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 Steubenville Health Disparity Reduction Plan in this document is a result of this process. The Steubenville Local Conversations were led by the Urban Mission Ministries, Inc.
Urban Mission Ministries

The Urban Mission Ministries is an ecumenical program founded by the United Methodist Church and funded by Catholic and Protestant denominations to serve the poor and disadvantaged in the Tri State Area. Urban Mission receives funding from the state of Ohio, charitable foundations, business, local industries and also financial gifts from individuals. Urban Mission began in 1959 as the Mill Men’s Hostel, a program to provide counseling and wholesome recreational opportunities to men who worked in the steel mills of this area. It has grown into the largest social services agency in the Upper Ohio Valley. Urban Mission’s current programs include:

- Hutton House Homeless Shelters
- Neighborhood Community Development Center (health education programs targeting African American Community offered since 1989)
- God’s Pantry monthly food distribution program
- Unity Kitchen (serves hot meals to those in need)
- JOSHUA Mission Work Program (volunteers repair homes in Upper Appalachia)
- Parish Nurse Program
- Beauty Shop (free hair cuts)
- Christmas Toys Program
- Back to School supply give-a-way
- Minority Health Month (Health Education Programs)
- Greater Steubenville Community Development Corporation
- AIDS Education & Prevention Program
- Heart & Soul Women’s Health Education Program
- ASAP – Avoiding Sexual Activity & Teen Pregnancy
- RAMP – Restoring African American Male Population
- Lupus Support & Education and Screenings

Collaborative support for the Local Conversations was provided by Trinity Health System, Eastern Gateway Community College and the Herald Star newspaper.

Geographic Focus

The geographic focus of this project is Steubenville, Ohio. Steubenville is located along the Ohio River with the city spreading west from the floodplains to the hills that surround the city. It is about midway between the northern and southern borders of the state, is directly across the river from Weirton, West Virginia and is less than thirty minutes from the Western Pennsylvania border. With a population of about 19,000, it is the largest population center of Jefferson County and is its political county seat. It was built on the site of Fort Steuben, which was erected in 1786-1787.

Demographic Profile of Steubenville

The 2005-2009 American Community Survey estimates the total population of Steubenville at 18,903.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>15,394</td>
<td>81.4</td>
</tr>
<tr>
<td>Black or African American</td>
<td>2,884</td>
<td>15.3</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>55</td>
<td>.3</td>
</tr>
<tr>
<td>Asian American</td>
<td>122</td>
<td>.6</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>49</td>
<td>.3</td>
</tr>
<tr>
<td>Some other race</td>
<td>51</td>
<td>.3</td>
</tr>
<tr>
<td>Two or more races</td>
<td>348</td>
<td>1.8</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>347</td>
<td>1.8</td>
</tr>
</tbody>
</table>
Steubenville has a more diverse population than the rest of Jefferson County. The total minority population in the city is 18.6%, with the largest group (15.3%) being African America. The growing Latino population in the city has nearly doubled since the 2000 census. In Jefferson County the total minority population is 7.9% and Latinos constitute a smaller proportion (.8%).

Unemployment rates have been high in the city and county population in recent years. U.S. Bureau of Labor monthly estimates of 2011 unemployment rates in Steubenville have ranged from 11.3 to 13.8. Nearly 15% of the families in Steubenville are single female-headed households and about 60% of these families have incomes below the poverty rate. A study of poverty in Ohio in 2007 found that Steubenville City Schools ranked 607 out of 612 among the poorest of Ohio school districts (http://www.cohio.org/pdf/online_library/Poverty_Report_Final_2007.pdf).

Health Disparities in Steubenville

City-specific data broken down by race/ethnicity are not available for Steubenville. Jefferson County data, which include the minority population of Steubenville, show significant disparities in certain types of cancers for men.

<table>
<thead>
<tr>
<th>Type of cancer</th>
<th>White Males</th>
<th>Black Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung cancer</td>
<td>114.8</td>
<td>132.4</td>
</tr>
<tr>
<td>Non-Hodgkin’s Lymphoma</td>
<td>24.3</td>
<td>56.0</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>152.6</td>
<td>224.2</td>
</tr>
</tbody>
</table>

Teen birth rates in Jefferson County are higher for African Americans than for whites and maternal smoking across all ages of pregnant women is higher among African American mothers. Sexually transmitted diseases are more prevalent among non-white populations in the county. Rates of chlamydia are about 3 times higher for African Americans than for whites and rates of gonorrhea are nearly 10 times higher for African Americans and 3 times higher for Latinos than for their white peers. Both the incidence rates and mortality rates for diabetes are higher for Jefferson County than for the rest of the state. Nearly 16% of the adult population in the county is uninsured. According to the Health Commissioner for the City of Steubenville, uninsured African Americans in the city access community public health services for physical exams for children, vaccinations, TB tests, blood pressure monitoring, and testing for sexually transmitted diseases.

Local Conversations on Minority Health

Phase I

The first Steubenville Local Conversation on Minority Health was held in September, 2008. This event included participants from faith-based and governmental agencies, health and social service organizations, and community representatives. Presentations were given that provided general information on health disparities affecting ethnic minority groups and local programs available to Steubenville residents. This conversation resulted in the identification of a list of needs that were related to services, resources, capacity building and infrastructure.

Service needs

- Increased services in high need areas (e.g. cancer, HIV, obesity, diabetes, and hypertension)
- Improved emergency medical services
• Greater emphasis on disease prevention and wellness
• Stronger outreach to minority community to increase the use of mental health services
• Increased use of schools for prevention programs for students and parents
• Better data on local health disparities
• Promotion of whole community involvement in health disparity reduction
• More one-to-one outreach by community leaders and health advocates

Resource Needs
• Increased funding for health services for the uninsured and the underinsured
• Incentives to attract community participants to health promotion activities
• A community resource directory
• Calendar of community health events
• Creation of health education materials geared to individuals with lower levels of literacy and health literacy

Capacity Building Needs
• Training for community members on being good health service consumers, communicating with peers on health topics and valuing health and understanding the importance of prevention.
• Cultural competency training for health professionals that would include community attitudes toward health; the cultural, social and economic environment in minority communities; recognition of bias in health encounters; and the need for providing more easily understood information on health issues.

Infrastructure Needs
• Lack of health insurance for many patients
• Greater use of volunteers for health service provision
• Development of partnerships with health professions training programs
• Improved access to transportation to health services
• Better collaboration of health professionals and community for continued attention to health disparities
• Support to encourage the entry and completion of health professions training for minority students

Phase II
These identified needs were the starting place for Local Conversation, Phase II whose goal was to put together a health disparity reduction action plan to impact the needs. Conversations were held on December 8, 2009, December 11, 2009, and December 16, 2009 with a follow up session on March 5, 2010. Carletta Williams, RN, MSN, Division Director of Cardiopulmonary Services at Weirton Medical Center and Rhonda Parrish, Service Coordinator for Jefferson Metropolitan Housing Authority, facilitated the conversations. There were 40 participants from faith-based and governmental agencies, health and social service organizations, and community representatives.

Each session was opened with an introduction and a restatement of the overall purpose: “What actions can be taken by private and public partners that would
improve the effectiveness and efficiency of our collective efforts? Phase I recommendations regarding the needs were reviewed and discussed. Finally an action plan was developed that answered the questions of what needs to be done: What resources and organizations are already in place and just need to be improved upon? What resources or organizations need to be developed or put in place as brand new?

*The December 8th conversation was focused on the recommendations for resources.*

**Resource Recommendations**

1. Advocate for increased funding to support the development of additional health promotion and health service programs.

2. Increase the use of incentives to promote broader community participation in health-related activities such as health fairs, health screenings, and wellness programs.

3. Create a resource directory of community services.

4. Increase efforts to educate community members about available resources through word-of-mouth strategies and marketing in diverse community locations such as barbershops, beauty salons, and churches.

5. Publish a community calendar of local health events.

6. Generate health education materials designed for individuals with lower levels of literacy and health literacy.

**Resource Action Plan**

- Assessing the financial stability of the Fourth Street Clinic to include available federal monies and hours of operation.

- Looking for additional grant monies, including children’s healthcare needs, and to advocate for funding for minority healthcare when the city of Steubenville or Jefferson County has CDBG monies available.

- Contacting Ohio Hospital Wellness Association to determine available programs.

- Establishing healthcare facility and local organization partnerships to provide incentives to participate in health fairs/screenings.

- Creating an annotated resource directory that will not only list the available resources but will provide instructions on how to navigate within the systems.

- Providing information about health fairs or screenings to persons at beauty salons, barbershops, and churches as well as having them advertised on public transportation.

- Developing a list of patient advocates who will be available to accompany patients to health care provider appointments and clarify information to ensure understanding.

- Developing a “follow-up” informational letter to distribute with results after a health fair or screening.

*The December 11th conversation was focused on the recommendations for services.*

**Service Recommendations**

1. Increase services in areas of critical need such as obesity prevention and reduction, hypertension reduction, diabetes prevention and treatment, and cancer prevention.
2. Work to improve the provision of timely emergency services.

3. Provide education for the community to help them recognize and seek help for mental health problems.

4. Improve the collection and dissemination of data on local health conditions and disparities.

5. Establish health promotion and disease prevention programs in schools.

6. Conduct a campaign promoting broader involvement in health disparity reduction efforts.

7. Promote the use of one-to-one outreach in health programming and dissemination of information about available resources throughout neighborhoods.

**Service Action Plan**

- Forming a collaboration of smaller organizations to seek additional funding through grants.
- Developing a profile for a weight management program to address obesity prevention and education at the family level.
- Providing additional screenings for prostate and male breast cancer, as well as diabetes and hypertension.
- Increasing the availability and financial feasibility of exercise programs.
- Developing a proposal for urgent care services at the Fourth Street Clinic to include providers and equipment that would be needed
- Contacting local mental health workers to discuss presenting a mental health education program for area clergy members.
- Publish the area statistics showing the incidence of diseases in the African American and other minority populations of Jefferson County in comparison to the state of Ohio and national statistics.
- Establishing partnerships between healthcare entities and the schools.
- Conducting 5K run/walk that will challenge the various communities to compete (e.g., north-end versus south-end).
- Establishing a mechanism for distributing information about health related activities in targeted areas.

The December 16th Local Conversation focused on the recommendations for capacity building and infrastructure.

**Capacity Building**

1. Provide training for community members on communicating with health service providers, being good health consumers, the importance of proactive attention to health, and the need to keep medical appointments.

2. Provide training for community leaders on communicating with peers on health issues, including cross-generational communicating with younger groups.

3. Provide cultural competency training for health professionals that include skill development in building rapport and trust with minority consumers.

**Capacity Building Action Plan**

- Establishing a committee of professionals to develop a “train the trainer” training program
- Facilitating a community leaders group (to include local pastors) to receive information from health
care providers so that they can help educate their constituents.

- Ascertaining that the various schools for health care providers (i.e. Trinity School of Nursing, Eastern Gateway Community College, Franciscan University) have classes that teach cultural differences to their students.

**Infrastructure Recommendations**

1. Increase the pool of volunteers to provide health services to low income and uninsured groups.

2. Develop partnerships with health professions training programs to increase their involvement in health service provision in underserved communities.

3. Involve local transportation providers in discussions to increase their awareness of health-related transportation needs.

4. Promote better collaboration among community health, social service, government, and faith-based organizations.

5. Develop initiatives to encourage minority youngsters to pursue health professions training such as job fairs and service learning programs.

6. Promote and facilitate better inter-agency collaboration.

**Infrastructure Action Plan**

- Asking all participants of the Local Conversations to talk to their primary care physicians about donating time to the Fourth Street Clinic.

- Investigating the possibility of a new transportation system aimed at providing transportation for low income or handicapped persons.

- Developing a science camp for youths.

- Assessing the presence of minority persons on local boards that can influence policies and decision-making activities.

A summary meeting was held on March 5, 2010 at which the proposals that were noted above were presented and other projects were reviewed. The overall response to the work that was done in the Local Conversations Phase II was very positive and the involved participants were engaged and embraced both the process and the results.

**Accomplishments and Next Steps**

The Local Conversations have impacted the community in a positive manner.

The participants and the community are more aware of services offered in our area. We are also more aware of the lack of services provided and lack of access in certain areas. This series of community meeting on health care has challenged us to become active in addressing issues at a local level.

Some actions have already been taken and have resulted in positive outcomes including:

1. Volunteers have formed ad hoc committees to address specific issues such as access to exercise room at a local recreation center to address obesity and overall fitness. The city has provided free passes based on income.
2. The local community college has plans to implement a science and forensic medicine summer camp for children and provide scholarships for low-income families.

3. Diabetes and hypertension education has increased at the Fourth Street Health Clinic.

4. Involved persons have continued to address health care needs of Head Start children and families by increasing services provided (i.e., dental care).

5. Volunteers have improved efforts to provide information on health and wellness programs throughout local African American churches.

6. Volunteers are in the process of gathering data and creating an annotated Resource Directory.

7. Volunteers have developed an informational pamphlet on the difference between emergency and non-emergency health care.

8. Nursing students and supervisors are developing a profile for a weight management program to address obesity and prevention for families.

9. Local civil rights groups have joined forces to address health disparities and racist practices at local hospitals.

10. Proposals have been developed for specific initiatives in the Action Plan for submission to various funding sources.

11. A letter has been developed to send to all area physicians asking them to consider donating 2 hours once a month in service to low income and uninsured patients.

Acknowledgements

I sincerely thank all of the individuals that participated in each session of the Local Conversations. Thank you to each agency that responded to our request and sent representatives to the Local conversations. Thanks to Eastern Gateway Community College (formerly Jefferson County Community College) for providing the facility and resources. Thanks to the Steubenville Herald Star for the excellent coverage and publicity for each event. A special thanks to the Ohio Commission on Minority Health for challenging us to identify and address the local disparities in healthcare. The community and the residents have benefited greatly from this challenge.

Mrs. Sharon Kirdoll, Community Developer, Urban Mission Ministries