Canton (Stark County) Ohio

Local Conversations on Minority Health

Report to the Community 2011

Funded by the Ohio Commission on Minority Health Grant #MGS 09-13

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

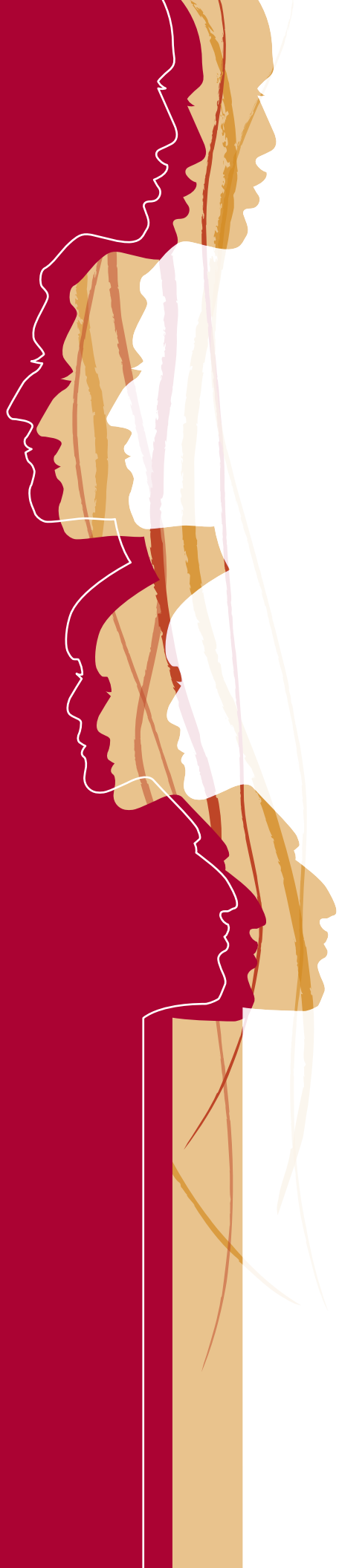

TABLE OF CONTENTS

National Partnership for Action to End Health Disparities (NPA) 2

Ohio's Response to the NPA 2

Canton City Health District 2

Geographic Scope 3

Demographic Profile of Canton 3

Health Disparities in Canton/Stark County 3

Canton Local Conversations on Minority Health 4

- Phase I 4
- Phase II 4

Health Disparity Reduction Plan 4

Acknowledgements 7

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 Canton/Stark County Health Disparity Reduction Plan described in this document is a result of this process. The Canton/Stark County Local Conversations on Minority Health were facilitated by the Canton City Health District.

Canton City Health District

The Canton City Health District provides public health services to the city of Canton, including environmental

health, food safety, and maintenance of vital statistics. The Health District has a commitment to reducing the health disparities affecting its vulnerable populations and a tradition of working with local partners to address health concerns affecting the community.

Geographic Scope

The geographic scope of this project is Canton, the county seat of Stark County, located about 24 miles south of Akron and 60 miles south of Cleveland. According to the 2010 census, the estimated population of Canton is 73,007. This represents a 9.7% decline from the 2000 census. Despite this decline, Canton moved from 9th place to 8th place among Ohio cities as nearby Youngstown, once more populous than Canton, suffered a larger decline.

Demographic Profile of Canton

The population of Canton is more racially/ethnically diverse that the rest of the county.

Population Category	*Population Composition Stark County*	*Population Composition Canton*
Caucasian	88.7%	69.1%
African American	7.6%	24.2%
American Indian/ Alaskan Native	.3%	.5%
Asian American	.7%	.3%
Latino	1.6%	4.8%
Two or more races	2.2%	2.6%

Historically the economy of Canton has primarily centered on manufacturing. As in other areas in the country, the manufacturing industry has moved into a long-term decline. The city of Canton has suffered from the decline in this industry more than Stark County as a whole. The median income of Canton residents ($30,043) is lower than the rest of Stark County ($44,941) and both city and county income is lower than that of the state ($47,358). As of December 2010, the unemployment rate in Stark County stood at 8.7%, higher than the state rate of 8.1%. Poverty levels in the city of Canton are higher than those of Stark County and Ohio as a whole.

Canton	*Stark County*	*State of Ohio*
27.1%	12.7	14.2%

Poverty and lack of access to employer-supported health insurance risk factors for poor health and health disparities.

Health Disparities in Canton/ Stark County

City-level data on health disparities in Canton are not available. However, the minority residents in Canton are well represented in the 2011 Stark County Health Assessment. This assessment provides analysis by racial/ethnic group and offers evidence of health disparities affecting minority populations in the region. For example, the Stark County Health Assessment survey found that 38.5% of the African Americans surveyed had no health insurance. African Americans also reported receiving their healthcare services in the emergency room almost twice as often as did Caucasians in the sample (12.6% compared to 7.6%). In addition, both African Americans and individuals of other races were more likely to seek health services at free clinics or in public health clinics than white patients.

African Americans and Other Race respondents to the survey also reported getting regular exercise less frequently. Additionally, African Americans were more likely to report being overweight and to report some tobacco use. In self ratings

of health status, 86.3% of White respondents reported being in Excellent to Good health while only 59.3% of African Americans did. Both African Americans and Other Race respondents more often reported their health as being Fair to Very Poor.

Self-Rating of Health Status by Race/Ethnicity, Stark County 2011

Rating of Health Status	*White*	*African American*	*Other*
Excellent	25.8%	16.0%	33.3%
Good	51.5%	41.3%	35.7%
Fair	16.7%	32.0%	21.4%
Poor	5.2%	8.4%	7.1%
Very Poor	.8%	2.2%	2.4%

Data from other sources also reveal health disparities. Although African Americans account for only 7.6% of the Stark County population, they accounted for 30% of the HIV/AIDS cases diagnosed between 2003 and 2005 and for 32% of these cases between 2006 and 2008. HIV/AIDS cases among Latinos, while only accounting for 2% of overall cases, also exceeded their share of the population.

Disparities are also evident in the incidence rate of certain types of cancers as well as in cancer mortality rates.

Stark County Cancer Incidence Rate per 100,000

Cancer Type	*White Male*	*African American Male*
Colon and Rectum	59.7	62.4
Kidney	19.5	23.9
Liver	4.1	18.7
Lung	91.0	140.6
Prostate	130.2	191.4
Stomach	7.6	14.2

African American men have higher rates of mortality from colon, liver, lung, and prostate cancer than do their white male peers. Similarly, mortality rates are higher for African American women than for white women for breast, cervical, ovarian, lung, and pancreatic cancers.

Canton Local Conversations on Minority Health

Phase I

The first Stark County Local Conversation on Minority Health was held at Stark State College of Technology in Canton on August 28, 2008. It was attended by representatives from health and social service organizations, government agencies, faith-based organizations, professional associations, educational institutions, and other community leaders. Participants in this event prioritized needs in the areas of resources, services, capacity building, and infrastructure and generated a list of recommended strategies to address the needs identified. Additional conversations were held at five additional sites in Canton and one site in Massillon.

Phase II

In Phase II, a community meeting was held to further refine the strategies identified in the seven local conversations and develop a health disparity reduction plan. The plan is sub-divided into sections related to resources, services, capacity-building, and infrastructure. Priorities were identified by the group utilizing multi-voting and discussion. The final plan was then drafted and submitted to the Canton City Health Department for the development of this report.

Health Disparity Reduction Plan

Resources

- Increase efforts to educate community members about available

resources through word-of-mouth strategies and marketing in diverse community locations.

- Promote more use of the 211 system.
- Publish information about agencies and services regularly in newspapers.
- Send out e-mail blasts to community agencies with updates about the availability of services.

· Partner with local public library systems to provide health education and resource information in print form and through the Internet.

- Support library systems to assure better Internet access and to train consumers on its use.

· Generate health education materials designed for individuals with lower levels of literacy and health literacy.

· Make health education materials available in the languages spoken in the region.

- Partner with universities and local community consultants to review materials for health literacy and cultural appropriateness and to assist in translation of materials.

· Work to increase the number of professional interpreters available to provide services in health settings.

Services

· Increase the availability of patient navigators or case managers to help patients access and maximize the use of area health services.

- Expand reimbursement codes in Medicare/Medicaid for patient navigation services and allow for providers other than social workers.
- Increased mileage reimbursement for patient navigators.

· Make better use of the Ohio Benefit Bank (OBB).

- Increase the number of counselors for OBB.
- Seek training for agencies to send staff for OBB training.
- Advocate that 6 hour training become a requirement for maintaining credentials for disseminating information about OBB.

· Create a common Eligibility Intake Process.

- Create a single point of entry into the health care system for minority groups.
- Assist in determining eligibility.

· Provide patient education on maintaining good health for themselves and their families.

· Diversify the locations where patient education occurs, including:

- Churches
- Grassroots organizations
- Grocery stores
- Metropolitan Housing
- Head Start
- Barbershops/ Beauty salons
- Shelters
- Food and Clothing Distribution Sites
- Social Services Agencies
- YWCA
- Domestic Violence Shelters

· Utilize waiting rooms to provide consumer health education.

- Create health education videos.
  - Use school programs to develop and produce videos with health and wellness messages.
  - Use the Public Access Channel for dissemination of health video programs and other health education programs.
- Increase the number of prevention-oriented health education programs in schools.

Capacity Building

- Provide grant writing training and technical assistance for grass root agencies.
- Provide cultural competency training for all levels of practicing health professionals.
- Provide leadership development training that builds skills in advocacy and peer education, including the use of peer counseling in venues such as churches and barbershops/beauty salons.
- Provide training for minority consumers on the health care and public health insurance systems, including training on:
  - Compassionate Allowance (expediting Medicare or social security cases).
  - Spend down (i.e., the amount of money you have to spend before you can qualify for Medicare long term care payments).

Infrastructure

- Establish a minority health agency or a Local Office of Minority Health.
- Provide increased access to public transportation for low income, elderly, physically challenged, and other vulnerable populations.
- Advocate for a preventive health/wellness emphasis in community planning in areas such as zoning and road placement, including:
  - safety planning related to sidewalks, cross lights, and speed control.
  - discouraging liquor establishment saturation.
  - reducing the number of abandoned buildings.
  - encouraging green expansion: tree plantings, elimination of high weeds and grass.
- Work collaboratively with governmental and community organizations to stimulate the development of additional recreational and wellness facilities and program in low income neighborhoods, including:
  - swimming pools
  - playgrounds
  - green space
  - ball fields
  - roller skating
  - safe walking paths
- Increase access to healthy foods in low income neighborhoods, including adding to the number of grocery stores and the availability of fresh fruits and vegetables.
- Develop partnerships with health professions training programs to increase their involvement in health service provision in underserved communities and to promote training of minority students.

- Increase the availability of hospital investment into low income neighborhoods, including:
  - Small emergency care centers
  - Primary care physician offices
  - Dental offices

Acknowledgements

The local conversation report would not be possible without the generous support and technical assistance from the Minority Health Commission of Ohio. The local conversations were facilitated by the fine folks from Coming Together Stark County utilizing the skills of Nadine McIlwain-Massy and Geraldine Radcliff, RN.

Support for the local conversations was also provided by:

- Mercy Medical Center
- Aultman Health Foundation
- Stark State College of Technology
- AVI at Stark State College of Technology

Notes

Notes


OHIO COMMISSION ON
Good
Health
MINORITY HEALTH
Since 1987