



Mansfield (Richland 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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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.

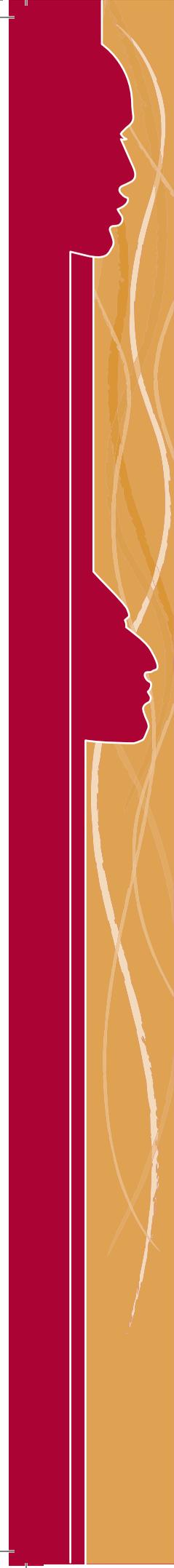
In Phase I of this initiative, OCMH sponsored a series of nineteen Local Conversations on Minority Health throughout the state. The purpose of these gatherings was to carry out community-wide discussions on local health disparities in which health needs could be identified and prioritized from the community's 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 Mansfield Health Disparity Reduction Plan in this document is a result of this process.

Acknowledgements

The Local Conversation on Minority Health and the 2010 Strategic Plan to Eliminating Minority Health Disparities in Mansfield (Richland County), Ohio were prepared under the direction of the North End Community Improvement Collaborative, Inc.





Executive Summary

The Health Resources and Services Administration define health disparities (healthcare inequality) as “population-specific differences in the presence of disease, health outcomes, or access to health care.” (www.hrsa.gov). Minority health disparities have become an epidemic across the entire United States. From every city and small town, African- Americans, Latinos, Asian, Native Americans and other ethnic groups are challenged with the uncertainty of receiving adequate health care. Health disparities result from a wide variety of components that include income, education, cultural/race, gender, age, environment, and behavioral and social-economic factors.

As is the case nationally, minority health disparities also exist at the local and regional level (city of Mansfield and Richland County respectively). The North End Community Improvement Collaborative, Inc. (NECIC) a grantee of the Ohio Commission on Minority Health (OCMH), facilitated a formal series of Local Conversations on Minority Health Disparities and follow-up meetings to discuss local disparities. The findings will become part of a state-wide strategic plan to eliminate health disparities at the local, regional, state and national levels.

The Mansfield, Ohio strategic plan documents existing efforts, potential opportunities and incorporates recommendations from the above mentioned processes to develop outcomes, outputs and activities to eliminate health disparities in the community.

The plan addresses four categories that contribute to the quality of and access to health care; Services, Resources, Capacity Building, and Infrastructure.

The outcomes sought in each of the categories include:

- Data collection methods are improved to gather county and local information on minority populations receiving health related services and treatment.
- Access, information and availability of health care providers, community outreach and treatment programs have increased, resulting in reduced health disparities.
- Cultural competency forums and training programs are regularly held for health care providers to improve interaction with minority communities.
- Mechanisms are established to increase the number of minorities employed in the health care sector.
- Financial mechanisms to promote affordable health care options, community outreach, advocacy resources and treatment programs are available to minority residents.

Geographic Scope

The geographic scope of this project is Mansfield, Ohio, the largest city in mid-Ohio, and the county seat of Richland County.

Demographic Profile of Mansfield

Mansfield accounts for 37% of the Richland County population and has a larger African American population (22.9%) than the rest of the county (9.5%). There is also a small population of other ethnic groups in the city, including Latino, Native American, and Asian American. The breakdown of the city and county population appears in the chart on the next page.

2006-2008 American Community Survey 3-Year Estimates

<i>Demographic Category</i>	<i>Richland County</i>	<i>Mansfield</i>
Total Population	125,722 (100%)	47,079 (100%)
One Race	123,644 (98.3%)	45,611 (96.9%)
White	110,226 (87.7%)	34,213 (72.7%)
Black or African American	11,963 (9.5%)	10,764 (22.9%)
Hispanic or Latino (of any race)	1,420 (1.1%)	788 (1.7%)
Mexican	653 (0.5%)	N
Puerto Rican	378 (0.3%)	N
Cuban	28 (0.0%)	N
Other Hispanic or Latino	361 (0.3%)	N
American Indian and Alaska Native	365 (0.3%)	154 (0.3%)
Asian	844 (0.7%)	291 (0.6%)
Native Hawaiian and Other Pacific Islander	N	N
Some other race	246 (0.2%)	189 (0.4%)
Two or more races	2,078 (1.7%)	1,468 (3.1%)
White and Black or African American	1,129 (0.9%)	899 (1.9%)
White and American Indian and Alaska Native	402 (0.3%)	191 (0.4%)
White and Asian	106 (0.1%)	54 (0.1%)
Black or African American and American Indian and Alaska Native	96 (0.1%)	90 (0.2%)

N: the demographic population is too small

Data Set: U.S. Census Bureau: 2006- 2008 American Community Survey 3-year estimate.

4

The economy in the city is in decline. Mansfield was once a thriving hub of industrial activity, boasting large manufacturing companies including Westinghouse Electric, Tappan Stove and Ohio Brass. During the 1970's, Mansfield began to experience a series of sharp financial downturns when large employers moved their operations to other parts of the country, closed or relocated to foreign land. In August 2009, the unemployment rate in the Mansfield Metropolitan Statistical Area was alarmingly high at 12.6% (U.S Department of Labor Bureau of Labor Statistics). The closure of the General Motors plant in 2009 resulted in the loss of over 2400 jobs, further fueling the economic decline. Although there have been year-to-year fluctuations, in

general unemployment rates in the city have risen steadily since 2000.

Unemployment Rates, Mansfield, Ohio 2000-2010

<i>Year</i>	<i>Unemployment Rate</i>
August 2010	10.7%
2009	12.6%
2008	7.4%
2007	6.4%
2006	5.9%
2005	6.5%
2004	7.1%
2003	7.2%
2002	6.7%
2001	5.2%
2000	5.1%



Unemployment contributes to high rates of poverty in the city. Poverty rates in Mansfield are higher than those in

Richland County and are especially high for families headed by single women with children under 5.

Percentage of Families and People Whose income in the Past 12 Months is Below the Poverty Level

	<i>Mansfield</i>	<i>Richland County</i>
All Families	13.6%	7.9%
With Related Children Under 18 Years	26.3%	15.1%
With Related Children Under 5 Years Only	22.9%	13.2%
Married Couple Families	3.8%	3.6%
With Related Children Under 18 Years	8.1%	6.4%
With Related Children Under 5 Years Only	0.0%	2.7%
Families With Female Householder, No Husband Present	40.0%	27.2%
With Related Children Under 18 Years	49.3%	35.0%
With Related Children Under 5 Years Only	66.9%	37.7%
All People	19.7%	12.5%
Under 18 Years	29.8%	19.4%
Related Children Under 18 Years	29.5%	19.0%
Related Children Under 5 Years	28.4%	21.4%
Related Children 5 to 17 Years	29.9%	18.2%
18 Years And Over	16.7%	10.4%
18 to 64 Years	18.9%	11.1%
65 Years And Over	9.1%	7.8%
People In Families	15.7%	9.7%
Unrelated Individuals 15 Years And Over	30.8%	25.8%

Health Disparity Indicators

City-specific data on health disparities affecting the ethnic populations in Mansfield are not available. However, county level data can be found indicating that African Americans and Latinos experience certain health problems at

disproportionately high rates. Since the majority of the county’s African American and Latino groups live in Mansfield, the county data shows health disparities in a number of areas. As shown in the chart on the next page, there is a higher incidence of certain types of cancers for both African American men and women.

Cancer Incidence among Richland County White and Black Males and Females, 2001-2005

Cancer Type	White Male	Black Male	White Female	Black Female
Bladder	11.1	18.9	5.7	*
Breast	N/A	N/A	124.3	142.5
Colon/Rectum	58.9	46.2	51.1	65.1
Lung	86.7	113.3	50.1	54.2
Pancreas	10.8	39.3	6.4	26.9
Prostate	125.5	1892	N/A	N/A

*Rate cannot be calculated because of small numbers

There are also health disparities in the area of sexually transmitted disease. Rates of Chlamydia are about three times higher for Latinos and about eight times higher for African Americans. The rates for gonorrhea show even more disparity (whites, 45.5, blacks 981.4, and Latinos, 88.0).

Health disparities are also evident in infant mortality statistics in the county. The infant mortality rate in Richland County is higher for African American and Latino families. There is also a higher number of risk factors for infant mortality for these groups.

Richland County Infant Mortality Rates by Race/Ethnicity

Risk Factor/Rate	White	Black	Latino
% Low birth weight	7.4	13.3	7.6
% Very low birth weight	1.3	3.0	1.7
% Preterm	11.1	15.6	10.7
% Late maternal care	24.5	38.5	37.8
Teen birth rate (15-17)	38.0	80.4	55.2
Infant mortality rate	6.0	13.8	8.8

To address these health disparities, the North End Community Improvement Collaborative (NECIC) convened a series of community meetings to offer an opportunity for Mansfield professionals and community members to develop a health disparity reduction plan. NECIC is a community-based organization that

works to improve the quality of life for residents of the North End of Mansfield by connecting community members to resources, educational programs, and community housing and economic development efforts.

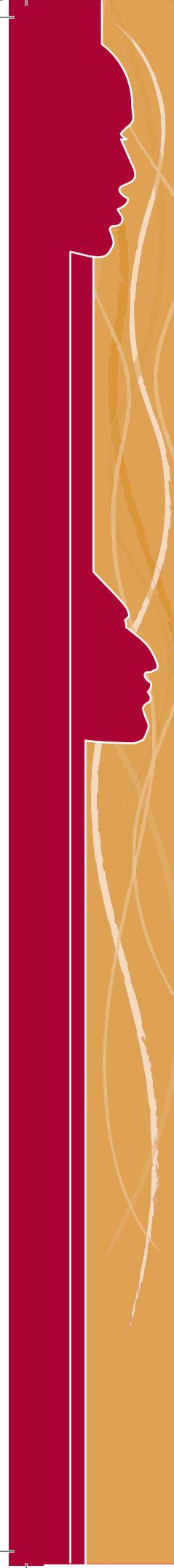
Summary Report and Recommendations

Local Conversation Overview

In Phase I of the project, the Mansfield Local Conversation on Minority Health was held on October 1, 2008. Approximately 25 individuals, representing local health care related agencies, social service organizations and health care practitioners attended. A number of community members were also in attendance. The goal of the Local Conversations was to identify barriers and health related disparities that exist within the minority community in Mansfield and Richland County.

Participants generated a list of over fifty recommendations and actions needed to adequately address the health related needs of the minority community. Themes emerging from the day-long event included gaps in services, resources for priority groups within the minority community, capacity challenges and infrastructure improvements.





For Phase II, a second gathering was held on October 28, 2008 with a group of 16 community members to further discuss minority health disparities. Similar themes as mentioned above were discussed at the meeting.

In summary, the needs identified by participants in the two Local Conversations included:

Infrastructure Improvements

A solid foundation is fundamental to developing and implementing programs and services. To this end, mechanisms to collect and update data must be put into place. Further, there must be a sufficient number of minority health care practitioners working to serve the needs of the minority community.

Service Gaps

A number of service and resource gaps were identified during the community conversations and planning process. Gaps include transportation, nutrition, chemical dependency treatment, mental health care, dental care, prescription drug coverage, financial assistance and healthy housing.

Further, while each segment of the community is impacted by minority health disparities, a number of specific populations require targeted interventions, including the working poor, previously incarcerated persons, elders and youth.

Capacity Challenges

Diminishing resources and a historic disconnect between racial groups has created challenges relating to capacity. Areas identified include cultural competency, education/awareness and advocacy.

Resources

Resources to adequately address the needs of minority communities are diminishing, with service providers having to make decisions on where to target funding.

Strategic Plan Framework

The process of collecting community input and information to develop the plan revealed both strengths and weaknesses among the current health service delivery system in Mansfield and Richland County. Positive factors included a broad range of health care services and organizations working to improve the health of individuals and families and a willingness to offer information on barriers to accessing services. Further, several examples of groups working to address the barriers emerged from the conversations and follow up efforts.

There was, however, a lack of full information, coordination and capacity to address the specific needs of the minority community. Although a number of agencies have undertaken efforts to target minority health disparities, opportunities for coordinated efforts have not been fully realized. Fortunately, the planning process provided a forum to begin this important work.

The strategies developed focus on increasing the knowledge, skills and resources within the health care delivery system and among organizations that provide supportive/advocacy services to minority communities. The theory of change asserts that as the short term outcomes (STO) are achieved, there will be a subsequent change in behavior, leading to a change in conditions and the elimination of minority health disparities.

Long Term Outcome: To Eliminate Minority Health Disparities in Mansfield, Ohio.

STO 1: To improve data collection methods in order to accurately report minority health disparities in Mansfield, OH	STO 2: To develop mechanisms to increase the number of minority health care practitioners in Mansfield, OH	STO 3: To access, information and services for members of the minority community in Mansfield, OH	STO 4: To increase the cultural competency of health care practitioners and service providers in Mansfield, OH	STO 5: To increase the of financial resources available for health related services in Mansfield, OH
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Health Disparity Reduction Plan

Infrastructure

Problem Statement: Current data from local agencies, health providers and community outreach programs is difficult to track, collect and compile into an accurate picture of local minority health disparities.

STO 1: Data collection methods are improved to gather local information on minority populations receiving health related services and treatment.

Output: Document current county and local information from 25 agencies; including physical, mental health and substance abuse treatment options, as well as supportive services including case management, community outreach, transportation and other related services.

Activity 1: Work with Community Health Access Project to identify gaps in the indicators tracked through the Community Hub database and the Agency Tracking System.

Activity 2: Work with existing networks of local health care providers to update the United Way of Richland County Need and Priorities Assessment Committee report in the next needs assessment cycle.

Infrastructure

Problem Statement: There is a lack of minority health care professionals in Richland County.

STO 2: Outcome: Mechanisms are established to increase the number of minorities employed in the health care sector.

Output: Forty minority individuals obtain employment in the health care sector over the next three to five years.

Activity 1: Work with local employment and training programs to provide job preparedness skills to individuals seeking employment in the health care sectors.

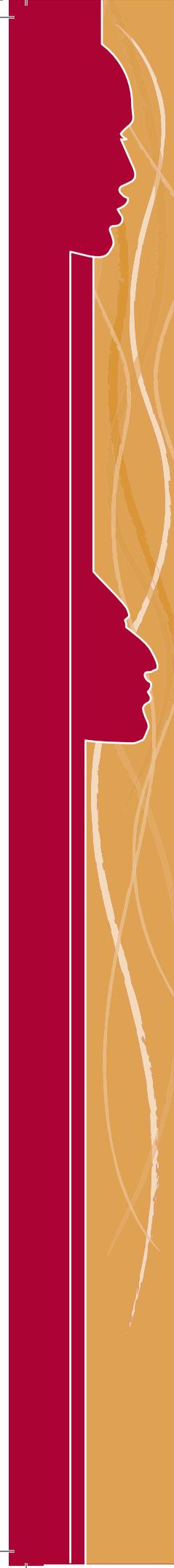
Activity 2: Work with North Central State to prepare outreach materials and develop incentives for minority individuals seeking formal education to achieve gainful employment in the health care sector.

Activity 3: Work with Med Central to create job shadowing opportunities for minority individuals

Capacity

Problem Statement: Health care providers are unfamiliar with cultural practices regarding racial and ethnic groups, which create challenges for advocacy, education, treatment and health care.





STO 3: Outcome: Cultural competency forums and training programs are regularly held for health care providers to improve interactions with communities of color.

Output: Fifteen health service providers and organizations attend cultural competency training sessions that will count towards service provider's continuing education credits.

Activity: Retain the services of training professionals who specialize in educating health care providers in cultural competency.

Output: Five organizations provide increased patient advocacy services.

Activity: Work with community members to identify need advocacy related services.

Services

Problem Statement: Individuals and families find it difficult to access resources for quality health care.

STO 4: Access, information and availability to/of health care providers, community outreach and treatment programs have increased, resulting in reduced health disparities.

Output: Fifteen health care providers and agencies meet on a quarterly basis to identify gaps, promote collaboration and develop strategies to increase access to Richland County health related services.

Activity 1: Form a Minority Health Roundtable to coordinate efforts and address gaps in transportation, nutritional, dental care, chemical dependency, prescription drugs, mental health and services for the working poor and the ex-offenders population.

Activity 2: Engage community members and additional organizations in the planning and implementation of the annual Minority Health Fair.

Resources

Problem Statement: Individuals and families find it difficult to access affordable health related treatment and services.

STO 5: Financial mechanisms to promote affordable health care options, community outreach/advocacy resources and treatment programs are available to minority residents.

Output 2: Five local, regional and state policy makers work to identify resources in order to expand access to health related services.

Activity: Convene a Minority Health Forum with residents, health care agencies and policy makers to coordinate efforts and address gaps in funding.

Implementation Timeline

The process will likely take ten to fifteen years to complete; however, the timeline for achieving the short term outcomes, outputs and implementing the activities is one to three years.

It is important to note that efforts have already been completed, or are being undertaken, to address minority health disparities. While not included in above strategies or implementation plan, they can be used as examples of other community activities that complement the Mansfield Strategic plan and will help to move it forward.

North End Community Fitness Challenge- Organized community residents and elders to set fitness goals and participate in monthly health and fitness related activities. The project began in April 2010 and will continue through the end of August 2010. Based upon the results of an evaluation, the Fitness Challenge may become an annual event.

Area Agency on Aging Dental Outreach Program- Offered culturally appropriate services to 68 seniors by providing dental screening

and follow-up care. Each of the 68 seniors had abnormal findings as part of the screening process, with one participant being diagnosis with oral cancer. Each participant received follow-up care at the Third Street Clinic.

Richland County Transit Authority Agency Transportation Advisory Committee-

Brings together 23 agencies to gather information, provide updates, identify needs and coordinate federal transportation grant applications.

Mansfield Ontario Richland County Public Health Department Healthy Homes Initiative-

Works to bring together community organizations, public sector staff and individuals to address health issues relating to housing conditions. The effort was spear-headed as a result of the Surgeon General's Call to Action.

Action Plan

Timeline: Year 1

Lead Agency: Community Health Access Project

Strategy:

- Work with the Community Health Access Project to identify gaps in the indicators tracked through the Community Hub database and the Agency Tracking System. Implement changes to collect complete data sets.

Timeline: Year 1

Lead Agency: United Way/Planning Committee

Strategy:

- Work with existing networks of local health care providers to update the United Way of Richland County Need and Priorities Assessment Committee (NAPAC) report.

Timeline: Years 1-3

Lead Agency: Jobs and Family Services, NECIC

Strategy:

- Work with local employment and

training programs to provide job preparedness skills to individuals seeking employment in the health care sectors.

Timeline: Years 1-3

Lead Agency: North Central State College

Strategy:

- Work with North Central State to prepare outreach materials and develop incentives for minority individuals seeking formal education to in the health care sector.

Timeline: Years 1-3

Lead Agency: Med Central

Strategy:

- Work with Med Central to create job shadowing opportunities for minority individuals.

Timeline: Year 1

Lead Agency: Ohio Commission on Minority Health

Strategy:

- Retain the services of training professionals who specialize in educated health care providers in cultural competency.

Timeline: Year 1

Lead Agency: Planning Committee, NAACP, NECIC

Strategy:

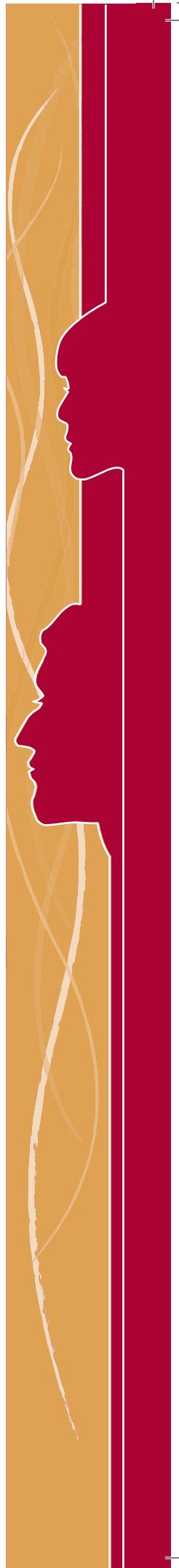
- Work with community members to identify advocacy support needs.

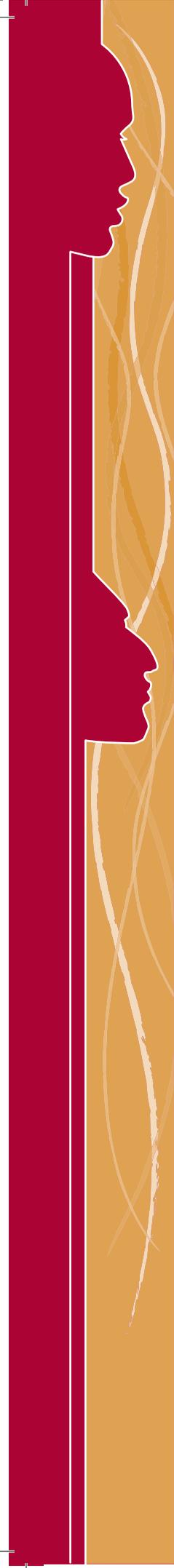
Timeline: Years 1-3, meet quarterly

Lead Agency: NAACP Health Committee

Strategy:

- Form a Minority Health Roundtable to coordinate efforts, discuss best practices and address gaps in transportation, nutritional, dental care, chemical dependency, prescription drugs, mental health and services for the working poor and ex-offenders.





Timeline: Annually, February-June

Lead Agency: Mansfield/Ontario/Richland County Public Health Department, NECIC, Ocie Hill

Strategy:

- Engage community members and additional organizations in the planning and implementation of the annual Minority Health Fair.

Timeline: Years 1-3

Lead Agency: Local, regional and state policy makers and the Mansfield/Ontario/Richland County Public Health Department

Strategy:

- Convene a Minority Health Forum with residents, health care agencies and policy makers to coordinate efforts and address gaps in funding.

Timeline: Years 1-3

Lead Agency: Mansfield/Ontario/Richland County Public Health Department

Strategy:

- Convene non-profit, public and private sectors to address health issues resulting from unhealthy living conditions.

Evaluation

Optimally, an outside evaluator would be responsible for carrying out all components of the evaluation plan; however, given the limited resources available, this is unlikely. Therefore, as part of the implementation process, those agencies taking the lead on specific components of the plan will carry out the evaluation activities¹. The results of the evaluation data will be used to inform further outputs and activities geared towards achieving the plan's outcomes.

To gauge the effectiveness of the project in meeting its short-term outcomes, all of which focus on increasing the knowledge, skills and resources of health care providers and organizations that provide

services to the minority community. Five outcome indicators will be used in the evaluation of the project. All of them focus on increasing the knowledge, skill, access and resources, cultural competency, and financial resources.

The first indicator gauges the knowledge base of the health practitioners and service providers on their level of understanding regarding minority health issues in Mansfield, Ohio. A document review will be undertaken to identify reports and other materials that accurately reflect minority health disparities. Key informant interviews will also be conducted with health care practitioners, service providers and members of the priority groups identified through the planning process. Interviews will be conducted at the end of year one.

Indicator Two measures the degree to which efforts have been undertaken to promote health care careers within the minority community. A document review of enrollment information at North Central State College (NCSC) and Ohio State University (OSU) will be conducted. Further, key informant interviews will be held with university recruitment staff and MedCentral human resources.

Indicator Three assesses the extent to which access, information and resources have increased for members of the minority community seeking services. A survey will be conducted with the priority groups identified in the planning process and among health practitioners and service providers.

Indicator Four gauges the degree to which cultural competency has improved among health care practitioners and service providers. A documents review will be conducted to examine informational materials and minutes of the Minority Round table. In addition, key informant interviews will be held with members of the planning

¹Given the limited resources available to conduct evaluation activities, all aspects of the evaluation plan may not be undertaken.

committee and residents who attended the Local Conversation convening.

Indicator five measures the degree in which financial resources have increased to improve services for the minority community. Key informant interviews will be held with a sample of service providers.

Sources of Data

Ohio Department of Health (2010).
CFHS & FP Health Status
*Profile: Richland County, Ohio
[www.odh.ohio.gov/ASSETS/.../
Richland%20County.pdf](http://www.odh.ohio.gov/ASSETS/.../Richland%20County.pdf)

Ohio Department of Health (2008).
Richland County Cancer Profile.
[www.odh.ohio.gov/ASSETS/.../Richland.
pdf](http://www.odh.ohio.gov/ASSETS/.../Richland.pdf)

Mansfield Source:
[http://factfinder.census.gov/servlet/
ADPTable](http://factfinder.census.gov/servlet/ADPTable)

Mansfield/ Ontario/ Richland County
Health Department 555 Lexington
Avenue, Mansfield, Ohio 44907.

Richland County Source:
[http://factfinder.census.gov/servlet/
ADPTable](http://factfinder.census.gov/servlet/ADPTable)

U.S. Census Bureau: 2006-2008 American
Community Survey 3-Year Estimates

U.S. Department of Labor:
<http://bls.gov/lau/#tables>

*Prepared by the North End Community
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The North End Community Improvement
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following organizations who actively
participated in the development of this
report.

Participating Organizations

Buckeye Community Health Plan

Catholic Charities

Central City Economic Development
Community Action Council

Center for Individual and Family
Counseling

Community Health Access Project

Community Action for Capable Youth

Fran and Warren Rupp Foundation

Friendly House

Mansfield Area Y

Mansfield/Ontario/Richland County
Public Health Department

Med Central Wellness Center

NAACP, Mansfield Branch

Ohio District 5 Area Agency on Aging

Planned Parenthood of North Central OH

Richland County Adult Parole Authority

Richland Co. Board of Mental Health &
Recovery Services

Richland County Regional Planning

Third Street Clinic

Urban Minority Alcoholism and Drug
Abuse Outreach Program (UMADAOP)

