



# Summit County Public Health Office of Minority Health

Local Conversations on  
Minority Health

Report to the  
Community 2011



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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 Summit County Health Disparity Reduction Plan, now under the direction of the Summit County Public Health Office of Minority Health, described in this document is a result of this process.





## Summit County Public Health Office of Minority Health

The Local Conversations on Minority Health were facilitated by the Akron Office of Minority Health (AOMH), a division of the Akron County Health Department. The AOMH was established in 2007 to build local infrastructure to support community engagement in reducing health disparities among minority groups. In 2011 the Akron Health Department and the Summit County Health District (now Summit County Public Health, SCPH) merged and the AOMH became the Summit County Public Health Office of Minority Health. Like other Local Offices of Minority Health the SCPH Office of Minority Health is charged with achieving objectives related to four core competency areas:

- 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.

### Geographic Scope

The geographic scope of this project is Summit County, with particular emphasis on the city of Akron. Summit County, the 5th most populous urban region in the state, is located in Northeastern Ohio and has an estimated 2010 population of 542,899. Akron is the county seat and the largest city with a 2011 estimated population of 199,110—approximately 37% of the county’s population.

## Demographic Profile of Summit County and Akron

Summit County is racially/ethnically diverse and Akron’s population reflects even greater diversity.

### *Racial/Ethnic Composition of Summit County and Akron, 2011*

<i>Racial/Ethnic Category</i>	<i>Summit County</i>	<i>City of Akron</i>
Caucasian	80.6%	62.2%
African American	14.4%	31.5%
American Indian/ Alaska Native	.2%	.2%
Asian American	2.2%	2.1%
Hispanic/Latino	1.6%	2.1%
Two or more races	2.1%	3.2%

Poverty rates for the county (13.8%) fall slightly below state rates (14.2%) but are substantially higher for the city of Akron at 23.9%.

The minority community in Summit County and Akron face barriers when accessing and paying for health care. A report created by the Summit County Health District titled, *Health Profile of Summit County: Results From the 2008 Ohio Family Health Survey* identified that African American were 1.8 times more likely than whites to be without health insurance. Asians living in Summit County were 2.8 times more likely to be uninsured than those statewide. For African American between the ages of 18 to 64 living in Summit County, 30.5 % lacked health insurance compared to 27.7% in the state for the same age group. The disparity was even greater for Asians ages 18 to 64 living in Summit County because 34.4% lacked health insurance compared to 12.3% in the state.

The 2008 Ohio Family Health Survey also found that more than one-third of Summit

County adults living below the poverty level were uninsured (35.3%). For Summit County adults between 100% and 200% above the poverty level, 39.3% also lacked health insurance. Educational attainment levels also correlated with being uninsured for Summit County residents. More than one-third (34.0 %) of Summit County adults who lacked a high school diploma also lacked health insurance. However, the uninsured rate decreased as educational levels increased. For Summit County residents with either a high school diploma or GED, 20.9 % were uninsured. It was also reported African Americans were 1.5 times more likely to report having problems paying for a medical bill than their white counterparts (40.7% versus 26.6%). Less educated Summit County residents were more likely to have reported that they had problems paying for medical bills than their more educated counterparts (40.2% without a high school diploma, 31.9% of those with a high school diploma or GED, 34.5% with some college and 15.6% of those with a 4-year or advanced degree).

## Health Disparities in Summit County

Minority groups living in Summit County and the city of Akron face significant health disparities. Overall, in the 2008 Ohio Family Health Survey, African Americans in Summit County were 1.7 times more likely to report being in fair or poor health than whites (23.1% versus 13.8%). There are also health disparities evident in particular diseases or other health problems

### *Diabetes*

Data from 2004-2006 illustrates that diabetes killed African American males in Summit County at a much higher rates than their white counterparts. The mortality rate for diabetes for African

American males in Summit County was 75.7 per 100,000 compared to 24.7 per 100,000 for white males. The mortality rate from diabetes in Ohio for African American males was 64.9 per 100,000 compared to 32.8 per 100,000 for white males. Unemployed people were twice as likely to have been diagnosed with diabetes as those that were employed full-time (14.6% verses 6.6%).

### *High Blood Pressure*

In Summit County, African-Americans were diagnosed with hypertension 1.5 times more than whites (36.6% versus 24.3%). Unemployed persons were 1.5 times more likely to have been diagnosed with blood pressure compared to full-time workers (32.9% versus 21.6%). Individuals who described themselves as having poor health were 2.3 times more likely than those who reported their health status as good, very good, or excellent health (49.7% versus 21.6%).

### *Homicide*

Homicide is the leading cause of death for young African Americans in Ohio. This was also true in Summit County as African American males had the highest rates of homicide in Summit County with 46.4 per 100,000 compared to white males with a rate of 3.0 per 100,000. Summit County African American males had a higher rate of homicide (46.4 per 100,000) than African American males in Ohio (42.1 per 100,000).

### *Obesity*

African Americans were 1.2 times more likely to be overweight or obese as compared to Caucasians/whites (73.7% verses 60.4%). It was also reported that Hispanic/Latinos were 1.3 times more overweight/obese than non-Hispanics (80.6% verses 60.9%).





## Data Sources

Sources of demographic data:

[www.factfindercensus.gov](http://www.factfindercensus.gov)

*Health Profile of Summit County: Results from the 2008 Ohio Family Health Survey*, available at:

<http://www.scphoh.org/PDFS/PDF-Reports/OFHS2008/HealthProfileSummitCounty.pdf>

## Summit County Local Conversations on Minority Health

The Local Conversations on Minority Health in Summit County were carried out in two phases.

### Phase I

The first Local Conversation was held on September 10, 2008. At this event, attendees worked to identify needs in the community affecting minorities. Each group had a facilitator and a scribe who helped the groups to identify and reach consensus on the top eight needs. Strategies were also developed to address each need. In order to prepare for the second Local Conversation on Minority Health, a survey was created and sent to those that attended the first event as well as leaders and advocates in the minority community. The survey was sent via Survey Monkey in January which afforded people the opportunity to respond anonymously. Survey participants were asked to rank the previously identified top eight needs and also to select the top three strategies to address each need.

### Phase II

The second Local Conversation on Minority Health was held on February 18, 2010. At this event, participants were placed into small groups to further investigate identified needs and strategies.

Each group had a facilitator/scribe. The needs and strategies identified through this process serve as the basis for the Health Disparity Reduction Plan for Summit County. The numbers in parentheses following each strategy indicate the percentage of participants endorsing the particular strategy.

## Health Disparity Reduction Plan

### Need #1:

Improved collaboration and coordination among organizations serving minorities (71.9%).

### Strategy 1 (59.4%):

Utilize existing organizations/opportunities.

### Strategy 2 (56.3%):

Use existing networks to invite people to collaborate.

### Strategy 3 (46.9%):

Create a seamless health care system.

### Other strategies:

- Eliminate the duplication of services (43.8%).
- Mobilize a collaboration to firm up and assure partnerships (40.6%).
- Utilize existing entities that provide information to community (40.6%).

### Action:

This group will work to define existing “grassroots” individuals and groups working to improve minority health.

### Need #2:

Better education and communication and improved marketing with the public (53.1%).

### Strategy 1 (60.0%):

Utilize concept of a “patient navigator” or “patient advocate”.



**Strategy 2 (53.3%):**

Link people to agencies/services rather than just making a referral.

**Strategy 3 (50.0%):**

Offer culturally specific and relevant marketing programs.

**Other strategies:**

- Find “connection points” or ways to target minority populations (46.7%).
- Be proactive rather than reactive to changing demographics (40.0%).
- Target educational messages about health (20.0%).
- Use the concept of a “secret shopper” to monitor agency interaction with clients (16.7%).
- Provide a self-assessment tool for marketing efforts by agencies (10.0%).

**Action:**

Acquire the various resource guides which are currently available in Akron/ Summit County to determine what type of patient navigator/advocate programs currently exist.

**Need #3:**

Increased funding for minority health services (46.9%).

**Strategy 1 (53.3%):**

Provide basic health care for the uninsured of all ages.

**Strategy 2 (50.0%):**

Leverage the health care dollar to so it can be used more for preventive care.

**Strategy 3 (43.3%):**

Provide comprehensive school health services including clinical services, screenings, dental, and others.

**Other strategies:**

- Provide pharmacy/charitable pharmacy assistance (40.0%).
- Get churches involved (23.3%).
- Seek local funding (23.3%).
- Seek more funding from foundations (20.0%).
- Secure money for interpreters from insurance companies (16.7%).
- Seek more research grant funding (16.7%).
- Provide stop-gap insurance for young adults (13.3%).

**Action:**

Investigate how to replicate Metro Health model in Summit County to expand physician participation in Access to Care.

**Need #4:**

Improved stakeholder buy-in for the population served and the agencies (43.8%).

**Strategy 1 (54.8%):**

Create buy-in from stakeholders including among the population served and agencies that do not know they are stakeholders.

**Strategy 2 (54.8%):**

Direct information to the population served in a culturally appropriate manner.

**Strategy 3 (51.6%):**

Educate stakeholders so they will want to allocate resources effectively.

**Other strategies:**

- Educate the business community about the bottom line effect such as workforce development (48.4%).
- Partner at leadership level to build infrastructure (35.5%).





- Tailor messages to stakeholders in a familiar format (32.3%).
- Schedule meetings and send invitations to officials to attend stakeholder events such as coalition meetings (16.1%).

**Action:**

Arrange local conversations for consumers.

At the conclusion of the second Local Conversation on Minority Health, the group felt there was more to be done and did not want to lose the momentum. It was decided that the four identified groups will each continue to work to address their identified need, accomplish the action identified for each need and work to implement the identified strategies. Each group will be chaired by project staff from the Office of Minority Health.

**Participants**

The following individuals participated in the 2010 Local Conversation on Minority Health:

Gwendolyn Wilson, Summit County Community Partnership

Dr. Demond Scott, Summa Health System

Tracy Carter, Summa Foundation

Marie Curry, Legal Aid Society

Dylanna Jackson, International Institute

April McNeal, community representative

Angela Tucker Cooper, Mental Health America of Summit County

Darryl Brake, Summit County Community Partnership

Sue Hobson, Akron General Medical Center

Mary Anne Loftus, Akron General Medical Center

Michelle Papp, Akron Health Department

Sierjie Lash, United Black Firefighters of Akron

Angela Johnson, Akron Metropolitan Housing Authority

Dr. Elizabeth Piatt, NEOUCOMP

Anisi Daniels Smith, Akron Health Department, Office of Minority Health

Courtney Hudson, Akron Health Department

Jon Jenney, Akron Health Department

Dr. Ron Brown, Brother-to-Brother Project

Lynette Brown, OSU Extension

Ron Hill, Akron Health Department

Tom Quade, Akron Health Department

Kyu Kyu San, Akron Health Department

Jack Lyons, Native American Veteran's Center

Michael Byun, Asian Services in Action

Gillian Solem, Summit County Health District

Kyle Zellman, University of Akron, Graduate Student

Tom Grande, County of Summit Alcohol, Drug Addiction and Mental Health Services Board

**Office of Minority Health Advisory Board**

The Local Conversations on Minority Health would not have been possible without the commitment and hard work from the Office of Minority Health Advisory Board Members. This dedicated group of people assists the Office of Minority Health by offering guidance and through the sharing of their experiences.

Angela Tucker Cooper, Mental Health America of Summit County

April McNeal, community representative

Dr. Alicia Malone, Bondage Breakers

Dr. Ron Brown, Brother-to-Brother  
Project

Gwendolyn Wilson, Summit County  
Community Partnership

Jack Lyons, Native American Veteran's  
Center

Renee Greene, former member of Akron  
City Council

Ron Greene, community representative

Roxia Boykin, Summa Health Foundation

Terrie Weir, Akron General  
Medical Center





