

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 featuring white outlines. They are set against a solid, warm orange background. The silhouettes are arranged in a vertical line, with some overlapping, suggesting a group of people in conversation.

Ravenna,
(Portage County), Ohio

Round 2 – Continuing the
Conversations

Report to the Community
2016



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Forward

“All members of the community are affected by the poor health status of its least healthy members.”

-Unequal Treatment, Institute of Medicine 2003

The Centers for Disease Control & Prevention (CDC) states: The United States has become increasingly diverse in the last century. According to the 2000 U.S. Census, approximately 30% of the population currently belongs to a racial or ethnic minority group: American Indian or Alaska Native, Asian American, Black or African American, Hispanic or Latino, and Native Hawaiian or Other Pacific Islander.

The Census Bureau projects that by the year 2050, non-Hispanic whites will make up only 40 percent of the U.S. population. Though health indicators such as life expectancy and infant mortality have improved from most of Americans, some minorities experience a disproportionate burden of preventable disease, death and disability compared with non-minorities.

“Life’s most urgent question is: *What are you doing to help others?*”

-Martin Luther King, Jr.

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 Portage County Health Disparity Reduction Plan in this document is a result of this process. The lead agency for the Local Conversations in Ravenna and Portage County was the Community Action Council of Portage County.





Community Action Council of Portage County

The Community Action Council of Portage County, Inc. is a private non-profit organization that was created in February of 1965 under the authority of the Economic Opportunity Act. The agency is charged with developing and operating programs and services that will positively impact on the economically disadvantaged residents of Portage County. The agency's programs include educational and literacy services, emergency assistance, energy efficiency and housing, workforce development, and youth services.

Geographic Focus

The geographic focus of this project is Portage County located in Northeastern Ohio, with a special emphasis on Ravenna, the county seat and neighbor of the largest city, Kent, in Portage County. In 2015, Ravenna's population was estimated at 11,619, making Ravenna the 4th largest city in the county.

Demographic Profile of Ravenna and Portage County

With an estimated population size of 11,619, Ravenna accounts for over 7% of the Portage County population. The city's population is more racially/ethnically diverse than the rest of the county.

<i>Race/Ethnicity</i>	<i>Portage County</i>	<i>Ravenna</i>
White	92.3%	89.0%
Black or African American	4.1%	3.7%
American Indian/AN	.2%	.2%
Asian/NHPI	1.4%	.4%
Two or more races	1.7%	1.4%
Hispanic or Latino (of any race)	1.3%	5.5%

Ravenna has a lower median household income than the rest of Portage County and has a poverty rate of 21.4%, higher than those of the county (16%). Additionally, only 27.7% of the Ravenna's residents have completed education beyond high school—in comparison to both county and state rates (27.1% and 36.6% respectively)—and more than 9% of the county population lack health insurance coverage. Poverty, lower levels of education, and lack of health insurance place these residents at risk for poorer health outcomes and health disparities.

Health Disparities Indicators

City-specific data broken down by race/ethnicity are not available for Ravenna and Portage County. However, there are numerous health disparities affecting racial/ethnic groups living in Ravenna or other parts of Portage County. The Ohio Medicaid Assessment Survey (2012) breaks down health disparity indicators by race. The following chart shows data by race/ethnicity of those who are uninsured/Medicaid eligible in Ohio.

Ohio Medicaid Assessment Survey, 2012

Health Disparities among Adults in Ohio, June 2013

Health Indicator	White	African American	Hispanic	Other Races
Uninsured or Enrolled in Medicaid	12.4%	22.2%	39.8%	32.6%
Unmet Dental Needs	30.1%	38.5%	33.9%	66.7%
Visit Emergency Rooms	23.3%	30.3%	31.0%	38.4%
Poor self-rated health status and chronic disease	30.1%	30.7%	36.8%	37.8%
Have been told they have hypertension	37%	47.5%	24.3%	47.8%
Have been told they have diabetes	13.4%	18.1%	14.8%	18.5%
One or more chronic disease Prevalence	47.3%	53.6%	34.9%	63.2%
Smoke Tobacco	25.6%	29.0%	21.2%	47.6%
Overweight or obese	32.7%	38.9%	29.5%	44.2%

There are also strong racial/ethnic health disparities that occur in cancer incidence and cancer mortality. According to the 2014 Cancer in Ohio Report, a project of the Ohio Department of Health and The Ohio State University, African American men are 65% more likely to be diagnosed with prostate cancer than Caucasian men and are often diagnosed at a more advanced stage. The report also indicates for all cancer sites/types combined, African American males in Ohio have a higher mortality rate in comparison to the other gender/race categories.

Sources:

Ohio Medicaid Assessment Survey: Health Disparities among Adults In Ohio, June 2013

Cancer in Ohio, 2014





2011 Ravenna Local Conversations Overview

Phase I Ravenna Local Conversations on Minority Health was held in October 2008. There were 57 individuals who attended the event. 34 of the participants (59%) identified themselves as African American/Black, 13 individuals identified themselves as White/Caucasian (22.8%), and one individual identified as Native American, Asian and Hispanic. Seven individuals (12.3%) did not record their racial category on the sign-in sheet.

Participants represented a broad range of local organizations involved in health and social service delivery. Organizations represented included: Robinson Memorial Hospital, Community Action Council of Portage County, Inc., Portage Area Regional Transportation Authority (PARTA), Buckeye Community Health Plan, North Coast Medical Training Academy, Lifebanc, 4KIDS Leadership Endowment Foundation, the Portage County NAACP, and several area churches. There was also a significant representation from the Ravenna community.

Following a panel discussion by public and private service providers in health and social services, faith-based, and education areas, there were breakout sessions that worked to identify and rank needs and strategies in Portage County in four areas: capacity building, services, resources, and infrastructure.

In summarizing the needs and strategies identified by the breakout groups, we first identified the minority health needs that ranked as among the top five needs in each domain breakout group. Also shown are other needs that arose, but which did not get ranked among the top five. Then identified were the strategies recommended by the breakout groups to remediate the ranked needs in each domain area.

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 Community Action Council of Portage County organized one community meeting on May 24, 2016. There were 59 individuals who attended the event. 43 of those who participated identified themselves as African American/Black (72.8%), 14 individuals identified themselves as White/Caucasian (23.7%), and one individual identified as other (1.6%). One individual did not specify their race category (1.6%) reported on collected surveys.

Participants represented a broad range of local organizations involved in health and social service delivery. Organizations represented included: Portage County Health Department, Coleman Professional Services, Portage County Treasurer, Portage Area Regional Transportation Authority (PARTA), Buckeye Community Health, Jobs and Family Services, Passages, Inc. Portage County NAACP, Winfield Church of God In Christ, Family and Community Services, and Community Action Council of Portage County, Inc. There was also a significant representation from citizens of the Ravenna community, including the Skeels-Matthews Community Center.

Following presentations by public and private service providers in the health and social services, there was a breakout session where small groups were formed to discuss the prioritization and possible changes of the goals identified in Part I of Local Conversations community meetings. The four areas that the goals were focused on were capacity building, services, resources, and infrastructure.

In summarizing the needs and strategies by the breakout groups, we first identified the minority health needs that ranked as among the goals of the 2011 “Local Conversations” to update the Portage County Health Disparities Reduction Plan.

2016 Health Disparity Reduction Plan Update

Goal 1: Increase access to information resources

2016:

Activities

- *More mailings regarding health education/health resources that are easy to understand and read in multiple languages.*
- *Work with the Portage County Health Department, school districts, Portage County Job & Family Services, and local churches to organize preventative health care fairs in neighborhood locations around the county.*
 - *Targeting: Low income regions*
- *Develop an app for cell phones to reach younger generations, which may provide information/sign up for health screenings and would allow for automatic follow-up notifications.*
- *Develop programs for students to learn about the importance of community health by creating projects for them to get involved.*
 - *i.e. Creating PSA's and other marketing materials*
- *Have the Portage County Health Department make minority health a priority topic in the next county wide health assessment.*

Goal 2: Developing a Minority Health Infrastructure

2016:

Activities

- *Implement a Community Health Advocate program (CHA) in the form of a Community Health Worker.*
 - *Advocate/Encourage Portage County Health Department to create a part-time position for a Community Health Worker.*
- *Increase the number of basic health education programs in the community about diseases affecting the minority community.*
- *Increase the number of minorities entering the health care field through middle/high school programs, scholarships, career exploration, mentoring, Ohio Means Jobs.*
 - *Promote and support health professions training among local young people who may return to their home communities to practice.*
- *Make minority healthcare issues a focus for future Portage County Health Department efforts.*
 - *Make minority health considerations an ongoing section of the Portage County Health Improvement Plan.*
- *Sponsor community-wide events focusing on identified minority risk factors, not just during minority health month.*





Goal 3: Increase Capacity Building Efforts

2016:

Activities

- *Provide training for health care providers to help make them more aware of educational barriers in populations that they service through basic education on what to look for when communicating with patients*
- *Make education on cultural differences available to health care providers so they can better understand the needs of minority communities.*
- *Better partnerships for transportation, information sharing and funding.*
- *Develop/Bring back a county directory of social services, health services.*
- *Communications between organizations and between organizations and the community by better advertising services to the public.*
- *Create a “one-stop” information center strictly geared toward health with minority health as a key component.*
 - *Expansion of 211 health care resources.*

Goal 4: Improve Access to Service

2016:

Activities

- *Assess public transportation and look into adding a health-related public transportation option.*
 - *Establishing a transportation expansion for primarily health-related transportation needs in Portage County.*
 - *Expand current transit services to include free clinic in Akron.*
- *Coordinate community health awareness and prevention campaigns for particulate diseases.*
 - *“Over Haul” County websites to provide more user-friendly access to health care.*
 - *Identify partnerships and points of interest in advance.*
 - *Explore the possibility of funding through programs at the Portage County Health Department*
 - *Encourage Portage County Health Department to get more involved in educating minority communities*
- *Increase health education programs and health promotion programs for school-age children.*
 - *Provide basic health education to teaching staff so that they are properly versed and can easily implement health education in their classroom.*
- *Develop a better way for individuals and health care providers to clarify client and community needs.*
- *Develop a more effective yet confidential communication about client needs during community strategic planning meetings.*
- *Create more community opportunities for citizens to live healthy lives, such as safe areas to exercise, and free/reduced cost exercise courses for people to attend.*

2016 “Continuing the Conversation” Surveys

The goal of the 2016 “Continuing the Conversation” community meeting was to update the 2011 Portage County Health Disparities Reduction Plan. The Community Action Council of Portage County decided to use a survey focusing on the four goals of the 2011 Plan: Increase access to information resources, Develop a minority health infrastructure, Improve access to service, and Increase capacity building efforts. This survey was composed of multiple choice and open response questions; it was distributed and collected during the May 24th, 2016 community meeting.

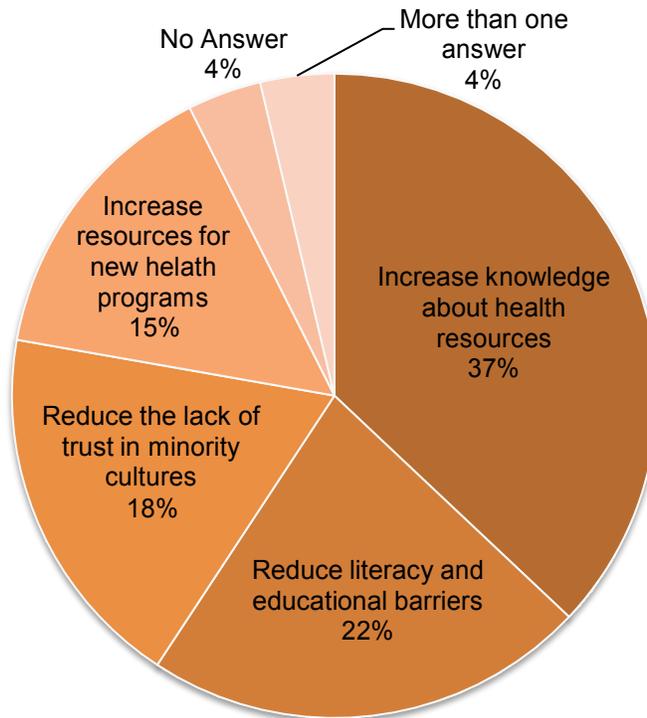
2016 Survey Questions:

1. Which of the following is the most important to address in regards to reducing health disparities facing minority communities?
 - Increase knowledge about health resources
 - Reduce literacy and education barriers
 - Reduce the lack of trust in minority cultures
 - Increase resources for new health programs
2. What is the most important factor in developing a minority health infrastructure in Portage County?
 - Improve health of minority populations
 - Increase the number of minorities in the health field
 - Provide mentoring and job shadowing for youth
 - Increase the number of Alcohol and Other Drug Services
3. Which would you say is the most important capacity building effort in regards to developing a minority health infrastructure?
 - Build trust between the community and health service providers
 - Expand locations for the providing of health services
4. What do you believe to be the most needed in regards to health services for minority communities?
 - Additional transportation services
 - Services for children with disabilities
 - Telephone information line to provide information about medical services
 - Wellness centers focused on preventative health services
 - Developing neighborhood medical clinics
5. What do you believe would reduce health disparities facing minority communities the most?
6. Are there any actions that you know of taking place in the community that may help reduce these disparities? If so, what are they?
7. Are there any services that your organization provides that target minority health?
8. What do you believe is the greatest barrier to eliminating health disparities in minority communities?

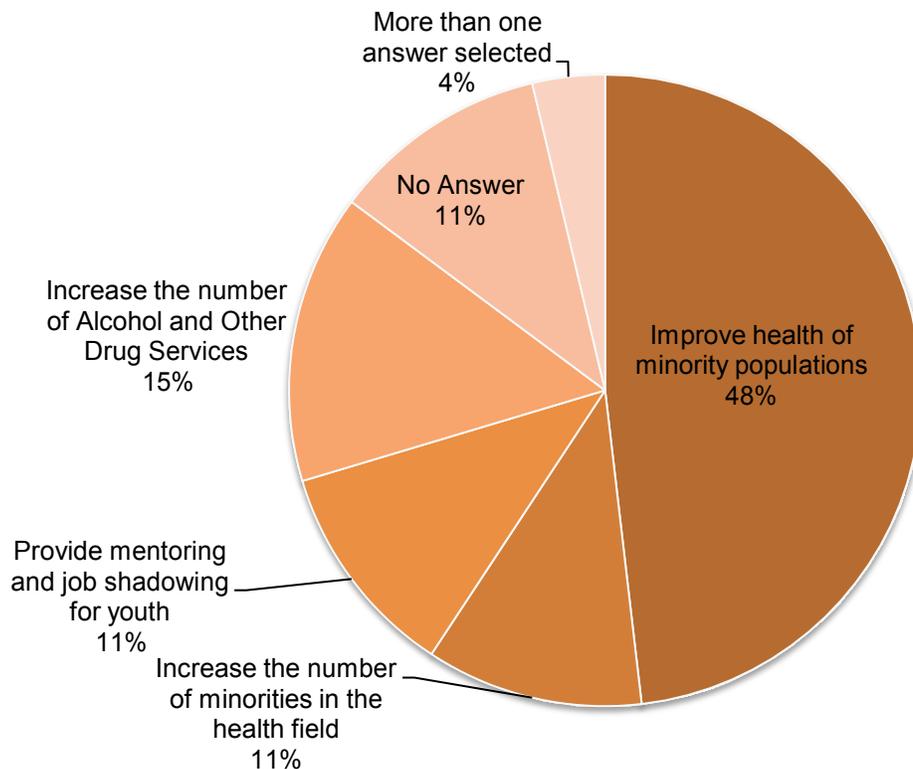


2016 Survey Results:

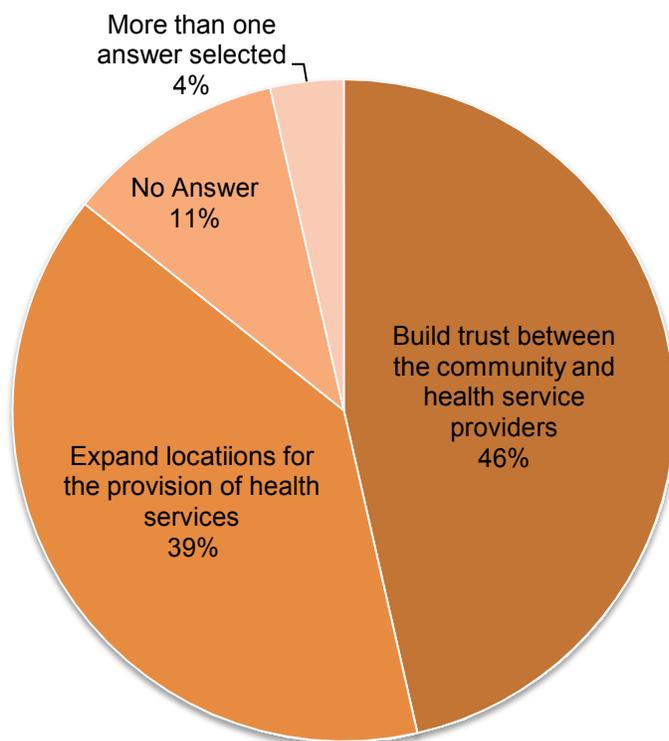
Q 1: Which of the following is the most important to address in regards to reducing health disparities facing minority communities?



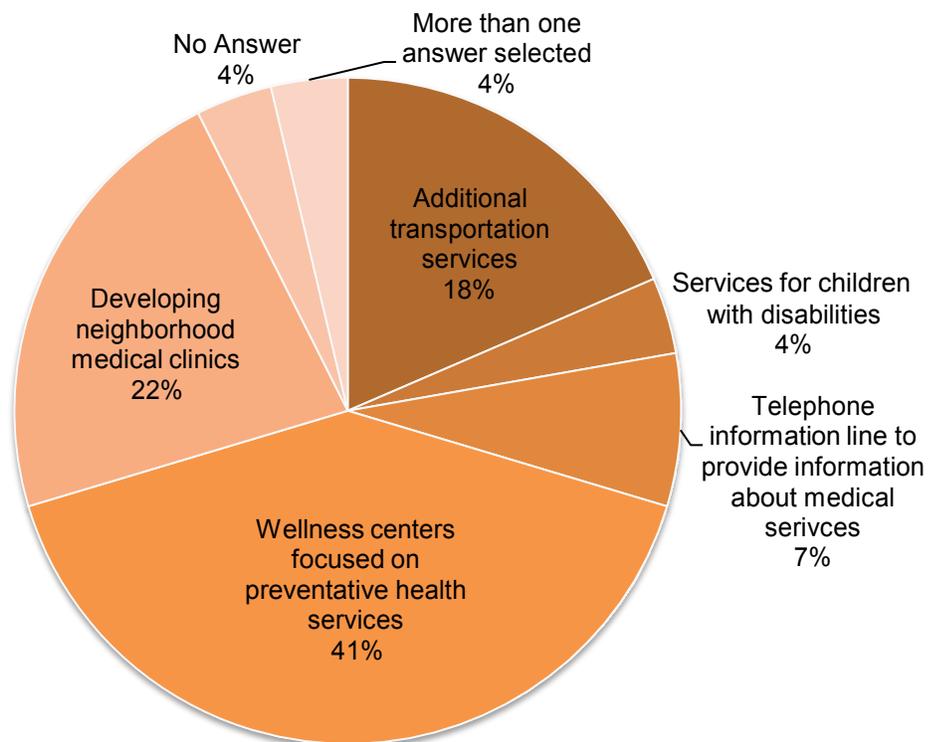
Q 2: What is the most important factor in developing a minority health infrastructure in Portage County?



Q 3: Which would you say is the most important capacity building effort in regards to developing a minority health infrastructure?



Q 4: What do you believe to be the most needed in regards to health services for minority communities?





Q 5: What do you believe would reduce health disparities facing minority communities the most? (Sample Responses)

- “Working with trusted champions of the community to create and promote services that are both objectively needed and perceived as needed by residents.”
- “Preventative education and services, developing a system where ER facilities are not used as primary care (cold, flu...) Which would mean accessible and quick- no one will schedule for an appointment or plan preventative”
- “Knowledge of resources available to them”
- “Transportation to community events that discuss health risks per age & resources available”

Q 6: Are there any actions that you know of taking place in the community that may help reduce these disparities? If so, what are they? (Sample Responses)

- “Shelter residents have been using CVS “minute clinic” type of services more- they value the instant care and ease”
- “PIT Count, Street outreach”
- “New Cleveland Clinic in Brimfield”
- “Portage County Health Department CHIP Process”

Q 7: Are there any services that your organization provides that target minority health? (Sample Responses)

- “Medication access programming with Family and Community Services”
- “Inform them of their options medically”
- “No.”
- “Meals-balanced nutrition to help maintain health”

Q 8: What do you believe is the greatest barrier to eliminating health disparities in minority communities? (Sample Responses)

- “Making preventative care common place-accessible & affordable”
- “Minority admitting that they need help”
- “Knowledge of health risks”
- “Education on health & wellness, easy availability of health resources”

Q 9: List any outreach activities you believe would help in eliminating health disparities in minority communities. (Sample Responses)

- “Health ‘expo’ for health info & services held to reach community members”
- “Street education”
- “Community Events”
- “Continuous outreach at social service organizations to increase awareness of programs”

Future Directions & Conclusions

The community of Ravenna/Portage County has taken a proactive step in helping to educate, empower, reduce, and eliminate health disparities in minority communities. It is clear that there are a number of factors which contribute to or cause significant health disparities within our population. These factors can be socio-economic, lifestyle-related, social, environmental or access-related, but taken as a whole, contribute to unacceptable levels of disease and illness in comparison to the non-minority population. Rates of cancer, diabetes, heart disease, HIV/AIDS, infant mortality, stroke, mental illness, liver disease and others are, in many cases, 2 to 3 times higher for minorities than their non-Hispanic White/Caucasian counterparts. Further, this data appears to be consistent across geographic regions in the United States and can accurately be applied to smaller areas within the US, including the state of Ohio and Portage County.

Portage County was fortunate enough to pass a health levy in 2013 that approved funding for the Portage County Health Department (PCHD), which had not been in existence since 1955. Since its reinstatement, the Portage County Health Department runs programs including health education and promotion, nursing services, immunization programs, Infant Safe Sleep programs, emergency preparedness programs, vision care outreach services, tobacco prevention and education services, as well as Narcan training for community members. These are few among the many programs that the PCHD provides to community members.

In 2016, the PCHD released the 2016 Community Health Assessment report, which builds upon the 2015 Community Health Needs Assessment, incorporating primary data collected from randomly selected survey adults and parents of children ages 0-11 and students in grades 6-12 from six participating school districts across Portage County. The report provides a comprehensive look at the health and well-being of Portage County's youth and adults, representing the first step in the ongoing work of Portage County's community health partners to create and implement a shared vision for providing and maintaining quality health and human services for all Portage County Residents. The 2016 Portage County Community Health Status Assessment Report will help guide Portage County's health system in its efforts to develop innovative strategies for effectively and efficiently addressing high priority needs; to create evaluation/outcome measures that effectively track progress and ensure accountability; and to educate Portage County stakeholders about the community health vision. The report does not, however, address health-related issues for the county's minority populations.

It is strongly recommended that the Portage County Health Department takes a lead role, along with various community groups, in the action to eliminate health disparities among minority communities in Portage County. Of the four goals addressed by break out groups at the 2016 community meeting, one of the many activity items states to encourage the Portage County Health Department to establish a part-time position for a Community Health Worker focused on targeting minority communities of Ravenna/Portage County. As it shows in the 2016 Surveys collected, Portage County is lacking the "foot-work" to educate minority communities about the services that reside here to serve them. This position would allow relationships to be formed between minority residents and the PCHD and get the information out about health services and providers on what they do to serve the minority communities of Portage County. It is also recommended that the PCHD make minority health considerations an ongoing section of the next Portage County Community Health Needs Assessment. This would allow for the data on minority health disparities to be collected for Portage County, which would help define what health disparities look like at the local rather than state level.

In Portage County there are no free clinics that can provide services to low income families. In September of 2016, the Northeast Ohio Medical University (NEOMED) began developing a Student-Run Free Clinic. This free clinic will offer both primary care and medication management services on select Saturdays beginning in mid-September of 2016 to medically underserved residents of Northeast Ohio. The NEOMED facility in which this Free Clinic will be held is located in Rootstown, Ohio, which is just 10 minutes south of downtown Ravenna. This clinic will give all minority communities in Portage County the chance to receive primary care, even without health care coverage.





Many of the goals and objectives established through phase I and phase II of Local Conversations focus almost entirely on the education aspects of health, since many diseases and conditions that kill disproportionately high numbers of minorities can be prevented. In 2013, prostate cancer was the 2nd leading cause of death in African American males, and they are 2.4 times more likely to die from prostate cancer than non-Hispanic white men. In fact, since 2010, a simple blood test could prevent many unnecessary deaths from prostate cancer when detected early. With NEOMED's Student-Run Free Clinic and the Portage County Health Department now in existence, it is hopeful that health disparities (such as prostate cancer rates for African-American males) will statistically drop with the plethora of opportunities that minority communities will have with the services that these two entities provide alone.

The Community Action Council of Portage County, Inc. and its partners are committed to continue efforts in assisting the residents of Ravenna and Portage County in the elimination of minority health disparities. CAC intends to do this through advocacy, education, program development and implementation, while also identifying funding sources to carry out these efforts. As we move forward our commitment to end health disparities in minorities lets us remember the words of Dr. Martin Luther King Jr.:

"We are caught in an inescapable network of mutuality in a single garment of density. Whatever affects one directly, affects all indirectly."

Acknowledgements

The Community Action Council of Portage County would like to thank speakers at our second Local Conversation on Minority Health.

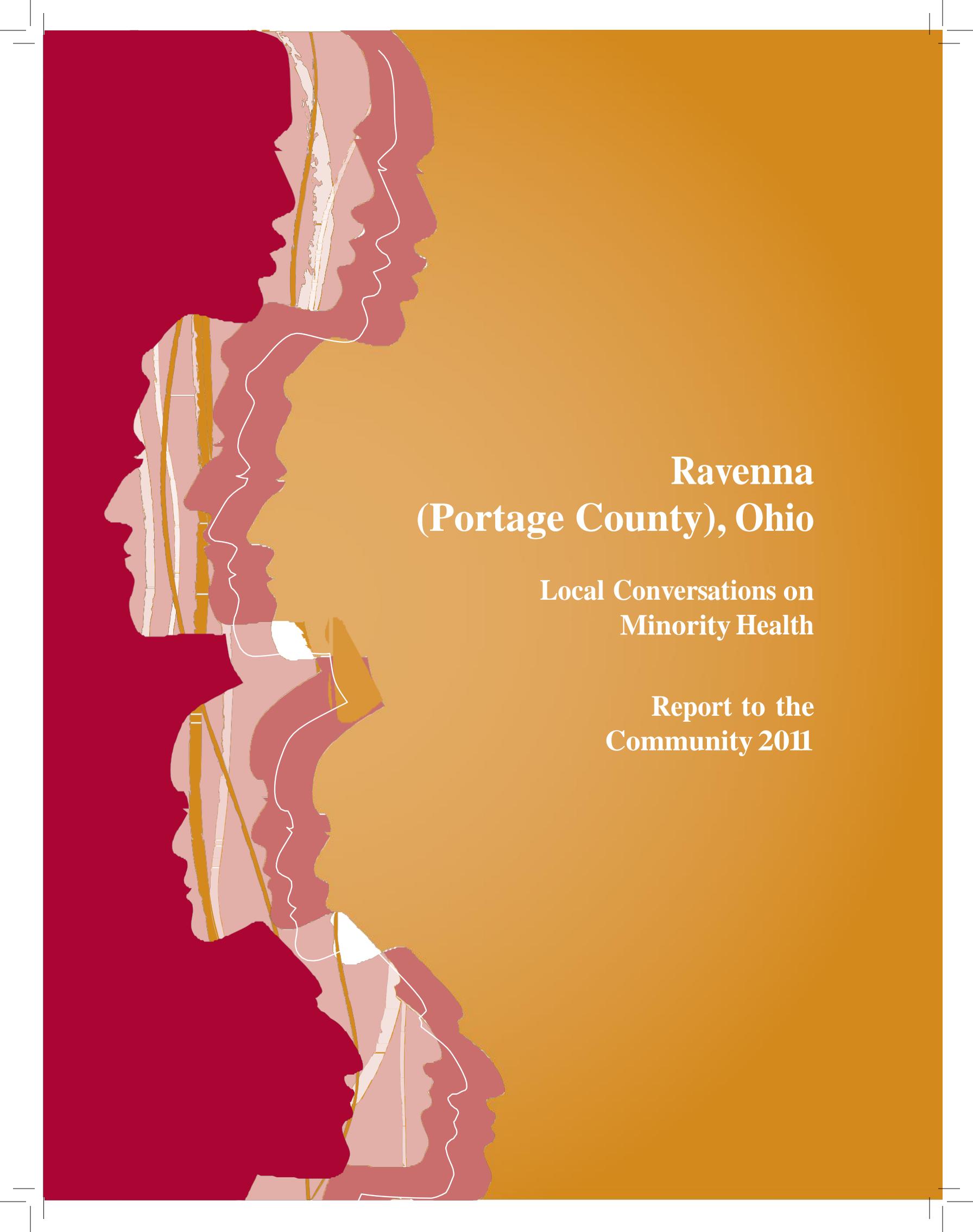
Rue Conaway, Director of the Coleman Pregnancy for Coleman Professional Services

Becky Lehman, Director of Health Education and Promotion for the Portage County Health Department

Rebecca Abbott, JFS Administrator for Portage County Department of Jobs and Family Services

Fred Cameron, Community Relations Representative II for Buckeye Health Plan

Frank Hairston, Director of CS/EEO/Marketing for the Portage Area Regional Transportation Authority



**Ravenna
(Portage County), Ohio**

**Local Conversations on
Minority Health**

**Report to the
Community 2011**



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National Partnership for Action to End Health Disparities*



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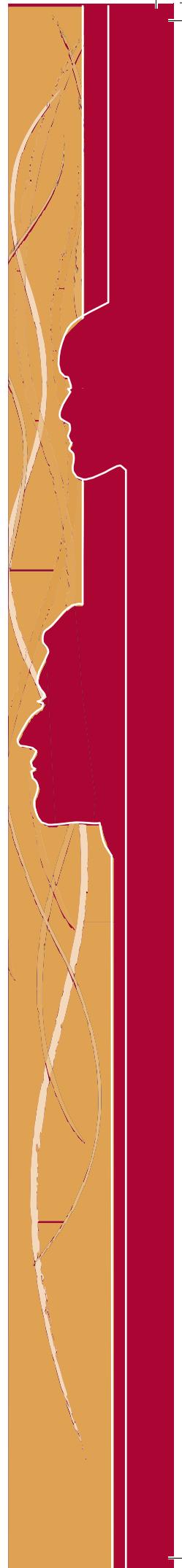
professional, business, government, and academic sectors to establish the priorities and goals for national action. The result is the *National Stakeholder Strategy for Achieving Health Equity*, a roadmap that provides a common set of goals and objectives for eliminating health disparities through cooperative and strategic actions of stakeholders around the country.

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Geographic Focus

The geographic focus of this project is Portage County located in Northeastern Ohio, with a special emphasis on Ravenna, the county seat and largest city in Portage County.

Demographic Profile of Ravenna and Portage County

With an estimated population size of 11,724, Ravenna accounts for about 10% of the Portage County population. The city's population is more racially/ethnically diverse than the rest of the county.

Population Composition, Portage County and Ravenna, 2010

<i>Race/Ethnicity</i>	<i>Portage County</i>	<i>Ravenna</i>
Caucasian	92.3%	91.1%
African American	4.1%	5.6%
American Indian/ Native American	.2%	.2%
Asian American/ Pacific Islander	1.4%	.4%
Latino	1.3%	1.4%
Two or more races	1.7%	2.3%

Ravenna has a lower median income than the rest of Portage County and its poverty rates at 14.8% are higher than those of the county (14.3%). Additionally, only 15.6% of the city's residents have completed education beyond high school—lower than both county and state rates (24% and 27.6%, respectively). More than 9% of the county population lack health insurance coverage. Poverty, lower levels of education, and lack of health insurance place these residents at risk for poorer health outcomes and health disparities.

Health Disparity Indicators

There are numerous health disparities affecting the racial/ethnic groups living in Ravenna or other parts of Portage County. The 2008 Ohio Family Health Survey report that provides a health profile of Portage County documents a number of indicators of health disparities. A compilation of the results of this survey may be found on the next page.

<i>Health Indicator</i>	<i>White</i>	<i>African American</i>	<i>Latino</i>	<i>Other Races</i>
Problems seeing a specialist	6.1%			26.2%
Unmet dental needs	10.2%		19.1%	63.0%
Problems paying medical bills	28.5%	73.4%		28.5%
Report poor or fair health status	15.0%	21.1%		26.2%
Been told they have hypertension	28.8%	49.2%		63.0%
Been diagnosed with diabetes	8.3%	12.6%	29.0%	63.0%
Overweight or obese	57.0%	85.9%		
Smoke cigarettes	26.3%			36.8%
Visit emergency rooms	15.5%	57.9%		63.0%

There are also racial disparities in cancer incidence and cancer mortality. According to the 2008 Ohio Cancer Incidence Surveillance System report, rates of lung and prostate cancer were twice as high for African American men than for White men. The report also indicated for all cancer sites/types combined, African American males in Portage County have a higher mortality rate in comparison to the other gender/race categories.

Data Sources

www.healthyohioprogram.org/comprofiles/portage.pdf

<http://www.odh.ohio.gov/odhprograms/dis/ociss/profiles.aspx>

Local Conversations on Minority Health

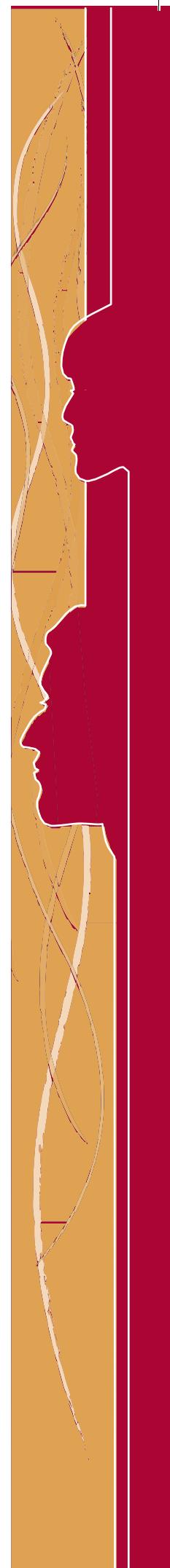
Phase I

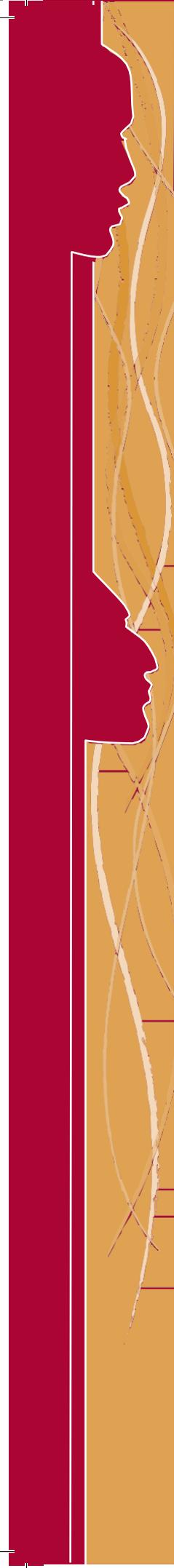
The Phase I Ravenna Local Conversation on Minority Health was held on Thursday, October 30, 2008. There were 57 individuals who attended the event. Thirty four of the participants (59.6%) identified themselves as African American/Black; 13 individuals identified themselves as white (22.8%); one individual each (1.8%) identified themselves as Native American, Asian and Hispanic. Seven individuals (12.3%) did not record their racial category on the sign-in sheet.

Participants represented a broad range of local organizations involved in health and social service delivery. Organizations represented included: Robinson Memorial Hospital, Community, Action Council of Portage County, Inc., Portage Area Regional Transportation Authority (PARTA), Buckeye Community Health Plan, North Coast Medical Training Academy, Lifebanc, 4KIDS Leadership Endowment Foundation, the Portage County NAACP, and several area churches. There was also a significant representation from citizens of the Ravenna community, including the Skeels Community Center.

Following a panel discussion by public and private service providers in the health and social services, faith-based, and education areas, there were breakout sessions who worked to identify and rank needs and strategies in Portage County in four areas: capacity building, services, resources and, infrastructure.

In summarizing the needs and strategies identified by the breakout groups we first identify the minority health needs that ranked as among the top 5 needs in each domain breakout group. Also shown are other needs that arose but which did not get ranked as among the top five. Then we identify the strategies recommended by the breakout groups to remediate the ranked needs in each domain area.





Health Disparity Reduction Plan

Goal 1: Increase access to information/ resources

Objective: 1.1

Increase knowledge about resources.

Activity

1. Create a public information campaign to fight discrimination.
2. Educate and train community leaders/organizations on ways to educate the public about services available to the minority groups.
3. Create a community health worker program to train minority persons on how to become community health workers/advocates.
4. Develop leadership within minority sub-groups.
5. Increase the availability of services and information about services in minority neighborhoods.
6. Develop and publicize a comprehensive community needs assessment of Portage County identifying needs, services, and gaps in services.

Accountability, Measures and Target Dates

1. Community members appointed to Portage Community Health Board, November 2008.
2. Frank Hairston assisted Robinson Memorial with developing a Community Education Program.
3. Community Action Council of Portage County, Coleman Professional Services along with Kent State University hosted local conversation on poverty and how it affects minority health, January 2009.
4. Fifteen minute clinics established in ACME stores in Stow/Kent, August 2010.

5. Fifteen minute clinics established in CVS Pharmacy Stores located in Portage County.
6. Complete needs assessment by 3/31/10.
7. Publicize minority health data through Community Needs Assessment (April 2010).

Objective: 1.2

Reduce literacy and educational barriers.

Activity

1. Increase the number of minority graduating from high school and GED programs.
2. Offer more information within schools, libraries and churches to minority youth about careers within health-related fields and industries.
3. Identify more effective methods to communicate to the minority community.
4. Create better networking among health providers.
5. Create and/or diversify health committees within the County.
6. Reduce turf issues among service providers.
7. Expand college and post-secondary training and educational opportunities for youth.

Accountability, Measures and Target Dates

1. Minority Coalition established.
2. Minority Scholarships awarded to six students (December 2008, 2009).
3. Portage County College Access Network awarded 7 minority scholarships and services (June 2009 and on-going).
4. Portage Educational Service Center county-wide superintendent meetings held (2009-2010).

Objective: 1.3

Reduce the lack of trust in minority cultures.

Activity

1. Increase health service providers' visibility in the community.
2. Provide better accountability for health services.
3. Develop an evaluation tool for health service providers that measures effective methods of communication with the minority community.
4. Expand marketing programs to schools, libraries, and churches.

Accountability, Measures and Target Dates

1. Free blood pressure screening done at local African American Barber Shop (early 2009).

Objective: 1.4

Increase resources for new health programs.

Activity

1. Expand collaborations among service provider organizations.
2. Maintain efficiency and accountability.
3. Expand advocacy/lobbying efforts at the local, state and federal levels.
4. Provide/access more grant writing and fund development skills for the minority organizations.

Accountability, Measures and Target Dates

1. Community Action Council of Portage County, Coleman Professional Services (Mental Health) along with Kent State University hosted local conversation on poverty and how it affects minority health (January 2009).

2. Community-wide follow-up for Poverty Conversations (Work groups, 2010).

Goal 2: Develop minority health infrastructure

Objective: 2.1

Improve health of minority populations.

Activity

1. Strengthen social services networks and supports.
2. Increase the number of counselors and nurses in primary and secondary education environments.
3. Increase physical education in school and provide the community with physical education opportunities.
4. Create community centers that are one-stop-shops for health services and education about health issues.
5. Attempt to remove the stereotypes and misunderstanding that exist in minority communities about various diseases (e.g., men and prostate cancer).

Accountability, Measures and Target Dates

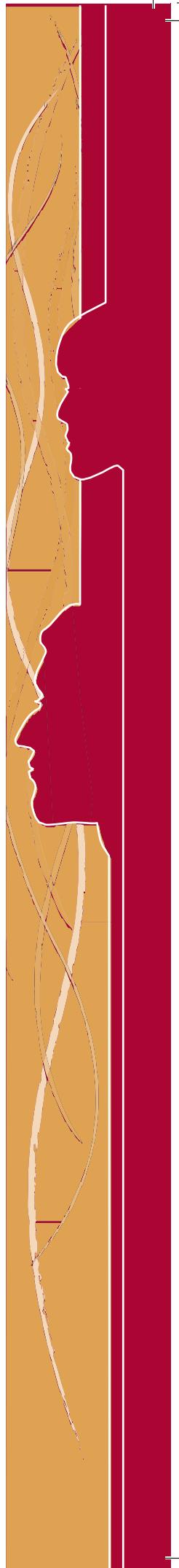
1. CAC Youth Center partnered with Ravenna Parks & Recreation to provide youth with exercise and nutrition 4 days a week for 10 weeks (June 2010).

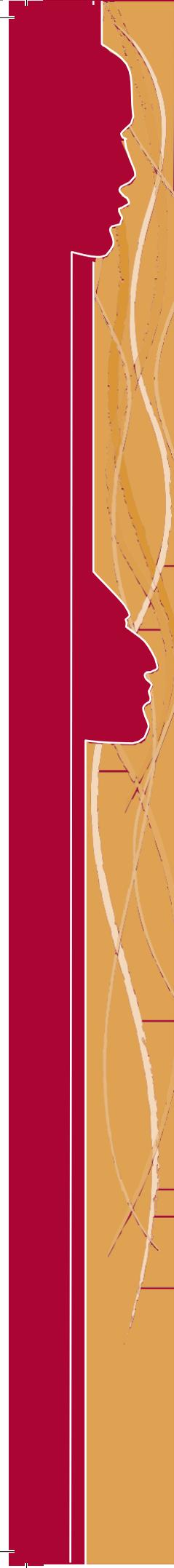
Objective: 2.2

Increase the number of minorities in health fields.

Activity

1. Provide awareness of careers and opportunities in the medical professions, starting with secondary and high school exposure.
2. Educate parents, other adults, and children about health career opportunities for them.



- 
3. Offer additional funding, scholarships, and grants to minority applicants in the health professions.
 4. Expand on the best practice models such as the Robinson Memorial Hospital Foundation's Dr. Howard B. Minott and Dr. Melodie Morgan-Minott "Minorities in Healthcare Career Scholarship Program".
 5. Develop minority recruitment marketing efforts within local universities and training centers.
 6. Provide school guidance counselors with recruitment materials for youth interested in the health professions.
 7. Provide peer-to-peer mentoring opportunities for minority youth.

Accountability, Measures and Target Dates

1. Robinson Memorial established:
 - A. One week Medical Kids Camp for ages 9-12, years 2008, 2009 (Elementary School).
 - B. Career Shadowing Program, ages 12-14 years, for two weeks, June 2010 (Middle School).
 - C. Summer intern camp for teens ages 14-18, for six weeks, June 2010 (High School).

Objective: 2.3

Provide mentoring and job shadowing for youth.

Activity

1. Develop mentoring programs for minorities interested in health services professions.
2. Establish mentoring and job shadowing programs within Kent State University, NEOUCOM, North Coast Medical, and Robinson Memorial Hospital, among others.
3. Provide youth internships within

hospital and other health and social service partners.

4. Establish programs that encourage doctors and nurses to visit schools to educate youth on opportunities and expectations.
5. Create one-on-one mentoring programs for doctors and nurses.

Accountability, Measures and Target Dates

1. Robinson Memorial established:
 - A. One week Medical Kids Camp for ages 9-12, years 2008, 2009 (Elementary School).
 - B. Career Shadowing Program, ages 12-14 years, for two weeks, June 2010 (Middle School).
 - C. Summer intern camp for teens ages 14-18, for six weeks, June 2010 (High School).

Objective: 2.4

Increase the number of AOD services.

Activity

1. Increase youth education and other drug awareness programs for minorities.
2. Develop parenting programs for pregnant minorities.
3. Hold community workshops on AOD prevention and treatment.
4. Create a community education program around AOD use and abuse.
5. Increase physical education programs within schools and communities.
6. Provide support services and programs in community centers.

Accountability, Measures and Target Dates

1. Community Action Council of Portage County and Coleman Professional Services Parenting Programs publicized (on-going).

2. Summer Food Program for Children utilized for education services for participating youth (June-August 2010).

Goal 3: Increase capacity building efforts.

Objective: 3.1

Create a friendlier atmosphere in service provision to minority populations.

Activity

1. Identify role models in schools that can better communicate information to youth.
2. Create a task force to examine the issue and make recommendations for improvements.

Accountability, Measures and Target Dates

1. Minority Coalition established in collaboration with Robinson Memorial Hospital 2009.

Objective: 3.2

Build trust between the community and providers.

Activity

1. Provide cultural diversity training to health services providers.
2. Ensure that the percentage of the health services workforce reflects the entire community.
3. Increase the number of students that participate in early college programs.
4. Increase public awareness of health disparities.
5. Educate and encourage parents to support their children's pursuit of specialized training for careers in health and other related fields.
6. Encourage health and social service providers to develop flexible scheduling hours (e.g., provide evening and weekend hours).

Objective: 3.3

Expand health services.

Activity

1. Complete an inventory and needs assessment that identify existing services and gaps.
2. Expand Medicaid eligibility.
3. Increase physical therapy/ rehabilitation services.
4. Expand mental health treatment services for minorities with dual diagnosis.
5. Expand prevention services.
6. Educate the public on minority health care needs.
7. Provide on-site screening at community centers, churches, and retail outlets.

Objective: 3.4

Expand locations for the provision of health services.

Activity

1. Add additional health service centers in the northeast corner of the county.

Accountability, Measures and Target Dates

1. Portage Community Health Center exploration of expansion possibilities for Windham (October 2009).
2. Follow-up with PCHC Health Center expansion (May 2010).

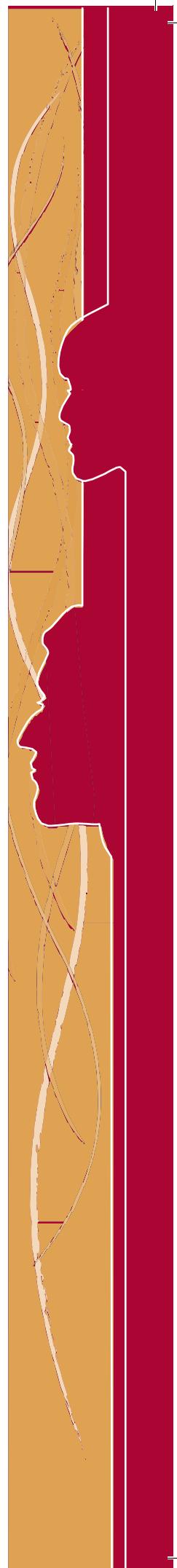
Goal 4. Improve access to services.

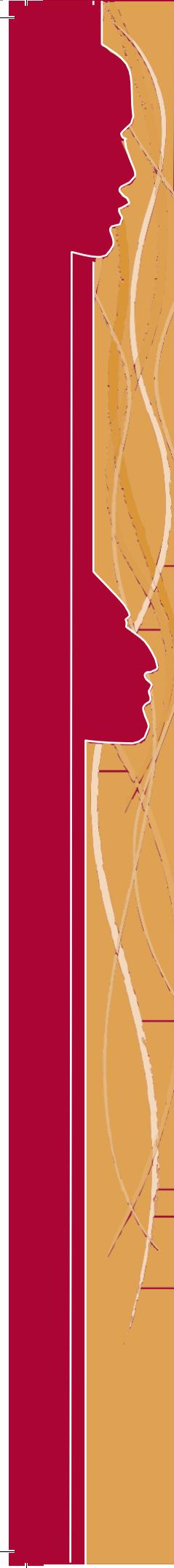
Objective: 4.1

Establish additional transportation services so the community can access services 24/7.

Activity

1. Provide bus tokens to indigents.



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2. Complete a transportation needs assessment to identify to improve services, routes and schedules.
 3. Establish ongoing communications forums with PARTA around transportation needs and issues.
 4. Identify funding sources to make these things attainable.

Accountability, Measures and Target Dates

1. PARTA added to Advisory Board for Portage Community Health Clinic (October 2009).

Objective: 4.2

Develop services for children with disabilities such as ADD, ADHD.

Activity

1. Create and offer activity programs for children with disabilities.
2. Provide child advocates for children and families.
3. Provide job training programs for special populations.

Objective: 4.3

Establish a telephone information line to provide information about medical services as well as other improvements in communicating information.

Activity

1. Offer a telephone Information Line with information about health services.
2. Send updated health informational brochures to everyone in county.
3. Create TV infomercial about pregnancy, STD's and other health issues. Explain Medicaid eligibility.
4. Identify funding to train community workers.

Objective: 4.4

Establish wellness centers focused on

health prevention located throughout the community.

Activity

1. Develop wellness centers.

Accountability, Measures and Target Dates

1. Portage Community Health Center (PCHC) exploration of expansion possibilities for Windham (October 2009).
2. Follow-up with PCHC re: Health Center expansion (May 2010).

Objective: 4.5

Develop neighborhood medical clinics.

Activity

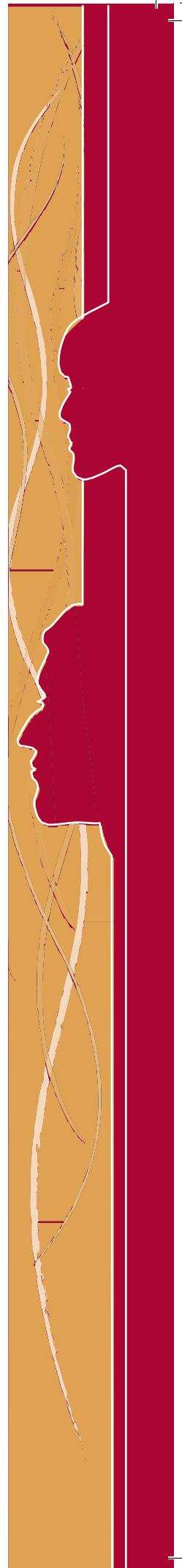
1. Educate the community on the need for the clinics.
2. Obtain funding to establish community clinics.
3. Recruit doctors and nurses to work in the clinics.

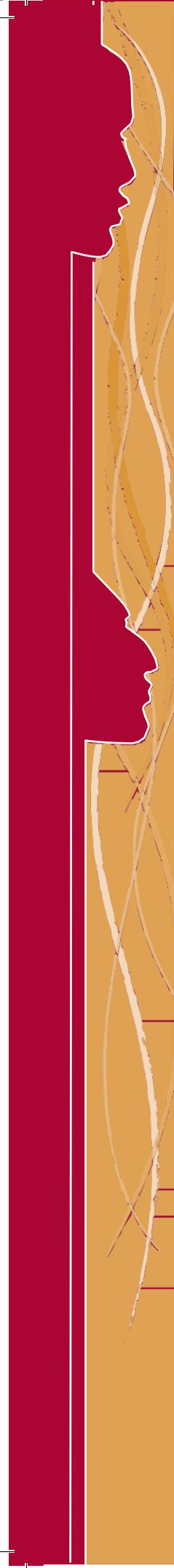
Phase II

In the Phase II follow up to the first Local Conversation, additional strategies were generated to further operationalize the Phase I strategic plan. Strategies generated included:

1. Post advertisements for free with local Portage County organizations and community centers and on local TV channels, April 2010.
2. Once a month organize a Resource Rally! to give out information about education, community events, and local services.
3. Create a calendar of events to give out with the monthly school newsletter making parents aware of services and events being offered locally in the county and informing them about how they can get transportation to and from these events via PARTA.

4. Circulate health service and resource information to the courts, prosecutor's office, juvenile center, probation officers, post offices, and license bureau.
5. Create a BUS BLURB! with signs giving information on the PARTA and Kent State Campus bus about resources offered to students while they attend Kent State University, April 2010.
6. Include minority health information in the Ohio Benefits Bank and in trainings.
7. Set up and develop a computer program in the form of a kiosk with information and community resources and medical/health information (about minorities in particular) for consumers to go into and secure information on local resources, including the location of resources in the community. Kiosks should be placed in churches, community centers, libraries, and schools.
8. Host a Scholarship Breakfast to raise funds for minority health education for community ambassadors.
9. Establish a Summer Mentors Program in which mentors appear at food sites to give talks on nutrition, dental care and all areas of health.
10. Purchase and distribute coloring books and posters featuring minorities, April 2010.
11. Raise funds to use for incentives to encourage youth to participate in various health programs that encourage minority students to seek careers in the medical and dental and mental health fields.
12. Promote a health fair for minority organizations or organizations that serve minorities to inform the public of the services that are provided by them.
13. Establish a free clinic at all community centers and food sites for basic medical and dental checkups.
14. Host monthly recognitions for community members that promote and serve the minority community and encourage good health habits (unsung heroes), April 2010.
15. Have individuals from the community train others in the community about health issues and medical information (Grassroots Community Ambassadors).
16. Establish a legislative and legal caucus to meet quarterly and biannually to see if there is a need for laws and legislative changes at local, state and federal levels.
17. Create a community based grassroots entity that collaborates and coordinates with Black caucuses as well as other entities to push for legislative changes.
18. Establish a committee that does research, planning and development for identifying best practices regarding issues that affect minority health disparities.
19. Develop a sound and practical mechanism for financial literacy and financial stability (freedom).
20. Set up community gardens and community food health access programs providing fruits, vegetables, and plants (Accessibility, Affordability & Availability), May 2010 (Gardens), June 2010 (Food Health Programs).
21. Involve more minorities with environmental and agricultural councils (Sustainability programs).
22. Incorporate arts and humanities into





the lifestyles of minorities to enrich their lives, keep them relaxed, and lower blood pressure, thus keeping them healthier longer.

23. Use churches and religious (faith-based community) organizations as resource centers to inform the community about health and medical information.

Future Directions

The Community of Ravenna/Portage County has taken a proactive step in helping to educate, empower, reduce and eliminate Health Disparities in African Americans and other minorities; including those residents that are uninsured/underinsured.

It is clear that there are a number of factors which contribute to or cause—at least in part—significant health disparities within our minority population. These factors can be socioeconomic, lifestyle-related, social environmental, or access-related, but taken as a whole, contribute to unacceptable levels of disease and illness in comparison to the non-minority population. Rates of cancer, diabetes, heart disease, HIV/AIDS, infant mortality, stroke, mental health, liver disease, obesity, respiratory diseases and others are, in many cases, 2 to 3 times higher for minorities than for their non-Hispanic white counterparts. Further, this data appears to be consistent across geographic regions in the United States, and can accurately be applied to smaller areas within the US, including the state of Ohio and Portage County.

Portage County is fortunate in that a federally qualified health clinic called the Portage Community Health Center (PCHC) opened in late 2008, after the original Local Conversation on Minority Health Disparities was held. Several members of

the original conversation panel—plus two staff members of the Community Action Council of Portage County—are now members of the clinic’s advisory board. In their first full year of operations, the clinic saw nearly 4400 patients; 95% were below 200% of poverty, 51% lacked any type of health care insurance, and over 10% of all patients were African American, or 2.5 times the expected level based on Portage County’s population. While Portage County is indeed fortunate that many minority and low-income residents now have the opportunity to receive quality health care, efforts must be expanded to facilitate that population’s access to those services, either through extensive outreach and educational efforts in the minority community, the expansion of transportation services within those areas, the sponsoring of specific health services at schools, community centers, and neighborhood organizations, or any number of other innovative methods.

Many of the goals and objectives established through the Local Conversations focus almost entirely on the educational aspects of health, since many diseases and conditions that kill disproportionately high numbers of African Americans can be prevented. In 2007, prostate cancer was the 2nd leading cause of death in African-American males, and they were more than 2.4 times more likely to die from prostate cancer than non-hispanic white men. In fact however, in 2010, a simple blood test could prevent many unnecessary deaths from prostate cancer when detected early.

The Community Action Council of Portage County, Inc. and our partners are committed to continued efforts in assisting the residents of Ravenna and Portage County in the elimination of minority health disparities. We intend to do this through advocacy, education, program development and implementation as well

as identifying funding sources to carry out these efforts. As we move forward in our commitment to end health disparities in minorities let us remember the words of Dr. Martin Luther King Jr.:

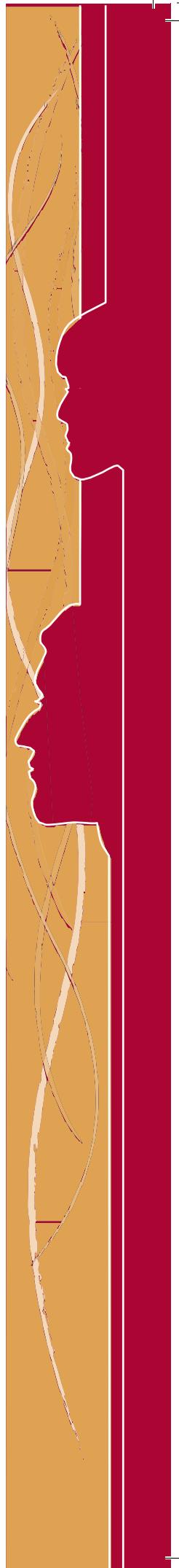
“We are caught in an inescapable network of mutuality in a single garment of destiny.

Whatever affects one directly, affects all indirectly”.

Acknowledgements

The Community Action Council of Portage County would like to thank the speakers at our first Local Conversation on Minority Health.

- Frank Hairston, Marketing EEO/ Customer Service Director for the Portage Area Regional Transportation Authority (PARTA)
- Carol Byrd, Community Relations Representative for Buckeye Community Health Plan
- Marlene Peoples, Director of Practical Nursing, Northcoast Medical Training Academy
- Labena Fleming, Multicultural Outreach Coordinator, LIFE Banc
- Steve Colecchi, President and CEO, Robinson Memorial Hospital
- Francesa Fortson, a community representative with multiple health problems who has been in recovery for several years
- Arthur Fayne, President and CEO, 4KIDS Leadership Endowment Foundation
- Elder James Sanders, Pastor, United Church of Jesus Christ of the Apostolic Faith







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