



# Mansfield (Richland County), Ohio

North End Community  
Improvement Collaborative Inc.

Round 2- Continuing the Conversation

Report to the Community 2016



*Round 2 Funded by the Ohio Commission on Minority Health Grant #MGS 16-16*  
*Round 1 Funded by the Ohio Commission on Minority Health Grant #MGS 19-02*  
*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*





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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.





### **North End Community Improvement Collaborative, Inc.**

The North End Community Improvement Collaborative, Inc. (NECIC) is a non-profit community development organization primarily serving three census tracts (CTs 6, 7 & 16) in Richland County, Ohio. NECIC's work is guided by a community driven Community Economic Development Plan approved on February 15, 2011 by Mansfield City Council.

This plan outlines action steps and partnerships in the following areas: Data collection, public transportation, healthcare access, cultural competency, and has been successful in aligning resources to target resident identified challenges within the neighborhood. However, after five years of continuous work implementing the strategies identified in the plan, it is become evident that while there has been measurable improvement in all of the aforementioned areas, the initial plan failed to address what has risen to the top of community concerns...Health and Safety.

Beginning October 1, 2016, NECIC began to formally incorporate the Health and Safety focus into an amended plan to be taken to Mansfield City Council in 2017.

NECIC's strategic plan, however, provides for a broader focus (beyond North End Boundaries) to address conditions particularly impacting members of the African American community. With that in mind, NECIC, in its role as a transformative organizer, convener and leadership development organization, has stepped forward as a local partner championing the achievement of health equity with the support of the Ohio

Commission on Minority Health.

During the Mansfield (Richland County) Local Conversation, held on June 27, 2016, several gaps were encountered particularly within the data collection process. The availability of data for African Americans is often limited, presumably because that demographic represents less than 10% of the county population. Upon discussion of this, several organizations involved in community health planning efforts are being more intentional in addressing these data gaps and service gaps within Richland County.

The participants in the Round 2 conversation, held on June 27, 2016 at the Mid-Ohio Conference Center, NECIC convened members of the African American community and representatives from several organizations listed below, for a robust discussion of minority health disparities as they relate to our local healthcare infrastructure, services, capacity, and resources. Discussion included an overview of the Round 1 conversation and progress made toward those original goals.

Looking forward, Richland Public Health Department is currently conducting the Community Health Survey and has discussed challenges of getting back an adequate number of surveys to establish baseline numbers for African American health planning. Significant discussion took place resulting in the intention to oversample the African American

community and to target schools within Mansfield, the only city within Richland County with a significant African American population.

### Demographic Information

Anecdotally speaking, while African Americans are the largest minority population in Richland County (9%), they comprise over 20% of the population within the City of Mansfield. This has presented data collection challenges, as well as the perceived need to prioritize services to African Americans is diluted within the county system. There are no health related departments affiliated within the City of Mansfield, minority or otherwise.

Richland County has had significant success, however, in addressing the disparate conditions in infant mortality and the prevalence of low birth weight. Since 1999, the Community Health Access Project has researched and published significantly improved health outcomes among African American women by utilizing community health workers, and an outcome based accountability method of coordinating care for mothers and babies at risk for infant mortality and low birth weight called Pathways. This model has evolved into regional hubs which The HUB model involves working across organizational silos within a community to reach at-risk individuals and connect them to health and social services that yield positive health outcomes.

Urban Minority Alcohol and Drug Abuse Outreach program specifically addresses addiction through the operation of prevention and treatment services and are expanding their services to include a wellness clinic.

Efforts to positively and specifically impact health risk factors for chronic illness, such as diabetes among African Americans have taken place through other means such as the Creating Healthy Communities program. Richland Public Health administers this program that promotes health at the neighborhood level. This program has supported healthy and fresh food access, educational programs, diabetes prevention, and promoted walkable neighborhoods.

Despite the challenge of engaging the local African American community in traditional health related programs, within the North End community in Mansfield, which has a large African American population, there have been consistent and ongoing efforts from the Creating Healthy Communities program. Despite the disinvestment in this neighborhood and the lack of a grocery store, the investments in fresh food access, the promotion of physical activity, and addressing the chronic diseases that affect African American populations (diabetes, in particular) has raised awareness, provided education, and other resources to address this area.



## Demographic Information Continued

Total Population	122,813 (100%)	47,150
One Race	118,997 (96.9%)	44,325
White	107,035 (87.2%)	34,233 (72.6%)
Black or African American	10,426 (8.5%)	9,596 (20.4%)
Hispanic or Latino (of any race)	1,937 (1.6%)	1,046 (2.2%)
Mexican	1,086 (0.9%)	646 (1.4%)
Puerto Rican	364 (0.3%)	257 (0.5%)
Cuban	35 (0.0%)	2 (0.0%)
Other Hispanic or Latino	452 (0.4%)	141 (0.3%)
American Indian and Alaska Native	95 (0.1%)	72 (0.2%)
Asian	770 (0.6%)	148 (0.3%)
Native Hawaiian and Other Pacific Islander	25 (0.0%)	0 (0.0%)
Some other race	94 (0.1%)	23 (0.0%)
Two or more races	3,435 (2.8%)	2,563 (5.4%)
White and Black or African American	1,867 (1.5%)	1,554 (3.3%)
White and American Indian and Alaska Native	662 (0.5%)	437 (0.9%)
White and Asian	198 (0.2%)	68 (0.1%)
Black or African American and American Indian and Alaska Native	349 (0.3%)	336 (0.7%)

2010-2014 American Community Survey 5 Year Estimates<sup>1</sup>

## Unemployment Rates, Mansfield, Ohio 2005-2015

Year	Unemployment Rate
September 2015	4.7%
2014	5.7%
2013	N/A
2012	N/A
2011	N/A
2010	N/A
2009	12.6%
2008	7.4%
2007	6.4%
2006	5.9%
2005	6.5%

<sup>1</sup> United States Census Bureau. (2015). ACS Demographic and Housing Estimates, 2010-2014 American Community Survey 5-Year Estimates [Data File]. Retrieved December 15,



**Percentage of Families and People Whose Income in the Past 12 Months is below the Poverty Level<sup>2</sup>**

	Mansfield	Richland County
All Families	20.2%	12.4%
With Related Children Under 18 Years	35.0%	23.4%
With Related Children Under 5 Years	N/A	N/A
Married Couple Families	8.3%	5.3%
With Related Children Under 18 Years	12.8%	9.6%
With Related Children Under 5 Years	N/A	N/A
Families With Female Householder, No Husband Present	44.6%	37.7%
With Related Children Under 18 Years	58.5%	50.2%
With Related Children Under 5 Years	N/A	N/A
All People	25.5%	16.3%
Under 18 Years	37.8%	24.2%
Related Children Under 5 Years	N/A	N/A
Related Children 5 to 17 Years	N/A	N/A
18 Years And Over	N/A	N/A
18 to 64 Years	25.3%	15.8%
65 Years And Over	10.5%	7.9%
People In Families	N/A	N/A
Unrelated Individuals 15 Years And	N/A	N/A

**Cancer Incidence among Richland County White and Black Males and Females 2008-2012<sup>3</sup>**

Cancer Type	White	Black	White	Black
Bladder	33.5	*	6.4	*
Breast	N/A	N/A	111.7	128.7
Colon/Rectum	51.9	*	39.1	*
Lung	86.8	115.6	57.9	*
Pancreas	11.7	*	9.1	*
Prostate	102.0	199.6	N/A	N/A

\*Rate cannot be calculated because of small numbers

<sup>2</sup> United States Census Bureau. (2015). Poverty Status in the Past 12 Months of Individuals by Sex by Employment Status [Data File]. Retrieved December 16, 2015.  
United States Census Bureau. (2015). Poverty Status in the Past 12 Months of Families [Data File]. Retrieved December 16, 2015.

<sup>3</sup> State Cancer Profiles. (n.d.). Retrieved December 16, 2015, from <http://statecancerprofiles.cancer.gov>.



### Richland County Infant Mortality Rates 2007-2012 by Race<sup>4</sup>

Year	Total	White	Black
2007	9.24	7.66	25.53
2008	3.90	4.40	0.0
2009	9.08	8.87	12.20
2010	10.96	10.84	14.29
2011	10.16	10.66	7.52
2012	4.18	3.97	6.67

Rates are per 1,000 births

### 2013 National and Ohio Infant Mortality Rates by Race<sup>5</sup>

Area	Total	White	Black
U.S.	6.0	5.1	11.2
Ohio	7.4	6.0	13.8

Rates are per 1,000 births

From the report: "The racial disparity in infant deaths in Ohio was substantial, with black infants dying at more than twice the rate of white infants."<sup>6</sup>

### Number of Unintentional Drug Overdose Deaths of Richland County, and Ohio Residents and Average Crude and Age-Adjusted Annual Death Rates per 100,000 Population, 2009-2014<sup>7</sup>

	2009	2010	2011	2012	2013	2014	2009-2014 Total	Crude Rate	Age Adjusted Rate	Ratio County to State
Richland County	18	14	15	11	22	31	111	15.0	15.8	0.9
Ohio Total	1,423	1,544	1,765	1,914	2,110	2,482	11,245	16.2	16.9	1.0

<sup>4</sup>Ohio Department of Health. (2012). Neonatal, Post neonatal, and Infant Mortality, Ohio and Selected Counties, 2007-2012 [Data File]. Retrieved December 16, 2015, from <http://healthy.ohio.gov>.

<sup>5</sup>Ohio Department of Health. (2013). 2013 Ohio Infant Mortality Data: General Findings. [Data File]. Retrieved December 16, 2015, from <http://healthy.ohio.gov>.

<sup>6</sup>Ibid.

<sup>7</sup>Ohio Department of Health. (2014). 2014 Ohio Drug Overdose Preliminary Data: General Findings [Data File]. Retrieved December 16, 2015, from <http://healthy.ohio.gov>

## Update to Disparities Reduction Plan

The Mansfield/Richland County Round Two Local Conversation participants revisited action items from the Round One Conversation held in 2011. In each case, the problem statements were re-affirmed and discussion ensued on how to best determine a path forward. The implementation timeline for the action steps are from one to three years and some steps are already in the process.

Listed below are the problem statements and strategic outcomes desired in the areas of infrastructure, capacity, resources, and services and the subsequent action steps identified by the participants during the Round Two Conversations.

### Infrastructure

**Problem Statement:** Current data from local agencies, health providers and community outreach programs is difficult to track, collect, and compile into an accurate picture of local minority health disparities.

**Strategic Outcome:** Data collection methods are improved to gather local information on minority populations receiving health related services and treatment.

#### Updated Infrastructure Action

**Items:** Improve local data collection on minority health.

- Improve methods of outreach to minority communities for the Richland County Health Assessment underwritten by

Richland County Public Health Department and Richland County Mental Health and Recovery Services Board.

- Consider length of the community health assessment (currently 100 questions).
- Ensure that the assessment is easily understood.
- Provide professional assistance for individuals needing help completing the assessment (i.e. Community Health Workers)
- Determine a template to ensure standardized data collection.
- Include local youth violence statistics in data collection due to disproportionate incidence of violence among local minority youth.





**Problem Statement:** There is a lack of minority health care professionals in Richland County.

**Strategic Outcome:** Mechanisms are established to increase the number of minorities employed in the health care sector.

**Updated Infrastructure Action Steps:** Improve local data collection on minority employment in healthcare.

- Track the number of minorities employed in healthcare.
- Track promotions of minorities employed in healthcare.
- Encourage minority hiring within healthcare organizations.
- Track number of minority graduates from local colleges.
- Determine where graduates from local colleges are working (inside or outside of Richland County).
- Discover metrics for Disability-Adjusted Life Year (DALY)
  - Look at year's loss based on socioeconomic status.
- Collect all current data from local agencies.
  - Ohio Health Cultural Diversity Department in Columbus, Ohio.
  - Determine a template to ensure standardized data collection.
  - CHAP Hub can serve as a central warehouse for data collection.
- Cultivate young healthcare professionals from middle

school ages through high school.

- Identify funding to secure programs and participation.
- Include more than healthcare professionals in development of this effort (housing, transportation, childcare, etc.).

## Capacity

**Problem Statement:** Health care providers are unfamiliar with cultural practices regarding racial and ethnic groups, which create challenges for advocacy, education, treatment and health care.

**Strategic Outcome:** Cultural competency forums and training programs are regularly held for health care providers to improve interactions with communities of color.

**Updated Infrastructure Action Items:** Improve cultural competency.

- Develop cultural competency training.
- Research other formats for education, research office image relatability (are minorities represented in advertising, pictures, literature, etc.)
- Learn the difference between compliance and quality personal care and how they affect patient, customer, and/or client.

## Capacity Continued

- Develop a Poverty Simulator and Privilege Test.
- Acknowledge that issues are not just race/ethnic related, but related to socioeconomic status.
  - Be deliberate in outreach to minority communities.
  - Utilize community members to accompany healthcare providers when doing community outreach.
  - Plan for ongoing outreach, education, and participation strategies.

## Services

**Problem Statement:** Individuals and families find it difficult to access resources for quality healthcare.

**Strategic Outcome:** Access, information and availability to/of health care providers, community outreach and treatment programs have increased, resulting in reduced health disparities.

Updated Services Action Steps: Improve access to healthcare.

- Form a Richland County Minority Health Roundtable to coordinate efforts and address gaps in transportation, nutrition, dental care, chemical dependency, prescription drugs, mental health, and services for the working poor and the ex-offender population.
- Organizations with volunteer representatives serving on this County-wide Roundtable during Round Two include:
  - Richland County Public Health,
  - Third Street Family Health Services,
  - Richland County Mental Health and Recovery Board
  - Mansfield City School Board
  - Richland County Regional Planning Commission

- Ohio District 5 Area Agency on Aging
- Mansfield Urban Minority alcohol and Drug Abuse Outreach Program (UMADAOP)
- UnitedHealth Care
- First Call 211
- North End Community Improvement Collaborative (CHAP)
- Community Health Access Project (CHAP)

## Resources

**Problem Statement:** Individuals and families find it difficult to access affordable health related treatment and services.

Strategic Outcome: Financial mechanisms to promote affordable health care options, community outreach/advocacy resources, and treatment programs are available to minority residents.

Updated Resources Action Steps:

- Identify underserved populations in Richland County (especially young residents who are “slipping through the cracks”).
- Offer immunizations at school registrations (on-site).
- Develop a mobile clinic.
- Offer health insurance literacy.
- Collect current data from local agencies.
- Lay out a template to ensure standardized data collection.
- Partner with CHAP-HUB, who will become the central warehouse for data collection.
- Increase public awareness



## Resources Continued

- Broad based inclusion and integration into existing health service organizations, both public and private.
- Evaluate the impact of transportation challenges and explore medical transportation availability through Medicaid Managed Care plans.
- Develop voucher programs to encourage participation in healthcare services.
- Utilize existing infrastructure to address resources, i.e. CHAP-HUB Advisory Board.

## Information on Participant Feedback

NECIC would like to thank the participants of the Round Two Conversation who were engaged and receptive to revisiting the health disparities reduction plan working to move forward. Feedback from participants helped establish action steps to address barriers to healthcare access (i.e. transportation, childcare), data collection improvements, exploring the impact of social determinants on local health, and the formation of a community roundtable.

Conversation participants included:

AFLAC  
Ashland University College of Nursing  
Buckeye Community Health  
Catalyst Life Services  
Community Action for Capable Youth  
Community Health Access Project  
Domestic Violence shelter  
Equitas Health  
Family Life Counseling  
First Call 211  
Friendly House  
Harmony House  
Maddox Memorial Church  
Mansfield Area Y  
NAACP, Mansfield Branch

Conversation participants continued:

North Central State College  
North End Community Improvement Collaborative  
Northern Ohio Recovery Association  
Ohio District 5 Area Agency on Aging  
Ohio Health Mansfield Hospital  
Planned Parenthood of North Central Ohio  
Providence Baptist Church  
Richland County Adult Probation  
Richland County Chamber of Commerce  
Richland County Foundation  
Richland County Help Me Grow  
Richland County Job and Family Services  
Richland County Mental Health and Recovery Services Board  
Richland County Regional Planning Commission  
Richland County Transit  
Richland Newhope  
Richland Public Health  
Ross Medical Education Center  
Southern Care Hospital  
The Ohio State University Mansfield  
Third Street Family Health





A graphic on the left side of the cover features stylized, overlapping silhouettes of the profiles of several people of diverse ethnicities. The silhouettes are rendered in various shades of red, pink, and orange, with some internal details like hair and facial features suggested by lighter colors and lines. They are arranged in a vertical column, facing right, against a solid orange background.

# Mansfield (Richland County), Ohio

Local Conversations on  
Minority Health

Report to the  
Community 2011



*Funded by the Ohio Commission on Minority Health Grant # MGS-09-07*

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## The National Partnership for Action to End Health Disparities

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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 Mansfield Health Disparity Reduction Plan in this document is a result of this process.

## Acknowledgements

The Local Conversation on Minority Health and the 2010 Strategic Plan to Eliminating Minority Health Disparities in Mansfield (Richland County), Ohio were prepared under the direction of the North End Community Improvement Collaborative, Inc.





## Executive Summary

The Health Resources and Services Administration define health disparities (healthcare inequality) as “population-specific differences in the presence of disease, health outcomes, or access to health care.” ([www.hrsa.gov](http://www.hrsa.gov)). Minority health disparities have become an epidemic across the entire United States. From every city and small town, African- Americans, Latinos, Asian, Native Americans and other ethnic groups are challenged with the uncertainty of receiving adequate health care. Health disparities result from a wide variety of components that include income, education, cultural/race, gender, age, environment, and behavioral and social-economic factors.

As is the case nationally, minority health disparities also exist at the local and regional level (city of Mansfield and Richland County respectively). The North End Community Improvement Collaborative, Inc. (NECIC) a grantee of the Ohio Commission on Minority Health (OCMH), facilitated a formal series of Local Conversations on Minority Health Disparities and follow-up meetings to discuss local disparities. The findings will become part of a state-wide strategic plan to eliminate health disparities at the local, regional, state and national levels.

The Mansfield, Ohio strategic plan documents existing efforts, potential opportunities and incorporates recommendations from the above mentioned processes to develop outcomes, outputs and activities to eliminate health disparities in the community.

The plan addresses four categories that contribute to the quality of and access to health care; Services, Resources, Capacity Building, and Infrastructure.

The outcomes sought in each of the categories include:

- Data collection methods are improved to gather county and local information on minority populations receiving health related services and treatment.
- Access, information and availability of health care providers, community outreach and treatment programs have increased, resulting in reduced health disparities.
- Cultural competency forums and training programs are regularly held for health care providers to improve interaction with minority communities.
- Mechanisms are established to increase the number of minorities employed in the health care sector.
- Financial mechanisms to promote affordable health care options, community outreach, advocacy resources and treatment programs are available to minority residents.

## Geographic Scope

The geographic scope of this project is Mansfield, Ohio, the largest city in mid-Ohio, and the county seat of Richland County.

## Demographic Profile of Mansfield

Mansfield accounts for 37% of the Richland County population and has a larger African American population (22.9%) than the rest of the county (9.5%). There is also a small population of other ethnic groups in the city, including Latino, Native American, and Asian American. The breakdown of the city and county population appears in the chart on the next page.

### 2006-2008 American Community Survey 3-Year Estimates

<i>Demographic Category</i>	<i>Richland County</i>	<i>Mansfield</i>
Total Population	125,722 (100%)	47,079 (100%)
One Race	123,644 (98.3%)	45,611 (96.9%)
White	110,226 (87.7%)	34,213 (72.7%)
Black or African American	11,963 (9.5%)	10,764 (22.9%)
Hispanic or Latino (of any race)	1,420 (1.1%)	788 (1.7%)
Mexican	653 (0.5%)	N
Puerto Rican	378 (0.3%)	N
Cuban	28 (0.0%)	N
Other Hispanic or Latino	361 (0.3%)	N
American Indian and Alaska Native	365 (0.3%)	154 (0.3%)
Asian	844 (0.7%)	291 (0.6%)
Native Hawaiian and Other Pacific Islander	N	N
Some other race	246 (0.2%)	189 (0.4%)
Two or more races	2,078 (1.7%)	1,468 (3.1%)
White and Black or African American	1,129 (0.9%)	899 (1.9%)
White and American Indian and Alaska Native	402 (0.3%)	191 (0.4%)
White and Asian	106 (0.1%)	54 (0.1%)
Black or African American and American Indian and Alaska Native	96 (0.1%)	90 (0.2%)

*N: the demographic population is too small*

*Data Set: U.S. Census Bureau: 2006- 2008 American Community Survey 3-year estimate.*

4

The economy in the city is in decline. Mansfield was once a thriving hub of industrial activity, boasting large manufacturing companies including Westinghouse Electric, Tappan Stove and Ohio Brass. During the 1970's, Mansfield began to experience a series of sharp financial downturns when large employers moved their operations to other parts of the country, closed or relocated to foreign land. In August 2009, the unemployment rate in the Mansfield Metropolitan Statistical Area was alarmingly high at 12.6% (U.S Department of Labor Bureau of Labor Statistics). The closure of the General Motors plant in 2009 resulted in the loss of over 2400 jobs, further fueling the economic decline. Although there have been year-to-year fluctuations, in

general unemployment rates in the city have risen steadily since 2000.

### Unemployment Rates, Mansfield, Ohio 2000-2010

<i>Year</i>	<i>Unemployment Rate</i>
August 2010	10.7%
2009	12.6%
2008	7.4%
2007	6.4%
2006	5.9%
2005	6.5%
2004	7.1%
2003	7.2%
2002	6.7%
2001	5.2%
2000	5.1%





Unemployment contributes to high rates of poverty in the city. Poverty rates in Mansfield are higher than those in

Richland County and are especially high for families headed by single women with children under 5.

**Percentage of Families and People Whose income in the Past 12 Months is Below the Poverty Level**

	<i>Mansfield</i>	<i>Richland County</i>
All Families	13.6%	7.9%
With Related Children Under 18 Years	26.3%	15.1%
With Related Children Under 5 Years Only	22.9%	13.2%
Married Couple Families	3.8%	3.6%
With Related Children Under 18 Years	8.1%	6.4%
With Related Children Under 5 Years Only	0.0%	2.7%
Families With Female Householder, No Husband Present	40.0%	27.2%
With Related Children Under 18 Years	49.3%	35.0%
With Related Children Under 5 Years Only	66.9%	37.7%
All People	19.7%	12.5%
Under 18 Years	29.8%	19.4%
Related Children Under 18 Years	29.5%	19.0%
Related Children Under 5 Years	28.4%	21.4%
Related Children 5 to 17 Years	29.9%	18.2%
18 Years And Over	16.7%	10.4%
18 to 64 Years	18.9%	11.1%
65 Years And Over	9.1%	7.8%
People In Families	15.7%	9.7%
Unrelated Individuals 15 Years And Over	30.8%	25.8%

**Health Disparity Indicators**

City-specific data on health disparities affecting the ethnic populations in Mansfield are not available. However, county level data can be found indicating that African Americans and Latinos experience certain health problems at

disproportionately high rates. Since the majority of the county's African American and Latino groups live in Mansfield, the county data shows health disparities in a number of areas. As shown in the chart on the next page, there is a higher incidence of certain types of cancers for both African American men and women.

**Cancer Incidence among Richland County White and Black Males and Females, 2001-2005**

Cancer Type	White Male	Black Male	White Female	Black Female
Bladder	11.1	18.9	5.7	*
Breast	N/A	N/A	124.3	142.5
Colon/Rectum	58.9	46.2	51.1	65.1
Lung	86.7	113.3	50.1	54.2
Pancreas	10.8	39.3	6.4	26.9
Prostate	125.5	1892	N/A	N/A

*\*Rate cannot be calculated because of small numbers*

There are also health disparities in the area of sexually transmitted disease. Rates of Chlamydia are about three times higher for Latinos and about eight times higher for African Americans. The rates for gonorrhea show even more disparity (whites, 45.5, blacks 981.4, and Latinos, 88.0).

Health disparities are also evident in infant mortality statistics in the county. The infant mortality rate in Richland County is higher for African American and Latino families. There is also a higher number of risk factors for infant mortality for these groups.

**Richland County Infant Mortality Rates by Race/Ethnicity**

Risk Factor/Rate	White	Black	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 maternal care	24.5	38.5	37.8
Teen birth rate (15-17)	38.0	80.4	55.2
Infant mortality rate	6.0	13.8	8.8

To address these health disparities, the North End Community Improvement Collaborative (NECIC) convened a series of community meetings to offer an opportunity for Mansfield professionals and community members to develop a health disparity reduction plan. NECIC is a community-based organization that

works to improve the quality of life for residents of the North End of Mansfield by connecting community members to resources, educational programs, and community housing and economic development efforts.

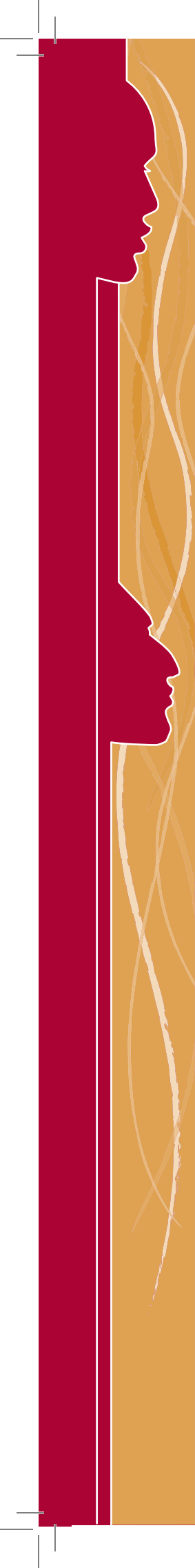
**Summary Report and Recommendations**

**Local Conversation Overview**

In Phase I of the project, the Mansfield Local Conversation on Minority Health was held on October 1, 2008. Approximately 25 individuals, representing local health care related agencies, social service organizations and health care practitioners attended. A number of community members were also in attendance. The goal of the Local Conversations was to identify barriers and health related disparities that exist within the minority community in Mansfield and Richland County.

Participants generated a list of over fifty recommendations and actions needed to adequately address the health related needs of the minority community. Themes emerging from the day-long event included gaps in services, resources for priority groups within the minority community, capacity challenges and infrastructure improvements.





For Phase II, a second gathering was held on October 28, 2008 with a group of 16 community members to further discuss minority health disparities. Similar themes as mentioned above were discussed at the meeting.

In summary, the needs identified by participants in the two Local Conversations included:

#### *Infrastructure Improvements*

A solid foundation is fundamental to developing and implementing programs and services. To this end, mechanisms to collect and update data must be put into place. Further, there must be a sufficient number of minority health care practitioners working to serve the needs of the minority community.

#### *Service Gaps*

A number of service and resource gaps were identified during the community conversations and planning process. Gaps include transportation, nutrition, chemical dependency treatment, mental health care, dental care, prescription drug coverage, financial assistance and healthy housing.

Further, while each segment of the community is impacted by minority health disparities, a number of specific populations require targeted interventions, including the working poor, previously incarcerated persons, elders and youth.

#### *Capacity Challenges*

Diminishing resources and a historic disconnect between racial groups has created challenges relating to capacity. Areas identified include cultural competency, education/awareness and advocacy.

#### *Resources*

Resources to adequately address the needs of minority communities are diminishing, with service providers having to make decisions on where to target funding.

#### *Strategic Plan Framework*

The process of collecting community input and information to develop the plan revealed both strengths and weaknesses among the current health service delivery system in Mansfield and Richland County. Positive factors included a broad range of health care services and organizations working to improve the health of individuals and families and a willingness to offer information on barriers to accessing services. Further, several examples of groups working to address the barriers emerged from the conversations and follow up efforts.

There was, however, a lack of full information, coordination and capacity to address the specific needs of the minority community. Although a number of agencies have undertaken efforts to target minority health disparities, opportunities for coordinated efforts have not been fully realized. Fortunately, the planning process provided a forum to begin this important work.

The strategies developed focus on increasing the knowledge, skills and resources within the health care delivery system and among organizations that provide supportive/advocacy services to minority communities. The theory of change asserts that as the short term outcomes (STO) are achieved, there will be a subsequent change in behavior, leading to a change in conditions and the elimination of minority health disparities.

**Long Term Outcome: To Eliminate Minority Health Disparities in Mansfield, Ohio.**

STO 1: To improve data collection methods in order to accurately report minority health disparities in Mansfield, OH	STO 2: To develop mechanisms to increase the number of minority health care practitioners in Mansfield, OH	STO 3: To access, information and services for members of the minority community in Mansfield, OH	STO 4: To increase the cultural competency of health care practitioners and service providers in Mansfield, OH	STO 5: To increase the of financial resources available for health related services in Mansfield, OH
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**Health Disparity Reduction Plan**

**Infrastructure**

*Problem Statement:* Current data from local agencies, health providers and community outreach programs is difficult to track, collect and compile into an accurate picture of local minority health disparities.

*STO 1:* Data collection methods are improved to gather local information on minority populations receiving health related services and treatment.

*Output:* Document current county and local information from 25 agencies; including physical, mental health and substance abuse treatment options, as well as supportive services including case management, community outreach, transportation and other related services.

*Activity 1:* Work with Community Health Access Project to identify gaps in the indicators tracked through the Community Hub database and the Agency Tracking System.

*Activity 2:* Work with existing networks of local health care providers to update the United Way of Richland County Need and Priorities Assessment Committee report in the next needs assessment cycle.

**Infrastructure**

*Problem Statement:* There is a lack of minority health care professionals in Richland County.

*STO 2: Outcome:* Mechanisms are established to increase the number of minorities employed in the health care sector.

*Output:* Forty minority individuals obtain employment in the health care sector over the next three to five years.

*Activity 1:* Work with local employment and training programs to provide job preparedness skills to individuals seeking employment in the health care sectors.

*Activity 2:* Work with North Central State to prepare outreach materials and develop incentives for minority individuals seeking formal education to achieve gainful employment in the health care sector.

*Activity 3:* Work with Med Central to create job shadowing opportunities for minority individuals

**Capacity**

*Problem Statement:* Health care providers are unfamiliar with cultural practices regarding racial and ethnic groups, which create challenges for advocacy, education, treatment and health care.





*STO 3: Outcome:* Cultural competency forums and training programs are regularly held for health care providers to improve interactions with communities of color.

*Output:* Fifteen health service providers and organizations attend cultural competency training sessions that will count towards service provider's continuing education credits.

*Activity:* Retain the services of training professionals who specialize in educating health care providers in cultural competency.

*Output:* Five organizations provide increased patient advocacy services.

*Activity:* Work with community members to identify need advocacy related services.

### ***Services***

*Problem Statement:* Individuals and families find it difficult to access resources for quality health care.

*STO 4:* Access, information and availability to/of health care providers, community outreach and treatment programs have increased, resulting in reduced health disparities.

*Output:* Fifteen health care providers and agencies meet on a quarterly basis to identify gaps, promote collaboration and develop strategies to increase access to Richland County health related services.

*Activity 1:* Form a Minority Health Roundtable to coordinate efforts and address gaps in transportation, nutritional, dental care, chemical dependency, prescription drugs, mental health and services for the working poor and the ex-offenders population.

*Activity 2:* Engage community members and additional organizations in the planning and implementation of the annual Minority Health Fair.

### ***Resources***

*Problem Statement:* Individuals and families find it difficult to access affordable health related treatment and services.

*STO 5:* Financial mechanisms to promote affordable health care options, community outreach/advocacy resources and treatment programs are available to minority residents.

*Output 2:* Five local, regional and state policy makers work to identify resources in order to expand access to health related services.

*Activity:* Convene a Minority Health Forum with residents, health care agencies and policy makers to coordinate efforts and address gaps in funding.

### ***Implementation Timeline***

The process will likely take ten to fifteen years to complete; however, the timeline for achieving the short term outcomes, outputs and implementing the activities is one to three years.

It is important to note that efforts have already been completed, or are being undertaken, to address minority health disparities. While not included in above strategies or implementation plan, they can be used as examples of other community activities that complement the Mansfield Strategic plan and will help to move it forward.

#### ***North End Community Fitness Challenge-***

Organized community residents and elders to set fitness goals and participate in monthly health and fitness related activities. The project began in April 2010 and will continue through the end of August 2010. Based upon the results of an evaluation, the Fitness Challenge may become an annual event.

#### ***Area Agency on Aging Dental Outreach Program-***

Offered culturally appropriate services to 68 seniors by providing dental screening

and follow-up care. Each of the 68 seniors had abnormal findings as part of the screening process, with one participant being diagnosis with oral cancer. Each participant received follow-up care at the Third Street Clinic.

***Richland County Transit Authority Agency Transportation Advisory Committee-***

Brings together 23 agencies to gather information, provide updates, identify needs and coordinate federal transportation grant applications.

***Mansfield Ontario Richland County Public Health Department Healthy Homes Initiative-***

Works to bring together community organizations, public sector staff and individuals to address health issues relating to housing conditions. The effort was spear-headed as a result of the Surgeon General's Call to Action.

## Action Plan

***Timeline: Year 1***

***Lead Agency: Community Health Access Project***  
***Strategy:***

- Work with the Community Health Access Project to identify gaps in the indicators tracked through the Community Hub database and the Agency Tracking System. Implement changes to collect complete data sets.

***Timeline: Year 1***

***Lead Agency: United Way/Planning Committee***  
***Strategy:***

- Work with existing networks of local health care providers to update the United Way of Richland County Need and Priorities Assessment Committee (NAPAC) report.

***Timeline: Years 1-3***

***Lead Agency: Jobs and Family Services, NECIC***  
***Strategy:***

- Work with local employment and

training programs to provide job preparedness skills to individuals seeking employment in the health care sectors.

***Timeline: Years 1-3***

***Lead Agency: North Central State College***  
***Strategy:***

- Work with North Central State to prepare outreach materials and develop incentives for minority individuals seeking formal education to in the health care sector.

***Timeline: Years 1-3***

***Lead Agency: Med Central***  
***Strategy:***

- Work with Med Central to create job shadowing opportunities for minority individuals.

***Timeline: Year 1***

***Lead Agency: Ohio Commission on Minority Health***  
***Strategy:***

- Retain the services of training professionals who specialize in educated health care providers in cultural competency.

***Timeline: Year 1***

***Lead Agency: Planning Committee, NAACP, NECIC***  
***Strategy:***

- Work with community members to identify advocacy support needs.

***Timeline: Years 1-3, meet quarterly***

***Lead Agency: NAACP Health Committee***  
***Strategy:***

- Form a Minority Health Roundtable to coordinate efforts, discuss best practices and address gaps in transportation, nutritional, dental care, chemical dependency, prescription drugs, mental health and services for the working poor and ex-offenders.







*Timeline: Annually, February-June*

*Lead Agency: Mansfield/Ontario/Richland County Public Health Department, NECIC, Ocie Hill*

*Strategy:*

- Engage community members and additional organizations in the planning and implementation of the annual Minority Health Fair.

*Timeline: Years 1-3*

*Lead Agency: Local, regional and state policy makers and the Mansfield/Ontario/Richland County Public Health Department*

*Strategy:*

- Convene a Minority Health Forum with residents, health care agencies and policy makers to coordinate efforts and address gaps in funding.

*Timeline: Years 1-3*

*Lead Agency: Mansfield/Ontario/Richland County Public Health Department*

*Strategy:*

- Convene non-profit, public and private sectors to address health issues resulting from unhealthy living conditions.

## Evaluation

Optimally, an outside evaluator would be responsible for carrying out all components of the evaluation plan; however, given the limited resources available, this is unlikely. Therefore, as part of the implementation process, those agencies taking the lead on specific components of the plan will carry out the evaluation activities<sup>1</sup>. The results of the evaluation data will be used to inform further outputs and activities geared towards achieving the plan's outcomes.

To gauge the effectiveness of the project in meeting its short-term outcomes, all of which focus on increasing the knowledge, skills and resources of health care providers and organizations that provide

services to the minority community. Five outcome indicators will be used in the evaluation of the project. All of them focus on increasing the knowledge, skill, access and resources, cultural competency, and financial resources.

The first indicator gauges the knowledge base of the health practitioners and service providers on their level of understanding regarding minority health issues in Mansfield, Ohio. A document review will be undertaken to identify reports and other materials that accurately reflect minority health disparities. Key informant interviews will also be conducted with health care practitioners, service providers and members of the priority groups identified through the planning process. Interviews will be conducted at the end of year one.

Indicator Two measures the degree to which efforts have been undertaken to promote health care careers within the minority community. A document review of enrollment information at North Central State College (NCSC) and Ohio State University (OSU) will be conducted. Further, key informant interviews will be held with university recruitment staff and MedCentral human resources.

Indicator Three assesses the extent to which access, information and resources have increased for members of the minority community seeking services. A survey will be conducted with the priority groups identified in the planning process and among health practitioners and service providers.

Indicator Four gauges the degree to which cultural competency has improved among health care practitioners and service providers. A documents review will be conducted to examine informational materials and minutes of the Minority Round table. In addition, key informant interviews will be held with members of the planning

<sup>1</sup>Given the limited resources available to conduct evaluation activities, all aspects of the evaluation plan may not be undertaken.

committee and residents who attended the Local Conversation convening.

Indicator five measures the degree in which financial resources have increased to improve services for the minority community. Key informant interviews will be held with a sample of service providers.

## Sources of Data

Ohio Department of Health (2010).  
CFHS & FP Health Status

\*Profile: Richland County, Ohio  
[www.odh.ohio.gov/ASSETS/.../  
Richland%20County.pdf](http://www.odh.ohio.gov/ASSETS/.../Richland%20County.pdf)

Ohio Department of Health (2008).  
Richland County Cancer Profile.  
[www.odh.ohio.gov/ASSETS/.../Richland.  
pdf](http://www.odh.ohio.gov/ASSETS/.../Richland.pdf)

Mansfield Source:  
[http://factfinder.census.gov/servlet/  
ADPTable](http://factfinder.census.gov/servlet/ADPTable)

Mansfield/ Ontario/ Richland County  
Health Department 555 Lexington  
Avenue, Mansfield, Ohio 44907.

Richland County Source:  
[http://factfinder.census.gov/servlet/  
ADPTable](http://factfinder.census.gov/servlet/ADPTable)

U.S. Census Bureau: 2006-2008 American  
Community Survey 3-Year Estimates

U.S. Department of Labor:  
<http://bls.gov/lau/#tables>

*Prepared by the North End Community  
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The North End Community Improvement  
Collaborative, Inc. (NECIC) would like  
to extend a sincere appreciation to the  
following organizations who actively  
participated in the development of this  
report.

## Participating Organizations

Buckeye Community Health Plan

Catholic Charities

Central City Economic Development  
Community Action Council

Center for Individual and Family  
Counseling

Community Health Access Project

Community Action for Capable Youth

Fran and Warren Rupp Foundation

Friendly House

Mansfield Area Y

Mansfield/Ontario/Richland County  
Public Health Department

Med Central Wellness Center

NAACP, Mansfield Branch

Ohio District 5 Area Agency on Aging

Planned Parenthood of North Central OH

Richland County Adult Parole Authority

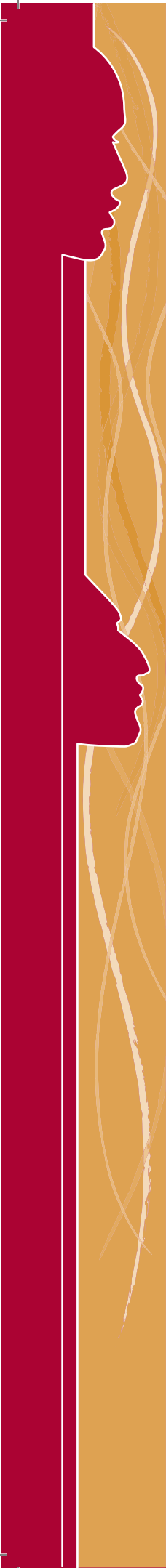
Richland Co. Board of Mental Health &  
Recovery Services

Richland County Regional Planning

Third Street Clinic

Urban Minority Alcoholism and Drug  
Abuse Outreach Program (UMADAOP)





## Notes

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