Portland (Oklahoma), OK

Local Conversations on Minority Health

Report to the Community 2011
Funded by the Ohio Commission on Minority Health Grant #MGS 09-12
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National 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 Portsmouth Health Disparity Reduction Plan in this document is a result of this process.

The Portsmouth Local Conversations on Minority Health were facilitated by the Portsmouth Inner City Development Corporation (PIDC) is a community-based nonprofit agency established in 1978, to address concerns about

Portsmouth Inner City Development Corporation

The Portsmouth Inner City Development Corporation (PIDC) is a community-based nonprofit agency established in 1978, to address concerns about
improving the living conditions and health disparities within the City of Portsmouth, with emphasis on the minority population which is concentrated in the Findlay Street Neighborhood commonly known as the North End.

As part of our continues efforts to eliminate health disparities in the minority community, Portsmouth Inner City Development Corporation has developed, maintains, and owns several projects that serve as a conduit for mental health service recipients. PIDC operates two (2) mental health facilities housing chronically mentally ill patients who demonstrate the ability to live independently. The two (2) properties provide forty-five (45) housing units. Our working partners for these projects are Shawnee Mental Health. Additionally, as part of our commitment to improve the lives of our minority constituents, PIDC has developed a high-rise facility specifically housing the handicapped and elderly community. This project has twenty-five (25) units with an on-site service provider from American Association of Retired Persons (AARP).

Geographic Scope

Portsmouth is the county seat and the largest urban area in Scioto County, a Southeastern County bounded by the Ohio River. Scioto County is one of the physically largest counties in Ohio; however, it is relatively sparsely populated. One reason for the lack of density in the population is that most of the county (75%) is forestland. The second reason is that Scioto County suffers from outmigration due to the economic climate in the area. As of October, 2011, Scioto County had an unemployment rate of 12.2%, giving it the fourth worst county unemployment rate in the state. Per capita incomes are lower in Scioto County when compared to the State of Ohio and United States in general.

Scioto County Demographic Profile

The estimated 2010 population of Scioto County is 79,499. Approximately 25% of the county population (20,226) resides in Portsmouth. The chart below shows that the population composition of the city is more diverse than that of the county.

<table>
<thead>
<tr>
<th>Racial/ethnic group</th>
<th>Scioto County</th>
<th>Portsmouth</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>94.4%</td>
<td>90.1%</td>
</tr>
<tr>
<td>African American</td>
<td>2.7%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Native American/Alaskan Native</td>
<td>.5%</td>
<td>.4%</td>
</tr>
<tr>
<td>Asian American</td>
<td>.3%</td>
<td>.6%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>1.7%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Latino</td>
<td>1.1%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

The goal of Local Conversation to “eliminate health disparities that occur by race and ethnicity, gender, education, income, geographic location, disability status, or sexual orientation.” PIDC and its partner, Southern Ohio Medical Center, wish to enhance this goal in Southern Ohio. Health disparities are the persistent gaps between the health statuses of identified populations. Despite continued advances in health care and technology, Appalachian counties and impoverished areas continue to have more disease, disability, and premature death than non-Appalachian, more affluent counties. Appalachians and other minorities in lower socioeconomic classes are at greater risk of chronic conditions such as cardiovascular disease, stroke, cancer, low birth weight and diabetes.

For the purpose of this document there is insufficient data compiled which distinguishes the minority group within Appalachia. As defined, Appalachians are themselves considered a minority.
Health Disparity Indicators

Accessibility to healthcare is a disparity most often associated with the barriers of entry into the health care system. Health insurance coverage directly affects access to medical care, regardless of race. There are an increasing number of people who work without the benefit of health coverage. The excessive use of the emergency and urgent care departments of local hospitals increases the cost of care for individuals and does not offer the continuity of care needed. In many cases, patients are forced to use the emergency room simply because it is the only medical facility they are able to access. Nearly 5.5% of the population in Scioto County represents a minority status, and the North End Community in Portsmouth Ohio is identified as the area with the highest percentage of minority residents. The residents of this neighborhood have been reluctant to participate in programs in which they are not familiar. The strategies outlined in the Portsmouth Health Disparity Reduction Plan will help to reduce these barriers.

Education levels and low health literacy levels add to a list of continued complexities that also create barriers to health care access. Only 11.7% of individuals in Scioto County have a bachelor’s degree or higher, with 18.2% of the population lacking a high school diploma.

National census data shows that Scioto County residents have a household mean income nearly $20,000 less than the national average, as well as 16.9% of families living below poverty level—almost double that of the national average of 9.6%.

A Community Health Survey was conducted in Scioto County in 2007 by an independent contractor, Professional Research Consultants, Inc. (PRC). PRC found that 26.2% of adult age 18-64 in Scioto County lack healthcare insurance coverage, nearly doubles the State of Ohio’s percentage of 14.6%.

At the time of the survey conducted by PRC, Scioto County residents were experiencing major health care barriers, such as high prescription costs, doctor visit co-pay expenses, and lack of transportation. The respondents were reporting they were unable to fill prescriptions. Only 68.9% reported receiving ongoing medical care, well below the Healthy People objective of 96% or higher. Without access to a regular source of care, patients have more difficulties obtaining care, make fewer visits to the doctor, and have more difficulty accessing prescription drugs. These difficulties also limit a patient’s access to referrals for specialty care.

Lack of access to public or reliable transportation is another health care access barrier. The majority of the population lives outside of the city limits and many households are unable to afford fuel for frequent trips for health care and they often miss appointments.

Specific health disparity concerns in the county include low infant birth weight, inadequate participation in cancer screenings, and disproportionate incidence of diabetes, high blood pressure, and obesity.

Low Birth Weight in Scioto County

Low birth weight is the single most important factor affecting infant morbidity and mortality. Also, some studies show the effect of low birth weight continues and attributes to adverse medical conditions throughout life. Low birth weight infants are prone to increased health issues such as heart disease, brain damage, developmental issues and diabetes. Various medical researches have linked poverty and other social factors to low birth weight. Some potential causes could
be variation in the quantity and quality of health care, unemployment, housing conditions, and low social support.

Low birth weight represents two factors: maternal exposure to health risks and an infant’s current and future morbidity, as well as premature mortality risk. The health consequences of low birth weight are numerous. Low birth weight is the percent of live births for which the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.).

Data on births, including weight at birth, are based on birth certificates and are routinely reported to the National Vital Statistics System (NVSS) at the National Center for Health Statistics, part at the Centers for Disease Control and Prevention (CDC). In 2009, a total of 10.3% of births in Scioto County were low birth weight; only seven of Ohio’s 88 counties had worse rates.

Other Indicators

The rates of Scioto County residents receiving mammograms, pap smears, and sigmoidoscopies are lower than state rates for these screenings. Scioto County residents also have higher rates of diabetes, high blood pressure, obesity, and sexually transmitted diseases than the state as a whole. In addition, Scioto County is designated as a Medically Underserved Area and a Health Professional Shortage Area in Primary Care, Dental Health, and Mental Health.

Data Sources

http://quickfacts.census.gov/qfd/states/39/3964304.html
http://quickfacts.census.gov/qfd/states/39/39145.html
http://www.odh.ohio.gov/ASSETS/4C01F40C57AB4E0F899B1595FB899D5BC/2008BirthSummary.pdf
www.odh.ohio.gov/ASSETS/.../scioto.pdf

Local Conversations on Minority Health

The Local Conversations on Minority Health were held in two phases.

Phase I

Phase I was held in November, 2008 at a meeting in which attendees identified health-related needs affecting the minority community in Scioto County and Portsmouth. During the first Local Conversation on Minority Health, participants were divided into four breakout groups that discussed the following four areas of need: Resources, Services, Infrastructure, and Capacity Building. Each group consisted of a facilitator and scribe that aided the group in identifying and reaching consensus on the need. Upon identification of need, the participants went through an exercise in which they prioritized the needs identified.

Phase II

Phase II consisted of three community meetings in which the needs were further analyzed and recommendations prioritized. The focus of these forums was to develop a strategic plan and prioritize the recommendations from the four break-out groups in the Phase 1 meeting. The finalized recommendations are presented in the Portsmouth Health Disparity Reduction Plan.

Portsmouth Health Disparity Reduction Plan

Resources

1. Work to increase funding for the expansion of health services including multi-cultural sensitivity training for the development of health care resources for organizations providing health services to minority communities inclusive of African Americans, Native Americans, Hispanic, and Latinos.
2. Increase the use of technology for information sharing among service providers as a vehicle for reaching community audiences with health information.
3. Explore collaboration with Shawnee State University, Family and Children First, the Red Cross and other appropriate agencies as identified to create a web-based health directory for available health services.
4. Increase the access of health education materials in the community, particularly those designed for individuals with lower levels of literacy.

Services
1. Increase services that will meet basic needs of food, shelter, safety and transportation for families
2. Expand basic physical and mental health services in areas of identified needs such as:
   - Substance abuse prevention
   - Teen pregnancy prevention
   - Domestic violence prevention
   - Dental care
   - Nutrition education
   - Mental health crisis stabilization
3. Develop marketing initiatives that will:
   - Decrease the stigma associated with seeking mental health services and substance abuse services.
   - Motivate people to engage in positive health behaviors.
   - Increase community participation in wellness events.
   - Create messages that are culturally appropriate to better serve minority communities.
4. Increase the number of health education and health promotion programs for students and parents in schools and after school.
5. Increase the use of volunteer community educators providing health education services in schools and other community locations by involving community members in health education.
6. Develop healthcare recruitment strategies which target specific minority groups. This includes a “grow your own” initiative whereby participants are groomed to pursue health care careers with gratis tuition incentives.

Capacity Building
1. Establish a task force to identify the best practice models in health disparity reduction and determine which strategy will be effective and appropriate for our local community.
2. Establish partnerships which would increase and address self-sufficiency of individuals and families in the community by:
   - Increasing the number of health service providers in the region through arrangements with medical and other health training programs;
   - Involving local groups such as tenant councils and faith-based organizations in providing health education, encouraging participation in health screenings and adopting positive health practices.
3. Promote and provide opportunities for networking among service providers to facilitate better coordination of health services by sharing of resources. This would include
jointly funding a grant writer and collaborating on the preparation of grant proposals for minority health disparity reduction initiatives.

4. Identify organizations and individuals who have knowledge of the location and needs of indigent residents.

5. Assess the health needs of the minority community by seeking direct input from members of the targeted population.

6. Establish a broad-based coalition of individuals/groups representing multiple sectors of the community who will plan and implement an initiative to reduce health disparities, keep a sustained focus on minority health issues, and advocate for resources with policymakers.

7. Partner with private sector and local government to develop healthy physical alternatives such as walking paths and free public exercise classes.

**Infrastructure**

1. Establish free health clinics that provide necessary medications (excluding prescriptive pain medication) to reduce the overuse of emergency rooms and to promote preventive health care.

2. Make information on generic drugs and on drug company medicine assistance programs available to the community.

3. Advocate for legal protection for health professionals who volunteer to provide free health services. This would increase the number of professional volunteers in providing health services in underserved communities.

4. Mount annual community fundraisers to help support access to health care.

**Listing of Participating Organizations**

**Southern Ohio Medical Center (SOMC)** is a 222-bed hospital in Portsmouth, Ohio, providing emergency and surgical care, as well as a wide range of other health-care services. SOMC employs 2,200 full- and part-time people, has a medical staff of more than 140 physicians and specialists, and is supported by more than 800 volunteers. Inpatient and outpatient programs and services are delivered through the work of more than 2,000 employees and a staff of more than 140 board-certified or board-eligible physicians and specialists. The operation of SOMC follows guidelines of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the nation’s predominant standards-setting body in health care, and SOMC has received top honors from that organization for meeting standards. At SOMC, our mission is to make a difference. We strive to live out that mission by providing our region with the highest quality of care, delivered by professionals who are among the best in their fields. We extend that care and passion to make a difference into the community by being a very good neighbor, employer, and community supporter.

**Scioto County Homeless Shelter, Operation Safety Net**

615 8th Street
Portsmouth, OH 45662-3928
Phone: (740) 353-4085

Scioto CO Homeless Shelter is a private company categorized under Social Service and Welfare Organizations and located in Portsmouth, OH. Funded by the Scioto Christian Ministry. One time rental assistance, temporary housing, food and clothing pantry, Member of the Scioto County Continuum of Care.
Al Oliver Foundation Corporation
P.O. Box 1466
Portsmouth, Ohio 45662
Phone: 740-355-6866
Fax: 740-355-1162
Email: oliveral27@yahoo.com

The Al Oliver Foundation Corporation is organized exclusively for charitable purposes. The purpose of this corporation is to enhance the lives of youth, seniors, veterans and individuals with physical and/or mental handicaps through provision of services and activities that promote health and wellness ultimately leading to increased self-esteem.

Shawnee Mental Health Center, Inc. is a private, non-profit comprehensive community mental health center that has been serving the residents of Adams, Lawrence and Scioto Counties in Ohio since 1973. Our first office was located in Portsmouth, Ohio adjacent to Portsmouth Receiving Hospital (the state psychiatric hospital for south east Ohio). In 2001 we moved from that location to 901 Washington Street in Portsmouth into the former Leet Lumber Company Building which we purchased and remodeled into offices.

Services in the other two counties were provided out of small, leased offices until the early 1980s when the Adams County Commissioners and the Lawrence County Commissioners received grants from the National Institute of Health to build two office buildings (one in West Union, Ohio in 1980, and one in Coal Grove, Ohio in 1981) to house our clinics. In 2003 we opened a second clinic in Coal Grove and we established a crisis stabilization unit in Portsmouth. We serve approximately 5,000 people each year.

American Red Cross
Ohio River Valley Chapter
1801 Robinson Avenue
Portsmouth OH 45662
Phone 740-354-3293

The Mission of the American Red Cross, a humanitarian organization led by volunteers and guided by its congressional charter and the Fundamental Principles of the International Red Cross Movement, will provide relief to victims of disasters and help people prevent, prepare for, and respond to emergencies.

United Way of Scioto County is a Community Solutions Provider which provides support and funding to community based organizations. United Way helps agencies become self-sufficient in order to better meet the needs of the community.

The United Way of Scioto County is a 501(C)3 not-for-profit agency that is governed by a Board of Trustees which are volunteers who work and or reside in Scioto County. The United Way of Scioto County is staffed by Executive Director, Mary Ann Miars-Peercy and Office Manager, Terri Diaz.

Shawnee State University
940 Second Street
Portsmouth, Ohio 45662-4344
To_SSU@shawnee.edu
740.351.4SSU
TTY: 740.351.3159

Shawnee State University—the regional state university for Southern Ohio—prepares students for the changing needs of business, industry, education, and society through its diversified degree programs. Recognizing the importance of knowledge, values, and cultural enrichment, Shawnee State University is committed to providing higher education that fosters competence in oral
and written communication, scientific and quantitative reasoning, and critical analysis/logical thinking. To enrich the lives of the community, the University provides opportunities for continuing personal and professional development, intellectual discovery, applied research, and appreciation for the creative and performing arts.

**Scioto County Commissioners**

Vernal G. Riffe III, Chairman  
Thomas Reiser  
Mike Crabtree

County Commissioners today are key players in bringing new businesses and industries to their communities, and keeping established employers from moving away. This means creating environments favorable for business growth and development -- using tax incentives and infrastructure planning tools more aggressively than ever before. Welfare reform, with the responsibility it gives counties to move unemployed Ohioans into jobs, has also put County Commissioners out front in local employment training and workforce development efforts.

**Portsmouth Metropolitan Housing Authority**

410 Court Street Portsmouth, OH 45662  
Telephone: 740-354-4547  
Fax:740-353-3677  
email: pmha@pmha.us

On August 1, 1998, Portsmouth Metropolitan Housing Authority celebrated its 60th Anniversary. Established in 1938, PMHA was created by a group of concerned citizens who came together to address the lack of adequate housing caused by the devastating winter floods of 1937.

With cooperation from city officials and financial support from the federal government, PMHA first opened its residential doors to the public in 1941, providing “decent, safe and sanitary housing” to people on limited incomes. It served the public well in its early years and continues to do the same today. Last year, the housing authority experienced a 98.5% occupancy rate.

Over the decades Portsmouth Metropolitan Housing Authority has grown in size and administrative complexity. But despite the never-ending changes in housing laws and government regulation, PMHA continues to keep the commitment of its original founding fathers.

Today, PMHA owns, maintains and rents 886 units of public housing; employs a full-time staff of fifty, and annually generates over $4 million into the local economy.

**Scioto County Head Start**

**HIGHLAND HEAD START**  
1511 Hutchins St, Portsmouth, OH 45662-3615  
(740) 354-3333

The Highland Head Start is a Head Start Center in Portsmouth, OH. It has a capacity of 165 and accepts children ages of: Infant, Toddler, Pre-School, School-age Age.

**FARLEY SQUARE HEAD START**  
1221 Farley Court, Portsmouth, OH 45662

The Farley Square Head Start is a Head Start Center in Portsmouth, OH; it has a capacity of 20 and accepts children ages of: Pre-School.

**Scioto Department of Job & Family Services**

710 Court Street  
P.O. Box 1347  
Portsmouth, Ohio 45662-1347

**Agency Vision Statement**

To provide children with financial and medical support from non-residential parents in accordance with the parents’
means. To do so in an atmosphere which enhances the non-residential parent’s, sense of responsibility to their children. To understand that child support is not just a question of dollars and cents but involves the emotions of personal and intimate relationships.

The Scioto County Child Support Enforcement Agency is committed to providing quality services for your child by establishing paternity, location, setting and enforcing support and medical orders, modifying support and monitoring collections and disbursements of support obligations. We strive to help you obtain your child support needs.

*Portsmouth Inner City Development Corporation*

1206 Waller Street
Portsmouth, Ohio 45662
(740)354-6626

The Portsmouth Inner City Development Corporation (PIDC) established in 1978 is a minority owned 501 C (3) nonprofit organization. The goal of PIDC is community development. PIDC administers several programs structured to assist the underserved through housing development, employment training, housing advocacy, and minority business assistance program (MBAC).

*Portsmouth City Schools*

724 Findlay Street
Portsmouth, OH 45662
740-354-5663

Located in Scioto County, on the beautiful Ohio River, The Portsmouth City School District has served the educational needs of students and families living and working in this picturesque Southern Ohio community for over 140 years. Portsmouth is the gateway to three states, seven counties and within 90 miles of many major metropolitan markets. The City of Portsmouth is just 89 miles south of Columbus on U.S. 23; 112 miles east of Cincinnati, Ohio via U.S. 52 (a scenic route) or State Route 32; and 54 miles west of Huntington, WV on U.S. 52. The mission of the Portsmouth City School District is to provide the highest quality of education for all students.

*Portsmouth City Health Department*

605 Washington Street, 2nd Floor
Portsmouth, Ohio 45662
(740) 353-8863 Ext. 252
Fax: (740) 354-7854
maloy@odh.ohio.gov

The Clinic/Nursing section of the Portsmouth City Health Department provides many services for the citizens of Portsmouth.
January 6, 2011

Portsmouth Inner City Development Corporation
Attn: Ms. Maxine Malone
1206 Waller Street
Portsmouth, Ohio 45662

Dear Ms. Malone,

This letter comes to convey my continued support for the Local Conversations related to the health disparities in the Portsmouth and Scioto County area. I have been part of this particular committee in the past and will be willing to continue to serve in whatever capacity needed.

Thank you for the time and effort you put forth in addressing this matter in our community as well as other ills facing our community.

Should you have any questions and/or concerns of me, please do not hesitate to call on me at any time.

I look forward to our continued relationship as we work together to better the future of the citizens of our great city.

Sincerely,

David A. Malone, Mayor
City of Portsmouth, Ohio