STANDING COMMITTEES

Academic and Student Affairs Committee

UW Health Sciences Community Based Health Outreach Programs: Pioneer Square Clinic and the Latino Center for Health

INFORMATION

For information only.

BACKGROUND

This presentation highlights two, University of Washington community-based health outreach programs, and how they are serving the citizens of our state and region.

PIONEER SQUARE CLINIC

Homeless facts:

- Average age of death 42-52 years
- 10,000 homeless in Seattle/King County with 4,500 on the streets
- Diagnosis of homeless doubles length of stay inpatient
- Diagnosis of homeless cost $2559 per admit
- 30-day readmission rates of 30-50% with 70% of readmissions occurring within first 14 day for patients with diagnosis of homelessness

In an attempt to try to improve transitions of care and provide more coordinated multi-disciplinary care the following services have been developed:

Pioneer Square Clinic serves homeless and low income patients in Seattle. The clinic provides 9,000 visits per year. The model is to provide robust wrap around care including pharmacy, social work, diabetes education, podiatry and nutrition. Several other programs operate in the community to try to provide medical care in sites where patients are already receiving other services. This imbedded and/or co-located design helps patients that cannot easily access traditional primary care.

- Downtown Emergency Service Center Mental Health: integrated primary care and mental health care
- Robert Clewis Center: integrated medical care in Needle Exchange site
- 3rd Ave Center: Co-located clinic in the largest women’s shelter
- Homeless Palliative Care: Providing care in low income housing units and shelters
STANDING COMMITTEES

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UW Health Sciences Community Based Health Outreach Programs: Pioneer Square Clinic and the Latino Center for Health (continued p. 2)

- Vital: Providing wrap around medical and mental health services to high utilizers of the jail

Medical Respite (The Edward Thomas House) provides care to patients that are too sick to return to shelter life but no longer need inpatient hospital care. Long term IV antibiotics, orthopedic fractures and complicated wounds are the majority of admissions.

- Reduced inpatient hospitalizations by 67%
- Reduced inpatient days by 70%
- Decreased Emergency Department utilization by 10%
- Cost avoidance $2.4 million for homeless patients requiring long term antibiotic care.

LATINO CENTER FOR HEALTH

The Latino Center for Health is a community engaged, interdisciplinary research center housed at the University of Washington. Launched in April 2014, the Center promotes the health and well-being of Latinos/Latinas in Washington State, regionally and nationally, across the life span in culturally responsive ways through research informing practice and policy efforts. The Latino Center for Health is the only research center in Washington State and the WWAMI region (Washington, Wyoming, Alaska, Montana, and Idaho) whose singular focus is on Latino health.

Attachments

1. Pioneer Square Clinic Medical Respite
2. Latino Center for Health Presentation
3. Activities of the Latino Center for Health 2015-2017
4. 2016-2017 Community Small Grant Awards
5. Latino Center for Health Advisory Board Members
6. Presenters’ Biographical Information
Pioneer Square Clinic
Medical Respite
University of Washington, Board of Regents Meeting
Nancy Sugg MD
February 9, 2017
Homeless

- 3 million homeless in US
- Average age of death for homeless: 42-52 years old
Skid Row
Homeless Seattle/KC 2016 One Night Count

• **10,688 people homeless**
  – 4,505 without shelter
  – 3200 emergency shelters
  – 2,983 transitional housing

January 29, 2016
Costs Attributable to Homelessness

• **Length of Stay** (Hwang, 2011)
  - Prospective controlled analysis admin data, n > 90,000
  - Homeless admits cost $2559 more
  - Med/Surg patients: much difference explained by more days when patients did not require acute care

• **Discharge Delays, Urban Safety Net Hospital**
  - Average discharge delay for homeless 8 days vs 4 days for controls (Feigal, 2014)

• **Increased readmission rate** (Doran, 2013)
  - 30 d readmission rate of 50.8%, 70.3% ED, Inpt, Obs status
  - 74.8% of readmissions occurred within 2 wks of discharge
Homeless Utilization Outliers
More Prevalent and Extreme (Hwang, 2010)

<table>
<thead>
<tr>
<th>Utilization</th>
<th>Homeless</th>
<th>Non-Homeless Controls</th>
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<tbody>
<tr>
<td>Max ED Visits/yr</td>
<td>417</td>
<td>14</td>
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<tr>
<td>Avg. ED Cost/yr/patient</td>
<td>$1436</td>
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<tr>
<td>Max Hosp. Admits/yr</td>
<td>14.9</td>
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<tr>
<td>Avg Hosp$/yr/pt</td>
<td>$2448</td>
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Homeless HMC

• 12-15% of all admissions to Harborview Medical Center are homeless
## Harborview Inpatient Admissions
### Homeless: CY2011

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<tr>
<th>Admits per year</th>
<th>All Admits</th>
<th>Homeless Admits</th>
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<tr>
<td>1</td>
<td>64%</td>
<td>39%</td>
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<tr>
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<tr>
<td>3</td>
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<td>15%</td>
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<tr>
<td>&gt;3</td>
<td>8%</td>
<td>23%</td>
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>3 admits, 34% are homeless
Harborview’s Pioneer Square Clinic

• Provides primary and acute care to homeless and low-income in downtown Seattle. Within 3 block radius of 3 major shelters and one day center for homeless adults.

• Onsite services:
  – Pharmacy
  – Psychiatry
  – Social work (MSW and BHIP)
  – Podiatry
  – Nutrition
  – Diabetes team

• Walk-in appointments available every day that clinic is open
Shelter based nurses

• DESC (Downtown Emergency Service Center)
• Angelines (Opportunity Place)
• St. Martin De Porres
• Compass Hygiene Center
Harborview’s Downtown Mental Health Team

- Mental health professionals co-located in sites where patients are receiving other services
- Angeline’s, Compass, REACH, Sobering Center, Peter’s Place, KCJ, Chief Seattle Club
- Provide counseling and social services to homeless patients
- Assist with obtaining eligible funding
- Provide entry into mental health system for patients from the jail and emergency department
- Psychiatrist available part time for diagnosis and treatment
Homeless-Palliative Care

• Homeless or previously homeless now in supportive housing
• Life limiting disease with life expectancy of less than 6 months
Homeless-Palliative Care

• End of life discussion
• Clarification of goals of care
• Advance directives/POLST/DPOA
• Symptom management
• Psycho-social support
• Working on housing pathways
Vital Program

• High utilizers of the King County Jail
• 1200 clients to try to provide wrap around services including chemical dependency treatment, mental health treatment, medical care and housing
• HMC providing the medical, mental health and occupational therapy staff for the project
1811 Eastlake Project

Robert Clewis Center

- Part of Public Health Needle Exchange Program
- Mid-level providers
- Treatment of drug use related *infections and wound care*
- Episodic primary care
Medical Respite
Medical respite care

“Medical respite care is acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital.”

-Respite Care Providers’ Network
Respite Focus

• Short-term care for medically ill or injured patients experiencing homelessness and who may have MH or CD issues

• Offers low-cost, high quality and innovative care for patients with high-level and complex care needs

• Goals:
  ◊ Resolution of acute medical process
  ◊ Window of opportunity to engage into services
  ◊ Initiate the process of lifestyle stabilization
  ◊ Decrease hospital utilization and costs
Respite Cost Advantage

• Decreased admissions
  – direct transfer from ED or clinics to respite
• Shortened hospital lengths of stay
• Decreased post-hospital ED & inpatient utilization
  – Influenced by provision of medical home and linkage to services (esp. high utilizers)
  – Longer relationships in respite allow outcomes no longer possible in hospital settings
• Initiation of benefits for uninsured hospital utilizers
• Million Dollar Murrays (NY times 2006)
Medical respite findings

Outcomes Data 2015

• Total admits = 445
• 9,696 Bed Days
• Average LOS = 23 days
• 15% were placed in transitional or permanent housing
• 1,586 days IV antibiotics provided (4/1/15-3/1/16)
Seattle Respite Health Care Utilization N=69

• Comparison 180 days pre and post respite
• 67% reduction in inpatient episodes
• 70% reduction in inpatient days
• 10% reduction in ED visits; of those visiting the ED the proportion of encounters resulting in inpatient admission decreased by 50%
• 35% increase in outpatient visits
Seattle Cost Avoidance

• Data between 1/1/13-9/30/13
• 54 patients in respite for IV Rx
• 904 days of IV Rx provided, 1065 respite days
• Inpatient charges for 904 days = $2,788,750
• Respite Cost = $330,735
• Cost Avoidance of $2,458,015
Awards

• Foster McGaw Recognizing Excellence in Community Service 2007
• Warren Featherstone Reid Excellence in Healthcare 2008
• Seattle Business Magazine Leaders in Healthcare, Community Outreach 2013
• WSHA, co-awardee for Community Service 2013 (Medical Respite)
Latino Center for Health

Dr. Gino Aisenberg, Co-Director
Dr. Leo Morales, Co-Director
Rosa Peralta, Executive Director

Presentation to UW Board of Regents
February 9, 2017
Goal

Launched in April 2014, the Latino Center for Health seeks to prevent disease & promote the health and well-being of Latino communities through

1) innovative, interdisciplinary research in authentic partnerships with community-based organizations, researchers, and government agencies; and

2) promotion and dissemination of research to inform policy development and the implementation of evidence-based practices to advance sustainable and culturally responsive improvements in health across the life span.
Priority areas of Research, Practice & Policy

• Physical Health
• Mental Health
• Environmental and Occupational Health
• Violence and Injury Prevention
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<tr>
<td>Co-Director</td>
<td>Dr. Gino Aisenberg</td>
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<tr>
<td>Co-Director</td>
<td>Dr. Leo Morales</td>
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<td>Executive Director</td>
<td>Rosa Peralta Landin</td>
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<tr>
<td>Director of Research</td>
<td>Dr. India Ornelas</td>
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<td>Communications Director</td>
<td>Genevieve Aguilar</td>
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<tr>
<td>Special Projects Coordinator</td>
<td>Antoinette Angulo</td>
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<tr>
<td>Administrative Coordinator</td>
<td>Sandy Izaguirre</td>
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Community Engagement

Key to the success of the Latino Center for Health is its partnerships with community stakeholders and collaboration with elected officials to translate research into culturally responsive evidence-based practices and health policies that promote meaningful and sustainable improvements in health for our urban and rural Latino populations in WA state.
Strategic Forums

Organized 4 Regional Strategic Forums across the state. Key stakeholders, include elected officials, leaders of local provider organizations, government health officials and researchers.

Location
• Vancouver, WA November 2015
• Skagit/Whatcom Counties April 2016
• Yakima Valley May 2016
• Tacoma/Pierce County, Nov. 2016
• Moses Lake, Fall 2017

Theme
• Latino Mental Health
• Indigenous Health of Mexican & Central American workers
• Aging and Health Disparities
• Latinx Adolescents: Sexual Health, Behavioral Health, & Juvenile Justice
• Latino Workers and Workers Comp.
We have initiated discussion with several elected officials to consider drafting legislation to allow
1) tele-mental services to be reimbursable in WA State; and
2) licensed clinical social workers and psychiatric nurses to conduct assessments of school-aged children and adolescents suspended for school for serious offenses rather than only psychiatrists. Current policy leads to much lengthier suspensions and contributes to the school to prison pipeline.
Tele-mental Health

• In partnership with Heritage University and the Yakima Valley Farm Workers Clinic we are initiating a pilot study building off a NIMH funded randomized clinical trial (Aisenberg, PI).

• The focus of this research is to implement an evidence-based, culturally responsive manualized treatment of Latinos with major depression via telephone by training Latino bachelor students in Heritage University’s social work program.
PHQ-9 Scores over Time in NIMH study

![Graph showing PHQ-9 scores over time]
Current Pilot Study

- BASW students will serve as depression care providers of a manualized cognitive-behavioral intervention that we previously demonstrated to be effective with MSW practitioners.
- Findings will be shared with Speaker Frank Chopp and his Mental Health Task Force to inform legislative efforts to permit reimbursement for tele-mental health services.
More state-wide work to inform policy

• Since June 2016, we have been meeting with representatives of the Department of Labor and Industries, the Commission of Hispanic Affairs and several Latino serving organizations and attorney groups with regards to worker health.

• The Center submitted a scope of work to L & I to conduct quantitative and qualitative research to identify mechanisms contributing to differential access to health care by injured Latino workers, including agricultural workers, via the workers’ compensation system.
Purpose: To support research collaborations between academic researchers and community-based organizations that investigate and promote meaningful and sustainable improvements in health for Latinos.

The Center has funded five proposals ranging from Understanding Barriers of Indigenous Migrant Seasonal Farm Workers Accessing Prenatal Care in Skagit and Whatcom Counties to Addressing Language Needs to Improve the Health Care Access and Utilization by Latinos in Washington State.
Publications and Fact Sheets

• We have contributed articles to the bi-annual report of the Commission of Hispanic Affairs which is distributed to each elected official about salient areas impacting Latinos such as education and health.

• LCH has written fact sheets regarding obesity, mental health, and fortifying corn masa with folic acid to help reduce birth defects in the Latino community.
Future Goals of the Latino Center for Health

1. **Grow**—increase research capacity, increase our staffing, and promote maturation of collaboration and research through small grants program and strategic forums

2. **Impact**—Latinos are an underserved and vulnerable population for whom disparities in the access and utilization of health services persist.

3. **Provide leadership** across the state and region—become a go-to resource on Latino health concerns, issues and policies
4. Attract new scholars and graduate students committed to Latino health to UW

5. Support and mentor graduate students in the Health Sciences—training the next generation of Latino scholars and leaders

6. Secure funding from multiple sources, including grants, Advisory Board funding raising, UW institutional support, and State Legislature to support growth and ensure sustainability
Thank you! Muchas gracias!
ACTIVITIES OF THE LATINO CENTER FOR HEALTH 2015-2017

The Latino Center for Health (LCH) was launched in April 2014 with seed funding provided by the School of Social Work and the Graduate School coupled with some additional support from the School of Medicine. Initial seed funding was used to hire the Directors of Community Engagement, Policy and Communications at various part-time levels less than .25 FTE.

In June 2015, the Center received proviso funding of $500,000 from the State Legislature for the 2015-2017 biennium. The State funds have enabled the Latino Center for Health to continue to build the infrastructure necessary to support and sustain the excellence and impact of the Center in improving the health and well-being of Latinos and addressing important health needs and disparities experienced in diverse Latino communities in our state and region.

The UW Provost has funded office space to house the Center for a period of 3 -5 years beginning July 2016. Our office is located in Russell Hall, on the corner of 15th Avenue and 42nd Street. Also, the Provost covered the construction costs and a portion of the costs to furnish the office. State funds were used to purchase office equipment such as computers, printers, and lease a copy machine as well cover a portion of the costs of purchase of office furniture.

SINCE RECEIPT OF STATE FUNDING IN JULY 2015 THE LATINO CENTER FOR HEALTH HAS:

Organized 4 Regional Strategic Forums in the State. The focus of each forum is to strategize with key stakeholders, including elected officials, leaders of local provider organizations, government health officials and researchers, with the aim to forge partnerships and collaborative research efforts to improve Latino health.

Vancouver, WA November 2015  
Theme: Latino Mental Health

Skagit/Whatcom Counties April 2016  
Theme: Indigenous Health of Mexican and Central American workers

Yakima Valley May 2016  
Theme: Aging and Health Disparities in the Latino community

Tacoma/Pierce County, Nov. 2016  
Theme: Latinx Adolescents: Sexual Health, Behavioral Health & Juvenile Justice

The Yakima Valley strategic forum was a collaboration with community stakeholders and Dr. Beti Thompson and researchers from the Fred Hutchison Cancer Research Center.

A fifth strategic forum will be held in the Moses Lake area in Fall 2017 and its theme is Workers Health and the Workers Compensation System.
**Initiated a community small grants program:** In February 2016 the Center issued a call for proposals to fund two pilot studies to be conducted by community-academic partnerships (seed funding of $20,000 each) and 3 smaller grants to foster community-academic partnerships ($5,000 each). The grant was open to community organizations and researchers throughout WA State. It is our aim that these pilot studies will lead to future large scale research proposals addressing Latino health.

**Partnerships:** We partner six leading Latino serving organizations throughout the state (Casa Latina, Consejo Counseling and Referral Services, El Centro de la Raza, Entre Hermanos, Sea Mar Community Health Centers, and the Yakima Valley Farm Workers Clinic). We are engaged in conversations to formalize partnership with The Tri-Cities Community Health Center and Vista Hermosa in Prescott, WA. One outcome is developing a plan to support workforce development of skilled Latino practitioners in fields of health for these organizations.

Since June 2016, we have been meeting with representatives of the Department of Labor and Industries, the Commission of Hispanic Affairs and several Latino serving organizations and attorney groups with regards to worker health. The Center has submitted a scope of work to L & I to conduct quantitative and qualitative research to identify mechanisms contributing to differential access to health care by injured Latino workers, including agricultural workers, via the workers’ compensation system.

In September 2016, two members of the Latino Center for Health were invited to visit the highly regarded National Autonomous University of Mexico (UNAM) in Mexico City to meet with leadership regarding delivery of health care. Discussions regarding developing and implementing an exchange program involving students from UNAM and UW are on-going.

**Policy:** We have initiated discussion with several elected officials to consider drafting legislation that allows tele-mental health services to be reimbursable in WA State. We will be implementing a pilot study in partnership with Heritage University and the Yakima Valley Farm Workers Clinic in March 2017. The focus of this innovative research is to implement an evidence-based, culturally responsive manualized treatment of Latinos with major depression via telephone by training Latino bachelor students in Heritage University’s social work program. Upon completion of a specialized curriculum and training program, these BASW students will serve as depression care providers of a manualized cognitive-behavioral intervention that we previously demonstrated to be effective with MSW practitioners.

We have written fact sheets regarding obesity, mental health, and fortifying corn masa with folic acid to help reduce birth defects in the Latino community.

**Meeting with Senator Patty Murray:** Senator Patty Murray invited the Center’s co-Directors to meet with her in February 2016. She wanted to learn more about the Center and its activities. This introductory meeting led to the request to invite her staff to participate in the regional strategic forums and to continue the conversation regarding issues and policies salient to Latino health.

**Faculty Recruitment:** The Center has been active in helping to recruit new faculty whose research and teaching focus on Latino health to the University of Washington.

**Curricular Efforts:** In partnership with the Center for Equity, Diversity and Inclusion and the School of Medicine, the Latino Center for Health is contributing to the multi-disciplinary curricula of the Hispanic Health Pathway program. This program prepares medical students to provide culturally responsive care for the Latino population.
Building Staff: We hired a full-time Executive Director in August 2016 and a .50 FTE Administrative Coordinator in November 2016.

Mentorship: The Latino Center for Health is committed to help train the next generation of scholars. We provide mentoring junior faculty and graduate students.

Health Employment Fair: We are organizing a Health Employment Fair, in partnership with an array of employers and organizations across the state, to connect graduating students in the Health Sciences and Latino serving organizations regarding employment opportunities. It will be held in April 2017.

Distinguished Visiting Scholar Program: We established a Distinguished Visiting Scholar Program to bring eminent researchers and scholars dedicated to improving the health of Latino communities nationally or globally to visit the University of Washington Seattle campus. As part of each visit, a series of events that engage faculty, staff, students and the broader community is organized.

CONCLUSION
In its initial two years, the Latino Center for Health has demonstrated success in establishing partnerships with community stakeholders and researchers that can translate research into culturally responsive evidence-based practices that promote meaningful and sustainable improvements in health and well-being. Also, the Center has been effective in leveraging institutional support for its activities and sustainability.

Continued funding support for the Latino Center is a key investment in the health and well-being of the diverse Latino community in Washington State. It will enable the Center to continue to grow its instrumental and catalytic leadership in 1) promoting effective community-academic partnerships, including with other colleges and universities in our region, and 2) conducting rigorous research that addresses salient health issues, informs policy development and decisions, and advances Latino health and well-being in impactful and innovative ways. In addition, the funding support will further enable the Latino Center for Health to train the next generation of scholars and leaders in response to the increasing number of Latino residents in our state and addresses persistent disparities experienced in accessing and utilizing services.
2016-2017 COMMUNITY SMALL GRANT AWARDS

Purpose: To support research collaborations between academic researchers and community-based organizations that investigate and promote meaningful and sustainable improvements in health for Latinos.

1. Understanding Barriers of Indigenous Migrant Seasonal Farm Workers Accessing Prenatal Care in Skagit and Whatcom Counties

The intent of this study will be to shed light on barriers to prenatal care in three unique indigenous populations (Mixtec, Triqui and Aguacateco) of farmworkers who live and work in Skagit and Whatcom counties in NW Washington. This eighteen-month study will capture survey data from 20 clinicians and utilize six volunteer Community Health Workers (CHW) to recruit and interview 80 indigenous women from three separate indigenous communities. Findings will inform delivery of care in health care settings to improve access to and delivery of appropriate and timely prenatal care. (Grant Amount: $20,000)

Partners:
Sea Mar Community Health Centers
Colleen Pacheco
Special Populations Program Manager
Skagit and Whatcom Counties
MSFW Promotores & Homeless Healthcare

University of Washington
Dr. Ileana Ponce-Gonzalez
Clinical Assistant Professor
UW Health Services and Board of Directors,
Community Health Worker Coalition for Migrants and Refugees

2. Addressing Depression in Latino Elders: Evaluating the Implementation of the Program to Encourage Active, Rewarding Lives (PEARLS)

The Program to Encourage Active, Rewarding Lives (PEARLS) is an evidence-based program (EBP) that teaches older adults problem-solving and behavioral activation skills to empower them to manage their lives and in turn reduce their depressive symptoms. The UW Health Promotion Research Center (HPRC) is assisting Florida Health Networks (FHN) in disseminating PEARLS in Florida. The project goal is to evaluate PEARLS with older Latino elders in Florida using the REAIM Framework. Specifically, HPRC and FHN will work together to 1) identify and evaluate what adaptations are needed to implement PEARLS with Latino elders, 2) describe which providers (including promotoras) and agencies are adopting PEARLS; and 3) evaluate the effectiveness of PEARLS with Latino elders on depression and patient-centered outcomes. We will disseminate project findings to PEARLS programs and other community-based organizations that work with Latino elders around the country, with a particular focus on our Washington State partners. (Grant Amount: $20,000)

Partners:
University of Washington
Dr. Mark Snowden, Associate Professor
Chief of Psychiatry, Harborview Medical Center

Florida Health Networks
Martha Pelaez
Vice President of Network Development
The partnership between Vive NW and UW CCC, in the context of a planning grant, would foster a unique collaboration between a community organization committed to connecting Latinos with nature and a team of scientists committed to research on the benefits of nature to humans. The research focus of this collaboration would be to explore the obstacles and accelerators for Latino children to connect with nature, and to work towards interventions that promote nature experiences for Latino children and families. (Grant Amount: $5,000)

**PARTNERS:**

Vive Northwest  
Jorge Guzman, Executive Director

University of Washington  
Dr. Julian D. Olden and Dr. Pooja Tandon

4. Addressing Language Needs to Improve the Health Care Access and Utilization by Latinos in Washington State
This one-year project proposal will strengthen a collaborative effort between investigators at the University of Washington (UW) and Washington State University (WSU), the Interpreter Services at Harborview Medical Center and the Washington State Coalition for Language Access (WASCLA) to develop a research plan to identify strategies to meet the healthcare communication needs of Latinos in WA State who have limited English proficiency (LEP). The proposed research project will have additional and timely value as a resource for guiding efforts to ensure culturally and linguistically appropriate services aimed at improving population health services and outcomes for all LEP populations statewide. (Grant Amount: $5,000)

**PARTNERS:**

Washington State Coalition for Language Access  
Joana Ramos, Co-Chair
Chair of Board of Directors Healthcare Committee

University of Washington  
Dr. Megan Moore  
Assistant Professor  
School of Social Work

5. The State of Latinos in South King County: Community Based Participatory Research (CBPR)
El Centro de la Raza will conduct a research project that uses CBPR and fully engage the community in the research process to determine the unique needs and priorities of Latinos in South King County. Existing data and research on Latino’s access to employment, housing healthcare, education, etc. inadequately captures the lived realities of the Latino community in this region. Furthermore, current research practices does not engage the community itself in how data is collected, analyzed and presented. This project seeks to change this by allowing communities of color most affected by institutional racism to provide direct feedback and inform El Centro’s future programming and advocacy work at the city, county and state level. (Grant Amount: $5,000)

**PARTNERS:**

Coalition of Communities of Color  
Dr. Shweta Moorthy, Researcher

El Centro de la Raza  
Estela Ortega, Executive Director

University of Washington  
Dr. Linda Ko, Assistant Professor  
Director Health Communication Research Center
## Latino Center for Health Advisory Board Members

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<tr>
<th>Name</th>
<th>Position</th>
<th>Organization/Institute</th>
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<tr>
<td>Peter Adler, MS</td>
<td>President</td>
<td>Molina Health Care of Washington</td>
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<tr>
<td>Hank Balderrama, MSW</td>
<td>Clinical Director</td>
<td>Comprehensive Life Services</td>
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<tr>
<td>Sandra Benavides-Vaello, PhD, RN</td>
<td>Assistant Professor, College of Nursing</td>
<td>Montana State University</td>
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<tr>
<td>Nate Miles, BA</td>
<td>Corporate Executive</td>
<td>Eli Lilly</td>
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<tr>
<td>Bertha Lopez, MBA</td>
<td>Community Health Planning and Development</td>
<td>Yakima Valley Memorial Hospital</td>
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<tr>
<td>Carolina Lucero, MSW</td>
<td>Senior Vice-President</td>
<td>Seamar</td>
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<tr>
<td>Ileana Ponce-Gonzalez, MD, MPH, CNC</td>
<td>Senior Advisor for Scientific and Strategic Planning</td>
<td>Migrant Clinicians Network</td>
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<tr>
<td>Sergio Aguilar-Gaxiola, MD, PhD</td>
<td>Director of UC Davis Center for Reducing Health Disparities</td>
<td>Professor of Clinical Internal Medicine</td>
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<tr>
<td>John Bassett, PhD</td>
<td>President</td>
<td>Heritage University</td>
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<tr>
<td>Adrian Dominguez, MS</td>
<td>Scientific Director – Urban Indian Health Institute, Seattle Indian Health Board</td>
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<tr>
<td>Phyllis Gutierrez-Kenney</td>
<td>Former Representative, Washington State House of Representatives, 46th District</td>
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<td>Marcos Martinez, MA</td>
<td>Executive Director</td>
<td>Casa Latina</td>
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<tr>
<td>Beti Thompson, PhD</td>
<td>Member and Associate Program Head</td>
<td>Associate Director of Minority Health and Health Disparities</td>
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<td>Fred Hutchinson Cancer Research Center</td>
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Presenters’ Biographical Information

Nancy Sugg MD, MPH received her Bachelor of Science from Duke University, her MD from University of Maryland and Internal Medicine residency training at University of Washington. She was a Robert Wood Johnson Clinical Scholars fellow and received her MPH from University of Washington. For the past 25 years she has been the Medical Director of Harborview’s Pioneer Square Clinic and Downtown Homeless Programs. With multiple community partners she has been involved in building various models of care to meet the medical and mental health needs of homeless patients. She is associate professor of medicine and enjoys her role as a clinician/teacher in training the next generation of physicians who will provide care to underserved and vulnerable populations.

Gino Aisenberg, PhD, MSW, born and raised in South-Central Los Angeles, is a bilingual/bicultural Latino mental health researcher. His interests focus on three interrelated areas: 1) traumatic exposure of children and families to community violence, 2) depression care for adults, and 3) evidence-based practice.

Dr. Aisenberg’s research, scholarship and teaching emanate from a staunch commitment to diverse and marginalized populations—to promote inclusion of their voices and to address disparities in the access and utilization of mental health services. Dr. Aisenberg is engaged in important partnerships with community-based agencies serving rural and marginalized communities.

In 2013, Dr. Aisenberg was named associate dean of the UW Graduate School with responsibility to promote and advance diversity and inclusion across graduate programs of study and to develop diversity-related initiatives.

Dr. Aisenberg is the founding co-director of the Latino Center for Health, an interdisciplinary, community engaged research center promoting the health and well-being of Latino communities.

In 2009, Dr. Aisenberg received the University of Washington Distinguished Teaching Award for his excellence in teaching as well as his exemplary commitment to mentoring students, particularly ethnic minority students.
Leo S. Morales, M.D., Ph.D., is Chief Diversity Officer for the School of Medicine and Professor in the Department of Medicine, Division of General Internal Medicine at the University of Washington. He is the Principal Investigator for the UW Health Professions Academy (HRSA funded) and the UW Summer Health Professions Education Program (RWJF funded). He also serves as Director for Center for Health Equity, Diversity and Inclusion and co-Director for the Latino Center for Health.

Prior to joining the University of Washington in 2014, Dr. Morales was a physician researcher at the Group Health Research Institute (GHRI) where he focused on disparities in health care and medication adherence in patients with chronic conditions and language barriers and served as co-Director the Institute for Translational Health Sciences (ITHS) Community Outreach Research Translation (CORT) Core, overseeing CORT’s outreach efforts to Latino communities throughout the WWAMI region (Washington, Wyoming, Alaska, Montana and Idaho).

Prior to joining Group Health, Dr. Morales was an Associate Professor in the Schools of Medicine and Public Health at UCLA (1998-2009) where he co-directed of the UCLA Resource Center for Minority Aging Research and directed the research methods core for the Drew-UCLA Project Export. Dr. Morales has been the recipient of a Robert Wood Johnson Foundation (RWJF) Harold Amos Career Development Award and a RWJF Policy Investigator Award. He was elected to the American Society for Clinical Investigation for his research in health disparities in 2006.

Rosa Peralta Landin is the Executive Director of the Latino Center for Health at the University of Washington. Prior to joining the Latino Center for Health, Ms. Peralta worked as a Program Officer at the Marguerite Casey Foundation (MCF). At MCF Ms. Peralta managed a multi-million dollar grants portfolio focused on building capacity for progressive change through multi-issue movement building in Arizona, New Mexico and Texas. Ms. Peralta Landin’s work has focused on developing practice standards to improve and increase collaboration among the federal government, state government, nonprofit organizations and stakeholders to promote and advance programs and systems that protect and advance the rights of youth and poor people. Ms. Peralta Landin graduated from Whitman College in Walla Walla with a bachelor’s degree in sociology. She is a PhD candidate (ABD) at the University of Michigan, where she earned her master’s degree in sociology.