

Health Services

Empower

1. **Identify contacts within Latino Community**
 - a. Leaders
 - b. Schools
 - c. Churches
 - d. Social services
 - e. Hispanic community center
 - f. Real structure within community
 - g. Hispanic businesses

2. **Stakeholders**
 - a. Hispanic community
 - b. Employers
 - c. Social service and health agencies
 - d. Interpreters
 - e. Local government (welcoming organization)
 - f. School districts
 - g. Local businesses
 - h. State government

3. **Agency roles**
 - a. Examine policies (e.g. documented/undocumented)
 - b. CLAS training for employees
 - c. Recruit and empower Hispanic community
 - d. Build trust relationships
 - e. Recognize Hispanic leaders (empower them)
 - f. Better cooperation between departments
 - g. Providing translation/interpreter services
 - i. Recruit interpreters from within community
 - ii. Emphasize professional standards

4. **Self**
 - a. Learn Spanish
 - b. Cultural competence
 - c. Relax with community
 - d. Be responsible
 - e. Interact with other organizations

By Mary Sturdevant, Elias Cuevas, Stephen Hadwiger

Access

What is it? Being able to take full advantage of resources available to the population

1. Infrastructure

- a. Political support/access
- b. Education for empowerment of those needing services
- c. Policy for minimum standards of cultural competency
- d. CBO (community based organizations) empowerment

2. Stakeholders

- i. Latino organizations (comprehensive)
- ii. State agencies
- iii. Local business community
- iv. Educators
- v. Legislators
- vi. Members of health institutions/organizations

3. Role

- a. DHSS (Office of Minority Health-Advocacy)
 - i. Interdepartmental awareness effort
 - ii. Increase awareness, take lead on initiatives
- b. Local Health Department
 - i. Directly contact population and determine needs
 - ii. Referral source and substation for community organizations
 - iii. Harness community strengths
 - iv. Build local coalitions
 - v. Be a source of “best practices”/share lessons learned

4. Your role

- a. Communicate between state, local governments
- b. Volunteer
- c. Pray

By: Carla Johnson, Patrick Akinbola
Bridgette Collins

Education

1. Kind of network

Bridges policy and providers
Community Based
Draws on Regional Expertise
Interactive
Structure-Consistency of message
Attitudes, knowledge practical skill, core competency

2. Key Stakeholders

Community Leaders
Target Populations
Service Providers
 Police/Fire
 Teachers
 Social Services
 Health Professionals
 Business
Policy Makers

3. OMH/cox/community

Any origin

4. Personal Role

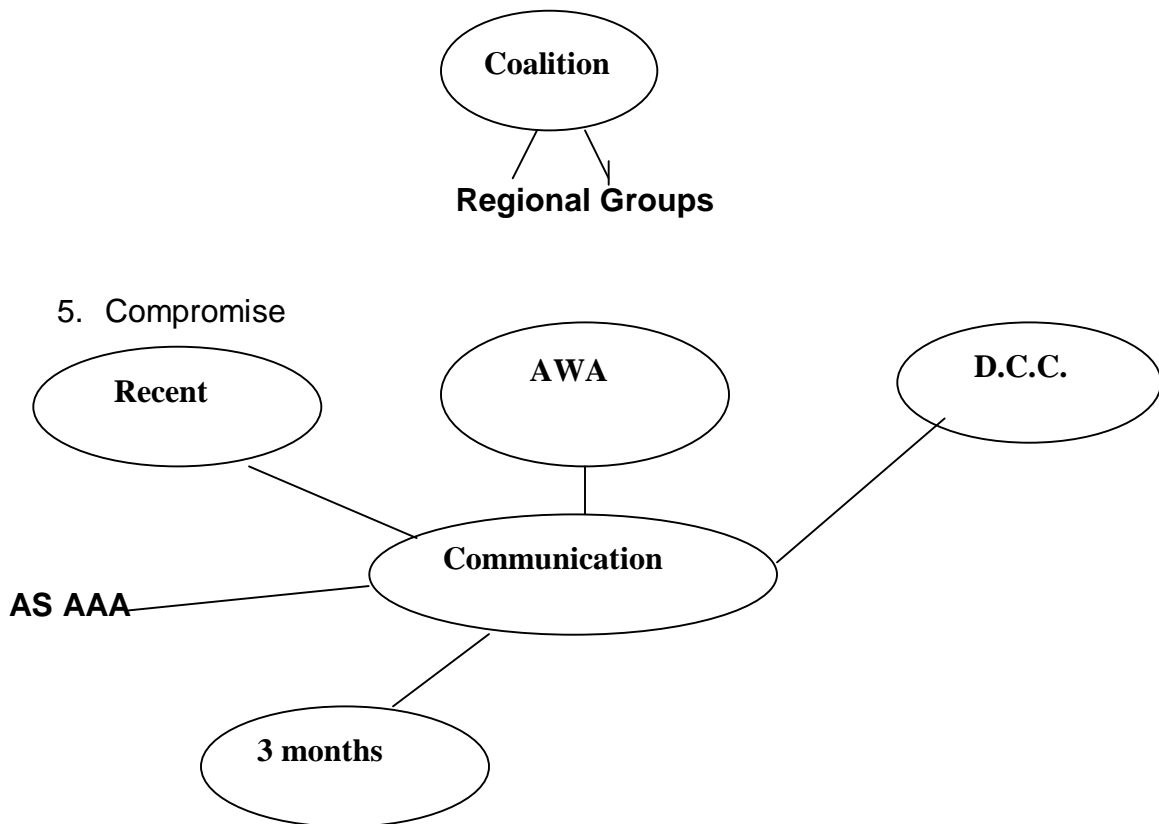
Educate Ourselves
Develop advisory panel

1. Identify who are service providers in individual communities.
2. Identify needs of this community-Empower Ownership- legitimize
3. Linkage of services-service servers-needs
4. Monitor and evaluate
5. Sustainable funds and process

By: Violet Kanonuwaha, Jim Duff

Communication

1. Billboards in Interstate 70 and 63
2. Posters in schools
3. Presentation in Community Service Organizations
4. Internet



By: Alejandro Godino, Karen Connell, Francisco Alvarez

Partnership

- ☞☞ Cultural competent Practice and Organization
- ☞☞ Define Boundaries of each institution
- ☞☞ Define Resources

✍️✍️ Create Direct Communications at all levels

✍️✍️ Directing of Services Available

✍️✍️ Professional Directory

✍️✍️ Regular meetings and visitations.

By: Dr. Williams and Maria E. Carpena, PH.D.

Systems/Change

1. **Kind of network or infrastructure:** holistic, redundant pathways, inclusive coalitions, collaborators assist in implementing CLAS standards in every health care organization so that CLAS are integrated throughout the delivery of care (in partnerships with communities served)
2. **Stakeholders:** patients, educators, training facilities, healthcare professionals, insurers, state agencies, private/public clinics, hospitals and other providers, legal and social service professionals and healthcare community in general (EVERYONE!)
3. **What role can our organizations play?**
 - a. Catalyst for building coalitions and educating and/or
 - b. Offering training and technical assistance to stakeholders
4. **Identify community resources for ideas around true and educate**
5. **Underlying all partnerships should include a policy and system agenda to give to legislators, state agency directors. TAKE IT TO THEM.**

Change happens because of Building Relationships:

(Welcoming)

Not polarized

Not adversarial

Not mistrustful

*New language terminology for Inclusiveness regarding populations (not us vs. them)

1. Across organizational boundaries
2. Personal Relationships and contacts/Agreements
3. Informal Info exchange

Resulting and creating formal structural change.

Tools

- a. invite
- b. include
- c. responsibility and accountability

By: Jacqueline Ambrow and Kym Hemley

Partnerships

1. Get to know and identify your community. (churches, industry, health care providers, govt. agency...etc.)
2. Latino community leaders
 - a. Business leaders
 - b. Health care administrators
 - c. Researchers
 - d. State agencies within local community (DFS, Police...)
 - e. Volunteers/Churches
 - f. Paid staff (interpreters, language services coordinators...)
 - g. Health care providers
 - h. Minority Health Alliances
 - i. Legislators
3. Continue utilizing our existing relationships within our communities.
 - a. Strengthen relationships
 - b. Develop advisory boards
 - c. Write grants for funding
 - d. Active participation in multicultural forums.
4. Share translations and advice on interpreter issues
 - a. Develop coalitions
 - b. Ask solid research questions and request funding
 - c. Take issues to higher authorities
 - d. Educate others and encourage access
 - e. Share Materials

By: Ruth Cuevas, Bryan De Valdivia, Sharon Lee, Sara Antibus

Themes

1. Communication
2. Data/information
3. Education/awareness
4. Infrastructure
5. Partnerships
6. Systems change/Policy
7. Empowerment of immigrants
8. Access
9. Discrimination

Data/Information

1. I.D. already existing coalitions/programs, universities/govt. agencies/healthcare providers/community/members/other stakeholders
2. Consensus on core indicators (regional/state/national) and flexibility to include those specific to community
 - a. Mechanism for collection of comparative data and sharing of information [linking systems]
3. Development of participation in coalitions (as per #2)
4. Produce/implement programs based on collected data—strong voice of Latino community members in data collection.

By: Suzanne Walker, Barbara Boshard, Clay Goddard, Mary AnnKlie

www.mssc.edu/missouri

www.omhrc.gov/clas

www.ocr.gov

www.dohss.state.mo.us

Discrimination

A topic not considered separately—a Big Issue

