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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 Youngstown Health Disparity Reduction Plan in this document is a result of this process. The lead agency for the Local Conversations in Youngstown was the Youngstown Office on Minority Health (YOMH).

Youngstown Office on Minority Health

The Youngstown Office on Minority Health, the first of its kind in the Mahoning County, was established within the Youngstown City’s Health District in 2008. The Youngstown Office on Minority Health has an important role in activating efforts to educate citizens and
professionals on critical health care issues through the achievement of four Core Competencies:

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

YOMH works closely with community-based organizations, schools, business, churches, and all those who affect the lives of people in our community.

**Mission Statement:** YOMH through collaboration and partnering with local health care stakeholders and community groups promotes awareness, education, advocacy, and support will lead the effort to reduce health care disparities.

**Vision Statement:** Through capacity building, develop a strategic plan to overcome barriers and gaps to significantly decrease racial and ethnic disparities in Youngstown, Ohio.

**Our Guiding Principle:** We strongly endorse health equity as a right not an oversight for the minority community. YOMH is addressing this crisis as it affects the lives of African Americans, Asian Americans, Hispanics, Latinos, Native Americans and all ethnic groups.

**Geographic Scope**

The geographic scope of this project is Youngstown, Ohio, the county seat of Mahoning County and its largest city. Youngstown is situated in Northeast Ohio on the Mahoning River, approximately 65 miles southeast of Cleveland and 61 miles northwest of Pittsburgh, Pennsylvania.

**Demographic Profile of Youngstown**

Youngstown was once a thriving hub of the steel and metalworking industries. With the decline of these industries beginning in the late 1970s, the city has suffered economic decline and loss of population. Youngstown’s 2010 population of 66,982 represents an 18.3% decline since 2000.

The city has a racially/ethnically diverse population; minority groups comprise more than half of the Youngstown population.

**Population Composition of Youngstown, 2010**

<table>
<thead>
<tr>
<th>Racial/Ethnic Group</th>
<th>Percentage of the population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>47.0%</td>
</tr>
<tr>
<td>African American</td>
<td>45.2%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>.4%</td>
</tr>
<tr>
<td>Asian American</td>
<td>.4%</td>
</tr>
<tr>
<td>Latino</td>
<td>9.3%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

The sluggish economy of Youngstown has contributed to poverty levels in the city that are more double that of the state (32.7% compared to 14.2%). The median household income in Youngstown ($24,318) is slightly less than half of median income at the state level ($47,358).

**Health Disparities in Youngstown/Mahoning County**

Mahoning County is designated as a Primary Care Health Professional Shortage Area indicating that there are not a sufficient number of health providers serving the population of the city and county. In addition, more than 15% of the county’s population lacks health insurance. Poverty and lack of access to health services
contribute to health disparities in the county and city. Health disparities are evident in incidence and mortality rates for specific diseases and in risk factor behaviors.

**Risk Factor Behaviors**

<table>
<thead>
<tr>
<th>Chronic Disease Risk Factors</th>
<th>White male</th>
<th>African American male</th>
<th>White female</th>
<th>African American female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current cigarette smoking</td>
<td>22.7%</td>
<td>41.7%</td>
<td>19.3%</td>
<td>22.8%</td>
</tr>
<tr>
<td>Lack of physical activity</td>
<td>19.7%</td>
<td>44.1%</td>
<td>26.2%</td>
<td>35.0%</td>
</tr>
<tr>
<td>Obese</td>
<td>27.3%</td>
<td>35.6%</td>
<td>20.4%</td>
<td>48.3%</td>
</tr>
</tbody>
</table>

Both male and female African Americans in Mahoning County have been diagnosed with high blood pressure or with heart disease at rates about double that of their White peers (Healthy Ohio Community Profiles, Mahoning County, 2008).

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>African American</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Been told had high blood pressure</td>
<td>50.9%</td>
<td>27.5%</td>
</tr>
<tr>
<td>Been told had coronary heart disease</td>
<td>4.9%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Been told had a heart attack</td>
<td>5.5%</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

Mortality rates for African American men exceed those of White male residents of Mahoning County for a number of diseases.

<table>
<thead>
<tr>
<th>Disease</th>
<th>African American men</th>
<th>White men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease mortality rate</td>
<td>346.8</td>
<td>277.6</td>
</tr>
<tr>
<td>Stroke mortality rate</td>
<td>67.8</td>
<td>47.2</td>
</tr>
<tr>
<td>Colon and rectum cancer mortality rate</td>
<td>25.0</td>
<td>35.7</td>
</tr>
<tr>
<td>Lung cancer mortality rate</td>
<td>110.6</td>
<td>74.7</td>
</tr>
<tr>
<td>Diabetes mortality rate</td>
<td>64.9</td>
<td>32.8</td>
</tr>
</tbody>
</table>
Local Conversations on Minority Health

To address these health disparities, the Youngstown Office on Minority Health convened Local Conversations on Minority Health to develop local action plans in response to the health disparities affecting our community. The process took place in two phases.

Phase I

The first phase of the Youngstown Community Conversation took place on Wednesday, October 15, 2008. The objective of this event was to identify and prioritize minority health needs in the community and prepare an action plan for responses to health disparities in Youngstown. A total of 48 participants took part in the facilitated sessions in which they provided recommendations and implementable action steps for the Youngstown community in the four focus areas of: resources, services, capacity building, and infrastructure. Twenty recommendations were generated through this process.

Phase II

Phase II Youngstown Community Conversation invited the participants from Phase I back to review the information we collected to develop the action plan. The Health Disparity Reduction Plan is subdivided into the four focus areas (capacity building, infrastructure, resources, and service). Action steps are identified for each area, followed by strategies for completion and a statement of the intended outcome.

Youngstown Health Disparity Reduction Plan

Capacity Building

Action Step 1: Increase the knowledge of professionals on cultural competency.

Strategies

- Develop a cultural competency workforce training model that can be adapted into organizations’ policies and procedures manuals.
- Provide mandatory yearly cultural competency trainings for staff with updates as needed.
- Implement the training using a hands-on approach along with written materials.

Intended Outcome:
Employees and employers providing culturally competent services to the community.

Action Step 2:
Promote community collaboration among all sectors (e.g., social service and other community-based agencies, faith-based, grassroots, coalitions, government, business, and healthcare).

- Contact community people to work together on addressing social determinants of health issues.
- Agree on a date and time to meet.
- Conduct a community strengths, weaknesses, opportunities and threats (SWOT) analysis.
- Analyze the results from the SWOT.
- Work on the implementation of the results from the SWOT analyses.

Intended Outcome:
Better communication among all sectors resulting in people being better informed, educated and empowered about services.

Action Step 3: Provide assistance to community-based organizations (CBOs).

- Conduct workshops on specific, measurable, attainable, realistic and time-based (SMART) goal development.
- Provide assistance with budget writing and financial record keeping.
• Conduct training on how to locate evidence-based evaluated program models.
• Introduce techniques to help community based organizations (CBOs) collaborate.
• Provide beginner and intermediate grant writing workshops.

*Intended Outcome:* Community-based organizations operating fully with their needs being met.

**Action Step 4:**
Use multiple communication methods to aid in the community receiving correct information.

• Develop a unified website with community events posted.
• Provide bi-lingual printed information and a website that has the capacity to translate into other languages.
• Use social networks to inform and educate the public.
• Work to ensure that billboards posted in neighborhoods have positive messages that promote good healthy lifestyles.
• Work to ensure that published materials be culturally appropriate.

*Intended Outcome:* A well informed community.

**Action Step 5:**
Encourage capacity building within communities.

• Advertise community block watch meeting dates.
• Educate consumers on how to advocate.
• Train residents on how to frame their issues to be effective when speaking in public.

• Provide culturally appropriate preventive health information to neighborhood residents.
• Continue regular conversations on minority health.

*Intended Outcome:* The development and implementation of consumer-based participatory projects.

**Infrastructure**

**Action Step 1:**
Increase access to services for underserved and underrepresented populations.

• Utilize public health to provide primary prevention and basic medical services to underserved and underrepresented populations.
• Locate community health check centers strategically in communities in need.
• Provide assistance for medical professionals to help them understand the third party medical reimbursement system.
• Educate consumers to help them understand medical benefit procedures.
• Provide health information published in plain language with appropriate graphics for easier understanding of contents.

*Intended Outcome:* Underserved and underrepresented populations having access to quality medical services.

**Action Step 2:**
Promote a healthy physical environment.

• Provide incentives to businesses within the inner-city to offer affordable, healthy, quality foods.
• Collaborate with city officials to effect zoning changes that will help neighborhoods be healthy and safe.
• Work to see that sidewalks and streets are repaired to accommodate bike riding and roller-skating. Build safe well lighted walking trails.
• Improve the safety and environmental quality of each neighborhood (e.g., air, soil, water, building materials and removal methods).
• Expand the public transportation system to include more routes.

**Intended Outcome:** An environment that fosters healthy lifestyles.

**Action Step 3:**
Work on eliminating economic barriers.
• Offer incentives for youth to stay in Youngstown after completing college.
• Advocate for interventions that address social and economic determinants of health.
• Develop and implement pipeline programs placed in city schools that will work with minority youth to improve their academics.
• Advocate for policy change that make health care more flexible and focused on the consumer’s needs.
• Advocate that when policies are written, their potential impact on people and communities is taken into account.

**Intended Outcome:** Improvement in careers in Youngstown.

**Action Step 4:**
Improve public awareness techniques on how people receive health services and information.
• Work to ensure that agencies and businesses utilize the Youngstown Office on Minority Health to inform the community.
• Develop and maintain a website be designed to list community agencies and events.
• Utilize students in health care and health promotion to conduct community outreach.
• Increase awareness to the community about the SCHIP Program.
• Establish after-hour health clinics to decrease the burden on emergency rooms.

**Intended Outcome:** A community more informed on health care.

**Action Step 5:**
Implement a strategic plan to address social determinants of health issues in Youngstown.
• Develop group guidelines to facilitate community discussions.
• Involve the community in town hall meetings to address social determinants of health in various locations.
• Invite local, state, and government officials to community meetings.
• Invite business owners from multiple disciplines/fields to community meetings.
• Invite healthcare professionals, and insurance providers to participate.

**Intended Outcome:** The community collaboration and the strategic plan being carried out.

**Resources**

**Action Step 1:**
Create multi-purpose neighborhood wellness centers.
• Provide primary prevention services at multi-purpose wellness centers to stop the onset of problems and introduce healthy habits.
• Provide the centers with updated equipment and educational materials.
• Staff the centers with certified health educators instructors to work with the people.
• Provide wrap-around services helping people to become more self-sufficient.

**Intended Outcome:** Centers located within the city providing services that will assist families with resources that will empower them to become self-sufficient.

**Action Step 2:** Assess existing programs in the Youngstown community.
• Conduct an overview of what programs are currently available to the community.
• Inform the community of what resources are available to them.
• Conduct consumer based participatory research studies throughout the city.
• Document the results from the study and inform the community of the findings.

**Intended Outcome:** Consumers informed about community resources and an increase in community collaboration.

**Action Step 3:** Advocate for safe and accessible neighborhoods that foster healthy living.
• Provide safe trails for walking, biking and skating.
• Work with City Council to identify and repair streets’ potholes, curb extensions and repaint fading traffic lanes and crosswalks.
• Improve the green space by adding shrubs, plants, flowers, and trees.
• Have positive healthy messages advertised in neighborhoods.
• Increase night vision buy adding additional lighting and street signs with bolder printing.
• Implement neighborhood cleanup and vacant land be used for community recreation, gardens, or community sports.

**Intended Outcome:** Safe neighborhoods that promotes healthy lifestyles.

**Action Step 4:** Promote community coordination between agencies, churches, schools and government programs.
• Develop a uniform data and evaluation system to monitor progress.
• Design a user-friendly system that can be utilized by all agencies to collect data.
• Develop planning teams to address health, land usage, education, transportation, policies and procedures regarding health.
• Provide current local level data that reflects the true needs for the city of Youngstown.
• Provide interpreter/translator services that will assist non-English speaking consumers.

**Intended Outcome:** Community agencies working together to address the holistic needs of the people.

**Action Step 5:** The development of trust and community cohesion in the city of Youngstown.
• Increase sense of community through organized recreational events and neighbors knowing who lives in their neighborhood.
• Educate people on the history of their neighborhoods.
• Engage the elderly to participant in city wide events. Utilize their exper-
tise on skills they have mastered during life.

- Generate dialog on the importance of knowing your family health history.
- Provide city-sponsored events which involve elected officials and citizens attending.

**Intended Outcome:** Community cohesion, trust and respect among citizens, and elected officials.

**Services**

**Action Step 1:**
Place more emphasis on preventive health-care measures.

- Provide early reproductive educational programs for male and female youth.
- Provide programs to address the unmet needs in the mental health, disabled, and substance abuse population.
- Provide health educational classes for youth in pre-school through twelfth grade.
- Provide community re-entry programs that assist with medications and lifestyle adjustments.
- Redirect consumers to seek a primary care physician rather than receive medical care in the emergency room.

**Intended Outcome:** A healthier and more informed community.

**Action Step 2:**
Allocate services strategically.

- Strategically place programs in areas where the need is.
- Improve self-help/support groups.
- Address the needs of childcare for working mothers.

- Have a centralized location which houses social service agencies.
- Utilize the City Health District for primary health care needs and prevention education.

**Intended Outcome:** Services covering the basic needs of underserved people in the community.

**Acknowledgements**

We would like to thank Neil H. Altman, former Health Commissioner, for his support of the Youngstown Office on Minority Health and the Ohio Commission on Minority Health.