community may not be able to access existing services and resources, because they are not aware of them. Bring awareness to the community by presenting information in Asian communities so that they too can access existing services that should be available to all of the community. This could help with reducing duplication of services.

Health insurance is a voluminous issue yet many in the Asian community do not understand the details. As discussed earlier, the Asian community wants navigators that can help them understand the health care industry. The Asian community wants to be **educated about health care issues from health disparities to selecting a health insurance policy.**

**Translation** is sorely needed by the community. There are many languages and dialects spoken however, most educational materials are printed in Mandarin and/or Cantonese. Translation services need to be expanded to include other Asian languages. Concerning services, the group also mentioned the need for acculturation services. This is a service that helps assist new immigrants/refugees with adjusting to the community. The service should be comprehensive however; the focus of the service should not be to forget about the ethnic group/culture you were born into.

**Asian service needs (full list/top five highlighted):**

- 1. Patient navigators**
- 2. Culturally competent services expansion**
- 3. Awareness of available resources**
- 4. Education about health care issues particularly health insurances**
- 5. Translation by qualified translators**
6. Immigration services/acculturation
7. Managing finances
8. Awareness and education about health disparities

### **Asian service strategies:**

#### **The group identified these potential strategies to address their service needs:**

1. Activate existing service providers to serve Asian community
2. Educate service providers and foundations about Asian community service needs. Services providers need to know the culture before they can offer services.
3. Promote partnerships and working together
4. Advocate and create policies that help Asian communities

### **Asian Capacity needs:**

**The needs of the Asian community should be identified as a base to building capacity.** Participants spoke of a community wide needs assessment that was undertaken however, the results were not disseminated to the Asian community. The group was highly concerned about this because the Asian service providers wanted and needed this information to use in “making a case” for support with local funders.

**More translators and interpreters are needed within the health care system.** The perception is that if you are fluent in a particular language, you should be able to interpret or translate. The group felt that this was a myth and that qualified personnel are needed for these services. In addition, linguistic services need to be fine tuned to address various dialects.

Another capacity need spoke of is awareness of **best practices/effective practices** that could be replicated in the Asian community around health care. Currently, the service providers are not familiar with health care practices that may have been successful with Asian populations in other geographical areas.

**Public visibility is seen as a critical need for building capacity.** The Asian community has not made its needs known and this creates a challenge when seeking funding or other resources. In addition there is a sense that community stakeholders have not assisted with making the Asian community more visible.

**The data about Asian groups does not seem to be available on the local level.** The group would like the local municipalities and County to assist with fine tuning data resources to reflect the various ethnic groups that are “lumped” under Asian. Other issues around capacity building were discussed like the need to cultivate leaders, accessing funders, developing partnerships and reducing the fragmentation amongst the Asian service providers.

### **Asian capacity needs (full list/top five highlighted):**

- 1. A community wide assessment to identify the Asian needs**
- 2. Access to translation and interpretation of languages and dialects by health care staff**
- 3. Best practices that are relevant to Cleveland Asian community**
- 4. Enhanced public visibility of Asian health issues**
- 5. Data/Demographic information about various ethnic groups**
6. Partnerships
7. Dissemination of Asian community studies
8. Reduce fragmentation amongst Asian services providers

9. Leadership training
10. Access to and relationships with funders
11. Qualified staff at social service organizations

**Asian capacity Strategies:**

**The group identified these potential strategies to address their capacity needs:**

1. Identify best practices relevant to the Asian community and implement them
2. Implement a community assessment using surveys and focus groups
3. Understand the pitfalls of sampling methods for small populations
4. Build relationships with funders
5. Network with and gain support from other community groups
6. Provide translation and interpretation training so individuals can be qualified at their skill

**Asian/Infrastructure Needs:**

Though interpreters and translators may be fluent in the language, this does not mean that they are familiar with the aspects of culture and health. Organizations that provide social services may have translators however, the translators are not familiar with aspects of health care. **It is thought that a special training needs to be provided for health care workers, outreach workers etc... to learn about health and culture.**

**Participants agreed that professional schools like medical and nursing schools should have a mandatory diversity curriculum.** In addition to this curriculum, Asian students need to be sensitized to giving back to their communities by providing health care services either paid or as volunteers. A comment was also made that NE Ohio needs to develop strategies to retain Asian graduates.

**To increase infrastructure the concept of a mobile clinic was brought up.** Transportation seems to be an issue for some Asian communities therefore; a mobile clinic providing medical care would be successful in some communities.

**Distributed materials that focus on health need to be appropriately translated for Asian communities.** This means various languages. The participants believe this would definitely enhance infrastructure strategies.

**Access to transportation** is an issue for some Asian communities. The group would like to see more options for getting consumers to health care providers.

**Identified Needs for infrastructure (full list/top five highlighted)**

- 1. Interpreters and translators need to be knowledgeable about health and culture particularly environment, socioeconomic and psychological issues.**
- 2. Diversity training in professional schools and the desire to give back to the community**
- 3. Mobile clinics to reach Asian communities**
- 4. Appropriately translated materials for health related issues**
- 5. Transportation is lacking**
6. Asian medical professionals retention in NE OHIO

### Asian/Strategies for infrastructure needs:

1. Educational entities and other organizations need to be willing to provide training on health and culture
2. Introduce diversity curriculum to medical schools. This should be mandatory with additional demonstrative exercises
3. Seek funding for mobile clinic or work with an existing service provider to expand services to the Asian community
4. Translate materials into various Asian languages
5. Develop more transportation options/alternatives especially to reach the medical facilities

## **HISPANIC/LATINO**

### Hispanic/Latino:

#### Hispanic/Latino Resource needs:

The consensus is that we need to have more community-wide conversations about health and health disparities. This would help build awareness and engage the community.

The participants expressed over arching concerns that have a critical impact on access to resources as well as utilization of resources. Participants believe that there is a “mal-distribution” of resources in the community. This has lead to a perceived mistrust of the medical system. There is a deep concern about the ability for Latinos to access the available resources and to receive adequate care by knowledgeable bilingual health care /social workers.

Participants do not believe that when their community expresses a need or wants to resolve an issue that the larger community actively listens to them. This has lead to complacency within the community.

The group identified several resource needs. The highest priority is the need for **more bilingual and multicultural workers in the social and health system networks**. This was followed by a desire to **employ more effective outreach strategies**. The group commented that many issues could be improved by **identifying and implementing best practices**. There is an ongoing need to **establish more translation/interpretation resources**.

The participants believe the **Latino community needs to undergo a needs assessment**. There is a perception that publicized data is not comprehensive or appropriately sampled.

#### Hispanic/Latino resource needs (full list/top five highlighted):

- 1. More bilingual and multicultural workers**
- 2. Effective strategies for outreach**
- 3. Best practices, consulting list serves special interest groups**
- 4. Translation and interpretation resources**
- 5. Needs assessment/data is confusing**
6. More patient advocates and navigators
7. Lack of health insurance
8. Need more Latino/a Physicians
9. Community participation/engagement
10. Access to healthy foods and exercise is limited

11. Cultural training and technical assistance
12. Community based model strategies
13. Education , increased awareness and understanding of immigration system
14. A resource guide
15. More information about community service
16. Accurate and reliable data about the Latino population

**Hispanic/Latino Strategies for resources needs:**

1. Build hospital capacity by hiring more bilingual staff including community and health navigators/ambassadors
2. Create youth mentoring programs that will lead to a better qualified workforce
3. Have more networking opportunities for Hispanics/Latinos
4. Establish a community-wide Hispanic/Latino Health Committee
5. Use community members to do outreach
6. Outreach approaches should include appropriate venues like the social clubs, churches etc...
7. More comprehensive marketing efforts of Latino events
8. Develop bilingual and bi cultural mentoring program
9. Develop more partnerships with organizations serving the Latino community

**Hispanic/Latino service needs:**

The conversation centered on strengthening the service delivery system to the Latino community by improving communication strategies, creating links between the consumer and the services, providing qualified bilingual workers and simply connecting individuals with the services they are seeking.

The participants stressed the need for **more interpretation/translator services as well as services that provide patient navigators**. The topic of undocumented workers was discussed and the consensus is that **health care services should be developed and specifically offered to these individuals**.

**The participants identifies primary care services as a large needs for the Latino community including sexual health education such as prevention of HIV and STDs is needed.**

In addition more prenatal, mental health and substance abuse services appear to be needed in the Latino communities. It was also expressed that some families do not speak English and it is critical that the early childhood intervention services be available in a format and language that the families can understand.

**Hispanic/Latino service needs (full list/top five highlighted)**

- 1. Interpreters/ translators**
- 2. Patient navigators through system**
- 3. Services for undocumented**
- 4. Sexual Health education/prevention of HIV/STDs**
- 5. Primary care services**
6. Services for pregnant adolescence
7. Mental health services

8. Substance abuse
9. Early child hood intervention particularly for Spanish speaking (only) families

### **Strategies for services needs:**

1. Build awareness of available services by going to gathering places like the grocery store, barber shop and churches
2. Have more health fairs
3. Create a directory of services/resources that is in Spanish and English
4. Train people in the community to be advocates
5. Educate physicians on the Hispanic/Latino culture
6. Build a case to do business with the community
7. Expose youth to health professions to peak interest
8. Establish economic development opportunities in the community
9. Launch a social marketing campaign that has a central number to call with bilingual staff (211)

### **Hispanic/Latino capacity needs:**

Throughout all categories the group continuously expressed the need for culturally sensitive and bilingual workers. As far as capacity, the group believes that consumers are not able to navigate the health care system and **“health advocates” are needed to assist with understanding and to access the system so that consumer health needs can be met.** In addition, it is believed that **supportive services like interpretation** will build overall capacity to fully access health care. However, consumer literacy abilities need to be understood when materials are translated or interpretation is performed. Literacy levels of both Spanish and English need to be identified when translating and interpreting materials.

While progress is being made as far as recruitment of Latino individuals into health care fields, this is still lagging and **more Latino physicians are needed that can fluently speak and understand Spanish and English. Collaboration and coordination of efforts/services needs to be strengthened.** In general, the health care industry needs to **employ more Latinos throughout the entire system/network.**

In addition to these top five, other capacity building areas were discussed like providing medical students with the opportunity to directly work with the Latino population through the local hospitals. The health care facilities that serve Latino populations need to be more inviting reflecting the Latino cultures. It was also stressed that Physicians, in general, are not spending enough time with their patients. This could be attributed to the unfamiliarity with the Latino culture or simply a behavior that permeates the medical environment.

### **Identified Needs for capacity (full list/top five highlighted)**

- 1. Health advocates to help patients navigate the health system**
- 2. Interpretation services**
- 3. Latino/bilingual physicians**
- 4. Collaboration and coordination of efforts is needed**
- 5. Latino workforce development in health care**
6. Bilingual staff/receptionist with a welcoming and sensitive attitude

7. Environment culturally sensitive, inviting, welcoming
8. Time limit that health providers have to listen to patients
9. Opportunities for medical students to provide services and get training with hospital patients

**Strategies for capacity needs:**

1. Reward competence in health professionals
2. Organize Hispanic physicians in Cleveland
3. Have incentives for bilingual/Hispanic professionals to stay in Cleveland
4. Staff training and education in cultural sensitivity/awareness
5. Trainings for medical students to work with Latino patients
6. Bring medical interns to the Westside where there is a large population of Latino persons
7. Scholarships for Latino/bilingual educators and dieticians
8. Partnerships with colleges and universities
9. Hispanic health committee as a networking and collaboration resource
10. Develop local training programs
11. Create a directory of services

**Hispanic/Latino infrastructure needs:**

The infrastructure could be easily enhanced by considering extended services hours, creating appropriate material distribution points and building facilities closer to public transportation.

Several items were identified as key to building infrastructure within the Latino community. **The capacity to deliver culturally competent medical services would enrich the overall infrastructure. Developing comprehensive behavioral and physical health services were seen as crucial components of an adequate infrastructure.** The community is fostering the concept of electronic medical records as well as encouraging consumers to have “medical homes.” However, the medical homes and electronic venues do not appear to be bilingual. **Medical homes accommodating various languages will need to be designed and made available to consumers. Participants identified the need to have more Latino representation on local Boards of Directors** particularly health systems. In addition, leadership development needs to be provided for emerging community leaders. Ultimately, “**dinero**” is needed to identify, design and implement infrastructure strategies.

**Hispanic/Latino infrastructure needs (full list/top five highlighted):**

- 1. Capacity for primary medical care and mental health services**
- 2. Comprehensive services for behavioral and physical health**
- 3. Spanish speaking medical homes**
- 4. Board development and participation of Latinos**
- 5. Funding/ Dinero\$\$\$\$\$**
6. Bilingual staff
7. Transportation
8. Consistent follow up by bilingual staff
9. Connection with Latino community and Latino leadership

10. Professional networking opportunities
11. One stop shop/clinics
12. Training of medical staff
13. Media and health education
14. Design facilities closer to bus stops
15. Develop organizational capacity
16. Specific children's services

**Hispanic/Latino strategies infrastructure needs:**

1. Develop mobile programs that go into the community
2. Identify funding to expand transportation services
3. Provide diversity trainings to service providers/workers
4. Create Spanish web based materials for computer literate
5. Design materials with basic literacy levels in mind

**Ethnic Groups Combined/Shared Needs**

	<b>African American</b>	<b>Asian</b>	<b>Latino/ Hispanic</b>
<b>Resources</b>			
Primary care physicians	x	x	
Culturally Competent practitioners	x	x	x
Role models/leadership programs	x	x	
Community care navigators	x	x	x
Literacy health specialists/educators	x		
Service Provider awareness	x	x	x
Cultural Heritage Classes	x	x	
Local facility/Center		x	
Reliable health data/General social service needs		x	x
Effective outreach strategies			x
Identification of best practices		x	x
Translation and Interpretation services			x
Money for services	x		
Clearing house of information and access to it	x		
Flexible government programming	x		
Fitness Centers in community	x		x
Resource guide/directory of services	x		x
Quality grocery stores/food	x		x
Burial care for those w/o money	x		
Culturally sensitive printed materials	x	x	x
Biochemical therapies	x		
GAP Assistance	x		
Hospital disclosure	x		
Transportation assistance	x	x	x
Universal care	x		
Preventive care under health insurance	x		
Translation/various languages/literacy levels	x	x	x

Networking opportunities	x		x
Communication with funders	x	x	x
Health insurance	x		x
Community participation	x		x
On-going health care training that is culturally sensitive	x		x
Education /understanding about immigration			x
<b>Services</b>	<b>African American</b>	<b>Asian</b>	<b>Latino</b>
Conflict Management	x		
Nontraditional mental health services	x		x
Health promotion/preventive health	x		
Low cost/no cost pharmaceuticals	x		
Culturally competent service delivery		x	
Immigration/Acculturation services		x	
Financial literacy		x	
Awareness about health disparities	x	x	x
Health services for “undocumented”			x
Increase HIV/AIDS services including sexual health education	x		x
Primary care services			x
Pregnancy services for youth			x
Substance abuse services			x
Early childhood intervention			x
<b>Capacity</b>	<b>African American</b>	<b>Asian</b>	<b>Latino</b>
Evaluate current programs/services for effectiveness	x		
Collaborations with other ethnic groups	x		
Qualified, educated culturally sensitive workforce	x		
Consumer education about health	x		
Reduce unnecessary competition/duplication	x		
Community needs assessment	x	x	x
Service provider strategic planning	x		
No wrong door policy	x		x
Consumer health literacy	x		
Consumer involvement in health planning	x		
Nurses and other allied professionals	x		
Quality improvement protocol			
Coordination of health care systems	x		
Community based training for medical students who plan serve minority populations	x	x	x

<b>Infrastructure</b>	African American	Asian	Latino
Contain the outgrowth of hospitals, “bigger is not better”	x		
Health care systems need to have more coordinated efforts	x		
Eradicate class issues	x		
Consumer/patient centered care	x		
Health care system accountability	x		
Clinical guidelines with reasonable flexibility	x		
Interpreters and translators need to be knowledgeable about health and culture particularly environment, socioeconomic and psychological issues.		x	x
Diversity training in professional schools and the desire to give back to the community		x	
Mobile clinics to reach Asian communities		x	
Appropriately translated materials for health related issues		x	
Expanded transportation /bus routes closer to facilities		x	x
Retention of Asian medical professionals in NE OHIO		x	
Primary medical care and mental health services need to be built up			x
Comprehensive services for behavioral and physical health			x
Spanish medical homes/electronic medical records			x
Board development and participation of Latinos			x
Funding/ Dinero \$\$\$\$\$	x	x	x
Consistent follow up by bilingual staff			x
Connection with minority community and minority leadership		x	x
Specific children’s services			x

## **Special Category/YOUTH**

### **Youth:**

Five youth participated in the discussion. The majority of participants were service providers.

### **Youth resource needs (full list/top five highlighted):**

- 1. Education about health issues**
- 2. Evaluate current resources-are they doing what they should**
- 3. Access to public health care and education for children**
- 4. Healthcare education for children**
- 5. Educate on free resources and where they are in the community**
6. Outreach to other agencies
7. Coordinate the resources for client access
8. Healthy activities and intervention
9. Advocate for abstinence program
10. Volunteer activities
11. Physical education is lacking
12. Healthy activities with intervention
13. Community partnerships
14. Insurance/Lower deductibles

### **Strategies for resources needs:**

Not enough time to complete

### **Youth:**

### **Identified needs for services (full list/top three highlighted)**

- 1. Health screening in the school**
- 2. Holistic approach to health care for youth as it impacts mental health and substance abuse**
- 3. Detecting early diagnosis for all illnesses**

### **Strategies for services:**

Not enough time to complete

### **Youth Capacity needs (full list/top one highlighted)**

- 1. Engage the community in planning programs for their community.**

### **Strategies for capacity:**

- Understand the system
- Understand the people we are serving
- Build the relationships across the board
- Policy changes
- Engage the community

### **Youth Infrastructure needs:**

- 1. More relationships with agencies and youth**
- 2. Explain to youth what health disparities are**
- 3. Youth involvement in program/service planning**

### **Strategies for infrastructure:**

- Build on existing relationships
- Coordinate systems to support the decrease of health care disparities
- Utilize youth in the program planning

### **Lunch Keynote Speaker:**

Dr. Alvin Jackson, Director of the Ohio Department of Health addressed the participants. The presentation focused on health disparities and strategies to eliminate them.

### **Resource and Screening Area:**

The resource area had 66 vendors/organizations with booths and information. Participants visited the area. Based on the evaluation forms, participants believe that the information provided was valuable and that they would personally use it and/or take it back to their communities. A few commented on the need for better signage and directions to the resource area.

### **Fitness Area:**

Zumba, Line Dance and Senior Chair aerobics were provided. Those participating felt invigorated after the sessions. One participant commented, “Had a good workout in a limited amount of time!” and offered to teach African Dance at the next event.

### **Report Back:**

Jacqueline Gillon, Director of Community Organization for the Neighborhood Leadership Institute (NLI) and Peter Whitt, Associate Director, Cleveland State University Maxine Goodman Levin College of Urban Affairs Center for Health Equity provided summary reports for each ethnic group /category.

### **Evaluation**

Local Conversation participants were given the opportunity to provide written feedback.

### **Adjournment**

Yvonka Hall, Director, Cleveland Office of Minority Health thanked participants and gave final remarks.