

*Proceedings Report for
the Plática/Conversation
to Promote Latino Health
Denver, Colorado
August 19, 2008*

*Prepared by Robert Muñoz, Jr., Ph.D.
Healthy Community Investments*

The Proceedings Report for the Plática/Conversation to Promote Latino Health is funded by the Office of Health Disparities of the Colorado Department of Public Health & Environment (CDPHE). The Office of Health Disparities is a state program of multi-cultural professionals dedicated to eliminating racial and ethnic health disparities in Colorado, by fostering systems change and capacity building through multi-sectoral collaboration.

Acknowledgements

The Office of Health Disparities (OHD) would like to thank the Planning Committee for their input in preparing for the *Plática/Conversation to Promote Latino Health (Plática)*. OHD would also like to thank participants for valuable input and resources shared during the *Plática*. In preparation for the *Plática/Conversation to Promote Latino Health*, Dr. Muñoz convened a planning committee by contacting several organizations with experience, expertise and knowledge in work related to the Latino community and health disparities to assist in planning and guiding a Latino discussion to address health disparities. As part of the planning committee for the Latino Community Discussion on Health Disparities, members assisted in:

- Creating an agenda
- Developing the format and approach of discussion
- Developing goals and desired outcomes to capture participant enthusiasm and support
- Deciding on topics and workshops or community input activities
- Recommending speakers that will inform, motivate, and increase capacity of our communities to address health disparities.

The following page includes a list of the individuals and respective organizations that contributed to the planning the *Plática/Conversation to Promote Latino Health*. Their guidance, direction, knowledge, experience and outreach contributed greatly to the success of the event.

Planning Committee for Plática/Conversation to Promote Latino Health

| | |
|-----------------------------|---|
| Charlene Barrientos-Ortiz | University of Colorado at Denver |
| Catherine Benavidez Clayton | Alliance of Health Disparities |
| Rachel Carmen | Office of Health Disparities, Colorado Department of Public Health & Environment |
| Rachel Chaparro | Latino Health Initiative |
| Adrienna Corrales | Sisters of Color United for Education |
| Char Day | San Juan Basin Health Department |
| Denise Delgado | Clinica Tepeyac |
| Beverly Tafoya-Dominguez | Denver Health |
| Corrina Lucero | Office of Health Disparities, Colorado Department of Public Health & Environment |
| Linda Martinez | University of Colorado at Denver |
| Robert Muñoz, Jr., Ph.D. | Healthy Community Investments |
| Cecilia Peterson | Grand County Public Health Nursing Service |
| Mauricio Palacio | Office of Health Disparities, Colorado Department of Public Health & Environment |
| Tracy Pineda | Broomfield Health and Human Services |
| Fernando Pineda | CREA Results |
| Rosanna Reyes | Alliance of Health Disparities |
| Nick Robles | Boulder County Health Department |
| Jamie Torres | Denver Mayor's Office |
| Elia Trujillo | Prower's Medical Center |
| Pam Womack | Latino/a Research & Policy Center (LRPC) |

List of Participants in Plática/Conversation to Promote Latino Health

2040 Partners for Health

9Health Fair

Alliance of Health Disparities

Arapahoe/Douglas Mental Health Network

Boulder Broomfield Latino Health Coalition

Boulder County Aging Services

Cancer Care Initiative

Colorado Connections for Healthy Schools, Colorado Department of Public Health & Environment

Colorado Department of Human Services, Traumatic Brain Injury Program

Colorado Latino/a Community Network Project (CO-CNP), Latino/a Research & Policy Center, University of Colorado at Denver

El Comercio de Colorado (Spanish-language Newspaper)

COMPASS/Comprehensive Oncology Map for Patient Advocacy Support and Service

Community Research + Education + Awareness CREA Results

CSU Extension

Denver Health and Hospital Authority

Denver's Great Kids Head Start – Mayor's Office for Education and Children

Denver Human Services

Denver Latino Commission

Denver Options, Inc.

Denver Public Health

Families First, Inc. - Program: Consejos Para Familias

Healthy Community Investments

Latino Statewide Tobacco Prevention and Education Network

List of Participants in Plática/Conversation to Promote Latino Health

MAXIMUS - CHP+ Marketing and Outreach

Office of Health Disparities, Colorado Department of Public Health and Environment

National Association of Hispanic Nurses/Colorado

Prowers Medical Center

Salud Family Health Centers

Tobacco Education and Prevention Partnership, Boulder County Public Health

Total Oral Prevention Strategies (TOPS)

Tri-County Health Department (TCHD)

Tobacco Free Larimer County

University of Colorado Cancer Center, Project SOL

Weld County Department of Public Health & Environment

Table of Contents

| | |
|---|----|
| Overview of the Plática/Conversation to Promote Latino Health | 7 |
| Organizing Principles for Plática/Conversation to Promote Latino Health | 8 |
| Agenda for Plática/Conversation to Promote Latino Health | 9 |
| Morning Session: Blessing, Introduction and Organizational Information | 10 |
| Lunch Session: Performances and Presentations on Health Disparities | 10 |
| Areas of Health Disparities | 11 |
| Questions and Discussion Points | 12 |
| <i>General Session Report Back</i> | 13 |
| Mental Health | 14 |
| Cardiovascular Health | 16 |
| Domestic Violence | 21 |
| Cancer | 22 |
| Oral Health | 24 |
| Obesity | 25 |
| Substance Abuse | 27 |
| Diabetes | 29 |
| Asthma Among Children | 30 |
| Children with Special Needs | 31 |
| Tobacco | 33 |
| HIV/Sexually Transmitted Diseases | 34 |
| Pluses and Minuses | 36 |
| Appendix 1: Preparation and Planning Meetings | 38 |
| Appendix 2: Blessing | 55 |
| Appendix 3: Small Group Instructions | 56 |
| Evaluation: Participant Feedback | 59 |

Overview of the Plática/Conversation to Promote Latino Health

The *Plática/Conversation to Promote Latino Health* was sponsored by the Office of Health Disparities and paid for by a grant from the State Partnership Grant from the Office of Minority Health, US Department of Health and Human Services to facilitate a Latino discussion on health disparities. The Office of Health Disparities contracted with Healthy Community Investments to plan and guide a Latino discussion to address health disparities by convening a planning committee to assist in creating an agenda for the event and selecting topics and speakers. The desired outcomes of the *Plática/Conversation to Promote Latino Health* were to:

1. Facilitate a community discussion on health disparities affecting Latino communities;
2. Plan strategies for Latino community involvement in public health projects and communication between Colorado Department of Public Health & Environment programs and communities; and,
3. Produce a document of needs within the community and strategies to eliminate health disparities.

Organizing Principles

In keeping with a community participatory process, the planning committee adhered to the following organizing principles:

1. Create community participation.
2. Invoke and engage different ways of knowing from diverse communities (e.g. statistics v. stories).
3. Fully hear, recognize and communicate needs and interests of all participants by ensuring a high-quality dialogue that deepens understanding, builds relationship and expands possibilities.
4. Provide participants with the information they need to participate in a meaningful way.
5. Seek input from participants in designing how they participate.
6. Involve community members in learning about and developing strategies for socioeconomic, environmental, political, psychological, and individual factors associated with health disparities.
7. Communicate to participants how their input will affect efforts to promote Latino health and address health disparities.
8. Be open to using the full range of action strategies to work toward the long term sustainability and well being of the community.
9. Develop strategies to promote ongoing participatory processes by building upon local networking and linking local initiatives to broad networks.¹

For more detailed information on planning the *Plática/Conversation to Promote Latino Health* and the organizing principles, see *Appendix 1*.

¹ Source: Synthesis developed from <http://parkcitypartners.net/pdf/commworkshop.PDF> and http://www.co-intelligence.org/CIPol_publicparticipation.html

Plática/Conversation: Promoting Latino Health

August 19, 2008

10:00 a.m. – 5:00 p.m.

PPA Event Center

2105 Decatur Street

Denver, CO 80211

Agenda

Meeting Outcomes:

- Share information about health disparities
- Discuss existing resources for networking and collaboration
- Identify needs, gaps, resources, and steps to provide direction for future projects

10:00 a.m. – 10:15 a.m. Introduction

Blessing Belinda Garcia, Sisters of Color United for Education
Welcome Mauricio Palacio, Office of Health Disparities

10:15 a.m. – 11:45 a.m. Organization Information and Networking

12:00 p.m. – 1:30 p.m. Lunch

Music by Tony Silva y Trio Xotchil
Performance and presentation Su Teatro
Health Disparities Dr. Angela Sauaia
Latina Initiative, Rachel Chaparro

1:45 p.m. – 2:25 p.m. First Small Group Conversation on chosen area of disparity

2:30 p.m. – 3:25 p.m. General Session Report Back

3:30 p.m. – 4:00 p.m. Second Small Group Conversation on chosen area of disparity

4:05 p.m. – 4:45 p.m. General Session Report Back

4:45 p.m. – 5:00 p.m. Evaluation

PROCEEDINGS
PLÁTICA/CONVERSATION TO PROMOTE LATINO HEALTH
DENVER, COLORADO, AUGUST 19, 2008

Introduction

The *Plática/Conversation to Promote Latino Health* began with an indigenous Four Directions blessing by Sisters of Color United for Education (for details on the blessing, see *Appendix 2*). After the blessing, Mauricio Palacio, Director of the Office of Health Disparities, welcomed the participants. He acknowledged stakeholders in attendance across the different sectors of health care.

Organizational Information and Networking Session

We began a discussion on promoting Latino health with the Organizational Information and Networking Session. Several organizations present on their services and programs in order to let participants know about existing resources and opportunities for collaboration.

Lunch Session: Cultural Performances and Overview of Health Disparities

Lunch began with a performance of traditional Latino songs by *Tony Silva y Trio Xotchil*. *Su Teatro*, a Chicano theater group, performed excerpts from *The Fat-Free Chicana and the Sno-Cap Queen*. The play used comedy and family themes to address cultural associations with foods that increase the risk of heart disease and communicate the need for changes to improve Latino health.

Dr. Muñoz reviewed and paraphrased health disparities definitions for a more meaningful, everyday understanding of the term. In accordance with directions from the planning committee, the overview included stories of how health disparities have manifested themselves in his family's life. He shared the story of an immigrant family whose daughter had cancer and the disparities they experienced as a result of language differences and immigration status.

Dr. Angela Sauaia, MD,PhD, of the University of Colorado Health Sciences Center presented on the multiple determinants of health disparities and successful cultural approaches to addressing health disparities, particularly the use of patient navigators or *promotoras*, as they are more commonly known in the community. She also encouraged others to join a recently-funded program to build community-based organizational capacity to address health disparities.

Rachel Chaparro of the Latina Initiative -- an organization focused on the civic involvement of Latinas in Colorado -- discussed upcoming legislative items that, if passed, would have an impact on the delivery, measurement and availability of health resources for Latinas and Latinos across Colorado.

Areas of Health Disparities for Facilitated Discussion

The second half of the *Plática/Conversation to Promote Latino Health* consisted of a facilitated Latino discussion on resources, needs, gaps and strategies to promote health and address specific areas of health disparities:

1. Diabetes
2. Cardiovascular disease
3. Tobacco Related Health Disparities
4. Obesity and Physical Activity
5. Asthma among children
6. Mental health
7. Cancer
8. Oral health
9. Substance Abuse
10. Domestic Violence
11. HIV/STDs
12. Children with Special Needs

Each of these topics was selected by the Planning Committee, with the exception of Children with Special Needs, which a group of participants decided was an important topic. They organized a small group on this area of health. Prior to the

event, facilitators volunteered to moderate discussions in English and/or Spanish. On the day of the event, 11 of the 12 discussions were conducted in English and one (1) in Spanish.

Questions and Discussion Points

Participants were provided with instructions on small group discussions (see *Appendix 3* for complete instructions). There were questions and discussion points for facilitated discussion on four main areas, resources, needs, gaps and strategies, as follows:

1. Resources: What resources are available for _____? (Health disparity area)
Discuss what's being done, or what has been done, that works for Latinos.
Discuss current programs that provide good services or resources in this area for Latinos.
2. Needs: What needs are there in the community related to _____ (Health disparity area)?
Identify Latino needs that are not being served by existing programs.
Discuss what is needed to improve quality of programs for Latinos.
3. Gaps: What services and resources are missing related to _____ (Health disparity area)?
Discuss what can be added to improve quality of programs and meet needs in this area.
4. Strategies: What are steps we can take to maintain and improve our health in this area of disparity?
Discuss the most important action steps needed to improve health in this area. Think of opportunities for collaboration in different levels of services and resources affecting Latino health. Think of actions, programs and initiatives. If possible, identify funding sources or resources for each of these.

In answering questions below, participants were asked to consider the different levels of services and resources affecting health:

- Doctor's offices, clinics, hospitals
- Community resources, such as organizations, leaders, food stores, places to exercise, etc.
- Schools, Colleges, Universities
- Agencies and Institutions (city, state and federal)
- Individual-level resources, behaviors and needs
- Financial resources
- Policy, political and legislative level
- Other areas

General Session Participant Report Back: Resources, Needs, Gaps & Strategies

During the afternoon of the *Plática/Conversation to Promote Latino Health*, each group spent almost an hour discussing each of the specific areas of health disparities identified by the Planning Committee and participants. After the small groups discussed each of the specific disparity areas, they reported back to the larger group. Given the amount of information developed by each of the groups, we asked the participants if they wanted to have more time for the report back rather than break out into another round of small group discussion (which would have allowed participants to discuss another specific area of disparity). The participants elected to extend the large group report back. Following on the next page are notes from the general session report back.²

² A few groups categorized their discussion differently, so at times the identified categories -- resources, needs, gaps or strategies -- may be categorized differently.

GENERAL SESSION REPORT BACK: RESOURCES, NEEDS, GAPS & STRATEGIES

MENTAL HEALTH

Resources

- *Jefferson County Health Department*
 - *Mental Health Clinics*
- *Schools (Minimum)*
- *Churches*
- *Physicians*
- *Non-profit services*
 - *Mental health services of locality*
 - *Mental health services of county*
 - *Regional non-profit services*
- *Hospital*
- *Clinics (private, non-profit)*
 - *Licensed by the state*
 - *With/without translators*
- *Colorado Division of Mental Health*
- *Colorado Division of Vocational Rehab*
- *Local housing agencies and non-profit housing agencies*
- *School district counselors*
- *Veteran's agencies*

Needs

- *Cultural competence and resources*
- *Navigators*
- *Cognitive learning screening and central data base for results to trigger needs*

Gaps

- *Understanding Insurance*
- *Mental health is very taboo in Latino culture*
- *Postpartum Depression*
- *Non-residents (undocumented immigrants resources)*
- *Serving all mental health clients*

Needs/Gaps (Mental Health)

- *Culturally congruent services – awareness of differences, including therapist setting*
- *Logistically competent services*
- *County subsidy disparities*
- *School district subsidy and service disparities*
- *Shortage of trained culturally and logistically competent professionals across the board*
- *Not all schools or communities have mental health services*
- *Less referrals of Latino adults than children for mental health services*
- *Significant taboo in identifying mental health needs in the Latino community*
- *Gaps in the access to medical treatment and prescriptions, particularly in chronic cases*
- *Medication management gaps across the board*
- *Lack of affordable housing*
- *Lack of family subsidy for taking care of mentally ill*

Strategies (Mental Health)

- *Opportunity to educate churches about resources, referrals and identification.*
- *Adequate revenue sources from state and federal.*
- *Be proactive and preventive in such a way that parents don't fear social service intervention.*
- *Wrap-around model emphasizing bringing different providers together earlier and having a funding system that supports this.*
- *Reform certification process for state regulations to allow foreign-trained clinician certification.*

CARDIOVASCULAR HEALTH

Resources

- *Salud Clinic*
 - *Mobile Unit*
 - *Denver Health Partnership*
 - *Patient Health Advocates (PHAs)*
 - *CVD screening at all clinics*
 - *Diabetes education (grant funded)*
- *CREA Results -- grant-funded promotores*
- *LUCCHAR/CHARLAR - Research Projects*
 - *Latinos Using Cardio Health Actions to Reduce Risk (LUCCHAR)*
 - *Community Health Actions for Senior Latinos at Risk (CHARLAR)*
- *PEAK Wellness - Tri-County Health Department*
 - *Screenings & referrals to prevent cancer, diabetes, heart disease, strokes*
 - *Ages 40 - 64*
 - *Underinsured and non-insured*
 - *Increase screenings*
- *Participants needing further medical follow up or mammograms referred to partner community clinics*
- *Weld County -- Steps to a Healthier World*
 - *Part of Steps to a Healthier Weld*
 - *Chronic disease prevention*
 - *Reducing burden of diabetes, obesity asthma*
 - *Addresses three related factors: Physical inactivity, poor nutrition, tobacco use*
- *Denver Health Community Voices*
 - *Provided education in nontraditional settings, such as Barber Shops*
- *Boulder Health Department using beauty salons to discuss tobacco use, cessation and second hand smoke exposure.*
- *Boulder Health Department Partnership with CREA*
- *Total Oral Prevention Strategies*

Gaps (Cardiovascular Health)

- *Need medical specialists*
- *Dental-CVD connection*
- *Research*
- *Education*
 - *Connection between smoking and CVD*
- *More people of color and from different backgrounds to become doctors, health care providers, researcher, advocates, and other occupations related to health/public health professions*
- *Stronger policies to address health disparities*
 - *Clinical, programming and legislative policy*
 - *State-level policy*
 - *Policy regarding food labeling*
 - *Developing good policy easier when good policies are in place*
- *Availability of, access to, healthy/good food*
- *Access gaps*
 - *Services*
 - *Transportation*
- *Patient knowing their charts*
 - *Insurance numbers*
 - *Glucose levels*
 - *Numbers that indicate health status, e.g., glucose level*
 - *What do given different level indicators?*
 - *What to do if they get a call saying levels are too high?*
 - *What to do if they don't get a call?*
- *Waiting until numbers are high to address health rather than a focus on preventive measures to avoid high numbers*
- *Numbers and graphs on health disparities*
 - *Rates of disease (CVD, diabetes) in rural areas*
 - *Different types of barriers*
 - *Present on rural disparities in Health Disparities reports*
- *Good communication about where the health of the patient is*
- *Visual education*
 - *More partnerships*
- *Smaller areas/rural*

- *Competition for, and overlap of resources and services*
- *Lack of leveraging and collaboration of resources*
- *Lack of good results*
- *Lack of coordinated collection of data on what's causing barriers to health access*
- *Competition for funding and clients*
- *Consequences of these gaps*
- *Lack of services for other health issues*
- *Defensive and protective of information regarding clients that could be used to measure and address health disparities among Latinos.*
- *Limited funding*
- *Patients missing from services*
 - *Lack of follow up on patients*
 - *Patients missing appointments, reasons unknown*
 - *Is it transportation, reminders, economic reasons?*
 - *Patients/community members' lack of awareness of programs*
 - *There may be services, but not enough people use them*
 - *Lack of sufficient information sharing to develop trust*
 - *So patients will not approach clinics/providers for services*
- *Lack of work with different community-based organizations and community on CVD*
- *Accountability and personal responsibility of patients*
 - *(Not) Keeping appointments or calling to cancel them*
 - *Need to acknowledge challenges facing patients to make appointments*
 - *Patients taking charge of their health*
- *Communication*
 - *Lack of patient knowledge regarding communication with clinic*
 - *More communication needed with community to provide health care services*
 - *Better communication between patients and providers*
- *Partnerships between providers and traditional healers*

Barriers associated with gaps (Cardiovascular Health)

- *Competition not helping to eliminate health disparities*
 - *CBOs, clinics and/or programs competing for same groups*
 - *Competition for funding, visibility and recognition is fierce*
 - *Small CBOs must compete among themselves, bigger agencies and health departments.*
 - *Programs not designed to reach out to what is needed to address community health disparity in a specific community.*
 - *Program intention driven by funding and what gets funding.*
 - *Because of demographic changes in rural communities, health agencies are in competition for revenue, rather than focusing on addressing health disparities.*
 - *Eliminating racial and ethnic disparities in rural communities will require effective interventions and ways of working in partnerships with other health care agencies in order to promote and deliver appropriate good quality health care.*
 - *Concern over turf issues hurt access to services.*
- *Food access*
- *Patient income and socioeconomic positions*
 - *Lack of health insurance*
 - *Undocumented immigrants have no insurance. How are we to provide the health care they need?*
- *WIC does not provide a lot of healthy choices*
- *Changing diet/physical activity*

Strategies (Cardiovascular Health)

- *CVD/Oral health partnerships*
- *Education*
 - *Messages about physical activity*
 - *Ride your bike*
 - *Walk*
- *Learn from other traditional healers*
- *Support groups*
- *Honest education*
 - *Honest, up front information*

- Organizations provide honest, informative information regarding health risks, e.g., certain foods may cause health risks
- Relationship between smoking, juice, food, teeth and oral health
 - WIC programs needs to revamp items they provide to be healthy items
- Holistic education
- Incentives/Invest
 - People can be given incentives in health programs
 - Patients should invest in their health
 - Providers should invest health care
 - Asia model provide as example of successful model
- Accountability on patient's behalf
- Self-efficiency
 - In the successful Asia model, patient focused on self-efficacy
- Follow up with appointment before appointment
- Create a coalition
 - Everyone has a role
- It's okay to get checked (cultural barrier)
- Use traditional medicine with western medicine
- More inclusive
 - Emphasis on inclusions
 - Providers say they are inclusive, but they aren't
 - If providers say are open to inclusion, mean it, don't be exclusive
 - Health organizations, staff not distracted in way they provide services to community

Funding Sources (Cardiovascular Health)

- Colorado Department of Public Health and Environment
- Cancer, Cardiovascular and Pulmonary Disease Prevention (CCPD)

DOMESTIC VIOLENCE

Resources

- *Shelters - Gateway Motels*
- *Counseling*
- *24 hour hotline*
- *Churches*
- *Education*
- *Hospitals*
- *Police Department, 911*
- *Domestic Safety Resource Center*
- *Emotional support*
- *Victim compensation - regardless of immigration status*

Needs

- *Interpreters*
- *Transportation*
- *Legal help*
- *24 hour shelter*
- *Income for victims*
- *More services in rural areas*
- *More services for immigration population*
- *Job training*
- *Psychological support*
- *More bilingual counselors, police officers, medical staff*

Gaps

- *Hispanic publications*
- *Education - women, men and children*
- *Spanish-speaking professionals*
- *Educating people on the legal process (judges, attorneys)*
 - *Anger management*
 - *Restraining and protective orders*
- *Victims not utilizing the resources due to fear of the abuser or the legal process*

- *Lack of cultural understanding and sensitivity (spiritual empowerment) of battered Latinas*

Strategies (Domestic Violence)

- *Develop programs addressing women's changing role in maintaining family's health and well-being*
- *More funding*
- *More intra-agency collaboration*
 - *Advocate to politicians for Latina community needs.*
 - *Different needs between metro and rural areas.*

CANCER

Resources

Formal Resources

- *Leukemia and Lymphoma Society (blood cancer, education and money)*
- *Colorés de Cancer*
- *Quality of life*
- *Funding through Reproductive Cancer Tax*
- *Women Wellness Connection*
- *Financial assistance*
- *Transportation*
- *Web-based social networking*
- *Mental health*
- *Colorado Colorectal Cancer Screening Program (CCSP)*
- *Latino/a Research & Policy Center*
- *American Cancer Society*

Informal Resources

- *Families - intact and extended*
- *Spiritual/faith-based*
- *Financial assistance - friends, churches, neighborhood, clubs, social networks*

Needs (Cancer)

- *Mental health services*
- *Insurance coverage access*
- *Providers in rural areas*
- *Bilingual staff and bilingual services*
- *Improved health literacy*
- *Cultural competence*
- *Policy changes - Women's Wellness Connection*
- *Smoking cessation – media and schools*

Gaps (Cancer)

- *Formal referral system for providers*
- *Bilingual cancer navigators*
- *Bilingual/bicultural outreach models*
- *Cancer treatment funding*
- *Nutrition - during and after cancer treatment*
- *Nutrition and physical activity to decrease cancer risk*
- *Increase use of sunscreen, decrease exposure*
- *Preventable screenable cancers (colorectal, cervical, breast, skin, prostate and lung)*
- *Understanding how to get message out - single disease v. multiple diseases*
- *Marketing skills*

Strategies (Cancer)

- *Education/awareness (health fairs)*
- *Behavior change (healthy living)*
- *Policy and advocacy (training)*
- *Promotoras/Community health workers*
- *Cancer navigators*
- *Media - TV, radio, print, web*
- *Collaboration*

Cancer Funding

- *Office of Health Disparities*
- *CCPD - Amendment 35*
- *Cancer, Cardiovascular and Pulmonary Disease Prevention*

- *Reproductive cancer (breast, cervical, uterine)*
- *Susan G. Komen Denver (breast)*
- *Leukemia and Lymphoma Society (Research)*
- *Centers for Disease Control*
- *National Institutes of Health*
- *Women's Wellness Connection (breast, cervical)*
- *Avon Foundation (breast)*
- *State Tobacco Education and Prevention Partnership (STEPP) (Smoking cessation)*

ORAL HEALTH

Resources

- *Limited, not much, low*
- *Medical reimbursement, low*

Needs

- *Need for cultural competency and training*
- *Need for general oral health information*
- *Need to increase oral health prevention information*
- *Insurance doesn't cover oral dentistry appliances for sleep apnea*
- *Inclusion of oral health into general health information*
- *Inclusion of oral health coverage in health insurance*
- *More medical providers to promote oral health access*
- *More accessibility*
 - *For communities of color*
 - *Increase in Latino dental health providers*
 - *Encourage kids to go to dental school*
- *Dental school modification of admission policy for students to practice in underserved communities*

Gaps

- *Money - funding - focus*
- *Policy - integrate oral health with medical health*
- *Current education on oral health to general public, myths*
- *Oral health with Gynecological/Obstetrician services*

- *Reopen dental schools to increase capacity*
- *Increase oral health education such as TOPS*

Strategies (Oral Health)

- *Advocate for changes in policy*
- *Medicaid reimbursement*
- *CHP+ increase coverage*
- *Request for proposals on health disparities to include oral health*
- *Opportunities to partner with safety net providers and community-based organizations to better provide services for community*
- *One stop for medical, dental, nutrition, mental health, social services*
- *Dental provider updates on best practices*
- *Address oral needs of kids by one*
 - *Cleaning babies gums with clean cloth;*
 - *Not letting babies sleep with bottle of milk because this causes cavities.*
- *Health promotion is still disease specific, which drives funding, inhibits collaboration. Everyone trying to get to same community for different diseases, information and services.*
- *Collaboration with nutrition programs, health programs and Head Start SBHC and TV programs.*
- *Maya's program, getting oral health messaging out*
- *Partnerships with area foundations to fund oral health education and services.*

OBESITY

Resources

- *Recreation centers*
- *America on the Move*
- *Fee-based education and support groups*
- *Online groups*
- *CSU Extension*
- *Hospitals*
- *Community health centers*
- *County health departments*
- *Private insurance classes*

- *Operation Frontline*
- *Built environment movement*
- *Live Well Colorado*
- *Childcare centers and schools*
- *KRAFT Comida Website and Health Living options*
- *SHARE Colorado*

Needs (Obesity)

- *Support (physical, emotional)*
- *Motivation*
- *Time*
- *Access to healthy foods*
- *Financial*
- *Education/Information*
- *Culturally-specific education*
- *Transportation*
- *Better, walkable community*
- *Alternatives to traditional recipes*
- *Cooking classes*

Gaps (Obesity)

- *Childcare (affordable)*
- *Lack of family options*
- *Transportation*
- *Proximity/Access to grocer*
- *Stores -> infrastructure*
- *Advertising*
- *Policy/zoning laws*
- *School lunches/vending machines (sponsorships)*
- *Workplace cafeterias/vending machines*
- *Mental health*
- *Healthier government-sponsored programs (WIC, CACFP)*

Strategies (Obesity)

- *Education*
 - *Materials (printed)*
 - *Radio/TV*
 - *Clinics/Medical offices*
 - *Schools*
 - *Faith-based organizations*
 - *Employers focus on "Salud"*
 - *Health fairs*
 - *One-on-one education*
- *Sexy Ad Campaign*
 - *Culturally appropriate*
- *Policy Change*
 - *Grassroots campaign*
 - *Consumer awareness*
 - *Influence community design*
- *Use multiple strategies*

SUBSTANCE ABUSE

- *Values - Compassion*
 - *Heart issue*
 - *Education*
 - *Family*
 - *Child Protection*

Resources

- *Days – Sisters of Color United for Education (not much else)*
- *Alcoholic Anonymous*
- *Victory Outreach*
- *Churches*

Gaps

- *Substance abuse affecting Rescue Mission*
- *Latino Communities*
- *Need more funding to address substance abuse in the Latino community*

- *Be sensitive to cultural norms and behaviors*
- *Respecting input from the community*

Needs (Substance Abuse)

- *A safe place where substance abuse can be addressed*
- *Addressing stigma*
- *Culturally appropriate and culturally sensitive services (race, religion, etc.)*
- *Fund for programs to provide culturally appropriate, culturally sensitive services*
- *Involve voice of the community in development of programs*
- *Education - Lack of Norms and behaviors?*
- *Cross-reference*
- *Need to work in collaboration with other agencies*
- *Addressing issues involving undocumented immigrants that need intervention*
- *Communication with monolingual Spanish Speakers on police involvement (e.g., requesting a badge number if police are involved)*
- *Developing trust with providers*
- *Reassuring people on the role of provider*

Strategies (Substance Abuse)

- *10 session training on harm reduction and health awareness*
- *Methadone assistance*
- *Use promotora training as holistic approach to address substance abuse*
- *Substance abuse often not addressed*
- *Work with children of parents who are using drugs*
- *Engage in outreach perhaps through door-to-door*
- *Health screenings*
- *Address fear among undocumented of deportation, prevents seeking care*
- *Address depression, especially among women, that leads to substance abuse*
- *Develop a more collaborative approach*
- *Develop a detailed map of available resources*
- *Increase faith-based involvement in addressing substance abuse*

DIABETES

Resources

- *Denver Health coaches*
- *Incentives for patients*
- *Newsletters to increase participation*
- *Arapahoe, Adams, Denver and Jefferson County*
- *Clinic/Salud to create bilingual treatment plan*
- *Seasonal workshops for Boulder residents*
- *American Diabetes Association Por tu Familia - free new immigrant program*
- *Prevention workshops*
- *Statewide program with clinics and promotoras*
- *Screening for diabetes*
- *Child program New Salsa, Sabor y Salud*
 - *Nationwide Latino Children Institute*
- *Mexican Consulate*
- *Dining with Diabetes*
- *Small changes make a big difference*
- *State Diabetes website*
- *Tomando Control de Su Salud*
- *Diabetes state program*

Needs

- *Low income of monolingual/bilingual staff for programs to the community*
- *Ongoing low income classes*
- *Bilingual, registered dieticians (RD)/fluent health professionals*
- *Title IV Language services*
- *Services for non-residents and access to health care*
- *Policy resolution between HB1023 and EMTALA (Emergency Medical Treatment and Active Labor Act)*
- *Have to share prevention and service messages or info on diabetes*
- *Making Latinos more proactive on health*
- *Communicate to providers to take a more active role in health management*

Gaps (Diabetes)

- *Program specific for Latino children*
- *Lack of communication among existing programs for Latinos*
- *Lack of program longevity due to funding*
- *Services available at schools so parents are able to access them*
- *Lack of perception of safe environment for parents and families*
- *Classes for Latino community leaders to help raise awareness*
 - *Engage "non traditional" leaders not working in health professions to carry on those messages*
- *Silos in county services*
- *RURAL access*

Strategies (Diabetes)

- *Inform and educate people*
- *Language services standardized for all receiving federal funds*
- *Denver Health curriculum for children*
- *Prevention increase for Boulder County*
- *Bilingual/monolingual services -- Aurora Public Schools*
- *Improve web-based information for state agencies to improve communication strategy*
- *ADA partner more with rural and suburbs than metro*
- *A way to better organize and centralize resources*

ASTHMA AMONG CHILDREN

Resources

- *Family*
- *Schools*
- *Preschools (Head Start)*
- *Churches*
- *Promotoras*
- *Clinics/hospitals*
- *Health Departments*
- *Asthma groups*
- *Health fairs*

Needs (Asthma among Children)

- *Treatment against asthma*
- *Kids without insurance (documentation status)*
- *Emergency room - frequent visits*
 - *Also associated with lack of insurance or documentation status*
- *Low income - inability to pay for medicine and services*

Gaps (Asthma among Children)

- *PREVENTION*
- *Education (appropriate to each family's needs)*
- *Environments are not healthy (smoking, mold, etc)*
- *Information needs to be appropriate for family*

Strategies (Asthma among Children)

- *Advertise/Educate*
- *Radio/TV*
- *One-on-one visits/Educate*
- *Advocacy - teach these skills*

CHILDREN WITH SPECIAL NEEDS

Resources

- *Medicaid Waiver (Early Periodic Screening Diagnosis and Treatment)*
- *HCBS*
- *Autism*
- *Brain injury*
- *CHP+*
- *Discount programs*
- *Private insurance*
- *specified -> Kaiser Connections*
- *Shriners*
- *SSI*
- *Programs with kids with special needs*
- *Denver options*
- *CCBs*

Needs (Children with Special Needs)

- *Community program education*
- *Easy access guide to resource*
- *Bilingual provider and care coordinators*
- *Mental health services - Pediatrics*
- *Collaboration with state agencies (connection, education, health)*
- *Providers with training on special needs*

Gaps (Children with Special Needs)

- *Lack of understanding on using health insurance*
- *Eligibility education for programs*
- *Key staff education about insurance/services*
- *Follow through to access services*
- *Too much paperwork - Medicaid*
- *Waiting list for services - adults*
- *Lack of enough programs for special needs*
- *Understanding of need for changes in guardianship and power of attorney*
- *Undocumented children*

Strategies (Children with Special Needs)

- *Outreach*
- *Education: Insurance/Legal rights/Resources*
- *Advocacy*
- *Larger family support system*
- *In-home services and education for Community Center Boards*
- *Hospitals*
- *Insurance Companies*
- *Education about Child Find Programs*
- *Public Schools*

TOBACCO

Resources

- *Tony Gramscas Tobacco Initiative funded by STEPP*

Needs

- *Needs programs for youth that address violence, substance abuse, depression, suicide, stress, premature death. Many feel they won't survive to reach their senior years when the effects of tobacco use become apparent.*
- *Kids need to see inter-relationships between tobacco and social injustices.*
- *Kids need to know that tobacco is a Human Rights issue and not just an issue of personal choice; that by addressing tobacco issues they are addressing social justice issues.*
- *Need to address depression and other factors that lead people turn to smoking because youth are either indifferent to issues involving tobacco or because of depression and other factors, they feel hopeless in the face of the depression, violence, stress and oppression they experience.*

Gaps (Tobacco)

- *"Truth" ads are sometimes not realistic because they focus on future consequences; tobacco control programming needs to focus on issues that are currently relevant to Latino youth, such as social justice.*
- *Lack of awareness of youth as a Human Rights issue, not just a personal choice issue.*
- *There are few programs that address the issues of indifference and hopelessness that many Latino youth experience, which leads them to think that it doesn't make a difference if they smoke or not.*
- *Lacking culturally appropriate mental health resources for Latino youth.*

Strategies (Tobacco)

- *Tony Gramscas or other sources of funding could be used to develop a program that will encourage avoidance of tobacco products by framing tobacco as a social justice issue and/or as a means of covering wellness services to help youth deal with depression, violence, stress, etc.*
- *Traditional cessation methods are not usually appropriate for youth and are not appropriate for many adults.*

- *Need coverage for alternative treatments such as acupuncture, hypnosis, support groups, or stress management, which would help people stop using tobacco*
- *Participate in Latino Regional Community Coalition of Latino Statewide Tobacco Prevention & Education Network to connect people working with youth to experts in tobacco in order to develop tobacco control programming relevant to Latino youth.*

HIV/SEXUALLY TRANSMITTED DISEASES

Resources

- *Denver Public Health*
- *Some non-profits working on prevention*

Needs

- *Latinos not being served are the youth because they do not get sex education in school.*
- *Many parents are unable to talk to their children about sexual health.*
- *Women are underserved and need more access to sexual health education.*
- *Married women need skills to negotiate safer sex, especially if they suspect infidelity.*

Gaps

- *Services and resources missing are related to several aspects of Latino culture.*
- *Nuestra cultura (Our culture)*
 - *Sex isn't talked about at home between youth and parents.*
 - *Many parents are in denial of kid's sexuality.*
 - *Older parents don't talk to their kids as much as younger parents do.*
- *Religion:*
 - *Not a part of the Catholic religion to talk about sex or consider family planning*
- *Kids don't get sex information in schools*
 - *They have sex without information*
 - *Many have oral sex because they think it isn't sex*
- *Immigrants are afraid of services*

- *Immigrants don't look for services or ask for help when they need things like family planning because they are afraid of being reported to immigration or face discrimination whether they are legal or not.*
- *Skills and information for married women to know their risks and take control in a relationship to have a conversation about fidelity, celibacy and safer sex practices to protect herself.*
- *Many people don't know how to read*
 - *To improve services providers and outreach educators should make sure that when giving written information they need to ask if patients can read in a caring helpful manner. Many people are embarrassed to admit they can't read or have a low level of reading unless they are asked.*
- *Confidentiality: Clinics in small communities should take extra precaution to make sure they ensure confidentiality of patient identity and information. People don't like to access services if they think the whole town will know they have been to the STD clinic.*
- *Machismo culture: It is difficult for married women to have conversations about safer sex when she is dominated by her husband and he doesn't permit her to ask about fidelity or condom use. Machismo culture doesn't give much voice to married women.*

Strategies - Steps to maintain and improve health (HIV, STDs)

- *Outreach and education to general public*
Put information everywhere not just in public health clinics.
- *Use advertisements in Spanish language with Spanish language music:*
 - *TV, radio, internet, etc.*
- *Outreach to venues like:*
 - *Mexican grocery stores*
- *Put information booth in front of store to get information as you shop.*
- *Daycare centers, WIC clinics, sporting events.*
- *Think of a model like in Cuba where a mobile van (Carro de Vida) comes to town and plays music to have a party attracting young people to engage them in conversations about safer sex practices.*
- *Have a Spanish language hotline to confidentially ask questions about STDs and HIV.*

PLUSES AND MINUSES OF THE EVENT

Prior to the end of the *Plática/Conversation to Promote Latino Health*, we had a brief discussion of *Pluses*, what participants liked about the event, and *Minuses*, what participants suggested could be improved. Following is the feedback and suggestions provided by participants:

+ (Pluses, What people liked about the event)

- *Diverse stakeholders*
- *Able to talk to each other instead of having someone talk to us all day*
- *Marketing for the event was good*
- *So many others that I didn't know (were there)*
- *The context of having Latinos come together was good*
- *Facility*
- *Free parking*
- *What can happen when people who move from prevention to primary to tertiary care navigating the system*
- *Collaborations with different organizations*

- (Minuses, Suggestion for making event better)

- *Audio record the presentations next time*
- *Home projects, healthy home, etc. discuss next time*
- *Need to discuss children and older adults more*
- *No more meetings of just talking, need to do (act)*
- *Colorado Trust, Colorado Health Foundation will be welcoming applications from this group.*
- *Ask governor's office to provide funds so we can continue.*
- *Action plans*
- *Prioritization of what we can do*
- *Go for funding to implement the action plans.*
- *Get more people*
- *Talk about treatment*
- *Connect minority communities (e.g., Black, Latino, Native American, etc.)*
- *More on home-based services (healthy housing)*
- *More media coverage*
- *Get more providers/physicians/nurse practitioners*
- *More on mental health among new immigrants*

Appendices

Appendix 1

Preparation

In beginning planning for the *Plática/Conversation to Promote Latino Health*, Dr. Muñoz contacted several organizations to assist in planning and guiding a Latino discussion to address health disparities by convening a planning committee to assist in creating an agenda for the event and selecting topics and speakers. The following email describing the event was sent to potential planning committee members:

The Office of Health Disparities has received funding to facilitate a community discussion on:

- Health disparities affecting Latino communities
- Planning strategies for (1) Latino community involvement in public health projects and to (2) facilitate communication between CDPHE programs and the community.

On August 19, 2008, the Office of Health Disparities will hold a Latin Community Discussion on Health Disparities. During the meeting, we will document needs within the community and seek community participation in strategies to eliminate health disparities. Given your experience, expertise and knowledge in work related to the Latino community and/or health disparities, your involvement in planning the Latino Community Discussion on Health Disparities would contribute greatly to the success, reach and relevancy of this event.

As part of the planning committee for the Latino Community Discussion on Health Disparities, we would work on:

- Creating an agenda
- Developing the format and approach of discussion
- Developing goals and desired outcomes to capture participant enthusiasm and support
- Deciding on topics and workshops or community input activities
- Recommending speakers that would inform, motivate, and increase capacity of our communities to address health disparities.

If you would like to be a part of the planning committee, please contact me or Corrina Lucero at clucero@smtpgate.dphe.state.co.us by noon July 17, 2008. We appreciate your commitment to address the health disparities affecting Latino communities.

Dr. Robert Munoz, Jr.
Event Coordinator
Healthy Community Investments

The letter also included an attachment regarding the following guiding principles for planning and organizing the *Plática/Conversation to Promote Latino Health (Plática)*.

Synthesis of Possible Organizing Principles for the Plática

1. ***Create community participation.*** Emphasize participatory decision-making that emphasizes local initiative and community-based leadership. Develop strategies to enhance the leadership capacity of community members, leaders, and groups within the community to promote Latino health and address health disparities.

2. ***Invoke and engage different ways of knowing from diverse communities.*** Involve people and voices from diverse communities that are affected to influence efforts to promote Latino health and address health disparities. Community wisdom and buy-in come from the fair and creative inclusion of all relevant perspectives, viewpoints, cultures, information, experiences, needs, interests, values, contributions and dreams. Community wisdom arises from the interplay of stories (with their full emotional content), facts, principles, reason, intuition, imagination, inspiration, and compassion or empathy. Facilitate mutual learning rather than perpetuate dependency upon outside "experts" and resources. Linking community, agencies, providers and university-based members with different sources of knowledge allows representation of diverse experiences and knowledge.

3. ***Fully hear, recognize and communicate needs and interests of all participants by ensuring a high-quality dialogue that deepens understanding, builds relationship and expands possibilities through the following capacities (Isaacs):***

- Voicing -- speaking the truth of one's perspective
- Listening -- without resistance
- Respecting--awareness of impossibility of fully understanding others' positions
- Suspending -- suspension of assumptions, judgment, and certainty

Too much focus early in the discussion on one's or other's positions can prevent the emergence of the best possible outcomes. If we listen and dialogue with people well--voice, listen, respect, suspend-- then we can deepen relationships and gain a better understanding of the interests, needs, experiences, visions, etc, behind people's position and proposals to inform and expand the development of strategies to promote Latino health and address health disparities.

4. ***Provide participants with information they need to participate in a meaningful way.***

5. ***Seek input from participants in designing how they participate.***

6. *Involve community members in learning about & developing strategies for socioeconomic, environmental, political, psychological, and individual factors associated with health disparities.* To the extent people feel involved . . . they will support the implementation of those decisions.

7. *Communicate to participants how their input will affect efforts to promote Latino health and address health disparities.* People feel involved to the extent they feel their agency and power in the process -- i.e., that they clearly see the impact of their diverse contributions in the final outcome.

8. *Be open to using the full range of action strategies to work toward the long term sustainability and well being of the community.*

9. *Develop strategies to promote ongoing participatory processes by building upon local networking and linking local initiatives to broad networks.* Since intelligence is the capacity to learn, and learning is an ongoing process, collective intelligence can manifest most powerfully in democratic processes that are ongoing and recognized by the whole community. One-time events (such as public hearings and conferences that are not part of a larger ongoing democratic process) are limited in their capacity to generate collective intelligence for a whole community or society. Therefore, it is important to develop strategies to link local initiatives to broad networks, such as citywide or statewide collaborations, that have experience in and resources for promoting Latino health and addressing health disparities.

The Plática/dialogue is not intended as an attempt to solve things in one day, but one part of larger initiatives to address health disparities, to learn about resources and needs, to link people to resources and organizational efforts to stand for, sustain and improve their health. *Our aim is to connect people to existing initiatives and provide strategies for future work to promote Latino health and address health disparities.*

Source: Synthesis developed from <http://parkcitypartners.net/pdf/commworkshop.PDF> and http://www.co-intelligence.org/CIPol_publicparticipation.html

Planning Committee Meetings

In response to this letter, 15 to 16 individuals or organizations attend two meetings to plan the events. Following are the minutes for each of the meetings.

Latino Community Health Discussion
Planning Committee Meeting #1
July 25, 2008
Meeting Agenda

1. Introductions

Robert Munoz, Corrina Lucero, Rachel Carmen, Mauricio Palacio, Beverly Tafoya-Dominguez, Pam Womack, Denise Delgado, Catherine Benavidez, Char Day, Rachel Chaparro, Cecilia Peterson, Linda Martinez, Nick Robles, Jamie Torres, Elia Trujillo, Rosanna Reyes, Tracey Pineda, Fernando Pineda, Charlene Ortiz

2. Review agenda for approval and any suggested revisions

Additional event ideas: Oral Health, LEP, Nutrition, Cancer overall, Prenatal care, Substance Abuse, Domestic Violence, Injuries/Accidents, HIV/STDs and language access

3. Purpose of Meeting

Discuss health disparities in the Latino Community; provide information about what resources and programs are available, facilitate networking, form partnerships, and get a sense of Latino health needs.

Robert, Corrina and Mauricio had discussed previous to meeting how to frame the event and suggested "Plática/Dialogue to Promote Latino Health." Planning committee was in agreement with promoting the event in this manner.

Rachel suggested that "conversation" in place of "dialogue." The event will now be called "Plática/Conversation to Promote Latino Health instead of "Latino Community Health Discussion."

Make sure to also emphasize positive health traditions and practices of Latino culture and communities.

The hoped-for outcome will be a document that can be used by CBOs without OHD direct involvement. It's not just out of OHD or UCD, but rather a resource to provide links to, and collectively increase, various resources and initiatives to promote Latino health and address health disparities.

The scope of this meeting will most likely be limited to the Denver metropolitan area due to time and fiscal constraints, but success here could be used as a model later for other Colorado regions. However, if enough people from other regions are able to attend, we may also be able to discuss rural v. metropolitan existing needs and resources. Rural voices want to be heard, but keep in mind this is not a "statewide" health disparities meeting with only a few rural reps.

It is important to be realistic about the scope of the agenda. This is but one step of a larger statewide initiative. Keep the message and aims as simple and clear given time, budget and attending groups.

The discussion and outcome of this meeting -- document with needs and strategies and possibly some type of resource guide -- can be used by community groups and other type of applicants to use when planning to apply for any grants (to know what is already being done and who to go to for resources).

We must be specific about objective and give CBOs a reason to participate. A possible selling point: many resource guides exist; this will be an attempt to consolidate them.

4. Aims of Latino Community Health Disparities Discussion

a. Possible organizing principles, incl. committee member suggestions

Keep meeting simple and structured. Let the audience know upfront that this is a limited one-time only meeting due to lack of time and resources. Have clear, well-defined outcomes.

b. Plan Latino community health discussion meeting agenda

- i. Possible agenda items
- ii. Additional agenda items

c. Plan meeting format

Meeting will be from 10:00 AM – 5:00 PM, PPA Event Center

d. Nominate speakers and other people to include in planning or event

5. Additional items suggested by planning committee

The group came to the decision of narrowing the target audience to community-based organizations/faith-based groups/providers/non-profits, considering that full community participation will be limited given that event will be during the work date on Tuesday. Date decided by changes in federal funding shortening timing of event (by August end), other events (Democratic National Convention) and venue availability.

Corrina will look into possible travel stipends to bring Colorado regional representation.

The target audience is geared to CBOs, but open to all sectors of the community.

The August 19th event outcomes are:

- Learn about health disparities
- Build a foundation of relationships and partnerships
- Raise awareness of available resources while determining gaps and opportunities for future projects/programs targeted to the Latino population.
- Develop a resource guide
- Conduct a meeting that can be replicable in other regions of the state

A discussion about disparities, agencies [working on different areas of disparities] and resources will make gaps apparent. We can't just involve other agencies. We also need to involve other sectors of the community that are not formalized but need services and/or are involved in initiatives and efforts to promote health and address disparities. This meeting meant to provide context for other groups: Who is doing what? What is the timeline? Who needs what?

6. Plan agenda for the next meeting

Robert will send out Meeting Wizard along with notes and possible action items.
Healthy Community Investments

List of Possible Aims for Latino Community Health Discussion

- 1. Promote discussion and planning regarding Latino health disparities**
- 2. Overview health disparities definition and Latino health disparities**
 - a. Diabetes
 - b. Cardiovascular diseases, particularly high blood pressure
 - c. Tobacco-related health disparities
 - d. Obesity
 - e. Lack of medical insurance
 - f. Asthma among children
 - g. Mental health
 - h. Cervical cancer

Additional event ideas:

Include oral health, limited English proficiency (LEP), Nutrition, Cancer overall, Pre-natal care, substance abuse, domestic violence, injuries/accidents, and HIV/STDs, and language access.

Most likely, there are not funds available for interpreters. However, being bilingual and offering translation is critical if it is to be called a plática. Members discussed availability of technology and translators from various organizations at no charge as part of their service to Latino community. It can and must be included Jamie Torres from the Denver Coalition for Integration may have resources to accommodate LEP participants. Corrina will follow up with her.

- 3. Identify available resources to address health disparities**
- 4. Focus on learning by conversation, sharing of ideas, mutual discovery. Include stories, also.**
- 5. Discuss causes and effects of health disparities**
- 6. Discuss approaches to promote and recruit Latinos to pursue careers that address health disparities (too much?).**

Planning committee decided to remove item 6 from the August 19th event. Since there are other groups working on this already, work in this area is redundant.

Next steps:

Refine agenda (aims, activities, etc.)

Further develop communication to promote event

Main pieces:

- Overview of health disparities;
- Work on how to facilitate interactive process and networking*
- Small group interactions, round robin format, report-back
- Documenting resources (resource guide?) that are available;
- Identify gaps;
- Define strategies to promote health and address disparities
- Add cultural (blessing, music, storytelling) & physical elements (zumba)

One possible way of facilitating an interactive discussion on different areas of Latino health and disparities is to have a table of 8-10 people to discuss specific disparities, e.g., diabetes, cardiovascular disease, mental health.

Each table would consist of people from different backgrounds working to promote health and address health disparities in Latino communities, such as community-based organizations, university personnel, providers, non-profit organizations, churches and other people from other groups or initiatives.

After discussing needs, resources, gaps, strategies for approximately 30 minutes, people could then move to another table or two to discuss a different area of Latino health and disparity.

After visiting two or three tables (based on planning group input), there will be a general discussion of all participants of the items identified by the smaller groups.

Plática/Conversation to Promote Latino Health
Planning Committee Meeting #2
Friday August 8, 2008
1:30 to 3:00 PM
CDPHE
Building C, Room C1A
4300 Cherry Creek South Drive
Denver, CO 80246
Meeting Agenda

A. Introductions

B. Review developments to date

1. *Minutes from last meeting*

2. *Updates*

- ~ Flyer
- ~ Lots of great feedback by planning committee incorporated into flyer.
- ~ Request made to planning committee to send flyer out to different lists.
- ~ Travel
- ~ Corrina is working on travel reimbursement arrangements.
- ~ Interpretation
- ~ Corrina brought up that we needed to have some interpretation.
- ~ Recommendation was made to have two per session.
- ~ Also, we need to make sure to use same equipment for everyone.
- ~ Recommendation made to check with Spectrum and a translation service.
- ~ Speakers
- ~ Discussed speakers, blessing and entertainment.
- ~ Dr. Angela Sauaia will be keynote speaker.
- ~ Sisters of Color will do blessing and short intro.
- ~ Su Teatro will do a short skit and discussion.
- ~ Musical group remains to be identified.

C. Committee discussion and development of meeting format and agenda, ideas and recommendations

Tentative Agenda for Plática Conversation to Promote Latino Health August 19, 2008

10:00 - 10:15 Opening (blessing) Belinda Garcia 10:00 to 10:10
Mauricio Palacio, OHD Welcome 10:00 to 10:16

10:15 - 11:45 Organizational Information and Networking Session

- ~ Have a list of agencies and have them report for two minutes
- ~ Provide reporting format to organizations
- ~ Summary sheet of services
- ~ Organizational name, service(s), eligibility requirements
- ~ Leave for time to wander
- ~ Recommendation made to have chairs around tables.
- ~ People could then sit at table for short period of answer and questions (five minutes)
- ~ If someone had more questions, they could sit for next round of question and answers

[Post meeting note: More time for presentation and Q & A might be available.
This depends on number of organizations presenting/tabling.]

12:00 – 1:15 Lunch

12:00 – 12:30 Entertainment (Music)
Music will be provided by Tony Silva and Trio Xotchil

12:30 - 1:00 Su Teatro performance and presentation

Su Teatro will present from play addressing health issues or cultural approaches. Also, ask Su Teatro to present on cultural strengths, traditions, practices.

1:00 to 1:30 Dr. Angela Sauaia

- a. *Topics (definition, types, causes, effects, stories . . .)*
- b. *Approaches*
- c. *Any other ideas recommendations*

Recommendations made by planning committee

- ~ Show us from research what are programs that have worked and why
- ~ Emphasize strengths in our community to address health
- ~ Include story about cultural practices
- ~ Using comadres and cultural approaches to promote health

- ~ Discuss myths
- ~ Discuss cultural strengths, not from a deficit model
- ~ Include discussion of determinants of health
- ~ Address political level in relation to Latino health. *Latina Initiative* was recommended for this portion.

1:00 to 1:40 Latina Initiative

- ~ Make sure to not advocate for any position, only inform

1:45 to 5:00 Small group discussions and Large Group Report Backs

Small group discussions

a. *Aims*

- ~ Maximize community group participation.
- ~ Cover 4 areas: needs, resources, gaps, next steps (strategies)
- ~ Have respectful and productive conversations.

b. *Format*

- ~ Robert presented facilitation guide (see below).
- ~ Robert presented possible questions as a conversation starter.
- ~ Planning Committee member, Pam Womack, developed questions based on first meeting discussion. Robert made some additions, revisions.
- ~ Questions (see below)
- ~ Recommendation made to ask about quality of services, how to improve.
- ~ Observation also made that questions don't get at context of health needs, resources. For example, is it at doctor's office, local organization, or agency?
- ~ Also, make sure questions get at available or needed community resources.
- ~ Gyms, supermarkets, healthy foods sold in neighborhood.
- ~ Planning committee member(s) will send other questions to help word questions to capture recommendations.

c. *Other ideas and recommendations (see notes, "b. Format")*

- ~ We also discussed areas we still needed facilitators for.
- ~ Question: Can people facilitate during first discussion and participate in second?
Or, do facilitators have to facilitate twice?
- ~ Suggestion made to set up facilitation by topic and by time period (1st & 2nd round)
- ~ Suggestion made to go through topics and see which we actually do.
- ~ Criteria suggested for choosing: Either group doing work in that areas. Or, area someone is willing to champion.

~ Based on these criteria, we are having discussion on following areas:

1. Diabetes
2. Cardiovascular disease
3. Tobacco Related Health Disparities
4. Obesity and Physical Activity
5. Asthma among children
6. Mental health
7. Cancer
8. Oral health
9. Substance Abuse
10. Domestic Violence
11. Injuries/Accidents
12. HIV/STDs
13. Teen Pregnancy

Three areas previously identified as areas we're defined as issues affecting several areas. These areas include nutrition, lack of quality health insurance, and language access. These areas should be included where relevant in 13 areas to be discussed.

General Session or Larger Group Discussion Report Back

a. *Aims*

b. *Format*

c. *Other ideas and recommendations*

- ~ Robert presented questions (see below) as a starting point of discussion.
- ~ Planning committee liked the questions.
- ~ Recommendation to have report backs by each area of disparity.

1:45 to 2:25 First small group discussion

2:30 to 3:25 General Session Report Back

3:30 to 4:00 Second small group discussion (other resources, needs, gaps, and steps (strategies))

4:05 to 4:45 Report back

4:45 to 5:00 Evaluation

D. Additional agenda items suggested by planning committee

There wasn't an additional item suggested. A recommendation was made to set up meaning and efficient meeting for participants.

Other notes

Planning committee gave Robert and OHD go ahead to finalize agenda with a chance for Planning committee to review it for suggestions.

Materials presented for Review:

Small Group Process

Today we want to discuss the state or condition of services related to _____ (area of disparity).

1. Resources: What resources ARE available in the community to address _____ (area of disparity)?

Discuss what's being done, or what has been done, that works?

Discuss organized and traditional resources. Organized resources, include community-based, institutional and agency services. Discuss traditional resources (community strengths, community leaders and advocacy groups).

2. Needs: What needs are there in the community related to _____ (area of disparity)?

Discuss who is most affected and how people are not being served.

3. Gaps: What services NEED TO be provided?

Discuss what's missing or what's not working.

4. Strategies: What are suggestions for NEXT STEPS to address this health disparity?

Possible discussion points:

Opportunities for collaboration

Available funding sources

Large Group Discussion

Start session with a gallery walk. Ask people to observe at least one and up to four things from their conversations and/or notes on the flip pads.

1. What is a common theme -- in the conversations concerning needs, gaps, resources OR next steps -- that you think helps promote Latino health or address health disparities?
 2. What was different perspective or idea -- in the conversations concerning needs, gaps, resources OR next steps -- that you think helps promote Latino health or address health disparities?
 3. In what ways and on what levels can we collaborate or work together to promote health and/or address health disparities?
 4. Given everything we discussed, what can we do on a personal level to promote Latino health or address health disparities?
 5. Are there any resources, gaps, needs or steps that are not noted anywhere?
- People's responses may not fit as answers to these questions. Those responses can be captured as concerns or statements of the problem.

Facilitation Guidelines

At the start of each small group discussion, ask for two volunteers, one to keep track of time and another to observe the group dynamic to make sure there is productive, inclusive and respectful conversation. The timekeeper can simply state it's been so many minutes rather than enforcing time strictly. Facilitators should take notes on flip charts to capture what participants are saying.

Try to state things as people say them. If you're not clear, try some of the questions below for clarification. If someone states something as need, put it down as a need, rather than deciding yourself that it would fit better in another category.

Resist the urge to comment on what people are saying. If you respond to some and not others, they may take it as you liking what some people have to say more than others.

Also, it can have the impact of affecting what and how people share. You should try to stay out of the way as much as possible other than to facilitate. You will have a chance to share in the large group process.

Okay, here's some great info on facilitating:

Rules of Engagement or things to share with participants about how we want to approach conversation:

- Be Authentic... There are no roles or hidden agendas
- Be Open-minded ... People are interested in new and different ideas.
- Be Open-hearted ... Listen deeply to feelings and perspectives of each person
- Be About learning ... Seek out new understandings.
- Be engaged ... Everyone is involved, wants to participate and offers their talents.
- Respectful ... Each person's ideas and uniquenesses are appreciated.³

Good facilitators should:

- Introduce the topic and provide the timeframe for discussion.
- Remain neutral.
- Maintain order—allow only one person to speak at a time.

³ "<http://www.ToBe.net/papers/beyond.html>" <http://www.ToBe.net/papers/beyond.html>

- Keep the conversation relevant to the topic. If the discussion is getting off-track, no matter how interesting the new conversation is, the facilitator should bring the conversation back to the intended topic.
- Remember group/audience is not there to hear the facilitator speak!
- Avoid answering questions — direct the questions back to the group.
- Summarize points that are made for clarification and understanding.
- Ask questions to stimulate discussion, if necessary.
- Encourage participation from all attendees or several depending on group size.
- Frame questions and comments to focus on understanding a viewpoint and not judging it.
- Encourage different viewpoints.
- Recognize that every opinion is important—none are right or wrong.
- Thank participants for offering their opinions.
- Listen without interrupting.
- Bring in humor to lighten up a tense situation.
- Observe non-verbal messages and the impact they have on the discussion.
- Have a proactive timekeeper. Keep the discussion moving and within the allotted time.
- In a sentence, a facilitator should be flexible, adaptive, proactive, responsible, and resilient! ⁴

Friendliness, openness and good communication skills are by far the most essential attributes. Facilitators need to be sensitive to the input and reactions of each participant while keeping an eye on the bigger picture, namely the group dynamic and the overall direction of each group.

The qualities of an ideal facilitator include:

- Honest, organized and unbiased
- Gentle, direct, precise and a good communicator
- Encourages participants to open up and share their experiences and wisdom
- Helps participants to come to their own conclusions without interference or manipulation
- Knows how to get out of the way of the creative process
- Moves the group along toward an agreed upon goal (agenda), keeping both the conversation and overall process on track
- Facilitates with a light touch, with humor and warmth (does not take the job so seriously that she/he becomes a "bottleneck")

⁴ " http://www.industry.iastate.edu/tipsheet/pdfs/vol4_issue5.pdf

- Facilitators generate thoughtful reflections and significant information about new learning or experiences.⁵

Facilitation questions to promote this outcome:

What else did you observe/experience?

Can provide any more specifics?

Can you say that in another way?

Can you provide some more details about _____?

⁵ <http://www.shambhala.org/lodge/collaboration/facilitation-guidelines.htm>

Appendix 2

Following is a prayer that captures important elements and meaning of the blessing of the four directions⁶:

FATHER SKY

Keeper of Air, the four directions of the wind, the season of sowing new beginnings, ideas and change.

Teach us the art of perception with awareness and clarity of the mind that we may speak with integrity, avoid using the word against others or ourselves so the power of our voice is a gift in the direction of truth.

GRAND FATHER SUN

Keeper of Fire, the four seasons of Gaia, the season of blossoming, energy and action.

Teach us the art of cleansing with growth and humility of the soul that we learn not to make assumptions: finding the courage to question and express what we want so we may honor our spirit in the direction of passion.

GRAND MOTHER MOON

Keeper of Water, the Four Phases of the lunar cycle, the season of harvest, transition and reflection.

Teach us the art of openness with healing and compassion of the heart that we learn not to take anything personally refusing to live in suffering and drama so the intention of our emotions is in the direction of harmony

MOTHER EARTH

Keeper of Earth , the creatures that walk, crawl, swim & fly upon your soil, soul season of compost, rest and rebirth

Teach us the art of nourishment with wisdom and interdependence of the body that we always do our personal best regardless of : freeing us of self-judgment, abuse and regret so the strength of our being is supported in the direction of love.

⁶ <http://www.lighterliving.com/life-lessons/spirit-article.asp?id=85>

Appendix 3

Plática/Conversation to Promote Latino Health

Small Group Discussion on _____:

Learning Objective: Identify resources, needs, gaps and strategies related to disparity area.

Needed Materials and Supplies

1. Flip charts
2. Marker
3. Note sheets

Discussion Steps for Facilitator

1. Ask everyone to introduce themselves by name.
2. Review learning objectives and guidelines on other side of this page (first session only).
3. Ask for a time keeper.
4. Ask for someone to report back to larger group (have them write flip chart notes on note sheets).
5. In 1st session (1:45 to 2:25 PM), spend 10 minutes discussing answers for each question.
In 2nd session (3:30 to 4:00), spend 7 minutes discussing answers for each question.
6. Write participant comments on flip charts.

In answering questions below, think of different levels of services and resources affecting health:

- Doctor's offices, clinic of hospitals
- Community resources, such as organizations, leaders, food stores, places to exercise, etc.
- Schools, Colleges, Universities
- Agencies and Institutions (city, state and federal)
- Individual-level resources, behaviors and needs
- Financial resources
- Policy, political and legislative level
- Others?

You don't have to discuss all of them, only areas important to you based on your experiences and insights.

Participant Discussion of Questions and Answers

1. Resources: What resources are available for _____?

Discuss what's being done, or what has been done, that works for Latinos.
Discuss current programs that provide good services or resources in this area for Latinos.

2. Needs: What needs are there in the community related to _____?

Identify Latino needs that are not being served by existing programs.
Discuss what is needed to improve quality of programs for Latinos.

3. Gaps: What services and resources are missing related to _____?

Discuss what can be added to improve quality of programs and meet needs in this area.

4. Strategies: What are steps we can take to maintain and improve our health in this area of disparity?

Discuss the most important action steps needed to improve health in this area. Think of opportunities for collaboration in different levels of services and resources affecting Latino health. Think of actions, programs and initiatives. If possible, identify funding sources or resources for each of these.

Guidelines for Participants⁷

- o Authentic ... Be honest and compassionate.
- o Open-minded ... Be open and interested about new and different ideas.
- o Open-hearted ... Listen to each person's feelings and perspectives.
- o Learn ... Seek out new understandings.
- o Engaging ... Everyone is involved, wants to participate and offers their talents.
- o Respectful ... Each person's ideas and uniqueness are appreciated.

⁷ <http://www.ToBe.net/papers/beyond.html>

*Guidelines for Facilitators*⁸

- o Introduce topic and provide timeframe.
- o Allow one person to speak at a time.
- o Keep conversation on topic.
- o Encourage participation from everyone.
- o Avoid answering questions -- direct questions back to the group.
- o Guide discussion to understand and not judge different viewpoints.
- o Recognize every opinion is important—none are right or wrong.
- o Listen, listen, listen.

⁸ <http://www.ToBe.net/papers/beyond.html>

Evaluation⁹

After the meeting, an evaluation consisting of ten questions was sent to the participants. Below are the results of the evaluations, including more extensive feedback on what participants liked about the *Plática/Conversation to Promote Latino Health*, and suggestions for improving the event:

| 1. Organizational Information and Networking Session (Organizations' Presentations on Available Services) | | | | | | | |
|--|----------------------------|-----------------------|---------------------------|------------------------------|--------------------------|-------------------------------|-----------------------|
| | Extremely satisfied | Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied | Extremely dissatisfied | Response Count |
| Information Provided | 15.1% (8) | 56.6% (30) | 28.3% (15) | 0.0% (0) | 0.0% (0) | 0.0% (0) | 53 |
| Usefulness | 21.3% (10) | 51.1% (24) | 23.4% (11) | 4.3% (2) | 0.0% (0) | 0.0% (0) | 47 |

Comments

1. Provide information in writing as was done with several of the organizations; presentations then can be shorter. It helps to have panel and handouts.
2. It would have been nice if everybody present had been able to share either verbally or in written form about

⁹ Other than formatting changes or fixing spelling errors, comments are presented as written by respondents

the services provided. Perhaps people could have been grouped by type of agency/organization and the group could have given a summary of services.

3. Helpful, but it took a long time to do individual presentations. I think it would be more useful to divide service providers into categories, introduce the categories and then allow people to mingle.
4. Information was excellent. Format of delivery could have been better given the great number of attendees. Suggest panel discussions or groupings for next time.
5. It was great that we were giving to time to talk and get to know each other at the meeting.
6. It would have been helpful to have a hard or e-copy of all participants' organizations and brief outline of services offered.
7. This was my first meeting and was very impressed with the networking capabilities.
8. It's wonderful to have such viable resources and partnerships within the state.
9. Very Good.
10. I liked the presentations a lot; I only wish there had been more of them.
11. Just wanted to let you know I found this extremely educating and I feel that many people there felt the same way. I have a passion for health and people I hope that I will be able to attend more conservations in the near future. Also it was pleasure meeting you and your colleagues.
12. I was able to make some connections to organizations that I was trying to reach.

| 2. Tony Silva y Trio Xotchil | | | | | | | |
|------------------------------|---------------------|----------------|--------------------|-----------------------|-------------------|------------------------|----------------|
| | Extremely satisfied | Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied | Extremely dissatisfied | Response Count |
| Enjoyment of Music | 45.3% (24) | 39.6% (21) | 15.1% (8) | 0.0% (0) | 0.0% (0) | 0.0% (0) | 53 |

Comments

1. It was as said, a nice change from Mariachi music. Nice to hear a variety.
2. Great!
3. Excellent but I question its practicality in this session given that it was only a one day session.
4. Music is a universal way to speak to each other. More of this can only enhance the work at hand.
5. Great touch!
6. What a talented group!
7. La musica fue excelente.
8. I really enjoy the music.
9. It was as said, a nice change from Mariachi music. Nice to hear a variety.

| 3. Su Teatro: The Fat-Free Chicana and the SnoCap Queen (Play) | | | | | | | |
|--|---------------------|----------------|--------------------|-----------------------|-------------------|------------------------|----------------|
| | Extremely satisfied | Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied | Extremely dissatisfied | Response Count |
| Enjoyment of Performance | 42.6% (23) | 38.9% (21) | 16.7% (9) | 1.9% (1) | 0.0% (0) | 0.0% (0) | 54 |
| Relevance of the Play to Latino Health | 34.8% (16) | 50.0% (23) | 10.9% (5) | 4.3% (2) | 0.0% (0) | 0.0% (0) | 46 |

Comments

1. Enjoyed information via play. Great way to provide health promotion information to youth.
2. Loved it—we should have more performances.
3. Entertaining.
4. Excellent. I very much like everything they do. The problem however is that in one-day sessions such as this was, extraneous events like this one almost take away. You are trying to accomplish too much given the time frame.
5. Only needed EITHER music or theatre - not both.

6. I would like to know where I can find tickets to see their complete presentation?
7. It was hard to follow and the performance was not as professional as expected. Took too much time.
8. Very good use of culture.
9. The way in which we teach each other how to allocate more desirable ways to eat and live advances our health care systems. Hoorah, for all who participated.
10. Lot of fun. Thanks for having them!
11. Always enjoyable when given to an audience with humor. As a writer and poet. It was great.
12. Not necessary
13. The Latino diet is not unhealthy.
14. I will like to see the play with less literature and more interaction. I was too long.
15. Enjoyed information via play. Great way to provide health promotion information to youth.

| 4. Defining and Working Together to Address Health Disparities by Dr. Robert Muñoz, Jr. | | | | | | | |
|---|---------------------|-------------------|--------------------|-----------------------|-------------------|------------------------|----------------|
| | Extremely satisfied | Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied | Extremely dissatisfied | Response Count |
| Information Provided | 26.4% (14) | 47.2% (25) | 22.6% (12) | 1.9% (1) | 0.0% (0) | 1.9% (1) | 53 |
| Usefulness | 25.5% (13) | 45.1% (23) | 27.5% (14) | 0.0% (0) | 0.0% (0) | 2.0% (1) | 51 |
| Speaker Effectiveness | 38.0% (19) | 42.0% (21) | 16.0% (8) | 2.0% (1) | 0.0% (0) | 2.0% (1) | 50 |

Comments

1. Good information and speaker shared personal stories
2. I feel that many of us have a basic understanding of health disparities and I, unfortunately, am very familiar with the topic. From the outset, I think OHD underestimated the audience's knowledge about health disparities, but Dr. Munoz gave a good presentation. It would have been nice to have more time to work on a call to action component.
3. Great delivery and sincerity--brought a lot to the presentation.

4. Suggest panel discussion given complexity and nature of disparities. Hispanics living in Colorado have their own unique needs that are too profound to be defined by one person or in one speech.
5. Speaker's voice was low and difficult to hear.
6. I learned so much and I look forward to more input from Dr. Munoz addressing similar needs in the rural areas of Colorado.
7. I appreciated Robert's personal family story and his passion.
8. Very clear and presented well.
9. I think Dr. Robert Munoz, Jr. waste too much translating in the first hour.

| 5. Health Disparities: Social Determinants & Community-Based Approaches (Navigators/Promotoras) by Dr. Angela Sauaia | | | | | | | |
|---|----------------------------|-----------------------|---------------------------|------------------------------|--------------------------|-------------------------------|-----------------------|
| | Extremely satisfied | Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied | Extremely dissatisfied | Response Count |
| Information Provided | 28.8% (15) | 36.5% (19) | 32.7% (17) | 0.0% (0) | 1.9% (1) | 0.0% (0) | 52 |
| Usefulness | 23.5% (12) | 37.3% (19) | 37.3% (19) | 2.0% (1) | 0.0% (0) | 0.0% (0) | 51 |
| Speaker Effectiveness | 36.5% (19) | 36.5% (19) | 23.1% (12) | 3.8% (2) | 0.0% (0) | 0.0% (0) | 52 |

Notes: There were no comments submitted by participants on this question.

| 6. Small Group Discussion on Specific Areas of Disparities | | | | | | | |
|--|---------------------|-------------------|--------------------|-----------------------|-------------------|------------------------|----------------|
| | Extremely satisfied | Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied | Extremely dissatisfied | Response Count |
| Information Provided | 24.5% (12) | 40.8% (20) | 28.6% (14) | 4.1% (2) | 2.0% (1) | 0.0% (0) | 49 |
| Usefulness | 20.0% (9) | 46.7% (21) | 28.9% (13) | 2.2% (1) | 2.2% (1) | 0.0% (0) | 45 |

Comments

1. More time for the small group interaction. Would have gotten different perspectives if participants could attend more than one.
2. There was little emphasis on the root causes of health disparities, poverty, stress, tobacco, and other substances, education, prenatal care, nutrition. Focusing on individual diseases is not as beneficial since many have the same root causes. It would have been better to have small groups addressing those issues, how they affect health and measures that we as Latino's can make the case for addressing those issues as they relate to health.
3. There was too small of a group to really organize or discuss the information.
4. Learned about diabetes resources.
5. We need to get beyond our anecdotal understanding of what we believe is needed. There is a real need to be coordinated in working on empirically based disparities affecting Latinos in Colorado.

6. Not enough time!
7. Depending on how this information is used to move forward- it's difficult to say how useful it is/was.
8. I was in the small (very small) group that covered domestic violence. Being the only one that came from a small community in the group was very insightful. The other members heard what a difference it makes, as to what services are available to (or not available to) victims in a rural area. Very disturbing that in any situation, a victim should have access to resources and should not depend on a person's geographical location.
9. It would have been nice to have more time for the small group discussions early on in the day, providing follow up to the whole group in the afternoon.
10. Very informative.
11. Too bad they left this to the end. My co-workers and I felt burn out. There where no breaks.
12. We needed to do this earlier in the day, so we would have more time. This was the meat of the conference in my opinion.

| 7. Large Group Discussion (Report back on different areas of disparities) | | | | | | | |
|---|---------------------|-------------------|--------------------|-----------------------|-------------------|------------------------|----------------|
| | Extremely satisfied | Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied | Extremely dissatisfied | Response Count |
| Information Provided | 17.4% (8) | 45.7% (21) | 28.3% (13) | 6.5% (3) | 0.0% (0) | 2.2% (1) | 46 |
| Usefulness | 18.6% (8) | 39.5% (17) | 30.2% (13) | 9.3% (4) | 0.0% (0) | 2.3% (1) | 43 |

Comments

1. The report back was rushed no time for input from the larger group
2. There was little emphasis on the root causes of health disparities, poverty, stress, tobacco, and other substances, education, prenatal care, nutrition. Focusing on individual diseases is not as beneficial since many have the same root causes. It would have been better to have small groups discuss how these overarching factors affect health and measures that we as Latino's can make the case for addressing those issues as they relate to health. It was wonderful to hear some of the ideas promoted however.
3. This took too long... sorry!
4. I thought this portion wasn't really necessary. It took too long to accommodate the 2nd session.
5. Too long. Too many groups to absorb or continue to benefit from sharing information. People presenting in the future could be more concise and present only the most important thing they learned or the most important GAP to coverage (or have fewer groups).

6. The rating above is conditioned on the fact that an expectation level is being set. Depending on what the outcomes are that come from this discussion, these ratings could be revised upward or downward.
7. Same as above (Depending on how this information is used to move forward- it's difficult to say how useful it is/was.).
8. Good use of information sharing in people's specialty areas.
9. Any time that the group is involved in the discussion it is time well spent. Again, more time together. Perhaps looking at the "plática" over a two-day period for full benefits.
10. We needed to do this earlier in the day, so we would have more time. This was the meat of the conference in my opinion.
11. Great idea! However, it was a bit long, perhaps if the reporting would have been more structured.

| 8. Overall Effectiveness of the Plática/Conversation to Promote Latino Health | | | | | | | |
|---|---------------------|-------------------|--------------------|-----------------------|-------------------|------------------------|----------------|
| | Extremely satisfied | Very satisfied | Somewhat satisfied | Somewhat dissatisfied | Very dissatisfied | Extremely dissatisfied | Response Count |
| Information Provided | 23.1% (12) | 53.8% (28) | 23.1% (12) | 0.0% (0) | 0.0% (0) | 0.0% (0) | 52 |
| Usefulness | 22.0% (11) | 54.0% (27) | 22.0% (11) | 2.0% (1) | 0.0% (0) | 0.0% (0) | 50 |
| Relevance to Latino Health | 32.7% (17) | 51.9% (27) | 15.4% (8) | 0.0% (0) | 0.0% (0) | 0.0% (0) | 52 |

Comments

1. This plática was worth my while. Thanks for the hard work you did!!
2. Great networking opportunity
3. I think this was a wonderful start....we need to get the resource guide going as a web site that we can all update or have someone dedicated to updating it monthly in a similar manner to how LiveWell Colorado does their website.

4. Please see comments below. Overall, while good and helpful, this conference still holds to a mid-60s mentality that Latinos need to do all this themselves. Latinos make up 18 % of population and we still are acting like we are by ourselves. We need to exercise our clout and engage everyone in Latino health disparity issues. Other groups are doing this very well but we are not. Perhaps this effort can not be done from within the Health Department given the nature of state government in Colorado. This Plática was too much about social services and not enough about pro-active programs that look to the future - there was very little "promotion" and too much "maintenance." Please continue these pláticas. Part of what is necessary is that we, at the table right now, need to change with the times and truly lead.
5. Not enough time.
6. I wish we could do it again sometime in the future.
7. Really good conference, Robert! Attendance was strong and you were very organized.
8. I would really like to be invited to further meetings.
9. I liked the idea of bringing so many different factions together to address the needs of Latino Health.
10. Great to see everyone come together. I would have liked to have networked a little more with those in my area.
11. Would love to see this happen once a year or more and grow larger in participation
12. It is always hard to attend these types of sessions and leave not knowing what is next. There wasn't a lot of time to network or discuss real plans for addressing issues related to Latino health.
13. This type of plática is not only effective but indispensable. All action begins with a plática, an idea, a plan.
14. To be better organized.

9. What did you like about Plática/Conversation to Promote Latino Health? What could we do to improve Plática/Conversation to Promote Latino Health?

I really liked . . .

1. Determinants of health connected to HD
2. Health insurance public and private access for Latino community;
3. Income and Poverty; Stress, Nutrition, STD/HIV, Immigration/Discrimination
4. End of life issues
5. None that I can think of at this time.
6. Elderly, Aging population
7. Certain disparities are greater in Latino community - cervical cancer, overweight, education
8. Birth outcomes, reproductive health
9. Kids with special needs and aging population needs to be included
10. Teen pregnancy and STD's
11. How many community agencies showed up.
12. Info about different program available in the community
13. There were a vast number of organizations present. Next time it, it would be helpful to have a list of all the organization along with the address and phone # attending the meeting.
14. The topics worked on.
15. The atmosphere! Everyone was excited to be there and I found agency representatives to be extremely helpful.
16. The opportunity to learn about other organizations and resources
17. I liked the music.
18. Networking opportunities
19. Meeting other people
20. Food
21. The networking

22. Meeting the various resources in the community and discovering the services they provide
23. The role of RM (Robert Muñoz)
24. Networking
25. Networking with others involved in promoting Latino Health
26. All the presentations
27. The bilingual presentation. My Spanish isn't yet back up to me being able to follow completely in Spanish.
28. Knowing about the different available resources in the community
29. Speaking to different people and learning about services
30. Certain issues that were touched on promotoras
31. How everything was presented.
32. Location and food and entertainment was great!
33. The venue
34. The opportunity to all come together to a place and under a common issue
35. I liked the theatre
36. Health Disparities affecting Latina/os
37. We covered a wide variety of health topics
38. The play
39. The entertainment
40. The fact that so many people are concerned with promoting Latino health
41. The way the format was changed at the end of the day
42. Seeing new faces with new services
43. The Su Teatro performance
44. The lunch, but too many carbohydrates (diabetes being a huge issue)
45. The organization and topics discussed.
46. The atmosphere in the group. I felt it was OUR group working for OUR needs. That was good!
47. The opportunity to learn about how the office of health disparities is addressing Latino/a Health
48. I liked the idea of having individuals present on so many different levels of life and work.
49. Diversity of the crowd

50. The Latino representation
51. The food
52. The food
53. The whole conference. I think it should be annual or bi-annual
54. The idea and concept of the plática
55. The integration of music and theater performance
56. The food was very good.
57. That so many people showed up
58. Networking
59. The forum format
60. Entertainment!
61. The small group discussions/sharing of resources & knowledge
62. Information and material: very strong presenters
63. There was a wide variety of representatives - even from government offices.
64. Different health agencies coming together and sharing ideas
65. The group coming together and meeting each other. We all have one goal service/Promote Latino Health
66. Like getting information of what is out there and that because we all deal with people coming and going in and out of our towns we can point there in the right directions in what ever their health needs are. We need to continue to come together. This is totally about health and in many cases saving peoples lives.
67. Networking with everyone
68. There was good information on elderly.
69. The small group information about HIV Prevention
70. The variety of organizations represented
71. That I was able to network
72. The opportunity to give VOICE to the community.
73. I liked the turn out of the event - the attendees and the various agencies they represented
74. The role of the OHD (Office of Health Disparities)
75. Hearing about services

76. Resource sharing
77. Hearing of other resources and programs.
78. That we were able to come together as a whole for the betterment of Latino Familias
79. The way the event was organized
80. Liked small group discussions
81. The introduction with the 4 directions
82. The idea of a health disparities pláticas focusing on Latinos and Latino issues
83. Be able to learn other services available
84. Meetings others in my community with similar interests and desire to help
85. That a lot of the people present spoke their minds
86. Obtaining information on healthy eating from Maya
87. The different topics and information in Latinos Health
88. Networking with attendees
89. I thought the PLATICA idea was great!
90. Meeting new contacts.
91. The music
92. Food was delicious
93. That the problem of health disparities is being addressed
94. The food
95. The potential present within the entire group
96. The play

Event can be improved by:

1. Time keep in place for each portion of the agenda
2. More emphasis on root causes of health disparity
3. To continue having them and adding more resources
4. A change in my schedule so I could have attended the whole event
5. Starting earlier like 8:30 or 9:00
6. Having more structured large group discussions
7. Not just relying on public health/social service agencies to do presentations
8. Instead of having the group sessions, have more people presenting their programs or projects
9. More time for group discussion and report back
10. Letting more community agencies know, so they can present and have more information for everyone
11. Including other categories to discuss like population with special needs, kids and seniors
12. Making better use of the time: prayer session was too long. There was no need to translate everything since everybody present was bilingual. That took too much time.
13. Maybe have workshops designated for people who service children, one for adults, one for seniors, and then one for people that service the whole family.
14. Managing time more efficiently
15. There was not enough time to network and meet new people
16. Knowing whether the results of the discussion will impact funding priorities
17. Find better way to have more organizations share their work
18. Please provide breaks!
19. Identifying all of the various disparities and then as a group prioritizing the which disparities to address
20. Ask folks to be respectful
21. More time for small group interaction
22. A clear call to action or decision to conduct an activity or design a plan
23. More community orgs. There were very few orgs represented.

24. To find providers that work with families
25. Having whole group discussions for shorter periods of time
26. Inviting more private contributors or entities to participate, e.g. pharmaceuticals or med equipment manufacturers.
27. More concrete or time-framed follow up
28. Start at 9 am so that the day can last.
29. Finding out if there is any of this kind of useful information for more rural areas. I come from Lamar, which is located in the southeastern part of Colorado.
30. Covering less areas at a time and doing it more in depth or adding more time (2day conference)
31. Small group discussions were not long enough; there must be time to go to more than one table.
32. Recruiting staff from the local foundations
33. Better organization of break out session
34. Asking for participating instead of letting folks go on
35. Location is excellent the chairs were uncomfortable; too long sitting in one area
36. Having more grass roots people talking to grass tops; even though it was nice that us grass middles did get to network
37. Providing tables for agency information. (we were under the impression this was to be part to the day)
38. More resources for undocumented familias
39. Trying to get speakers from the Rocky Mountain Region, not only Latinos or public health agencies
40. Kept thinking of others I wished had participated
41. More instructions ahead of time. I know it was a challenge to do it in such a short time.
42. Bringing more experts/speakers in different areas.
43. Perhaps a panel discussion in the afternoon to address the days round table discussions and to answer questions.
44. Adding private sector
45. Good to have regular community folks to give input to the service providers what are their health disparities
46. Being explicit with the purpose of the event and the expected outcomes.
47. Assuring that all of Colorado is represented, e.g., Pueblo, Grand Junction, San Luis Valley and not just

Denver

48. More but shorter presentations on resources
49. Having more publicity so more people could participate.
50. Making this a two-day event would be helpful.
51. Avoiding physicians speakers who always seem to tout their own horn and ego & not talk about promotoras
52. Having a shorter entertainment during the lunch hour. The play was a bit too long.
53. Having more time dedicated to the small group discussions and presentations to the larger group
54. Contacting people (organizations) with time
55. Giving more time after the large group discussion to ponder ways in which we can work together in generating and implementing solutions.
56. More clarification of how groups were to be organized - before breakout.
57. Shortening it a bit and giving short breaks in the a.m. and p.m.
58. By giving at least to breaks.
59. If you bring more HIV AND STD information.
60. A shorter day because I think more people would be able to attend.
61. Doing something that could make people feel "action" is taking place - Yet, it was a great start for action.
62. Providing everyone a chance to discuss their services in front of the larger group.
63. Planning with time, follow up from both sides.
64. Including home-based health services/needs/gaps

Areas not addressed (health disparity, resources, needs, gaps, strategies)

| | |
|--|---|
| Health Disparity | <i>Teen Pregnancy</i> <i>Combined disparities (Latino, Mental Health, GLBT, Substance Abuse, with Diabetes for instance)</i> <i>Available Resources in Southern Colorado</i> <i>Disabilities</i> <i>Available Resources - Rural Accessibility</i> <i>Health insurance public and private access for Latino community</i> <i>Kids with special needs and aging population needs to be included</i> <i>Children</i> <i>Elderly Population</i> <i>Home-based services</i> |
| Health Disparity Resources | <i>Reproductive Cancers</i> <i>http://www.nccc-online.org/</i> <i>http://www.thecommunityguide.org/cancer/screening/default.htm</i> |
| Health Disparity Resources Needs Strategies | <i>Teen pregnancy and STD's</i> <i>Planned Parenthood</i> <i>Teens engage on sexual activities with wrong pre-conceived ideas and lack of knowledge</i> <i>Sex education in the schools, social clubs and maybe even churches</i> |

| | |
|---------------------|---|
| Health Disparity | <i>Birth outcomes, reproductive health</i> |
| Available Resources | <i>State health department data, University of Colorado birth outcomes group, ACOG, CHCs</i> |
| Needs not met | <i>Latina are not aware of family planning resources, prenatal care access, appropriate weight gain, etc</i> |
| Strategies | <i>More access to health care, consumer education efforts, Univision, TV educational programs</i> |
| Health Disparity | <i>Certain disparities are greater in Latino community - cervical cancer, overweight, education</i> |
| Available Resources | <i>Colleges, universities, medical society, pharmaceuticals Professors at University of Arizona School of Public Health that are leading in research on Latino disparity issues Latino disparity issues go beyond Colorado. Disparities are a regional issue. Let's engage others regionally.</i> |
| Needs not met | <i>Substantive discussion on many topics like public health initiatives in Latino community Discussion on the role language plays in health service delivery Certain groups were conspicuous by their absence like Colorado Medical Society, CU School of Public Health, etc.</i> |
| Gaps | <i>Discussion on economic issues that affect health status - discussing health without the money is antiquated and a joke Foundations such Colorado Trust or others (Colorado has many that were not there). Discuss incredible gap and lack of Latino MDs. RNs, etc - need to hold colleges/universities accountable</i> |
| Strategies | <i>Creation of a "Latino health website" that lists all groups that serve Latinos in Colorado Invite other groups to participate - Feds, Medical Society, pharmaceuticals, etc to co-sponsor/ to participate Get all colleges, universities etc teaching health programs to participate</i> |

| | |
|-------------------------|---|
| Health Disparity | <i>Elderly, Aging population</i> |
| Resources | <i>In home care, nutrition courses, Medicare help</i> |
| Needs | <i>Fitness</i> |
| | <i>Support for in home caregivers/family</i> |
| Gaps | <i>Lack of Spanish fitness classes</i> |
| | <i>Lack of support services for caregivers</i> |
| Strategies | <i>Gather service providers to discuss gaps</i> |
| | <i>Design programs to fill in the gaps</i> |
| | |
| <i>Health Disparity</i> | <i>Income and Poverty; Stress, Nutrition, STD/HIV, Immigration/Discrimination</i> |
| <i>Needs</i> | <i>No call to action, no decisions on how to continue to best promote Latino Health</i> |
| <i>Gaps</i> | <i>\$\$, Latino health care staff capable of providing culturally competent care/ lack of coordinated care</i> |
| | <i>Lack of interest/awareness/knowledge that Latinos can be a resource for change</i> |
| <i>Strategies</i> | <i>Address the root causes and have the groups agree to do some kind of action...i.e., write a letter to an elected official on behalf of the group (not OHD or any particular agency), develop a service, etc.</i> |
| | |
| Health Disparity | <i>Determinants of health connected to health disparities</i> |
| Resources | <i>Several trainings through out</i> |
| Needs | <i>Not yet</i> |
| Gaps | <i>Not enough partnerships in place</i> |
| Strategies | <i>When folks talking about health disparities, include some time to have this conversation</i> |
| | |
| Needs not met | <i>How do we get patients to show up for appointments?</i> |

| | |
|---|--|
| Health Disparity Needs Strategies | <i>Teen pregnancy Awareness on this topic, conversation, discussion We need to inform people about teen pregnancy so they can have more information for making choices/decisions</i> |
| Strategies | <i>I didn't feel like I walked away with anything solid as far as Strategies or next steps.</i> |
| Strategies | <i>We know that there are resources in the Latino Community, so the next plan of action should be how to let the community know about them</i> |