



# Ravenna (Portage County), Ohio

Local Conversations on  
Minority Health

Report to the  
Community 2011



*Funded by the Ohio Commission on Minority Health Grant # MGS-09-10  
US Department of Health and Human Services  
Office of Minority Health Grant #6STTMP-051025-03-01, in support of the  
National Partnership for Action to End Health Disparities*



## TABLE OF CONTENTS

Forward .....	2
National Partnership for Action to End Health Disparities (NPA) .....	2
Ohio's Response to the NPA.....	2
Community Action Council of Portage County.....	3
Geographic Focus.....	3
Demographic Profile of Ravenna and Portage County .....	3
Health Disparity Indicators .....	3
Local Conversations on Minority Health Phase I .....	4
Strategic Goals and Objectives.....	4
Local Conversations on Minority Health Phase II.....	10
Future Directions .....	11
Acknowledgements .....	12

## Forward

*“All members of a 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 percent 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 for most 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 was the Community Action Council of Portage County, Inc.

### **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 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 education 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 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.healthyohioprogram.org/comprofiles/portage.pdf)

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

**Local Conversations on Minority Health**

**Phase I**

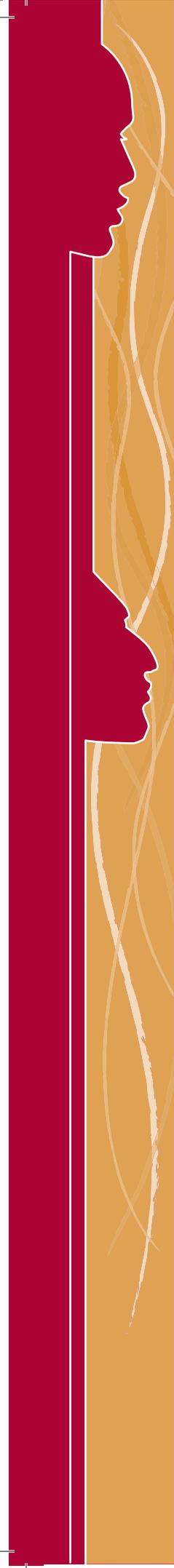
The Phase I Ravenna Local Conversation on Minority Health was held on Thursday, October 30, 2008. There were 57 individuals who attended the event. Thirty four of the participants (59.6%) identified themselves as African American/Black; 13 individuals identified themselves as white (22.8%); one individual 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, Lifebank, 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**

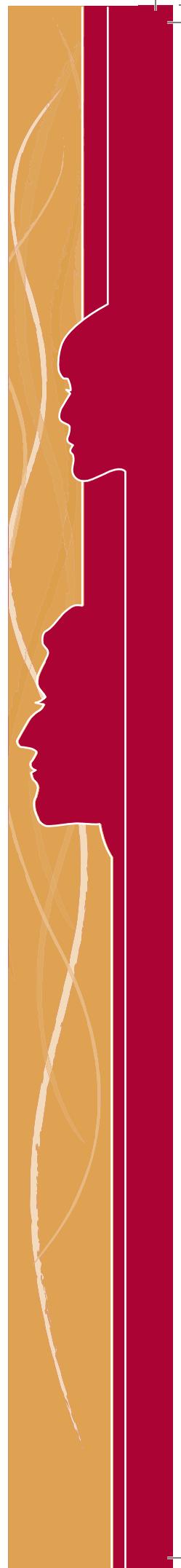
1. CAC Youth Center partnered with Ravenna Parks & Recreation to provide youth with exercise and nutrition 4 days a week for 10 weeks (June 2010).

**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).

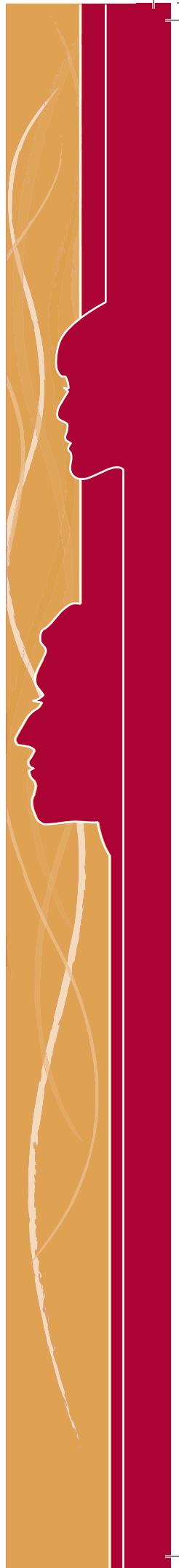
**Goal 4. Improve access to services.**

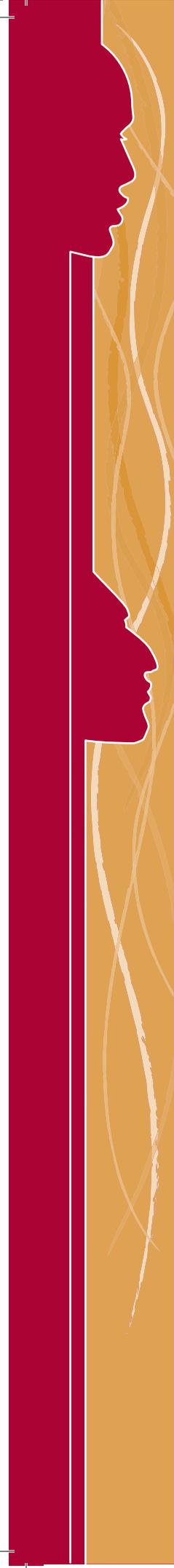
**Objective: 4.1**

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

**Activity**

1. Provide bus tokens to indigents.



- 
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***

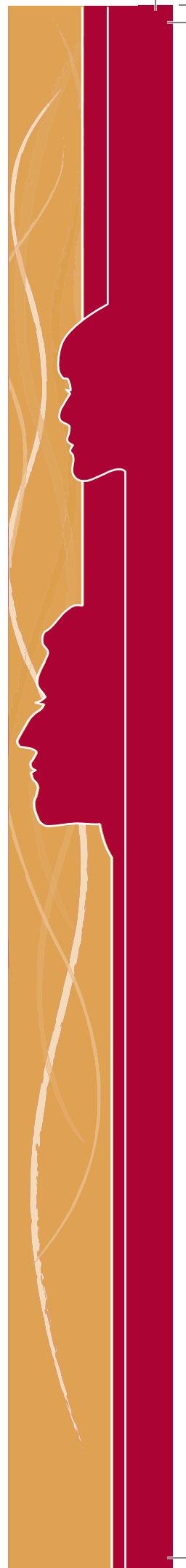
1. Educate the community on the need for the clinics.
2. Obtain funding to establish community clinics.
3. Recruit doctors and nurses to work in the clinics.

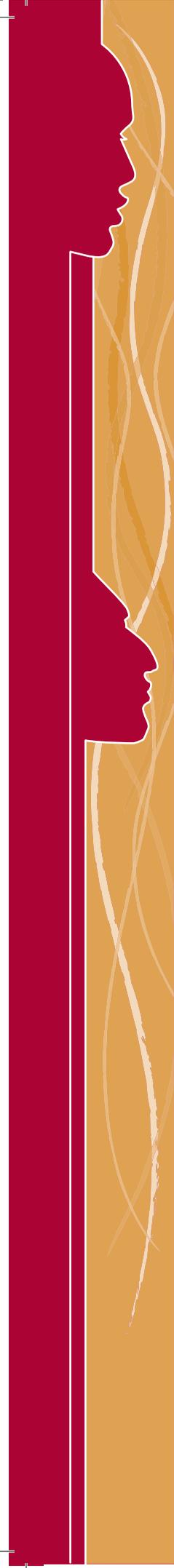
***Phase II***

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

