



Sandusky (Erie County), Ohio

Local Conversations on
Minority Health

Report to the
Community
-2016 Update



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Local Conversations on Minority Health Round 2 – Continuing the Conversation 2016 Update

As a follow-up to the Local Conversations on Minority Health project, with previous activities occurring in 2008 and 2011 (see page 6), The Erie County Health Department (ECHD) received second-round funding from the Ohio Commission on Minority Health to coordinate and facilitate further discussion activities that involved reviewing the local Health Disparity Reduction Plan developed in 2011. Recommendations and pertinent discussion comments are included in this update.

Prior to the Local Conversation activities taking place in 2016, ECHD conducted the fifth in a series of full-scale Community Health Assessments, involving both youth, ages 12-18, and adults of all ages living in the community. For the third time in a row (2011, 2013, 2015), the Community Health Assessment (CHA) report included a special section on the health and the level of disparity within the local African-American population. This trended data allows for comparisons over time for the largest racial minority group residing in the community.

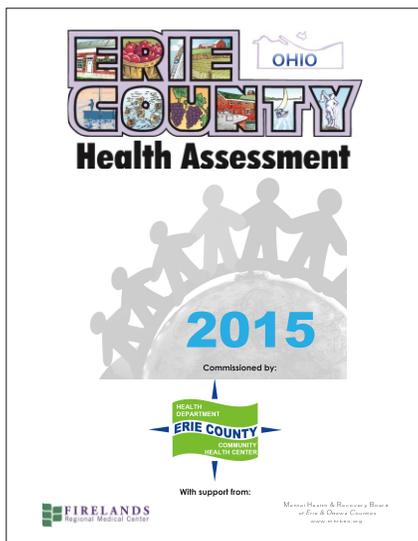
This newest CHA data was released in an open community forum in February 2016. The upcoming Local Conversation activities were announced at this event with over 70 local stakeholders in attendance. An invitation was extended for interested parties to submit their name to be contacted when the discussions were scheduled.

The Local Conversation project was also discussed at the locally-held Infant Safe Sleep event, a Minority Health Month activity also funded by the Ohio Commission on Minority Health, and at an infant mortality summit convened by the Erie county Health Department. Both events occurred in April 2016 with a combined attendance of 200 people. Again, attendees were encouraged to participate in the scheduled Local Conversation events by providing their contact information.

Local Conversation events were held on June 2 and July 13, 2016 at the Trinity United Methodist Church and Erie County Health Department in Sandusky, respectively. Over 50 invitations were sent to those who had expressed an interest and others deemed to be important stakeholders, with a diverse representation of various sectors across the community. Sixteen community members attended the first evening event. All those attendees were then invited to the second discussion activity in July.

The main objective of these conversations was to review the current status of the Health Disparity Reduction Plan (pages 8 - 11) from 2011, identify important individuals or sectors who would be an asset to include in future activities, and next steps for updating the plan and its implementation.

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A seasoned facilitator familiar with the Local Conversations Project and current local health data guided participants through the first evening's activities. Discussion began with posing the question, "Who is our minority population?" Attendees then divided into groups to discuss the main components of the current Health Disparity Reduction Plan which are: resources, services, capacity building, and infrastructure. The group then reformed to share these discussion points and further deliberate on updating the plan along with future steps. Further comments were added at the second discussion event.

GENERAL COMMENTS

- The Health Disparity Reduction Plan from 2011 was written in broad, often vague terms, recommendations are lacking in definition and specifics; the main components of Resources, Services, Capacity Building and Infrastructure were without definition and the strategies often overlapped in multiple areas
- No entity(ies) was identified to organize efforts and move the strategic plan forward, lacking leadership
- The effort lost its program champion when the Minority Health Task Force disbanded – need strong leadership, someone skilled at outreach and building relationships
- Some of the Health Disparity Reduction Plan issues have progressed since 2011 but not necessarily due to purposeful implementation of the strategies, i.e. hiring of a Community Health Worker
- There was no baseline data or enough background information provided for groups to fully assess the plan
- This effort requires a recognized structure with an identified leader and an operating budget to carry momentum into the community
- There was no consistent definition of the term 'minority' and strong differing opinions about what target population(s) that is considered to be in our community
- Some participants expressed dismay regarding the amount of conversation vs. the level of action but recognized that the effort requires a formal "home" with an identified person in charge, plus a budget
- Agreed that current Health Disparity Reduction Plan is a starting point but requires much more structure and definition (who, what, when, where, how, plus baseline data) in order to move from a plan to action
- Overall participation in these discussions and for next steps needs to be enhanced.
- Hold forum with minority speakers with ability to poll attendees for immediate engagement/responsiveness. Incentivize the event to pull attendance, connect with business partner (i.e. free phone) for incentive item earned by committing to some health action
- Strong data analysis is basis for action, unsure of what happens to current collected data
- Take advantage of election year and pose questions to those running for office during local debates regarding minority health disparities, issues and funding

RESOURCES

- Concerns expressed about health literacy (readable, understandable print) contained within service brochures; brochure updates needed – more graphics, larger font size, more information to grab readers' attention vs. reading like a report
- Need for more client/patient advocacy; health care providers need to be more aggressive with regard to advising patients about unhealthy lifestyles, be a stronger advocate for making better health choices during patient interactions; more direct messaging
- The Erie County Community Health Center, a Federally Qualified Health Center, on the Erie County Health Department campus, has implemented electronic health records for all clients and a secure online portal system for patient access
- Presumptive Medicaid eligibility process, now in effect, allows providers to begin immediate care for individuals not yet enrolled in Medicaid but likely to be eligible for coverage. Medicaid picks up medical expense bill from the outset. If the individual cannot be covered by Medicaid, the provider will keep payment for services already rendered to the patient (for 30-60 days). Alternative avenues for care are locally available for mental health and addiction services if Medicaid coverage is declined.
- An upgraded United Way 2-1-1 Information & Referral System was recently implemented for area residents
- Increase use of mobile health van with advance announcements of

availability for services targeting church, park and neighborhood sites

- Strength noted is that the community has many supportive services

SERVICES

- Transportation services to assist with health care access is still a need - a resource guide may help boost awareness of current available services
- Unknown if anyone is coordinating any community-wide health awareness and prevention campaigns; the Minority Health Coalition of Erie County disbanded several years ago
- Unknown who, if anyone, provides a driving force for health promotion among school-aged children; resistance from schools to use time within the school day for health programming is a recognized hurdle – reasons for this should be investigated in order to find solutions
- There was not enough background information or data available for group to assess the number of health promotion/disease prevention programs (especially those providing transportation) available to residents
- There is a need to investigate the causes of resistance by individuals in minority populations to seeking health screenings and treatment
- A 'one-stop shopping' concept where multiple social, health and other services are available at one location would help strengthen access to available services that are presently scattered throughout the community
- Hire a Health Coordinator and/or a patient mentor/navigator to draw



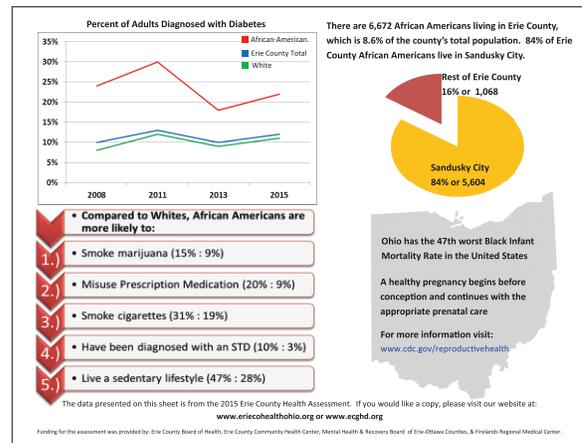
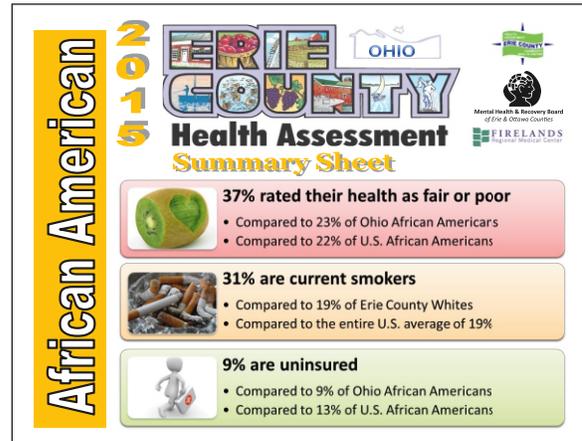
clients into preventive health care and provide close support and monitoring to keep them engaged. Develop a small pilot project and expand reach and funding with proven results.

CAPACITY BUILDING

- Continue to improve communications between health care provider and patients
- Re-establish a Minority Health Task Force with a recognized leader
- With regard to advocacy for elderly patients, Serving Our Seniors helps prepare this population for doctor appointments and treatment visits with tips and advice on posing appropriate questions; more volunteers are needed as advocates, sources discussed
- Increase availability of health workers that are minority health-centered; recruitment through social media avenues

INFRASTRUCTURE

- One known health advocate program is offered by Serving Our Seniors (see CAPACITY BUILDING), but of about 50 participants to date there have been only two from the African American population – maintaining wellness is the priority objective
- More background and data is needed to assess the number of health education programs
- Affordable Care Act has changed the health insurance landscape and increased outreach and enrollment assistance, but system is still complex to navigate
- Community still has no identified geriatric specialist



NEXT STEPS

- Form a Steering Committee to be a bridge between the Local Conversations of 2016 and re-establishing a Minority Health Task Force.
- By December 2016, hold a local event to release and highlight the 2016 Local Conversations on Minority Health Report. The event should:
 - Raise awareness of local health disparities.
 - Recruit community members and stakeholders to join the Minority Health Task Force of Erie County.

“Continuing the Conversation and Moving Into Action”
November 18, 2016



Sandusky Library
12 – 1 pm

- By February 2016, hold the initial meeting of the Task Force and set a course of action to:
 - Develop the structure, mission and vision of the Task Force.
 - Assess the local situation as it relates to minority health within the community.
 - Continue to raise awareness of the health disparities in the minority community.
 - Develop a two year plan with specific, measurable and realistic goals and objectives.



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 Erie County Health Disparity Reduction Plan in this document is a result of this process. The initial phase of the Local Conversations on Minority Health was facilitated by Agape Love Ministries. Phase II of the process was completed by the Minority Health Coalition of Erie County.

Minority Health Coalition of Erie County

The Minority Health Coalition of Erie County was established in 2007 to help address the health disparities, known and unknown, in Erie County. Originally named the Minority Health Task Force

of Erie County, the name was changed to promote the teamwork and diversity of the group to potential new members and the community at large. The coalition was originally started by the Erie County Health Department to engage and learn from minority community members how best to implement programs to address health disparities in the community. Membership is open to anyone with interest in identifying and working to decrease health disparities in the minority communities in Erie County.

Mission Statement

“Address health disparities in the minority population by monitoring health indicators, facilitating the acquisition of needed services and programs and promote health behaviors through education and participation.”

Vision Statement

“The Minority Health Coalition of Erie County aspires to create togetherness and promote good health traditions one family at a time.”

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Geographic Scope

The geographic scope of the project is Erie County located in the North Central region of Ohio bounded on the north by Lake Erie, with particular emphasis on the city of Sandusky. The estimated 2011 population of Erie County is 77, 079. About a third of the county’s population (25,793) resides in Sandusky.

Socioeconomic Profile of Erie County and Sandusky

The population of Sandusky is more racially/ethnically diverse than the county as a whole.

Racial/Ethnic Composition of Erie County and Sandusky, 2011

<i>Racial/Ethnic Category</i>	<i>Erie County</i>	<i>Sandusky</i>
White	87.0%	70.4%
African American	8.6%	22.0%
American Indian/ Native Alaskan	.3%	.4%
Asian American	.6%	.6%
Hispanic/Latino	2.8%	5.5%
Two or more races	3.4%	4.9%

Individuals living below poverty levels are higher in the city (22.9%) than in the county (12.5%). Sandusky poverty rates are substantially higher than for the state of Ohio whose rate is 14.2%. Poverty is one of the highest risk factors for health disparities.

Health Disparity Indicators

There are significant health disparities affecting the minority population in Erie County. Most of the information available is on African Americans because the small size of the other minority groups in the county limits collection of health data on these populations. The 2011 Erie County Health Assessment reported that 17% of the African Americans in the county lack health insurance, up from 10% in 2008. Other risk factors affecting the African American population are shown in the table below.

Comparison of Health Risk Factors, African Americans and Whites, 2011

<i>Risk Factor</i>	<i>White</i>	<i>African American</i>
Diagnosed with high blood pressure	26%	61%
Diagnosed with high cholesterol	30%	44%
Diagnosed with diabetes	12%	30%
Overweight	66%	81%





Mortality Rates

African Americans experience higher rates of mortality from chronic illness than other racial/ethnic groups. Between 2006 and 2008, the age-adjusted mortality rates were higher for African Americans with heart disease, cancer, and diabetes than for any other racial/ethnic group. Heart disease mortality rates were higher for African Americans and Latinos in Erie County than for their counterparts in the state.

Local Conversations on Minority Health

Phase I

The Sandusky Local Conversation on Minority Health, called Prosperous Health Local Conversations Listening Tour, was held at Agape Love Ministries on October 18, 2008. The event was preceded by a health fair that offered health information and health screenings to the community, and many of the participants in the health fair also attended the Local Conversation that followed. Approximately 145 individuals attended and they represented local churches, health service providers, and community leaders. Participants in this event identified 25 needs in the areas of the Resources, Services, Capacity Building, and Infrastructure and developed strategies to address the needs identified.

Phase II

Phase II of the Erie County/Sandusky Local Conversations on Minority Health, Phase II brought together 30 community leaders including Sandusky City Commissioners, Erie County Commissioners, Perkins Township Trustees, representative from the Firelands Regional Medical Center, staff from the Erie County Health Department

and members of the Minority Health Coalition of Erie County. The group rated each of the 25 strategies identified by the community and developed action steps for the top rated strategies.

Health Disparity Reduction Plan

The Health Disparity Reduction Plan presents strategies in the order in which they were ranked, beginning with the highest ranking strategy.

RESOURCES

1. Create easier-to-read health information pamphlets and brochures.
2. Create health education resource materials that use visual aids to explain health issues.
 - a. Work with the Health Department, schools, Ohio Department of Jobs and Family Services and churches to develop health education material defined by:
 - Target age groups
 - Health issue by age group
 - b. Develop a process for easier/better distribution of pamphlets and brochures.
 - c. Develop a project to have students create and proof read health education resource materials.
3. Initiate/learn about health screening programs that have an automated follow-up process.
 - a. Get health care providers involved.
 - b. Conduct health fairs.
 - c. Find a way to automate follow-up via today's technology.

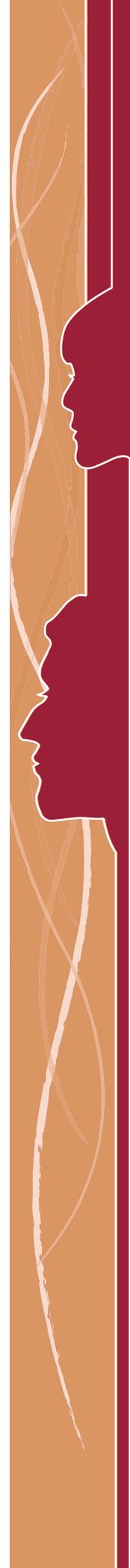
4. Generate more advertising to highlight 211 and other health resource information services through diverse means such as marketing through community organizations (e.g., visiting nurses, United Way).
5. Provide self-advocacy training for consumers (e.g., encouraging patients to take someone with them to interpret health information, giving them information on what questions to ask and the need to take their medical history to the appointment).
6. Encourage area health service providers to provide information and updates on their programs to the area 211 service.
7. Offer more health screenings in different locations.

SERVICES

1. Carry out health-related transportation research on “Best Practices” in other communities.
 - a. Assess the current health-related transportation situation via Sandusky Transit.
 - b. Use the results of the assessment to show need for grant funding.
 - c. Recruit a coordinator to assemble Best Practices materials and manage health-related transportation plans.
 - d. Investigate funding sources for coordinator position.
 - e. Reallocate resources based on today’s needs (Care-A-Van).
 - f. Work to provide health-related transportation to people in need in the community such as people that don’t own a car,

can’t drive, and can’t afford a taxi or transportation on SPARC (Sandusky Perkins Area Ride Connection).

2. Mount coordinated community health awareness and prevention campaigns for particular diseases.
 - a. Identify partnership and points of interest in advance.
 - b. Develop a relationship with one large media source.
 - c. Use the Minority Health Coalition of Erie County as the primary vehicle for community awareness, partnership, and prevention campaigns.
 - d. Explore the possibility of funding through programs at the Erie County Health Department.
 - e. Involve the Interdenominational Ministerial Alliance (IMA), the Ohio Department of Jobs and Family Services (JFS), social agency clients, the Sandusky City Commission, businesses, and the Chamber of Commerce in the health awareness and prevention campaigns.
3. Increase health education and health promotion programs for school-age children, e.g., sex education at earlier age.
 - a. Develop short videos that teachers can show to their students.
 - b. Use Social Marketing media such as Facebook, MySpace, Twitter, or Skype, for health education and health promotion efforts.
 - c. Consult with BGSU Education Department to develop or locate students to provide volunteer support for this initiative.



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- d. Get community “givers” together to help support health education and health promotion efforts.
 - e. Involve all new moms in health education and health promotion efforts.
4. Increase the number of programs with a health promotion/disease prevention emphasis, particularly ones that provide transportation.
 - a. Involve the local transportation task force in health disparity discussions.
 - b. Support the initiation or expansion of health programs such as “Stand Like A Man”; e.g., assisting the group in making a videotape about their program.

CAPACITY BUILDING

1. Provide training for health care providers to make them more conscious of patient literacy levels and to urge caution in their use of medical language/jargon.
 - a. Provide training for doctors by ethnic representatives from the physician community.
 - b. Conduct Family Practice meetings for medical social workers and other specialty areas.
 - c. Carry out literacy-related pre-service or in-service trainings for nurses and other medical staff and for health department staff.
 - d. Encourage the use of programs already available on cultural sensitivity for continuing education credit.
2. Identify advocates to accompany elderly patients to doctor visits.

- a. Approach existing groups such as Retired Senior Volunteer Corp, the Volunteer Center or Serving Our Seniors as volunteers or for recruitment or training of volunteers.
 - b. Seek funding for paid staff for longer term coordination of volunteers and clients.
 - c. Market & recruit volunteers through the groups such as the Alzheimer’s Support Group who already perform these tasks for family.
3. Advocate for cultural competency training that teaches health providers that the end goal is to create satisfied consumers.
 - a. Utilize groups such as the Mental Health Task Force, NAACP, Community Action Commission, and the Office on Aging to advocate for training.
 4. Involve kids and seniors in designing health programs.

INFRASTRUCTURE

1. Increase the number of community health advocate (CHA) programs.
 - a. Identify existing CHA programs.
 - b. Determine savings such as money or time achieved through CHA programs.
 - c. Refine CHA programs that are already in place.
 - d. Educate people to understand their rights and responsibilities as patients.
2. Increase the number of basic health education programs in the community about diseases affecting the minority community such as sickle cell and diabetes.

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- a. Develop strategies to overcome apathy, denial, and perceptions that health prevention screening is not acceptable.
 - b. Utilize tactics that approach community members through family, neighborhood, or churches to encourage positive changes in eating habits, exercise, and increasing awareness of family health history.
 - c. Reinforce the fact that the responsibility for health is personal.
 3. Advocate for national and state health insurance improvement policies and vote for candidates that support such policies.
 - a. Use voter registration drives to allow citizens to decide.
 4. Promote and support health professions training among local young people who may return to their home communities to practice.
 5. Provide training on health-related technology, e.g., blood sugar monitors for seniors.
 6. Hold more community conversations on health related disparities that involve a broad range of participants, e.g., hospitals, transportation, other counties, peer groups, representatives of each population and of youth and the academic community.
 7. Ask the local hospital to recruit health professionals with a geriatric specialty.

Minority Health Attitudes and Beliefs

Throughout the years, the minority community has conscientiously utilized the healthcare system of Erie County. In most instances the Erie county medical community has served minorities during medical emergencies because it is often the belief within the minority population that medical intervention be a last resort. Many minorities rely on homeopathic or natural remedies to address illnesses and disorders. Some rely on supernatural practices to maintain health and believe strongly in its power. Still others have strong religious faith and rely on Spiritual Powers to heal illnesses. In most cases, their faith in the healing power of God supersedes their faith in the medical community. As a result of their devotion to spiritual healing, life-saving medicines, preventative screenings, or routine doctor visits may be forestalled which may result in delayed diagnosis and often advance stages of disease. It is easy for others to misunderstand these attitudes and beliefs of the minority population and deem their attitude toward healthcare as apathy or indifference.

— Submitted by a member of the Minority Health Coalition of Erie County



Local Conversations Round 2 Participating Agencies
Big Brother Big Sisters of Erie, Seneca and Sandusky Counties
Erie County Board of DD/Help Me Grow
Erie County Community Health Center
Erie County Health Department
Mental Health and Recovery Board of Erie and Ottawa Counties
New Day Family Resource Center
Precious Life, Inc.
Serving Our Seniors
The Village
The Acorn Ministries
As well as community representatives

