

Latino Health for All Partnership Action Planning Report

November 1st, 2008

KU Work Group for Community Health and Development
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The Latino Health for All Partnership

As reported in Healthy People 2010, Latinos face a higher risk for diabetes and related disease than Anglos of a similar age.¹ Latinos also face a higher risk of diabetes and other preventable diseases; this explains, in part, why the life expectancy for Latinos is eleven years shorter than for Anglos of similar age.²

The Latino Health for All Partnership began in fall of 2008, to bring together those working to reduce health disparities in the Latino community of Kansas City/Wyandotte County. The National Center for Minority Health and Health Disparities (NCMHD) awarded the Work Group for Community Health and Development (KU Work Group) a five-year grant. The partnership with the University of Kansas Medical Center, and with El Centro, Inc. is working with other local partners to address these important health issues in the Latino community.

We will all work together to reduce diabetes and cardiovascular disease among Latinos in Kansas City/Wyandotte County by promoting: 1) healthy nutrition, 2) physical activity, and 3) access to health services.

Many groups have been working for years in Kansas City/Wyandotte County to address the health disparities that the Latino community faces. The Latino Health for All Partnership provides a way for us to all work together to improve health for all Latinos in Kansas City/Wyandotte County.

Action Planning

On Nov, 1st, 2008, 48 community stakeholders from the greater Kansas City area partnership came together to develop an action plan to reduce risk for cardiovascular disease, diabetes, and related health disparities among Latinos. Community stakeholders identified changes in the community and system (new programs, policies, and practices) that should be included in an action plan to ensure health for all Latinos. This community-determined action plan will guide the distribution of \$100,000 annually to local organizations that can implement these new or expanded programs and policies specified in the action plan.

This report describes the results of the action planning meeting. It also provides information on the Partnership's work moving forward.

¹ United States Department of Health and Human Services. 2000. Healthy People 2010. Washington, DC.

² Farakhan, C. and F. Thompson. 2000. Minority Health Indicators. Kansas City Health Department, Kansas City, Missouri.

This report is divided into 10 short sections:

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1. Action Planning Meeting Participants

The Latino Health for All Partnership's action planning meeting involved 48 community stakeholders. For a list of participants and the agenda for the Action Planning meeting, please see the appendix (p. 13).

2. Participants' Vision for Health

Action planning participants shared a diverse set of personal visions for Latino health in Kansas City/Wyandotte County. These vision statements are listed below.

- ✓ *A community responsive to the health needs of all residents*
- ✓ *An empowered community for healthy choices*
- ✓ *Infrastructure to support health*
- ✓ *Healthier and longer lives*
- ✓ *Unified message*
- ✓ *Comprehensive community health*
- ✓ *Life achieving balance*
- ✓ *To create opportunities in the community for diverse families and children to thrive*
- ✓ *Culturally connected community for healthy families*
- ✓ *Strong collaborative relationships (a tapestry) in the community out of which grows healthy children, families, and seniors*
- ✓ *Create and integrate community that will promote lifestyle changes for all*
- ✓ *To create a bridge between [the] American health system and healthy Latino families*
- ✓ *To raise awareness for all Latino health platforms and engage Latinos*
- ✓ *Easy access to approachable services with no barriers to quality care*
- ✓ *Salud para todos*
- ✓ *Empower Latino parents and health care professionals with culturally relevant healthy tools and education*
- ✓ *Comprehensive community life*
- ✓ *Create special programs for the Hispanic community to care about their health*
- ✓ *Increase the number of providers and free clinics*
- ✓ *To take action to create better health for all Latinos*
- ✓ *Latino families with children with disabilities included in health plans*

- ✓ *That healthcare is a human right not a privilege for the few*
- ✓ *A holistic systemic approach that is related to health outcomes*
- ✓ *Actively engaged communities seeking health for all*
- ✓ *A vibrant, healthy community free of preventable disease*
- ✓ *Provide a healthy environment for the development of the child*
- ✓ *Develop an infrastructure for a better life*

3. Community Sectors to Engage in the Change Effort

Action planning participants identified key sectors that the project should engage and transform to promote Latino health. Each sector shared is listed below.

- ✓ Law enforcement/legal (e.g., judges, immigration policy, violence)
- ✓ Business/industry (e.g., pharmaceuticals, restaurants)
- ✓ Public and private foundations
- ✓ Insurance companies
- ✓ Parks and recreation departments
- ✓ Public health departments
- ✓ United Way
- ✓ Sports clubs (YMCA, professional sports teams - Royals, Wizards)
- ✓ Faith community
- ✓ City government/planners
- ✓ Office of Civil Rights
- ✓ Media
- ✓ Schools/PTA's (Facilities for community use)

4. Community/System Changes to be Sought -- Suggested by Participants

Action planning participants indicated a number of community/system changes (i.e., new or expanded programs, policies, practices) to be sought. These were generated by groups focusing on the project's three focus areas: 1) healthy nutrition, 2) physical activity, and 3) access to health services. The three focus areas held separate breakout sessions to generate a list of community and system changes that could enhance or promote physical activity, healthy nutrition, and access to health among Latinos in Kansas City/Wyandotte County.

Healthy Nutrition

Six individuals participated in the healthy nutrition breakout group. The healthy nutrition group generated 20 ideas for community/system change. After the breakout group, 48 members attending the action planning meeting voted on the four community/system changes they identified as top priorities. Participants considered the importance of the change to the mission and the feasibility of the change when voting on their top four priority changes.

Healthy Nutrition -- Ideas for Community/System Change	Votes
Policy change - more resources to implement healthy school meals	20
Access to low-cost healthy food - home/community gardens (churches, schools parks)	19
Policy change - implement wellness policy in schools	18
Access to low-cost healthy food - develop farmers market	17

Media campaign - respected role models use farmers market and promote via (Spanish) radio, TV	15
Access to low-cost healthy food -direct purchase from producers	9
Policy change - advocate for wellness in SSD	9
Information and services - display posters in stores, restaurants, schools, and everywhere	8
Information and services - engage community in developing changes	6
Information and services - peer-to-peer education and outreach	5
Information and services - train new immigrants to stay with traditional diet	5
Access to low-cost healthy food - Training for gardening (and support)	4
Access to low-cost healthy food - Tiendas - healthy "corner" store (showcasing, placement, cost leaders, cooperative networks)	4
Policy change - built environment (change bus routes)	3
Information and services - student peer education - video, popular theatre, radio	2
Information and services - sustainable food approach for youth (raising animals, vegetables)	2
Policy change - built environment (lots of gardens)	2
Information and services - promote my pyramid	1
Access to low-cost healthy food - Distribution of food in different venues	0
Policy change - built environment (lots for farmers markets)	0

Physical Activity

Eight individuals participated in the physical activity breakout group. The physical activity group generated 31 ideas for community/system change. After the breakout group, members of the larger group voted on the top four community/system changes they felt were the top priority. Participants were instructed to consider the importance of the change and the feasibility of the change when voting on their top four priority changes.

Physical Activity -- Ideas for Community/System Change	Votes
Municipal and school policies that encourage physical activity (unified government & USD 500) neighborhoods	20
Use existing talent in community to promote collaborative endeavors (model of Promotoras)	14
Ensure affordable access to physical activities	14
Facilitating dance clubs (social support) through neighborhood churches by parks and rec, create module for program to be replicated with the goal of community dance competitions for a cause	14
Decrease TV watching (alternatives, parent education, managing "screen time")	11
Training to meet standards of cultural competence for doctors, etc in NOCA	10
Family oriented programs with an eye towards cost effectiveness	9
Using community leaders (existing talent) - ex: Promotoras (lay health leaders)	8
Developing tools for practitioners to translate medical targets (e.g., BMI) in culturally relevant terms	7
Take advantage of/enhance neighborhood environments (parks, etc) to create informal clubs for physical education (increase accountability and reduce barriers to using public fields)	7
Increasing facilities available for culturally appropriate activities (parks & rec/municipal and USD 500/school policies that encourage physical activity)	6
USD 500 - livability vs. liability	6
Target aging baby boomers - dancing promotion as physical activity	4

Community gardens for beautification and food - teaching seasonal plants and flowers (K-State)	4
Biking and walking to work	4
Promoting exercise (dancing, etc) as a way to raise money for a cause	4
Ownership of initiatives at local level, collaboration of resources	3
Tools for practitioners to translate medical targets in culturally relevant terms	3
Promote alternative culturally appropriate form of physical activity (facilitating clubs (e.g., dance or soccer) and taking advantage of neighborhood)	2
Health care organizations - engaging in physical activity = lowering risk - monetary incentives	2
Increasing facilities available for culturally appropriate activities (add on services to those) - schools opening gyms	2
Promote physical activity in alternative, culturally appropriate ways	1
Managed care with Latinos in their plans (working with HMO's to tailor messages (educating doctors), "prescription" for physical activity from Dr. (It's ok culturally as a figurehead)	0
Work with local businesses	0
Establish tournaments for other sports, etc. (soccer)	0
To provide an identity in the community based on prior experiences	0
Provide credentials for community health (e.g., experts)	0
Reducing liability issues for USD 500	0
Employers that have Latino employees in majority (health specific culturally competent policies)	0
Tested techniques prior to wide distribution	0
Recognition of overlap with dieticians	0

Access to Health Services

Thirty-four individuals participated in the breakout group for access to health services. This group identified 47 activities/actions/programs that create community/system change to increase access to health services. After the breakout group, members of the larger group voted on the top four community/system changes they felt were the top priority. Participants identified the importance of the change and the feasibility of the change when voting on their top four priority changes.

Access to Health Services -- Ideas for Community/System Change	Votes
Create groups in neighborhoods that can educate others in the community - create a network of support	26
Provide information/education to immigrants re: navigating the healthcare system	18
Work to bring federal and state resources to Wyandotte County	16
Create open access lab for early morning screening and follow-up	12
Find ways to support healthcare providers in the community to see uninsured	11
Improve other conditions (aspects of living conditions that make health difficult)	9
Provide frontline training in order to provide culturally appropriate services	8
Educating immigrants about their rights	8
To identify and coordinate and expand weekend hours for healthcare services	7
Develop consistent messages to policy makers	5
Develop more parenting support groups to educate new parents and deal with immigration stressors	4

Made sure all clinics and hospitals accept all patients regardless of ability to pay	4
Neighborhood groups to educate others (5-6 families)	4
Create a health newspaper with information about health services	3
Provide support to media , create speakers bureau, get (trusted) celebrities and community leaders to communicate information to the media	3
Enhance provider knowledge and skill - cultural competency, provide interpreting services	3
Educate health care providers on Title 6 (they must provide interpreters)	2
Use media resources for prevention and information [on] other health risks	2
Decrease competition among safety-net clinics	2
To arrange for co-operative buying – food	2
Shame-free environments for access (health literacy)	1
Ensure face-to-face interpreters through Medicaid reimbursement	1
To assure access for those with disabilities	1
Improve utilization of 211	1
Decrease stigma in order to access services (i.e., mental health)	1
Identify and train Hispanics to provide education about diabetes and prevention	1
To bring specialties do the safety net clinics (those places who already have trust and relationships)	1
Arrange school incentives for nutrition and physical activity	1
Provide information to parents in a way that reaches them	1
Better access to grocery stores that provide good food, assure nearby access	1
Hold policy makers accountable to hear the voice of the Latino community	1
Identify agencies in community where immigrants feel comfortable	0
Provide information and motivation to reach families	0
Effective programs support for young people before parenthood	0
Health feds. Can (should) create policies (criteria) for collaboration	0
Help families to access benefits	0
Purchase nutritious foods from local farmer's market	0
Motivate families to keep healthy eating	0
Encouraging more family home visits	0
Use media to provide information on risk factors and related disease	0
Strong connections between behavioral and physical health providers	0
Safe places for physical activity	0
Identify safe places for immigrants - INS policy changes to prevent targeting immigrants accessing healthcare	0
Inform community no social security number is required to receive health care services at federally qualified centers	0
Improve transportation system to assure physical access to healthcare - utilize mobile units	0
Information and support to parents re: healthcare coverage for their children	0
To identify those children at risk through captive audience - for example schools	0

5. The Three Action Committees

Near the end of the meeting, participants were invited to enroll as a member of an action committee; the three action committees will target each of the project's focus areas: 1) healthy nutrition, 2) physical activity, and 3) access to health services. The action committees will meet monthly throughout the project (2008-2012). They will refine the action plan, facilitate community and system change, and engage others to implement system changes.

Participants were encouraged to select an action committee that reflected their passion. Some participants expressed interest in multiple action committees. Six individuals expressed interest in the Healthy Nutrition Action Committee, 6 in the Physical Activity Action Committee, and 22 in the Access to Health Services Action Committee. Participants also recommended a list of names of others (not present) to be involved in the action committees. The action committee each participant selected is indicated in the participant list, in the appendix (p. 14).

6. Suggested Names for the Partnership

At the end the initial action planning meeting, participants began the process of selecting a name for the partnership. Eight candidate names were generated at this time and are listed below. Members will have the chance to add more names and vote on the preferred name for the group.

- ✓ *Celebrating Health*
- ✓ *Healthy families: We Practice Healthy Habits (KC-CDC Brand)*
- ✓ *Familias Saludables: Nosotros Practicamos Habitos Saludables*
- ✓ *Salud Para todos*
- ✓ *El Centro De Salud Latino*
- ✓ *El Poder de LA Salud (The Power of Health)*
- ✓ *Spice for Life*
- ✓ *Coalition Action Work Group for a Healthy Hispanic Community*

7. Participant Evaluation of the 1st Action Planning Meeting

At the end of the action planning meeting, participants evaluated and provided feedback on: 1) the workshop and team, 2) hospitality, 3) overall satisfaction, and 4) general comments and suggestions. Thirty-four evaluation forms were completed.

1) The workshop and team

The action planning will be helpful in our work as a partnership. (Ratings = 34)

- 76.5% were Very Satisfied
- 23.5% were Satisfied
- 0% were Neutral, Dissatisfied, or Very Dissatisfied

Comments:

- ✓ *Excellent use of time and resources*
- ✓ *We are in great need of all we talked today for our Hispanic community since a long time ago*
- ✓ *Great opportunity for collaboration not otherwise available*

The workshop team did a good job. (Ratings = 34)

- 94.1% were Very Satisfied
- 5.9% were Satisfied
- 0% were Neutral, Dissatisfied, or Very Dissatisfied

Comments:

- ✓ *Excellent. Thank you all for your passion and commitment*

The format of the action planning worked well. (Ratings = 34)

- 85.3% were Very Satisfied
- 14.7% were Satisfied
- 2.9% were Neutral
- 0% Dissatisfied, or Very Dissatisfied

(Total Percent > 100% because one individual marked both "Satisfied" and "Neutral")

Comments:

- ✓ *Would like a one sheet of the ideas expressed*
- ✓ *Buen trabajo*

The action planning went at the right pace (not too fast or slow). (Ratings = 34)

- 0% rated the pace as Too Slow or A Little Slow
- 91.2% rated the pace as About Right
- 8.8% rated the pace as A Little Fast
- 0% rated the pace as Too Fast

Comments:

- ✓ *Excellent*

2) Hospitality

Participants were made to feel welcome and treated with respect during the workshop. (Ratings = 34)

- 91.2% were Very Satisfied
- 8.8% were Satisfied
- 0% were Neutral, Dissatisfied, or Very Dissatisfied

Comments: none

The meeting space was comfortable. (Ratings = 34)

- 73.5% were Very Satisfied
- 23.5% were Satisfied
- 2.9% were Neutral
- 0% were Dissatisfied, or Very Dissatisfied

Comments:

- ✓ *Is there a bigger space available? Little bit crowded*
- ✓ *Thank you*
- ✓ *I'm excited, it's such a big group – we might need more space*

3) Overall satisfaction

Overall, how satisfied are you with the action planning workshop? (Ratings = 33)

- 87.9% were Very Satisfied
- 12.1% were Satisfied
- 0% were Neutral, Dissatisfied, or Very Dissatisfied

Comments:

- ✓ *Re-invigorating! Thank you*
- ✓ *I'm glad to be invited*

4) General comments and suggestions

What did you most like about today's action planning session?

Comments:

- ✓ *Respectful interaction and sharing. Documents – well done!*
- ✓ *Group involvement and facilitation. Many of the “right players.”*
- ✓ *Share ideas*
- ✓ *The collaboration efforts and diversity of the group*
- ✓ *Stayed focused – accomplished task – commitment – engagement – easy participation*
- ✓ *The ability to network and develop some of our own action plans*
- ✓ *The diversity, the collaboration, ability for every voice to be heard, the commitment*
- ✓ *Well prepared, excited to work with committee. I'm concerned that we identified to many projects without the funding to launch*
- ✓ *United for Latino Health*
- ✓ *The large group + wonderful array of participants – truly a tapestry of great relationships!*
- ✓ *La idea de hacer algo por la comunidad Hispana (The idea of making something for the Hispanic community).*
- ✓ *Breakout session on Physical Activity. I had a chance to speak about and hear other's comments on things I've been concerned about for many years*
- ✓ *The agenda was very well done. Facilitators were great*
- ✓ *All the people, energy and passion. The clarity of goals and purpose. The work that was accomplished*
- ✓ *Very well planned – excelled organization of everyone*
- ✓ *The positive energy of the group*
- ✓ *Time well spent. Most productive*
- ✓ *The energy of all the participants*
- ✓ *The great work team's interact to take care of Hispanic Community's Health and others*
- ✓ *Participation, representation*
- ✓ *Good group/diverse attended and participated*
- ✓ *Fast moving, good use of Sat. which was a hard day to give up*
- ✓ *The collaboration among all the different people participating and the passion for making a difference*
- ✓ *Process. People*
- ✓ *Format! Open and I felt embraced*
- ✓ *Upbeat environment*

Your ideas for how to improve this action planning process:

Comments:

- ✓ *More involvement of consumers*
- ✓ *The same*
- ✓ *To learn more about the actual proposal and the way the project started*
- ✓ *Great work!*
- ✓ *Need community member input so that the community – non-professionals of social service--have a say in what is needed.*

- ✓ *Recruit partners from USD #500 and KCK parks + Recreation Persons with passion + interest and willingness to change*
- ✓ *I only speak a little Spanish; however I believe it is very important to hold meetings in Spanish to engage all stakeholders*
- ✓ *Perhaps a larger venue might be required as this group grows*
- ✓ *The leadership group left little to be improved upon*
- ✓ *More time perhaps???*
- ✓ *Great grassroots effort!*
- ✓ *Continued participation – great model*
- ✓ *1. Follow through. 2. Keep the momentum.*
- ✓ *More grassroots participation*

8. Some Next Steps

The partnership agreed to attend a follow up meeting on November 21st, 2008 from 11:30 AM to 2:00 PM at El Centro (650 Minnesota Avenue).

In this meeting, the Physical Activity, Healthy Nutrition and Access to Services committees will revise/edit/make suggestions/approve this report. The action committee will take this opportunity to:

- Identify a chair and a co-chair
- Suggest name for the overall project and their individual action committee
- Discuss who should be invited to participate in Community Action Board, overseeing the action committees
- Discuss the mini-grant application

The Partnership's Community Action Board will grant \$100,000 in mini-grants to local organizations that can bring about changes to the community and system specified in the community action plan. The partnership's planned actions through the end of January 2009 includes:

- November 1, 2008: Action Planning Event
- Mid-November: Action Committee Finalizes Action Plan
- (Tentative) Mid to End of December: Request for Mini-grant Application
- (Tentative) Mid to End of December: Action Committee Reviews & Community Action Board Selects Mini-grantees
- (Tentative) January 31, 2009: Grants Awarded for Community Change Efforts

9. For More Information: The Partnership's Web site

Information and updates about the Latino Health for All Partnership, upcoming mini-grant applications, and general activity can be found on the partnership's Web site: <http://kclatinohealth.org>.

<http://kclatinohealth.org>

Our Mission
To reduce diabetes and cardiovascular disease among Latinos in Kansas City/Wyandotte County through a collaborative partnership to promote healthy nutrition, physical activity, and access to health services.

What is involved in the Latino Health for All Partnership?
The Latino Health for All Partnership will help build a collaborative partnership in the Latino community in Kansas City to reduce health disparities by promoting healthy nutrition, physical activity, and access to health services. The Latino Health for All Project will involve all parts of the community as full partners. The group will make decisions about resources for action committees for healthy nutrition, physical activity, and access to health services. A full-time community mobilizer (based at El Centro, Inc.) and resources for mini-grants (\$125,000 each year) will be available to implement the Community Action Plan that the action committees devise.

Why should I get involved?
Many families in the Latino community have a loved one – a mother, aunt, or child – who has been diagnosed with diabetes, cardiovascular disease, or another serious health condition. We can work together to stop this in our community!

The Three Goals of the Latino Health for All Partnership:

1. Healthy nutrition
2. Physical Activity
3. Access to Health Services

Latino Health for All Project Timeline

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    graph TD
      A[November 1, 2008  
Action Planning Event] --> B[Mid-November  
Action Committee  
Finalize Action Plan]
      B --> C[October-December 5  
Request for Mini-grant  
Application &  
Grant Workshop]
      C --> D[October-December 15  
Action Committee  
Review &  
Community Action  
Board  
Select Mini-grantees]
      D --> E[January 31, 2009  
Grants Awarded for  
Community Change  
Plans]
      E --> F[February 19, 2009  
NIM Approve Plan]
      F --> G[Building a Healthy Latino Community]
    
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Partners

- El Centro, Inc.
- KUMC Preventive Medicine
- KU Work Group for Community Health and Development
- Community Tool Box

Announcements
Latino Health for ALL - ONE-Day Action Planning 10/28/2008 1:28 PM
Event
by dmountain
You are invited to a ONE-Day Action Planning Event. Together we will plan, promote, and implement healthier lifestyles among Latinos in Kansas City--Wyandotte County.

Calendar

- 11/1/2008 8:30 AM Action Planning Event | New
We will plan, promote, and implement healthier lifestyles among Latinos in Kansas City--Wyandotte County
- 12/5/2008 5:00 PM Mini-Grant Applications Due | New

Shared Documents

Type	Name	Modified By
Folder	Framework	zpace
Folder	Logic Model	zpace
Folder	Mini-Grant Application	zpace
Folder	Organizational Structure	zpace

Contacts

Last Name	First Name	Business Phone	E-mail
Cupertino New	Ana Paula	913.588.2783	acupertino@kumc.edu
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Sponsored by:
KU WORK GROUP
FOR COMMUNITY HEALTH AND DEVELOPMENT
El Centro, Inc.

10. Appendix: Agenda for the 1st Action Planning Meeting (Nov. 1, 2008)



Action Planning Meeting for the Latino Health for All Partnership

8:30 – 8:50

Opening Activities:

- Sign in (Consent to share email/contact info and pictures)
- Breakfast and Welcome

8:50 – 9:15

- Introductions of attendees

9:15 – 10:15

Whole group activities:

- Introduction of the Project/Partnership
- Creation of Vision Statement
- Review of the Mission
- Review of the Objectives
- Review of Sectors
- Review of Strategies
- Preparation for Action Committee Work
- Action Committee Breakout

10:15 – 10:30

Break

10:30 – 12:00

Breakout Groups by Action Committee

- Identification of Community/System Changes To Be Sought
(See Action Planning Guide Appendix)

12:00 - 12:30

Lunch

12:30 – 1:00

Brief Reports of Candidate Community/System Changes by Action Committee

1:00 - 1:30

Voting on Candidate Community/System Changes

- Results of Top Community/System Changes Announced
(Top 4 CCs for each of the 3 Action Committees)

1:30 - 2:00

Closing Activities:

- Upcoming Activities (Why/How to Get Involved)
- Mini-grant Application Process
- Evaluation and Questions
- Thank you and adjourn

Action Planning Meeting Participants

The list below includes participants of the November 1st action planning meeting; it does not include individuals recommended for action committees or those who expressed interest in an action committee after the action planning meeting.

Name:	Organization:	Title:	Action Committee:
Cathy Anderson	Jewish Vocational Service	Language & Cultural Services	Access
Rick Behrens	Grandview Park Presbyteriana Church	Pastor	Physical Activity
Dennis Boody	Turner House Children's Clinic	Executive Director	Access
Lynnette Booker	SRS	(Not Provided)	Access
Maria Boudreaux	Maria L. Boudreaux and Associates Consulting Dietitians	(Not Provided)	Nutrition
Nozella Brown	K-State Research & Extension	Extension Nutrition Educator	Nutrition
Emily Bullard	NCI-Cancer Information Services	(Not Provided)	Nutrition
Sandra Cintora	KUMC Project Eagle	Family Support Advocate	Access
Olga Conteron-Harkness	WEP	(Not Provided)	
Jorge Coromac	Heart to Heart International	Program Coordinator	Access; Physical Activity
Graciela Couchonnal	Health Care Foundation of Greater KC	Program Officer	Access
John Cowden	Children's Mercy Hospital	(Not Provided)	
Sandy Culig	Shepherd's Center Central	Program Coordinator - Community Organizer	Physical Activity
Ken Davis	University of Kansas Medical Center	(Not Provided)	Physical Activity
Erika Devore	KC Healthy Kids	Director, Community and Program Outreach	Nutrition
Edward Ellerbeck	University of Kansas Medical Center	Interim Chair, Associate Professor	
Cielo Fernandez	El Centro Inc.	Manager, Promotora Health Project	
Hilda Fuentes	Samuel U. Rogers Health Center	CEO	Access
Iberty Gedeon	Mattie Rhodes Center	Clinical supervisor	
Teresa Gerard	Blue Cross and Blue Shield of Kansas City	Strategic Planning and Community Support	Access
Kelly Goetz	Children's Mercy Family Health Partners	Bilingual Community Relations Representative	Nutrition
Sharon Goolsby	KDHE Center for Health Disparities	Program Manager	
Brian Hernandez	Turner House Clinic	(Not Provided)	
Sarah Hill	The Family Conservancy	Bilingual Practitioner II	
Yolanda Huet-Vaughn	Argentine Family Health	Medical Director	Access

Mary Lou	Jaramillo	El Centro Inc.	Executive Director	
Scott	Koertner	Heart to Heart International	Interim Director of Logistics	Access
Kelly	Kreisler	KUMC Pediatrics	Resident	Access
Nancy	Lang	Cultural Horizons Inc.	President	
Mary	Laura	Sister of Charity of Leavenworth	(Not Provided)	Access; Nutrition
Sharon	Lee	Family Health Care	safety net coalition	Access
Manuel	Martell	CRL	(Not Provided)	Access
Irazema	Mendoza	(Not Provided)	(Not Provided)	
Vicki	Miller	KUMC - Children & Special Health Care Needs	Social Worker Coordinator Children & Special Health Care Needs	Access
Aura	Morgan	OCED/School of Med.-KUMC	Instructor	
Yvonne	Ornelas-Rios	Cabot Westside Health Clinic	(Not Provided)	Access
Rigoberto	Ramirez	KUMC	(Not Provided)	
Len	Randazzo	Univision 48 Kansas City	General Manager	Access
Manuel	Rios	Union de Comerciantes y Recidentes Zatinos (UCRL)	Coalicion de los vendedores / comerciantes	Access
O.	Roland	KU	(Not Provided)	
Carolyn	Ruiz	The Whole Person Inc.	(Not Provided)	Access
Mercedes	Saint - Elin	Alianzas	Coordinator	
Sandra	Sanchez	MANA	Executive Assistant	
Laura	Severance	Wyandot Center for Community Behavioral Healthcare, Inc.	(Not Provided)	Access
Shanna	Simpson	Healthy Hawks Program, Department of Pediatrics, University of Kansas Medical Center	Healthy Hawks Coordinator	Access; Nutrition; Physical Activity
Rose	Tiszka	Riverview Health Services	(Not Provided)	Access
Alfonso	Tot	Grandview Park Presbyterina Church	(Not Provided)	Physical Activity
Carmen	Vallejos	Free Lance Interpreter/Translator for Hispanic Community in Health Care Setting	Interpreter	Access