

The mission of Su Casa is to support the Spanish-speaking community in Cincinnati. On their website, they state that “The mission is self-sufficiency for the poor and vulnerable of the immigrant community that comes to the U.S. looking for a better way of life for themselves and their families.” To accomplish this, Su Casa offers a wide variety of services including social work, family reunification, educational and health promotion services, and case management. Su Casa receives financial support from Catholic Charities of Southwest Ohio in addition to private donors and Cincinnati companies such as Proctor and Gamble and Kroger. They also partner with local community members, volunteers, and Urban Health Project students, from the University of Cincinnati College of Medicine, who donate their time and talent to further the mission of Su Casa. Covid impacted Su Casa heavily by limiting opportunities for many of their in-person services. Computer literacy became an important obstacle for their clientele in the age of virtual communities, as most of Su Casa’s services (such as ESL classes for adults) had to be transitioned to an entirely virtual platform. Widespread slowing of the economy at the same time increased the demands in the immigrant community served by Su Casa while diminishing the funds available to Su Casa from private donations and support from Catholic Charities of Southwest Ohio.



The Social Determinant of Health (SDOH) that Su Casa addresses is Social and Community Context. In serving the Hispanic/Latinx community of greater Cincinnati, they work with a population consisting largely of first- and second-generation immigrants, many of whom have experienced challenges establishing themselves in the United States. To address this, Su Casa has a small but dedicated team that works to maintain and grow all their programs. With a largely Hispanic staff, they deliver culturally and linguistically competent services to a community that is often underserved because of their recent immigration status as well as the language barrier. Su Casa doesn't focus on just one service, but rather provides a wealth of programs that truly make their office live up to its name: “your home”.

According to the 2020 Census, roughly 95,000 of the 2.3 million residents in the greater Cincinnati Tri-state area (4%) identify as Hispanic or Latino, making up a sizeable portion of our Cincinnati community. While the Hispanic community of Cincinnati experiences a plethora of health disparities due to the various economic and social barriers they face, mental health is a particular point of vulnerability, which has only worsened in this post-COVID age. According to the Ohio Commission for Hispanic and Latinx Affairs, COVID has severely negatively impacted

the mental health status of the Hispanic population in Ohio, with 83.5% reporting worsening anxiety, 79.4% reporting worsening mood, and 69.7% rating their distress levels due to COVID-19 as 7+ (on a scale from 1-10, where 10 was most severe). These statistics illustrate a stark gap in mental health services. Access to affordable, bilingual, and/or culture-informed mental health services remains the most prominent barrier, as many of these individuals do not have health insurance, do not speak English as their first language, and/or lack physical means of access. Catholic Charities has worked hard to fill this gap, providing 2257 mental health sessions in 2022. However, these 2257 sessions served 316 clients, signifying that clients require multiple sessions, even within a year. This signifies that there are a significant number of clients going without services, which is further supported by the fact that clients spend over a year on a waiting list. Although Catholic Charities does their best, the bandwidth of their services is likely not enough. Especially with a vast majority of Hispanic Ohioans (and by proxy, Hispanic Cincinnatians) reporting worsening mental health outcomes due to COVID, expanding resources to provide trauma-informed, culturally sensitive, and bilingual education on mental health is a crucial stopgap, while the issue of a lack of mental healthcare providers (especially bilingual providers) is addressed on the larger scale.

As students, we can go to city council meetings and Cincinnati Board of Health meetings and share our experience and key findings from our Service-Learning Project. Physicians can play another role in this advocacy. Those that already participate in clinics that serve this population can share first-hand accounts of experiences they have had with patients, that show the



unique needs and barriers that exist. Those who do not work directly with this community can mediate a change simply in their orientation and humility towards listening and learning from the needs around them. Some of the biggest challenges of serving the needs amongst disparate communities is the profound separation and segregation formed by resources and a lack of personalizing the narratives of common members in the community. If we continue to advocate for an approach to voice the narratives of our community members in need or those who feel ostracized, we can further drive a mission of making more of our city personal. Change, then, can happen from personal passion over pressured principles. As health care professionals, we are also responsible for advocating for the experiences of our patients and recognizing how the SDOH we encountered in our service-learning project can impact our future patients. We can do this by educating our future colleagues and providing personalized care to such patients.

From our work & experience with the Latino Populations served by Su Casa we were educated on the personal & communal needs of the client population. Our work, though short in its own term, allowed us to engage with clients through the avenue of educating clients on Mental Health and opening conversation for their needs overall. Through our work with Sarah Obando, we observed & volunteered at several health fairs that provided preliminary health assessments & screenings. Each chance we had to engage with clients and community members revealed to us that there were barriers of language, culture, and understanding of mental health illnesses. Though these barriers present a disadvantage to the community members, we



recognized the eagerness and willingness of the clients was not influenced by them and that they were still as disposed to do and learn what they needed to receive support. That brought light the bigger question of how a lack of access was driven to this community. Was the greater barrier on behalf of those providing the resources needed? Would this mean we needed to re-direct our approaches to educating and facilitating support to those servicing this population? What biases and lack of compliance do we not recognize in our service & outreach programs?

Given that we experienced firsthand not only the stories of hardship facing Su Casa's clients but also the increasing need for psychiatric counseling in predominantly uninsured and undocumented communities of Greater Cincinnati, as a group we were able to recognize a few areas that need paramount attention. One is an increase in psychiatrists willing to see patient's pro bono, or as Su Casa associates. Another is a funneling of tax resources towards mental health programs that primarily see uninsured and undocumented residents of Cincinnati. Moreover, providing grants at the city and state level that can fund programs that Su Casa offers could benefit the community. This could include funding a low-cost psychological service, another mental health program, or providing funding to hire more staff.

## References

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