



# Health, Understanding & Education

A partnership between State Government, the Community and the Private Sector.

Ted Strickland, Governor

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### Golden Acres Ministrant, Salud Clinic Named in HRSA Community Health Center Expansion

Golden Acres Ministrant, Tipp City, Ohio has received notification that the Health Resources and Services Administration (HRSA) included them in the recent national expansion of community health centers. A "new access point grant" of \$600,000 has been awarded to Allen County Health Partners in Lima to expand services to migrant and seasonal workers in and around Miami County. In a recent correspondence Phil and Pat Morones, Founders of Golden Acres stated, "over the next three to four months there will be a gradual transition of the Salud Clinic and merger with Allen County Health Partners".



Golden Acres was founded in 1995 by the Morones as a food and clothing pantry for the Hispanic population who were primarily migrant workers and their families. In 1997 the Morones invited local doctors and nurses to visit Golden Acres and the need for medical services was realized. The Salud Community Clinic began in 1997 under the umbrella organization of Golden Acres Ministrant Center.

Having settled out of the migrant stream the Morones knew first hand the plight of migrant workers. The clinic, constructed in their backyard, is a beautiful facility that attracts volunteer hours from health and medical practitioners, many of whom were children of migrant workers.

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

The NPA is intended to lead the (Office of Minority Health) OMH and its partners toward a shared destination: a Nation free of health disparities, with quality health outcomes among racial and ethnic minority populations.

The NPA is an initiative of the U S Department of Health and Human Services, Office of Minority Health in partnership with a broad, diverse array of partners. The NPA serves as a catalyst for leadership action around five core objectives:

- Increased awareness of health disparities;
- Strengthened leadership at all levels;
- Improved patient-provider communication;
- Improved cultural and linguistic competency;
- Improved coordination and utilization of research and evaluation outcomes.

The NPA will be implemented at the local, state, regional (based on DHHS designations) and the national level. Together, experts, practitioners, leaders, stakeholders and partners from the public and private sectors can continue to construct strategies, actions, and shape policies, in support of these objectives.

*Continued on page 4*

### Minority Health Month New for 2009

Three Funding Levels:  
 Minimum  
 Moderate  
 Maximum

### Oral Health

Application Deadline:  
 September 8, 2008

### National Association of State Offices of Minority Health, Born

The National Association of State Offices of Minority Health Inc., (NASOMH) is a nonprofit organization incorporated in the State of Ohio. Upon receipt of their 501 (C) (3) notification from the Internal Revenue Service in October 2006, Cheryl A. Boyce, Director of the Ohio Commission on Minority Health and Chairperson of NASOMH said, "this day represents the culmination of the work of the forty six State Offices of Minority Health and the communities we serve, to work together to develop infrastructure to support and sustain improved health status and services for people of color in the United States".

NASOMH was created to promote public health policies and practices that assure and protect the total health and well being of racial and ethnic minority communities, tribal organizations and nations.

NASOMH's efforts will focus on:

- minority health;
- the elimination of racial and ethnic disparities in health and healthcare;
- achievement of health parity, and
- insuring high quality cultural competence standards in all domains of public health, including policy, programs and services.

*Joy Smith, former Director of the Missouri Office of Minority Health, has been named NASOMH's first Executive Director.*



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From the Director



Cheryl A. Boyce, M.S.  
Executive Director

## In My Father's House

Neither of my parents had much formal education, but, they were the smartest people I have ever known. They stressed a hard day's work for a day of pay; honest work was good work, integrity matters and a host of principles that I continue to aspire to achieve.

While both were solid people, when you were at our house, you knew you were in my Father's house. He permeated the place with his jokes, encouragement that bordered on bragging, his deep throaty laugh and his perseverance. There were days when without question his health would have forced a retreat to the bed for a lesser person but that would not have been daddy. Throughout my childhood, adolescence and to this day I quote him liberally and see the best of him in me. Everyday that I lived in our home in East St. Louis, I was acutely aware that I was in my Fathers house.

One summer day my Father died.

Imagine my surprise when as an adult, someone asked me what it was like growing up in a single parent household. It gave me great pause because I had never thought about my life in those terms. In my mind my Father had always been there but the reality is that he left far too soon.

The myth is that black men are not in our homes because they are in prison or do not want to assume responsibility for their children. The reality is that African American men suffer disproportionate, premature illness and death. My Father did not leave us voluntarily. He died at age 49 from heart disease. I was only 14.

In the years since I have been overwhelmed when I visit nursing homes and see young men wheelchair bound, young children providing care for a parent or having lost them far too early.

Health disparities are real for minorities but they are even more unacceptable for men in these communities. It's the untold story. Maybe it's easier to believe that men would rather leave than to face the sad reality that in this medically rich country we are losing large groups of people in the years that should be their most productive.

## Golden Acres Ministrant, Salud Clinic Named in HRSA Community Health Center Expansion

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The Golden Acres Ministrant Center's vision is to continue its expansion of services relative to the health and welfare of the Hispanic community. A soccer field has been completed and will be used to increase physical activity for youth. A walking and jogging track and a health literacy and learning center are also being developed.

The Commission awarded a demonstration grant to Golden Acres in fiscal years 2003-04 to conduct a diabetes education prevention project for children. A 2002 letter of support written by Maria Nanagas, MD, a volunteer physician stated, " in addition to taking care of the acute medical problems, there is a pressing need to expand services to health promotion, education and disease prevention". Their successful program model was subsequently funded by two local foundations. The Morones testified on behalf of the Commission budget before the Senate Finance Committee.

In recognizing this noteworthy accomplishment, State Senator Ray Miller stated, "the HRSA award will allow Golden Acres, in partnership with Allen County Health Partners to continue to provide vital services in the Hispanic community. The Commission is pleased to continue to afford demonstration opportunities to community based organizations that provide a significant return on investment by saving lives and attracting new health care resources to the State".

The life expectancy for a child born in 2004 varies widely based on race and gender. The life expectancy for a white male is 75.7 years and its 80.8 for a white female; but for an African American female its 76.3 and only 69.5 years for an African American male.

We have women's health programs but where's the response for men? People often cite the predominance of men involved in clinical trials, to the exclusion of women, as the system being more responsive to the former. This is certainly not the case for black men. However, that's not the story of our communities and in fact the US Public Health Service's Tuskegee Project, one of the earliest "clinical trials" (of sorts) was certainly not an example to lift up.

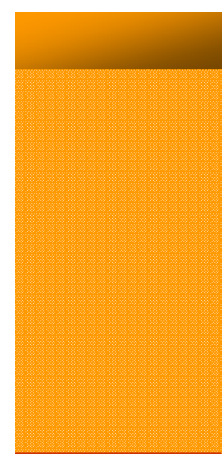
For most minority populations, it is male health, not women's health that demonstrates the greatest disparity. We need to be careful to tell stories that truly reflect what is happening in minority communities and not use the health status of any group to generalize the status of all groups. Often when discussing disparity the focus is exclusively on disproportionate incidence of disease compared to representation in the population. This allows people to place blame and act as though the solution to disparities is limited to a discussion of personal responsibility.

In fact the discussion of disparity should include discussions relative to access to health care, health outcomes and the quality of health care.

The Institute of Medicine Report, Unequal Treatment Confronting Racial and Ethnic Disparities in Healthcare states: "Racial and ethnic minorities tend to receive lower quality healthcare than non-minorities, even when access-related factors, such as patients insurance status and income, are controlled. The sources of these disparities are complex, are rooted in historic and contemporary inequities, and involve many participants at several levels, including health systems, their administrative and bureaucratic processes, utilization managers, healthcare professionals and patients."

The paucity of data that exists for other racial and ethnic minorities suggest that the same is true across communities.

Every time a health disparities conversation turns to health behavior as though it alone accounts for health disparities my thoughts turn to those days long gone by in my Father's House. The discomfort today is that absent aggressive strategies and sensitivity to the health seeking behaviors of men—regardless of color—other children will have to rely on memories of their time in their Father's house.



## Learn about NPA (National Partnership for Action)

The mission of the National Partnership for Action is to mobilize and connect individuals and organizations across the country to create a Nation free of health disparities, with quality outcomes for all people.

### What are health disparities?

Health disparities are the persistent gaps between the health status of minorities and non-minorities in the United States. Despite continued advances in health care and technology, racial and ethnic minorities continue to have more disease, disability, and premature death than non-minorities. African Americans, Hispanics/Latinos, American Indians and Alaska Natives, Asian Americans, Native Hawaiians and Pacific Islanders, have higher rates of infant mortality, cardiovascular disease, diabetes, HIV infection/AIDS, cancer, and lower rates of immunizations and cancer screening.

### Why do we have health disparities?

The causes are complex, but two major factors are:

1. Inadequate access to care
2. Substandard quality of care

### Who should get involved?

The NPA will work with individuals who are already involved in minority health and health disparity issues as well as those who want to learn and do more.

### How can my agency get involved or be a partner?

The Office of Minority Health (OMH) is looking for partners from all sectors that are willing to collaborate with others and make a commitment to help develop, support, and implement this initiative. No matter where you live, work, or play, here are some ways you can get involved:

- Educate your membership and the public about health disparities;
- Organize and sponsor campaign and outreach events;
- Participate in local, state, regional, and tribal NPA action meetings to share strategies and solutions;
- Share best practices and lessons learned;
- Collaborate with other NPA partners, when possible;
- Improve coordination and utilization of research and outcome evaluations;
- Promote cultural competency in health care delivery; and
- Include core NPA messages into health materials and activities.

### Who can be a partner?

Partners may include community- and faith-based organizations, professional societies, government agencies, national non-profit organizations, advocacy groups, foundations, corporations, businesses of all sizes, industry groups, and colleges and universities.

*sectors to lay the foundation for a comprehensive, community-driven, sustained approach across the nation.*

### What happens next?

The meetings will result in development, dissemination, and implementation of strategic objectives and tactical recommendations known as the Regional Blueprint and will be presented at the 2009 Minority Health Summit and results of the summit will become part of the National Blueprint for Action.

### What is expected of partners?

As members of the NPA, partners agree to support the goals of the NPA and commit to help develop, plan, and implement efforts to reduce or eliminate health disparities.

To become a partner, an organization must agree to conduct at least one substantial activity during the course of the year that is intended to help achieve the campaign's goals of eliminating health disparities. In addition, each partner shall:

- Appoint one representative as the main NPA contact.
- Describe the activity which it intends to organize in support of the NPA in sufficient detail so that others will understand the strategy, intended outcomes, and success measures that the partner will employ.
- Provide information about its activities and outcomes that can be shared with the broad network of partners.

### What are the benefits of a partnership?

Partners will have the opportunity to contribute to the development of regional action plans aimed at eliminating racial and ethnic health disparities. Partner contributions to a Regional Action Plan ultimately will be reflected in the National Blueprint and Call to Action that will be produced by the NPA. Partners will be invited to a Regional Conversation, while space permits. Partners and their NPA activities will be listed on the NPA web site. We will announce names of all new partners in NPA's monthly electronic newsletter, and we will write feature stories on selected partner activities for the newsletter and web site.

***Partners will receive an invitation to the 2009 Minority Health Disparities Summit.***

### What are regional conversations?

Regional Conversations, hosted by HHS Office of Minority Health (OMH), are designed to address one of the most pressing issues today, the disparity in health care for minority populations. The regional conversations bring together local, state, tribal, regional, and federal experts and practitioners from the private and public sectors to lay the foundation for a comprehensive, community-driven, sustained approach across the nation.

### What happens next?

The meetings will result in development, dissemination, and implementation of strategic objectives and tactical recommendations known as the Regional Blueprint and will be presented at the 2009 Minority Health Summit and results of the summit will become part of the National Blueprint for Action.



Agencies Funded for State Fiscal Year 2009 (July 1, 2008-June 30, 2009)  
by the Ohio Commission on Minority Health

**Demonstration Grants:  
\$75,000 per agency**

These projects focus on health promotion and disease prevention.

- Allen County Health Partners-Lima (*Partners Against Asthma*)
- Community Health Partners Regional Foundation-Lorain
- (*Project Temple- Phase II*)
- Harvard Community Services Center-Cleveland (*Star Bodies*)
- Latino Empowerment Outreach Network (LEON)-Columbus (*Healthy Latino Families*)
- Murtis H. Taylor Multi-Service Center-Cleveland (*Community Health & Asthma Prevention Project*)
- University of Akron (*Mobile AllStars Combating Diabetes-Project MacD*)

**Systemic Lupus Erythematosus:  
up to \$16,000 per agency**

This program provides grants for lupus programs for patient, public and professional education. In addition, lupus grants can be used to encourage and develop local centers on lupus information gathering and screening and to provide outreach to women of color.

- Elyria Club of Negro Business & Professional Women-Elyria
- Greater Cleveland Health Education and Service Council
- Lupus Foundation of America, Inc. Greater Cleveland Chapter-Brecksville
- Lupus Foundation of America, Northwest Ohio Chapter-Findlay
- Lupus Foundation of America, Marcy Zitron Chapter-Columbus
- Public Health-Dayton & Montgomery County
- Urban Mission/Neighborhood Community Development Center-Steubenville
- YWCA of Youngstown

**Local Offices of Minority Health**

These offices have been charged with implementing the core competencies established by the National Association of State Offices of Minority Health.

- Akron Health Department
- Cleveland Department of Public Health
- Columbus Public Health
- Lucas County Regional Health District-Toledo
- Public Health-Dayton & Montgomery County
- Youngstown City Health District

**Local Conversations in support of the National Partnership for Action**

In Ohio, local conversations will be conducted in all (7) metro cities and in (13) other Ohio cities and by the statewide Hispanic/Latino, Asian and Native American Health Coalitions.

- Allen County Health Partners-Lima
- Alpha Community Services-Sandusky
- American Red Cross, Clark County Chapter-Springfield
- Asian Services in Action, Inc.-Akron
- Canton City Health Department
- City of Cincinnati Health Department
- Community Action Council of Portage County, Inc.-Ravenna
- Community Health Partners Regional Foundation-Lorain
- North American Indian Cultural Center, Inc.-Tallmadge
- North End Community Improvement Collaborative, Inc.-Mansfield
- Organizacion Civica y Cultural Hispana Americana, Inc. (OCCHA)-Youngstown
- Portsmouth Inner City Development Corporation-Portsmouth
- Urban Mission Ministries, Inc.-Steubenville

National Partnership for Action (NPA) to End Health Disparities

*Continued from page 1*

The series of meetings, "conversations", taking place throughout Ohio and the nation are designed to:

- Identify and acknowledge the social, economic, cultural and behavioral underlying factors and contributors that cause health disparities;
- Examine the intersection of health disparities, health care access, health care programs and services;
- Identify programs that successfully serve the needs of minority populations within communities;
- Critically examine the role of policy, and the intended and unintended consequences on minority populations;
- Determine "best ways" to address critical health gaps among populations and specific diseases;
- Identify solutions, methods and programs that will address these gaps, improve the effectiveness of existing programs and more efficiently apply resources.

*Special Initiatives*

Community Enhancement Initiative Grants are made available to support events/activities that are statewide or regional and designed to reach professional, community and/or racial/ethnic populations served by the Commission.

The following agencies are currently funded under this initiative:

- Alkebulan, Inc.-Columbus
- Asian Festival Corporation-Columbus
- Community Health Partners Regional Foundation-Lorain
- LifeCenter Organ Donor Network-Cincinnati
- Lorain County Urban League-Elyria
- Multiethnic Advocates for Cultural Competence-Columbus

## Community Health Awards Ceremony and Health Expo '08

On March 27, 2008, the Ohio Commission on Minority Health held the 2008 Community Health Awards Ceremony and Health Expo '08, the inaugural events for Minority Health Month. More than two hundred people from throughout Ohio gathered at the Vern Riffe Center to recognize excellence in Minority Health.

Jerry Revish and Andrea Cambern, WBNS 10-TV ably served as the hosts for the award ceremony. WBNS 10-TV has been the long time media partner for Minority Health Month. The Reverend Paula Guilford Harris, Associate Pastor, St. John AME Church, Worthington provided the invocation.

Governor Ted Strickland was the keynote speaker, sharing his perspectives on health disparities, his Healthy Ohio vision and reform initiatives his administration is implementing. State Senator Ray Miller, Founder and Dr. Olivia W. Thomas, Chairperson brought greetings to the audience and presented awards to grantees.

Corporate awards were presented to the sponsors for this year's event: The Ohio State University Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, The Ohio State University Medical Center and Ohio Health have been long term partners with the Commission to make the awards ceremony possible.

The Chairman's Crystal Stair Award is presented to an individual whose work has exemplified a profound commitment to eliminating health disparities. This year's recipient is Dr. Edgar Jackson from Cleveland.



*Dr. Edgar Jackson  
Cleveland*



*The Salud Community Clinic  
Tipp City*

The Director's Award is also presented to an individual or agency whose work has exemplified a profound commitment to eliminating health disparities. This year's recipient is Pat and Phil Morones, Founders, The Salud Community Clinic in Tipp City.

Dr. Kwame Osei, MD, has demonstrated through substantial research, writing, and/or publishing work that he has advanced knowledge about minority health and the elimination of health disparities. Dr. Osei has contributed and inspired others to contribute, to the body of knowledge needed to close the health gap.



*Dr. Kwame Osei  
Columbus*



*Mercy Medical Center  
Canton*

Mercy Medical Center of Canton has demonstrated vision, innovation, creativity, and leadership in developing opportunities for effective models in improving the health of racial and ethnic minority communities.

### 2008 Heros/Sheros of Health

Award recipients selected by Commission grantees in their city for their uncompromising commitment to improving the overall health of minority communities in Ohio.

**City of Akron**  
Stanford Steven Arrington

**City of Canton**  
Eric Riley

**City of Cincinnati**  
Mamie Harris

**City of Cleveland**  
Geri Blair

**City of Columbus**  
Barbara Beckwith

**City of Dayton**  
Clarence Johnson

**City of Lima**  
Lane Guy

**City of Lorain**  
Terrie Randleman-Smith

**City of Mansfield**  
Rosa Perkins

**City of Sandusky**  
Clifton Frisby

**City of Steubenville**  
Terry Jennings

**City of Toledo**  
Michael Stubblefield, DDS

**City of Youngstown**  
Migdalia "Maggie" McClendon

The community health leadership award is given to a representative from the African American, American Indian and Alaska Native, Asian American and Hispanic/Latino American communities who has demonstrated leadership in improving the health status of their respective community.



*Stephanie Owens, DC  
Cincinnati*



*V. Lanna Samanigo  
Celina*



*Ronald M. Katsiyama,  
Ph.D.  
Dayton*



*Lydia Alejandro  
Fremont*

# Minority Health Month 2009

The Ohio Commission on Minority Health announces the availability of a Request for Proposal (RFP) for Minority Health Month (MHM) 2009 grants. The maximum award for this grant program is up to \$3,000 per agency based on three (3) funding levels. (See criteria below.)

One of the major minority health events in the U.S. occurs every April when the Commission celebrates Minority Health Month, a 30-day celebration of wellness. This annual event, focuses attention on health promotion and disease prevention activities in Ohio's minority communities. Minority Health Month is designed to:

- Promote healthy lifestyle choices among Ohio's
- Economically disadvantaged minority communities;
- Provide crucial information to allow individuals to practice disease prevention;
- Showcase the resources for and providers of grass roots health care and information;
- Highlight the resolution of the disparate health conditions between Ohio's minority and non-minority populations;
- Gain additional support for the on-going efforts to improve minority health year round; and
- Increase the opportunity to collaborate with local community resources.

Technical assistance sessions were held statewide.  
Grant deadline: Received in the Commission office no later than Monday, September 8, 2008 by 5:00 p.m.

To obtain a copy of the 2009 Minority Health Month RFP, you can write, call, email or fax the Commission:

Ohio Commission On Minority Health  
77 South High Street, 7th Floor  
Columbus, Ohio 43215  
Phone (614) 466-4000 Fax (614) 752-9049  
Email: erin.conn@ocmh.state.oh.us

You can also download a copy of the RFP at our website:  
[www.mih.ohio.gov](http://www.mih.ohio.gov)



NEW

For 2009

Oral health has been identified as a major unmet health need in the State of Ohio. Agencies requesting funding for the maximum funding level must include an oral health component in addition to a minimum of two events for Minority Health Month.

**MINIMUM FUNDING LEVEL [Up To \$2,000]**

A **minimum of two events** is required per applicant. The events should be participatory or interactive in nature and be designed to teach or transfer skills or knowledge through an experientially-based, "hands-on" approach.

**MODERATE FUNDING LEVEL [Up To \$2,500]**

An applicant must meet the criteria identified for the minimum funding level; and in addition conduct **one Health Screening**.

**MAXIMUM FUNDING LEVEL [Up To \$3,000]**

An applicant must meet the criteria identified for the moderate funding level, in addition to offering **Oral Health services** at least **one** event.



Olivia W. Thomas, MD, Chairperson

Gregory L. Hall, M.D., Vice-Chair

Gina Austin Lewis, MSA, F.A.C.H.E., Secretary

**Commissioners**

- Walter T. Bowers, II, M.D.
- State Representative Edna Brown
- State Representative Courtney Eric Combs
- Mary I. Gregory, R.N. M.Ed.
- Alvin Jackson, M.D.
- Helen E. Jones-Kelley, J.D.
- Maria Julia, Ph.D.
- John Martin
- Charles Modlin, M.D.
- Cynthia B. O'Neal
- State Senator Kirk Schuring
- Sandra Stephenson
- May L. Wykle, Ph.D.
- Susan Tave Zelman

**Founder**

State Senator, Ray Miller

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- Jamoya Cox, *Ohio Department of Mental Health*
- Charles See, Esq., *Ohio Department of Education*
- Tamara Hairston, *Ohio Department of MR/DD*
- Carol E. Ware, *Ohio Department of Job & Family Services*

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- Jean Sanders, AAS, *Computer Specialist*
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**Local Conversations**

August

August 23, 2008	Cincinnati	513-357-7482
August 28, 2008	Canton	330-489-3327
August 29, 2008	Hispanic/Latino	419-355-9794

September

September 10, 2008	Akron	330-375-2489
September 13, 2008	Lorain/Elyria	440-233-1016
September 19, 2008	Dayton	937-496-3344
September 24, 2008	Ravenna	330-297-1456
September 29, 2008	Steubenville	740-282-8010

October

October 1, 2008	Mansfield	419-525-3101
October 7, 2008	Cleveland	216-664-3052
October 15, 2008	Youngstown	330-743-3333
October 24, 2008	Columbus	614-645-7035

Previously Held Conversations

June 13	Toledo
June 17-18	Lima
June 27-28	Asian Health Coalition
July 21, 2008	Native American
July 29, 2008	Springfield