



Dayton Council on Health Equity

Local Conversations on
Minority Health

Report to the
Community 2011



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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 Dayton/Montgomery County Health Disparity Reduction Plan in this document is a result of this process. The lead agency for the Local Conversations in Dayton was the Dayton Council on Health Equity.



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on Health Equity**

Dayton Council on Health Equity

The Dayton Council on Health Equity (DCHE) is a division of Public Health Dayton & Montgomery County and



serves as the Dayton area Local Office of Minority Health, charged with responsibility for achieving objectives related to four core competency areas:

- Monitor and report health status of minority populations.
- Inform, educate, and empower people.
- Mobilize community partnerships and actions.
- Develop policies and plans to support health efforts.

Geographic Scope

The geographic scope of this project is Montgomery County, with particular emphasis on Dayton, its county seat and the 5th largest city in Ohio. Montgomery County is located in Southwest Ohio.

Demographic and Socioeconomic Profile of Montgomery County

Montgomery County, Ohio is home to 559,062 residents, including 76.5 percent Caucasians, and 24.2 percent African Americans or other minority residents. The number of African-Americans (19.9 percent) is significantly more than the national average of 12.8 percent (Ohio County Profiles).

Montgomery County Population

<i>Population By Race</i>	<i>No. Persons</i>	<i>% Population</i>
Total Population	559,062	100.0
African American	111,188	19.9
Caucasian	427,862	76.5
Native American	1,329	0.2
Asian	7,190	1.3
Pacific Islander	259	0.0
Other	2,186	0.4
Two or More Races	9,048	1.6
Hispanic	6,413	1.1
Total Minority Population	135,024	24.2%

The U.S. Census 2008 QuickFacts show the Montgomery County minority population at 24.8 percent. This uptick is indicative of an influx of Hispanic/Latino, Asian, and refugee/immigrant populations.

Montgomery County, Ohio is located in the Midwest region of the country, which has experienced severe economic downturn with slow recovery. Quality of life and access to care have been greatly impacted by unemployment and loss of health insurance and other benefits.

The city of Dayton has a total population of 141,527 residents, with a racial makeup of 51.7 % Caucasian, 42.9% African American, 3% Latino, and 4.1% other races.

Households

In Montgomery County, 61.6 percent of all households were identified as family households. The average median household income over a 12 month period in 2008 (inflation-adjusted dollars), was \$44,795 (American FactFinder).

Poverty

9.6 percent of all families were in poverty. The poverty rate for Caucasians was 7.1 percent; African-Americans, 21.2 percent; American Indian/Alaskan Natives, 20.9 percent, Asians, 8 percent, and Hispanic/Latinos, 18.9 percent. The rate of child poverty is 14.9 percent (American FactFinder).

Uninsured

In Montgomery County, 17.85 percent of adults were uninsured, and 6.1 percent of children were uninsured (ODH Family Health Survey).

The number of uninsured African American adults (19.7 percent) is almost twice the rate of Caucasians Adults (10.2 percent) (ODH Montgomery County Profile).

<i>Percent Uninsured</i>	<i>Montgomery County</i>
Adults Uninsured	17.85
Children Uninsured	6.1
African American Adult Uninsured	19.7
Caucasian Adult Uninsured	10.2
African American Child Uninsured	9.9
Caucasian Child Uninsured	4.4

Unemployment

In 2006, the percent of unemployed, Population 20-64 years old, was 6.8 percent. In 2009, the percent of unemployed 20-64 year olds increased to 11.4 percent (Ohio County Profiles).

<i>Percent Unemployed</i>	<i>Montgomery County</i>
Population 20-64 yrs. old Unemployed	11.4

Community Need—Health Disparities in Dayton and Montgomery County, Ohio

Healthy People 2010 defines disparities in health as the “unequal burden in disease morbidity and mortality rates experienced by ethnic/racial groups as compared to the dominant group”.

Health equity is the absence of disadvantage for all individuals of the community to be able to receive equal access to health care, and the same quality of health care, regardless of their race or socioeconomic status.

Leading Causes of Death

In Montgomery County, for 2006-2008, the leading causes of death were diseases of the heart, cancer, chronic lower respiratory diseases, cerebrovascular disease, accidents/unintentional injuries, Alzheimer’s disease, diabetes mellitus,

influenza and pneumonia, nephritis/nephrotic syndrome and nephrosis, and septicemia (ODH Vital Statistics).

Montgomery County - Health Indicator Fast Facts

<i>Age adjusted cause specific mortality rate per 100,000 people</i>	<i>Montgomery County 2006-2008</i>
<i>Diseases of the Heart (total)</i>	195.2
African American	221.6
Caucasian	190.4
Native American	13.6
Asian/Pacific Islander	101.3
Hispanic	90.3
<i>Diabetes Mellitus (total)</i>	34.0
African American	71.1
Caucasian	27.2
Native American	N/A
Asian/Pacific Islander	9.7
Hispanic	13.6
<i>Cancer (total)</i>	199.2
African American	239.3
Caucasian	193.2
Native American	63.7
Asian/Pacific Islander	48.1
Hispanic	54.0
<i>Stroke/Cerebrovascular Disease (total)</i>	41.8
African American	59.6
Caucasian	38.4
Native American	N/A
Asian/Pacific Islander	23.1
Hispanic	22.6

Physical inactivity

Physical inactivity is an important risk factor for overweight, obesity and multiple chronic diseases including heart disease, stroke, type 2 diabetes, and cancers of the colon and breast (Bull, Armstrong TP, Dixon T, 2004). According to the American Heart/Stroke Association, nationally, among



non-Hispanic blacks age 20 and older, 62.9 percent of men and 77.2 percent of women are overweight or obese. In Montgomery County, 26.4 percent of adult residents are physically inactive, 34.4 percent of adults are overweight, and 27.3 percent of adults are obese. (Healthy Ohio).

Maternal and Child Health

PHDMC is involved with assessing the need for adequate prenatal and infant nutrition in the community, assuring proper nutrition is available despite socio-economic status, and planning for expected future trends. One primary cause of infant mortality is low birth weight often associated with prematurity. Preterm birth and low birth weight have been identified as leading cause of infant mortality.

<i>Maternal and Child Health</i>	<i>Montgomery County</i>
Percent low birth weight	8.7
African American	14.2
Caucasian	6.5
Native American	5.9
Asian/Pacific Islander	8.1
Hispanic	4.1
Percent first trimester prenatal care	75.9
African American	65.9
Caucasian	78.9
Native American	N/A
Asian/Pacific Islander	82.1
Hispanic	67.1
Teen (15-17) birth rate (per 1,000 women)	25.5
African American	45.7
Caucasian	17.6
Native American	NA
Asian/Pacific Islander	5.8
Hispanic	35.1
Infant Mortality Rate (per 1,000 births)	8.0
African American	14.3
Caucasian	5.7
Native American	N/A
Asian/Pacific Islander	N/A
Hispanic	N/A

Statistical note: Native American and Asian/Pacific Islander races represent <2.0 % of the Montgomery County population. In many instances, raw counts used to derive above rates for these races were less than 5 cases. It is statistically inaccurate to extrapolate such small numbers to the entire county as a whole; doing so yields rates not scientifically robust or accurate and leads to biased results. In several instances a raw count for a race was lower than another race; however, when calculated into a rate, the rate became higher. This is due to the exceptionally small population of other minority races in Montgomery County. As a consequence, it is not advisable that these figures are used. The same is true for Hispanic data regarding some of the above variables.

Reducing or eliminating health disparities has been a national goal for many years. Though the health status continues to improve nationally, sections of many American cities within certain races and ethnic groups such as the African American, Hispanic, Asian, and Native American communities, still experience poorer health status or higher death rates compared to Caucasians in the United States. There is an increasing need for the community to understand how local, state, and federal policy, systems, the community, and built environment impacts neighborhood assets, and influences health status, health behaviors, and lifestyle choices.

Public Health - Dayton & Montgomery County (“PHDMC”) is committed to reducing the incidence of morbidity and mortality from chronic disease, and is addressing factors, which contribute to health disparities through the Dayton Council on Health Equity (DCHE), Montgomery County’s local office of minority health, and through other health education/promotion and intervention efforts.

PHDMC has hosted two local conversations on ending health disparities. The first Dayton Conversation on Ending Disparities, was held on September 19, 2008 at Sinclair Community College. Attendees represented various sectors of the community, including hospitals, city government, university faculty and staff, community-based social service providers, mental health agencies, and numerous health and human services organizations.

Dayton Conversations on Minority Health

Phase I

Sponsors:

Public Health - Dayton & Montgomery County/Dayton Council on Health Equity

Ohio Commission on Minority Health

Co-Sponsors:

CareSource Marketing

Levin Family Foundation

Premier Community Health

The 2008 Local Conversation began with a roundtable discussion. The group engaged in a discussion around the question: “What actions can be taken by private and public partners that would improve the effectiveness and efficiency of our collaborative efforts?” The roundtable discussion highlighted the need for better data on local health disparities and the need to determine the economic impact of these disparities in order to use this powerful information to advocate for programmatic and regulatory change that would improve access to health care and health promotion/disease prevention efforts. Participants identified individual, environmental (economic and social), and systems barriers to good health status for the minority populations in the community.

The roundtable was followed by a plenary session to define and prioritize critical needs, and develop strategies in four essential areas, which included:

- **Capacity Building:** What is needed to build organizations’ or groups’ ability to provide effective health services?
- **Infrastructure:** Physical location, human resources, administrative, and financial capacity to provide health services.

- **Resources:** People and material things needed to address minority health needs, and
- **Services:** Programs that provide health education, health promotion, or healthcare to the minority community.

For the full report of the 2008 Dayton Conversation on Ending Disparities, go to: www.phdmc.org/DCHE.

Phase II: Local Conversation To End Health Disparities

October 28, 2009

Sponsors:

Public Health - Dayton & Montgomery County/Dayton Council on Health Equity

Ohio Commission on Minority Health

Co-Sponsors:

American Cancer Society

American Fitness Health and Wellness Institute

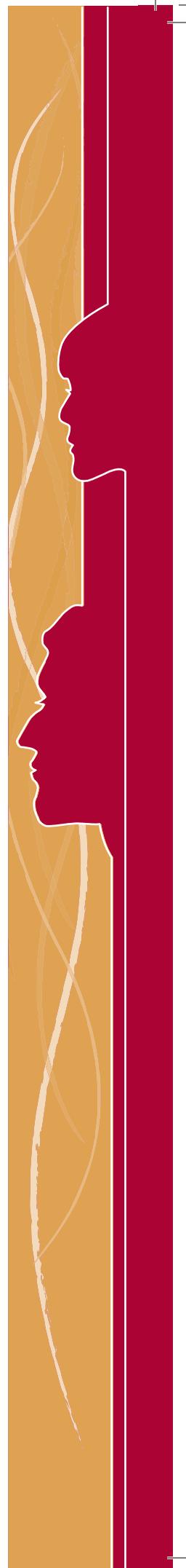
Sinclair Community College

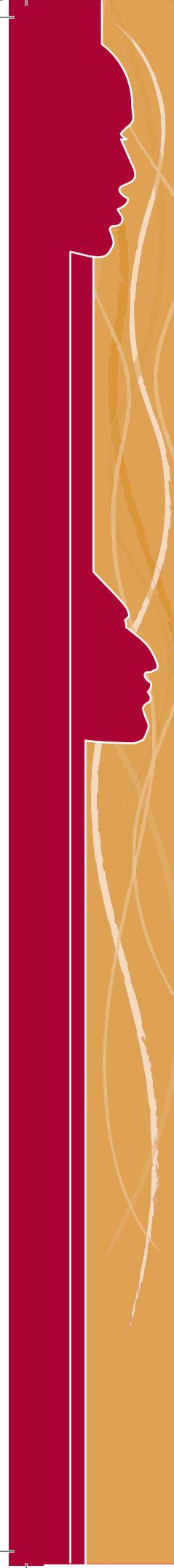
The Phase II: Local Conversation on Minority Health was hosted by Public Health - Dayton & Montgomery County/Dayton Council on Health Equity, at Sinclair Community College.

The goal of the second local conversation was to determine the highest priority recommendations to be implemented locally in each of the four areas, and to propose implementable action steps.

Participants from the first conversation, community partners and leaders, and the general public were invited to attend the Phase II Local Conversation.

Each participant received the summary of recommendations from the 2008 Dayton Local Conversation. The breakout sessions were lead by a facilitator. Facilitators clarified the purpose of the breakout group and conducted the





session with the assistance of a recorder. Break-out session participants ranked the recommendations by order of importance. The ranking session was followed by a discussion during which time some similar items were grouped or combined. After the final order was established for all recommendations, each group proposed action steps for at least the top 3-4 recommended strategies. The four groups then reconvened for an overview of session results, during which time each facilitator provided a summary of the resulting prioritized recommendations and proposed action steps.

Health Disparity Reduction Plan

CAPACITY BUILDING: Help nonprofit service providers improve service delivery, strengthen efficiency and effectiveness, and achieve financial ability.

Strategy 1: Enable qualitative studies.

Action Steps

- Facilitate community-based research among minority community organization.
- Identify ethnic health beliefs and look at patterns of use.
- Develop funding streams to support research opportunities.

Strategy 2: Provide leadership training for community leaders, grassroots and faith-based organizations to prepare the community to better serve in advocacy roles with policy makers and to empower the community to carry messages about the need for action to reduce health disparities.

Action Steps

- Identify organizations with capacity to provide leadership training.
- Utilize existing leadership training sponsorships for non-gratis or scholarships.

- Identify content areas of leadership training opportunities.
- Tap into professionals organizations that have existing advocacy roles and speak on various topics, i.e., civic associations.

INFRASTRUCTURE: Create or improve local physical, human resources, administrative, and financial capacity to provide health services.

Strategy 1: Establish free or low cost clinic.

Action Steps

- Expand capacity and hours that clinics are open.
- Expand awareness of services that exist – community need to be aware and advocate for adequate services.
- Expand existing FQHC to specific locations and populations, i.e., housing and school-based.
- Explore the feasibility of ER diversion clinics.
- Advertise the need for a medical home.

Strategy 2: Advocate for universal health coverage.

Action Steps

- Write local and state Congressional leaders.
- Communicate the need to local officials.
- Support professional association efforts.
- Educate the public about the need.
- Develop a local community perspective on universal coverage.
- Tell the stories that illustrate the issue of lack of physical and financial access to health care.

Strategy 3: Support the maintenance or expansion of pipeline for entry of minority students into health professions.

Action Steps

- Create partnerships between local health care organizations and health education programs. i.e., schools with minority students.
- Create volunteer and shadow program.
- Target school districts with high proportions of minority students.
- Evaluate and track programs that are aimed at attracting minority students into health care (leads to quality improvement).
- Promote awareness of loan repayment programs for health professions in physician shortage areas.
- Expand capacity of health professions/education programs for both faculty and students.
- Focus on retention and attrition of minority students at all level of education.

Strategy 4: Increase enrollment of eligible children for the SCHIP program.

Action Steps

- Combine school and head start programs registration with SCHIP registration.
- Use community health centers, children health clinics, etc., to target enrollment.

RESOURCES: People and material things needed to address minority health needs.

Strategy 1: Ensure that appropriate inventories of health education materials are available and disseminated widely.

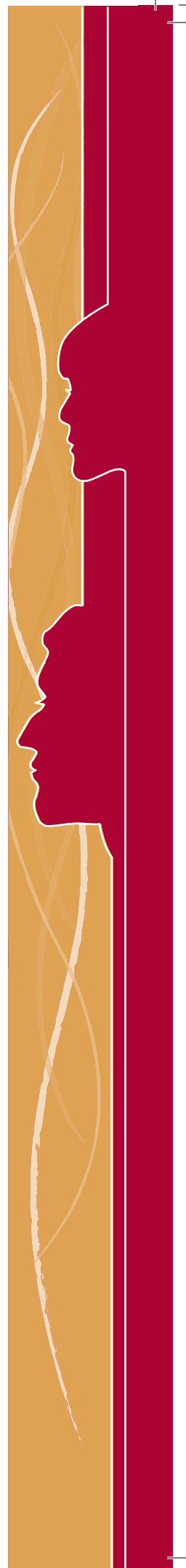
Action Steps

- Learn how learners best receive information.
- Research existing tools and resources to avoid duplication with special emphasis on multiple languages.
- Utilize best practices and evidence-based information
- Follow up to make sure information is effective – evaluation – can people retain, behavioral changes, health outcomes.
- Involve universities and language resources - faculty and students.
- Develop a central repository of key health education and health messages appropriate for community audiences.
- Inform those not connected with internet through use of libraries.
- Identify and recruit patients with health issues that would be interested in spreading message to others in community, including community health workers.

Strategy 2: Utilize health advocacy.

Action Steps

- Utilize schools for health messaging as children are able to communicate within families.
- Put advocates on the ground in communities; utilize community members as advocates and community health workers.
- Use health profession students to provide health education.
- Use incentives, i.e. gift cards/food, to get people to services to eliminate stigma.



- Develop community-wide topics of the month with multiple media strategies for dissemination, such as text messaging, e-mail blasts, social-networking.
- Utilize mentoring and peer education (K-12), working with high school students to teach/mentor elementary students; or Allied Health students to mentor high school students.
- Cross-train advocates in community; partner across networks of advocates and community-based advocates.
- Encourage Allied Health students to take another language.
- Increase community funding.
- Build in collaborations to eliminate competition among organizations vying for the same funding opportunities.

Strategy 3: Improve education of health providers in communicating with ethnic patients.

Action Steps

- Start training on communicating with ethnic patients at pre-professional education level for medical students.
- Address need for translators.
- Promote culturally competent/sensitive patient/provider messaging that affirms patient understanding and emphasizes two-way dialoging.

SERVICES: Strengthen existing or create new programs that provide health education, health promotion, or healthcare to the minority community.

Strategy 1: Expand health services in areas of identified need.

Action Steps

- Provide stress prevention, particu-

larly in areas where there are disparities in health, such as cancers, cardiovascular disease, diabetes, HIV/AIDS, substance abuse, and violence.

- Increase health referrals to specialty services alternative/complimentary practices and mental health.
- Increase awareness of primary care physicians of services for uninsured and underinsured.
- Increase early diagnosis/identification of diseases.
- Increase enrollment among the uninsured.
- Increase community awareness of available services and affordable health options, i.e., public health, federally qualified health care, clinical trials, free or reduced cost services.
- Develop health resources/services clearinghouse.

Strategy 2: Expand health promotion/education.

Action Steps

- Develop school health promotion programs.
- Develop collaboration opportunities with local farmers, culinary schools, and food co-ops.

Strategy 3: Examine how health programs are designed.

Action Steps

- Determine whether programs are evidence-based, best practice, and culturally competent/sensitive; ensure that health programs are aware of and utilize CLAS Standards.
- Determine whether health programs are aware of health disparities, minority health data, social

determinants of health, key community indicators that influence individual health behavior, choice, and lifestyle, i.e., food deserts, transportation barriers, physician shortage areas.

- Examine efficiency of local service coordination; identify gaps in services.
- Eliminate community/environmental and systemic barriers to care.
- Advocate sliding fee scales across the board as a community.

Next Steps

Community Needs Assessment

There are many programs and services available in the local community. In order to provide a snapshot of the local community and to identify community needs, in 2010, PHDMC conducted a Community Needs Assessment.

Dissemination of 2009 Local Conversation Report

A preliminary draft report summarizing the results of the 2009 Local Conversation report was provided to attendees of the forum in December 2009. The Final Report will be widely distributed within the community.

Development of Community Strategic Plan to Implement Strategies

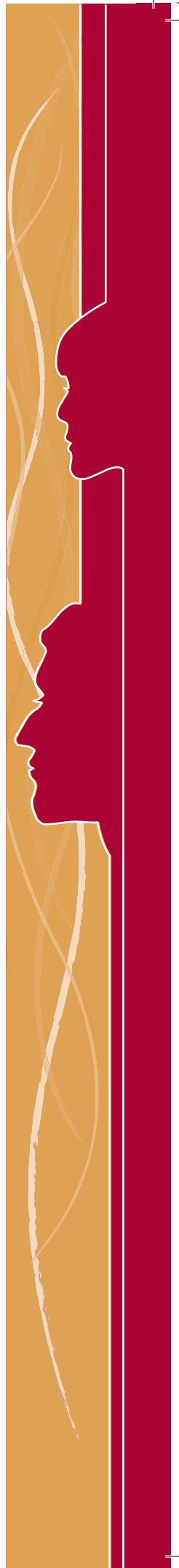
In early 2010, the Dayton Council on Health Equity (DCHE) Advisory Council reviewed the preliminary draft report of the 2009 Local Conversation and formed three ad hoc subcommittees, which included 1) Local Minority Health Data, 2) Community Strategic Plan, and 3) Health Marketing, to focus its efforts in designing a community strategic plan. PHDMC/Dayton Council on Health

Equity developed 2004-2006 and 2006-2008 local minority health data, and mapped Montgomery County census tracts by race/ethnicity, sex and age.

The DCHE Advisory Council has:

- Contributed feedback to PHDMC's "Draft" Community Needs Assessment,
- Requested and examined available local qualitative and quantitative health data, as provided by PHDMC,
- Determined the geographic catch basin areas for the target minority populations,
- Discussed and continues to examine social determinants of health to determine community assets/inequities, and other key indicators unique to the local community that affect health behavior, choice and lifestyle, and,
- Discussed the need for and continues to research evidence-based, research-oriented best practices for improved minority health outcomes.

The Coordinator of the Dayton Council on Health Equity will continue to monitor the health status of local minorities, engage policymakers who influence local and state government, community/environment and systems on minority health issues, provide the community with minority health data, and link the minority community to services and resources. In addition, the Coordinator will work collaboratively with the DCHE Advisory Council and community partners to implement local strategies to reduce health disparities and improve minority health outcomes.



Advisory Council–Dayton Council on Health Equity–2010

Marlon Aldridge Executive Director/
Founder, Black Man’s
Think Tank

Julie Arias Census 2010

Donerik Black Manager, The Dayton
Weekly Newspaper

Mark Floro Executive Director,
Grandview Hospital,
Cassano Clinic

John Gower Director, Planning &
Community
Development, City
of Dayton

Gary Greenberg Director, Projects &
Grants Development,
ThinkTV

Stephen Grundy Director, Nutrition
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Public Schools

Anne Henry Regional Director,
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American Cancer
Society

Bishop Craig High Pastor, Bethesda
Temple

Gregg Hopkins Executive Director,
Community Health
Centers of Greater
Dayton

Vivian Jackson Assoc. Professor,
Sinclair Community
College, Life Sciences

Jim Johnson General Manager/
Owner, WDAO Radio

Bill Hardy AIDS Resources
Center Ohio, Inc.
(Valerie Kapps,
delegate)

Alma Nelson Director, Adoption &
Foster Care Servs/CSB,
Job & Family Servs.

Christal Pagan-Pumphrey WPAFB & League of
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Raymond Roach The Miami Valley
Native American
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Lisa Rucker Director, Community
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Benjamin Speare-Hardy Rector, St. Margaret’s
Episcopal Church

Rameshwar Srivastava Supervisor, Systems
Evaluation-ADAMHS
Board and President,
Dayton Asian American
Council

Deborah Styles Executive Director,
Urban Minority
Alcohol & Drug Abuse
Outreach

Chandra White-Cummings Director, Black Life
Issues & Action
Network

Carlton Williams Dayton Health
Ministries & WSU/
Community Outreach

Participants–2008 and 2009 Local Conversations to End Health Disparities

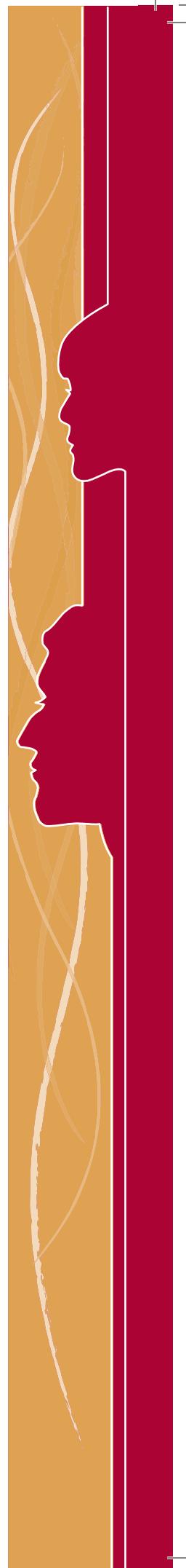
Alcohol, Drug Addiction, Mental Health
Board (ADAMHS)

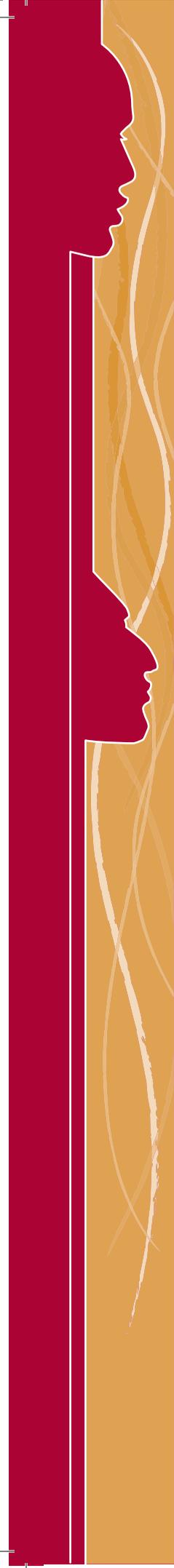
American Cancer Society

Amerigroup Community Care Provider
Relations

Black Life Issues & Action Network
Black Men's Think Tank
Board of Health
Bright Future Lactation Resource Center
Cassano Health Center
Center for Healthy Communities
Children's Medical Center
City of Dayton
Community Initiative to Reduce Gun Violence (CIRGV)
Community Health Centers of Greater Dayton (CHCGD)
Community Impact – United Way of the Greater Dayton Area
Day-Mont Behavioral Health Care
Dayton Black Americans for Life
Dayton Metropolitan Housing Authority
Dayton Public Schools
Family & Children First Council
Family and Children First Council
Five River Metro Parks
Freelance Facilitator
Good Samaritan Hospital
Grandview Hospital
Heard Management
Help Me Grow-Brighter Futures
Hospice of Dayton
Innovative Interchange Associates
League of Women Voters
Levin Family Foundation
Life Connection of Ohio
Miami Valley Hospital/Mahogany's Child
Montgomery County Courts
Mental Retardation & Developmental Disabilities Board

Ombudsman's Office
Parity, Inc
Public Health – Dayton & Montgomery County (PHDMC) HIV Prevention
PHDMC Lupus Awareness Program
PHDMC Women's Health & Education Program
Physicians' Charitable Foundation
Premier Health Partners
Reach Out of Montgomery County
Samaritan Behavioral Health
Samaritan Homeless Clinic
SCLC HIV Program/WDAO Radio
Sinclair Community College, Life & Health Sciences
Sinclair Community College, Allied Health
South Community Hospital, Employee Assistance Program
St. Margaret's Episcopal Church
Step Up to Success!
Sunlight Village, Inc. & Juvenile Detention
Symmetry
The Adam Project, Inc.
Think TV of Greater Dayton
United Missionary Baptist Church
United Way of Greater Dayton
Veterans Administration
Wright State University (WSU) – Department of Pediatrics
WSU – Center for Global Health
WSU – College of Nursing and Health
WSU – Human Development Institute, School of Professional Psychology
WSU – SARDI Program
WSU – Research Evaluation Enhancement Program (REEP)





Executive Director, Dayton Council on
Health Equity—Cheryl Cain Scroggins

Data Sources

Ohio County Profiles, Montgomery
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(Office of Policy, Research and Strategic
Planning)

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ODH 2009 Ohio County Profiles

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datawarehousev2.htm](http://dwhouse.odh.ohio.gov/datawarehousev2.htm)

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