



Advisory Committee Meeting Minutes

Community Solutions to Improving Employed Immigrant Health: Employed Latino Health Initiative

July 10, 2008

- MEMBERS PRESENT:** Sean Bauer, KT Bender, Chuck Davis, Fartun Dhuux, Terri Donlin Huesman, Katrina Farmer, Carla Fountaine, Jewell Garrison, Patrick Hansen, Cathy Levine, Cathy Mantilla Falkenberg, Hugo Melgar-Quinonez, MD, Victoria Nunes, Beth Pierson, Angela Plummer, Linda Ross, Scott Streator, Gail Sudore, Adrianna Melo, Milly Valverde, Michelle Vander Stouw
- GUESTS PRESENT:** Gail Baker, Alvin Brea, Allard Dembe, Nora Hesse, Aimee Lashbrook, Matthew MacLaren, Eric Seiber
- INITIATIVE STAFF PRESENT:** Jeff Biehl, Stephanie Jursek, Kim Keinath, Alicia Smith

Jeff Biehl called the meeting to order at approximately 8:45 a.m. Jeff welcomed new committee member Adrianna Melo, Senior Human Resource Generalist for Limited Brands, who is replacing Todd Tuney. Jeff also welcomed guests Gail Baker, Executive Director of the Central Ohio Restaurant Association and Matt MacLaren, Executive Vice President of the Ohio Hotel and Lodging Association. To reacquaint committee members, Jeff asked that each table discuss the following question, *"In a sentence or three, what barriers to health have you encountered or observed since our last meeting?"*

Jeff Biehl also reiterated the five key objectives of the *Community Solutions to Improving Employed Immigrant Health: Employed Latino Health Initiative* as well as reviewed the project roadmap to indicate the status of the project and highlight the meeting's purpose (i.e., to share key findings from focus groups and learning sessions and generate ideas for potential solutions).

Alicia Smith, Nora Hesse and Alvin Brea highlighted key findings and discussed a few examples from focus groups among Latino community members and learning sessions with employers and health/social services providers. Following the presentation, committee members posed several questions and engaged in discussions regarding cultural and language differences between the U.S. and Mexican health systems, the low literacy levels among some Latino immigrants in the community, likely reasons for low participation in employer-sponsored health benefits, among other topics.

Jeff Biehl asked meeting participants to engage in café discussions of the following questions and document their responses on an Ideas Matrix. *"Based on our learning from the Latino community, providers, employers and the Advisory Committee, what are our sustainable ideas for improving access to: Health information and resources, health services and health insurance coverage?"* [Please see attached summary of ideas that emerged from café discussions.]

Jeff Biehl and Alicia Smith discussed next steps regarding the synthesis of ideas from café discussions in order to turn ideas into potential models. Potential models will be fleshed out and presented to the Advisory Committee for prioritization and selection at the August committee meeting.

Stephanie Jursek reminded committee members of the dates and locations for the August 28th and November 13th meetings and also led the group in a check out question: *"In three words or less, how do you feel leaving here today?"*

Jeff Biehl thanked committee members and guests for their participation and also thanked Patty Harklau, Vice President of Human Resources for Columbus Hospitality, for her generosity in hosting and providing breakfast and refreshments at the Crowne Plaza hotel.

IDEAS FROM HARVEST SHEETS

Information and Resources

Simplify information / create interactive opportunities

- Simplify to their education level
- Simplify the information
- One sheet summary of what to do and where to go (only the basics, not covering every possibility) but, employers can't organize this. They need outside help.
- Simplify the product (insurance) – TV in Spanish
- Video taping/audio information
- Less print materials – not always read – literacy issues
- Easy to read materials
- “Telanovella” version of “Abrete Sesamo” that explains health coverage, why, etc. (LEON directory & website)
- Offer “Abrete” sessions
- We need to find the common feature and remove our biases about what we need to do to communicate – make sure we don't create barriers
- “Abrete Sesamo” – teaching Latinos about health
- Put the information in their context (young families, children are the ones who use health care)
- Clear communication about the availability of HCAP at hospitals, and how to apply for it

Consider language, literacy and culture

- The variety of languages within each culture; dialects make this difficult and have to be considered
- Language barrier
- Literacy is another issue
- Similar population to those than can be hurt by predatory lending – need to consider this

Encourage individual responsibility

- Responsibility of learning complicated systems (i.e. car, housing, insurance) confusing for everyone, let alone when you add a language barrier
- Where is patient responsibility?
- Individuals take responsibility and ownership to learn the services available.
- Take on responsibility and be able to assure education – health services extended education covered
- Provide incentive to attend workshops in community

Establish programs with/for employers

- Possibility of legislation/regulations to support mandatory orientation pd. by insurers/providers
- Model will likely be different based on industry/company
- Orientation/hiring increase information
- Training for managers
- Do it at a workplace, if it's practical. Health Department does it at restaurant for food safety –
- Central Ohio Restaurant Association – resources/pool of information and services – help connect to social health services – member benefit to access shared resources among members , i.e. social worker

Involve Spanish-speaking professionals

- Identify Spanish speaking professionals to help with education piece
- Partner with language department of OSU – Social Services Dept. – help with education with someone (expert) overseeing

IDEAS FROM HARVEST SHEETS

Establish /create access to health advocates

- Peer education (mentor, ombudsman) – experts in community
- Patient advocates for the Latino Community
- Access to advocates – system based and community based
- Hilltop - case management for employed – benchmark

Develop community-level interventions

- Do education in the community in small groups – it will cause accurate word of mouth
- Work with Crew to do workshop before game
- Need to provide information at public venues (community orientations an neighborhood level) as well to de-mystify/explain the system – maybe how to support health should be the fourth ‘R

Educate/enable providers

- Need to make sure available resources are communicated by all levels of staff at providers
- Formalized programs that educates insurances/providers the economic benefits of prevention so that it is supported
- Education both ways (i.e. person making appointments understanding, being patient)

Link with school systems

- Starting education earlier health component in schools with health classes -Example given within group bringing parents in to participate as well so everyone can learn together
- Health living education in schools – school is the one common denominator

Other

- Institute for Immigrants
- EMR – important to coordinated care – especially including the free/reduced-price services
- Add component to existing financial literacy programs

IDEAS FROM HARVEST SHEETS

Services

Establish worksite health, wellness and prevention programs

- Wellness at worksite incorporated into culture individuality – we have communications with individuals every day at work – prevention message could be part of that
- Access to nutrition
- Employers bring mobile units to workplace (mammograms/screenings/flu shots, etc.)

Expand capacity service delivery capacity

- More community-based locations who offer services at non-traditional hours (in neighborhoods, on bus line, could be multi-use facility)
- Alternative clinics for certain populations
- Expanding current free clinic system
- Expand community health centers around city and at Hilltop
- Make sure everyone has a coordinated medical home (maximize involvement of disease management)

Expand service practitioner capacity

- Consider organizing nurse practitioners/physician assistants to provide low level primary/inexpensive care closer to work sites
- Expanding use of nurse practitioners, instead of MDs
- More Latino allied health professionals
- Recruiting more native Latino providers

Expand service hours

- Non tradition hours – doctors' offices, pharmacies
- Emergency rooms having access/providing patients with 24hr pharmacies

Reconfigure current health system to be more responsive

- Focus on the type of care needed for younger workers
- Simplifying the current system
- Need a social movement – need individuals, employers, providers, legislators to all require that this is simplified/improved. We can't want need top and bottom movement – this will affect changes for all (including immigrant community)
- Look at models from other countries to understand the experiences in home countries
- Neighborhood model of care
- Lack of individualized care a concern
- Need to get commitment by groups/individuals to actually implement systems change – for each person, could be providers, community members, clients, etc.
- Expanding the role of our current system

Involve other health systems in services delivery

- Should explore Wal-Mart (and other) clinics – who are they reaching – this is similar model.
- Explore medical, veterinary services, grocer all co-located
- Concerns about safety & overweight of these clinics

Expand transportation options

- Engage COTA in helping on transportation
- More information available on transportation at providers – expand public transportation access
- Smaller buses – teach people how to use bus, pay, etc.
- Transportation – change COTA Routes, mobile units

IDEAS FROM HARVEST SHEETS

Coverage

Simplify product offerings

- Offer/create a standard insurance product that is cost-effective and simple to use
- We need to simplify the health insurance model or at least simplify its connection to people
- Access to information about cost options – clear communication about a variety of options

Create more choice

- Greater options for payment choices
- Non-profit based insurance for specific cultures for catastrophic issues
- For young workers, why would they want health insurance? Many would want primary care, but that is still expensive with insurance.

Expand benefits and coverage

- Payers need fundamental payment to pay for prevention and health maintenance

Other

- Common application among insurers to pay for health services (even beyond HIT). This one feels massive – huge to solve because it seems to require systems at a high level. The Band-Aid will be to communicate this mess better.
- Exit strategy of alternative clinics to connect the population with insurance resources

IDEAS FROM HARVEST SHEETS

Foundational Considerations /Issues

Build on existing community efforts

Need to demonstrate RIO to businesses & community

Providers need to become more culturally competent – providers should know how to treat people fairly who pay with cash

Other/Miscellaneous

Are the fundings representative of total population?