



Lorain County

Local Conversations on Minority Health

Report to the
Community 2011



*Funded by the Ohio Commission on Minority Health Grant # MGS-09-04
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
Community Health Partners Regional Health System	3
Logan County Urban League	3
Geographic Scope	3
Demographic Profile of Lorain County.....	3
Health Disparities in Lorain County.....	3
Data Sources	4
Local Conversations on Minority Health Phase I	5
Local Conversations on Minority Health Phase II.....	6
Next Steps	7
Acknowledgements	8

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 Lorain County Health Disparity Reduction Plan in this document is a result of this process. The lead agency for the first phase of the Local Conversations in Lorain was the Community Health Partners Regional Health System (now Mercy Health System). For the second phase, the lead agency was the Lorain County Urban League.





Community Health Partners Regional Health System

The Community Health Partners Regional Health System (now known as the Mercy Health System) is a full-service, non-for-profit, integrated healthcare system that provides inpatient, outpatient and ancillary services to Lorain County and the surrounding communities.

Lorain County Urban League

The Lorain County Urban League (LCUL) is a non-profit organization whose mission is to empower African Americans and all disadvantaged persons in the Lorain community to participate equally in the educational, economic, and social mainstream. LCUL has been offering advocacy, education, youth development, employment, health and housing programs for the past thirty years. Its health programs include Save Our Sons, an African American men's diabetes prevention program replicated in three states, Save Our Families, an African American /Hispanic Families diabetes prevention project, asthma and anti-tobacco campaigns, a network of referral services, and a newly established Health Advisory Board committed to promoting healthy living and awareness of health disparities within Lorain County.

Geographic Scope

The geographic scope of this project is Lorain County, a county in northern Ohio considered to be part of the Greater Cleveland region. The county seat of Lorain County is Elyria and the largest community the city of Lorain. The county population has been estimated at 301,356 in 2011.

Demographic Profile of Lorain County

Lorain County has a slightly higher minority population than the state as a whole. In roughly equal proportions, African Americans and Latinos constitute the majority of the county's racial/ethnic population.

Racial/Ethnic Composition of Lorain County and Ohio, 2010

<i>Category</i>	<i>Lorain County</i>	<i>Ohio</i>
White, non-Hispanic	80.2%	81.1%
African American	8.6%	12.2%
Persons of Hispanic or Latino origin	8.4%	3.1%
Persons of two or more races	3.0%	2.1%
American Indian/Alaska Native	0.3%	0.2%
Asian American	0.9%	1.7%

Poverty rates are slightly lower in Lorain County than in the rest of the state, 14.1% and 15.1% respectively. However, current unemployment rates for the county (8.5%) are slightly higher than state rates (8.4%) and unemployment rates for the city of Lorain are substantially higher at 10.6%. These high unemployment rates may be expected to increase the number of county residents living below the poverty line.

Health Disparities in Lorain County

Health disparities are a significant concern in Lorain County. According to the Ohio Department of Health Cancer Surveillance System (2008), there are disproportionate rates of certain types of cancers for African American males and females.

Cancer Incidence Rate by Race and Gender, Lorain County

Cancer type	White Male	African American Male	White Female	African American Female
Colon	62.6	77.8	43.0	36.2
Lung	95.2	108.9	58.8	59.5
Kidney	16.2	29.6	8.5	11.1
Prostate	134.8	263.1	N/A	N/A
Stomach	9.5	23.3	3.8	10.2

Infant health and infant mortality is another area of health disparities. African American and Latino mothers are significantly overrepresented in virtually every category of risk factors for adverse health outcomes for their infant children.

Risk Factors for Adverse Infant Health Outcomes in Lorain County by Race/Ethnicity

Risk Factor	White	African American	Latino
% Low Birth Weight	7.4%	13.3%	7.6%
% Very Low Birth Weight	1.3%	3.0%	1.7%
% Preterm	11.1%	15.6%	10.7%
% Late Prenatal Care	24.5%	38.5%	37.8%
% Unmarried	38.0%	80.4%	57.3%
Teen Birth Rate (15-17)	15.9%	50.0%	55.2%
Infant Mortality Rate	6.0%	13.8%	8.8%

African American and Latinos are also significantly more likely to contract sexually transmitted diseases than their white peers, as shown below.

STD Type	White	African American	Latino
Chlamydia	128.2	981.4	320.5
Gonorrhea	45.5	681.9	88.0

In addition, although African Americans constitute only 8.6% of the Lorain County population, the number of African Americans living with HIV/AIDS (5,610) in Lorain County is greater than that of the white population (5,521) who make up 80.2% of the county population.

An analysis of 2004 Ohio Health Survey data focused on health disparities experienced in the Latino community in Lorain County. Latino adults in the county were about two times more likely than other respondents to be uninsured, to have been told they have diabetes, to lack a usual source of health care, to report unmet health needs, and to delay obtaining medical treatment.

Data Sources:

Ohio Department of Health (2010). *CFHS & FP health status profile: Lorain County, Ohio*. Retrieved from: www.odh.ohio.gov/ASSETS/.../Lorain%20County.pdf

Ohio Department of Health (2004). *Chart Book #12: Lorain County profile minority health 2004*. Retrieved from: www.odh.ohio.gov/ASSETS/.../Lorain_MH_2004.pdf

Ohio Department of Health (2008). *Lorain County cancer profile*. Ohio Cancer Incidence Surveillance System. Retrieved from: www.odh.ohio.gov/ASSETS/.../Lorain.pdf





Local Conversations on Minority Health

Phase I

Phase I of the Local Conversations on Minority Health in Lorain County was sponsored by the Community Health Partners (CHP) Regional Health System. This group hosted a community meeting that was attended by more than a hundred participants and had representation from social service agencies, faith-based organizations, health service providers, government, and youth participants. Of those participating, 70.9% were African American, 20.4% white and 8.7% Hispanic. The meeting resulted in an identification of community needs in the areas of resources, services, capacity building, and infrastructure and a series of recommendations to meet these needs. Those recommendations were as follows:

Resources

1. Advocate for increased funding to support the development of additional health promotion and health service programs.
2. Work to increase assistance to individuals experiencing funding emergencies related to healthcare needs.
3. Create local resource information directories that would list available healthcare programs and providers and provide information on sources for assistance with medication needs.
4. Increase efforts to educate community members about available resources through word-of-mouth strategies and marketing in diverse community locations.
5. Explore providing health information through options such as setting up telephone hotlines where

consumers could call in to get health questions answered.

Services

1. Increase community awareness about mental health issues and where to go for help with mental health problems.
2. Increase awareness of health professionals about mental health concerns affecting the minority community.
3. Encourage the development of mental health programs targeted to specific age and ethnic groups and to specific problems such as depression, suicide risk, and anger management.
4. Advocate for the development of programs to address needs identified by adults and youth in the community as being high priority (e.g., breast cancer awareness, teen pregnancy, sex education, internet safety, dental services, nutrition education, childhood obesity prevention, and alcohol and drug treatment for youth).
5. Provide education and outreach to address the prevention of diabetes.
6. Create print and A/V materials and host community discussions that advance the concept of health disparities as a whole community concern.

Capacity Building

1. Support enhanced collaboration among health care organizations and other community service.
2. Provide training and resources to develop community members' skills in carrying out advocacy activities for needed health disparity resources.

3. Bring health disparity needs to prominent attention among key stakeholders such as legislators and health care organizations.
4. Increase the availability of assistance with grant writing and fund-raising.
5. Provide education to voters on what ballot wording means and the implications of voting yes or no on health-related issues up for a vote.
6. Carry out research on best practices in health disparity reduction and advocate for their replications in the local community.

Infrastructure

1. Establish an advocacy group that includes key stakeholders and that will develop a strategic plan of action to eliminate health disparities.
2. Offer health-related programs in diverse settings such as schools and churches.
3. Work to develop a “one stop shop” approach in which multiple services could be provided in one location.
4. Recruit more minority health care providers who are willing to serve the uninsured or underinsured.
5. Recruit more community volunteers and increase their use in advocacy and support roles for patients.
6. Explore options to reduce transportation barriers such as providing incentives to car dealerships for van donations

Phase II

Phase II of the Local Conversations was carried out by the Lorain County Urban League. The LCUL held six community meetings to continue the work begun by the CHP. The meetings hosted by the Urban League targeted representation from the minority health consumer population in the most underserved and impoverished areas of Lorain County. One event included 40 African American men who had participated in a diabetes prevention program conducted by the LCUL. Another brought in individuals who were seeking food and material help from the Salvation Army in the city of Lorain. Over 193 individuals participated in these community meetings held in the most impoverished areas in Lorain, Elyria and Oberlin Ohio. Of those participating, 79% were African American, 17% Hispanic, 2% White, 1% Asian and 1% Native American. Ninety seven participants were female and ninety-six were male. Phase II participants added to and completed the work begun in Phase I of the project. The strategic plan that follows resulted from these community dialogues.

Participants in Phase II of the project reviewed recommendations made by representatives from social service agencies, faith-based organizations, health service providers, government, and youth participants. After reviewing these recommendations each of the groups was asked to prioritize the recommendations. There was general consensus by all 6 groups on the following four priorities:

1. Recruit more minority health care providers who are willing to serve the uninsured and underinsured.
2. Increase efforts to educate community members on available resources through word-of-mouth and marketing in diverse community locations.



- 
3. Establish an advocacy group that includes key stakeholders.
 4. Provide education to voters on what ballot wording means and the implications of voting yes or no on health related issues on which they will be voting.

However, in all 6 groups there were lengthy discussions on an additional item not mentioned by Phase I representatives of social service agencies, faith-based organizations, health service providers, government, and youth participants. This priority was:

- The inequalities in medical treatment for the uninsured and underinsured.

All groups perceived a difference in the way individuals without medical insurance or with inadequate insurance are treated versus those that were insured. This was followed in almost every group by a perception that only a limited number of options and limited services were targeted to this population. Every Phase II group participating in the local conversations cited numerous examples of unequal treatment for the poorest populations and felt that the only way to combat this was to “recruit more minority health care providers willing to serve the uninsured and underinsured.”

Next Steps

The Lorain County Local Conversations on Minority Health gathered the recommendations and agreed upon minority health priorities of almost 300 individuals representing social service agencies, faith-based organizations, health service providers, government, youth and most importantly, the minority health consumer population in the most underserved and impoverished areas of -Lorain County. These “conversations” on health disparities

identified significant health needs and conditions that must be addressed, while also generating community perspectives and strategies toward local action plans that could address minority health needs within the county.

The Lorain County Urban League, in collaboration with the Ohio Commission on Minority Health will take the first steps in facilitating the adoption and implementation of a strategic action plan that can positively affect the health disparities existing in Lorain County by:

1. Disseminating this report to all agencies, faith-based organizations, health service providers, government representatives, gatekeepers, hospitals, health departments, foundations, non-profits and others taking part in any aspect of the Lorain County Local Conversations on Minority Health.
2. Making the report available to others who have the potential of addressing the perceptions, needs and recommendations cited within.
3. Encouraging continuing discussion and action on the recommendations and priorities cited by conversation participants.
4. Establishing linkages and collaborative efforts to insure that the most underserved, uninsured and underinsured populations within Lorain County are better informed of the health resources available to them.
5. Working to impact as many of the priorities cited in the report in all future LCUL health projects and collaborations.
6. Making all notes and participant comments not published in the

report available to any organization or individual working to improve conditions responsible for continued health disparities with Lorain County.

the community's perspective, and strategies could be generated toward local action plans to address minority health needs.

Acknowledgements

The Lorain County Urban League (LCUL) is grateful to the Ohio Commission on Minority Health (OCMH) for initiating and funding both Phases of the Lorain County Conversations on Minority Health and for their confidence in the LCUL to ensure that Lorain County's most underserved, uninsured and underinsured populations were included in these important health conversations.

We thank OCMH Executive Director Angela Dawson, Lisa Stafford, Yvonka Hall and Fatima Perkins for their invaluable guidance, Mercy and the Parish Nursing program for their work on Phase I of the project, the men and women from the Save Our Sons and Save Our Families Diabetes Prevention programs for their candid input, Rhonda Lewis for her facilitation of the Save Our Families participant sessions and the LCUL Health Advisory committee for their advice and support.

LCUL President/CEO George Lambert Jr. also thanks his Director of Programs, Michael Ferrer, for coordination of the project, facilitation of the Save Our Sons participant sessions, documentation of participant input and for his contributions to this final report.

Finally, all parties associated with this project thank Dr. Betty Yung for her hard work, diligence and attention to detail in compiling the final product representing the efforts of all Ohio groups in carrying out community-wide discussions on local health disparities in which health needs could be identified and prioritized from



