Allen County, Ohio

Local Conversations on Minority Health

Report to the Community 2016

Round 2 Funded by the Ohio Commission on Minority Health Grant #MGS 16-13
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US Department of Health and Human Services

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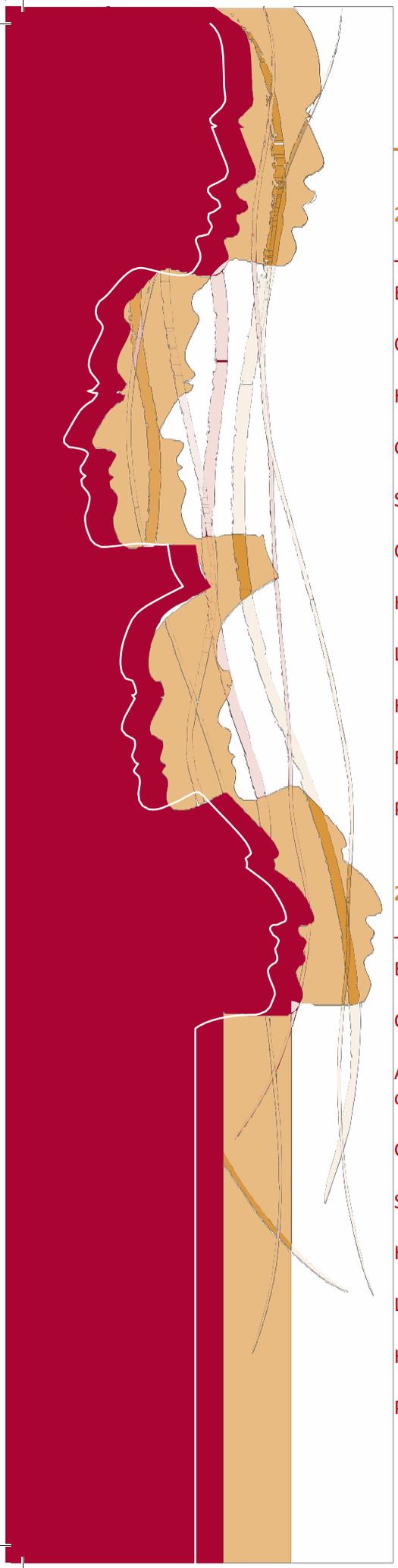

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The National Partnership for Action to End Health Disparities

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 Allen County Health Disparity Reduction Plan in this document is a result of this process.

The Allen County Local Conversations on Minority Health were facilitated by Health Partners of Western Ohio, an organization with a strong history of providing health services to minority and underserved populations. Round 1 Local Conversations were conducted in 2008 and Round 2 Local Conversations in 2015 and 2016.

Health Partners of Western Ohio

Health Partners of Western Ohio (Health Partners) is a Federally Qualified Health Center created in 2002. Their mission is "to eliminate gaps in health outcomes for all members of our community by providing access to quality, affordable, preventive and primary health care." Health Partners has embraced a holistic and integrated approach to service delivery, which includes: primary and preventive health care, comprehensive oral health services, behavioral health services, medication therapy management, dispensing pharmacy, wellness education, and enabling services. Health Partners' main goal focuses on becoming a "health care home" for all patients, offering services to residents of a 23 county area via twelve comprehensive federally qualified health centers: Dr. Gene Wright Community Health Center, Quick Care, and Spartan Health Center in Lima, Ohio; Bryan Community Health Center in Bryan, Ohio; Defiance Community Health Center in Defiance, Ohio; Kenton Community Health Center, Wildcat Health Center, and Wildcat Elementary Health Center in Kenton, Ohio; New Carlisle Community Health Center in New Carlisle, Ohio; Tiffin Community Health Center (Medical), Tiffin Community Health Center (Dental), and Tiffin Firelands Health Center in Tiffin, Ohio. In 2015, HPWO was the healthcare home to 25,019 users and provided 95,848 patient visits.

Geographic Scope

The geographic scope of this project is Allen County, Ohio, with particular emphasis on the city of Lima. The city of Lima is located in northwestern Ohio, midway between Toledo and Dayton along Interstate 75, ten miles south of the junction with U.S. Route 30. Lima is the largest inland city in northwest central Ohio and is within 250 miles of the nation's ten largest Midwestern cities, sitting midway between Detroit, Cincinnati, Toledo, Dayton, Indianapolis, Columbus, and Fort Wayne. Lima is the county seat of Allen County, encompasses approximately thirteen square miles, and accounts for more than a third of the county's population. Both Allen County and Lima continued to grow both in population and geographically up through the 1970s but lost, respectively, 2% and 3.3% of their populations between 2000 and 2010.

Socioeconomic Profile of Allen County and Lima

The 2010 estimated population of Allen County is 106,331 and approximately 38,771 (about 36%) of the county residents live in the city of Lima. The population of the city is more racially/ethnically diverse than that of the county.

Population Category	*Population Composition Allen County*	*Population Composition Lima*
Caucasian	83.8%	67.1%
African American	11.9%	26.4%
Asian American	.7%	.5%
Native American	.2%	.3%
Latino	2.4%	3.7%
Two or more races	2.6%	4.4%

According to 2014 U.S. Census figures, Allen County has lower median income ($43,648) than the state as a whole ($48,849) and a higher percentage of persons living below the poverty level (18.4%) than the overall state rate (15.9%). These figures are worse for the city of Lima. Lima's median income is $28,901 and its poverty rate is 33.6%. As of May 2016, Allen County ranked 30 the among the state's 88 counties in unemployment, with a rate of 5.2%. Low socioeconomic status creates a significant risk for poor health outcomes and health disparities.

Overall Health

The 2014 Allen County Health Risk and Community Needs Assessment is a community progress report that provides a snapshot of community health. The findings were based on self-administered surveys to both adults and youth using a structured questionnaire. Questions were chosen by community partners. A similar health assessment was also conducted in 2009, allowing for comparisons over a five -year period. Following are some of the key trends from 2009 to 2014, as reported in these community assessments:

Adult Trends from 2009 to 2014

Access to Health Care Improving

- Significantly more adults reported having a regular healthcare professional for routine health care in 2014 (87%) as compared to 2009 (58%).
- In 2014, 22% of individuals with an income of less than $25,000 reported having no health insurance, as compared to 30% in 2009.The top reasons given for being without health coverage were: losing a job, unable to afford insurance premiums, or their employer not offering coverage.
- The total uninsured rate improved from 14% in 2009 to 11% in 2014.

Risk Factors for Chronic Conditions Improving

- Adults reporting being overweight or obese improved by 10% (77% to 67%).
- Adults diagnosed with high blood pressure improved by 8% (41% to 33%).
- Adults diagnosed with high blood cholesterol improved slightly by 2% (34% to 32%).
- Adults reporting a sedentary lifestyle improved slightly by 1% (30% to 29%).
- Adults reporting smoking remained the same for both periods (22%).
- Adults diagnosed with diabetes remained the same for both periods (12%).

Mental Health and Substance Abuse Issues Improving

- Adults reporting signs of depression improved by 15% (26% to 11%).
- Adults reporting consideration of suicide improved by 1% (5% to 4%).
- Adult alcohol consumption improved by 9% (56% to 47%).
- Adult recreational drug use improved by 4% (5% to 1%).

Areas of need identified from 2009 to 2014 include misuse of prescription medications, marijuana use, tobacco use, and drinking and driving.

Youth Trends from 2009 to 2014

Nutrition and Fitness

- Youth reporting being overweight or obese remained the same at 32%.
- Significant improvement was noted in youth reporting access to food. Going without food for 24 hours or more declined 10% (14% to 4%).
- Declines were observed in the number of youth reporting eating vegetables and drinking milk.
- Measures of physical activity declined or remained the same.

Safety

- Measures of physical violence declined by 2-4%.
- Measures of bullying remained essentially the same.
- Date violence declined 7% (12% to 5%).

Substance Abuse

- There were significant reductions in measures of tobacco use. Current smokers declined by 7% (16% to 9%).
- Significant reductions were also observed in measures of alcohol use. Current drinkers declined by 9% (34% to 25%).
- Measures of drinking and driving remained unchanged.
- Among high school students, there were increases in the use of marijuana, cocaine, and prescription medications.

Sexual Behavior

- Improvements were noted in the areas of abstinence and multiple sexual partners. Youth reporting ever having sexual intercourse declined by 15% (46% to 31%).
- Declines were noted in the use of birth control measures.
- Allen County Public Health Department reports the following numbers of teen births since 2005, with numbers trending downward since 2010:

Teen Births in Allen County by Year (2005-2014)										
	2005	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**
Births	198	191	211	189	202	147	146	134	109	96

Mental Health

- There were notable increases in the number of youth reporting consideration of suicide (13% to 18%), actually attempting suicide (5% to 8%), and experiencing signs of depression (27% to 29%).

Health Disparity Indicators

The most significant disparities in Allen County occur in the areas of chronic disease (as measured by leading causes of death), sexually transmitted diseases, and infant mortality.

Mortality Rates

The graphs that follow show the Allen County age-adjusted mortality rates per 100,000 population for several leading causes of death. Important trends observed between 2005-07 and 2012-14 include:

- A significant reduction in the mortality rate of African Americans for:
    - Heart disease
    - Cancer
    - Stroke
    - Diabetes
    - Chronic lower respiratory disease
    - Alzheimer's disease
    - Accidents

    This trend represents a significant improvement in the health of African Americans living in Allen County since our last Local Conversation in 2008.

- Similarly, the mortality rate of African Americans in Allen County is lower than the Ohio African American rate for:
    - Stroke
    - Diabetes
    - Chronic lower respiratory disease
    - Accidents

- While racial disparities continue to exist, the gap is significantly narrowing with respect to:
    - Heart disease
    - Cancer
    - Stroke
    - Diabetes
    - Alzheimer's disease

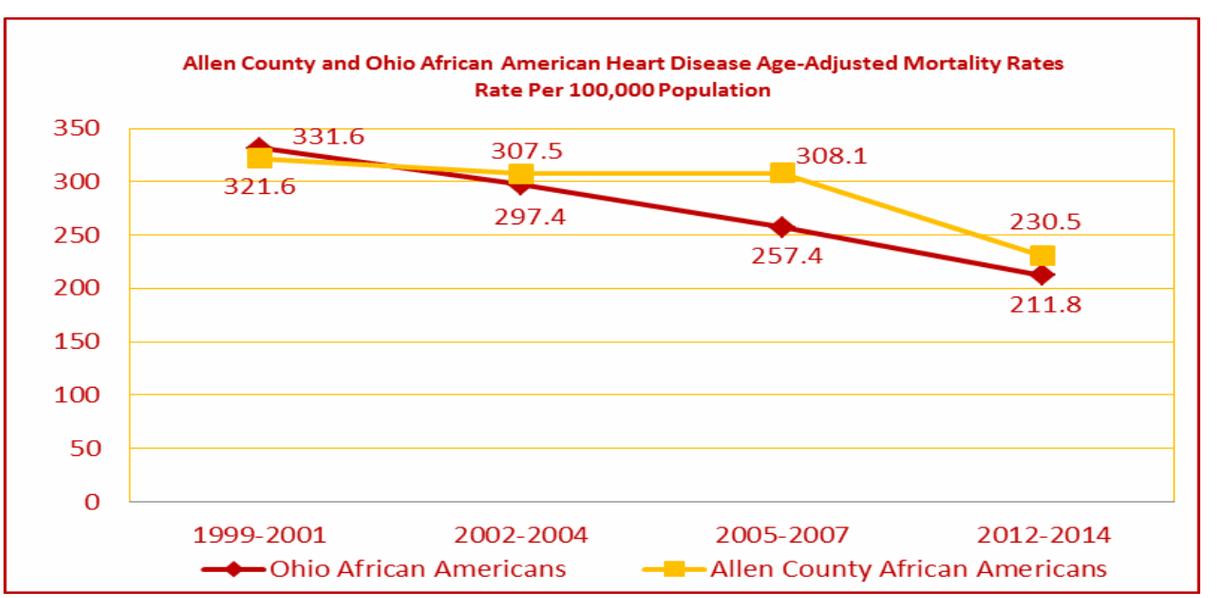
- There continues to be a higher mortality rate among Caucasians than African Americans for chronic lower respiratory disease, influenza/ pneumonia, and accidents.

- An area of need that local healthcare providers may want to further evaluate is the trend of increased mortality from kidney disease and influenza/ pneumonia among African Americans. One hypothesis with respect to kidney disease is that it represents a long-term consequence of diabetes and hypertension. Thus, as healthcare professionals focus on better outcomes for diabetes and hypertension, an improvement in kidney disease mortality rates over the next decade may follow.

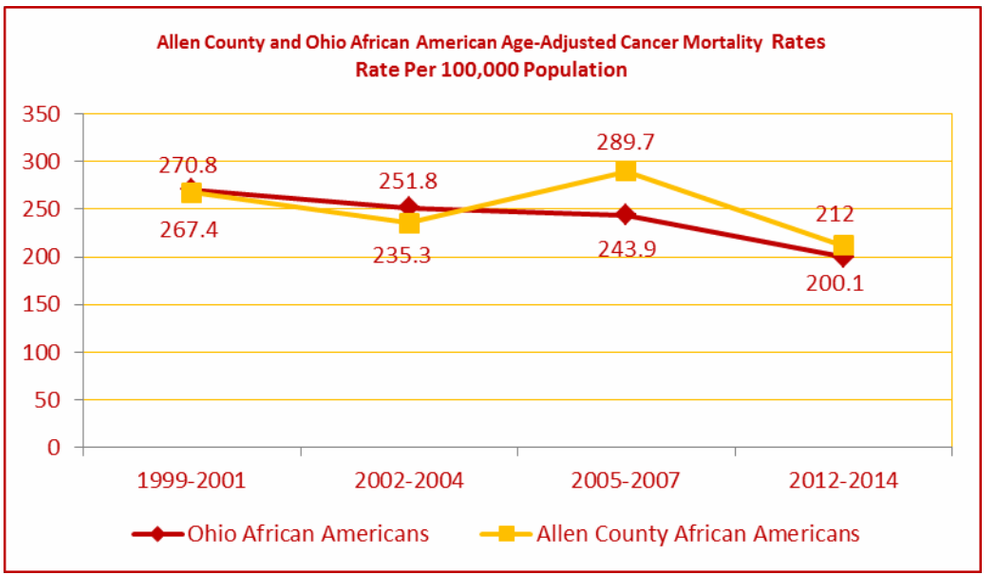
Allen County Leading Causes of Death

	2005-2007 Age-Adjusted Rate (Per 100,000 Population)		2012-2014 Age-Adjusted Rate (Per 100,000 Population)		Age-Adjusted Rate (Per 100,000 Population)	
Cause	**Allen County**		**Allen County**		**Ohio**	
	White	**African American**	**White**	**African American**	**White**	**African American**
Heart Disease	217.6	308.1	172.6	230.5	184.7	211.8
Cancer	183.1	289.7	150.6	212.0	178.0	200.1
Stroke	48.3	70.0	37.9	51.4	38.9	52.5
Kidney Disease	12.0	25.9	8.2	42.9	12.9	26.9
Diabetes	24.5	51.5	19.7	34.2	24.0	43.3
Chronic Lower Respiratory Disease	51.8	41.2	52.1	31.1	50.9	37.0
Alzheimer's Disease	25.9	58.8	27.9	30.3	27.5	24.1
Influenza & Pneumonia	12.5	6.9	25.0	18.3	16.4	15.8
Accidents	29.8	36.1	22.9	15.8	48.7	36.3

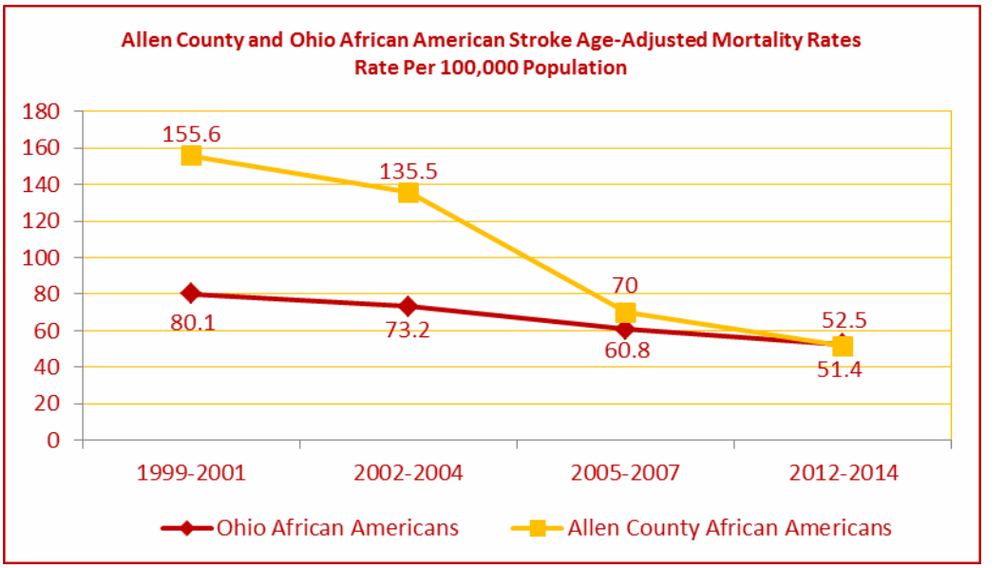
Source: Ohio Department of Health Statistical Analysis Unit



Source: Ohio Department of Health Statistical Analysis Unit



Source: Ohio Department of Health Statistical Analysis Unit



Source: Ohio Department of Health Statistical Analysis Unit

Sexually Transmitted Diseases

Since the 2008 Local Conversation in Lima, significant health disparities continue to exist with regard to the most common sexually transmitted diseases. The charts that follow show that while the rates for Chlamydia and Gonorrhea among African Americans have gradually decreased over the five-year reporting period from 2010-2014, significant racial disparities remain. There is also a significant geographical disparity between Lima and Allen County, with the majority of cases reported in the City of Lima.

Ohio, Allen County, and Lima STD Rates per 100,000 Population (2010-2014)

Sexually Transmitted Disease Rates Across Different Regions and Racial Backgrounds					
	2010	**2011**	**2012**	**2013**	**2014**
Chlamydia					
Ohio African American	1491.5	1481.7	1396.7	1334.9	1283.6
Ohio White	136.8	150.6	170.7	168.5	175.4
Allen County Total	499.4	488.0	513.6	469.1	561.3
Lima Total	1260.5	1186.4	1202.4	1181.1	1394.9
Gonorrhea					
Ohio African American	666.1	653.4	614.2	590.5	534.6
Ohio White	29.2	32.5	35.1	37.7	38.7
Allen County Total	165.5	106.9	97.0	81.7	145.3
Lima Total	436.5	275.2	229.5	216.4	365.0
Syphilis					
Ohio African American	46.6	40.1	46.3	38.9	44.5
Ohio White	3.4	3.1	3.5	4.2	4.7
Allen County Total	0.9	2.8	1.0	1.9	1.9
Lima Total	2.6	7.8	0.0	5.2	5.2
Source: Ohio Department of Health Statistical Analysis Program					

Infant Mortality

Infant mortality has become an even greater issue of concern since our last Local Conversation in Lima. The infant death rate in Ohio for African American babies is more than twice as high as the rate for White babies. Allen County is showing a similar trend among African American babies, especially when looking at an eight-year average.

Infant Mortality Across Different Regions and Racial Backgrounds (2005-2012)				
Year	**Allen County-White**	**Allen County-African American**	**Ohio-White**	**Ohio-African American**
2005	5.80	35.60	6.70	16.90
2006	6.80	16.90	6.10	16.70
2007	4.24	4.08	6.34	14.79
2008	9.49	9.35	6.00	16.23
2009	7.83	8.30	6.40	14.23
2010	1.84	30.93	6.42	15.47
2011	3.81	Not Available	6.41	15.96
2012	7.86	12.77	6.37	13.93
8 yrs. average	5.96	16.85	6.34	15.53
Source: Ohio Department of Health Statistical Analysis Unit				

Local Conversations on Minority Health

The Local Conversations on Minority Health, convened by Health Partners, were an effort to bring community representatives together to discuss and prioritize health disparity needs and develop plans to reduce them. The Local Conversations were held in two phases. Phase I, consisting of two separate meetings on two dates, was conducted as a public forum and advertised in the local media as being free and open to all individuals interested in minority health. Phase I attendees represented adults across the spectrum of the community, including social service agencies, private businesses, government officials, schools, universities, and churches/faith-based organizations. At the request of Phase I attendees, Phase II focused largely on obtaining input from the youth of our community. Two separate Phase II conversations were conducted during a morning and afternoon session with junior and senior students from the DECA program of Lima Senior High School and were also advertised as free and open to the public.

Phase I sessions began with education regarding the mission and strategic action areas of the National Partnership for Action (NPA), education regarding the most significant health outcome disparities in our community (leading causes of death, sexually transmitted diseases (STDs), and infant mortality), and Health Partners' role in improving outcomes in our area. A panel of health experts provided additional information on health disparities and fielded questions from participants. Adult members of the community were interested in learning more about chronic diseases, such as diabetes, congestive heart failure, and Hepatitis C, as well as the "culture" of chronic disease, including behaviors leading to chronic disease and the many cultural barriers to a healthy overall lifestyle. Participants also discussed women's reproductive health issues, such as unintended/unplanned pregnancies, birth control options, STD screenings, and treatment. There was also a discussion concerning methods to educate the youth about safe sex. Finally, adult participants discussed creative solutions to rebuilding the health of our community through cultural changes.

Phase II sessions with the youth began with education regarding health outcome disparities in our community. A panel of health experts provided additional information on health disparities in the following youth-related areas: mental health (dealing with stress), substance abuse, fitness/exercise, nutrition, teen pregnancy, and STD's in youth. Health experts met with students in small groups to further discuss health outcome disparities and obtain ideas from youth on how to overcome these gaps. Finally, health experts reconvened their panel to answer questions students had anonymously written on note cards.

Health Disparity Reduction Plan

Phase I adults agreed that there is better access to health care since the first conversation in 2008, with the introduction of the Affordable Care Act and Ohio's Medicaid Expansion. However, participants recognized that there is still work to do to achieve affordable health care for every Lima/Allen County citizen. Adults also agreed that, in general, Lima/Allen County has the infrastructure and resources it needs to close the health outcome gap.

The adult groups identified the following needs and goals relating to cultural changes within the Lima/Allen County community:

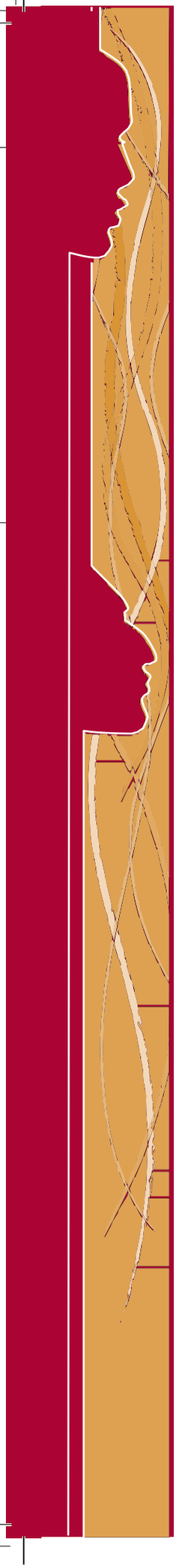
1. Reducing Poverty
2. Increasing Education/Awareness Regarding Minority Health Issues
3. Increasing Access to Affordable, Quality Health Care
4. Back to Basics with Healthy Diet and Nutrition
5. Back to Basics with Exercise/Fitness
6. Back to Basics with a Substance-Free Lifestyle

Goals identified for each need include:

1. Reducing Poverty:
   - Increase income levels by increasing access to higher paying jobs.
   - Foster job creation and development with local employers.
   - Increase the high school graduation rate.
   - Increase the number of adults attending local colleges or universities.

2. Increasing Education/Awareness Regarding Minority Health Issues
   - Promote minority health education with consumers in our community, including chronic disease management, STDs, Hepatitis C, substance use and abuse, birth control options, proper nutrition, and maintaining a healthy weight. Be creative and willing to meet consumers where they live, work, and play.
   - Increase awareness of the value of family planning and pregnancy as a choice vs. accident.
   - Promote events that encourage healthy dialogue between older adults, teens, and younger adults on the topics of teen and unintended pregnancies and safe sex.
   - Increase the number of planned pregnancies.
   - Increase the number of minority awareness/education events that focus on youth health and peer-to-peer education.

3. Increasing Access to Affordable, Quality Health Care
   - Develop improved methods of linking consumers of all ages to available resources and supports in the community for maintaining a healthy lifestyle. Take advantage of social media and other technology.
   - Improve access to more efficient medical transportation services.
   - Increase the number of comprehensive health screenings conducted, including
   - STD's, HIV, depression, drug and alcohol abuse, hypertension, early detection of colon cancer, and youth vaccinations.



- Increase the number of regular check-ups in both adults and children.
- Improve access to mental health and addiction services, including more Psychiatrists.
- Increase access to effective birth control options.
- Increase access to prenatal care, especially beginning in the first trimester.
- Increase the number of community health workers.
- Increase the number of providers who accept Affordable Care Act health insurance.
- Conduct regular patient satisfaction surveys to better understand and meet the needs of patients.

4. Back to Basics with Healthy Diet and Nutrition
    - Work with faith-based organizations to increase education regarding healthy diet and encourage consumers to take a closer look at cultural/ family food traditions and cooking styles.
    - Support individuals who would like to modify traditional meals to help maintain good health.
    - Offer multigenerational cooking classes to teach how to prepare healthy meals.
    - Increase the number of community gardens, encourage participation, and teach canning and freezing techniques.
    - Continue to work with corner stores to offer healthier food choices and reduce/eliminate food deserts in the city of Lima.
    - Continue to work with local restaurants on healthy menu choices.
    - Develop a community awareness campaign about the poor nutritional value and negative effects of sugary sodas, sports drinks, and processed or fast foods.

5. Back to Basics with Exercise and Fitness
    - Increase participation in use of walking/biking trails.
    - Increase safety of local parks to promote exercise.
    - Further develop fitness infrastructure by providing low-cost exercise options.
    - Promote home workouts using exercise videos and programs on television and YouTube.
    - Educate parents about fitness needs of the entire family.
    - Utilize mentoring to support youth and adults in achieving fitness goals.

6. Back to Basics with a Substance-Free Lifestyle
    - Increase the number of primary care providers who regularly conduct alcohol, tobacco and drug screening surveys with their patients.
    - Increase the number of tobacco cessation providers.
    - Increase awareness about alcohol and drug treatment programs.

In Phase II, youth from Lima Senior High School answered guided questions regarding health outcome disparities. These questions included: students' initial reaction to learning of these disparities, why they think disparities exist, and what they feel they can do as an individual, group of students, and part of a larger community to improve health outcomes. Initial reactions to learning of health disparities ranged from raising further questions, to surprise and frustration, to becoming more aware of the issues.

Students identified the following reasons why they feel health disparities exist:

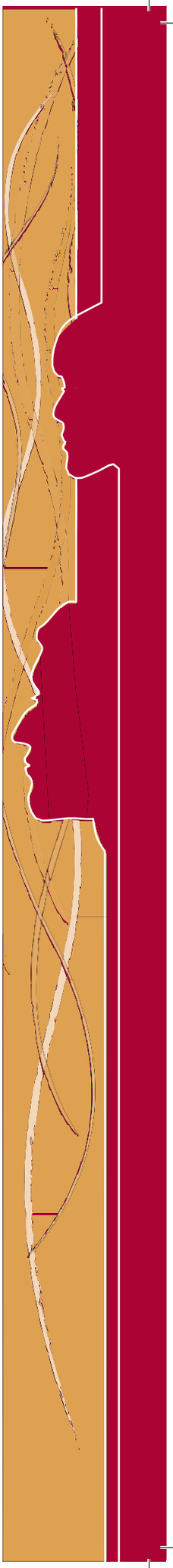
- Individual choices
- Predisposition to diseases
- Experiences
- Environment
- Racism
- Age
- Geography
- Diet practices
- Cost of nutritious food
- Cost of health care
- Poor attitude about healthy lifestyle choices
- Family and cultural influences
- Lack of education
- Distrust of medical providers
- Fear of being judged
- Pride

Phase II youth represented juniors and seniors from Lima Senior High School. The following are results of the youth surveys:

- 56% of juniors and 30% of seniors reported that before this event they knew that minorities living in Lima/Allen County have more health problems.
- 98% of all students responding said they would share what they learned with family and friends.
- 79% of all students responding reported needing to make changes with their diet based on what they learned. Further, 64% would like to make changes with fitness, 55% with their stress level, 30% with their sexual behavior, and 13% with tobacco, alcohol and/or drug abuse.
- 79% of all students responding now feel comfortable knowing how to get help with each topic presented if they would need it, 16% reported that they do not feel comfortable, and 5% reported that the topic did not apply to them.

Students expressed an interest in spreading the word about minority health disparities among family, friends, same-age peers, younger peers, and working with the community to close the gap in all six areas of concern. Health Partners provided students with a notebook featuring local resources, health disparity data, and guidelines for healthy living to assist them in sharing what they learned. Specific suggestions for keeping the conversation going included:

- Leading by example.
- Setting healthy trends as a group; being role models.
- Promoting positive support systems for peers.
- Using social media to promote awareness.



- Hosting school group meetings, pep rallies, and health fair/awareness events at school.
- Working with city leaders to raise awareness and further develop infrastructure that promotes a nutritious, active and substance-free lifestyle (i.e. awareness campaigns, commercials, advertisements, focus groups, places for youth to get together, summer programs, community 5 K runs, etc.).

Students generated 89 questions regarding the six topics of discussion on note cards. Experts answered some of the questions during the event and Health Partners subsequently prepared a written document answering each question for students to utilize as a reference.

Follow Up Action

Following the Phase II youth conversation, Lima Senior High School DECA teachers Contacted Health Partners and requested a meeting to discuss how DECA seniors might create a community awareness campaign focusing on minority health in Lima/ Allen County next school year as part of their senior public relations project. An initial meeting was conducted on May 16, 2016. Three student leaders were identified and expressed interest in helping to coordinate an awareness campaign next school year. Local partners identified to assist DECA students include: Lima Senior High School, Health Partners, Spartan Health Center (a Health Partners Health Center located in Lima Senior High School), Bradfield Community Association, and Activate Allen County (a local organization supporting efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and control health care spending through a federal Partnerships to Improve Community Health – PICH grant). Activate Allen County is also working in partnership with St. Rita's Health Partners, a local Medical Center, to reach out to youth in area high schools with a healthy lifestyle and wellness message. This campaign is entitled, "The Activated School Challenge," and will fund approved action plans up to $2,000. These local partners will continue to meet and plan, with the goal of kicking off an awareness campaign when school begins in the fall.

Health Partners is pleased to see the positive trends in minority health since our first conversation in 2008. As an area-wide resource for quality, affordable, and preventive primary health care, Health Partners remains committed to acting as a catalyst for ongoing dialogue. With full community support from all partners, talk will become action, and action will lead to positive health outcomes for all Lima/Allen County citizens.

Participating Organizations

Event Hosted by Health Partners of Western Ohio in Collaboration with the Ohio

Commission on Minority Health

- **Community Engagement Team**
- **Dr. Gene Wright Community Health Center**
- **Spartan Health Center**
- **The Tomorrow Project**

Activate Allen County

Allen County Board of Developmental Disabilities

Allen County Public Health Department Allen Metropolitan Housing Authority Area Agency on Aging 3
B.A.B.Y. Project

Bradfield Community Association

Changing Seasons

City of Lima

Coleman Behavioral Services Family and Children First Council Farmers Insurance Group
Health Partners of Western Ohio

Infectious Diseases, Inc.

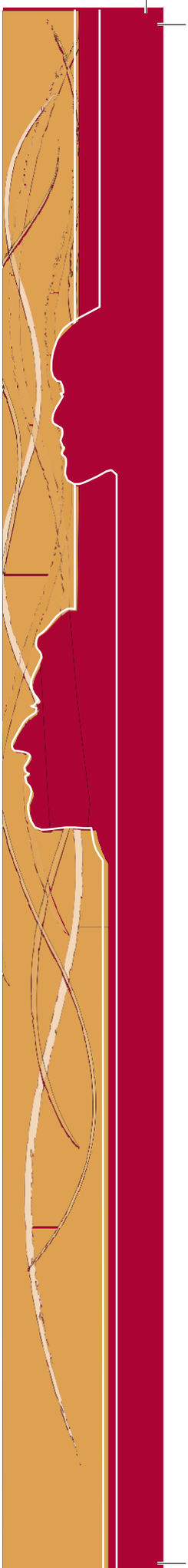
Lima Allen Council on Community Affairs (LACCA) Lima City Schools
Lima Literacy Council NOW Marketing Group Ohio State University Lima St. Rita's Medical Center
Susan G. Komen Northwest Ohio

United Way of Greater Lima

West Central Ohio Health Ministries Program

WIC of Allen County

Women's Health for Life



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Good Health
MINORITY HEALTH
Since 1987

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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 Allen County Health Disparity Reduction Plan in this document is a result of this process.

The Allen County Local Conversations on Minority Health were facilitated by the Allen County Health Partners, an organization in Western Ohio with a strong history of providing health services to minority and underserved populations.

Allen County Health Partners/ Health Partners of Western Ohio

Allen County Health Partners, now known as Health Partners of Western Ohio, was created in 2002 and their mission is "to eliminate gaps in health outcomes for all members of our community by providing access to quality, affordable, preventive and primary health care." Health Partners has embraced a holistic and integrated approach to the delivery of services which includes: primary and preventive health care, comprehensive oral health services, behavioral health counseling, medication therapy management, dispensing pharmacy, wellness education, and enabling services. Health Partner's main goal focuses on becoming a "health care home" for all patients offering services to residents of a 12 county area via two comprehensive federally qualified health centers, the Dr. Gene Wright Community Health Center (located in Lima, Ohio) and the New Carlisle Community Health Center (located in New Carlisle, Ohio). In 201, Health Partners was the health care home to 14,787 users and provided 59,897 patient visits.

Geographic Scope

The geographic scope of this project is Allen County, Ohio, with particular emphasis on the city of Lima. The city of Lima is located in northwestern Ohio, midway between Toledo and Dayton along Interstate 75, ten miles south of the junction with U.S. Route 30. Lima is the largest inland city in northwest central Ohio and is within 250 miles of the nation's ten largest Midwestern cities, sitting midway between Detroit, Cincinnati, Toledo, Dayton, Indianapolis, Columbus, and Fort Wayne. Lima is the county seat of Allen County, encompasses approximately thirteen square miles, and accounts for more than a third of the county's population. Both Allen County and Lima continued to grow both in population and geographically up through the 1970s but lost, respectively, 2% and 3.3% of their populations between 2000 and 2010.

Socioeconomic Profile of Allen County and Lima

The 2010 estimated population of Allen County is 106,331 and approximately 38,771 (about 36%) of the county residents live in the city of Lima. The population of the city is more racially/ethnically diverse than that of the county.

Population Category	*Population Composition Allen County*	*Population Composition Lima*
Caucasian	83.8%	67.1%
African American	11.9%	26.4%
Asian American	.7%	.5%
Native American	.2%	.3%
Latino	2.4%	3.7%
Two or more races	2.6%	4.4%

Allen County has lower median income ($39.318) than the state as a whole ($45, 467) and a higher percentage of persons living below the poverty level (18.6%) than the overall state rate (15.1%). These figures are worse for the city of Lima. Lima's median income is $29,756 and its poverty rate is 29.44%. As of November, 2011, Allen County ranked
41st among the state's 88 counties in unemployment, with a rate of 8.1%. Low socioeconomic status creates a significant risk for poor health outcomes and health disparities.

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Health Disparity Indicators

The need for adequate health care in Allen County is evident. In 2009, approximately two-thirds of adults had visited a doctor for a routine visit within the past year, while almost one-quarter (24%) of adults had attempted to get assistance from a social service agency. There are also numerous indicators of health disparities in the county.

Allen County African American Males Leading Causes of Death 2005-2007 Total Deaths: 167

1. Heart Disease	26% of all deaths
2. Cancers	22%
3. Accidents (Unintentional Injuries)	5%
4. Stroke	4%
5. Chronic Lower Respiratory Disease	4%

Source: ODF Information Warehouse, updated 3-15-09

Allen County African American Females Leading Causes of Death 2005-2007 Total Deaths: 154

1. Cancers	28% of all deaths
2. Heart Disease	25%
3. Alzheimer's Disease	7%
4. Stroke	6%
5. Diabetes Mellitus	5%

Source: ODF Information Warehouse, updated 3-15-09

The African American data was collected by convenience sampling, due to low response rates from the mailing campaign. Additional surveys were administered at a selected community venue. According to the 2000 U.S. Census approximately 13,225 African Americans live in Allen County (12%). The 2009 Assessment found that 16% of African Americans were diagnosed with diabetes. 23% African Americans were current smokers. 74% of African Americans were either overweight obese.

Overall Health

The 2009 Allen County Health Risk and Community Needs Assessment showed several areas of health disparities.

In 2009, Allen County African Americans were more likely to rate their health status as fair or poor (24%) when compared to Whites (17%).

- 21% of African American adults did not have health care coverage compared to 11% of Whites. 20% of Ohio African Americans did not have health care insurance. (Source: 2008 BRFSS)
- Almost one-quarter (23%) of African American adults had been tested for HIV in the past year, compared to 5% of Whites.

Other health disparities for Allen County African Americans are shown in the chart on the next page.

	Allen County 2009 African Americans	*Allen County 2009 Whites*	*Ohio 2007/2008 African Americans*
Diagnosed with high blood pressure	40%	41%	37%
Diagnosed with high cholesterol	30%	34%	34%
Diagnosed with diabetes	16%	12%	16%
Limited because of physical, mental, or emotional problems	17%	12%	
Had a mammogram in the past year	27%	41%	N/A
Had a PSA test in the past 2 years	38%	39%	54%
Been to the dentist in the past year	49%	62%	62%
Consider their neighborhood to be extremely or quite safe	44%	63%	N/A
Were overweight or obese	74%	77%	63%
Were current smokers	23%	20%	24%
Had attempted suicide	10%	1%	N/A
Had multiple sex partners	13%	3%	N/A
Used illegal drugs in past 6 months	24%	3%	N/A
Misused prescription drugs in the past 6 months	11%	1%	N/A
Used marijuana in past 6 months	13%	3%	N/A
Consumed alcohol in the past 30 days	29%	57%	42%
Drank alcohol and drove a vehicle	7%	3%	N/A
Had been tested for HIV	23%	5%	N/A
Needed help meeting their general daily needs	25%	11%	N/A

Mortality Rates

The graphs that follow show the Allen County age-adjusted mortality rates per 100,000 population for several leading causes of death.

The graphs show that:

- For the reporting years of 2005-2007, the Allen County age-adjusted heart disease mortality rate for African Americans was higher than the rate for any other racial or ethnic group.
- The 2005-2007 Allen County age-adjusted cancer mortality rate for African Americans (290) was higher than the rate for Whites and for the state.
- The 2005-2007 Allen County age-adjusted diabetes mortality rate for African Americans was much higher than the rate for Whites.

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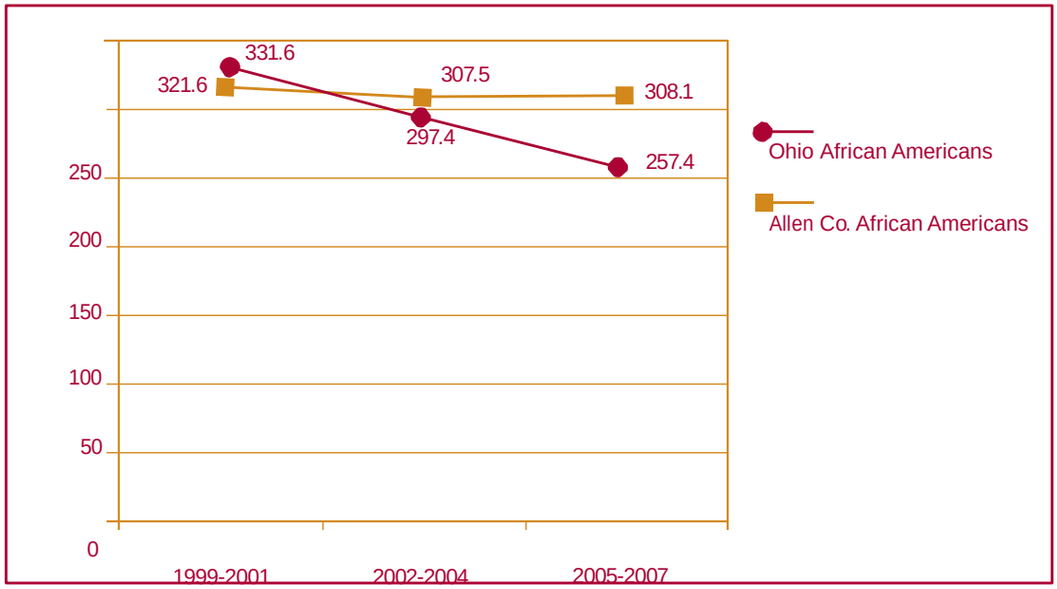
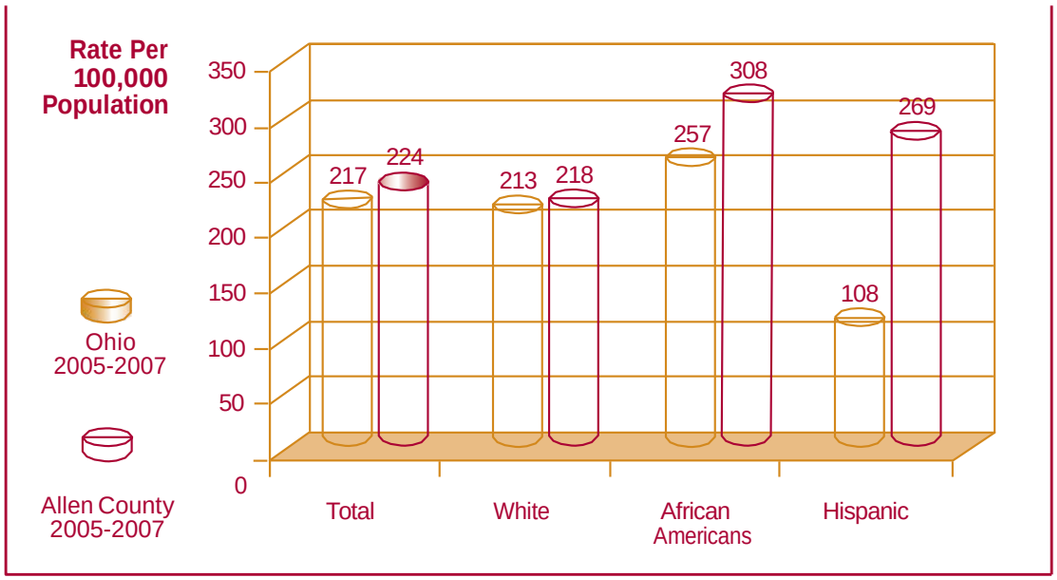
Allen County and Ohio African American Heart Disease Age-Adjusted Mortality Rates



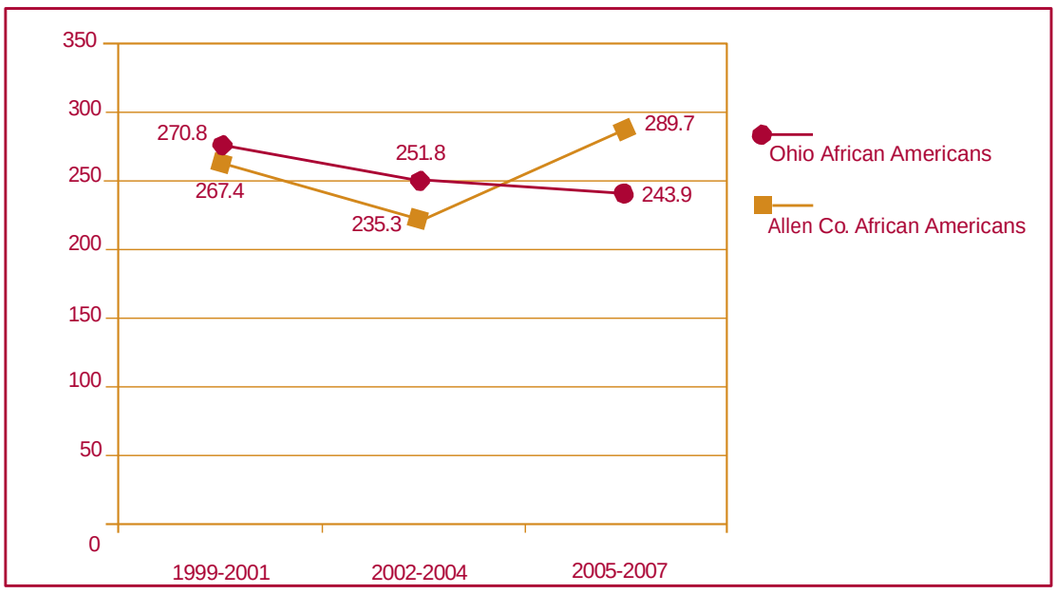
(Source: ODH Information Warehouse)

Age Adjusted Heart Disease Mortality Rates by Race/Ethnicity



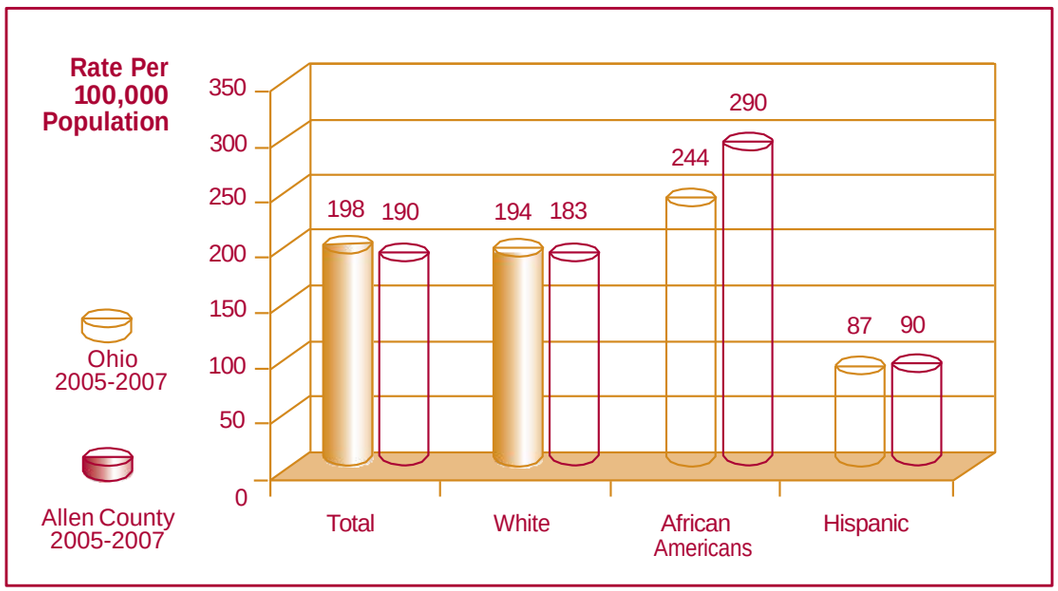
(Source: ODH Information Warehouse)

Allen County and Ohio African American Age-Adjusted Cancer Mortality Rates



(Source: ODH Information Warehouse)

Age Adjusted Cancer Mortality Rates by Race/Ethnicity



(Source: ODH Information Warehouse)

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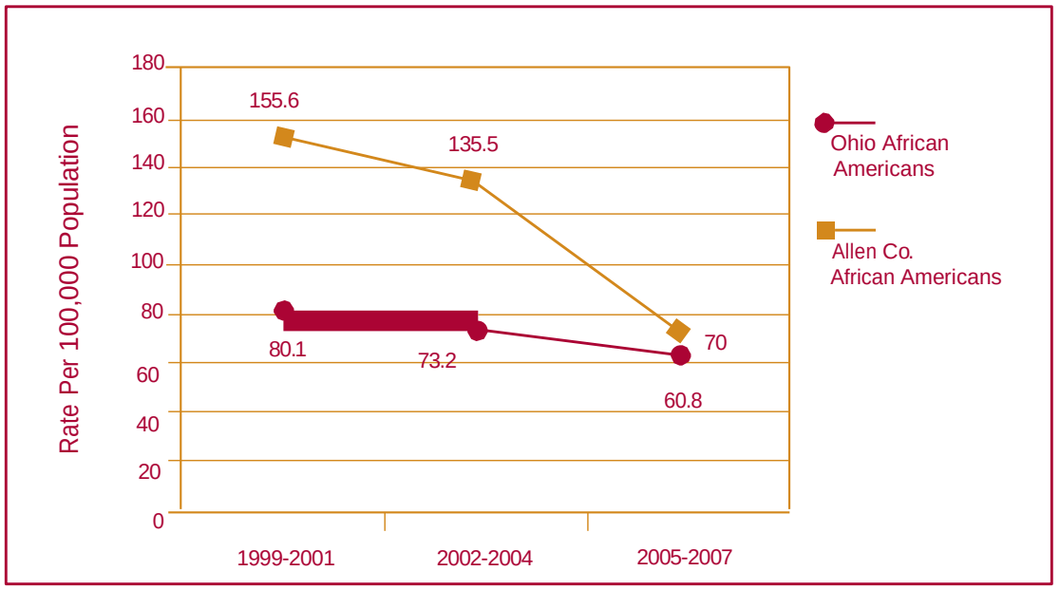
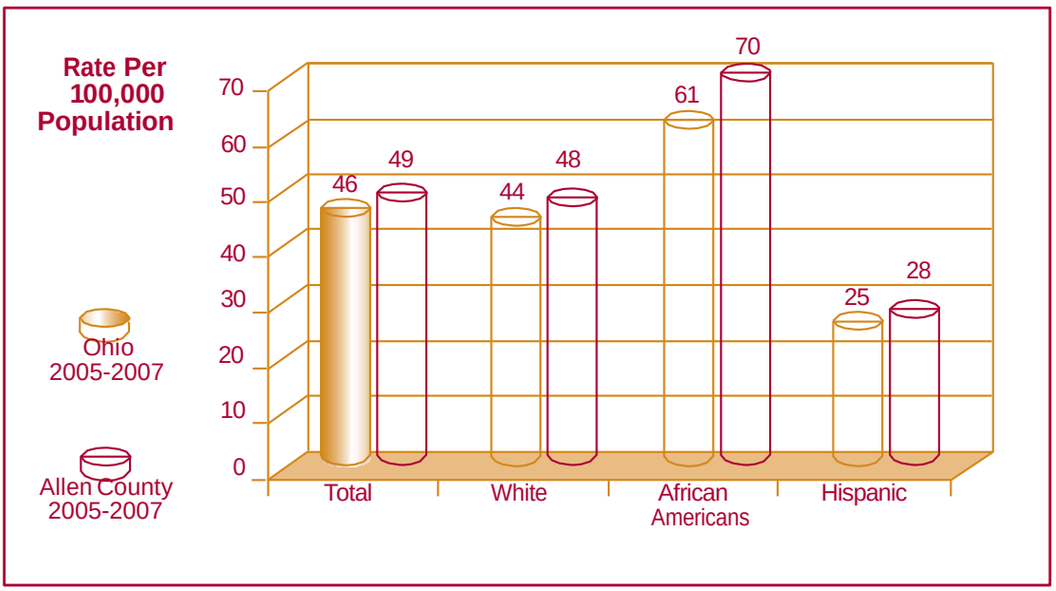
Allen County and Ohio African American Stroke Age-Adjusted Mortality Rates



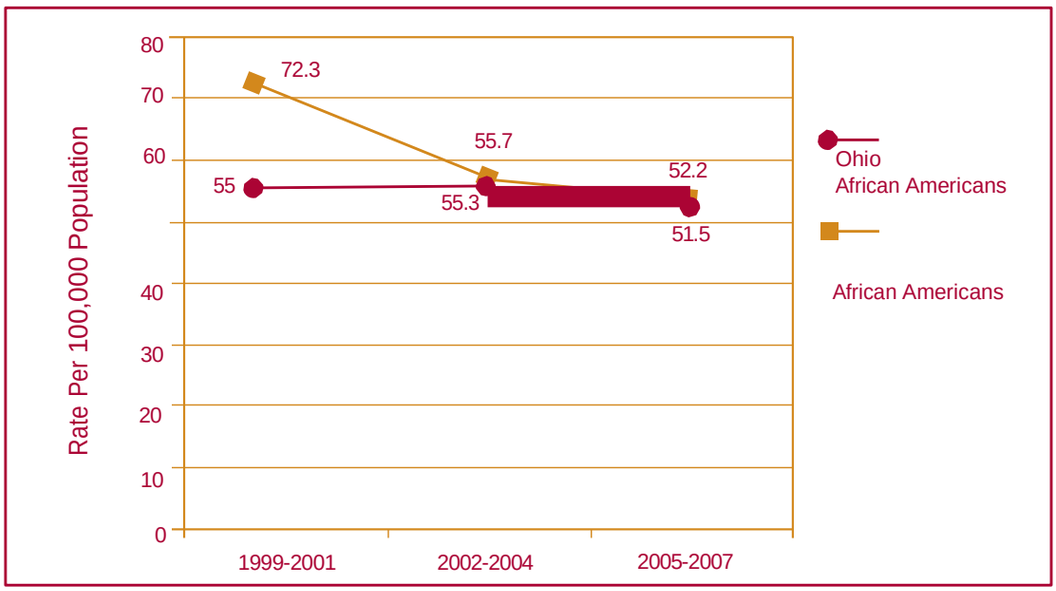
(Source: ODH Information Warehouse)

Age-Adjusted Stroke Mortality Rates by Race/Ethnicity



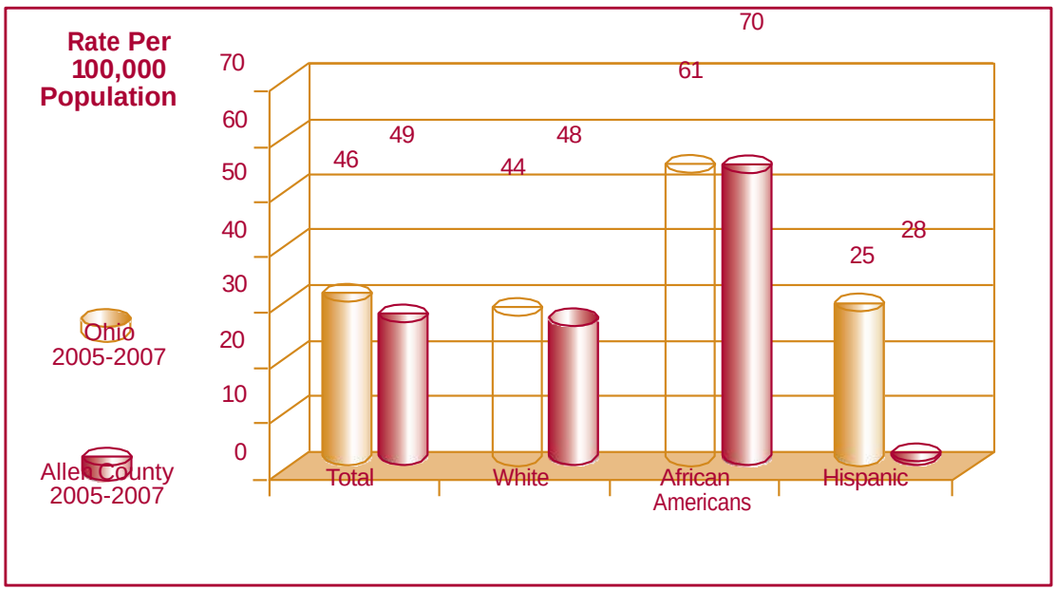
(Source: ODH Information Warehouse)

Allen County and Ohio African American Diabetes Age-Adjusted Mortality Rates



(Source: ODH Information Warehouse)

Age-Adjusted Diabetes Mortality Rates by Race/Ethnicity



(Source: ODH Information Warehouse)

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Allen County – Leading Causes of Death

CAUSE	*Whites Age Adjusted Rate (Per 100,000 population)*	*African-American Age-Adjusted Rate (Per 100,000 population)*
Heart Disease	217.6	308.1
Cancer	183.1	289.7
Cerebrovascular Disease (Stroke)	48.3	70.0
Chronic Lower Respiratory Diseases	51.8	41.2
Accidents, Unintentional Injuries	29.8	36.1
Diabetes	24.5	51.5
Alzheimer's Disease	25.9	58.8
Influenza and Pneumonia	12.5	6.9
Kidney Disease	12.0	25.9

(Source: 2005/2007 Ohio Department of Health)

Local Conversations on Minority Health

The Local Conversations on Minority Health, convened by Allen County Health Partners, were an effort to bring community representatives together to discuss and prioritize health disparity needs and develop plans to reduce them. The Local Conversations were held in two phases.

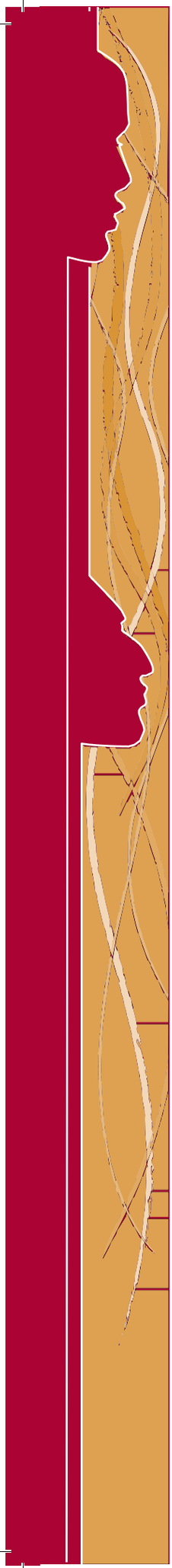
The initial meeting in Phase I was a public forum, which was advertised in the local media as being a forum open to all individuals interested in minority health. The next meetings were roundtable discussions by invitation. The people attending represented a hospital, a medical clinic, the county health department, the county mental health board, the city council, the media, representatives from a major industry/employer, the YMCA, the county health department, a hospital, community health and social service organizations, family physicians, and community representatives.

During these events, participants were broken into groups where they discussed needs related to services, resources, capacity building, and infrastructure. At the end of the discussion of needs, participants went through an exercise in which they prioritized the needs identified. A discussion of strategies to meet the needs followed.

The needs identified through this process included:

Resources

- Workforce shortages (primary care, physicians in specialty fields, dentists, oral surgeons, and mental health professionals)
- Health literacy and literacy in general
- Simplified health education materials in areas such as:
  - drug awareness
  - teen parenting
  - benefits to seeking preventive health care



- critical importance of health screenings for early identification of diseases.

- Funding for health initiatives

Services

- More intensive focus on prevention
- Public awareness campaigns promoting physical activity
- Nutrition education such as healthy adaptations of ethnic foods
- Mental health services
- Infant mortality prevention, including OB/GYN care, prenatal education, education and support for young parents, and treatment for postpartum depression
- Programs to address underlying attitudes that affect health decision-making
- Dental and eye care
- Assistance with medication
- Substance abuse treatment

Capacity Building

- Educating doctors and other health providers on health disparity issues
- Training for faith-based and community-based organizations in areas such as:
  - grant writing
  - cross-agency collaboration
  - Grassroots leadership
- Cultural competency training for health service providers

In Phase II participants further refined the suggested approaches to meeting the need to form a strategic health disparity reduction plan.

Infrastructure

- Access to services (caused by several factors), including:
- Lack of access to healthcare.
- Loss of direct health services from Health Department creating service gaps.
- Few numbers of doctors in private practice willing to accept Medicare and Medicaid.
- Inconvenient service hours.
- Barriers to jobs that offer health benefits.
- Transportation barriers (lack of transportation to health services, more wheelchair ramps, etc.).

Health Disparity Reduction Plan

Prioritized Strategies

Resource Needs

1. Funding for health-related initiatives.
2. Workforce shortages.
3. Health literacy (in 'Layman's Terms'), including simplified health education materials.

Resource Strategies

1. Work with local schools to improve attendance, academic performance and job prospects of minority students. Seek funding and create awareness.
2. Promote health professions training among local young people. Consider a scholarship process.
3. Create user-friendly health education materials for populations with low literacy and/or limited English proficiency.

Service Needs

1. Focus on prevention including public awareness campaigns covering critical areas:
   - Nutrition education and programs to address healthy decisions.
   - Infant mortality prevention (OB/GYN care, pre-natal education, treatment for post-partum depression, etc.).
2. Mental Health/Substance Abuse services.
3. Assistance with medications.

Service Strategies

1. Open another Community Health Center (CHC) in North Lima, similar to the Dr. Gene Wright CHC.
2. Increase the number of prevention and health programs.
3. Create community-wide communication campaigns.

Capacity Building Needs

1. Training for community and faith-based organizations in grant writing, cross-agency collaboration and grassroots leadership.
2. Education health providers on health disparity issues.
3. Cultural competency training for health service providers.

Capacity Building Strategies

1. Provide capacity building training for faith-based, grassroots and community based organizations in areas such as grant writing, leadership development and inter-agency collaboration.
2. Broaden the base of individuals and groups participating in planning and implementation of initiatives to reduce minority health disparities.
3. Provide cultural competency training at all levels of health professions.

Infrastructure ('aka' Access) Needs

1. Access to services (caused by several factors), including:
   - Lack of access to healthcare.
   - Loss of direct health services from Health Department creating service gaps.
   - Few numbers of doctors in private practice willing to accept Medicare and Medicaid.
   - Inconvenient service hours.
2. Barriers to jobs that offer health benefits.
3. Transportation barriers (lack of transportation to health services, more wheelchair ramps, etc.).

Participating Organizations

Allen County Health Department

Allen County Mental Health Board

City of Lima

Health Partners of Western Ohio

Lima/Allen Council on Community Affairs

Lutheran Social Services

Met Housing

NAACP

St. Rita's Medical Center

YMCA

Notes

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