



Toledo-Lucas County Commission on Minority Health

Local Conversations on
Minority Health

Report to the
Community 2011



*Funded by the Ohio Commission on Minority Health Grant #MGS 09-20
US Department of Health and Human Services
Office of Minority Health Grant #6STTMP-051025-03-01, in support of the
National Partnership for Action to End Health Disparities*



TABLE OF CONTENTS

National Partnership for Action to End Health Disparities (NPA)	2
Ohio's Response to the NPA.	2
Toledo-Lucas County Commission on Minority Health	3
Geographic Scope	3
Socioeconomic Profile of Toledo and Lucas County	3
Health Disparity Indicators	3
Local Conversations on Minority Health	4
Phase I	4
Phase II.	4
Strategic Themes	5
Health Disparity Reduction Plan	5
Focus Group Participants.	10



The National Partnership for Action to End Health Disparities

Spearheaded by the Office of Minority Health, the National Partnership for Action to End Health Disparities (NPA) was established to mobilize a national, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation forward in achieving health equity. Through a series of Community Voices and Regional Conversations meetings, NPA sought input from community leaders and representatives from professional, business, government, and academic sectors to establish the priorities and goals for national action. The result is the *National Stakeholder Strategy for Achieving Health Equity*, a roadmap that provides a common set of goals and objectives for eliminating health disparities through cooperative and strategic actions of stakeholders around the country.

Concurrent with the NPA process, federal agencies coordinated governmental health disparity reduction planning through a Federal Interagency Health Equity Team, including representatives of the Department of Health and Human Services (HHS) and eleven other cabinet-level departments. The resulting product is the *HHS Action Plan to Reduce Racial and Ethnic Health Disparities*, launched simultaneously with the NPA *National Stakeholder Strategy* in 2011. The HHS plan outlines goals, strategies, and actions HHS will take to reduce health disparities among racial and ethnic minorities. Both documents can be found on the Office

of Minority Health web page at <http://minorityhealth.hhs.gov/npa/>.

Ohio's Response to the NPA

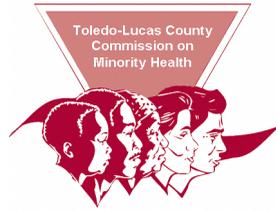
In support of the NPA, the Ohio Commission on Minority Health (OCMH), an autonomous state agency created in 1987 to address health disparities and improve the health of minority populations in Ohio, sponsored a statewide initiative to help guide health equity efforts at the local and state levels.

In Phase I of this initiative, OCMH sponsored a series of nineteen Local Conversations on Minority Health throughout the state. The purpose of these gatherings was to carry out community-wide discussions on local health disparities in which health needs could be identified and prioritized from the community's perspective, and strategies could be generated toward local action plans to address minority health needs. Sixteen of the Local Conversations were geographically-based and were held in the state's large and small urban regions. In addition, three statewide ethnic health coalitions convened ethnic-specific Local Conversations for Latino, Asian American, and Native American groups which brought in representatives from these populations across the state.

In Phase II, the Local Conversations communities continued broad-based dialogues on health disparities and refined their local action plans. The Toledo-Lucas County Health Disparity Reduction Plan in this document is a result of this process. The lead agency for the Local Conversations in Toledo was the Toledo-Lucas County Commission on Minority Health.



Toledo-Lucas County Commission on Minority Health



Founded in 1998, The Toledo-Lucas County Commission on Minority Health (TLCCOMH) is a coalition of concerned citizens, professionals, and community organizations whose vision is healthy minority communities in Toledo and Lucas County. TLCCOMH advocates policies and programs that support minority health initiatives covering seven prioritized health conditions and other health parity/equity concerns impacting minorities. The Commission works in partnership with the Toledo-Lucas County Office of Minority Health, established in 2007, which works to identify local health disparity needs with an emphasis on informing, educating, and empowering at-risk communities. The office is responsible for activating efforts to educate citizens and professionals on imperative health care issues and seeks to provide minority health data and technical assistance to local agencies working to improve the health status of minority populations. The Toledo-Lucas County Office of Minority Health works with private and public partners to improve the effectiveness and efficiency of collective efforts in the Toledo/Lucas County area.

Geographic Scope

The geographic scope of the project is Toledo/Lucas County, Ohio. Lucas County is located in the Northwest corner of the state next to the Michigan border and Lake Erie. Toledo is the county seat of Lucas County and is the 4th largest city in the state.

Socioeconomic Profile of Toledo and Lucas County

The estimated 2011 population of Lucas County is 441,815. More than half

(287,208) of the county's residents live in the city of Toledo. Since the 200 census, Toledo has experienced a population decline of 8.4%. The population of Toledo is more racially/ethnically diverse than the county as a whole.

<i>Population Category</i>	<i>Population Composition Lucas County</i>	<i>Population Composition Toledo</i>
Caucasian	74.0%	64.8%
African American	19.0%	27.2%
Asian American	.3%	1.1%
Native American	>.1%	>.1%
Latino	6.1%	7.4%
Two or more races	3.1%	3.9%

Poverty levels for both Lucas County (18%) and Toledo (23.8%) exceed those of the state (14.2%) and median income for the city of Toledo (\$34,260) lags far below the state rate of \$47,358. According to the 2007 Lucas County Health Assessment, nearly 20% of adults in Lucas County do not have health insurance. The highest proportions of uninsured adults in the community are African Americans and Latinos. Poverty and lowered access to health services place these populations at risk for health disparities.

Health Disparity Indicators

After decades of sizeable financial investments of taxpayer dollars and major investments of grant funding by private foundations, racial/ethnic health disparities still persist. Disparities for Toledo area African Americans are especially evident in diabetes and cancer incident and death. African American men and women have higher rates of colon, lung, and pancreatic cancer and multiple myeloma (Ohio Cancer Surveillance System, 2008). The rate of diabetes for African Americans in Lucas County is more than twice that of Whites. In addition, while making up only

19% of the population, African Americans accounted for 30% of diabetes-related deaths (Ohio Department of Vital Statistics, 2009). Needs assessment data from Lucas County further indicate a higher prevalence of health risk factors for African Americans, including being overweight or obese (81% compared to 67% of Whites) and smoking (26% compared to 22% of Whites). The persistent presence of such significant disparities in the face of sizeable investments leads to the conclusion that the uncoordinated, top-down approaches of the past have not been successful. The primary need is for effective, culturally appropriate, sustainable, grassroots level health promotion and health education interventions to reduce racial/ethnic health disparities. The Local Conversations on Minority Health is an effort to lessen health disparities and improve health status for minority populations in our community.

Local Conversations on Minority Health

Phase I

The first Toledo Local Conversation on Minority Health was held on Friday, June 13, 2008. A total of 56 individuals attended, and they represented a broad range of local organizations, including city and state government, the city/county health department, the county mental health board, hospitals, community health and social service organizations, media, insurance and pharmaceutical companies, a parish nurse ministry, organizations serving individuals with disabilities, United Way, and the University of Toledo. Participants were broken into four groups where they identified and prioritized needs related to services, resources, capacity building, and infrastructure. They also developed a

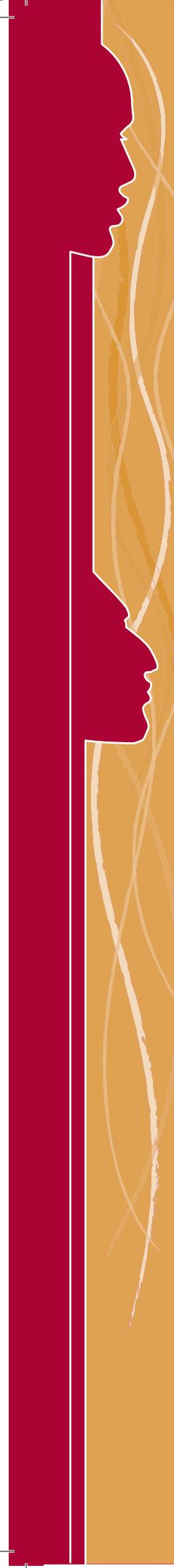
list of recommendations to address those needs.

Phase II

Phase II continued the work of the first Local Conversation. In this phase, a series of six focus groups were conducted. Questions were based on the 15 recommendations from the National Partnership for Action to End Health Disparities (NPA) Phase I Local Conversations.

In summary, the results of the focus groups indicated that the Toledo-Lucas County Commission on Minority Health (TLCCOMH), while having a clearly defined vision, mission, and program goals, needs to better communicate its agenda as it relates to minority health in Toledo and Lucas County. The TLCCOMH should not only invite others (including elected officials) to the planning table, but give an organization a clearly defined purpose, role, and show how it fits into the overall strategic plan of the local commission. Serving as a resource (capacity-building and other technical assistance) to other minority organizations and those that serve minorities is crucial to advancing the minority health agenda in Toledo and Lucas County. The TLCCOMH and its members should work with policy makers for services, especially transportation, integration of medical care, and translation, in creating guidelines that are “user-friendly” and allow easier access for consumers. Finally, minority health should be marketed as a product, and those who provide services to minorities should be listed on United Way’s 211 database and linked with the TLCCOMH’s marketing materials (brochure, website, etc.). Together, these strategies will allow the communities in Toledo and Lucas County to move the minority health agenda forward.





The Phase II Local Conversations generated a number of overarching strategic themes.

Strategic Themes

1. Use the knowledge and professional expertise of members and organizations that comprise the Toledo-Lucas County Commission on Minority Health advisory board to assist involving local entities (community, private, health care delivery systems, and political) with advancing minority health issues in Toledo and Lucas County.
2. Identify and utilize existing community resources and programs that target health conditions/disease states that the Toledo-Lucas County Commission on Minority Health has prioritized in an effort to foster knowledge sharing and community collaborative partnerships whose foci/missions are similar.
3. Assist concerned citizens, community leaders including elected officials, grassroots organizers, minority-based community organizations, and other organizations/individuals (especially faith-based communities) that serve minority populations with capacity building/technical assistance needs in an effort to promote better understanding, leadership development, and cultural awareness/competence/sensitivity regarding minority health.
4. Assist local providers of transportation, medical care, and translation services in revising consumer guidelines to facilitate a more smooth process for minority/other populations in accessing needed services (i.e., offer medical and dental care in the same setting).
5. Promote deliberate, stratified marketing of the Toledo-Lucas County

Commission on Minority Health and minority health services in Toledo and Lucas County through use of: a) United Way's 211 information line and database of community resources; b) community partners through events such as Minority Health Month; and c) TLCCOMH marketing materials (brochure, website).

Health Disparity Reduction Plan

Strategy 1: Use the knowledge and professional expertise of members and organizations that comprise the Toledo-Lucas County Commission on Minority Health advisory board to assist involving local entities (community, private, health care delivery systems, and political) with advancing minority health issues in Toledo and Lucas County.

During the NPA Phase II Local Conversation focus groups, participants identified this in particular as the most important strategy to serve as a foundation upon which the other strategies can be adequately addressed. Focus group participants also commented positively on the TLCCOMH being strategic in location and identification of collaborative partners. Those partners can assist the TLCCOMH in recruitment of other community organizations and be spokespersons for the TLCCOMH's mission, vision, and purposes.

The comments below reflect the group's discussion regarding the structure of the TLCCOMH and its membership:

"Need to first clarify our mission and what we want from them. It has to be specific and very clear so they know how they fit in with us. Who we are and what we do is still not clear to many people."

"More structure within the Minority Commission. Have some sort of committee (maybe a board type structure) that would help support the mission and vision of the minority health coalition."

“Use snowball networking technique. Ask organizations and agencies that are currently part of the commission to list the names of any other organizations that they know in town that are compatible with our mission and goals. Contact these organizations and invite them to come and sit at the table.”

“Target the organizations that we want to involve. Train certain members of the Advisory Group to go out and meet with directors of these organizations to enlist their participation. Develop Ambassadors for minority health that can be called on to do this recruiting and sales work. Give these ambassadors a “canned” presentation and materials to distribute to make their job easy.”

Since the Toledo-Lucas County Commission on Minority Health (TLCCOMH) advisory board has been in existence since 1998, it has had the opportunity to grow into an active body of concerned citizens, professionals, and community organizations that share a common vision of healthy minority populations in Toledo and Lucas County. As such, the depth of professional expertise provided by its membership can greatly assist the Northwest Ohio community in addressing minority health issues and drafting solutions that are culturally appropriate and fosters mobilization of community partnerships to action.

Strategy 2: Identify and utilize existing community resources and programs that target health conditions/disease states that the Toledo-Lucas County Commission on Minority Health has prioritized in an effort to foster knowledge sharing and community collaborative partnerships whose foci/missions are similar.

The seven health conditions/disease states prioritized by the TLCCOMH have contributed to the majority of mortality and morbidity of minority populations in Toledo and Lucas County. These are: cancer, cardiovascular disease, diabetes,

HIV/AIDS, immunizations/vaccinations, infant mortality, and mental health and emotional well-being.

Unlike the NPA Phase I local conversations, where participants stressed increased funding for several health program areas, participants during the NPA Phase II local conversations encouraged networking with organizations/programs already working towards reducing mortality/morbidity in disease states prioritized by the TLCCOMH. Since funding on all levels is decreasing, participants emphasized the need to work together towards achieving common goals and share resources. After all, as one participant stated: “A lot has already occurred.”

Following are some of the focus group participants’ suggestions for collaboration:

“Using existing familiar facilities, organizations, and/or services proves to be more effective than starting new ones”

“Include minorities in already developed coalitions/groups.”

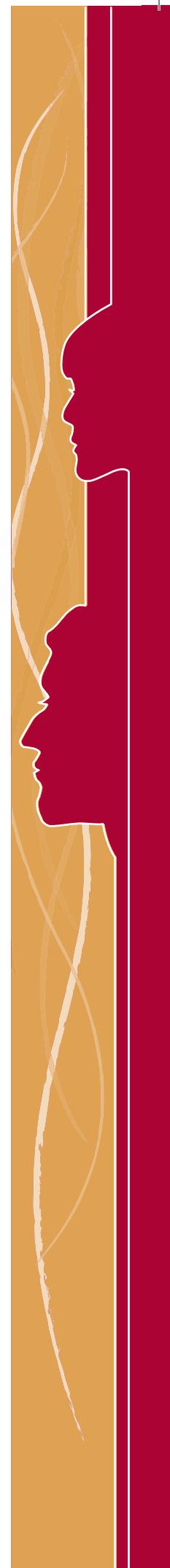
“Emphasize the complementary strengths of collaborators. Sell them on the concept that we are more powerful and more successful together than apart”

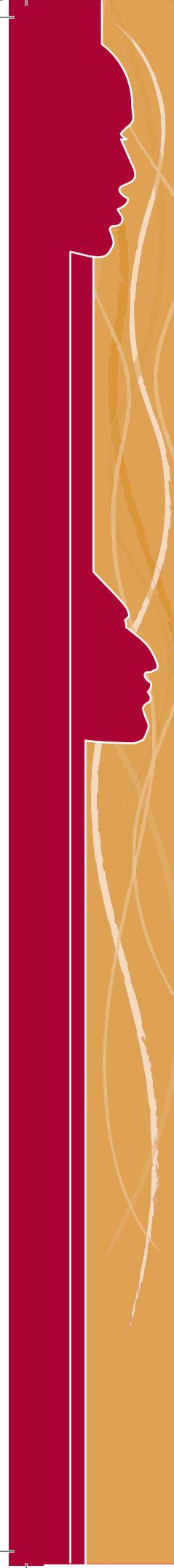
“Create an educational/PR document that clearly describes the mission, vision, and goals of the commission and distribute that to potential partners. Ask the potential partner to identify areas of common interest and common mission.”

“There needs to be education about each agency to other agencies.”

Participants candidly stated the barriers (and some offered solutions) we sometimes face with collaboration:

“There is a lack of communication within each organization and among other organizations.”





“There is competition for funding between agencies. Everyone is working toward the same grant money.”

“People are interested in protecting their turf and their money...Find ways that they (organizations) can collaborate with the TLCCOMH and yet still get credit and still get (their) money.

“Agencies need to realize their priority is about the client/community. One agency can’t do it all... therefore, partnership is very essential”

As the TLCCOMH recruit, train, and retain additional community partners (building on Strategy 1), this will greatly increase the awareness and knowledge of existing programs and resources that target their prioritized health conditions/disease states.

Strategy 3: Assist concerned citizens, community leaders (including elected officials), grassroots organizers, minority-based community organizations, and other organizations/individuals (especially faith-based communities) that serve minority populations with capacity building/technical assistance needs in an effort to promote better understanding, leadership development, and cultural awareness/competence/sensitivity regarding minority health.

First, the TLCCOMH identified individuals and organizations to form collaborative partnerships. Second, these organizations were invited to the TLCCOMH’s meetings. Third, the TLCCOMH has learned about these organization’s needs for direction and assistance.

The TLCCOMH can assist community entities in leadership development, being cultural competent, and having a better understanding of minority health issues by drawing on the knowledge, expertise, and academic experience of its members.

Since the TLCCOMH serves as a “hub” for advancing the minority health agenda, focus group participants felt that it could greatly enhance the capacity of other organizations by providing professional development in a variety

of areas, especially in leadership, grant writing, diversifying funding streams, and forming and maintaining collaborative partnerships:

“Provide cultural sensitivity training to groups that work with the commission. Offer this as one of the menu of services that we can provide to others as part of technical assistance.”

“(Cultural competence) should be initiated at an institutional level especially at the universities.”

“Do trainings to key leaders in each group who would then educate their staff.”

“Each part of town has different lifestyles and people and need to educate on this.”

“(The TLCCOMH should) lead a conference and advocate in counties across (Northwest) Ohio and offer CEUs (as an incentive).”

“Offer a workshop leadership skills such as: how to run good business meetings, how to set goals and write objectives, how to develop a strategic plan, how to enlist the help of volunteers and keep them motivated, how to supervise staff/volunteers, how to create and manage a budget, how to create surveys/enter data into Microsoft Excel.”

“How can larger organizations like the health department help smaller organization by offering programs or certifications for staff members to build on?”

“Could organizations like ProMedica and Mercy set some foundation money (aside) to help smaller minority groups get through some certification?”

When enlisting the help of elected officials, participants suggested:

“Link our issues with issues in their platform. Hold their feet to the fire and describe how we can help them accomplish their goals and objectives. Search for mutually compatible goals so it is win-win situation for all.”

“Put it (minority health issues) in dollars-politicians will understand this.”

“Have them (politicians) share their stories about their own health or families health to engage them in the coalition”.

“Politicians could help you find a personal connection to find state and federal money for certain health issues”

“Educate/provide recommendations for policy makers that are not familiar with the problems.”

“On a regular basis, invite politicians and policy makers (Hospital CEO’s, city council people) to our monthly meetings. Invite them to speak to the group for a few minutes to explain how their organization and goals fit with the goals and mission of the commission. Brief them in advance and make it easy for them”.

In an effort to inform, educate, and empower community members, training/technical assistance could be provided with respect to cultural awareness/competence, minority health issues, and other organizational development to strengthen professional relationships, and strategically move the minority health agenda forward in Toledo and Lucas County.

Strategy 4: Assist local providers of transportation, medical care, and translation services in revising consumer guidelines to facilitate a more smooth process for minority/other populations in accessing needed services (i.e., offer medical and dental care in the same setting).

Access to services, particular transportation, translation, and integration of medical care, was a key component during both the NPA Phase I and Phase II local conversations. The only difference is that focus group participants during NPA Phase II local conversations gave some suggestions in working with local providers to reduce barriers among minority populations in seeking services.

Most focus group participants suggested that the current transportation system works well. For example the Toledo Area Regional Transit Authority (TARTA) has bus lines that run past the major hospitals and health care centers that

minorities are more likely to frequent (except Bay Park in Oregon, Ohio on the east side).

While the transportation system works well; some barriers to transportation were identified by the focus group participants:

“TARTA’s Call-a-Ride does not serve Toledo, only the suburbs...how can we work with TARTA to change this?”

“How can services like Call-a-Ride better serve the community by increasing their routes and services to not only serve the suburbs but the inner city as well?”

“Streamline transportation services so that it is not as difficult to find a bus route.”

Some programs/organizations have taken a proactive approach to transportation and suggested others do the same:

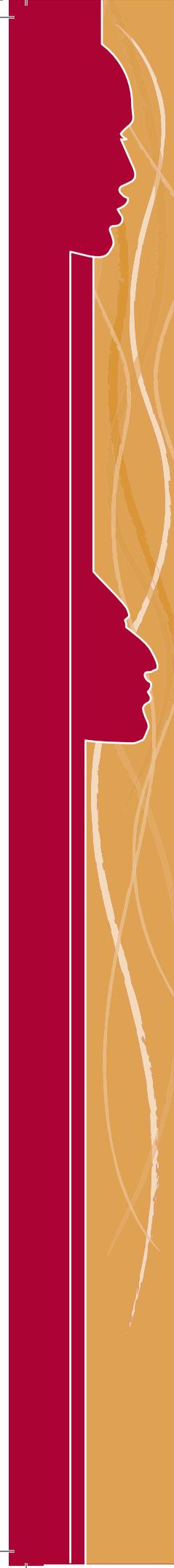
“Our organization provides transportation for its clients and has seven vans at its disposal”.

“Try contacting churches to use their church buses that sit empty during the week. (However), who would drive them? How would liability work?”

“Enlist a crew of senior adults that have vehicles. Develop a low cost taxi service managed by senior adults who need something worthwhile to do.”

Focus group participants strongly supported integration of medical services. For example, having a “one-stop” shop for a physician visit, dental visit, child-care, and other services (such as mental health) can aid consumers in navigation of the system. Some participants highlighted the Toledo-Lucas County Health Department as an example of being a place that is easily accessible by transportation and offering an entrée of services including pre-natal care, pediatrics, adult medical, child dental, HIV/STD testing, and a pharmacy.





Participants offered other suggestions, such as:

“Encourage healthcare sufficiency-how to navigate the system-advocacy instead of programming.”

“Teach people about being a good consumer of medical care” and “Make sure people understand what their doctor is saying to empower them and decrease intimidation”

“The more done in one visit the better.”

“One stop shop (is better) because of no-show problems.”

“Residents with stiff working hours would benefit from this type of service (delivery).”

“Mobile clinics that come into the community are always effective and highly taken advantage of.”

“Take medical services to the people or take people to the medical services. For example, have nurse practitioners in churches.”

Finally, focus group participants, particularly the Asian and Hispanic groups, gave clear strategies on increasing the availability of translation services in Toledo and Lucas County.

The major barriers and solutions discussed were summed up very succinctly:

“Costs associated with translation (for example, the International Institute) are expensive”.

“Require all grantees (that work with persons who speak English as a second language) to include translation services in their grant applications”.

“Share resources with other organizations and services (that serve Spanish and Asian speaking persons). Our organization hires translators (from them).”

“Distribute informative flyers at hospitals and places where translation services may be required.”

“Also make translation services available for other things besides health concerns. For example, educational services, insurances, food stamps, mails, etc.”

“Boundaries and privacy (of other cultures) should also be respected as confidentiality is very important to their groups.”

Strategy 5: Promote deliberate, stratified marketing of the Toledo-Lucas County Commission on Minority Health and minority health services in Toledo and Lucas County through use of: a) United Way’s 211 information line and database of community resources; b) community partners through events such as Minority Health Month; and c) TLCCOMH marketing materials (brochure, website).

The TLCCOMH should market minority health to Toledo and Lucas County as if it were a commercial product and draw on a number of existing media to promote its mission, goals, and purpose in the community.

To begin, most participants (except for Asians) agreed that United Way’s 211 service database and information line should be utilized more fully by the TLCCOMH and its participating organizations/other members. Asian participants commented that many Asian residents are more likely to use one another or Asians they highly trust to assist them in seeking services in Toledo and Lucas County.

While there are racial/ethnic resource guides in Toledo, most participants felt that United Way’s 211 is the most respected and widely recognized source to seek social, health, and other services in the area. For example, one participant mentioned that “With 211, a perfect system already exists.” Another participant summed many others’ responses the best:

“All service organizations in town serve the entire population, including minorities. Why should we create a minority specific database when all service organizations serve all the people anyway? For example, United Way funded organizations serve everyone- no matter their race or ethnicity.”

Similarly, Hispanic participants felt that 211 was an excellent resource for Spanish-speaking residents of Lucas County:

“211 is a much better service after they implemented a better bilingual service that can be referred to the people effectively.”

Participants suggested that we could highlight our partners and showcase their achievements on our website and other published materials.

For example, each year the funded programs for Minority Health Month are highlighted by the TLCCOMH at the Minority Health Expo in Columbus, OH and through the state and locally published Minority Health Month Calendar of Events.

One participant even felt that *“any group or individual that gets money from the Ohio Commission on Minority Health should be required to write a description of services that their program provides (to the local commission).”*

Finally, members felt that the TLCCOMH should strengthen its position in the community through the use of existing marketing streams:

“Need to market the website that has already been created. The internet is a key marketing piece in today’s society.”

“Should create some sort of pamphlet that could be distributed that would summarize minority health services”

“Create a trademark or logo to identify the agency and use for all marketing.”

“Link websites to other agencies so that those who sign onto one website would be able to visit other websites that are dealing with the same health issue.”

“Send information to local churches so it can be put in the weekly bulletin.”

“Consider a wider reach for promotion: bus advertising, billboards, church organizations, radio advertising, flyers, and larger state/funded boards.”

Marketing the TLCCOMH, its member organizations, and other collaborating partners, while utilizing existing resource guides, will greatly strengthen its position and credibility in Toledo and Lucas County as the source for minority health information.

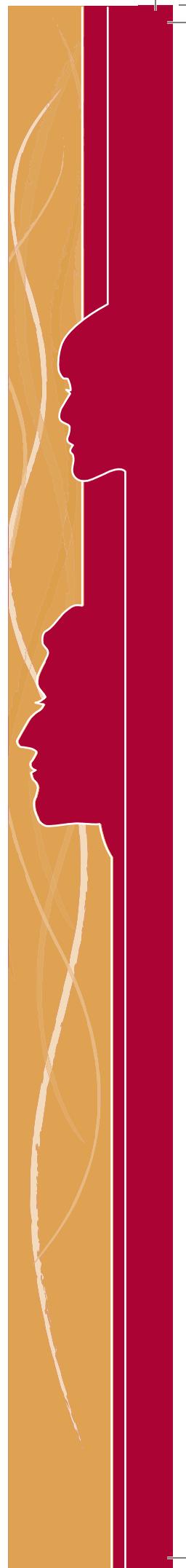
About the focus group participants

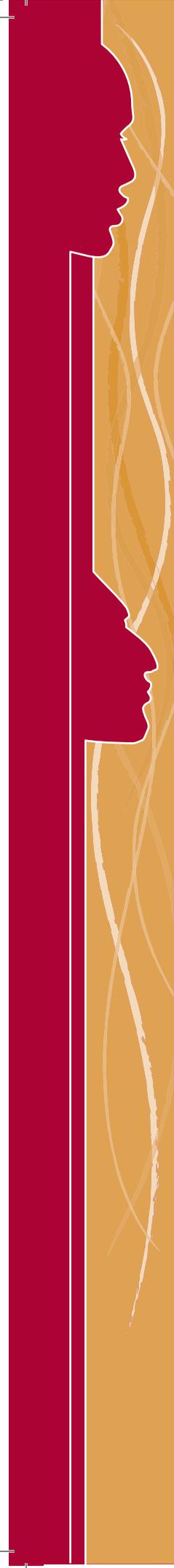
There were six focus groups held on 3 different dates:

- 11/12/2010- 1 focus group (Asian community)
- 11/13/2010- 5 focus groups (4 general community, 1 Hispanic/Latino community)
- 39 total participants.
- 31 female participants, 9 male participants
- 17 Caucasian/White, 13 African-American/Black, 7 Asian, 2 Hispanic/Latino

Agencies represented:

- Able/Disabled Task Force Ministry
- Adelante, The Latino Resource Center
- American Heart Association
- American Cancer Society
- Asian Resource Center
- CJ & N Associates Diabetes Program
- Dental Center of Northwest Ohio
- Females Unveiling the Secret
- Glenwood Lutheran Church
- JLJ Vision Outreach
- Lucas County Department of Job and Family Services
- Lucas County Family Council
- Mercy Health Partners



- 
- Neighborhood Health Association
 - Prevent Blindness of Northwest OH
 - ProMedica Health System
 - Toledo Council of Black Nurses
 - Toledo-Lucas County Commission on Minority Health
 - Toledo-Lucas County Health Department
 - University of Toledo
 - University of Toledo Medical Center
 - 5 persons in attendance did not represent an agency

