



Allen County, Ohio

Local Conversations on
Minority Health

Report to the
Community 2011



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National Partnership for Action to End Health Disparities*



TABLE OF CONTENTS

| | |
|---|----|
| National Partnership for Action to End Health Disparities (NPA) | 2 |
| Ohio's Response to the NPA | 2 |
| Allen County Health Partners/Health Partners of Western Ohio | 3 |
| Geographic Scope | 3 |
| Socioeconomic Profile of Allen County and Lima | 3 |
| Health Disparity Indicators | 4 |
| Local Conversations on Minority Health | 10 |
| Health Disparity Reduction Plan | 11 |
| Participating Organizations | 12 |

The National Partnership for Action to End Health Disparities

Spearheaded by the Office of Minority Health, the National Partnership for Action to End Health Disparities (NPA) was established to mobilize a national, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation forward in achieving health equity. Through a series of Community Voices and Regional Conversations meetings, NPA sought input from community leaders and representatives from professional, business, government, and academic sectors to establish the priorities and goals for national action. The result is the National Stakeholder Strategy for Achieving Health Equity, a roadmap that provides a common set of goals and objectives for eliminating health disparities through cooperative and strategic actions of stakeholders around the country.

Concurrent with the NPA process, federal agencies coordinated governmental health disparity reduction planning through a Federal Interagency Health Equity Team, including representatives of the Department of Health and Human Services (HHS) and eleven other cabinet-level departments. The resulting product is the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, launched simultaneously with the NPA National Stakeholder Strategy in 2011. The HHS plan outlines goals, strategies, and actions HHS will take to reduce health disparities among racial and ethnic minorities. Both documents can be found on the Office of Minority Health web page at <http://minorityhealth.hhs.gov/npa/>.

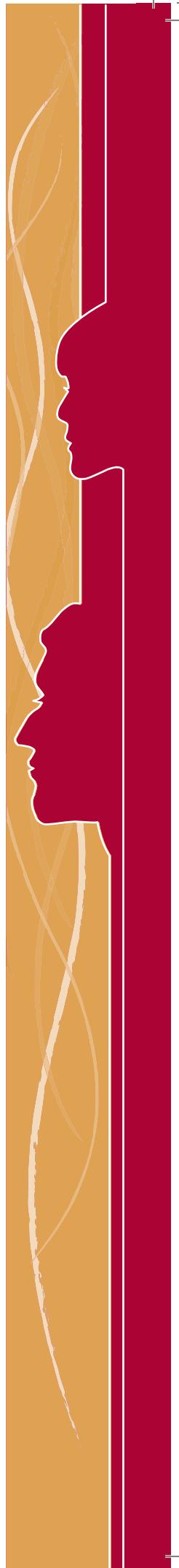
Ohio's Response to the NPA

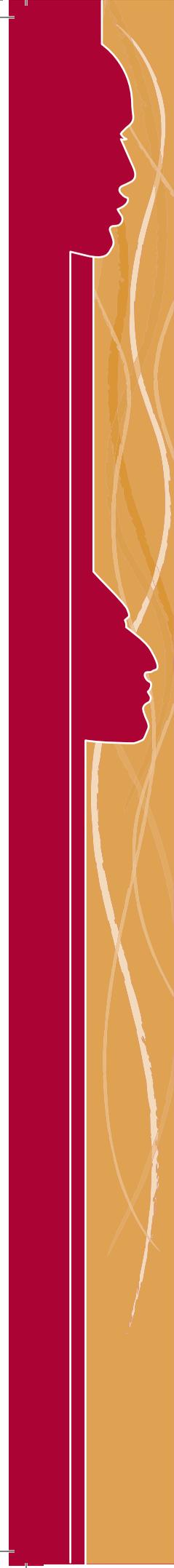
In support of the NPA, the Ohio Commission on Minority Health (OCMH), an autonomous state agency created in 1987 to address health disparities and improve the health of minority populations in Ohio, sponsored a statewide initiative to help guide health equity efforts at the local and state levels.

In Phase I of this initiative, OCMH sponsored a series of nineteen Local Conversations on Minority Health throughout the state. The purpose of these gatherings was to carry out community-wide discussions on local health disparities in which health needs could be identified and prioritized from the community's perspective, and strategies could be generated toward local action plans to address minority health needs. Sixteen of the Local Conversations were geographically-based and were held in the state's large and small urban regions. In addition, three statewide ethnic health coalitions convened ethnic-specific Local Conversations for Latino, Asian American, and Native American groups which brought in representatives from these populations across the state.

In Phase II, the Local Conversations communities continued broad-based dialogues on health disparities and refined their local action plans. The Allen County Health Disparity Reduction Plan in this document is a result of this process.

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





Allen County Health Partners/ Health Partners of Western Ohio

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

Geographic Scope

The geographic scope of this project is Allen County, Ohio, with particular emphasis on the city of Lima. The city of Lima is located in northwestern Ohio, midway between Toledo and Dayton along Interstate 75, ten miles south of the junction with U.S. Route 30. Lima is the largest inland city in northwest central Ohio and is within 250 miles of the nation’s ten largest Midwestern cities, sitting midway between Detroit, Cincinnati, Toledo, Dayton, Indianapolis, Columbus, and

Fort Wayne. Lima is the county seat of Allen County, encompasses approximately thirteen square miles, and accounts for more than a third of the county’s population. Both Allen County and Lima continued to grow both in population and geographically up through the 1970s but lost, respectively, 2% and 3.3% of their populations between 2000 and 2010.

Socioeconomic Profile of Allen County and Lima

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

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

Allen County has lower median income (\$39,318) than the state as a whole (\$45,467) and a higher percentage of persons living below the poverty level (18.6%) than the overall state rate (15.1%). These figures are worse for the city of Lima. Lima’s median income is \$29,756 and its poverty rate is 29.44%. As of November, 2011, Allen County ranked 41st among the state’s 88 counties in unemployment, with a rate of 8.1%. Low socioeconomic status creates a significant risk for poor health outcomes and health disparities.

Health Disparity Indicators

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

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

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

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

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

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

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

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

Overall Health

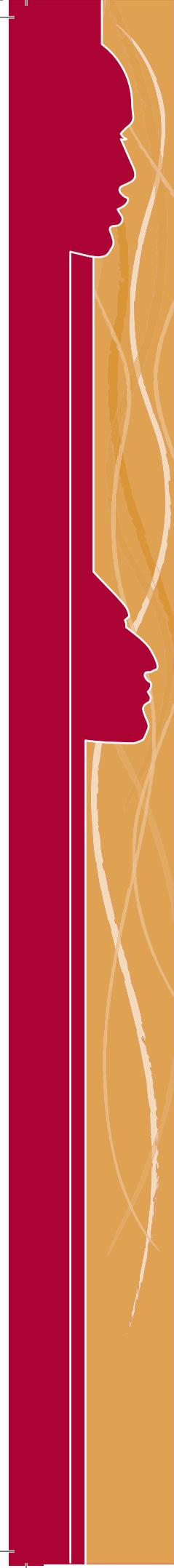
The 2009 Allen County Health Risk and Community Needs Assessment showed several areas of health disparities.

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

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

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





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

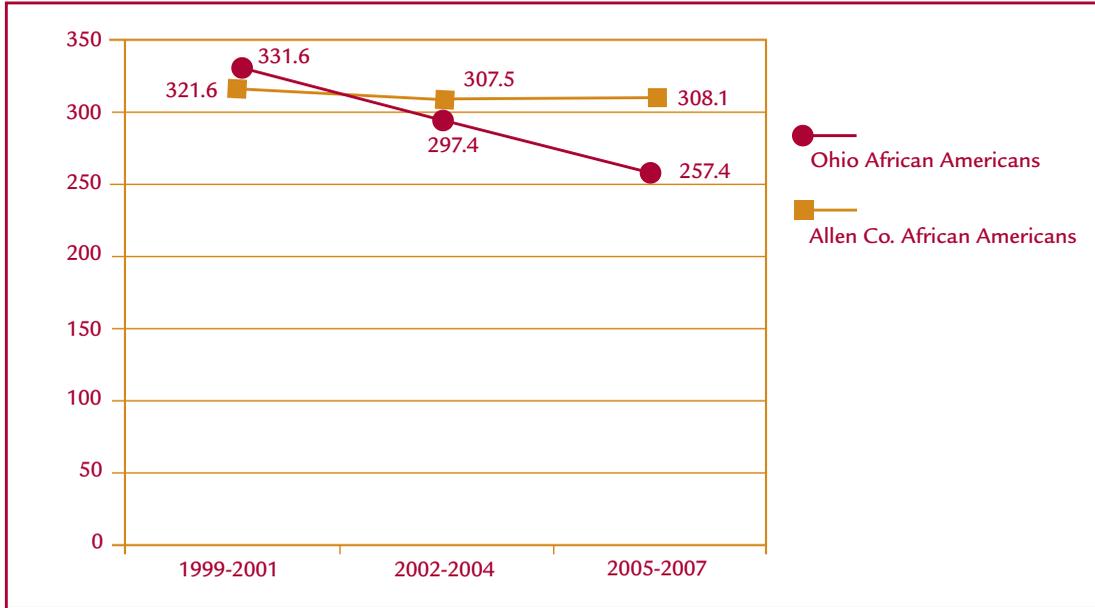
Mortality Rates

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

The graphs show that:

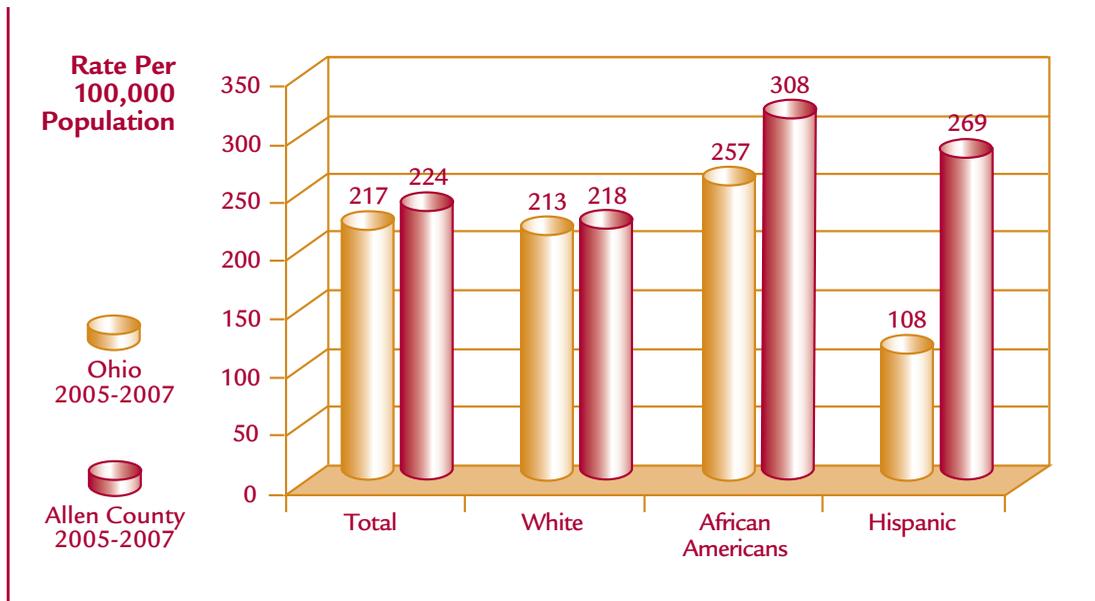
- For the reporting years of 2005-2007, the Allen County age-adjusted heart disease mortality rate for African Americans was higher than the rate for any other racial or ethnic group.
- The 2005-2007 Allen County age-adjusted cancer mortality rate for African Americans (290) was higher than the rate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

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

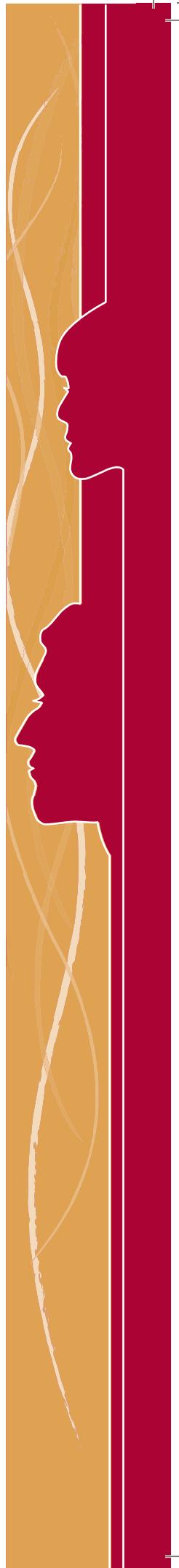


(Source: ODH Information Warehouse)

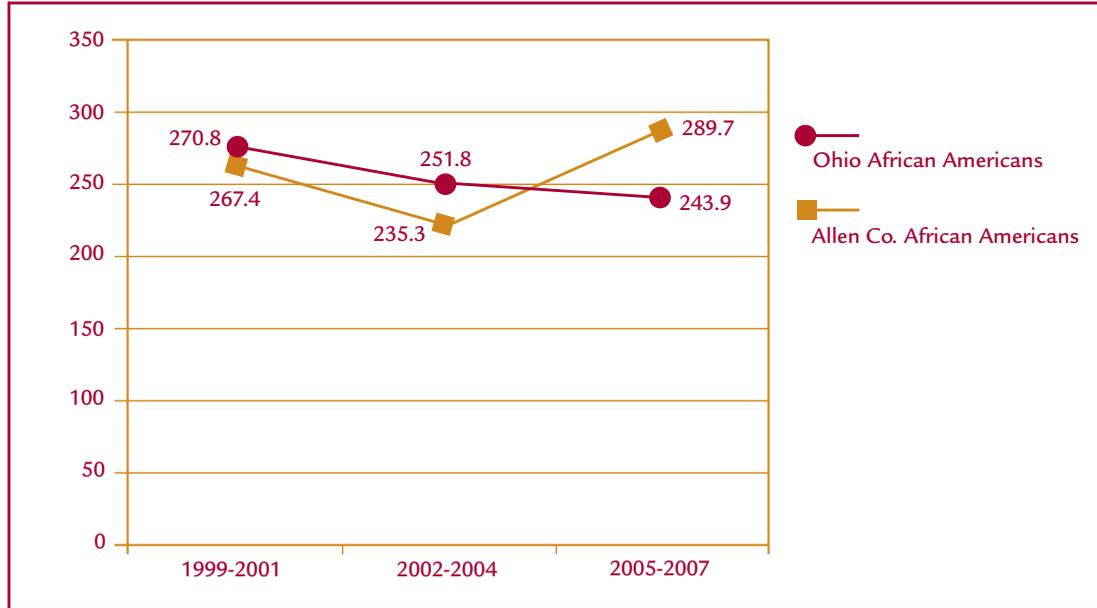
Age Adjusted Heart Disease Mortality Rates by Race/Ethnicity



(Source: ODH Information Warehouse)

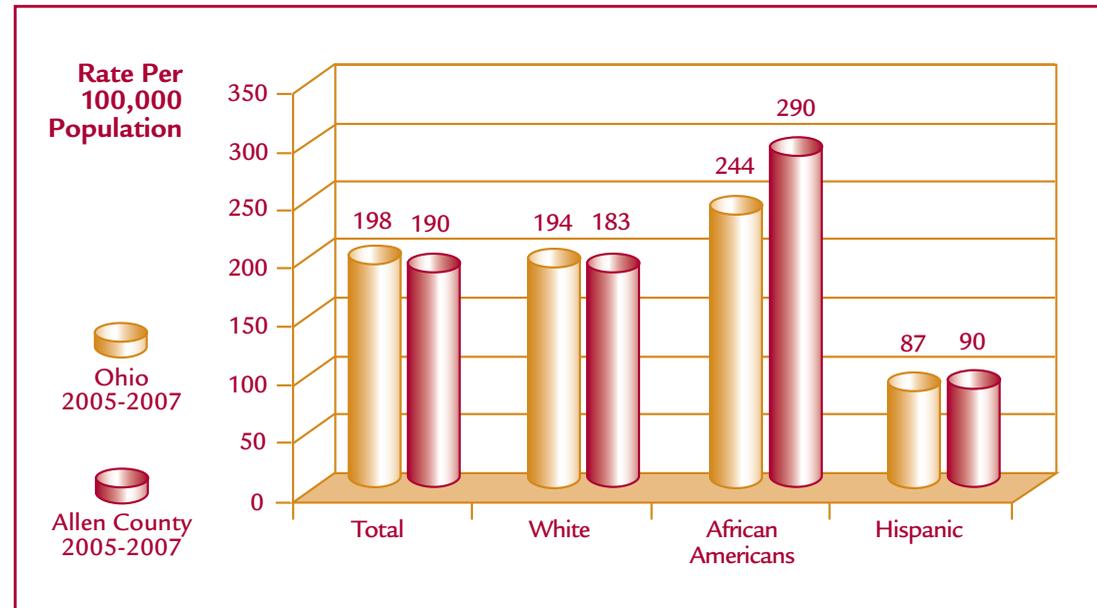


Allen County and Ohio African American Age-Adjusted Cancer Mortality Rates



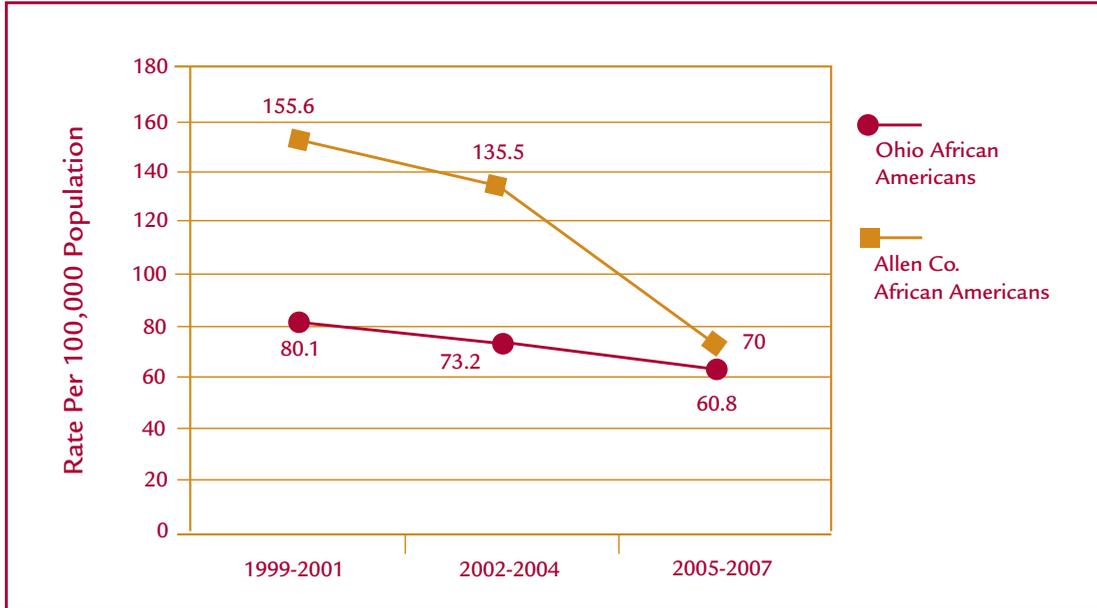
(Source: ODH Information Warehouse)

Age Adjusted Cancer Mortality Rates by Race/Ethnicity



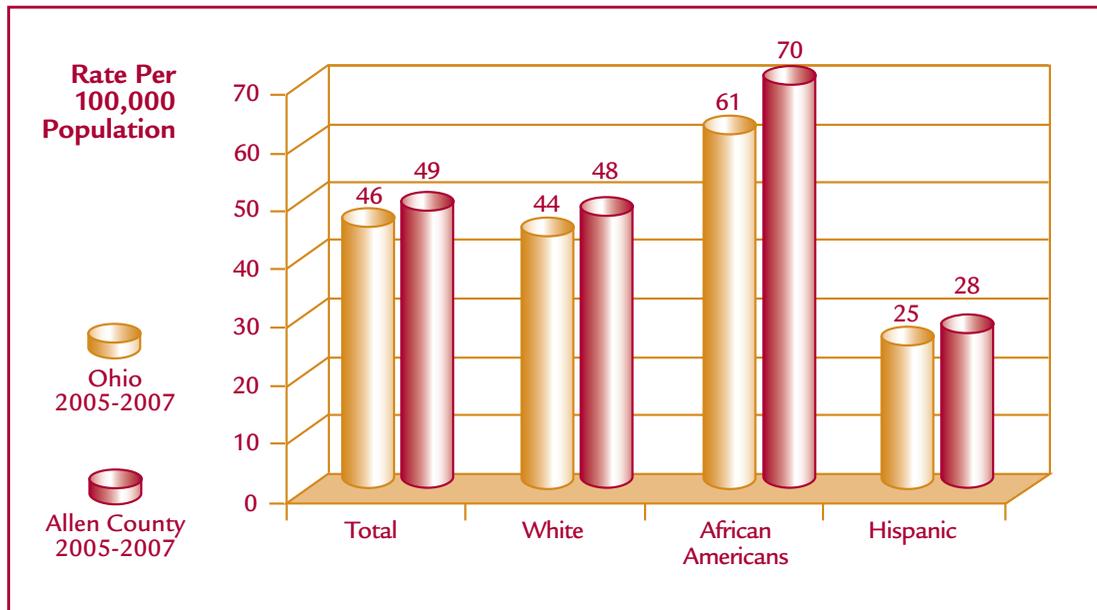
(Source: ODH Information Warehouse)

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

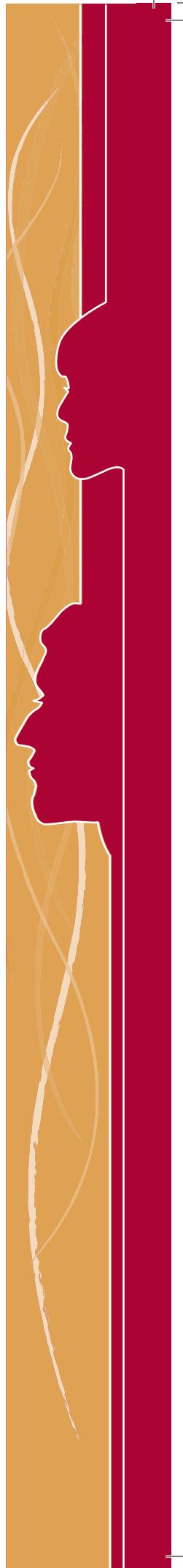


(Source: ODH Information Warehouse)

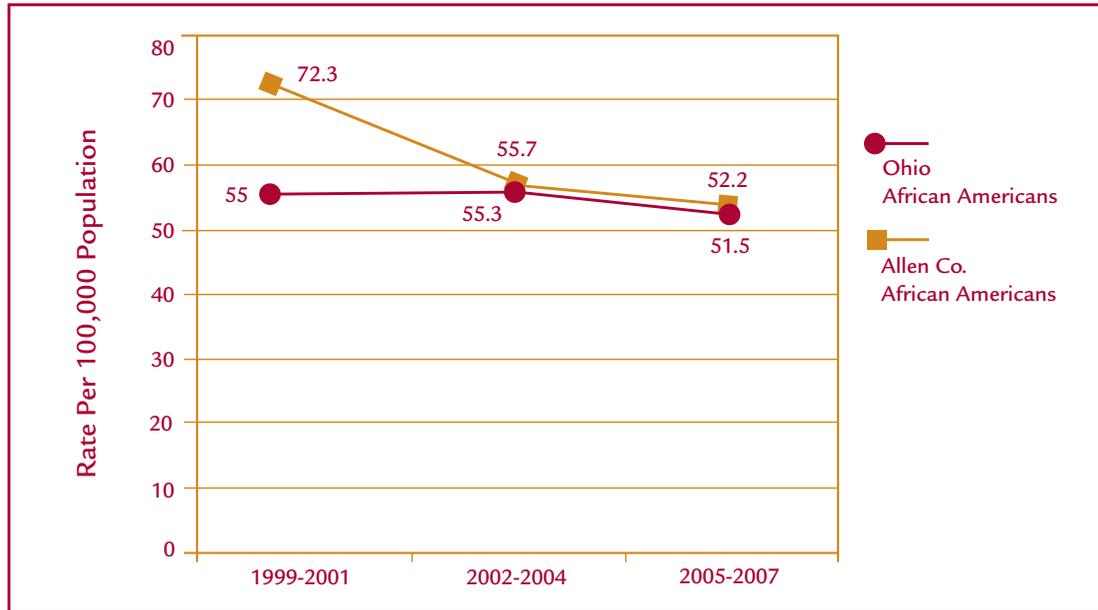
Age-Adjusted Stroke Mortality Rates by Race/Ethnicity



(Source: ODH Information Warehouse)

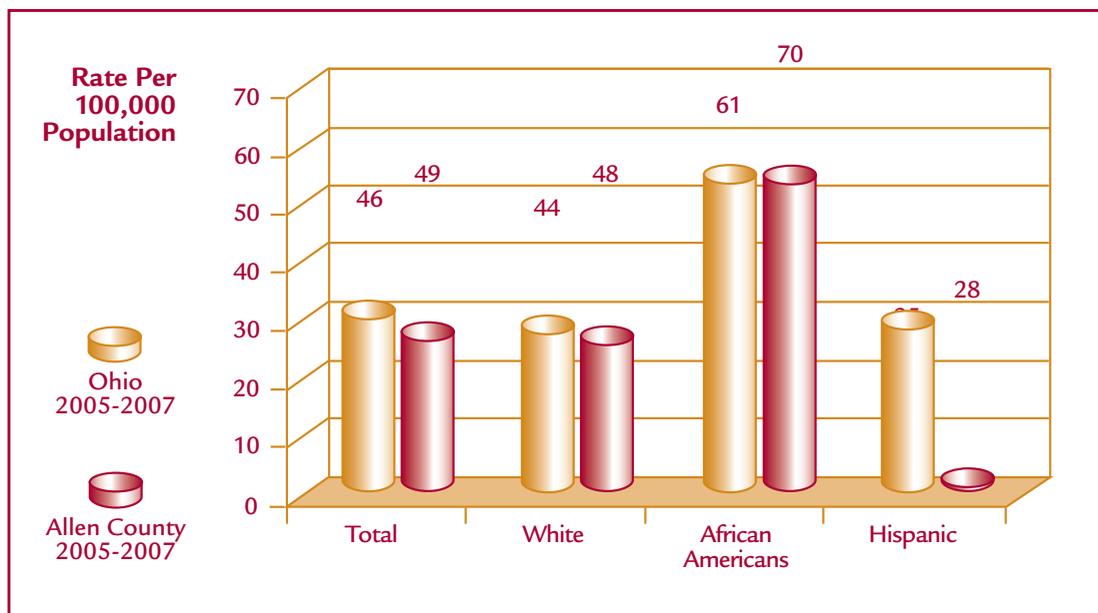


Allen County and Ohio African American Diabetes Age-Adjusted Mortality Rates



(Source: ODH Information Warehouse)

Age-Adjusted Diabetes Mortality Rates by Race/Ethnicity



(Source: ODH Information Warehouse)

Allen County – Leading Causes of Death

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

(Source: 2005/2007 Ohio Department of Health)

Local Conversations on Minority Health

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

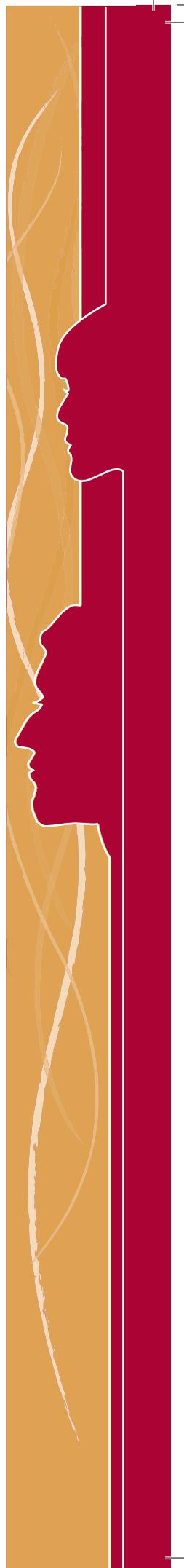
The initial meeting in Phase I was a public forum, which was advertised in the local media as being a forum open to all individuals interested in minority health. The next meetings were roundtable discussions by invitation. The people attending represented a hospital, a medical clinic, the county health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

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

The needs identified through this process included:

Resources

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



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

- Funding for health initiatives

Services

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

Capacity Building

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

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

Infrastructure

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

Health Disparity Reduction Plan

Prioritized Strategies

Resource Needs

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

Resource Strategies

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

Service Needs

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

Service Strategies

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

Capacity Building Needs

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

Capacity Building Strategies

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

3. Provide cultural competency training at all levels of health professions.

Infrastructure ('aka' Access) Needs

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

Participating Organizations

Allen County Health Department
 Allen County Mental Health Board
 City of Lima
 Health Partners of Western Ohio
 Lima/Allen Council on Community Affairs
 Lutheran Social Services
 Met Housing
 NAACP
 St. Rita's Medical Center
 YMCA

