Columbus
Office of Minority Health at Columbus Public Health

Round 2 – Continuing the Conversations

Report to the Community 2016
Round 2 funded by the Ohio Commission on Minority Health MGS 16-03, and round one was

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National Partnership for Action to End Health Disparities
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Document content was compiled by the Columbus Office of Minority Health at Columbus Public Health; formatting and design developed by the Ohio Commission on Minority Health.
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 Columbus Health Disparity Reduction Plan in this document is a result of this process. The lead agency for the Local Conversations in Columbus was the OMHCPH.
Office of Minority Health at Columbus Public Health (OMHCPH)

The OMHCPH was established in 2007 as a division of Columbus Public Health (CPH). Its mission is to provide leadership to reduce health inequities in minority communities of Columbus and surrounding areas. The OMHCPH has an important role in activating efforts to educate citizens and professionals on critical health care issues through the achievement of four Core Competencies:

- Monitor and report health status of minority populations
- Inform, educate, and empower people
- Mobilize community partnerships and actions
- Develop policies and plans to support health efforts

The OMHCPH was set up to:

- Serve as a mechanism for the City of Columbus to produce consistent data sets representative of the diversity in Columbus
- Provide a local presence for issues of minority health in Columbus
- Institutionalize the effort to eliminate health disparities within the city
- Serve as a conduit of information for trends and emerging concerns between the Ohio Commission of Minority Health and local communities

Minority Health Advisory Committee (MHAC) History

The OMHCPH spearheads MHAC, a steering committee comprised of community stakeholders that meets bi-monthly to guide the work of the local office. Any interested organization or individual that lives, works, and worships in Columbus or Franklin County can be a part of the MHAC. This committee is charged with setting up opportunities within the community to address issues surrounding minority health including:

- Access to racial/ethnic populations, immigrant/refugee populations, and service agencies/organizations
- Data collection and survey development
- Knowledge of and access to funding and grant opportunities
- Facilitating collaborative relationships with over 40 agencies representing the committee
- Acting as a sounding board to agencies and organizations on behalf of underserved populations
- Recommending speakers to discuss issues impacting targeted populations.
- Collaborating with agencies and organizations providing services to racial, ethnic, immigrant, and refugee populations
- Data collection and survey development
- Coordination of a calendar of events for Minority Health Month. (Columbus, Ohio/Franklin County)
- Addressing health and social issues impacting racial, ethnic, immigrant, and refugee populations
Local Conversations – Timeline

2008
The local offices of minority health began to look at action planning in response to health disparities by hosting community local conversations. Attendance comprised of residents from racial/ethnic populations, state and local representatives, and service providers. Participants were broken into 4 groups where they discussed needs related to:

- Services
- Resources
- Capacity building
- Infrastructure

Identified needs included:

- Health communications campaigns about healthy lifestyles as a top priority.
- Additional resources to address the needs of emerging populations in Ohio
- Greater attention to prevention as a general health service need.
- Increase collaboration and partnerships among non-profit organizations for information and resources sharing.

2010
The local offices conducted a second community Local Conversations meeting. Each participant was again assigned to a workgroup as they came to the session. They were also given copies of the Local Conversations report from the 2008 session and were asked to prioritize issues from that report. Each workgroup was provided with an Action Plan Development sheet to create the agreed upon action plan. All four workgroups reported as a whole their first priority and recommended Plan-of-Action. Participants helped the local offices craft the Local Conversations on Minority Health Report to the Community 2011. These reports represented the views, needs, and recommendations of our communities Statewide. The strategic focus of these statewide documents included:

- Increased awareness of health disparities
- Strengthened leadership
- Enhanced patient-provider communication
- Improved cultural and linguistic competency in delivering health services
- Coordinate and utilize research and outcome evaluation

2016
The content area for the FY 2016 Local Conversations was aligned with the NPA and covered services, resources, infrastructure, and capacity building that mirrored Local Conversations 2008. The Round 2 conversations focused on action planning in response to health disparities. Participants in the conversation reviewed survey results, issues from the 2011 report, and discussed the following questions:

- What programs and services are currently available to underserved communities to address these top health concerns?
- What collaborative efforts can be done among the MHAC to address the barriers shared?

Attendance comprised of residents from racial/ethnic populations, state and local representatives, and service providers.
Required Elements

The OMHCPH conducted community forums comprised of community members and community-based organizations (CBO) serving the following population groups within Columbus, Ohio: African American, Bhutanese Nepali, Latino, and Somali. In total, the OMHCPH was required to reach 100 individuals by The OCMH through community forums. All community forums were free, open to the public, held in a public location, and located in a handicap accessible facility.

The OMHCPH is currently responsible for the coordination of CPH’s interpretation and translation services. These services were available to any community forum participant, as requested.

Activities during the Local Conversations FY 2016 included planning, advertising, hosting, and follow up. Planning meetings conducted by OMHCPH staff included preparing and reviewing the Local Conversations 2011 report, working with CPH Communications and Public Affairs to develop marketing materials, working with REEP (Research and Evaluation Enhancement Program) evaluator to design an evaluation tool, working with CPH’s Office of Epidemiology and Surveillance to develop an electronic assessment tool via SurveyMonkey, and identifying locations throughout Columbus, Ohio to host the Local Conversations 2016. Local Conversations 2016 occurred in the form of community forums. Meeting minutes, sign in sheets, and evaluations were used as documentation, and provided to The OCMH in the quarterly and year end reports.

Community forums were open to community members, Local Conversation 2008 participants, the OCMH board members, community-based organizations, and new community partners as determined by OMHCPH. The OCMH and Columbus Public Health leadership were informed through email communication, materials development, and documentation regarding all Local Conversations 2016 activities.

In collaboration with the Communications and Public Affairs office at Columbus Public Health, the OMHCPH developed marketing materials promoting the Local Conversations 2016. Marketing materials included, but were not limited to flyers and save-the-date notices, which were shared with community partners.

Continuing the Local Conversations - Round 2

The Round 2 conversations focused on surveys and issues in response to health disparities. Participants in the conversation prioritized issues from 2011.

The Office of Minority Health at Columbus Public Health (OMHCPH) conducted a total of 8 community forums comprised of community members from the following population groups within Columbus, Ohio: African American, Bhutanese/Nepali, Latino, and Somali.

In total, the OMHCPH reached a total of 218 community members through the 8 community forums. All community forums were free, open to the public, held in a public location, and located in a handicap accessible facility.

The focus of Round 2 Continuing the Conversations was to survey and address the health disparities affecting the African American, Bhutanese/Nepali, Latino, and Somali populations in Columbus, Ohio.
2016 Survey Questions:

1. What are some of the concerns you have about your health?
2. Where do you most often go to when you are sick or need advice about your health care?
3. If you do not usually receive care, what has stopped you from getting health care or services you need?
4. How would you rate your health?
5. How comfortable are you talking to your doctor about your health concerns?
6. If you are not at all comfortable talking to your doctor, why?
7. What way is the best way for you to learn about health or improving your health?
8. What types of health information would you like to learn more about?
9. What is your sex?
10. What is your age?
11. What is your race?
12. Are you of Hispanic, Latino, or Spanish origin? (Supplemental)

Continuing the Local Conversations – Somali

Local Conversations Primary Goals:

• To bridge the healthcare gap between the Somali community and healthcare services.
• To provide information and clinical health services to people with difficulties accessing health resources.
• To promote preventative care and health services of the top health concerns affecting the Somali community.
• To educate individuals on how to improve quality of life.

Survey Data Results - Somali

A total of 72 surveys were collected from three community forums in the Somali Community. The survey responses were collected and are listed below:

Q1. Where do you most often go to when you are sick or need advice about your health care?

(Ranked greatest to least)

1. Doctors Office
2. Walk-in clinic
3. Health Care Centers
4. Emergency Department
5. Free Clinics

Q2. If you do not usually receive care, what has stopped you from getting health care or services you need?

(Ranked greatest to least)

1. I don’t know where to go to get care
2. Hardly ever or never get sick
3. I can’t afford to go to the doctor
4. I can’t afford my medicine
Q3. How would you rate your health?
- Excellent (13.85%)
- Very Good (12.31%)
- Good (32.31%)
- Fair (32.31%)
- Poor (9.23%)

Q4. Somali Top Health Concerns:
1. Diabetes
2. Overweight or Obesity
3. Cancer
4. Depression or Anxiety
5. Heart Disease

Q5. Comfort Level with Providers:
- Very Comfortable (67%)
- Somewhat Comfortable (25%)
- Not At All Comfortable (8%)

33% of respondents’ note that they are somewhat or not at all comfortable speaking with a healthcare professional

GRAPH ONE: Somali Sources of Health Care
The Office of Minority Health at Columbus Public Health (OMHCPH) hosted a Minority Health Advisory Committee (MHAC) meeting to address the needs expressed from the Somali community surveys.

The MHAC was attended by local community partners including; Asian American Community Services, Bhutanese Nepali Community of Columbus, Columbus Public Health departments, Dalmar TV, Grant Medical Center, Mt. Carmel Health, Ohio State University Outreach and Engagement, Our Helpers, and YMCA of Central Ohio.

The MHAC was asked “What programs and services are currently available to the Somali Community to address these top health concerns?”

The MHAC responded with a list of programs and services for the Somali community:

- The Ohio State University African American and African Studies Community Extension Center
- The Breathing Association
- Care coordinators
- Center for Cancer Health Equity-Mobile Health Unit
- Central Ohio Diabetes Association
- Community associations
- CPH-HIV/Hep C testing
- CPH Walk-in clinics
- CPH-Chronic Disease Office/Outreach
- CPH-Office of Minority Health
- CPH-Strategic Nursing Team Screenings
- Community Refugee & Immigration Services (CRIS) Cooking Classes
- Ethiopian Tewahedo Social Services’ (ETSS)
- Farmers Markets
- Food Pantries
- Health Fair events
- Individual faith communities outreach programs
- Interpreters at Federally Qualified Health Center: Care
- Mt. Carmel Health Mobile Medical Coach
- The OhioHealth Wellness on Wheels (WOW)
- PrimaryOne Health (FQHC)
- Programs by Ohio State University Wexner Medical Center & Nationwide Children’s Hospital
- Physicians Free Clinic-Care Coordinators
- Physicians/Services
- St. Stephen’s Community Settlement houses
- Somali Community Association of Ohio
- St. Ann’s Navigator for Insurance
- The Ohio State University (OSU) Extension Center-nutrition classes
- YMCA of Central Ohio

The MHAC was asked “What collaborative efforts can be done among this committee to address the barriers shared?”

The MHAC responded with a list of collaborative efforts for the Somali community:

- Addressing safety issues relevant to underserved populations
- Advocates for underserved populations
- Attending Local Conversations
- Breast health screenings
- Chronic Disease outreach
- Conduct health screenings in communities of underserved populations
- Collaborate to bring providers to Somali community
- Community health workers who speak Somali language
- Conduct healthcare education and insurance enrollments events
- Identifying social determinants of health
- Somali led nutrition classes
- OSU Extension Center
- Provide culturally relevant training
- Education Health courses
- Find resources that cover some services that we do not
- Having materials in relevant language and providing greater access to interpreters
- Health Fairs/Minority Health/Somali
- Health Programs related to stress and emotional health
• Identify more organizations that specialize in services for the Somali community
• Listening to and answering their questions
• Literature in the language
• Make sure that programs and services are offered at the places where the community congregates (a trusted area)
• Make sure to utilize one another’s resources
• More culturally competent health care providers
• More emphasis on preventative care
• More health fair screenings
• More interpreters-access available
• More emphasis on preventative care
• Understanding the needs of underserved populations through the community stakeholders & then offering relevant resources
• Workforce development

Continuing the Local Conversations – Latino

Local Conversations Primary Goals:
• To bridge the healthcare gap between the Latino community and healthcare services.
• To provide information and clinical health services to people with difficulties accessing health resources.
• To promote preventative care and health services of the top health concerns affecting the Latino community.
• To educate individuals on how to improve quality of life.

Survey Data Results – Latino

A total of 74 surveys were collected from three community forums in the Latino community. The survey responses were collected and are listed below:

Where do you most often go to when you are sick or need advice about your health care?

1. Free clinics
2. Health care centers (i.e. Neighborhood health centers)
3. Doctor’s Office
4. Emergency Department

If you do not usually receive care, what has stopped you from getting health care or services you need?

(Top Reasons)

1. Do not have insurance
2. Report they do not get sick so they do not seek care
3. Cannot afford to go to the doctor
4. Don’t know where to get care
How would you rate your health?

- Excellent (4%)
- Very Good (4%)
- Good (19%)
- Fair (67%)
- Poor (6%)

Latino Top Health Concerns:

1. Diabetes
2. Overweight or Obesity
3. Cancer
4. Depression or Anxiety
5. Heart Disease

Most Requested Healthcare Information:

1. Diabetes
2. Cancer
3. Heart Disease
4. Overweight or obesity
5. Asthma
6. Depression or anxiety

Comfort Level with Providers:

- Very Comfortable (44%)
- Somewhat Comfortable (49%)
- Not at all Comfortable (7%)

56% of respondents reported being somewhat or not at all comfortable speaking to a healthcare provider about their health concerns while 44% stated they are very comfortable doing so.
The Office of Minority Health at Columbus Public Health (OMHCPH) hosted a Minority Health Advisory Committee (MHAC) meeting to address the needs expressed from the Latino community surveys.

The MHAC was attended by local community partners including: Asian American Community Services, Bhutanese/Nepali Community of Columbus, various Columbus Public Health departments, Dalmar TV. Grant Medical Center, Mt. Carmel Health, Ohio State University Outreach and Engagement Our Helpers and YMCA of Central Ohio.

The MHAC was asked “What programs and services are currently available to the Latino Community to address these top health concerns.”

The MHAC responded with a list of programs and services for the Latino community:

- ADAMH- mental health services in Franklin County
- Catholic Social Services
- Central Ohio Area Agency on Aging)-Aging and diabetes self- management courses
- Central Ohio Diabetes Association
- Closing the Gap – Heart disease prevention
- Columbus Neighborhood Health Center
- Community health workers, improved access to personal health information, mass enrollment in Medicaid expansion
- CPH-Healthy Children Healthy Weights
- Free clinics or neighborhood health agencies; provide services there
- Health mammogram program
- Kroger Grocery Tour
- Local Matters
- Mt Carmel Health Resource Center
- Ohio Hispanic Coalition- Community health workers and interpreting services
- Nationwide Children’s Hospital (NCH) asthma program
- Prevention and obesity placemats Program
- PrimaryOne-Interpreter Services
- OSU Rardin Family Practice Center-Refugee Clinic
- Smoking Cessation- CPH, NCH, OSU
- St. Vincent Family Center
- Walk with a Doc

The table below shows the sources of health care for Latinos:

<table>
<thead>
<tr>
<th>Source of Health Care</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free Clinics</td>
<td>40%</td>
</tr>
<tr>
<td>Health Care</td>
<td>35%</td>
</tr>
<tr>
<td>Doctor’s Office</td>
<td>30%</td>
</tr>
<tr>
<td>Emergency</td>
<td>25%</td>
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<tr>
<td>Do not go to DR</td>
<td>20%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>15%</td>
</tr>
<tr>
<td>Walk in Clinic</td>
<td>10%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>5%</td>
</tr>
<tr>
<td>Friend of Family</td>
<td>0%</td>
</tr>
<tr>
<td>Alternative Care</td>
<td>0%</td>
</tr>
</tbody>
</table>
The MHAC was asked “What collaborative efforts can be done among this committee to address the barriers faced by Latinos?”

The MHAC responded with a list of collaborative efforts for the Latino community:

• Better communication between health and social services
• CLAS...representation of culturally appropriate and linguistically appropriate services
• Community health workers to improve barriers
• Discuss nutrition in the Latino community
• Find more culturally competent healthcare providers
• Fix disconnect between perception of health and actual health status
• Form a Hispanic women's prevention group for Somali and Hispanic Women
• Franklin County Department of Job & Family Services
• Franklin County Office of Aging to provide transportation services
• Having educators in the clinics that can communicate culturally appropriate messages
• Latino newspaper- Partner with La Voz Hispana, El Sol de Ohio, Columbus Al Dia
• More Patient Centered Medical Homes (PCMH's) in high Latino neighborhoods
• More programming with YMCA
• More universal education materials at local centers in Spanish
• Offer free fitness (classes) at local centers
• OSU Extension- Nutrition education for minorities i.e. Bhutanese/Nepali, Hispanic and Somali
• Overcome transportation barriers
• Social media such as Facebook resource group for Latinos and put info on Facebook
• Use health navigators to help with obtaining health insurance

Continuing the Local Conversations – African American

Local Conversations Primary Goals:

• To bridge the healthcare gap between the African American community and healthcare services.
• To provide information and clinical health services to people with difficulties accessing health resources.
• To promote preventative care and health services of the top health concerns affecting the African American community.
• To educate individuals on how to improve quality of life.

Survey Data Results – African Americans

A total of 49 surveys were collected from three community forums in the African American Community. The survey responses were collected and are listed below:
Where do you most often go to when you are sick or need advice about your health care?
1. Doctor's Office
2. Emergency Department
3. Pharmacy
4. Urgent Care

If you do not usually receive care, what has stopped you from getting health care or services you need?
1. Hardly ever or never get sick
2. Can’t afford to go to the doctor
3. Can’t afford medicine
4. I don’t like going to the doctor

How would you rate your health?
• Excellent (8%)
• Very Good (12%)
• Good (46%)
• Fair (27%)
• Poor (6%)

African American Top Health Concerns:
1. Overweight or Obesity
2. Diabetes
3. Cancer
4. Heart Disease
5. Depression or Anxiety

Most Requested Healthcare Information:
1. Heart Disease
2. Diabetes
3. Cancer
4. Overweight or Obesity
5. Depression or Anxiety

Comfort Level with Providers:
• Very Comfortable (85%)
• Somewhat Comfortable (13%)
• Not At All Comfortable (2%)
The Office of Minority Health at Columbus Public Health (OMHCPH) hosted a Minority Health Advisory Committee (MHAC) meeting to address the needs expressed from the African American community surveys.

The MHAC was attended by local community partners including; Asian American Community Services various Columbus Public Health departments Crane R&D, Grant Hospital Hands On Central Ohio, Lifeline of Ohio, Molina, Mt. Carmel Hospital, Nationwide children’s, Ohio Department of Health, Ohio State University Community outreach, Physicians care connection, YMCA of Central Ohio

The MHAC was asked “What programs and services are currently available to the African American Community to address these top health concerns.”

The MHAC responded with a list of programs and services for the African American community:

- American Heart Association
- Behavioral Health
- Black Greek and other fraternal organizations
- Central OH Diabetes Association
- Charitable Pharmacy of Central OH
- Churches and other faith based organizations
- Columbus Cancer Clinic
- Community Health Center (FQHC’s)
- Community Health Workers
- Local Matters
- Farmers Markets
- Free Clinics
- MCW-Healthy Living Center
- Mental Health America
- Mid-OH Food Bank (pantries)
- Mt. Carmel Health
- NCH-Healthy Weights
- OSU-Mobile (healthcare) units
- Primary One (FQHC)
- Settlement House
- The James Cancer Clinic
- Urban League
- Walk with a Doc
- YMCA-Diabetes Classes
The MHAC was asked “What collaborative efforts can be done among this committee to address the barriers faced by African Americans?”

The MHAC responded with a list of collaborative efforts for the African American community:

- Access to care programs
- Better advertising of mental health and nutrition info
- Better communication between organizations
- Collaborate w/insurance companies to help reduce medical costs, copay visits
- Database to review the organizations available, i.e. develop an evaluative process
- Data of whole population-fill in gaps w/surveys by organizations
- Community Events; Partner with agencies that serve the community
- Community Forums & Festivals
- Give as much service/info to clients at appointments so they won’t have to pay so often for visits
- Greater access to pharmacies
- Human Rights have to be connected to health care; there needs to be a show of accountability
- More African American health fairs
- Meeting the patient where they are (case management team); Outreach initiatives
- Mental Health- Provide ongoing services, provide more education on available assistance, public and private groups
- Primary One (FQHC)
- Professional awareness trainings on engaging population
- Patient Navigators/Community Health Workers
- Send flyer (info) through utility companies
- Social Services-insurance educators
- Transportation Initiatives; Healthcare literacy information

Continuing the Local Conversations – Bhutanese/Nepali

Local Conversations Primary Goals:

- To bridge the healthcare gap between the Bhutanese/Nepali community and healthcare services.
- To provide information and clinical health services to people with difficulties accessing health resources.
- To promote preventative care and health services of the top health concerns affecting the Bhutanese/Nepali community.
- To educate individuals on how to improve quality of life.
Survey Data Results – Bhutanese/Nepali

A total of 23 surveys were collected from three community forums in the Bhutanese/Nepali community. The survey responses were collected and are listed below:

Where do you most often go to when you are sick or need advice about your health care?

1. Doctor’s office
2. Family or friends & Emergency Department (Tie)
3. Free clinics & Pharmacy (Tie)
4. Walk in Clinics

If you do not usually receive care, what has stopped you from getting health care or services you need?

1. Do not have insurance
2. Cannot afford to go to the doctor (41%)
3. Cannot afford medicine & Hardly ever or never get sick
4. I rely on my family or friends to get to the doctor

How would you rate your health?

• Excellent (17%)
• Very Good (6%)
• Good (16%)
• Fair (33%)
• Poor (28%)

It is important to note that 61% of the respondents rate their health as ‘Fair’ or ‘Poor’ while only 39% rate their health as ‘Good – Excellent.’

Bhutanese/Nepali Top Health Concerns:

1. Heart Disease
2. Asthma
3. Depression or Anxiety
4. Diabetes/Smoking

Most Requested Health Care Information:

1. Heart Disease
2. Diabetes
3. Cancer
4. Asthma/Smoking/Tuberculosis (Three Way Tie)

Comfort Level with Providers:

• Very Comfortable (70%)
• Somewhat Comfortable (15%)
• Not At All Comfortable (15%)
The Office of Minority Health at Columbus Public Health (OMHCPH) hosted a Minority Health Advisory Committee (MHAC) meeting to address the needs expressed from the Bhutanese/Nepali community surveys.

The MHAC was attended by local community partners including: Asian American Community Services, Bhutanese/Nepali Community of Columbus, CHRIS, various Columbus Public Health departments, Crane R&D, Grant Hospital, Hands On Central Ohio, Lifeline of Ohio, Molina, Mt. Carmel Hospital, Nationwide children’s Hospital, Ohio Department of Health, Ohio State University Community outreach, Our Helpers, Physicians care connection, YMCA of Central Ohio

The MHAC was asked “What collaborative efforts can be done among this committee to address the barriers faced by the Bhutanese/Nepali community?”

The MHAC responded with a list of programs and services for the Bhutanese/Nepali community:

- ADAMH
- American Cancer Association
- Asian American Community Services
- Bhutanese/Nepali Community Center
- BNCC
- CHW’S/Outreach workers
- Columbus Public Health
- Ethiopian Tewahedo Social Services(ETSS)
- Job & Family Services
- North Health Advisory Committee
- Physicians Care Connection
- Physicians Free Clinic
- Recreation Centers
- Refugee resettlement agencies-CRIS
- Programs; Primary One
- Religious/Faith Based groups
- Transportation
- United Health Care (managed care plans)
• FQHC’S
• Food Pantries
• Free Clinics
• Interpretation services in different agencies

The MHAC was asked “What collaborative efforts can be done among this committee to address the barriers faced by The Bhutanese/Nepali community?”

The MHAC responded with a list of collaborative efforts for the Bhutanese/Nepali community:

• Columbus Metropolitan Housing Authority
• Collaborative efforts with other stakeholders
• Community Meetings
• Community picnics/gatherings
• Connect BNCC representatives to MHAC agency representatives
• Connect w/MHAC sources that provide free/low cost medication
• Cultural Competency for providers with community members/leaders
• Develop a Bhutanese/Nepali health fair similar to Somali and Latino fairs
• Develop resource guide to share within service networks and increase linkages
• Education
• Empowering women to be proactive about family’s healthcare needs (especially men of the family)
• Interactive classes/activities
• Interpreters
• Looking for info through family/friends; need healthcare advocates from community
• MHAC resource pool
• On Site Services
• Partnership with Central Ohio Transit Authority
• buses to provide bus passes and explain transportation
• PrimaryOne
• Provide basic health info; lack of understanding of healthcare system
• Providing materials in native language
• Research from OSU or other colleges/organization (i.e. YMCA); Facilitation program targeted to this community
• Share our information with other relevant city groups
• Targeting employers where large numbers of Bhutanese/Nepali workers exist to distribute info
• Translation of Health resources, managed care plans, etc. and utilization of current resources
• Wellness Programs/Health Fairs
Racial and Ethnic Population Composition
COLUMBUS, Ohio 2006-2014

Source: US Census Bureau, 2006-2014 American Community Survey Selected Population Tables
AN=Alaskan Native; NHPI=Native Hawaiian and other Pacific Islander

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<td>White</td>
<td>483,332</td>
<td>454,368</td>
<td>483,677</td>
<td>501,075</td>
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<td>Black or African American</td>
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<td>181,977</td>
<td>220,241</td>
<td>225,624</td>
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<td>American Indian/AN</td>
<td>2,090</td>
<td>1,674</td>
<td>2,105</td>
<td>1,624</td>
</tr>
<tr>
<td>Asian/NHPI</td>
<td>24,862</td>
<td>27,200</td>
<td>31,965</td>
<td>36,329</td>
</tr>
<tr>
<td>Some other race</td>
<td>8,292</td>
<td>10,661</td>
<td>22,447</td>
<td>15,942</td>
</tr>
<tr>
<td>Two or more races</td>
<td>18,829</td>
<td>18,103</td>
<td>26,086</td>
<td>31,005</td>
</tr>
<tr>
<td>Total Columbus</td>
<td>711,470</td>
<td>693,983</td>
<td>787,033</td>
<td>811,943</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>17,471</td>
<td>24,607</td>
<td>44,359</td>
<td>46,240</td>
</tr>
</tbody>
</table>

2011-2013 Infant Mortality Rates by Race/Ethnicity
2011-2013 IMR

<table>
<thead>
<tr>
<th>Franklin County (per 1,000)</th>
<th>NH White (per 1000)</th>
<th>NH Black (per 1,000)</th>
<th>Asian/Pacific Islander (per 1,000)</th>
<th>Hispanic (per 1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.9</td>
<td>14.9</td>
<td>6.3</td>
<td>3.4</td>
<td>6.2</td>
</tr>
</tbody>
</table>


Notes: Rate is per 1,000 live births
Minority Data Overview—Franklin County
September 2015

<table>
<thead>
<tr>
<th>Chronic Disease and Health Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Non-Hispanic Blacks are 1.2 times more likely than non-Hispanic Whites to be diagnosed with diabetes, asthma or high blood pressure</td>
</tr>
<tr>
<td>• Non-Hispanic Blacks are 1.4 times more likely than non-Hispanic Whites to be obese</td>
</tr>
</tbody>
</table>

Disparities Ratio: The disparity ratio is calculated by dividing the rate or percent for the group of interest, in this report blacks, by the rate or percent for the reference group, in this case whites.
### Mortality: Top Five Leading Causes of Death1: 2011-2013

<table>
<thead>
<tr>
<th></th>
<th>Non-Hispanic White</th>
<th>Non-Hispanic Black</th>
<th>Franklin County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Cancer</td>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td>Diseases of the Heart</td>
<td>Diseases of the Heart</td>
<td>Diseases of the Heart</td>
<td></td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>Diabetes Mellitus</td>
<td>Chronic Lower Respiratory Disease</td>
<td></td>
</tr>
<tr>
<td>Accidents</td>
<td>Stroke</td>
<td>Accidents</td>
<td>Stroke</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


### ADR Comparison Top Leading Causes of Death1, 2011-2013, in Non-Hispanic Blacks

<table>
<thead>
<tr>
<th></th>
<th>Franklin County ADR2</th>
<th>NH Black ADR2</th>
<th>NH White ADR2</th>
<th>Disparities Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Deaths</td>
<td>808.6</td>
<td>912.6</td>
<td>812.8</td>
<td>1.1</td>
</tr>
<tr>
<td>Cancer</td>
<td>169.6</td>
<td>190.0</td>
<td>174.5</td>
<td>1.1</td>
</tr>
<tr>
<td>Diseases of the Heart</td>
<td>169.7</td>
<td>189.3</td>
<td>174.7</td>
<td>1.1</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>23.9</td>
<td>48.7</td>
<td>21.6</td>
<td>2.3</td>
</tr>
<tr>
<td>Stroke</td>
<td>39.9</td>
<td>51.2</td>
<td>40.4</td>
<td>0.8</td>
</tr>
<tr>
<td>Accidents</td>
<td>38.7</td>
<td>33.7</td>
<td>44.0</td>
<td>1.3</td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
<td>47.6</td>
<td>41.0</td>
<td>53.7</td>
<td>0.8</td>
</tr>
<tr>
<td>Homicide</td>
<td>8.4</td>
<td>24.7</td>
<td>3.8</td>
<td>6.5</td>
</tr>
<tr>
<td>Certain conditions originating in the perinatal period</td>
<td>6.9</td>
<td>12.8</td>
<td>4.9</td>
<td>2.6</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td>13.3</td>
<td>23.4</td>
<td>11.4</td>
<td>2.1</td>
</tr>
<tr>
<td>Septicemia</td>
<td>11.3</td>
<td>16.6</td>
<td>10.5</td>
<td>1.6</td>
</tr>
<tr>
<td>HIV</td>
<td>2.1</td>
<td>5.3</td>
<td>1.3</td>
<td>4.1</td>
</tr>
</tbody>
</table>

* Non-Hispanic Blacks are 2.3 times more likely than non-Hispanic whites to die from diabetes
* Non-Hispanic Blacks are 6.5 times more likely than non-Hispanic whites to die due to homicide
* Non-Hispanic Blacks are 2.1 times more likely than non-Hispanic whites to die from chronic kidney disease
* Non-Hispanic Blacks are 4.1 times more likely than non-Hispanic whites to die from HIV.
Infant Mortality (2013)

<table>
<thead>
<tr>
<th>Franklin County</th>
<th>NH Black</th>
<th>NH White</th>
<th>Disparities Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.3</td>
<td>13.8</td>
<td>5.3</td>
<td>2.6</td>
</tr>
</tbody>
</table>

The infant mortality rate among non-Hispanic Blacks is over 2 times that of non-Hispanic Whites.

**Disparities Ratio:** The disparity ratio is calculated by dividing the rate or percent for the group of interest, in this report blacks, by the rate or percent for the reference group, in this case whites.


<table>
<thead>
<tr>
<th>Franklin County Rate(^1)</th>
<th>Black Rate(^1)</th>
<th>White Rate(^1)</th>
<th>Disparities Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary or Secondary Syphilis(^2)</td>
<td>19.2</td>
<td>50.3</td>
<td>4.9</td>
</tr>
<tr>
<td>Chlamydia(^2)</td>
<td>706.8</td>
<td>1499.6</td>
<td>6.7</td>
</tr>
<tr>
<td>Gonorrhea(^2)</td>
<td>245.2</td>
<td>641.5</td>
<td>2.6</td>
</tr>
<tr>
<td>Tuberculosis (TB)(^3)</td>
<td>4.2</td>
<td>9.4</td>
<td>2.2</td>
</tr>
<tr>
<td>HIV(^4)</td>
<td>21.5</td>
<td>47.1</td>
<td>2.2</td>
</tr>
<tr>
<td>Prevalence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with HIV/AIDS(^4)</td>
<td>348.8</td>
<td>644.7</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Black males are disproportionally affected by sexually transmitted infections demonstrating the highest incidence rates for gonorrhea, chlamydia, and HIV.

- **Blacks are almost 5 times more likely than whites to have primary or secondary syphilis**
- **Blacks are almost 7 times more likely than whites to have chlamydia**
- **Blacks are almost 8 times more likely than whites to have gonorrhea**
- **Blacks are almost 8 times more likely than whites to have TB**
- **Blacks are 3 times more likely to be diagnosed with HIV and more than 2 times as likely to be living with HIV/AIDS**

Source: Ohio Disease Reporting System, Ohio Department of Health, 2014. Data Analyzed by Columbus Public Health, Office of Epidemiology
Participating Agencies:
The Office of Minority Health at Columbus Public Health would like to thank the following agencies that participated in the Round 2 Continuing the Conversations Report to the Community 2017 process:

- Arthur G. James Cancer Hospital
- Asian American Community Services (AACS)
- Bhutanese/Nepali Community of Columbus
- Buckeye Health Plan
- Community Refugee and Immigration Services (CRIS)
- Columbus Public Health (CPH)
- Columbus Community Relations Commission
- Crane R&D
- Dalmar TV
- Ethiopian Tewehado Social Services (ETSS)
- Grant Medical Center
- Hands on Central Ohio
- HAVOYOCO
- Kirwan Institute
- Latino Ministry Center
- Lifeline of Ohio
- Metro Parks
- Molina Healthcare
- Mt. Carmel Health
- Nationwide Children’s Hospital
- Ohio Department of Health
- Ohio Hispanic Coalition (OHC)
- Ohio State University Community Outreach
- Ohio State University School of Public Health
- Otterbein University
- Our Helpers
- Physicians Care Connection
- Primary One Health
- United Health Care
- YMCA of Central Ohio
Funded by the Ohio Commission on Minority Health Grant #MGS 09-17

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
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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 Columbus Health Disparity Reduction Plan in this document is a result of this process. The lead agency for the Local Conversations in Columbus was the Columbus Office of Minority Health.
Columbus Office of Minority Health

The Columbus Office of Minority Health (COMH) was established in 2007 as a division of Columbus Public Health. Its mission is to provide leadership to reduce health inequities in minority communities of Columbus and its surrounding areas. The Office of Minority Health has an important role in activating efforts to educate citizens and professionals on critical health care issues through the achievement of four Core Competencies:

- Monitor and report health status of minority populations
- Inform, educate, and empower people
- Mobilize community partnerships and actions
- Develop policies and plans to support health efforts

The Columbus Office of Minority Health was set up to:

- Serve as a mechanism for local governments to produce consistent data sets representative of the diversity in Columbus
- Provide a local presence for issues of minority health in Columbus
- Institutionalize the effort to eliminate health disparities within the city
- Serve as a conduit of information for trends and emerging concerns between the Ohio Commission of Minority Health and local communities.

Columbus Demographics

The geographic scope of this project is Columbus, Ohio, the capital and second largest city in Ohio with an estimated overall 2006 population of 733,203. Columbus has a diverse racial/ethnic population. African Americans make up the largest minority population in the city (about 26%) although the city has experienced rapid growth in Latino and Asian American groups in recent years. Between 2000 and 2005, the Latino population grew 40.8%. Columbus accounts for about two-thirds of the Franklin County population.

Racial and Ethnic Population Composition

COLUMBUS, Ohio 2000 - 2005

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>483,332</td>
<td>454,368</td>
<td>65.5%</td>
<td>- 6.0%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>174,065</td>
<td>181,977</td>
<td>26.2%</td>
<td>+ 4.5%</td>
</tr>
<tr>
<td>American Indian/AN</td>
<td>2,090</td>
<td>1,674</td>
<td>0.2%</td>
<td>- 8.0%</td>
</tr>
<tr>
<td>Asian/NHPI</td>
<td>24,862</td>
<td>27,200</td>
<td>3.9%</td>
<td>+ 9.4%</td>
</tr>
<tr>
<td>Some other race</td>
<td>8,292</td>
<td>10,661</td>
<td>1.5%</td>
<td>+ 28.6%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>18,829</td>
<td>18,103</td>
<td>2.6%</td>
<td>- 4.0%</td>
</tr>
<tr>
<td>Total Columbus</td>
<td>711,470</td>
<td>693,983</td>
<td>100%</td>
<td>- 2.5%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>17,471</td>
<td>24,607</td>
<td>3.5%</td>
<td>+ 40.8%</td>
</tr>
</tbody>
</table>

Source: US Census Bureau, American Community Survey, 2000 and 2005
AN=Alaskan Native; NHPI=Native Hawaiian and other Pacific Islanders.
Socioeconomic Profiles of Columbus

Economic conditions are worse for African Americans and Latinos in Franklin County than for their white peers and their prospects are poorer because of lower educational attainment. The median household income for Black or African Americans and Hispanics or Latinos is less than the county median.

**Median Household Income by Race, Franklin County, 2005**

<table>
<thead>
<tr>
<th>Race/Ethnicity of Householder</th>
<th>Median HH Income</th>
<th>% Higher/Lower than Franklin County</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>$50,460</td>
<td>1.10%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>$31,223</td>
<td>-31.20%</td>
</tr>
<tr>
<td>Asian</td>
<td>$49,796</td>
<td>9.70%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any Race)</td>
<td>$35,783</td>
<td>-21.20%</td>
</tr>
<tr>
<td>All Franklin County Households</td>
<td>$45,410</td>
<td>--</td>
</tr>
</tbody>
</table>

The percentages of Franklin County residents living in poverty are much higher for African Americans and Latinos, particularly for children.

**Percent of Persons Living in Poverty in Past 12 Months, Franklin County, 2005**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>All Persons</th>
<th>Persons Age 65+</th>
<th>Persons Under Age 18</th>
<th>Female-Headed Households with Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>10.3%</td>
<td>7.7%</td>
<td>11.7%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>29.8%</td>
<td>23.9%</td>
<td>44.2%</td>
<td>46.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>11.7%</td>
<td>11.3%</td>
<td>6.4%</td>
<td>NA</td>
</tr>
<tr>
<td>Hispanic or Latino (of any Race)</td>
<td>15.6%</td>
<td>23.9%</td>
<td>17.0%</td>
<td>NA</td>
</tr>
<tr>
<td>Franklin County Total</td>
<td>14.5%</td>
<td>10.2%</td>
<td>20.1%</td>
<td>36.4%</td>
</tr>
</tbody>
</table>
The Hispanic or Latino population in Franklin County has the highest percentage of persons ages 25 and over with less than a high school education. African Americans have the highest percentage of individuals with a high school diploma and some college, but no Bachelor’s degree, ranking above the county total. Two thirds of the Asians in the county have a Bachelor’s degree or higher, almost doubling the total percentage of all persons in Franklin County with these credentials.

**Educational Attainment, Percent of Persons Age 25 and Over, Franklin County, 2005**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Less than High School</th>
<th>High School Diploma only</th>
<th>Some College no Bachelor’s</th>
<th>Bachelor’s or higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>10.2%</td>
<td>26.6%</td>
<td>26.0%</td>
<td>37.2%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>16.7%</td>
<td>36.0%</td>
<td>30.5%</td>
<td>16.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>10.9%</td>
<td>10.0%</td>
<td>12.9%</td>
<td>66.2%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any Race)</td>
<td>35.6%</td>
<td>27.4%</td>
<td>14.3%</td>
<td>22.7%</td>
</tr>
<tr>
<td>Franklin County total</td>
<td>11.8%</td>
<td>27.5%</td>
<td>26.2%</td>
<td>34.4%</td>
</tr>
</tbody>
</table>

Source: US Census Bureau, American Community Survey 2005

**Health Disparities in Columbus**

Racial and ethnic groups in Franklin County and Columbus face persistent health disparities. Most county and city health disparity data provide information on African Americans and Latinos and not on the less populous groups of Native Americans and Asian Americans. Existing data show disparities in mortality due to heart disease, cancer, stroke, diabetes, infant mortality, and homicide. Data from two community health surveys illustrate some of these disparities—the 2004 Franklin County Minority Health Profile published by the Ohio Department of Health and the 2000 Columbus/Franklin County Community Health Risk Assessment published by the Columbus Health Department.

**2004 Franklin County Minority Health Profile**

• Poor/fair health status was more likely to be reported by Black and Hispanic adults in Franklin County than White adults.
• White and Black adults in Franklin County were more likely to report they had heart or circulatory disease than Hispanic adults.
• Black adults in Franklin County were more likely to report they had hypertension than any other racial/ethnic group.
• Black and White adults in Franklin County were more likely than Hispanic adults to have been told by a health care professional they had diabetes.
• White adults (54.0%) were more likely than Black (45.3%) and Asian adults (27.7%) to rate the overall quality of their health care “very good – excellent”.

2000 Columbus/Franklin County Community Health Risk Assessment

• More Black adults (67.5%) are overweight compared to White adults (55.3%).
• More Black adults (12.3%) report being concerned about having enough food in the past 30 days than white adults (4.5%).
• Diabetes is more prevalent among Black adults (8.5%) than among White adults (5.7%).
• More Black adults with diabetes (58.0%) report not seeing a doctor or nurse for their diabetes in the past year than White adults with diabetes (13.1%).
• More Black adults (37.2%) have high blood pressure than White adults (26.2%).
• More Black adults (17.5%) do not have health care coverage compared to White adults (6.2%).
• More Black adults (12%) were unable to make a needed visit to the doctor in the past 12 months because of the cost compared to White adults (4.6%).
• More Black adults (19.1%) were unable to get prescribed medication due to the cost compared to White adults (9%).

Leading Causes of Death

Data from the Ohio Department of Health Vital Statistics document disparities by race/ethnicity and gender for most of the leading causes of death.

Selected Leading Causes of Death by Race/Ethnicity, and Gender, Franklin County, 2003-2005

3-Year Totals, Age-Adjusted Rates per 100,000

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>Total Franklin County</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>218.8</td>
<td>273.4</td>
<td>179.5</td>
</tr>
<tr>
<td>Cancer</td>
<td>209.0</td>
<td>257.4</td>
<td>178.2</td>
</tr>
<tr>
<td>Stroke</td>
<td>55.9</td>
<td>53.4</td>
<td>55.7</td>
</tr>
<tr>
<td>CLRD</td>
<td>51.8</td>
<td>60.8</td>
<td>46.7</td>
</tr>
<tr>
<td>Diabetes</td>
<td>30.2</td>
<td>35.6</td>
<td>26.3</td>
</tr>
<tr>
<td>COD-O</td>
<td>Total</td>
<td>All</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>Franklin County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homicide</td>
<td>9.4</td>
<td>15.8</td>
<td>3.1</td>
</tr>
</tbody>
</table>

Source: Ohio Department of Health, Data Warehouse
CLRD= Chronic Lower Respiratory Disease
*of any race
M = Male; F = Female; PI = Pacific Islander;
NC = Not calculated due to number of deaths <20 per group
COD-O = Cause(s) of Death—Other than from disease.
Death rates for Columbus area African American males and females due to cancer and diabetes exceeded those of African American males and females at the state level. The Franklin County 2003-2005 age-adjusted homicide death rates were highest for African American males followed by Latino males. This represented over half of all homicide deaths in the county during this period, although African American males are only 19.8% of the total Franklin County population. The age-adjusted homicide rate for African American males in Franklin County (53.1/100,000) well exceeded the age-adjusted rate for African American males (39.1/100,000) in Ohio as did the homicide rate for Latinos (24.4/100,000 for Franklin County compared to 9/100,000 for Latinos statewide.

Infant mortality rates have been higher for African Americans and Latinos in Franklin County than for White infants.

**Infant Mortality by Race/Ethnicity, Franklin County, 2000-2005**

<table>
<thead>
<tr>
<th>Year</th>
<th>White</th>
<th>Black</th>
<th>Latino</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-2002</td>
<td>6.5</td>
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**Columbus Conversations on Minority Health**

**Local Conversations Phase I**

The first Columbus Local Conversation on Minority Health was held on Friday, October 24, 2008. The event was attended by about 50 individuals who represented a broad range of local leaders, organizations, and sectors, including city and state government, the city health department, health service providers, academic institutions, faith-based agencies, ethnic-specific organizations, and agencies targeting particular diseases or disability groups.

Participants were broken into four groups where they identified and prioritized needs related to services, resources, capacity building, and infrastructure.

**Resources**

- Health communication campaigns using multi-media and offered in multiple venues and targeting young audiences and high risk groups
- Identifying and developing programs to address needs of emerging populations (Latino, Somali, Asian)
- Centralized interpreter services
- Creation of a community toolbox – Best practices database
- Prevention case-building research
- Advocacy for additional funding for health programs and services

**Services**

- Greater general emphasis on prevention
- More health education and health promotion initiatives in schools
- Holistic health care
- Unmet mental health needs
- HIV education for youth
- More services addressing addictions, including substance abuse and less widely addressed addictions such as gambling
- Improved services for children with MR/DD in public schools
- More outreach for underutilized services

**Capacity Building**

- Training for youth on how to use the health system
• Assistance with grant seeking for community organizations
• Mandated cultural competency training for practicing health professionals
• Increased collaboration and community partnerships
  – Schools and universities
  – Police and justice systems for neighborhood safety
  – Emerging populations
  – Groups that have not been traditionally involved in health

Infrastructure
• Lack of available health services in certain high needs areas
• Access barriers related to transportation and lack of health insurance or inadequate health insurance
• Greater attention to the social and economic determinants of health
• Greater attention to health in government policy decisions
• Outreach to attract and support minority groups in health professions training

Local Conversations Phase II
Participants were invited back for Phase II to continue health disparity discussions. Utilizing information gathered from Phase I, participants were asked to develop strategies and make recommendations on how to meet the prioritized needs.

RECOMMENDED STRATEGIES

Resources
1. Initiate health communications campaigns using a variety of media that provide consistent positive messages about healthy lifestyles.
2. Target young audiences and high risk groups for health promotion communications campaigns to prevent chronic illness.
3. Identify champions to participate in health communications campaigns for youth and young adults.
4. Create communications campaigns utilizing different outreach strategies for different races, cultures, and age groups.
5. Support the creation of additional resources to address the needs of emerging populations such as Somali, Asian Americans, and Latinos.
6. Conduct demographic analyses and needs assessments of emerging populations in the Columbus area.
7. Explore the feasibility of creating a system of centralized interpreter/translator services.
8. Create a communications toolbox as a general community resource that would include a databank of best practices for health promotion for ethnic communities and research on cost effectiveness of prevention programs.
9. Advocate and provide resources to support greater use of evidence-based practices in mental health services for African Americans and other ethnic consumers.
10. Advocate for more funding to achieve health equity in minority communities.
11. Encourage local community groups to call attention to unmet health needs in their communities.

Services
1. Increase the emphasis on prevention, particularly focusing on modifying lifestyle behaviors related to nutrition and physical activity and
area of identified need such as
prenatal care.

2. Integrate health education and health
promotion through the curriculum
in public schools, beginning in
preschool years.

3. Encourage a more holistic approach to
patient treatment that addresses the
full spectrum of their needs.

4. Work to increase the availability of in
home health services for ethnic
consumers.

5. Increase the availability of mental
health services in currently underserved
areas.

6. Create public awareness campaigns
designed to reduce the stigma associ-
ated with seeking mental health
services.

7. Advocate for the inclusion of ques-
tions on mental health status as a part
of routine health screenings.

8. Develop HIV education programs
for youth and implement them in
diverse community locations, including
schools, churches, and recreation
centers.

9. Support the expansion of additional
addiction treatment services, including
programs for addictions
(e.g., gambling, shopping, sex) not
currently being widely addressed.

10. Advocate for the improvement of
education and other services for
children with MR/DD attending public
schools.

11. Support the expansion of in home
support services allowing elderly to
remain in their own homes rather than
being placed in nursing homes.

12. Carry out outreach programs to
increase awareness of health services
available to minority consumers.

Capacity Building

1. Expand community partnerships
among non-profit organizations,
educational institutions, and govern-
ment agencies to promote information
sharing and collaborative planning
and to stretch the limited resources
available to address ethnic health
disparities.

2. Broaden the base of individuals and
groups actively participating in plan-
ning and implementation of initiatives
to reduce minority health disparities to
include groups that not traditionally
been involved in health care.

3. Identify and involve leaders from
emerging populations in discussions
and planning on initiatives to address
health disparities.

4. Provide training for youth on how to
use the health system and be informed
consumers of health services.

5. Provide training on grant seeking for
community organizations providing
health services to ethnic communities.

6. Provide cultural competency
training for all levels of practicing
health professionals.

7. Develop cultural competency training
programs that address developing
rapport and trust with minority
consumers and generational differ-
ences in cultural health beliefs and
practices.

8. Advocate for making cultural compe-
tency training mandatory (e.g.,
by making it part of performance
evaluations).

Infrastructure

1. Work to increase the availability of
health services, including primary care,
in underserved, high need areas.
2. Advocate for the establishment of a community mental health center on the west side of the city.

3. Support the development of free health clinics for primary and urgent care to reduce the burden on use of emergency rooms and promote preventive healthcare.

4. Increase community awareness of the social and economic determinants of health.

5. Advocate for intervention programs to address the social and economic determinants of health; e.g., collaborative work with governmental and community organizations to stimulate economic development in impoverished neighborhoods in order to decrease crime and juvenile delinquency.

6. Encourage that government policies be developed with attention to their impact on community health.

7. Advocate for the creation of policies that make health funding more flexible and responsive to consumer needs.

8. Introduce minority children to health career awareness programs at early ages, beginning in elementary school.

9. Develop initiatives to encourage minority youngsters to pursue health professions training (e.g., job fairs, summer medical camps, service learning programs).

10. Advocate for increased funding to support health professions training for minority students.

11. Advocate for loan forgiveness for going into health practice in high needs areas.

12. Involve representatives from local transportation in health disparity discussions.

Next Steps

The Columbus Office of Minority Health Advisory Committee meets quarterly and is charged with setting up opportunities within the community to address issues surrounding minority health as well as helping facilitate access to racial/ethnic and immigrant/refugee populations and service agencies/organizations. The role of the Advisory Committee is to:

- Advise COMH on its desire to foster and build collaborative relationships with and among agencies/organizations that provide services to racial/ethnic and immigrant/refugee populations resulting in better access to and utilization of services by racial/ethnic and immigrant/refugee populations.

- Advise COMH on what funding and grant opportunities are available to help promote COMH initiatives.

- Provide input into data collection and survey development to facilitate better understanding of racial ethnic and immigrant/refugee populations.

- Help with creating a yearly calendar of events (Columbus, Ohio/Franklin County) as well as recommend speakers to board meetings to speak on issues impacting racial/ethnic and immigrant/refugee populations.

Utilizing the work product from the Local Conversation process, the Columbus Office of Minority Health will be able to work towards achievement of the recommendations that were generated. Measurement of achievement of information gathered from the Local Conversations is ongoing consistent with input from the Advisory Committee and local provider agencies and residents through their service agencies.