

The image features a series of overlapping, stylized profile silhouettes of people's heads and necks, facing right. The silhouettes are rendered in various shades of red and pink, with some having white outlines. They are set against a solid, warm orange background. The silhouettes are layered, creating a sense of depth and movement, as if capturing a moment of conversation or a sequence of expressions. The overall composition is clean and modern.

Canton-Stark County  
Continuing the Conversation  
Round 2

2016



## Table of Contents

National Partnership to End Health Disparities (NPA ) .....	3
Canton City Health Department .....	4
Overview of Stark County and Areas of Focus...	4
Local Conversations Phase I and II .....	5
Continuing the Conversation Round 2 .....	5
Health Disparity Survey Results .....	6-8
Recommendations from Continuing the Conversation .....	9
Progress on 2011 Health Disparity Reduction Plan .....	10-11
First Round Local Conversation .....	13

*Document content was compiled by the Canton City Health Department, 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 Health Disparity Reduction Plan in this document is a result of this process. The lead agency for the Local Conversations in Canton-Stark County was the Canton City Health Department.



## Canton City Health District

The Canton City Health District provides public health services to the city of Canton, including environmental health, food safety, and maintenance of vital statistics. The Health District has a commitment to reducing the health disparities affecting its vulnerable populations and a tradition of working with local partners to address health concerns affecting the community. Most recently, the Health District is the managing agency for the county's infant mortality and disparity initiative known as Canton-Stark County THRIVE.

## Overview of Stark County and Areas of Focus

Stark County is the seventh largest county in the state of Ohio with a population of 374,868. Stark County's population spreads throughout 6 cities, 13 villages, and 17 surrounding townships. The highest concentrations of ethnically and racially diverse populations in Stark County are found in three urban areas: Alliance (population 22,055), Canton (approximate population 73,007) and Massillon (approx. population 32,149). (US Census 2015) Populations in these "hot spots" are disproportionately affected by certain health issues.

The USDA identified six food deserts in Stark County inner cities and remote rural areas. By restricting diet options to less healthy choices, these food deserts contribute significantly to residents' inability to stay healthy.

Obesity remains a major health concern for residents of Stark County of all ages. According to the 2014 Stark County Indicators Report, of the county's adult residents, an estimated 34.3% were reported "overweight" and 30.7% "obese" in 2011.

According to the 2014 Stark County Indicators Report, African Americans were more than twice as likely to be uninsured as Caucasians in 2012.

<i>Population Category</i>	<i>Population Composition Stark County</i>	<i>Population Composition Canton</i>
Caucasian	88.7%	69.10%
African American	7.2%	23.5%
American Indian/ Alaskan Native	0.10%	0.20%
Asian American	0.8%	0.50%
Latino	1.8%	2.8%
Two or more races	3.0%	6.20%

<i>Percent of population below poverty level</i>		
<i>Canton</i>	<i>Stark County</i>	<i>State of Ohio</i>
32%	14.70%	15.80%

Data in these charts are estimates from 2011-2015. Source: United States Census Bureau, American Fact Finder, 2015 American Community Survey <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

## Local Conversations – Timeline

### 2008 – Phase I

The first Stark County Local Conversation on Minority Health was held at Stark State College of Technology on August 28, 2008. It was attended by representatives from health and social service organizations, government agencies, faith-based organizations, professional associations, educational institutions, and other community leaders and residents. Participants in this event prioritized needs in the areas of resources, services, capacity building, and infrastructure and generated a list of recommended strategies to address the needs identified. Additional conversations were held at five sites in Canton and one site in Massillon.

### 2010 – Phase II

In Phase II, a community meeting was held to further refine the strategies identified in the seven local conversations and develop a health disparity reduction plan. The plan is subdivided into sections related to resources, services, capacity-building, and infrastructure. Priorities were identified by the group utilizing multi-voting and discussion. The final plan was then drafted and submitted to the Canton City Health District for the development of the report.

## Continuing the Conversation – Round 2

In 2016, as in 2010, the Canton City Health District contracted with the county's nonprofit diversity and inclusion organization, Coming Together Stark County to facilitate the community conversations.

Coming Together Stark County worked with Canton City Health District staff to develop marketing materials, design the survey, and identify organizations in Alliance, Canton, and Massillon to participate in the project. Coming Together Stark County conducted six focus groups. All community focus groups were free and open to the public, held in a public location, and located in a handicap accessible facility. Paper surveys were distributed to minority populations in Alliance, Canton, and Massillon. Meeting minutes, surveys, and detailed report of the focus groups were used as documentation, and provided to Canton City Health District.

Agencies that participated in the local conversation survey and focus groups included,

- 1) Community Drop-In Center (SE Canton), 2) Franklin Head Start (Alliance),
- 3) NAACP (Massillon), 4) William Malloy Head Start (Massillon), 5) McDonald's,
- 6) KidSummit Against Drugs (NE Canton), 7) NAACP (Canton),
- 8) Monroe Community Center (NE Canton), and 9) SCUMADAOP (NE Canton).





## All Participant Demographics

- The participants ranged in age from 20 to 73 years of age; average age 40.1 years.
- 71.6% were female, and 28.3% males.
- 52% of respondents reported their race as African American/Two or more races.
- 85% lived in households with no more than 4 people of these 21.5% were single person households.
- Marital Status: 42.1% never married; 30.7% married; 6.1% divorced/separated
- 84.7% reported having 1-3 children
- 21.1% did not graduate high school; 40.6% high school/GED; 12.1% some college; 20% technical or associate degree; 2.1% bachelor degree; 3.2% graduate degree
- 48.5% employed; 51.5% unemployed/retired/disabled
- 51.7% had incomes at or below \$10,000; 25.7% \$10,001-\$20,000; 4.5% \$21,001-\$35,000; 18.1% greater than \$35,000

## Focus Groups

The purpose of the focus groups was to identify perceived gaps in, barriers to, and changes in type and provision of services being delivered since the 2010 Local Conversations on Minority Health report. Six groups were held, 77 individuals participated and the groups ranged in size from 4 to 32 participants. The focus group responses mirror the results from the 2015 Stark County Community Health Needs Assessment. Specifically, participants reported higher rates for several health conditions including diabetes, obesity, high blood pressure, anxiety, heart disease, mental and dental health. Income is another contributing cause to the county's health challenges. Generally speaking, residents in the community with the lowest income levels also have the poorest health and the most difficulty in gaining access to health care. The high cost of health care services was raised by five of the six groups. Specifically, even with insurance coverage, premiums, deductibles, and co-payments are often beyond their reach. Many people across the focus groups mentioned delaying or forgoing medical appointments and routine preventive visits because of cost. The point of entry into the health care system for most Americans is a family doctor. The economically disadvantaged seldom have a family doctor. For them, the point of entry is the local hospital emergency department.

## Health Disparity Survey

Distributed by eight community-based organizations, the survey was completed by focus groups participants and those who were unable to participate in a focus group. 118 surveys were completed. Participants responded to survey questions related to demographics, general health status, lifestyle choices, and personal experiences/perceptions with social supports and medical care.

## Health Disparity Results

### General Health Perceptions

How would you rate your health?

Excellent	Very Good	Good	Fair Poor	Poor	Did not respond
16.3%	24.4%	31.6%	23.4%	4%	.3%

How well does your healthcare provider meet your needs?

Excellent	Very Good	Good	Fair Poor	Poor	Did not respond
31.7%	30.5%	22.3%	11.7%	3.5%	.3%

### Lifestyle Choices

How often do you use tobacco?

Never	<once a month	1-2 times per month	Once a week	3 times weekly	> 3 times weekly	Daily
52%	4%	0%	2%	0%	7%	35%

How often do you drink alcoholic beverages?

Never	<once a month	1-2 times per month	Once a week	3 times weekly	> 3 times weekly	Daily	Did not respond
58.9%	11.5%	14.1%	6.4%	2.5%	5.1%	1.2%	.3%

How often do you use drugs for nonmedical reasons?

Never	<once a month	1-2 times per month	Once a week	3 times weekly	> 3 times weekly	Daily	Did not respond
92%	2.2%	0%	1.1%	3.4%	0%	1.1%	.2%

How often do you exercise or get some type of physical activity?

Never	<once a month	1-2 times per month	Once a week	3 times weekly	> 3 times weekly	Daily	Did not respond
14.8%	8.5%	11.7%	8.5%	12.7%	18%	25.5%	.3%



<b>Perceived Social Support and Medical Care</b>	<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Infrequently</b>	<b>Never</b>	<b>Don't Know</b>	<b>Doesn't Apply</b>
I feel no one listens to me.	1.0%	10.9%	27.4%	8.7%	20.8%	5.4%	25.2%
I feel I am judged because of how I speak.	1.5%	3%	15.7%	4.5%	41.3%	6.7%	27%
I feel I am judged because of how I read.	2.8%	4.2%	9.8%	2.8%	42.2%	4.2%	33.8%
I feel people don't care about me because I am poor.	2%	5%	10.1%	6%	35.3%	11.1%	30.3%
I am able to afford adequate heat.	46%	22%	10%	2%	7%	-	13%
I am able to afford electricity.	49.5%	20.3%	9.7%	1.9%	4.8%	1.9%	11.6%
I am able to afford nutritious food	48.5%	19.8%	15.8%	5.9%	3.9%	-	5.9%
I am able to pay rent/mortgage on time.	52%	25%	13%	2%	3%	1%	4%
I feel I'm stereotyped based on my behavior or culture.	9%	6%	26%	9%	23%	13%	14%
I feel discriminated against because of my race/cultural background.	3%	2%	17.1%	9%	40.4%	9%	19.1%
I feel discriminated against because of my disability.	4.5%	5.4%	8.1%	2.7%	37.8%	9.9%	31.5%
I feel discriminated against because of my age.	4.2%	1%	13.8%	6.3%	41.4%	7.4%	25.5%
I feel discriminated against because of my religious beliefs.	3%	-	9.1%	4%	42.8%	7.1%	33.6%
I feel discriminated against because of my gender identity.	2.4%	-	10.8%	2.5%	40.8%	3.3%	40%
I feel discriminated against because of my health status.	2.1%	-	4.3%	2.1%	43.4%	2.1%	45.6%
I feel that my family supports my decisions.	40%	19%	12%	6%	12%	2%	9%
I feel discouraged because of my financial struggles.	18.8%	7.9%	33.6%	9.9%	15.8%	3.9%	9.9%
I feel that my financial situation will improve.	41%	15%	14%	9%	6%	7%	8%
I have reliable transportation.	50.5%	18.1%	14.1%	4%	7%	1%	5%
I rely on public transportation.	15.7%	6.3%	11.5%	14.7%	30.5%	2.1%	18.9%
I feel my healthcare concerns will improve.	24.7%	9.6%	23.6%	3.2%	10.7%	6.4%	21.5%
I have a physician with whom I am comfortable and trust.	50.5%	19.5%	9.2%	4.1%	5.1%	2%	9.2%
I am able to keep all my scheduled appointments.	42.2%	31.1%	15.5%	3.3%	2.2%	1.1%	4.4%
I feel welcomed by office staff.	51%	21.4%	13.2%	4%	2%	1%	7.1%
I understand preventative medical care.	49.4%	21%	10.5%	3.1%	2.1%	7.3%	6.3%
I take advantage of preventative medical care.	37.7%	19.3%	9.1%	3%	9.1%	10.2%	11.2%
I have medical insurance for myself.	64.6%	16.1%	1%	2%	4%	-	12.1%
I have medical insurance for my dependents.	59.5%	6.3%	2.1%	2.1%	5.3%	1%	23.4%
I prefer to use emergency medical services for my healthcare.	14.8%	6.9%	24.7%	15.8%	12.8%	2.9%	21.7%
I am required to see a number of specialists.	18.6%	10.4%	16.2%	12.7%	15.1%	1.1%	25.5%
I feel that the doctor/medical staff understands me when I explain my health concerns to them.	37.8%	22.1%	16.8%	2.1%	5.2%	2.1%	13.6%
I find it difficult to pay appointment co-pays.	9.1%	6.1%	12.2%	4%	30.6%	1%	37.7%
I have a prepayment arrangement for healthcare.	11.7%	4.2%	11.7%	7.4%	21.2%	6.3%	37.2%
I understand the specifics of my healthcare plan.	39.3%	18.1%	14.1%	2%	5%	4%	17.1%
I am always able to purchase my prescriptions.	44.6%	10.6%	15.5%	2.9%	4.8%	2.9%	18.4%
I am unable to find a healthcare provider.	12.3%	5.1%	8.2%	8.2%	23.7%	6.1%	36%

## Continuing the Conversation – Round 2

### Recommendations

#### Resources

- Increase availability and access to electronic-based (phone apps, text messages) sources of health information and location of health services available in Stark County
- Work to increase availability of trained medical interpreters

#### Services

- Increase residents' awareness of services covered by health plans, billing process, and in-network/out of network providers based on their specific plan
- Increase access to drug use prevention programs (heroin) in elementary and middle schools

#### Capacity-building and Workforce

- Increase collaborative approach to reducing health disparities through implementation of community health workers within the communities of need
- Work with medical schools and health training programs to increase the number of African American health professionals practicing in Stark County
- Increase healthcare provider and social service collaboration, referrals and knowledge of available services to stream-line patient care and increase timely delivery of services
- Increase availability to patient advocates and navigators
- Make cultural competency trainings and programs available to healthcare professionals and staff to improve engagement with and service delivery to minority populations

#### Infrastructure

- Develop and implement strategies to increase use of existing recreation centers and neighborhood programs





## Progress on 2011 Health Disparity Reduction Plan

### Resources

- Increase efforts to educate community members about available resources through word-of-mouth strategies and marketing in diverse community locations-- Many government and non-profit agencies are collaborating with grassroots and faith-based communities to conduct information dissemination, including health fairs, door-to-door canvassing, and identifying community champions.
- Partner with local public library systems to provide health education and resource information-- Stark County District Library offers pregnant and new moms support through its Young Moms Club and library card holders can “rent” a bicycle for exercise and transportation needs at the downtown Canton location.

### Services

- Increase the availability of patient navigators or case managers to help patients access and maximize the use of area health services-- Several organizations including hospitals, grassroots organizations, Coming Together Stark County provide navigation services and benefit bank services. Access Health Stark County is training and coordinating community health worker services throughout Stark County’s most under-resourced neighborhoods.
- Expand reimbursement codes in Medicare/Medicaid for patient navigation services and allow for providers other than social workers-- This is being addressed through the community health worker program in collaboration with Canton-Stark County THRIVE/OEI project.
- Diversify the locations where patient education occurs-- Early Childhood Resource Center is conducting Parent Cafes in most under-resourced neighborhoods including metropolitan housing complexes, schools, churches and community centers. Pregnancy Choices offers its prenatal program, Vital, at the Skyline Terrace housing complex. The Grace Initiative operating in southeast Canton is an outreach program designed to serve underserved minorities with culturally sensitive emotional health services. Services include individual counseling, family coaching and empowerment sessions, adolescent emotional wellness groups, and mental health education services.
- Increase the number of prevention-oriented health education programs in schools-- Canton City and Stark County schools have implemented the following programs, Farm to School and My Plate. Programming is also offered through the Creating Healthy Communities collaborative, Stark Fresh, and Live Well Stark County,

## Capacity Building

- Provide grant writing training and technical assistance for grass root agencies--Stark County Family Council has implemented a grant writing program that includes local foundation staff.
- Provide cultural competency training for all levels of practicing health professionals-- Stark Mental Health and Addiction Recovery in collaboration with Coming Together Stark County leads a cultural and linguistic committee and through a Systems of Care Grant to provide opportunities for community-based discussion groups and trainings to improve cultural competency at the organizational, neighborhood, community and individual levels.
- Provide leadership development training that builds skills in advocacy and peer education including the use of peer counseling in venues such as churches and barbershops/beauty salons-- Access Health Stark County is training and coordinating nine community health workers. The community health workers live and work within the communities with the greatest infant mortality and disparity rates.
- Provide training for minority consumers on the health care and public insurance systems-- Individual assistance is offered at local community health centers using navigators and the office of Coming Together Stark County as part of the Ohio Benefit Bank.

## Infrastructure

- Provide increased access to public transportation for low income, elderly, physically challenged and other vulnerable populations--Several new bus stops have been constructed; SARTA offers ride-along training to community partners to educate on using the bus system
- Advocate for a preventative health/wellness emphasis in community planning in areas such as zoning and road placement-- This is being addressed in the comprehensive plan developed for the City of Canton. In addition, improvements in city parks are occurring most recently at Cooks Lagoon located in northeast Canton.
- Work collaboratively with governmental and community organizations to stimulate the development of additional recreational and wellness facilities and programs in low income neighborhoods-- A spray park was recently created in southeast Canton. As part of the Creating Healthy Communities and Live Well Stark County efforts neighborhood assessments on safe walking paths have been completed.
- Increase access to healthy foods in low income neighborhoods, including adding to the number of grocery stores and the availability of fresh fruits and vegetables- Established community gardens and food preparation in Alliance, Canton and Massillon. JRC Learning Center serving southeast and northeast Canton provides fresh healthy foods into all its meals and incorporates daily physical activity for its students. Via its “veggie-mobile” Stark Fresh offers delivery of fresh fruits and vegetables throughout Stark County and with support of Creating Healthy Communities assists community groups in establishing community gardens. Stark County Hunger Task Force has worked with local food pantries to more efficiently serve the Stark County community.
- Increase the availability of hospital investment into low income neighborhoods-- In 2012, Mercy Medical Center opened its medical and dental office in northeast Canton. In 2016, the Alliance Family Health Center opened in Alliance.





# Canton (Stark County) Ohio

Local Conversations on  
Minority Health

Report to the  
Community 2011



## TABLE OF CONTENTS

National Partnership for Action to End Health Disparities (NPA) .....	2
Ohio's Response to the NPA .....	2
Canton City Health District .....	2
Geographic Scope .....	3
Demographic Profile of Canton .....	3
Health Disparities in Canton/Stark County .....	3
Canton Local Conversations on Minority Health .....	4
Phase I .....	4
Phase II .....	4
Health Disparity Reduction Plan .....	4
Acknowledgements .....	7

## 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 Canton/Stark County Health Disparity Reduction Plan described in this document is a result of this process. The Canton/Stark County Local Conversations on Minority Health were facilitated by the Canton City Health District.

## Canton City Health District

The Canton City Health District provides public health services to the city of Canton, including environmental



health, food safety, and maintenance of vital statistics. The Health District has a commitment to reducing the health disparities affecting its vulnerable populations and a tradition of working with local partners to address health concerns affecting the community.

### Geographic Scope

The geographic scope of this project is Canton, the county seat of Stark County, located about 24 miles south of Akron and 60 miles south of Cleveland. According to the 2010 census, the estimated population of Canton is 73,007. This represents a 9.7% decline from the 2000 census. Despite this decline, Canton moved from 9th place to 8th place among Ohio cities as nearby Youngstown, once more populous than Canton, suffered a larger decline.

### Demographic Profile of Canton

The population of Canton is more racially/ethnically diverse than the rest of the county.

<i>Population Category</i>	<i>Population Composition Stark County</i>	<i>Population Composition Canton</i>
Caucasian	88.7%	69.1%
African American	7.6%	24.2%
American Indian/ Alaskan Native	.3%	.5%
Asian American	.7%	.3%
Latino	1.6%	4.8%
Two or more races	2.2%	2.6%

Historically the economy of Canton has primarily centered on manufacturing. As in other areas in the country, the manufacturing industry has moved into a long-term decline. The city of Canton has suffered from the decline in this industry more than Stark County as a whole. The median income of Canton

residents (\$30,043) is lower than the rest of Stark County (\$44,941) and both city and county income is lower than that of the state (\$47,358). As of December 2010, the unemployment rate in Stark County stood at 8.7%, higher than the state rate of 8.1%. Poverty levels in the city of Canton are higher than those of Stark County and Ohio as a whole.

<i>Canton</i>	<i>Stark County</i>	<i>State of Ohio</i>
27.1%	12.7	14.2%

Poverty and lack of access to employer-supported health insurance risk factors for poor health and health disparities.

### Health Disparities in Canton/ Stark County

City-level data on health disparities in Canton are not available. However, the minority residents in Canton are well represented in the 2011 Stark County Health Assessment. This assessment provides analysis by racial/ethnic group and offers evidence of health disparities affecting minority populations in the region. For example, the Stark County Health Assessment survey found that 38.5% of the African Americans surveyed had no health insurance. African Americans also reported receiving their healthcare services in the emergency room almost twice as often as did Caucasians in the sample (12.6% compared to 7.6%). In addition, both African Americans and individuals of other races were more likely to seek health services at free clinics or in public health clinics than white patients.

African Americans and Other Race respondents to the survey also reported getting regular exercise less frequently. Additionally, African Americans were more likely to report being overweight and to report some tobacco use. In self ratings

of health status, 86.3% of White respondents reported being in Excellent to Good health while only 59.3% of African Americans did. Both African Americans and Other Race respondents more often reported their health as being Fair to Very Poor.

**Self-Rating of Health Status by Race/Ethnicity, Stark County 2011**

Rating of Health Status	White	African American	Other
Excellent	25.8%	16.0%	33.3%
Good	51.5%	41.3%	35.7%
Fair	16.7%	32.0%	21.4%
Poor	5.2%	8.4%	7.1%
Very Poor	.8%	2.2%	2.4%

Data from other sources also reveal health disparities. Although African Americans account for only 7.6% of the Stark County population, they accounted for 30% of the HIV/AIDS cases diagnosed between 2003 and 2005 and for 32% of these cases between 2006 and 2008. HIV/AIDS cases among Latinos, while only accounting for 2% of overall cases, also exceeded their share of the population.

Disparities are also evident in the incidence rate of certain types of cancers as well as in cancer mortality rates.

**Stark County Cancer Incidence Rate per 100,000**

Cancer Type	White Male	African American Male
Colon and Rectum	59.7	62.4
Kidney	19.5	23.9
Liver	4.1	18.7
Lung	91.0	140.6
Prostate	130.2	191.4
Stomach	7.6	14.2

African American men have higher rates of mortality from colon, liver, lung, and

prostate cancer than do their white male peers. Similarly, mortality rates are higher for African American women than for white women for breast, cervical, ovarian, lung, and pancreatic cancers.

**Canton Local Conversations on Minority Health**

**Phase I**

The first Stark County Local Conversation on Minority Health was held at Stark State College of Technology in Canton on August 28, 2008. It was attended by representatives from health and social service organizations, government agencies, faith-based organizations, professional associations, educational institutions, and other community leaders. Participants in this event prioritized needs in the areas of resources, services, capacity building, and infrastructure and generated a list of recommended strategies to address the needs identified. Additional conversations were held at five additional sites in Canton and one site in Massillon.

**Phase II**

In Phase II, a community meeting was held to further refine the strategies identified in the seven local conversations and develop a health disparity reduction plan. The plan is sub-divided into sections related to resources, services, capacity-building, and infrastructure. Priorities were identified by the group utilizing multi-voting and discussion. The final plan was then drafted and submitted to the Canton City Health Department for the development of this report.

**Health Disparity Reduction Plan**

**Resources**

- Increase efforts to educate community members about available





resources through word-of-mouth strategies and marketing in diverse community locations.

- Promote more use of the 211 system.
- Publish information about agencies and services regularly in newspapers.
- Send out e-mail blasts to community agencies with updates about the availability of services.
- Partner with local public library systems to provide health education and resource information in print form and through the Internet.
  - Support library systems to assure better Internet access and to train consumers on its use.
- Generate health education materials designed for individuals with lower levels of literacy and health literacy.
- Make health education materials available in the languages spoken in the region.
  - Partner with universities and local community consultants to review materials for health literacy and cultural appropriateness and to assist in translation of materials.
- Work to increase the number of professional interpreters available to provide services in health settings.

### **Services**

- Increase the availability of patient navigators or case managers to help patients access and maximize the use of area health services.
  - Expand reimbursement codes in Medicare/Medicaid for patient navigation services and allow for providers other than social workers.

- Increased mileage reimbursement for patient navigators.
- Make better use of the Ohio Benefit Bank (OBB).
  - Increase the number of counselors for OBB.
  - Seek training for agencies to send staff for OBB training.
  - Advocate that 6 hour training become a requirement for maintaining credentials for disseminating information about OBB.
- Create a common Eligibility Intake Process.
  - Create a single point of entry into the health care system for minority groups.
  - Assist in determining eligibility.
- Provide patient education on maintaining good health for themselves and their families.
- Diversify the locations where patient education occurs, including:
  - Churches
  - Grassroots organizations
  - Grocery stores
  - Metropolitan Housing
  - Head Start
  - Barbershops/ Beauty salons
  - Shelters
  - Food and Clothing Distribution Sites
  - Social Services Agencies
  - YWCA
  - Domestic Violence Shelters
- Utilize waiting rooms to provide consumer health education.

- Create health education videos.
  - Use school programs to develop and produce videos with health and wellness messages.
  - Use the Public Access Channel for dissemination of health video programs and other health education programs.
- Increase the number of prevention-oriented health education programs in schools.

### **Capacity Building**

- Provide grant writing training and technical assistance for grass root agencies.
- Provide cultural competency training for all levels of practicing health professionals.
- Provide leadership development training that builds skills in advocacy and peer education, including the use of peer counseling in venues such as churches and barbershops/ beauty salons.
- Provide training for minority consumers on the health care and public health insurance systems, including training on:
  - Compassionate Allowance (expediting Medicare or social security cases).
  - Spend down (i.e., the amount of money you have to spend before you can qualify for Medicare long term care payments).

### **Infrastructure**

- Establish a minority health agency or a Local Office of Minority Health.

- Provide increased access to public transportation for low income, elderly, physically challenged, and other vulnerable populations.
- Advocate for a preventive health/ wellness emphasis in community planning in areas such as zoning and road placement, including:
  - safety planning related to sidewalks, cross lights, and speed control.
  - discouraging liquor establishment saturation.
  - reducing the number of abandoned buildings.
  - encouraging green expansion: tree plantings, elimination of high weeds and grass.
- Work collaboratively with governmental and community organizations to stimulate the development of additional recreational and wellness facilities and program in low income neighborhoods, including:
  - swimming pools
  - playgrounds
  - green space
  - ball fields
  - roller skating
  - safe walking paths
- Increase access to healthy foods in low income neighborhoods, including adding to the number of grocery stores and the availability of fresh fruits and vegetables.
- Develop partnerships with health professions training programs to increase their involvement in health service provision in underserved communities and to promote training of minority students.



- 
- Increase the availability of hospital investment into low income neighborhoods, including:
    - Small emergency care centers
    - Primary care physician offices
    - Dental offices

### Acknowledgements

The local conversation report would not be possible without the generous support and technical assistance from the Minority Health Commission of Ohio. The local conversations were facilitated by the fine folks from Coming Together Stark County utilizing the skills of Nadine McIlwain-Massy and Geraldine Radcliff, RN.

Support for the local conversations was also provided by:

- Mercy Medical Center
- Aultman Health Foundation
- Stark State College of Technology
- AVI at Stark State College of Technology

Round 2 was funded by the Ohio Commission on Minority Health Grant #MGS16-03, and Round 1 was 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

