

**Hispanic Alliance Inc.**

***HISPANIC HEALTH SYNOPSIS***

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## Executive Summary

There are more than 45 million Latinos\* in the U.S representing 15% of the nation's population. According to the Pew Hispanic Center, Latinos have accounted for more than half of all U.S. population growth since 2000. Projections show that by 2050 the Hispanic population will grow to more than 138 million or more than 30% of the nation's total population. Moreover, 22 million Hispanics are in the labor force,\*\* making up one in three workers in the U.S.<sup>1</sup>

According to the U.S. Census Bureau, in the State of Ohio the Hispanic population grew 55.4 % between 1990 and 2000 (139,696 and 217,123 respectively).<sup>4</sup> Hispanics accounts for 1.9 percent of the state's total population and Latinos comprise the fastest growing segment of Ohio's population. In 2007, less than seven years, Ohio's Latino population grew another 30% to total 284,000.<sup>2</sup> Over one half of Hispanics in Midwest is under age 25.

Fifty-one percent of the Latino population in Ohio resides in four counties: Cuyahoga, Franklin, Lorain and Lucas. Cuyahoga County is home to the largest Hispanic population. Cleveland is located in Cuyahoga County; while the City's overall population decreased, losing almost half its population between 1960 and 2000, and an estimated 38,000 persons between 2000 and 2006,<sup>3</sup> the City of Cleveland-Elyria-Mentor Hispanic population grew by 54%, from 45,900 to 85,000.<sup>14</sup>

In 2008, similar to other Americans, many Latinos found themselves in the economic and financial debacle. It is not surprising that Latinos now find themselves facing near double-digit unemployment, one in five homeowners is threaten by foreclosure, and one out of three remain without a source of health care coverage.<sup>2</sup>

Latinos emerged from the 2008 elections as a powerful force, exhibiting record-setting political participation. There was an increase of 32% over 2004 elections and greater than 25% increase in Latino voter registration. Important to note, in 2008, 66% of Latino voters supported the Democratic candidate, compared to 59% in 2004.<sup>2</sup>

One in three (32.1%) Latinos went without health insurance in 2007. Health care issues draw significant attention from Latino voters and are a major priority for 2009.<sup>2</sup> The focus of this paper is on the issues of health and the impact to Hispanics in the United States of America.

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\* The terms "Latino" and "Hispanic" are used interchangeably by the U. S. Census Bureau and throughout this document to refer to persons of Mexican, Central and South American, the Caribbean (Cuban, Puerto Rican and Dominican), Spanish and other Hispanic descent; they may be of any race.

\*\* These data do not include the 3.9 million residents of Puerto Rico, or the 3% undercount for Latinos reported by the U.S. Census Bureau for the last decennials Census (U.S. Census Bureau 2003, 2004).

## **The Issues of Health and Impact to Hispanics/Latinos**

Health care reform is the top issue among Latinos voters, drawing significant interest in the 2008 election. The status quo is not working for Latinos families. Studies continue to show Latinos are at risk of receiving inadequate health care; jeopardizing the fastest growing segment of the U.S. labor force. Furthermore, research-based literature in the book, *Race, Ethnicity and Health* describes a direct link between the acculturation process and health behaviors and access to health care for Hispanic newcomers and generations that follow.

There is a need to understand the nature of social networks, social support systems and the organization and cohesion of the varied communities where Hispanics live and work. Is it possible to prevent disease where basic requirements of survival are burdensome, where safety is questionable and education systems are in disarray?

There exists a complex paradox around most Hispanic groups' low all-cause mortality rates. Understanding this paradox could be beneficial to all.<sup>16</sup>

## **Synopsis of the Nation**

On the national level Latinos have experienced long-term barriers to public health coverage programs and employer-based health insurance. While the country has made improvements to overall quality in the health care system, troubling inequities remain and have been difficult to overcome. According to the *National Health Care Disparities Report* from the U.S. Department of Health and Human Services, racial and ethnic minorities experience inferior health care, even at levels of similar socioeconomic status as non-Hispanic Whites. The report notes that higher instances of substandard treatment, inadequate communication-especially for limited-English proficient (LEP) patients- cultural bias, and lack of preventive outreach contribute to uneven health care experiences between minorities and non-Hispanic Whites.<sup>5</sup>

In 2007, the number of uninsured Americans totaled 46 million and 89.6 million were uninsured at some point in the two-year period of 2006-2007. Approximately one-third (32.1%) of Latinos were uninsured in 2007,<sup>6</sup>

Finally, there is a lack of data collection and longitudinal health research on the health status of the country's Hispanic population. The only completed federal study was conducted more than 25 years ago, the *Hispanic Health and Nutrition Examination Survey (HHANES)*.

There is a need to analyze the trends in health among U.S. Latinos and steps are needed to ensure data collection of race, ethnicity and primary language through all federal agencies and programs.<sup>2</sup>

### **Synopsis of the State of Ohio**

The national condition of Latino health ripples through the State of Ohio. According to the *2004 Statewide Latino Health Needs Survey Project* conducted by the Ohio Latino/Hispanic Health Coalition, persistent areas of concern are the percent of Latinos without health insurance, multiple serious health conditions, need for Spanish interpreters and cultural sensitivity, lack of regular exercise and availability of healthy foods, and smoking rates among U.S. born Latinos.

Important to note, the respondents were of prime working age (25-44 years old). Disparate health conditions among Latinos in the survey mirrored national findings of diabetes, asthma with hypertension at top of this list of three. Moreover, over one-third reported being treated for *multiple* serious medical conditions.<sup>7</sup>

According to a September 2003 U.S. Census Bureau report, 10.7 percent of non-Hispanic whites were uninsured, compared to 20.1 percent of African Americans, 32.4 percent of Hispanics, and 18.4 percent of Asians. Ohio's distribution of the uninsured was similar, with 11 percent of whites uninsured versus 16 percent of blacks and 24 percent of Hispanics.<sup>8</sup> Furthermore, the *Results from the 2008 Ohio Family Health Survey*, reported 13.2% Hispanic children were uninsured compared to 4% White children and 3.8% African-Americans.<sup>3</sup>

### **Scope on Northeast Ohio: Cuyahoga County and City of Cleveland**

Cuyahoga County is projected to continue losing population for the next quarter century, declining from more than 1.31 million in 2006 to approximately 1.27 million. The city of Cleveland lost almost half its population between 1960 and 2000, losses since 2000 have been steep—an estimated 38,000 persons between 2000 and 2006.<sup>8</sup> While in the City of Cleveland overall population decreased, the Hispanic population in the city grew by 54% from 45,900 to 85,000.<sup>14</sup>

In Cuyahoga County, more than 141,000 adults ages 18 to 64, or 17.6 percent, were without health insurance last year.<sup>3</sup> The top three leading causes of death to residents in Cuyahoga County from 2000-2002 (the most recent available data from the Ohio Department of

Health) were chronic diseases including: 1) Heart Disease – 34.8%; 2) Cancer (malignant neoplasm) – 23.1%; and 3) Stroke (cerebrovascular disease) – 5.7%<sup>13</sup> Racial and ethnic communities disproportionately suffer from these chronic conditions leading to health disparities.

The 2003 Cuyahoga County Board of Health Child and Family Health Services (CFHS) Community Health Indicators Project reported the following: In Northeast Ohio, a number of high-disparity diseases including diabetes and heart disease are directly linked to the obesity epidemic. The breakout for obese adults in Ohio was 20.6 percent of whites, 29.6 percent of African-Americans and 25.1 percent of Hispanics. Data for children in Ohio show that 29.5 percent of white children were overweight, while 40.7 percent of African-American and 39.6 percent of Hispanic children were overweight. According to the Body Mass Index (BMI) report conducted by ODH from 2004-2005, slightly more than one-fifth of Ohio third graders are overweight.<sup>15</sup>

### **Urgency Logic for Dealing with Health Disparities among Hispanics/Latinos**

In essence, critical to the well-being of the United States is the well-being of Latinos. If the U.S. is to compete globally it must have a healthy productive workforce. It warrants mentioning again, one in three U.S. workers is Latino and Latinos are the fastest growing segment of the labor force. Therefore, Hispanics are integral to the nation's economic prosperity! Yet, specific to this background paper, Hispanics are being left behind as they continue to encounter the inequities within the health care system.

The Health Resources and Services Administration, a key player in the national effort to eliminate disparities in health, defines *health disparities* as “population-specific differences in the presence of disease, health outcomes, or access to health care.”<sup>9</sup>

Disparities in *health care access* are most often associated with barriers of entry into the *health care delivery system*. Factors impeding access to health care include a lack of financial resources, a cultural preference that discourages health-seeking behavior, low health literacy levels, language barriers, lack of diversity in the health care workforce, and a mistrust of the health care system due to a prior negative experience.

In the Health Policy Institute of Ohio's report, *Health Disparities in Ohio Report 2004-2010*, health can arise from personal, socioeconomic, and environmental characteristics—

variables that are external to the health care system and exist prior to the individual entering the system. Moreover, disparities in health status are known to correlate with income levels, adequacy and safety of housing, employment status, education level, lifestyle choices (e.g., tobacco use, alcohol use, diet, exercise), environmental conditions (e.g., air and water quality, pesticides, green space), and social conditions (e.g., crime rates, employment opportunities).<sup>5</sup>

### **Cultural Competencies and Related Strategies**

Healthy People 2010 defines cultural competency as “the design, implementation, and evaluation process that accounts for special issues of select population groups (ethnic and racial, linguistic) as well as differing educational levels and physical abilities.”<sup>9</sup>

Language differences can restrict access to medical care for minorities who are non-English proficient (NEP) or limited-English proficient (LEP). In Ohio, 2.2 percent of the population speaks little or no English. One in five Spanish-speaking Latinos has forgone seeking medical advice due to the language barrier, according to The Institute of Medicine’s 2002 report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*,<sup>10</sup> Non-English-speaking patients are less likely to use preventive care services and more likely to rely on the emergency room for care. Emergency room costs outpace preventive health care costs.

Health literacy is another potential barrier to access to care. According to the Institute for Healthcare Advancement, 50% of Hispanics have problems with health literacy. Healthy People 2010 defines health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”<sup>9</sup>

Among the many suggestions for achieving culturally and linguistically competent health services are the following:

- Develop patient education programs to increase patients’ knowledge of how to best access care and participate in treatment decisions.
- Use community-based organizations to provide culturally relevant and appropriate training and education to consumers.
- Encourage the use of professional interpreter services or the use of headsets to provide translation.
- Develop multilingual forms, patient care instructions, and educational materials.

- Start a formal discourse among patients and providers to discuss issues of bias or prejudice, whether perceived or actual.
- Integrate cross-cultural education into the training of all current and future health professionals.

### **Responding with Accountability**

The Healthy People 2010 initiative, a set of health promotion and disease prevention objectives for the nation, aims to eliminate health disparities by the year 2010. Healthy People 2010 have led to a number of federal programs designed to support this goal through data collection and research. However, the only completed federal study of Hispanics was conducted more than 25 years ago, the *Hispanic Health and Nutrition Examination Survey (HHANES)*. In Ohio, the latest study was conducted in 2004 by the Ohio Latino/Hispanic Health Coalition and cited throughout this paper. In Cleveland, Ohio the most recent comprehensive study was conducted almost 20 years ago in 1991 by the Hispanic Community Forum, *Hispanic Health, Knowledge, Attitudes and Practice Project: An Analysis of Hispanic Residents*. Important to note, search for Hispanic/Latino specific data on the Cleveland Department of Public Health website was unsuccessful.

A recent Commonwealth Fund report reviewing state policy agendas for the elimination of disparities contains a comprehensive, informed list of key items leaders should consider in developing policies to eliminate racial and ethnic disparities. Just as our framework for understanding the causes of health disparities involves patient, provider, and health system characteristics, so, too, do the solutions.<sup>11</sup> Following is a list of the Commonwealth Fund report's recommendations:

- Consistent racial/ethnic data collection
- Effective evaluation of disparities—reduction programs
- Minimum standards for culturally and linguistically competent health services
- Greater minority representation within the health care workforce
- Establishment or enhancement of state offices of minority health
- Expanded access to services
- Involvement of all health system stakeholders in minority health improvement efforts.<sup>11</sup>

### **Journey to Resolution: Best Practices**

Ohio's governmental agencies, numerous nonprofit organizations, foundations, schools, businesses, health care workers, hospitals, and community-based organizations have partnered to increase access to and delivery of care in the state's racial and ethnic communities. Following are some of these innovative programs which bear further exploration into operations and structure, and opportunity for partnership.<sup>5</sup>

- Healthy Smiles—Bright Futures, Case Western Reserve Dental School in Cleveland has brought dental care to inner city elementary schools
- The Cleveland Clinic recently announced the establishment of the Minority Men's Health Center in Cleveland
- La Clinica Latina, a free clinic established in Columbus to "educate Latinos on health care issues and provide free primary care in a bilingual and bicultural atmosphere,"
- The Mt. Carmel Community Outreach Program provides door-to-door immunization services in communities housing refugees and immigrants.
- The Ohio State University Care Connection supports a range of community services designed to increase access to care among minorities.
- CareNet, a program in Toledo, provides low-cost primary and hospital health care services for low-income, uninsured residents of Lucas County
- Access Health Columbus is a community-wide collaboration among more than 150 individuals and organizations whose goal is to connect vulnerable people with free medical services.
- The Ohio Association of Free Clinics (OAFC) provides medical care to uninsured Ohioans, many of whom are minorities.
- The Center for Closing the Health Gap of Greater Cincinnati is dedicated to eliminating racial and ethnic health disparities in Greater Cincinnati through advocacy, education, and community outreach.

## **Conclusion**

Racial and ethnic health disparities do exist and getting to the underlying causes is not easy and oftentimes controversial. As referenced in this background paper, patients, providers, and systemic factors all play a role in the problem, and therefore must all play a role in its solution. The health of the nation depends on effective and expedient solutions to eliminate all health inequities.

This paper is not a comprehensive analysis on health disparities and inequities thereto but an overall expression of the issues and overview of intervention strategies. It is clear more targeted measures are needed. Because we cannot understand that which we cannot measure, data collection and program evaluation are two critical points to addressing health disparities in access to and delivery of care.

It is important to remember that improvement in health care access and delivery will not guarantee a healthier minority population. Socioeconomic conditions, environmental conditions, and personal behaviors play an important role in determining health. Thus, while it is important to continue to identify sources of disparities in access and delivery and to evaluate strategies to address them, it is equally important to investigate interventions that would reduce the need for medical services in the first place.

To that end, programs aimed at improving the safety of housing, increasing community green space, reducing air and water pollution, and reducing alcohol and tobacco use will help to eliminate access and delivery disparities by reducing the need for services. Additionally, other issues where Hispanics encounter great inequities are clearly linked to the vitality of the community. Specific areas include education, employment and economic well-being, immigration, criminal justice system and overall civil rights.

Hispanics are the largest growing population in the United States of America. In this age of globalization, this nation can no longer be complacent with the status quo but actively pursuing innovative solutions to eliminate health care disparities for all of its residents, especially Latinos.

## References

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- <sup>2</sup> Torres, Marisabel and Ng'andu, Jennifer (2009). National Council of La Raza. *2009 Agenda: A Public Policy Briefing Book*.
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- <sup>11</sup> McDonough, J., Gibbs, B., Scott-Harris, J., Kronebusch, K., Navarro, A., and Taylor, K. A. (2004). Commonwealth Fund. *State Policy Agenda to Eliminate Racial and Ethnic Health Disparities*.
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**Resources (in addition to above References of websites and publications)**

**COMMUNITY CONSORTIUM<sup>11</sup>**

Hundreds of individuals from over 200 organizations have joined the Steps to a Healthier Cleveland Community Consortium, representing many sectors and interests across Greater Cleveland.

The Steps Community Consortium meets quarterly. Past Consortium meetings have focused on:

- Dialogue with health sector leaders
- Best practices in cultural competency
- Preparing your organization and those you serve for an emergency
- Heart disease & women’s health
- Mental health & chronic disease

<b>Community Consortium Members</b>	
<p><b>Government:</b> Cuyahoga County Board of Health State of Ohio</p>	<p><b>Faith Based Organizations:</b> Pilgrim Congregational United Church of Christ United Pastors in Mission</p>
<p><b>Hospitals:</b> Cleveland Clinic Fairview Hospital Lakewood Hospital Lutheran Hospital MetroHealth St. Vincent Charity Hospital University Hospital Health System</p>	<p><b>Healthcare Providers:</b> Cleveland EMS Neighborhood Family Practice NorthEast Ohio Neighborhood Health Services (NEON) Veteran’s Association</p>
<p><b>Insurance, Health Plans &amp; Quality Improvement Organizations:</b> Anthem Centene Corporation Cigna Kaiser Permanente Medical Mutual of Ohio Wellcare</p>	<p><b>Schools, Colleges &amp; Universities:</b> Case Western Reserve University Cleveland Metropolitan School District Cleveland State University Cuyahoga Community College Ohio State University Extension St. Martin De Porres High School</p>
<p><b>Fitness:</b> America Scores City Prowl Cleveland Bikes Clevelanders in Motion Ohio City Bicycle Co-op Walk &amp; Roll Cleveland YMCA of Greater Cleveland</p>	<p><b>Media:</b> Clear Channel Communications Radio One The Cleveland Plain Dealer thunder:tech</p>

<p><b>Foundations:</b>  Mt. Sinai Health Care Foundation  Sisters of Charity Foundation Cleveland  St. Luke's Foundation</p>	<p><b>Youth Groups:</b>  Boys and Girls Club of Cleveland</p>
<p><b>Coalitions, Medical Advocacy &amp; Support Groups:</b>  Academy of Medicine of Cleveland and Northern Ohio  ACLU  AIDS Task Force of Greater Cleveland  American Cancer Society  American Diabetes Association  American Heart Association  American Lung Association  Arthritis Foundation  Asian Services in Action Inc.  Benjamin Rose Institute  Children's Hunger Alliance  City Year Cleveland  Cleveland Foodbank  Community Shares  COSE (Council of Smaller Enterprises)  Diabetes Association of Greater Cleveland  Diversity Center of Northeast Ohio  Help Me Grow  Hospice of the Western Reserve  Judson Retirement  Kids Health 2020  Lesbian Gay Community Service Center  LifeBanc  Neighborhood Progress Inc.  Northcoast Health Ministry  Nueva Luz  OhioKepro  The Center for Community Solutions  United Way Services  West Side Ecumenical Ministry  Neighborhood Organizations  Bellaire Puritas Development Corporation  Buckeye Area Development Corporation  Clark Metro  Cleveland Neighborhood Development Coalition</p>	<p><b>Other:</b>  A Touch of Sugar Catering  Art on Wheels Inc.  Cleveland Cavaliers  Cleveland Indians  Cleveland Opera  Cleveland Public Library  Cuyahoga Community Land Trust  General Electric  Greater Cleveland Regional Transit Authority  Greater Cleveland Sports Commission  Kennametal  National City Bank  Porter Novelli  Retired Senior Volunteer Project  Sherwin Williams  The City Mission  Urban Design Center of Northeast Ohio</p>

**cont. Coalitions, Medical Advocacy & Support Groups:**

Detroit Shoreway Community Development Organization  
Fairfax Development Corporation  
Famicos Foundations  
Greater Cleveland Partnership  
Mt. Pleasant Community Zone  
Mt. Pleasant NOW  
Northeast Ohio Areawide Coordinating Agency  
Northeastern Neighborhood Development Corporation  
Ohio City Development Corporation  
Slavic Village Development Corporation  
St. Clair Superior Development Corporation  
Stockyard Redevelopment Organization  
Tremont West Development Corporation

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## Pocket Guide 2009

The Pocket Guide to Minority Health Resources is a directory of federal, state and nonprofit organizations. Organized into seven sections, the guide contains information about OMH, OMHRC and other federal agencies that have units focusing on minority health disparities. The remaining sections include state contacts, clearinghouses and information centers, organizations, sources of health materials and colleges and universities. Questions? Call us at 1-800-444-6472 or email [info@omhrc.gov](mailto:info@omhrc.gov)



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