2005 Greater Cincinnati Hispanic/Latino Health Survey

The Health Foundation of Greater Cincinnati

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- Discover Health! Adventures in Learning
- HealthCare Connection at Lincoln Heights
- National Institute for Occupational Safety and Health
- Northern Kentucky Area Health Education Center
- Northern Kentucky Health Department
- Northern Kentucky University Latino and Multicultural Center for Regional Development
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- Santa Maria Community Services
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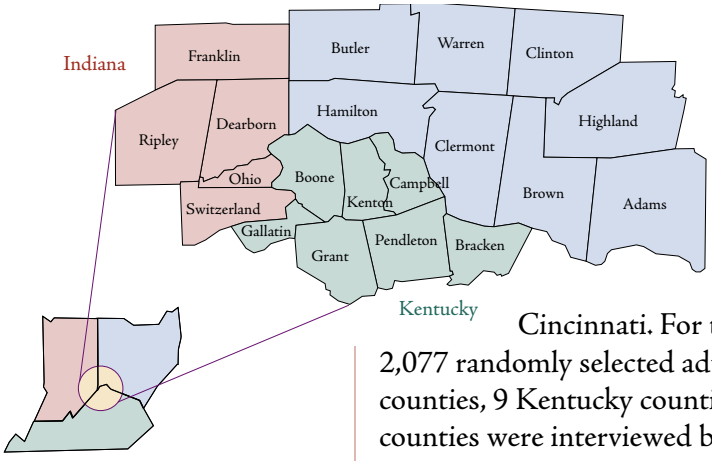
Introduction

The *2005 Greater Cincinnati Hispanic/Latino Health Survey* provides the first in-depth description of the self-reported demographics and acculturation levels, health care access, and health behaviors of Hispanic/Latino residents of the tri-state, 20-county region surrounding Cincinnati, Ohio (see map). Through comparison to national rates as well as similar regional data, this summary documents how the Hispanic/Latino residents surveyed are faring. This summary and the survey data will provide valuable information to local health and social service providers, policymakers, and residents as they work to improve the overall health of the Greater Cincinnati community.



The Health Foundation of Greater Cincinnati assembled a committee of representatives from over 30 health and social service agencies, universities, and other community groups to help design the survey. The final survey measured demographic, acculturation, and health access, status, and behavior indicators. The Health Foundation and the survey committee designed the survey to be administered orally and in-person to reduce difficulties associated with varying literacy and education levels. Respondents to the survey could choose to take the survey either in English or Spanish.

The survey committee's goal was to survey a minimum of 500 Hispanic/Latino adults, or about 1% of the area's estimated 58,000 Hispanic/Latino residents. Trained field researchers conducted 535 surveys in-person with self-identified Hispanic/Latino adults during the Su Casa Hispanic Festival, September 10–11, 2005. This regional festival typically draws 20,000–30,000 people from a wide range of ethnic groups, but has a larger proportion of Hispanic/Latino attendees than any other single event in the region.

Whenever possible in this report, we compare the results of the *2005 Greater Cincinnati Hispanic/Latino Health Survey* with the results of the *2005 Greater Cincinnati Community Health Status Survey* (GCCHSS). The GCCHSS is a project of The Health Foundation of Greater Cincinnati and is conducted by the Institute for Policy Research at the University of Cincinnati. For the GCCHSS, a total of 2,077 randomly selected adults residing in 8 Ohio counties, 9 Kentucky counties, and 5 Indiana counties were interviewed by telephone between August 16 and October 24, 2005. The potential sampling error for the GCCHSS is ±2.2%. For more information, please visit our web site at www.healthfoundation.org/gcchss.html. For the complete survey dataset, visit www.oasis.uc.edu.

Limitations

The location for survey administration for the *2005 Greater Cincinnati Hispanic/Latino Health Survey* was selected because of the popularity of the event, thus ensuring that at least 500 adults would be surveyed. However, this convenience sample meant we were unable to randomly select from a predetermined population of Hispanic/Latino adults. Survey respondents were 60% male and 40% female, while

according to the 2000 Census, the region is 48% male and 52% female. Anecdotal reports suggest that the *Hispanic/Latino Health Survey* respondents' gender ratio is similar to the Hispanic/Latino adult gender ratio in the Greater Cincinnati area; however, there are no reliable data to show this. Further, the vast majority of residents reported living in Ohio (92%), with only 8% from Kentucky and none from Indiana. Therefore, the results of this survey are representative of the respondents of the survey, not necessarily of Greater Cincinnati's Hispanic/Latino Community as a whole.

Key Findings

Demographics

- Respondents to the survey reported originating from 18 different countries in North, Central, and South America and the Caribbean. The top four countries identified included Mexico (40.0%), Guatemala (16.0%), Peru (13.4%), and Colombia (5.9%).
- The majority of respondents were newcomers, with over 90% coming to the United States since 1987 and almost 60% since 2000.
- Three-quarters of respondents arrived in the Greater Cincinnati region in the last 5 years.
- Nearly half of the sample reported at least 9 years of schooling and 29.2% more than 12 years.

Acculturation

- Almost 80% of the respondents reported a preference for Hispanic/Latino social environments and the Spanish language over English. This indicates a low level of acculturation to the American culture.

Health status

- Hispanic/Latino respondents perceive themselves to be in good health, with 96.1% of the respondents reporting that their health was good, very good, or excellent.
- Respondents reported lower or similar rates of chronic physical illnesses compared to the Greater Cincinnati region. The only exception was chronic digestive disease, which was slightly higher (7.1% for respondents vs. 5.7% for the regional rate).
- Hispanics/Latinos had about the same percentage of overweight respondents as did the Greater Cincinnati region, but far fewer Hispanics/Latinos were obese compared to the region.

Health insurance coverage

- The majority of Hispanic/Latino respondents did not have health insurance.

Access to healthcare

- Just under 60% of Hispanics/Latinos (58.6%) reported having a usual source of care, or medical home, compared to 79.7% of the region.
- Hispanics/Latinos reported going to community health centers or clinics or private doctor's offices the most when they are ill.
- The high cost of care, lack of insurance, and the inability to communicate with a healthcare provider were the most frequently experienced barriers to getting healthcare.

Prenatal care and birth outcomes

- The majority of female Hispanics/Latinos who had ever been pregnant reported receiving prenatal care.
- 1 in 10 female respondents reported that their last child born had a low or very low birthweight.

Mental health

- Respondents had a slightly higher rate of experiencing psychological distress but a lower rate of depression than the region.

Cigarette and alcohol use

- Fewer Hispanics/Latinos reported smoking than the regional rate, but both groups have higher rates than the national rate.
- More Hispanics/Latinos reported binge drinking (consuming 5 or more drinks on one occasion) than the regional rate.

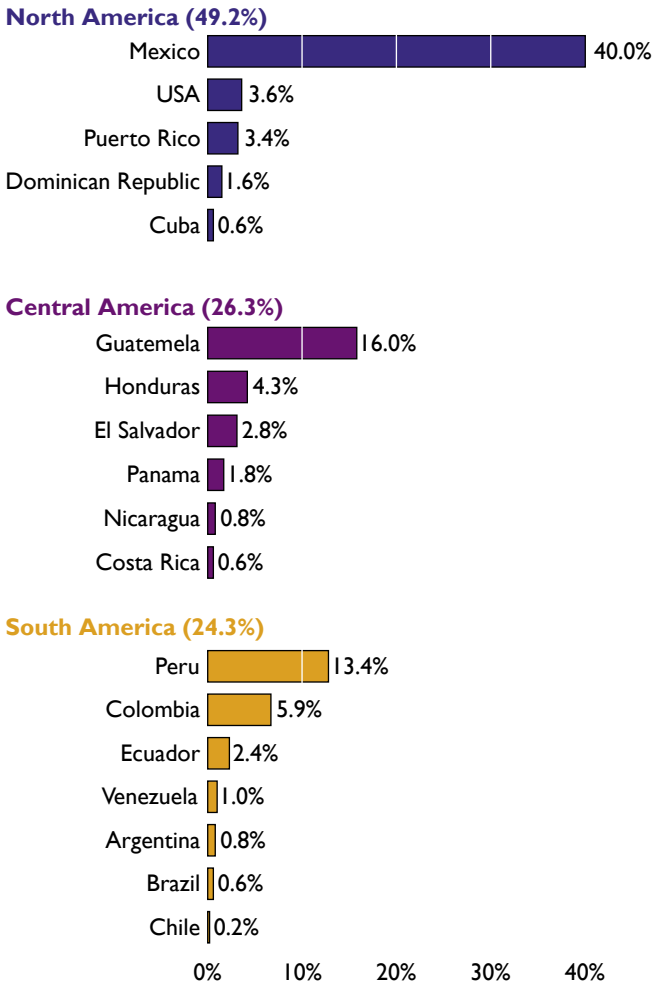
Demographics

Country of origin

Three-fourths (75.3%) of survey respondents came from 1 of 4 countries: Mexico (40.0%), Guatemala (16.0%), Peru (13.4%) and Colombia (5.9%). The remaining one-quarter came from 14 other countries.

About half the respondents (49.2%) came from a country in North America, and the other half came from Central American (26.3%) or South American (24.3%) countries.

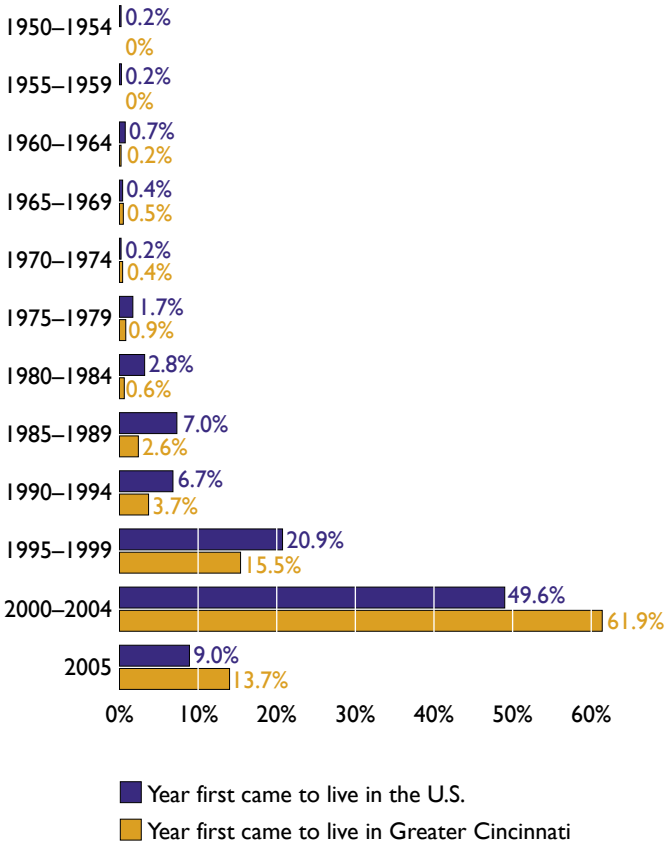
What country were you born in? (n=507)



Length of time in the United States and in Greater Cincinnati

The majority of the survey respondents are newcomers to the United States and Greater Cincinnati. Very few respondents came to the U.S. (6.2%) or region (2.6%) prior to 1985. Almost 60% of respondents (58.6%) first came to live in the U.S. between 2000–2005, and three-quarters (75.6%) first came to live in Greater Cincinnati between 2000–2005.

In what year did you first come to live in the U.S. (n=411) and in Greater Cincinnati (n=459)?

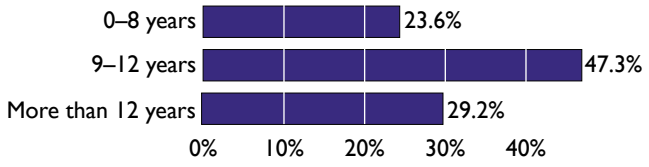


Schooling

Respondents were asked how many years of schooling he or she completed. More than three-quarters of respondents (76.4%) had completed 9 or more years of schooling, and just under one-third (29.2%) had completed more than 12 years. Completing 12 years of schooling does not necessarily mean the respondents earned the U.S. equivalent of a high school diploma. Different countries have different educational systems and diploma requirements. We do not know in which country or countries this schooling took place.

The top four countries of origin of the respondents (Mexico, Guatemala, Peru, and Colombia) require approximately 9 years of compulsory education (or until age 15 or 16). Other countries require different amounts of compulsory education. Also, all countries of origin of the respondents have different federal subsidy policies for education. In some countries, schooling is government-funded for only the first 4–5 years, and families are responsible for paying for schooling beyond that. In others, schooling is government-funded for 10 or more years. Depending upon the country of origin, some respondents may not have been financially able to complete more schooling than what was subsidized by the government.

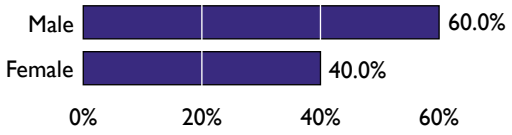
How many years of schooling did you complete? (n=535)



Sex

More men (60.0%) than women (40.0%) responded to the survey. This ratio is different from the region's ratio of 48% men and 52% women, as found in the 2000 Census. Anecdotal reports suggest that the *Hispanic/Latino Health Survey* respondents' gender ratio is similar to the Hispanic/Latino adult gender ratio in the Greater Cincinnati area; however, there are no reliable data to prove this.

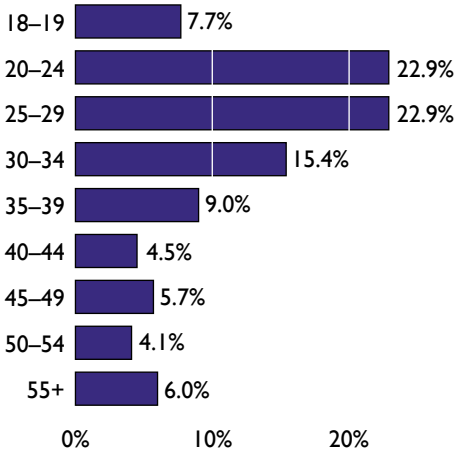
Sex (n=530)



Age

Respondents had to be at least 18 years old to participate. The majority of respondents (68.9%) were under age 34, with more than two-thirds (38.3%) ages 25–34.

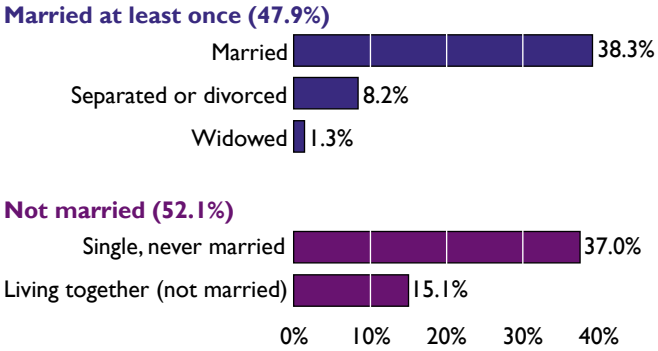
What is your age? (n=533)



Marital status

Less than half the respondents (47.9%) had been married at least once, and 37.0% were single, never married.

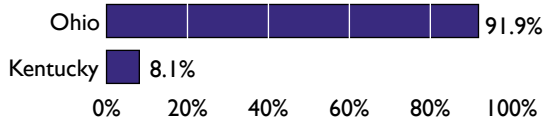
What is your marital status? (n=535)



State of residence

We asked respondents for their ZIP code and from this determined their state of residence. The vast majority of respondents (91.9%) lived in Ohio, where the survey administration occurred.

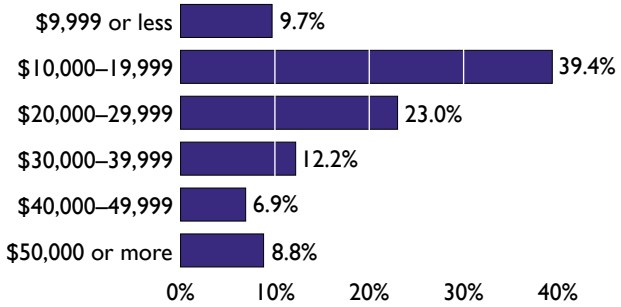
State of residence (n=443)



Income

Nearly half the respondents (49.1%) reported earning less than $20,000 per year. This represents the respondent's personal income and does not take into account income from other members of the household. In addition, we did not ask for household size and so can not determine where in the federal poverty guidelines the survey respondents fall.

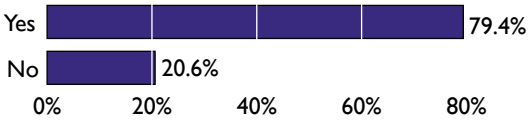
How much do you earn each year? (n=434)



Employment status

We asked respondents if they were currently employed. The majority (79.4%) reported being employed. No data were collected to indicate whether the unemployed were voluntarily unemployed or unable to locate employment.

Are you employed at this time? (n=520)



Acculturation

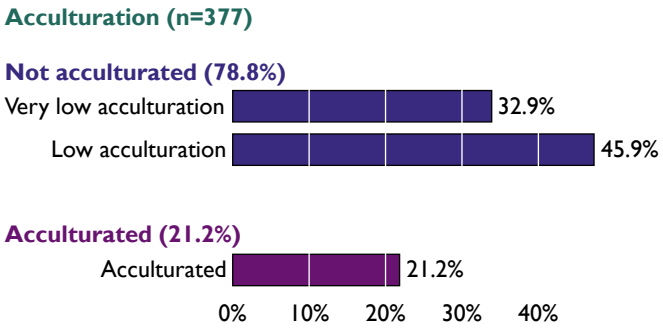
Acculturation is the process by which a person becomes familiar and comfortable with a particular culture. People who are not yet acculturated may not fully understand how the new culture works and how to access healthcare, education, and other services. They could be at a disadvantage if services appropriate to their native culture are not available to them.

We measured acculturation of survey respondents using the Marin & Sabogal short 12-item scale[1]. This scale measures language use and preference as well as social environment behavior and preference. Respondents who:

- had at least equal preference for both American and Hispanic/Latino social environments or preferred American environments, and
- who used English and Spanish at least equally or preferred English

were considered to be acculturated to American culture.

The majority of respondents (78.8%) were not acculturated to the predominant American culture in Greater Cincinnati. Just under one-third (32.9%) had very low acculturation levels, meaning that Spanish was their predominant or only language or that the Hispanic/Latino culture was their preferred or only social environment.



These findings suggest a need to help acquaint Hispanic/Latino newcomers with all aspects of the American healthcare system and community services while simultaneously identifying and enhancing services appropriate to their native cultures.

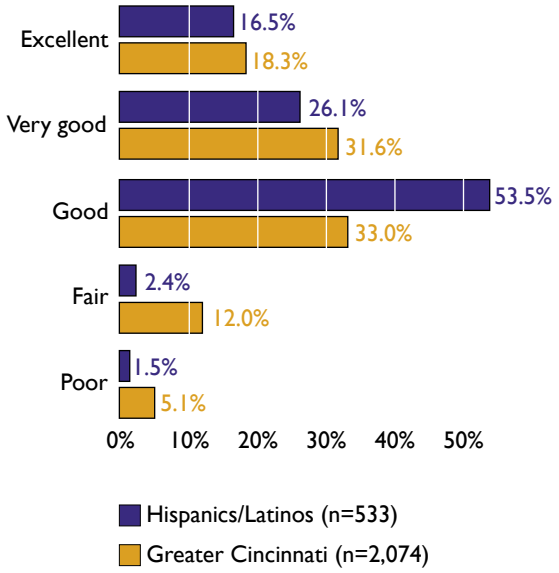
[1]*Marin, G., Sabogal, F., Marin, B., Otero-Sabogal R., & Perez-Stable, E. (1987). Development of a short acculturation scale for Hispanics. Hispanic Journal of Behavioral Sciences. 9, 183-205.*

Health Status

General health status

The majority of survey respondents (96.1%) rated their general health status as good (53.5%), very good (26.1%), or excellent (16.5%). Although slightly fewer Hispanics/Latinos rated their health as very good or excellent compared to the Greater Cincinnati regional rate, far fewer Hispanics/Latinos rated their health as fair or poor compared to the regional rate. However, the Hispanic/Latino survey respondents were relatively young—almost 70% were age 34 or younger—which may account for the differences in their general and physical health status, weight status, and diagnoses of certain diseases and conditions when compared to the region.

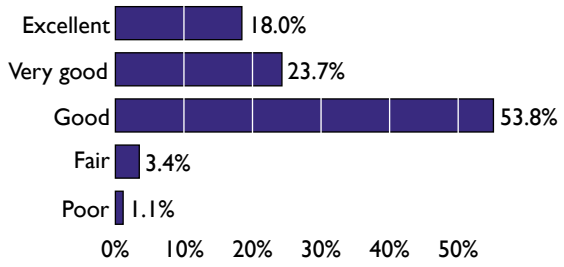
In general, would you say your health is…



Physical health status

As with general health status, the vast majority of survey respondents (95.5%) rated their physical health as good (53.8%), very good (23.7%) or excellent (18.0%).

In general, would you say your physical health is… (n=532)



Weight status

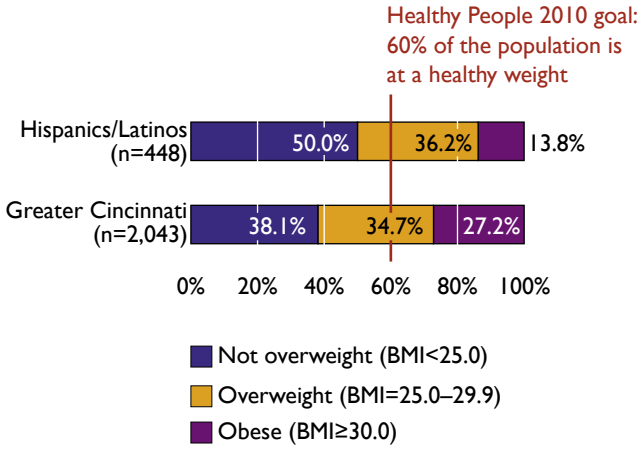
We asked survey respondents for their height in inches and weight in pounds. From these data, we calculated their Body Mass Index (BMI)[2]. Definitions of weight status based on BMI are:

- People are **not overweight** if they have a BMI less than 25.0.
- People are **overweight** if they have a BMI of 25.0–29.9.
- People are **obese** if they have a BMI greater than 30.0.

The Healthy People 2010 goal is that 60% of the population is at a healthy weight.

Half of the survey respondents were overweight (36.2%) or obese (13.8%), and half were not overweight (50.0%). Although Hispanics/Latinos had about the same percentage of overweight respondents as did the Greater Cincinnati region, far fewer Hispanics/Latinos were obese compared to the region.

Weight status based on BMI

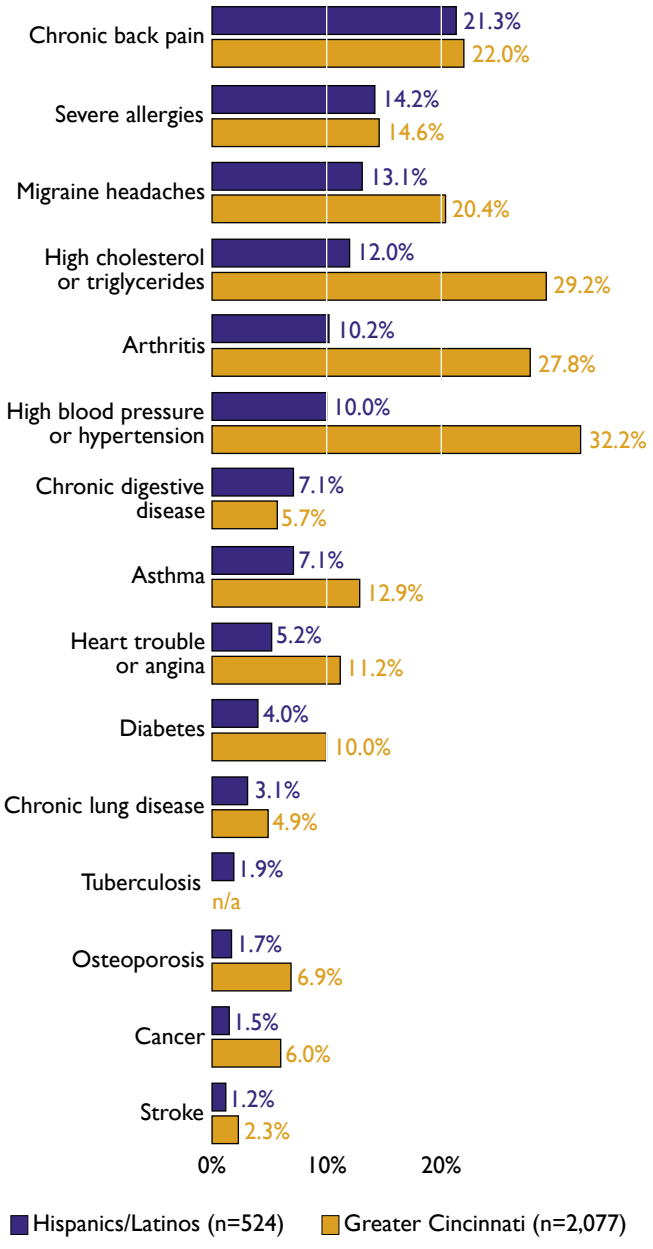


[2]*BMI is calculated by dividing a person's weight in pounds by their height in inches squared, and then multiplying that result by 703.*

Specific diagnoses and conditions

The top 5 chronic conditions the *Hispanic/Latino Health Survey* respondents reported having were chronic back pain (21.3%), depression (16.3%; see the "Mental Health" section on page 21), severe allergies (14.2%), migraine headaches (13.1%), and high cholesterol (12.0%). With the exception of chronic digestive disease, Hispanics/Latinos reported lower rates of specific conditions than the regional rate.

Has a doctor or other healthcare provider ever told you you had…

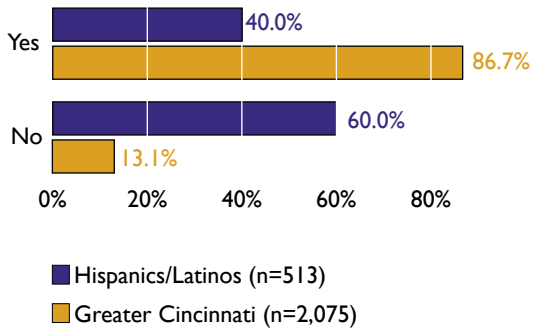


Health Insurance Coverage

National studies have found Hispanics/Latinos to have among the lowest rates of health insurance coverage of all major ethnic groups. For example, the Centers for Disease Control and Prevention's 2004 Behavioral Risk Factor Surveillance Survey (BFRFSS) estimated that just over a third of Hispanic/Latino adults nationwide do not have health insurance coverage.

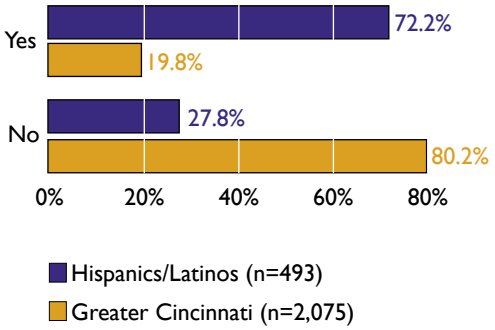
In Greater Cincinnati, the majority of *Hispanic/Latino Health Survey* respondents (60.0%) reported that they did not have any insurance currently, compared to regional rate of 13.1%.

Do you currently have any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?



During the last 12 months, almost three-quarters of Hispanic/Latino respondents (72.2%) were without health insurance or healthcare coverage at some point, compared to the regional rate of 19.8%.

During the past 12 months, was there any time that you did not have health insurance or healthcare coverage?



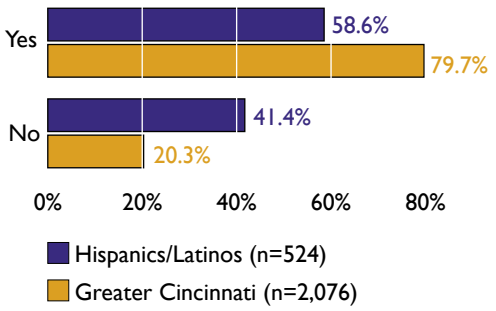
Access to Healthcare

Medical home

A "medical home" is a term for the place a person usually goes to get healthcare. A medical home can be any type of healthcare provider, such as a private doctor's office, a community health center or clinic, or a hospital outpatient department. People with an appropriate medical home are more likely to get timely medical care.

Just over half the *Hispanic/Latino Health Survey* respondents (58.6%) have a usual place of care, or a medical home, compared to the regional rate of 79.7%.

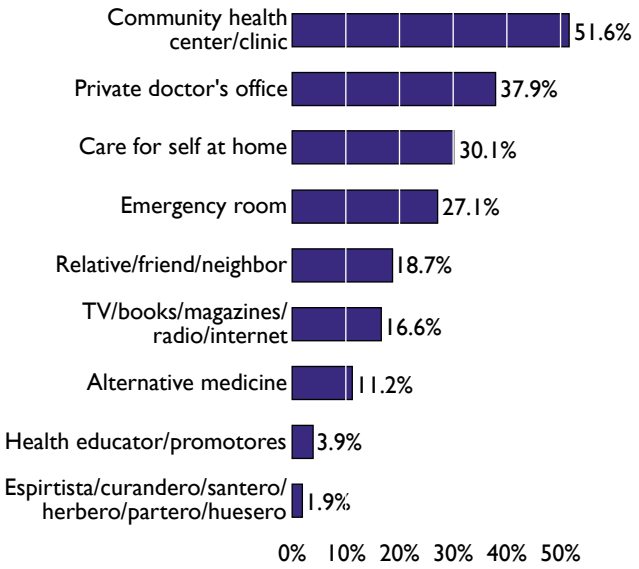
Is there one particular clinic, health center, doctor's office, or other place that you usually go if you are sick or need advice about your health?



Where people go for help when they are ill

We asked survey respondents where they go for help when they are ill. Common responses were community health center/health clinic (51.6%), private doctor's office (37.9%), or prefer to care for themselves at home (30.1%). *(Note: respondents could choose more than one location, so percentages will not add up to 100%.)*

When you are ill, where do you go for help? (n=535)

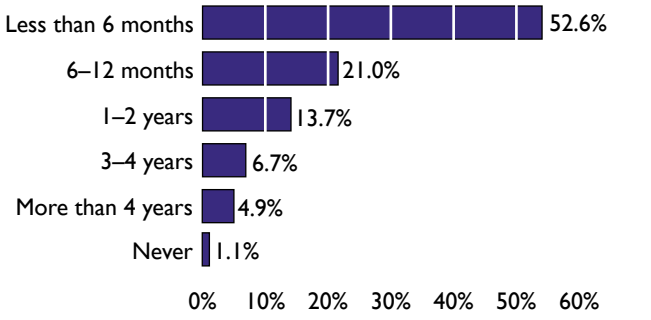


We also asked which one place respondents went to the most for help when they are ill. The one place respondents reported going to the most was a community health center or clinic (31.4%), private doctor's office (30.0%), or emergency room (11.0%); at home caring for themselves (10.1%); or to a relative, friend, or neighbor (7.6%).

Time since last doctor visit

Almost three-quarters of survey respondents have seen a doctor in the last year (73.6%), and more than half (52.6%) had seen a doctor in the past 6 months. More than 1 in 10 (12.7%) hadn't seen a doctor for 3 or more years.

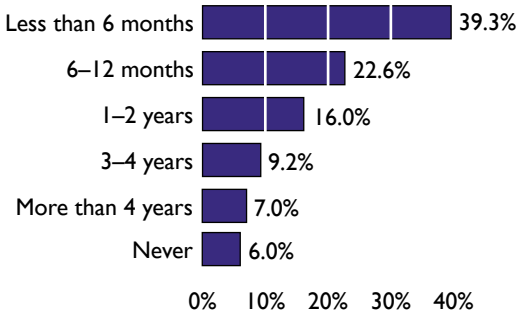
How long has it been since you last saw a doctor? (n=534)



Time since last dental visit

Although the majority of respondents (61.9%) had visited a dentist or dental clinic in the past year, 13% hadn't visited a dentist or dental clinic in more than four years (7.0%) or ever (6.0%).

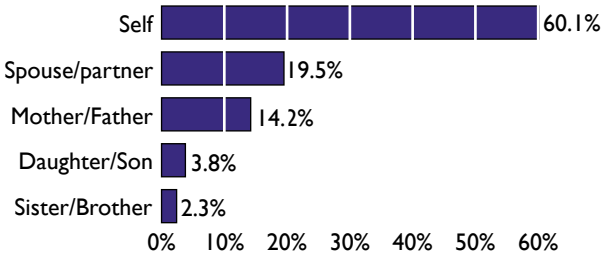
How long has it been since you last visited a dentist or dental clinic for any reason? (n=532)



Healthcare decisionmaking for the family

The majority of survey respondents reported that they themselves (60.1%) or their partners/spouses (19.5%) were responsible for making decisions about healthcare for their families.

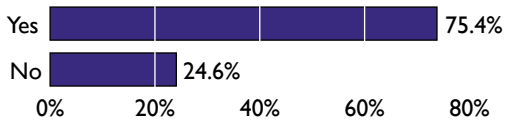
Who is responsible for making the majority of the healthcare decisions about your family? (n=471)



Availability of transportation

Having available transportation can affect how and when people get healthcare when they need it. About one-quarter of respondents (24.6%) do not have access to a car or other reliable transportation other than public transportation.

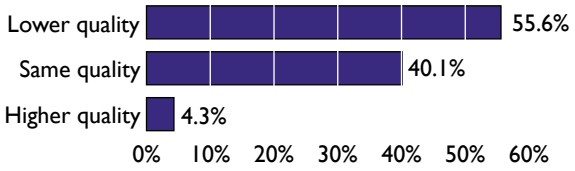
Do you have access to a car or other reliable transportation, other than public transportation? (n=529)



Quality of care

Just over half the respondents (55.6%) think that Hispanics/Latinos receive lower quality of healthcare services than non-Hispanics/Latinos.

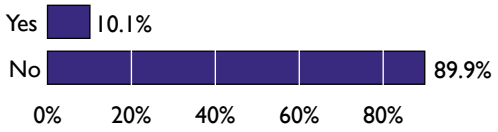
Do you think most Hispanics/Latinos receive lower quality, the same quality, or higher quality of healthcare services than non-Hispanic/Latinos? (n=484)



Perceived discrimination

The majority of survey respondents (89.9%) did not feel that they had ever been discriminated against by a doctor or health provider.

Have you ever felt discriminated against by a doctor or health provider? (n=506)

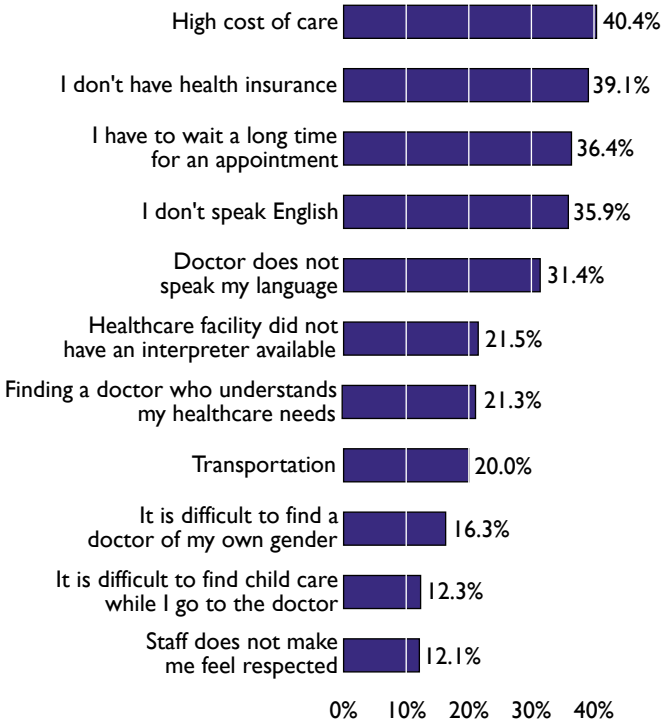


Of the respondents (10.1%) who felt discriminated against, 25.5% felt it was because they were Hispanic/Latino or because of their skin color and 11.8% felt it was because they didn't speak English or the doctor or provider didn't understand them. Those who felt discriminated against also felt that they had to wait longer (27.6%) or received poor quality of care, rude treatment, or no respect (17.7%) because of this discrimination.

Problems encountered when trying to get health services

We asked respondents if they encountered any problems when trying to obtain health services. Although 14.4% reported they had not had any difficulty trying to obtain health services, more than 8 in 10 respondents (85.6%) reported difficulties. The most frequently reported were high cost of care (40.4%), a lack of health insurance (39.1%), long wait times for appointments (36.4%), their own inability to speak English (35.9%), and the inability of the doctor to speak their language (31.4%). *(Note: respondents could choose more than one encountered problem, so percentages will not add up to 100%.)*

Have you encountered any of these difficulties in trying to obtain healthcare? (n=535)



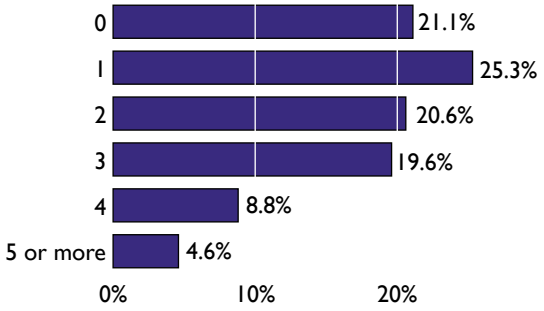
When asked which one problem they encountered the most, respondents reported their own ability to speak English (21.4%), high cost of care (12.1%), long wait times for an appointment (11.4%), no health insurance (10.5%), and the doctor not speaking their language (6.0%) as the one problem they encountered the most.

Prenatal Care and Birth Outcomes

Number of pregnancies

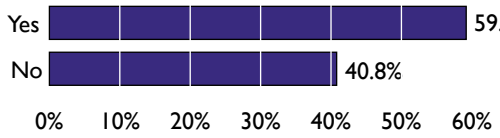
We asked the women who responded to the survey the number of times they had been pregnant. Almost half the female respondents (45.9%) had been pregnant 1 or 2 times, and 21.1% had never been pregnant.

How many times have you been pregnant (including miscarriages and children not surviving)? (n=194)



Almost 60% of female respondents who had been pregnant at least once reported being in the U.S. for their last pregnancy.

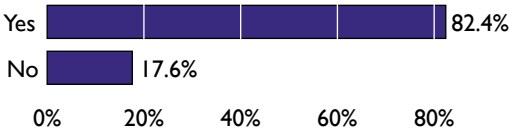
Were you in the U.S. for your last pregnancy? (n=157)



Prenatal care

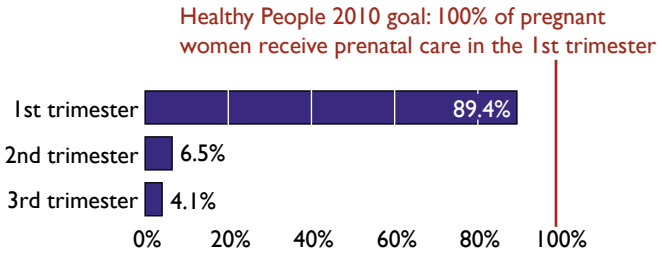
Most of the female respondents who had ever been pregnant (82.4%) received prenatal care during their last pregnancy.

During your last pregnancy, did you receive prenatal care? (n=153)



Of those who had prenatal care, 89.4% began that care during their first trimester.

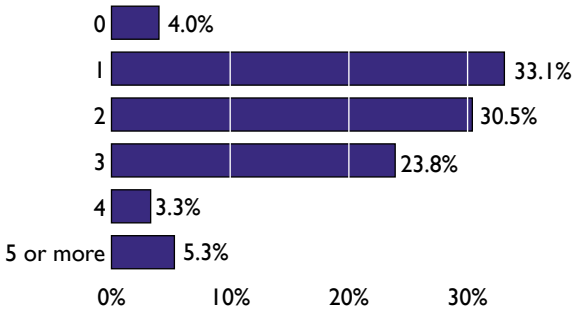
When did you first go to the doctor for prenatal care? (n=123)



Number of births

Just over 90% of female respondents who had been pregnant had birthed 1–2 children (63.6%) or 3–4 children (27.1%).

How many children have you birthed? (n=151)

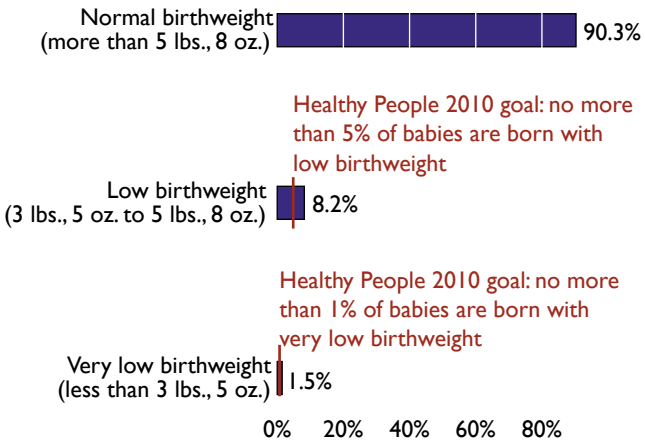


Birthweight of last child born

Birthweight is an established indicator of neonatal health. Low birthweight is defined as a baby who is less than 5 pounds, 8 ounces at birth. Very low birthweight is less than 3 pounds, 5 ounces at birth. Babies who are more than 5 pounds, 8 ounces at birth are considered to have a normal birthweight.

We asked female respondents who had been pregnant for the birthweight of their last baby. Although the majority of female respondents (90.3%) reported birthweights of their last baby in the normal range, about 1 in 10 women reported low birthweights (8.2%) or very low birthweights (1.5%).

How much did your last baby weigh at birth? (n=134)

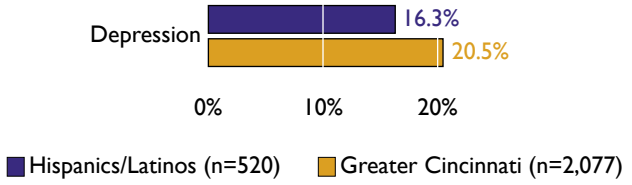


Mental Health

Depression

We asked respondents if a doctor or other healthcare provider had ever told them they had depression. The rate for Hispanic/Latino respondents was lower than the regional rate.

Has a doctor or other healthcare provider ever told you you had…

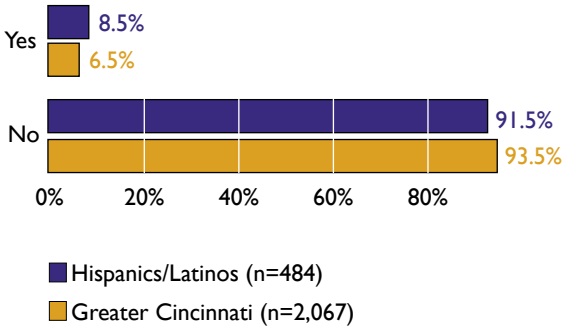


Psychological Distress

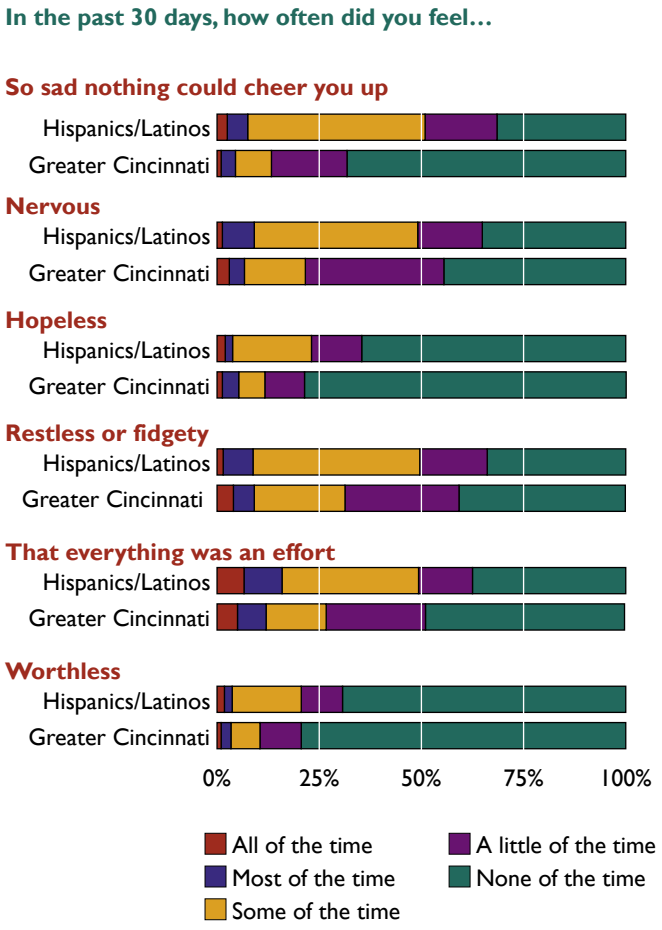
We asked respondents to the survey questions from the serious psychological distress scale, or K6, which is a set of six questions developed to identify people with serious mental illnesses in as few questions as possible. The answers to these questions are compiled into a single summary score ranging from 0–24 points. A score of 13 or higher indicates psychological distress and, therefore, presence of a serious mental illness. To get a score of at least 13, a person would have to answer "some of the time" to 5 questions and "most of the time" to the 6th question.

Hispanic/Latino respondents had slightly higher rates (8.5%) of psychological distress in the past 30 days compared to the region (6.5%).

People experiencing psychological distress in the past 30 days



On the individual questions from the K6, compared to the Greater Cincinnati regional rate, Hispanic/Latino respondents had slightly higher or similar rates of experiencing the specific feelings "most of the time" or "all of the time." However, they generally had lower rates of experiencing the specific feelings "a little of the time" or "none of the time" as compared to the regional rate. (*See the next page for the graph and table of data.*)



In the past 30 days, how often did you feel…

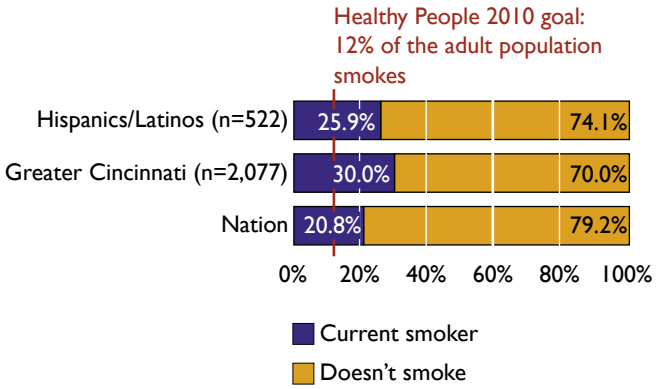
So sad nothing could cheer you up	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Hispanics/Latinos (n=521)	2.5%	5.0%	43.4%	17.7%	31.5%
Greater Cincinnati (n=2,076)	1.0%	3.5%	8.8%	18.5%	68.2%
Nervous					
Hispanics/Latinos (n=519)	1.3%	7.7%	40.1%	15.8%	35.1%
Greater Cincinnati (n=2,076)	3.0%	3.7%	14.9%	33.9%	44.5%
Hopeless					
Hispanics/Latinos (n=506)	2.0%	1.8%	19.4%	12.3%	64.6%
Greater Cincinnati (n=2,076)	1.3%	4.0%	6.4%	9.7%	78.7%
Restless or fidgety					
Hispanics/Latinos (n=522)	1.5%	7.3%	40.8%	16.5%	33.9%
Greater Cincinnati (n=2,076)	4.0%	5.1%	22.2%	27.9%	40.7%
That everything was an effort					
Hispanics/Latinos (n=515)	6.6%	9.3%	33.4%	13.2%	37.5%
Greater Cincinnati (n=2,071)	5.0%	7.0%	14.7%	24.3%	48.7%
Worthless					
Hispanics/Latinos (n=514)	1.8%	1.9%	16.9%	10.1%	69.3%
Greater Cincinnati (n=2,076)	1.0%	2.4%	7.1%	10.1%	79.4%

Cigarette and Alcohol Use

Cigarette smoking

The Greater Cincinnati region has higher rates of smoking (30.0%) than the national rate (20.8%). Just over one-quarter of the Hispanic/Latino respondents to the survey (25.9%) were current smokers, falling between the national and regional rates.

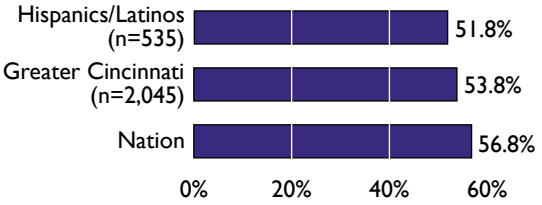
Current smokers



Alcohol use

Just over half of Hispanic/Latino respondents (51.8%) reported having at least one alcoholic drink in the past 30 days. This is slightly lower than both the Greater Cincinnati regional rate (53.8%) and the national rate (56.8%).

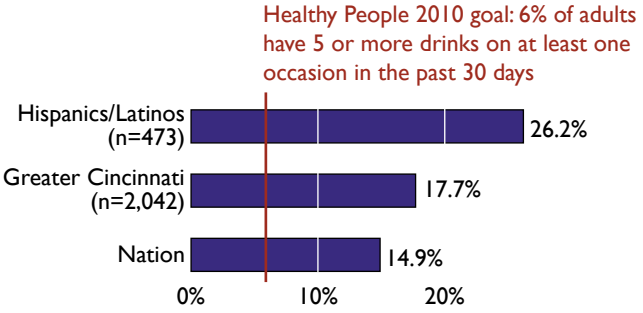
People who have had at least one drink of any alcoholic beverage in the past 30 days



Binge drinking

Hispanic/Latino respondents (26.2%) and Greater Cincinnatians in general (17.7%) binge drink at higher rates than the national rate (14.9%). However, these rates are all 2–4 times as high as the Healthy People 2010 goal of only 6% of adults binge drinking in the past 30 days.

People who have had 5 or more drinks on at least one occasion in the past 30 days



Methodology

The *2005 Greater Cincinnati Hispanic/Latino Health Survey* was designed to give health care providers and health policy decisionmakers a profile of the health status of the Hispanic/Latino community in the Greater Cincinnati region. Because the Hispanic/Latino population in Greater Cincinnati is relatively small (under 3%), traditional random-selection methods for data collection such as telephone survey or face-to-face household interviews are impractical and cost prohibitive.

The *Hispanic/Latino Health Survey* methodology provides a random sample of self-identified Hispanics/Latinos attending a large Hispanic festival in Cincinnati, Ohio, in September 2005. Caution should be used in attempting to generalize these data in describing the health status of the entire Hispanic/Latino population in Greater Cincinnati.

Survey development

The Health Foundation of Greater Cincinnati and a committee of representatives from over 30 health and social service agencies, universities, and other community groups developed the survey in English first. The Foundation and committee pulled some questions from the *2005 Greater Cincinnati Community Health Status Survey* and national surveys to allow results to be compared to the region and nation, when appropriate. Once the English version was complete, Sofia Moyano-Kleckner, an independent consultant, translated the survey into Spanish. Dr. Liliana Rojas-Guyler of The University of Cincinnati verified the translation.

Survey implementation

The *2005 Hispanic/Latino Health Survey* used face-to-face interviews of a randomly selected sample of Hispanics/Latinos attending the 2005 Su Casa Hispanic Festival held September 10–11, 2005, at the Hamilton County Fairgrounds. This method, commonly referred to as an Intercept Methodology, attempted to randomly select festival attendees to minimize possible self-selection and interviewer-selection biases.

The intercept model requires that respondents be randomly selected at fixed time intervals from a fixed geographic location within the festival space. Specifically, the Hispanic Festival space was divided into four equal-sized areas, or quadrants. A survey interceptor located him- or herself in the center of a quadrant, and approached every seventh apparent adult to pass his or her position. This person was invited to participate in the *Hispanic/Latino Health Survey* and directed to a central location to be interviewed by trained, face-to-face interviewers. The survey was conducted in Spanish or English, as selected by the respondent. Respondents were given $10 in either festival tickets or a gift certificate as incentive for participation. In all, 1,489 Festival attendees were approached for participation and 535 completed surveys.

Researchers collected and edited completed survey forms prior to data entry to ensure data quality and standardization, including translation of specific items (height, weight) from metric to English equivalents. Researchers cleaned the data and prepared the data tables used for this summary. For the full dataset, please visit www.oasis.uc.edu.

About the Health Foundation

Since 1997, The Health Foundation of Greater Cincinnati has invested over $76 million to address health needs in the 20-county region surrounding Cincinnati. The majority of our work falls within our four focus areas:

- Community Primary Care
- School-Aged Children's Healthcare
- Substance Use Disorders
- Severe Mental Illness

The Health Foundation promotes data-driven decision making in our own work and in the work of grantees and community organizations. Our Health Data Improvement Program assists nonprofit organizations with developing their own local data and finding regional and national benchmarks for comparison.

Since 1999, the Health Foundation has conducted the *Greater Cincinnati Community Health Status Survey* (GCCHSS), a telephone survey of adults in the region. The GCCHSS does not capture an accurate picture of the growing Hispanic/Latino population in the region. We developed the *Hispanic/Latino Health Survey* to provide important information to the healthcare providers, social services organizations, and other community groups working with the Hispanic/Latino population.

Our local data, including the *Hispanic/Latino Health Survey* and *GCCHSS,* are available on OASIS, a powerful web-based tool that allows users to conduct data analyses without needing special software on their computer. Visit OASIS at http://www.oasis.uc.edu.

For more information about the Health Foundation, our grantmaking interests, and our other publications, please contact us at 513-458-6600, toll-free at 888-310-4904, or visit our web site at http://www.healthfoundation.org.

Our **mission** is to improve the health of the people of the Cincinnati region.

Our **vision** is to be one of the healthiest regions in the country.

Our **values** are:

- » Innovation. We are a catalyst in creating innovative solutions to promote enduring change.
- » Caring. We are committed to serving vulnerable and underserved populations.
- » Education. We believe in the power of education to transform communities.
- » Stewardship. We operate in an accountable, ethical, and transparent manner.

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