

Strategic Plan to Eliminate Health Disparities in New Jersey

2007 Update

New Jersey Department of Health & Senior Services



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Strategic Plan to Eliminate Health Disparities in New Jersey 2007

Summary of Actions Update

December 2007

Since the release in March 2007 of the *Strategic Plan to Eliminate Health Disparities in New Jersey*, the New Jersey Department of Health and Senior Services (NJDHSS) has made notable strides in its efforts to address health disparities. The plan covers several areas where steps to strengthen and expand efforts already in place are listed as objectives for accomplishing the major goal of eliminating health disparities in New Jersey. In those focus areas—which were separated into two major categories: medical areas and departmental infrastructure—there has been some significant progress.

Health disparities are complex and longstanding; addressing them requires many comprehensive approaches. To measure the impact a health disparities initiative may have on health outcomes requires time and an understanding of these complexities. Specific measurements of success are limited at this point—just nine months since the release of the Plan. While the medical areas (i.e., specific programs and initiatives of the Department) are moving toward accomplishing objectives, it is the infrastructure areas where it is possible to see the most tangible progress in reaching short term objectives. The infrastructure areas—language access, data, minorities in the health professions and community

links—strengthen the department's ability to set examples in critical components of the Eliminating Health Disparities Initiative. This is important because progress in this area provides a foundation for the more comprehensive approach needed to addressing health disparities. NJDHSS major new initiatives have been in the areas of language access and data. In the infrastructural area of language access, the department has made several significant steps in improving its ability to provide culturally competent resources for New Jersey's diverse population. Through collaborative projects with the New Jersey Hospital Association, the NJDHSS implemented a demonstration project to train bilingual staff as medical interpreters. Shore Memorial Hospital, South Jersey Hospital, and AtlantiCare will be the first hospitals in the state where bilingual staff will be trained. For the first time, medical interpreters are making use of a communication picture board distributed widely by NJDHSS. Two thousand five hundred boards were distributed to hospitals and Family Qualified Health Centers (FQHCs). The Department has also created an invaluable resource by adding a Spanish portal to its Office of Minority and Multicultural Health (OMMH) website. This portal provides health education resources and information in Spanish. In addition, OMMH provided a training seminar in health literacy in order to increase access to easy to read health educational materials in English and in other languages.

In the area of data, NJDHSS has made significant policy changes to standardize statewide practices in collecting and reporting racial and ethnic data. The

Department has established policy that requires all hospitals to report data on race and ethnicity as well as primary language spoken in uniform categories. In December 2007, Dr. Jacobs issued an executive directive that requires all health care providers, local health departments, grantees, and all other entities reporting to the State to use the standardized categories. Because collecting data is critical to tracking and monitoring success, implementation of policy to standardize the collection of data is an important step in the overall initiative to eliminate health disparities.

In the area of community outreach, the department continues to support initiatives to empower communities with education and resources to manage their health. Most recently, a program to manage chronic diseases has been established and is being monitored by both the OMMH and the Division of Aging and Community Services (DACs). Seven minority community-based agencies were granted funding to be trained and then to offer the training in the communities they serve. For the first time in New Jersey, the training will also be offered in Spanish.

In the medical areas—where department programs address specific health conditions such as diabetes, asthma and cancer—there has also been some progress. In the area of cancer, a model program has been noted for its success in recruiting African American men for prostate cancer screening. Because of its

success in two counties, this initiative will be replicated in all of New Jersey's 21 counties.

This summer, DHSS kicked off a state wide campaign focusing on obesity. DHSS collaborated with the departments of Agriculture and Education to execute a three-month public awareness campaign that focused on childhood obesity as well as second-hand smoking—the top two preventable causes of death in New Jersey. This campaign has brought much needed attention to those issues, and, as a result, initiatives and collaborations to address them.

In the area of HIV/AIDS, the division successfully secured funding for the new Minority AIDS Outreach project, which focuses on identifying individuals who are not in care and linking them with comprehensive services. This program will also strengthen the division's efforts to improve continuum of health care for those with HIV. In addition, the syringe exchange program is presently operational in Atlantic City and will be established in Camden by January 2008.

In the overall effort to raise awareness of health disparities and to encourage effective DHSS initiatives, the OMMH continues to host the annual Commissioner's Health Disparities Roundtable, which brings together public health practitioners, health care providers, academicians and policy-makers from the national arena to identify best practices to address complex issues contributing to racial/ethnic health disparities. This year's roundtable theme is

“Understanding social determinants of disparities: translating what we know into action.”

New Jersey continues to receive national recognition for its work in developing a comprehensive health disparities plan. New Jersey’s health disparities plan was noted as a model at the National Conference of State Legislatures (NCSL) in Boston, Mass. as well as at the National Committee for Quality Assurance (NCQA) ‘The Breakthroughs in Reducing Health Care Disparities’ conference in Washington, DC.

As the plan was released as a three-year endeavor, the Department intends to continue several of the initiatives already in place and develop new strategies. The OMMH will continue the Commissioner's Health Disparities Roundtable; the Department intends to expand the medical interpretation training to additional counties as well as expand access to other language services and resources; and, new departmental reports which are expected to reflect the standardized categories will expand knowledge on the effectiveness of New Jersey health disparities initiatives focusing on specific health areas highlighted in the Plan.

This progress report, while focusing on a span of only nine months, affirms the benefits of having established such a comprehensive plan. This blueprint is being used to track the continued progress of the Department and the State in eliminating health disparities.

Goal: Reduce the number of minorities with asthma who use hospital emergency departments as a main source of care, prevent asthma mortality and make it possible for children and adults to live healthier lives.

Action Plan

Steps and Timeline:

FY 2007-2010

- Collect Centers for Primary Health Care asthma collaborative data on quality of care.
- Increase the number of Centers for Primary Health Care participating in asthma collaboratives.
- Provide training to promote uniform, high quality asthma care among providers serving minorities at risk.
- Provide training to increase use among providers of the *Asthma Action Plan* which personalizes an asthma management program for school-age children.

Significant Progress:

- To date, 16 of the 19 New Jersey Centers for Primary Health Care participate in the asthma collaborative. These centers have received the National Health Resources and Services Administration's Health Disparities Collaborative national equivalency determination.
- Through the collaborative efforts of the Department and the Pediatric/Adult Asthma Coalition of New Jersey, over 500 health care providers have been trained on the utilization of the Asthma Action Plan, proper asthma management, and cultural competency in asthma management.

Goal: Increase awareness of cancer initiatives and promote screenings within the New Jersey minority population.

Action Plan

Steps and Timeline:

FY 2007-2010

- Continue the work of NJCEED Lead Agencies together with cancer county coalitions' outreach initiatives and expand screening capacity for cervical and prostate cancer at the agencies to prevent instituting waiting lists.
- Continue to partner with numerous minority community-based organizations and existing social networks to raise awareness of the NJCEED Program and to provide

education to the community at large regarding the importance of screening and early detection.

- Identify and address barriers to screening and follow-up care.
- Evaluate the data on the impact of screening programs on minority populations.

Significant Progress:

- The NJCEED Program is working with the Office of Cancer Control and Prevention on their CDC-funded prostate cancer screening program using a model which has been successful in recruiting 198 African American men for prostate cancer screening. During this 5-year funding cycle, the goal is to replicate this initiative in all 21 counties.



Goal: Reduce the number of deaths due to cardiovascular disease through organized outreach and education efforts.

Action Plan

Steps and Timeline:

FY 2007- 2010

- Seek funding to create a centralized cardiovascular control program that addresses health disparities.
- Adopt administrative rules to implement licensing requirements for designation of stroke centers.

Significant Progress:

- The Heart Disease and Stroke Prevention (HDSP) Program submitted an application to the CDC to fund HDSP in New Jersey. The application was approved, but not funded. The program will continue to seek funding.

Goal: Increase the number of minorities living with diabetes who receive high quality care and linkages to social supports.

Action Plan

Steps and Timeline:

FY 2007-2010

- NJDHSS diabetes grantees will collect diabetes outcome data.
- Additional Centers for Primary Health Care will participate in the Diabetes Collaboratives.
- Increase the number of minority clients who have access to needed pharmaceuticals through section 340B programs.
- Encourage diabetes grantees to explore funding opportunities from the Centers for Disease Control and Prevention and the American Diabetes Association.
- Encourage minority community-based organizations to participate in American Diabetes Association initiatives.

Significant Progress:

- NJDHSS grantees are tracking individuals identified as being at risk for diabetes and are documenting clinical measures including hemoglobin A1C tests, foot exams and vision screenings.
- To date, 16 of the 19 New Jersey Centers for Primary Health Care participate in the Diabetes Collaboratives. The most recent FQHC added to the Collaborative is Zufall Health Center in Morris County.
- Recommendations have been made for the Commissioner of the DHSS to appoint members to the New Jersey Diabetes Advisory Council (NJDAC) by December 31. The recommendations were made based on the need to update the membership to

reflect the demographic characteristics of the NJ population of diabetics as well as those at risk for the disease.

Goal: Decrease disparities in obesity and increase healthy eating and physical activity across the lifespan among high risk groups (including black and Hispanic populations and those with low socioeconomic status) in New Jersey.

Action Plan

Steps and Timeline:

FY 2007- 2010

- Create a State Office of Obesity Prevention under the domain of the Department of Health and Senior Services that will utilize existing resources to address obesity prevention and reduction, especially among children.
- Appoint an Obesity Prevention Task Force to address the goals and objectives of the NJ Obesity Prevention Action Plan.
- Release the NJ Obesity Prevention Action Plan.
- Apply for external funding.

Significant Progress:

- An Office of Nutrition and Fitness was created in the Department of Health and Senior Services and announced by the Commissioner in May 2007. The new office will coordinate the department's existing obesity prevention programs.
- The Obesity Prevention Task Force was reconvened to prioritize the action steps and serve as an advisory body to the new Office of Nutrition and Fitness.
- The New Jersey Departments of Health and Senior Services, Education and Agriculture joined forces for an awareness campaign that focused on the top two preventable causes of death in the country -- childhood obesity and secondhand smoke. At the end of the 3½-month public education campaign, Dr. Jacobs had visited high schools in the ten counties, two middle schools (Middlesex and Mercer), and statewide gatherings of the PTA, dietitians, school nutrition directors, county and local health officers, community health centers and the New Jersey Association for Health, Physical Education, Recreation and Dance. He also gave presentations to pediatricians, county associations of school nurses, county and local health officers, public health nurse administrators. In total, Dr. Jacobs reached 40 groups including 6,400 middle- and high-school students.

Goal: Reduce the incidence of HIV/AIDS among minority populations through increased education and facilitation of greater access to care.

Action Plan

Steps and Timeline:

FY 2007-2010

- Increase the percentage of HIV positive individuals receiving care.
- Increase the percentage of individuals tested for HIV, and the number who receive their test results.
- Implement and evaluate syringe exchange programs over a three-year period.
- Encourage providers to discuss more routinely with their patients safe sex options, particularly condom usage.

Significant Progress:

- Continuum of Care- The Division of HIV/AIDS Services (DHAS) continues to support networks of HIV-related medical, pharmaceutical and support services for individuals who have no other source of payment for their ongoing and critical care. These programs serve primarily minority populations in proportion to the epidemic and actively follow up to ensure that clients remain in care.
- In 2007, the DHAS successfully competed for HRSA funding under the HRSA Minority AIDS Initiative (MAI). The new MAI care outreach and educational program focuses on locating individuals with HIV who are not receiving services with the express purpose of linking them to HIV-related care. Public health professional employed by the division will seek out minority populations and provide intensive face-to-face and other encounters to link and maintain these individuals in the continuum of care throughout the state.

- Rapid Testing – DHAS currently supports rapid HIV testing in more than 160 sites statewide including community based organizations, emergency departments, Federally Qualified Health Centers (FQHCs), family planning clinics, sexually transmitted disease clinics, Tuberculosis clinics, drug treatment centers, counseling and testing sites, and mobile outreach units reaching individuals in high-risk areas. An estimated 80,000 people will be tested per year as a result of this endeavor. Furthermore, data indicates that the percentage of individuals who receive their test results is increasing.
- Emergency Departments (ED) - The DHAS has developed a comprehensive program for rapid HIV testing in Emergency Departments statewide. As of October 2007, 21 EDs in 11 counties were conducting rapid HIV testing. Data indicate that of the 17,506 tests that were performed, 99% of persons received their test results and 75% of persons testing positive were newly identified as infected. Currently, testing is offered in the ED during peak patient hours. DHAS plans to expand the availability of rapid testing in EDs in selected high prevalence areas.
- County Correctional Facilities – In 2007, DHAS successfully competed for funding from CDC to increase HIV testing for populations disproportionately affected by HIV. The first initiative targets primarily African Americans who are unaware of their HIV status and who are incarcerated in five county correctional facilities with the highest number of African American populations in the State. Under this

initiative, which is expected to reach an estimated 67,000 individuals, HIV testing will become a routine part of medical care in five county correctional facilities.

- Social Marketing – The DHAS has demonstrated and documented two effective public awareness campaigns that addressed the disparity with HIV/AIDS among racial/ethnic groups. As part of the funding described above, DHAS will update and release two existing radio public service announcements (PSA) reaching approximately 300,000 African Americans throughout the state.
- Syringe Exchange - Governor Corzine signed the “Bloodborne Disease Harm Reduction Act” in December of 2006, permitting the provision of a demonstration program for the implementation and operation of syringe exchange programs. Four (4) municipalities (Atlantic City, Camden, Newark and Paterson) were issued letters of approval in July 2007, based on the submission of a competitive application to operate a syringe exchange program. The Syringe Exchange program is operational in Atlantic City and will be in Camden by January 2008.

Goal: Decrease disparities in birth outcomes between white and black infants.

Action Plan

Steps and Timeline:

FY 2007- 2010

- Provide cultural competency training for paraprofessional and professional health care staff.
- Increase outreach and basic education to the community on black infant mortality.
- Increase funding to support enhanced prenatal and pediatric services.
- Utilize newborn screening and genetic services follow-up programs to ensure that all infants born in New Jersey who have abnormal newborn screening test results receive appropriate and timely case management services.
- Inform appropriate parties including primary care physicians, medical specialists and parents of abnormal screening results.

Significant Progress:

- Seven grant awards totaling nearly one million dollars were issued in 2006 to address the disparities in infant mortality. The programs are designed to successfully link black women and their infants to comprehensive maternity and pediatric services; ensure healthy lifestyle choices for black mothers, their infant(s) and families; and focus on modifying the behaviors, lifestyle and conditions that affect birth outcomes, by improving and providing quality care during the prenatal and infant period.

Goal: Reduce excess morbidity and mortality due to unintentional injuries among minorities

Action Plan

Steps and Timeline:

FY2007-2010

- Support injury prevention activities in community-based organizations by providing appropriate data and materials for distribution. Specific areas to target are pedestrian safety for children and the elderly, driver safety, seat belt use, child car seat use, smoke alarm installation and maintenance, and water safety and swimming ability.
- Work with NJDOT to identify geographic areas of high pedestrian injury rates among minorities. Collaborate with NJDOT on evaluating the impact on pedestrian injuries of environmental modifications to roadways by providing data on injuries and fatalities. Support pedestrian safety activities in the community by providing appropriate data on injuries.

Significant Progress:

- The Center for Health Statistics is collaborating with several interdepartmental state offices as well as private and not for profit organizations to create New Jersey's first Comprehensive Injury Prevention and Control Plan.
- CHS coordinated the development and writing of this plan, which provides recommendations for reducing the major causes of injury in New Jersey – motor vehicle, unintentional poisonings, falls, fire and burns, sports recreation and exercise,

occupational, unintentional childhood, and violence. The final report will be circulated for publication approval in early 2008.

Goal: Increase access to translation and other language services for those who are more proficient in a language other than English.

Action Plan

Steps and Timeline:

FY 2007-2010

- Develop a website with translated health educational materials.
- Pilot a demonstration project in partnership with the NJHA to train bilingual staff as medical interpreters.
- Pilot a demonstration project to train community based-organization bilingual staff as medical interpreters.
- Disseminate the Communication Picture Board to New Jersey hospitals in partnership with NJHA to assist in interpretation.
- Increase the capacity of NJDHSS licensing staff that monitor health care facilities to assess language access services.
- Revise the discharge planning section of the licensing regulations to explicitly address language and cultural barriers.

Significant Progress:

- OMMH, working with the Office of Communications, developed a Spanish portal on the OMMH website. This new feature includes health education information and resources in Spanish.
- The Office of Communications, working with the New Jersey Hospitals Association, released the Communication Picture Board, a poster designed to make it easier for those whose primary language is not English to identify basic phrases to access health services in the language they do speak proficiently. Through OMMH funding, two-thousand five hundred posters were distributed to all NJHA member hospitals as well as to FQHCs.
- In collaboration with OMMH, NJHA, is providing training in medical interpretation to bilingual hospital staff. This demonstration program began at Shore Memorial Hospital and will continue at other Atlantic County hospitals. About 30 medical interpreters will be trained and they will serve in regional training teams throughout the state.
- The Department has conducted focus groups of community workers to address language access issues. A pilot program is planned that will train community workers in medical interpretation.
- The DVD, *Si No Sabes, Pregunta Que Es El Plomo (If You Don't Know, Ask About Lead)* was placed on the department website at nj.gov/health/fhs/newborn/lead.
- Consumer information on the birth defects registry, newborn biochemical screening is available in English and Spanish.

- Consumer information on the newborn hearing screening program is available in English and Spanish, and will soon be available in Arabic, Polish, Portuguese and Korean.
- Translation and interpretation services for low income, limited English-speaking adults 60+ years of age are now provided by NJ's county area agencies on aging (AAAs). AAAs hire bilingual staff, subscribe to AT&T's Language Line or other resources for language services, and subcontract with minority organizations to provide information, assistance, outreach and other services to non or limited-English speaking minorities.

Goal: Standardize the collection and reporting of race/ethnicity data across the Department.

Action Plan

Steps and Timeline

FY 2007- 2010

- Center for Health Statistics will identify all divisions/programs within NJDHSS that collect race and ethnicity data.
- Center for Health Statistics will provide uniform categories based on OMB 15 standards for the reporting of race and ethnicity.

- Center for Health Statistics will develop a specific template for reporting race and ethnicity data to be used by NJDHSS grantees.
- OMMH will develop an orientation program for NJDHSS grantees on requirements for collecting race and ethnicity and primary language spoken data.
- Center for Health Statistics will develop criteria for standard footnotes in NJDHSS reports whenever the standard categories for reporting are omitted.

Significant Progress:

- The Center for Health Statistics (CHS) began its efforts to develop a race and ethnicity data collection and publication Standard in April 2007. The guidelines were drafted to be consistent with the federal OMB 15, *Revisions to the Standards for Classification of Federal Data on race and ethnicity*, issued in 1997.
- In May 2007, a draft of the proposed guidelines was circulated to all DHSS divisions/programs. The guidelines (1) provided uniform race and ethnicity categories to be used in all DHSS reports and forms, (2) provided criteria for writing standard footnotes whenever any of the standard race/ethnicity categories are omitted and (3) identified DHSS programs collecting race and ethnicity data.
- To identify all programs currently collecting race and ethnicity data, each program was asked to list the specific race and ethnicity categories used and to provide copies of any data collection forms. Also, programs were asked whether adherence to the proposed guidelines among programs and grantees could be accomplished by January

2008. Survey responses were analyzed and the following were the results. Of the programs collecting race/ethnicity data:

- 100 % use compliant race/ethnicity categories (including those that collect Asian/Pacific Islander together)
 - 31% ask the ethnicity question before the race question as per OMB 15
 - 14% use a combined race/ethnicity question
 - 9% of all ask a primary language question - we don't know the answer for 17%
 - 34% collect info on Hispanic or Asian sub-groups (this includes 2 who only collect for Hispanic subgroups)
 - 69% collect multiple race data, 20% unknown
 - 89% could be compliant with the DHSS Standard by January 2008
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- In September 2007, a second draft of the guidelines was circulated among NJDHSS senior staff. Comments were reviewed and implemented by CHS staff. A final draft is currently being circulated for publication approval. CHS anticipates that the guidelines will be ready for publication by December 2007.

 - The Department has established policy that requires all hospitals to report data on race and ethnicity as well as primary language spoken in uniform categories. In December 2007, Dr. Jacobs issued an executive directive that requires all health care providers, local health departments, grantees, and all other entities reporting to the State to use the *Race & Ethnicity Coding Guidelines*.

- The Division of Aging and Community Services' (DACS') Office of AAA Administration has provided training to NJ's AAAs (Area Agencies on Aging) on reporting race and ethnicity data to meet the requirements of OMB 15. In addition, software has been purchased (SAMS) to uniformly report and capture the information. DACS will continue training as needed.

Goal: Increase minority representation in management/policy-making positions at the NJDHSS.

Action Plan

Steps and Timeline:

FY 2007- 2010

- Develop a list of minority employees who display supervisory/management potential and enroll them into Human Resources Development Institute (HRDI) supervisory/management training courses. Enroll at least five minority employees per year into HRDI supervisory/management training courses.
- Develop a mentoring program whereby qualified, selected employees are linked with senior managers.
- Train managers and supervisors on the proper methods of interviewing.

- Actively recruit, hire and promote more minorities to fill management and supervisory positions. Increase minority representation by two percent in fiscal year 2008.

Significant Progress:

- The Office of Human Resources is developing a mentoring program to assist minority employees in developing the skills and abilities needed to become successful supervisors/managers. An application was posted on the NJDHSS web site for interested staff to participate. The mentoring program will match minority employees with higher level supervisors and/or managers who will mentor the selected protégé on a regular basis.
- Managers/higher level supervisors selected as mentors participated in a one-day Human Resources Development Institute training program designed to provide an overview of workplace mentoring.

Goal: Support new and maintain established partnerships with community-based organizations, including faith-based groups, advocacy groups, and agencies that have minority health agendas to maximize outreach and increase awareness of health disparities.

Action Plan:

Steps and Timeline:

FY 2007-2010

- Initiate the OMMH Empowering Communities with Health Information Project, EMCHIP, which will fund at least five community-based organizations in conducting community education workshops to equip those at greatest risk for health disparities to make more informed decisions about their health.
- Provide a two-day training for NJDHSS staff to increase skills in developing health literacy materials that more effectively target minority communities.
- Federal Region II will join the nation in launching a series of health disparities roundtables in 2007 in order to develop a national blue print for addressing health disparities. The roundtables will provide an important opportunity for communities at the local level to develop agendas that build on current NJDHSS initiatives.

Significant Progress:

- The OMMH is planning to conduct several roundtable discussions throughout New Jersey to get input from the community on the NJDHSS eliminating health disparities initiative and to identify opportunities for collaboration. The roundtables are scheduled for Spring 2008.
- The OMMH has funded seven community-based agencies to be trained to deliver the Chronic Disease Self-Management Program within targeted minority communities: African-American, Latino and Korean.

- Staff from the funded agencies will complete the training program to become certified master trainers, enabling them to deliver the 6-week Chronic Disease Self-Management class and to train other leaders to deliver the class.
- The training will be taught for the first time in New Jersey in Spanish, allowing certification of several Spanish-speaking master trainers.
- Outcomes from the program include: improved health status, reduced days of hospitalization and improved confidence in the participants' ability to manage the concerns associated with their chronic condition. This initiative is being jointly managed by the Office of Minority and Multicultural Health and the Division of Aging and Community Services.
- The DACS' Office of AAA (Area Agency on Aging) Administration met with representatives from the State Department of Health and Senior Services, Units of Communicable Diseases and Vaccine Preventable Disease program to discuss increasing flu vaccinations in NJ for the 2007-08 season among minority populations. This office also conducted a survey of NJ's county AAAs to summarize their outreach efforts to publicize flu vaccine clinics and encourage sharing of best practices. NJ's county AAAs will continue to work closely with local health departments and community-based organization to maximize outreach and increase awareness of health disparities in various medical areas.
- The OMMH continued funding two disparity projects in asthma and five multi-year disparity grants focusing on diabetes. The agencies administering these programs are

well established in the communities they serve, and therefore help to maintain the link NJDHSS/OMMH has with communities throughout New Jersey.

- Minority CBOs have demonstrated to be effective in identifying and linking to care minority individuals with diabetes but with poor diabetes self management and individuals that through the American Diabetes Association risk test (ADART) were considered as high risk for developing diabetes. These individuals are referred to Federally Qualified Health Centers where they receive clinical screenings (hemoglobin A1c, vision and foot) and high quality care. In a similar manner the asthma intervention project has continued reducing the unnecessary visits to emergency rooms of minority children in the City of Camden.
- In March, a national health literacy expert conducted a two-day workshop to train staff of the Department who develop health materials on the principles of plain language, how to develop simple, clear, concise health materials and the importance of easy-to-read health information. The workshop, sponsored by OMMH, concluded with a presentation to NJDHSS senior staff on the importance of health literacy. As a result of the workshop, NJDHSS health education brochures were translated into Spanish and posted on the OMMH website.