The Columbus Office of Minority Health conducted the second community Local Conversations meeting on January 12, 2010. The meeting was conducted at the Work Force Development Center (1111 Broad Street) in Columbus, Ohio.

There were a total of 52 people in attendance comprised of residents from racial/ethnic populations, service providers, state and local representatives, and participants who were involved in the first Local Conversations session held on October 24, 2008.

Each participant was assigned to a workgroup (Resources, Services, Capacity Building or Infrastructure) as they came to the session. They were also given copies of the Local Conversations report from the October 24, 2008 session and were asked to prioritize issues from the report.

An overview of the purpose and intended use of the gathered information from this meeting was stated. Participants were asked to consider in their discussions:

- What do we know, how we know it, and how can we use what we know to eliminate health disparities among racial/ethnic population in Columbus, Ohio?

- What do we know about what works, for what purpose, and at what cost as we determine how to utilize resources.

- In what way does the proposed action step move us closer to our goal?

- In what way does the goal and action step(s) impact the remaining priorities?

Each workgroup was provided with an Action Plan Development sheet to create the agreed upon action plan. All four workgroups reported to the group as a whole their first priority and recommended Plan-of-Action.
A summary of the identified needs from the Local Conversations Phase I conducted on October 24, 2008

1. Resources

Health communication campaigns using multi-media and offered in multiple venues and targeting young audiences and high risk groups

Identifying and developing programs to address needs of emerging populations (Latino, Somali, Asian)

Centralized interpreter services

Creation of a community toolbox
  - Best practices database
  - Prevention case-building research

Advocacy for additional funding for health programs and services

2. Services

Greater general emphasis on prevention

More health education and health promotion initiatives in schools

Holistic health care

Unmet mental health needs

HIV education for youth

More services addressing addictions, including substance abuse and less widely addressed addictions such as gambling

Improved services for children with MR/DD in public schools

More outreach for underutilized service

3. Capacity Building

Increased collaboration and community partnerships
  - Schools and universities
  - Police and justice systems for neighborhood safety
  - Emerging populations
  - Groups that have not been traditionally involved in health
Training for youth on how to use the health system

Assistance with grant seeking for community organizations

Mandated cultural competency training for practicing health professionals

4. Infrastructure

Lack of available health services in certain high needs areas

Access barriers related to transportation and lack of health insurance or inadequate health insurance

Greater attention to the social and economic determinants of health

Greater attention to health in government policy decisions

Outreach to attract and support minority groups in health professions training

Finalized recommendations/strategies from the Local Conversations Phase II conducted on January 12, 2010
**Action Plan Development-Services**

**Section A – Describe your goal and identify which need(s) it addresses.**

<table>
<thead>
<tr>
<th>Goal</th>
<th>To increase greater general emphasis on prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which need(s) does this Goal address?</td>
<td>To identify and address the unmet health care needs of minority population</td>
</tr>
<tr>
<td>How is this Goal linked to the process of eliminating Health Disparities?</td>
<td>To reduce the future decline and deterioration of the quality of life for residences in Columbus.</td>
</tr>
</tbody>
</table>

**ACTION STEPS**

**IMPLEMENTATION PLAN**

Section B – Descriptively list the action needed to ensure the ability to progress toward the goal. Action steps are strategies and interventions which should be scientifically based where possible and include professional development, technology, communication and community involvement initiatives within the action steps of each goal.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Timeline</th>
<th>Person(s) Responsible</th>
<th>Required Resources</th>
<th>Projected Cost(s) &amp; Funding Sources</th>
<th>Evaluation Strategy</th>
<th>Performance Results / Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach to minority community groups and private companies</td>
<td>3 years</td>
<td>Local public health</td>
<td>Private, City, State agencies</td>
<td>Testing control group and targeted group, compare their knowledge of issues and the quality of life.</td>
<td></td>
<td>Number of people reached, tools developed, improved learned resources</td>
</tr>
</tbody>
</table>

Action Step

Action Step

Action Step

Action Step
### Action Plan Development - Resources

#### Section A – Describe your goal and identify which need(s) it addresses.

<table>
<thead>
<tr>
<th>Goal</th>
<th>To identify and develop programs that address the needs of emerging populations (Latino, Somali and Asian)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Which need(s) does this Goal address?</th>
<th>To improve and link underserved populations to community resources needed in accessing health care and services</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How is this Goal linked to the process of Eliminating Health Disparities?</th>
<th>By identifying and enhancing these programs, collaborations and resources will be able to be shared and pooled that will in turn reduce health disparities, and increase access to care for emerging populations.</th>
</tr>
</thead>
</table>

#### ACTION STEPS

#### IMPLEMENTATION PLAN

<table>
<thead>
<tr>
<th>Section B – Descriptively list the action needed to ensure the ability to progress toward the goal. Action steps are strategies and interventions which should be scientifically based where possible and include professional development, technology, communication and community involvement initiatives within the action steps of each goal.</th>
<th>Section C – For each of the Action Steps you list, give timeline, person(s) responsible, projected cost(s)/required resources, funding sources, evaluation strategy and performance results/outcomes. (For Evaluation Strategy, define how you will evaluate the action step.)</th>
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</table>

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Identify and compile a database of local providers and programs as well as community leaders from each agency</th>
<th>2 months</th>
<th>Resource Group members, Columbus Public Health</th>
<th>Donated time of members</th>
<th>$0 cost; donations of members' organizations for salaried time</th>
<th>Completion of database and identification of community leaders</th>
<th>Identification of community leaders for each program and provider</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Form focus groups with community leaders that will identify specific unmet needs of emerging populations</th>
<th>6 months</th>
<th>Resource Group members, Columbus Public Health, Community Leaders Advisory Committee</th>
<th>Donated time of members</th>
<th>$0 cost; donations of members' organizations for salaried time</th>
<th>Demographic analyses and needs assessment surveys</th>
<th>Identification of greatest unmet needs</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Convene all focus groups to attend a series of trainings that will promote collaborations and devise implementation plans to increase shared resources for each need identified</th>
<th>2 months</th>
<th>Resource Group members, Columbus Public Health, Community Leaders Advisory Committee</th>
<th>Donated time of members; refreshments for workshops; donation of members' organizations</th>
<th>Refreshments for workshops; donation of members' organizations</th>
<th>Completion of a communications toolbox of best practices for health promotions and research on cost effectiveness of prevention programs</th>
<th>Identification of effective health communications campaigns and media strategies to increase resources and access to care for emerging populations</th>
</tr>
</thead>
</table>
### Action Plan Development-Infrastructure

#### Section A – Describe your goal and identify which need(s) it addresses.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Greater attention to social and economic determinants of health.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which need(s) does this Goal address?</td>
<td>Promoting equal access to healthcare services. Reducing inequalities in the areas of nutrition, housing, jobs, education, juvenile violence and provision of equitable services. Dispel myths about social norms.</td>
</tr>
<tr>
<td>How is this Goal linked to the process of Eliminating Health Disparities?</td>
<td>Reducing inequalities in the areas of nutrition, housing, jobs, education, juvenile violence and enhance the provision of equitable services. Enhance community education, collaborative partnerships, mentoring programs, and use of lay community as liaison between community and providers.</td>
</tr>
</tbody>
</table>

#### ACTION STEPS

#### IMPLEMENTATION PLAN

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<tr>
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<tbody>
<tr>
<td>Forge partnerships between existing service providers in an effort to determine existence of and enhance provision of services.</td>
<td>Began listing existing services by location</td>
<td>LOMH</td>
<td>Collaboration between key communicators of services providers.</td>
<td>Yet to be determined</td>
<td>Ongoing</td>
<td>Improved collaboration among local service providers.</td>
</tr>
<tr>
<td>Create a white paper (talking points) and distribute to businesses about health disparities and the social and economic determinants of health.</td>
<td>Within two years</td>
<td></td>
<td>Collaboration between key communicators of services providers.</td>
<td>Yet to be determined</td>
<td></td>
<td>Dissemination of white paper.</td>
</tr>
<tr>
<td>Keep health disparities in the forefront of discussions. Improve communication among providers and within organizations to facilitate awareness of the social and economic determinants of health.</td>
<td></td>
<td></td>
<td>Collaboration between key communicators of services providers.</td>
<td>Yet to be determined</td>
<td></td>
<td>Each service provider has established dialogue about health disparities and the social and economic determinants of health.</td>
</tr>
</tbody>
</table>
Action Plan Development-Capacity Building

**Section A – Describe your goal and identify which need(s) it addresses.**

**Goal**
Improve opportunities for individuals and organizations to collaborate by building capacity for all to work towards eliminating health disparities.

**Which need(s) does this Goal address?**
To develop and implement ways to increase collaboration and community partnerships among agencies and organizations, so that efforts are efficient and effective.

**How is this Goal linked to the process of Eliminating Health Disparities?**
To enhance community-based organizations’ (CBOs) ability to be effective partners in local efforts to eliminate health disparities.

Through organizational empowerment, the overall goal can help CBOs be equal and effective partners who can proactively engage other partners and help determine, implement, and monitor local efforts around prevention, education and/or research.

Also, to help guide students into health care careers/jobs; teach more languages in medical programs.

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**ACTION STEPS**

**IMPLEMENTATION PLAN**

Section B – Descriptively list the action needed to ensure the ability to progress toward the goal. Action steps are strategies and interventions which should be scientifically based where possible and include professional development, technology, communication and community involvement initiatives within the action steps of each goal.

Section C – For each of the Action Steps you list, give timeline, person(s) responsible, projected cost(s)/required resources, funding sources, evaluation strategy and performance results/outcomes. (For Evaluation Strategy, define how you will evaluate the action step.)

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</tr>
</thead>
<tbody>
<tr>
<td>1-2yrs</td>
<td>Schools, providers, govt; community agencies</td>
<td>Marketing of opportunities along with needs for more programs; current professionals, health care and community organizations</td>
<td></td>
<td>Agencies do self evaluation or a community board specific to the agency goal, etc</td>
<td>More persons of color entering the healthcare field; better communication between providers and patients/residents within community</td>
</tr>
</tbody>
</table>

**Action Step**
Select organizations/agencies that can address these steps
<table>
<thead>
<tr>
<th>Action Step</th>
<th>Create a knowledge base among those agencies of the need and impact of health disparities in the community</th>
<th>ongoing</th>
<th>Agencies and community groups that work within the populations that disparities effect the most</th>
<th>Additional funding from local government and/or state agencies</th>
<th>?</th>
<th>To be determined</th>
<th>Improved knowledge of issues of health disparities and actions taken.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Step</td>
<td>Communities and partners will be engaged in minority health activities and will participate to build community capacity.</td>
<td>ongoing</td>
<td>Selected agencies with the support of the Local Office of Minority Health</td>
<td>Additional funding from local government and/or state agencies</td>
<td>?</td>
<td>To be determined</td>
<td>An increase in the number of partnership between the Local Office of MH and agencies</td>
</tr>
<tr>
<td>Action Step</td>
<td>Create health impact/policies to address the full continuum of health professions and the encouraging to schools and universities to address the lack of minorities within the field(s)</td>
<td>1-5yrs</td>
<td>Workforce Development agencies, colleges, hospitals, universities, govt etc.</td>
<td>Additional funding from local government and/or state agencies</td>
<td>?</td>
<td>To be determined</td>
<td>New polices created and implemented that will have an immediate impact on specific disparities. (ex. Diabetes)</td>
</tr>
</tbody>
</table>
Original notes from the Local Conversations Phase II conducted on January 12, 2010.

1. **Capacity Building**

   ➢ Increased collaboration and community partnerships

   There needs to be tuition incentives to attract more people into schools for courses/degrees in health/health care professions

   Start early with youth in talking and exposing them to the many health careers other than just doctors and nurses

   Use mentors within the health field to be mentors/models to youth. They should look like the students they are modeling/mentoring

   Bring back the “executive on loan program through hospitals, universities and other health organizations to work with students and community programs

   Increase job shadowing in the schools for students to learn about health professions in their community

   Increase the number of translators within the health field

   We need to have more police and firemen of color in the community
   (Encourage young persons to go into the field of safety)

   ➢ Training for youth on how to use the health system

   Use the Consumer Empowerment model and gear it towards youth learning about the health care system and how to ask questions of their doctor or health care provider

   Create youth advocates for health in the communities
Make recreation centers more relevant to youth about health and healthy behaviors

➢ Assistance with grant seeking for community organizations

Develop an overall community health plan to seek more money for addressing health disparities.

Find ways to bring about “true collaboration” with agencies/organizations and pool resources

Work at reaching out to groups that normally are excluded in the process around health issues/changes/efforts, i.e., Native Americans

➢ Mandate cultural competency training for practicing professionals

Require more cultural competency in our degree programs especially for physicians, nurses and health care administrators

Look at creating legislation to require cultural competency training as a part of the curriculum for health care professionals.

Develop programs for more persons to become medical interpreters/ translators

➢ Priority reached by the group

#1. Increase collaboration and community partnerships

#2. Mandated cultural competency training for practicing health professionals
2. **Infrastructure**

Facilitator: Fred D. Johnson Jr.  
Spokes Person: Jenelle Walton  
Recorder: Ellen Rapkin

- Primary care is lacking in high need areas.
- Access barriers
  
  2 issues
  
  Why in one goal  
  Many parts to it  
    Transportation  
    Lack of insurance

- Dialysis Patients
  
  Transportation is a problem  
  Limited Medicare coverage  
  Families most often bring in the patients

- How do we define access barriers?

- Sometimes the patient just wants to find someone to talk to about services.  
  Asians don’t know many people to talk to about services.  
  It is like getting a car repaired  
  Asian American Community Services Health Care Literacy and Ask Me 3 Program
At Ohio Health translations are done but how do those who need them find them. Immigrants sometime feel intimidated

Greater attention needs to be given to the Social and Economic Determinates of Health including subjects like housing and jobs

Starting with a local focus, then move on to the state and the national
United Way in Columbus has been looking at the nutrition corner store idea
Groups are already looking at the social and health literacy effects on health

Key stake holders also looking while some community groups are looking – street by street in terms of health

There are already Federal Qualified Clinics in high risk areas

Health insurance questions
Grant Hospital and the example of their Mobile Unit

20% of their patients are uninsured and insurance can’t be accessed for them. They could purchase if they had the means, so policy needs to be expanded to include them

Health in government policy – what actions have office holders and the state done – nothing

Change needs to start at the local level and push up
Senior Options as an example – over 60 get services regardless of status
Could similar options be used?

Lea Blackburn gave an example of a possible opportunity –
As all hospitals must serve emergencies, they are all using the same guidelines for charity care

Disparities come in preventive care – i.e. – health screenings, & early care
There needs to be more proactive efforts like with hypertension

- There needs to be a program in each community to help manage chronic illness

  Access Health Columbus –and United Way are both looking at lack of available health care Examples of other stakeholders– taking on the issue
  There is a lack communication between groups on these subjects

- Vote by the Infrastructure group - Which needs does it address?
  #1 Greater attention to the social and economic determinants of health
  #2 Access to barriers health insurance and translation

- Ohio Department of Health Initiative – Crime and Juveniles, Unintentional Fatalities Task force which is looking at

  (1) Effect of violence on young black men
  (2) Misuse of prescription drugs and its impact on youth
  (3) Falls – The environment’s impact on walking

- It is important to find out who is already doing something – then partnerships should be formed

- Mental Health – Cultural issues when Asians deal with mental health problems, these can cause more problems for patients

- Equity needed around:
  Safe housing, violence, myths/social norms, insurance coverage, employment, education

- Equity is affected by:

  How assimilated patients are to the US
  Role of family system
Role of HIPAA appointed spokesperson for the family
Importance of employment
Need awareness and collaboration outside themselves
How is this linked to eliminating health disparities
Education and availability of information

➢ To have an impact this there needs to be stakeholder partnerships (like United Way – Columbus Neighborhood Health Centers) with other health systems.

➢ For safer neighborhoods Columbus Police Neighborhood Liaison officers need to become involved as do other City departments like Code Enforcement

➢ Action Steps:

  Partnerships among like minded groups and providers are needed
  Increase communication (Columbus Police Department community liaison)
  Involve school systems

➢ Process improvement, evaluate and adjust, find more money

  Example of the CDC grant that has been applied for – (2/26 notification)
  Many programs included in the application including Columbus Public Health, Recreation & Parks, United Way, Columbus Urban League, Columbus Public Schools

➢ There needs to be a reach out to businesses so they understand the economic determinants of health and its impact on schedules, benefits, etc.

  White paper needs to be developed to educate businesses on these topics

➢ Insuring health disparities is always treated as a major topic – it should be at the forefront of all discussion about health
- Many of these activities involve health care reform – spotlight health disparities
- When do we start – yesterday!
- Local Office of Minority Health is responsible – they will need our help
- Evaluations
- Partnerships – organizations need to communicate with one another rather than forming a new group – include our feedback in existing conversations
- The local Office of Minority Health will look to facilitate action.

3. Resources

Members Present:
- Karen Jiobu (Ohio Asian American Health Coalition), Facilitator
- J. Yasmine (Mel) Butler (OSU Physical Activity & Educational Services)
- Pyowook Han (Asian American Community Services)
- Dr. Leon McDougle, MD (OSU College of Medicine)
- Kherry DeLorenzo (American Cancer Society)
- Dr. Benedieta Enrile, MD (Nationwide Children’s Hospital)
- Anne Wang (Asian American Community Services)

Karen introduced herself and asks the members to do the same. Karen summarized the National Partnership for Action’s blueprint plan, and objective for the Resource Group to prioritize and select the number one most important goal out of the 5 chosen in the last Local Conversation.
Dr. Enrile identified centralized interpreter services as the priority goal stating that minorities are unable to access resources. The main issue for reducing health disparities is communication, and the majority of minorities does not have the education. In their home country, health care is not a priority and not part of their routine. With access to interpreters centralized, we would be able to tap into a language bank and 24 hours availability of interpreters.

Dr. Leon stated that he likes the emphasis on interpreter services and understands the need for increased access to interpreters, but most health systems including his hospital have 24 hours interpreters services and are mandated to provide interpreters for patients. He mentioned a 24 hour language line that is offered although not free. He again stated it is an important issue, but he didn’t know how much we can do to enhance interpreter services.

Dr. Enrile stated she did not know of the 24 hour services available.

Dr. Leon suggested that the last two goals of advocacy and research go together, and felt that identifying and developing programs should be the number one goal. In order to pin down which resources and enhance collaborations between populations that are so heterogeneous, finding out which programs that are instrumental and enhancing them especially to provide a health assessment of immigrants needs to happen first.

Karen asked if others agree.

Kherry agreed, and added that identifying and developing programs serves as the primary objective and the other goals as action steps.

Anne agreed, particularly in investing in programs that are already established and that can work together to reduce health disparities.

Dr. Enrile suggested that since we already have resources we should identify what is missing instead of developing programs and reinventing the wheel.
Kherry added that we should maximize resources and of course minimize costs. Latino, Somali and Asian have a high population in Franklin County, thus communication and education on available resources are important, especially to get populations to utilize these resources.

Dr. Leon reiterated that identifying and developing is the primary goal, and interpreter services is one aspect.

Karen asked group members to put three dots to three of the most important goals on the wall. Identifying and developing programs was tallied to be the number one goal. Karen requested members to look at and complete the implementation plan chart.

Kherry emphasized that no matter if a person is born or raised with high health literacy, we still have to break down the barriers and communicate with each other.

Dr. Enrile agreed and questioned are we really communicating with other organizations? Communication is the goal – to get different groups collaborate together and communicate.

Mel suggested that one action step is to promote collaboration of local organizations to bolster resources efforts.

Kherry asked how did we all get to this table? We should identify the local agencies missing here today and compile a master list of all agencies, and can go from there.

Mel stated as a sub-step we should find the deterrents of collaboration and why organizations do not collaborate. Identify the barriers and competition. And emphasize that increasing collaborations actually strengthens each agency.

Karen asked members how long this step would take to compile a list.

Kherry stated 1 to 2 months.

Karen agreed that 2 months would be best. If too long, then it would never get started. Karen then asked who would be responsible.
Anne mentioned Fred and John at Columbus Public Health would be key to bring organizations together.

Kherry advised that we should also send a survey to agencies to identify the needs of the community they serve.

Dr. Enrile suggested that we should look at the funds and what has been dispersed. Who is getting the grants?

Karen agreed that Fred and John can put together a grant list, and asked the members the next categories: required resources and costs.

Anne mentioned the only cost would be space to convene meetings.

Kherry said that there would be not much cost; space can be donated as well as refreshments.

Mel said we would need to take account of Fred and John’s salary time and number of volunteering hours to the project.

Dr. Leon emphasized prior to getting a group together we should identify programs and sift through the large set of data which would take a lot of time and development.

Kherry said that if it is localized, this should not be time-consuming and easier to manage. After the local level, we can expand to statewide and regional levels. For example, for the American Cancer Society in helping the Somali populations we often collaborate with Somalian agencies in Minnesota.

Karen noted since this is a national blueprint we are building, we should think about how local phases into the national level. Karen asked if members would be interested in helping this project.

Dr. Enrile volunteered that she can help with building a database on programs for children since she has worked at Nationwide Children’s Hospital.

Mel said she can do programs for adult.
Anne volunteered she, Pyowook and Asian American Community Services can help with programs serving Asian populations.

Kherry emphasized a survey would be important to identify gaps and needs for agencies.

Karen concluded that the outcome would be the list of needed programs, and mentioned that the Asian communities in Ohio have already held local conversations in identifying needs and identified statewide priorities.

Kherry said the narratives from these local conversations would be very useful to find what needs are important.

Karen suggested that forming focus groups would be instrumental.

Mel agreed saying focus groups would be important to bring local groups into communication.

Karen said focus groups would be useful to conduct the survey and evaluate specific needs, especially between 15 different entities of an ethnic group. It would be interesting to see what came out of Latino focus groups. It could be that immigrant populations have similarity of needs.

Dr. Enrile agreed that there could be universal similarities and little bits of differences for each culture. The blueprint could be the same but tweak it to specific groups.

Anne suggested that we can accomplish all this into one step – to bring all focus groups from different populations to one workshop like this local conversation.

Kherry added we should identify and utilize cultural ambassadors from each group like Dr. Lu for the Asian community who have direct communication and link with their community. We need to break down the barriers and build trust between organizations.

Karen asked Kherry if she could be the spokesperson for the Resources Group.
Kherry accepted, and we should first identify providers and programs, secondly bring programs and focus groups together to the workshop to identify the needs of the communities they serve, and third go the actual community and match their needs as action steps.

Anne asked what will be the action steps after the workshop.

Kherry said this may be too premature, and focus on the goal at hand in identifying programs and developing focus groups to evaluate surveys. She said the workshop may be best used as a training for agencies.

Dr. Enrile cautioned that we should define the objectives of the workshop and what it would accomplish.

Kherry asked too how the blueprint will work if it has not been already done. What will it actually do?

Karen answered today is just the starting point of the action plan that we will propose to the national level, and let the National Partnership for Action know our action steps in our state.

Dr. Enrile hoped that all this talk will come to action.

Karen asked the group what the need the goal addresses.

Anne answered to reduce and eliminate health disparities.

Kherry added to break down barriers and increase access and availability of resources to fill needs.

Karen asked Ryan Johnson to define what the need means. Karen said the need is to explain the rationale for choosing the goal.

The group closed as Ryan opened up the discussion with other groups.
4. **Services**

**SUMMARY OF THE MEETING**

1. Valerie Huang from Asian American Community Services welcomed everyone to the group, and introduced each member of the group about how the discussion will take place regarding the topic of “Services.”

2. Group members discussed the current issues regarding health care services, identified and voted on the most important priority/goal that needs to be achieved for the minority community in Columbus, developed the action plan to achieve that goal. The priority chosen was “Greater general emphasis on prevention.”

3. The group representative spoke on behalf of the “Services” group to discuss what the group had voted to be the top priority in the category, the needs that this goal would address (unmet health care needs), how this would be linked to the process of eliminating health disparities, and some action steps by which this goal can be attained.

**COMMENTS**

1. The other priorities listed in descending order of voted priority are 2) More health education and health promotion initiatives in schools, 3) Holistic health care, 4) Unmet mental health needs, 5) HIV education for youth, 6) More services addressing addictions, including substance abuse and less widely addressed addictions such as gambling, 7) Improved services for children with MR/DD in public schools and 8) More outreach for underutilized services.

2. Different issues that can fall within Prevention include education, abuse and community.

3. MR/DD resources are available but lack of outreach, which should include schools and media. Also, MR/DD is often not identified, or over-identified.

4. Prevention should include marketing and outreach of what the resources are available and where they can be found.

5. The specified goal needs to be understandable and measurable

6. Action plan includes outreach to minority community groups and private companies
7. Resources to support this action plan include state, local, private establishments and the federal government

8. Evaluation: requires a control group and over the course of 5 years. Compare their knowledge, awareness and durability of life.