

Toledo-Lucas County Commission on Minority Health

Local Conversations on
Minority Health

Report to the Community
2016 Update



Funded by the Ohio Commission on Minority Health Grant #MGS 16-06



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Local Conversations on Minority Health - 2016 Update

Phase I

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The first Toledo Local Conversation on Minority Health was held on Friday, June 13, 2008. A total of 56 individuals attended, and they represented a broad range of local organizations, including city and state government, the city/county health department, the county mental health board, hospitals, community health and social service organizations, media, insurance and pharmaceutical companies, a parish nurse ministry, organizations serving individuals with disabilities, United Way, and the University of Toledo. Participants were broken into four groups where they identified and prioritized needs related to services, resources, capacity building, and infrastructure. They also developed a list of recommendations to address those needs.

Phase II

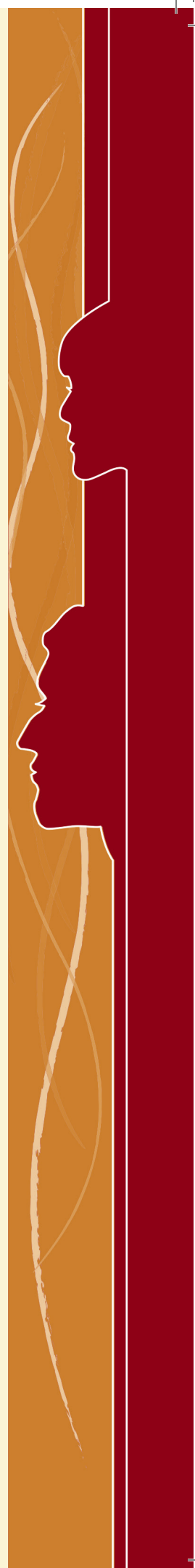
Phase II continued the work of the first Local Conversation. In this phase, a series of six focus groups were conducted. Questions were based on the 15 recommendations from the National Partnership for Action to End Health Disparities (NPA) Phase I Local Conversations.

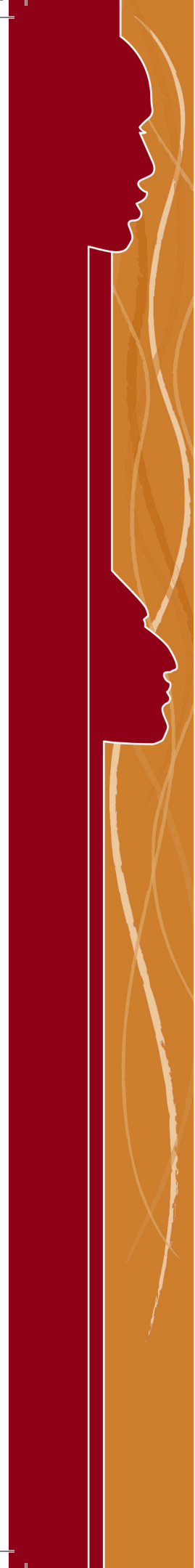
In summary, the results of the focus groups indicated that the Toledo-Lucas County Commission on Minority Health (TLCCOMH), while having a clearly defined vision, mission, and program goals, needs to better communicate its agenda as it relates to minority health in Toledo and Lucas County. The TLCCOMH should not only invite others (including elected officials) to the planning table, but give an organization a clearly defined purpose, role, and show how it fits into the overall strategic plan of the local commission. Serving as a resource (capacity-building and other technical assistance) to other minority

organizations and those that serve minorities is crucial to advancing the minority health agenda in Toledo and Lucas County. The TLCCOMH and its members should work with policy makers for services, especially transportation, integration of medical care, and translation, in creating guidelines that are “user-friendly” and allow easier access for consumers. Finally, minority health should be marketed as a product, and those who provide services to minorities should be listed on United Way’s 211 database and linked with the TLCCOMH’s marketing materials (brochure, website, etc.). Together, these strategies will allow the communities in Toledo and Lucas County to move the minority health agenda forward. The Phase II Local Conversations generated a number of overarching strategic themes.

Strategic Themes

1. Use the knowledge and professional expertise of members and organizations that comprise the Toledo-Lucas County Commission on Minority Health advisory board to assist involving local entities (community, private, health care delivery systems, and political) with advancing minority health issues in Toledo and Lucas County.
2. Identify and utilize existing community resources and programs that target health conditions/disease states that the Toledo-Lucas County Commission on Minority Health has prioritized in an effort to foster knowledge sharing and community collaborative partnerships whose foci/missions are similar.
3. Assist concerned citizens, community leaders including elected officials, grassroots organizers, minority-based community organizations, and other organizations/individuals (especially faith-based communities) that serve minority populations with capacity building/technical assistance needs.





in an effort to promote better understanding, leadership development, and cultural awareness/competence/sensitivity regarding minority health.

4. Assist local providers of transportation, medical care, and translation services in revising consumer guidelines to facilitate a more smooth process for minority/other populations in accessing needed services (i.e., offer medical and dental care in the same setting).
5. Promote deliberate, stratified marketing of the Toledo-Lucas County Commission on Minority Health and minority health services in Toledo and Lucas County through use of:
 - a) United Way's 211 information line and database of community resources;
 - b) community partners through events such as Minority Health Month; and
 - c) TLCCOMH marketing materials (brochure, website).

Health Disparity Reduction Plan

Strategy 1: Use the knowledge and professional expertise of members and organizations that comprise the Toledo-Lucas County Commission on Minority Health advisory board to assist involving local entities (community, private, health care delivery systems, and political) with advancing minority health issues in Toledo and Lucas County.

During the NPA Phase II Local Conversation focus groups, participants identified this in particular as the most important strategy to serve as a foundation upon which the other strategies can be adequately addressed. Focus group participants also commented positively on the TLCCOMH being strategic in location and identification of collaborative partners. Those partners can assist the TLCCOMH in recruitment of other community organizations and be spokespersons for the TLCCOMH's mission, vision, and purposes.

The comments below reflect the group's discussion regarding the structure of the TLCCOMH and its membership:

"Need to first clarify our mission and what we want from them. It has to be specific and very clear so they know how they fit in with us. Who

we are and what we do is still not clear to many people."

"More structure within the Minority Commission. Have some sort of committee (maybe a board type structure) that would help support the mission and vision of the minority health coalition."

"Use snowball networking technique. Ask organizations and agencies that are currently part of the commission to list the names of any other organizations that they know in town that are compatible with our mission and goals. Contact these organizations and invite them to come and sit at the table."

"Target the organizations that we want to involve. Train certain members of the Advisory Group to go out and meet with directors of these organizations to enlist their participation. Develop Ambassadors for minority health that can be called on to do this recruiting and sales work. Give these ambassadors a "canned" presentation and materials to distribute to make their job easy."

Since the Toledo-Lucas County Commission on Minority Health (TLCCOMH) advisory board has been in existence since 1998, it has had the opportunity to grow into an active body of concerned citizens, professionals, and community organizations that share a common vision of healthy minority populations in Toledo and Lucas County. As such, the depth of professional expertise provided by its membership can greatly assist the Northwest Ohio community in addressing minority health issues and drafting solutions that are culturally appropriate and fosters mobilization of community partnerships to action.

Strategy 2: Identify and utilize existing community resources and programs that target health conditions/disease states that the Toledo-Lucas County Commission on Minority Health has prioritized in an effort to foster knowledge sharing and community collaborative partnerships whose foci/missions are similar.

The seven health conditions/disease states prioritized by the TLCCOMH have contributed to the majority of mortality and morbidity of minority populations in Toledo and Lucas Coun-

ty. These are: cancer, cardiovascular disease, diabetes, HIV/AIDS, immunizations/vaccinations, infant mortality, and mental health and emotional well-being.

Unlike the NPA Phase I local conversations, where participants stressed increased funding for several health program areas, participants during the NPA Phase II local conversations encouraged networking with organizations/programs already working towards reducing mortality/morbidity in disease states prioritized by the TLCCOMH.

Since funding on all levels is decreasing, participants emphasized the need to work together towards achieving common goals and share resources. After all, as one participant stated: “A lot has already occurred.”

Following are some of the focus group participants’ suggestions for collaboration:

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“Using existing familiar facilities, organizations, and/or services proves to be more effective than starting new ones”

“Include minorities in already developed coalitions/groups.”

“Emphasize the complementary strengths of collaborators. Sell them on the concept that we are more powerful and more successful together than apart”

“Create an educational/PR document that clearly describes the mission, vision, and goals of the commission and distribute that to potential partners. Ask the potential partner to identify areas of common interest and common mission.”

“There needs to be education about each agency to other agencies.”

Participants candidly stated the barriers (and some offered solutions) we sometimes face with collaboration:

“There is a lack of communication within each organization and among other organizations.”

“There is competition for funding between agencies. Everyone is working toward the same

grant money.”

“People are interested in protecting their turf and their money...Find ways that they (organizations) can collaborate with the TLCCOMH and yet still get credit and still get (their) money.

“Agencies need to realize their priority is about the client/community. One agency can’t do it all... therefore, partnership is very essential”

As the TLCCOMH recruit, train, and retain additional community partners (building on Strategy 1), this will greatly increase the awareness and knowledge of existing programs and resources that target their prioritized health conditions/disease states.

Strategy 3: Assist concerned citizens, community leaders (including elected officials), grassroots organizers, minority-based community organizations, and other organizations/individuals (especially faith-based communities) that serve minority populations with capacity building/ technical assistance needs in an effort to promote better understanding, leadership development, and cultural awareness/competence/sensitivity regarding minority health.


First, the TLCCOMH identified individuals and organizations to form collaborative partnerships. Second, these organizations were invited to the TLCCOMH’s meetings. Third, the TLCCOMH has learned about these organization’s needs for direction and assistance.

The TLCCOMH can assist community entities in leadership development, being cultural competent, and having a better understanding of minority health issues by drawing on the knowledge, expertise, and academic experience of its members.

Since the TLCCOMH serves as a “hub” for advancing the minority health agenda, focus group participants felt that it could greatly enhance the capacity of other organizations by providing professional development in a variety of areas, especially in leadership, grant writing, diversifying funding streams, and forming and maintaining collaborative partnerships:

“Provide cultural sensitivity training to groups that work with the commission. Offer this as one





of the menu of services that we can provide to others as part of technical assistance.”

“(Cultural competence) should be initiated at an institutional level especially at the universities.”
“Do trainings to key leaders in each group who would then educate their staff.”

“Each part of town has different lifestyles and people and need to educate on this.”

“(The TLCCOMH should) lead a conference and advocate in counties across (Northwest) Ohio and offer CEUs (as an incentive).”

“Offer a workshop leadership skills such as: how to run good business meetings, how to set goals and write objectives, how to develop a strategic plan, how to enlist the help of volunteers and keep them motivated, how to supervise staff/volunteers, how to create and manage a budget, how to create surveys/enter data into Microsoft Excel.”

“How can larger organizations like the health department help smaller organization by offering programs or certifications for staff members to build on?”

“Could organizations like ProMedica and Mercy set some foundation money (aside) to help smaller minority groups get through some certification?” When enlisting the help of elected officials, participants suggested:

“Link our issues with issues in their platform. Hold their feet to the fire and describe how we can help them accomplish their goals and objectives. Search for mutually compatible goals so it is win-win situation for all.”

“Put it (minority health issues) in dollars politicians will understand this.”

“Have them (politicians) share their stories about their own health or families health to engage them in the coalition.”

“Politicians could help you find a personal connection to find state and federal money for certain health issues”

“Educate/provide recommendations for policymakers that are not familiar with the problems.”

“On a regular basis, invite politicians and policymakers (Hospital CEO’s, city council people) to our monthly meetings. Invite them to speak to the group for a few minutes to explain how their organization and goals fit with the goals and mission of the commission. Brief them in advance and make it easy for them.”

In an effort to inform, educate, and empower community members, training/ technical assistance could be provided with respect to cultural awareness/ competence, minority health issues, and other organizational development to strengthen professional relationships, and strategically move the minority health agenda forward in Toledo and Lucas County.

Strategy 4: Assist local providers of transportation, medical care, and translation services in revising consumer guidelines to facilitate a more smooth process for minority/other populations in accessing needed services (i.e., offer medical and dental care in the same setting).

Access to services, particular transportation, translation, and integration of medical care, was a key component during both the NPA Phase I and Phase II local conversations. The only difference is that focus group participants during NPA Phase II local conversations gave some suggestions in working with local providers to reduce barriers among minority populations in seeking services.

Most focus group participants suggested that the current transportation system works well. For example the Toledo Area Regional Transit Authority (TARTA) has bus lines that run past the major hospitals and health care centers that minorities are more likely to frequent (except Bay Park in Oregon, Ohio on the east side).

While the transportation system works well; some barriers to transportation were identified by the focus group participants:

“TARTA’s Call-a-Ride does not serve Toledo, only the suburbs...how can we work with TARTA to change this?”

“How can services like Call-a-Ride better serve the community by increasing their routes and services to not only serve the suburbs but the inner city as well?”

"Streamline transportation services so that it is not as difficult to find a bus route."

Some programs/organizations have taken a proactive approach to transportation and suggested others do the same:

"Our organization provides transportation for its clients and has seven vans at its disposal".

"Try contacting churches to use their church buses that sit empty during the week. (However), who would drive them? How would liability work?"

"Enlist a crew of senior adults that have vehicles. Develop a low cost taxi service managed by senior adults who need something worthwhile to do."

Focus group participants strongly supported integration of medical services. For example, having a "one-stop" shop for a physician visit, dental visit, childcare, and other services (such as mental health) can aid consumers in navigation of the system. Some participants highlighted the Toledo-Lucas County Health Department as an example of being a place that is easily accessible by transportation and offering an entrée of services including pre-natal care, pediatrics, adult medical, child dental, HIV/STD testing, and a pharmacy.

Participants offered other suggestions, such as:

"Encourage healthcare sufficiency-how to navigate the system-advocacy instead of programming."

"Teach people about being a good consumer of medical care" and "Make sure people understand what their doctor is saying to empower them and decrease intimidation"

"The more done in one visit the better."

"One stop shop (is better) because of no-show problems."

"Residents with stiff working hours would benefit from this type of service (delivery)."

"Mobile clinics that come into the community are always effective and highly taken advantage of."

"Take medical services to the people or take people to the medical services. For example, have nurse practitioners in churches."

Finally, focus group participants, particularly the Asian and Hispanic groups, gave clear strategies on increasing the availability of translation services in Toledo and Lucas County.

The major barriers and solutions discussed were summed up very succinctly:

"Costs associated with translation (for example, the International Institute) are expensive."

"Require all grantees (that work with persons who speak English as a second language) to include translation services in their grant applications".

"Share resources with other organizations and services (that serve Spanish and Asian speaking persons). Our organization hires translators (from them)."

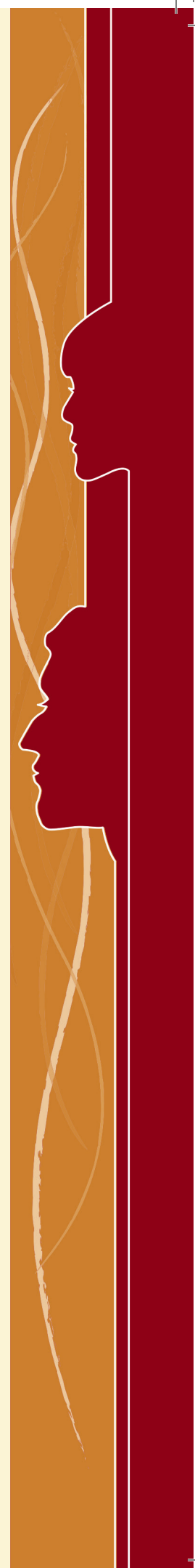
"Distribute informative flyers at hospitals and places where translation services may be required."


"Also make translation services available for other things besides health concerns. For example, educational services, insurances, food stamps, mails, etc."

"Boundaries and privacy (of other cultures) should also be respected as confidentiality is very important to their groups."

Strategy 5: Promote deliberate, stratified marketing of the Toledo-Lucas County Commission on Minority Health and minority health services in Toledo and Lucas County through use of: a) United Way's 211 information line and database of community resources; b) community partners through events such as Minority Health Month; and c) TLCCOMH marketing materials (brochure, website).

The TLCCOMH should market minority health to Toledo and Lucas County as if it were a commercial product and draw on a number of existing media to promote its mission, goals, and purpose in the community.





To begin, most participants (except for Asians) agreed that United Way's 211 service database and information line should be utilized more fully by the TLCCOMH and its participating organizations/other members. Asian participants commented that many Asian residents are more likely to use one another or Asians they highly trust to assist them in seeking services in Toledo and Lucas County.

While there are racial/ethnic resource guides in Toledo, most participants felt that United Way's 211 is the most respected and widely recognized source to seek social, health, and other services in the area. For example, one participant mentioned that "With 211, a perfect system already exists." Another participant summed many others' responses the best:

"All service organizations in town serve the entire population, including minorities. Why should we create a minority specific database when all service organizations serve all the people anyway? For example, United Way funded organizations serve everyone- no matter their race or ethnicity."

Similarly, Hispanic participants felt that 211 was an excellent resource for Spanish-speaking residents of Lucas County:

"211 is a much better service after they implemented a better bilingual service that can be referred to the people effectively."

Participants suggested that we could highlight our partners and showcase their achievements on our website and other published materials. For example, each year the funded programs for Minority Health Month are highlighted by the TLCCOMH at the Minority Health Expo in Columbus, OH and through the state and locally published Minority Health Month Calendar of Events.

One participant even felt that *"any group or individual that gets money from the Ohio Commission on Minority Health should be required to write a description of services that their program provides (to the local commission)."*

Finally, members felt that the TLCCOMH should strengthen its position in the community

through the use of existing marketing streams:

"Need to market the website that has already been created. The internet is a key marketing piece in today's society."

"Should create some sort of pamphlet that could be distributed that would summarize minority health services"

"Create a trademark or logo to identify the agency and use for all marketing."

"Link websites to other agencies so that those who sign onto one website would be able to visit other websites that are dealing with the same health issue."

"Send information to local churches so it can be put in the weekly bulletin."

"Consider a wider reach for promotion: bus advertising, billboards, church organizations, radio advertising, flyers, and larger state/funded boards."

Marketing the TLCCOMH, its member organizations, and other collaborating partners, while utilizing existing resource guides, will greatly strengthen its position and credibility in Toledo and Lucas County as the source for minority health information.

About the focus group participants

There were six focus groups held on 3 different dates:

- 11/12/2010- 1 focus group (Asian community)
- 11/13/2010- 5 focus groups (4 general community, 1 Hispanic/ Latino community)
- 39 total participants.
- 31 female participants, 9 male participants
- 17 Caucasian/White, 13 African-American/ Black, 7 Asian, 2 Hispanic/Latino Agencies represented:
- Able/Disabled Task Force Ministry
- Adelante, The Latino Resource Center
- American Heart Association
- American Cancer Society
- Asian Resource Center
- CJ & N Associates Diabetes Program
- Dental Center of Northwest Ohio
- Females Unveiling the Secret

- Glenwood Lutheran Church
- JIJ Vision Outreach
- Lucas County Department of Job and Family Services
- Lucas County Family Council
- Mercy Health Partners
- Neighborhood Health Association
- Prevent Blindness of Northwest OH
- ProMedica Health System
- Toledo Council of Black Nurses
- Toledo-Lucas County Commission on Minority Health
- Toledo-Lucas County Health Department
- University of Toledo
- University of Toledo Medical Center
- 5 persons in attendance did not represent an agency

Local Conversations on Minority Health -2016 Data

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The first Toledo Local Conversation on Minority Health was held on June 13, 2008. A total of 56 individuals attended, and they represented a broad range of local organizations. Phase II continued the work of the first Local Conversation. During this phase a series of six focus groups were conducted. Questions were based on the 15 recommendations from the National Partnership for Action to End Health Disparities (NPA) Phase 1 Local Conversations. In summary, the results of the focus groups indicated that the Toledo-Lucas County Commission on Minority Health (TLCCOMH), while having a clearly defined vision, mission, and program goals, needed to better communicate its agenda as it relates to minority health in Toledo and Lucas County.

Local Conversations on Minority Health-2 grant started with an event titled “What Impact Does Race & Racism Have on Health?” This was a full-day event had 115 participants pre-register with 109 in attendance. The day really built on to the discussions that took place during the first round of Local Conversations. This is just the beginning of many more conversations that have been already scheduled past the funding period of this project. The momentum is building and this current Local Office Director plans to keep

things moving. Local Conversations on Minority Health-2 picks up on six challenges all starting with the root cause being RACISM!

During the first Local Conversations events no baseline data was collected. Local Conversations on Minority Health-2 included a survey to collect baseline information from the attending participants on basic demographics, experiences of general everyday discrimination, experiences of unfair treatment directly attributable to race and ethnicity, and health utilization to better understand multiple dimensions of racism and its impact on

Table 1: Demographics of Local Conversations-2 participants

	Men =15 %	Women=65 %
Education		
High School Graduate	0	0
Some College	26.67	19.05
College Graduate	73.33	80.95
Marital Status		
Married	40	40.32
Never Married	60	59.60
Household Income		
Less than \$50,000	42.86	44.44
\$50,001 - \$99,999	21.43	39.68
\$100,000 or more	35.71	15.87
Employment Status		
Employed	100	95.24
Unemployed	0.0	3.85
Race / Ethnicity		
Hispanic	2.50	5.00
White	35.71	45.16
Black	64.29	48.39



community members in Toledo area. The survey was completed by 80 participants (15 men and 65 women) who had some college or completed college education, almost all were employed with more that 50% participants having household income of more than \$50,000, and more than 40% reported to be married currently (see Table 1). Equal number of participants identified their racial and ethnic identity as black and white among women; however among men, participants identified themselves as black two times more than those who identified themselves as white.

Addressing root cause of health disparities: Racism

“Health disparity,” generally refers to a higher burden of illness, injury, disability, or mortality experienced by one population group relative to another group. A “healthcare disparity” typically refers to differences between groups in health coverage, access to care, and quality of care. More specifically, health and healthcare disparities are referred to unjust differences that cannot be explained by variations in health care needs, patient preferences, or treatment recommendations. These differences can be attributed to multiple factors such as social, environment, political, and healthcare systems that lead to poorer health outcomes for minority populations¹. One of the root causes of health disparities has been identified and racism and discrimination. Racial discrimination is defined as “differential treatment on the basis of race that disadvantages a racial group” and has shown to be associated with a variety of adverse health outcomes among minority population ². Racism directly affect health in multiple ways such as, residence in poor neighborhoods, racial bias in medical care, the stress of experiences of discrimination and the acceptance of the societal stigma of inferiority can have deleterious consequences for health³.

Table 2: Experiences of Everyday Discrimination and Unfair treatment survey results among Local Conversations-2 participants		
Discrimination	Men =15 %	Women=65 %
Everyday Discrimination Experiences		
Treated with less courtesy	73.33	87
Treated with less respect	66.67	92.19
Receive poor treatment at restaurants and stores	66.67	85.94
People act as if you are not smart	73.33	87.50
People act as if they are afraid of you	80.00	54.69
People act as if you are dishonest	60.00	59.38
People act as if that are better than you are	73.33	85.71
You are called names or insulted	66.67	46.15
You are threatened or harassed	40.0	43.75
Unfair treatment due to race / ethnic identity		
People dislike you	13.33	4.92
People treated you unfairly	13.33	6.56
Friends treated you unfairly	14.29	17.46

During Local Conversations on Minority Health-2 event on Racism activities, baseline information was collected from the participants on experiences of everyday discrimination, and more specifically experiences of unfair treatment directly attributable to race and ethnic identity (see Table 2). Survey revealed that more than three-fourth of the participants reported high experiences of everyday discrimination measured by questions regarding discriminatory treatment from other people. When questioned specifically on unfair treatment by people generally, men reported higher experiences of unfair treatment due to race and ethnic identity in comparison to women. However women responded with higher experiences of unfair treatment due to race and ethnic identity in comparison to men when asked specifically on unfair treatment by friends.

Racial and ethnic disparity in healthcare utilization

Institute of Medicine’s (IOM) report “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care”, highlighted the complex source of racial and ethnic health disparities in the healthcare system, and suggested development of comprehensive, multi-level strategies ranging from increasing awareness in the society regarding health and health disparities, addressing structural racism within the healthcare system, and restructuring of healthcare systems to support equal access and improved quality of healthcare service⁴. Recent report from the Agency for Healthcare

Table 3: Key feature of Health Utilization among Local Conversations-2 participants

Health Utilization	Men =15 %	Women=65 %
Seek Health Services in the last 12 months		
Yes	71.43	92.31
Satisfaction with received services		
Yes	64.29	80.0
Last routine Check-up		
Within 2 years	73.33	87.50
Between 2-5 years	26.67	12.50
Self-reported health		
Good	100.0	95.38
Poor	0.0	4.62

Research and Quality (AHRQ) report found that low-income individuals and people of color receive poorer quality care and face more barriers in seeking care including preventive care, acute treatment, or chronic disease management, than do non-Hispanic Whites⁵. Minorities generally rate their health as poorer than whites; blacks are the most likely of all races examined to report they are in fair or poor health, with nearly 20 % of non-Hispanic blacks reporting this compared with 11% of non-Hispanic whites⁶. A total of 16.6% of African Americans aged 18 years and over do not have a regular source of health care, and nearly half (46%) of nonelderly black adults who do not have insurance report having one or more chronic health conditions⁷. As the population becomes more diverse and people of color projected to account for over half of the population by 2050⁸, it is increasingly important to address health disparities among racial and ethnic minority population.

During Local Conversation on Minority Health-2

During Local Conversations-2 event a unanimous decision was made by the participants to continue working with Everyday Democracy, a national organization that helps local communities find ways for all kinds of people to think, talk and work together to solve problems. They work with neighborhoods, cities and towns, regions and states, helping them pay particular attention to how racism and ethnic differences affect the problems they address. Everyday Democracy has been helping people do this work throughout the nation since 1989.

Participants of Local Conversations-2 were asked to volunteer to learn how to effectively organize upcoming events with Everyday Democracy. The first organizing training was held on May 16, 2016, where there were 18 participants. The second organizing training was held on June 17, 2016 where there were 10 participants. During this second training it was decided to host a series of six dialogue circles at a local community Center that was in the 43604 zip code. This zip code has the highest incidence of Black Infant Mortality in Toledo, Ohio. These

grant activities baseline information was collected regarding health utilization from the participants. The survey revealed that even though participants were accessing and going for routine checkups with their health providers, only 64% men and 80% women were satisfied with the receives services (see table 3).


COMMUNITY PARTICIPATION

Date(s) of Event(s) (list separately)	Total # served	Number served by Ethnic/Racial Group					
		African American	Hispanic	Native Am. Indian	Asian	White	Other
March 16, 2016	109	57	5		2	45	
May 16, 2016	18	8	1		2	7	
June 17, 2016	10	6	1			3	

a) Date of event/Service Provided: Indicate each separate activity/service and the date on which it occurred.

b) Total # Served: Record the number of people served for each event/service period.

c) Total # by Ethnic/Racial Group: Record the number of African Americans, Asians, Hispanics and Native American Indians served through each service/event.



dialogue circles would utilize the Facing Racism In A Diverse Nation, A guide for public dialogue and problem solving provided by Everyday Democracy. These circles will be every first and third Wednesday of the month from September through November. The first event will take place Wednesday September 7, 2016 at the Friendly Center 1324 N. Superior, Toledo, Ohio 43604 from 9am till 11am.

Agencies represented:

- Advocates for Basic Legal Equality, Inc.
- Adelante, The Latino Resource
- Center
- American Heart Association
- American Cancer Society
- Asian Resource Center
- Assets Toledo
- Bowling Green University
- Buckeye Health Plan
- Care Source
- City of Toledo
- Dental Center of Northwest Ohio
- Dialog to Change Toledo
- Everyday Democracy
- Hospital Council of Northwest Ohio
- Live Well Greater Toledo
- Lucas County Department of Jobs and Family Services
- Lucas County Children Service
- Lucas County Family Council
- Lucas County Mental Health and Recovery Service Board
- Mercy
- Mercy College
- Molina
- NAACP
- Neighborhood Health Association
- Ohio Department of Health
- Paramount
- Partners In Education
- Prevent Blindness of Northwest Ohio
- Promedica
- Senator Sherrod Brown Office
- The Blade
- Toledo City Council
- Toledo Lucas County Commission on Minority Health
- Toledo Lucas County Health District
- United Pastors For Social Empowerment
- United Way
- University of Toledo
- University of Toledo Medical Center
- YMCA And JCC of Greater Toledo

- Persons representing Faith Based Organizations and Community Members

Special Thanks

- Cherry Street Mission Life Revitalization Center
- Everyday Democracy
- InHealth, Ohio's Nonprofit Mutual Insurer
- Interns PhD in Health Education Program, School of Population Health, University of Toledo
- Interns MS Public Health Program, School of Population Health, University of Toledo
- Health Disparities Research Collaborative Team, School of Population Health, University of Toledo
- Dennis Hicks, Community Engagement Coordinator, Toledo-Lucas County Health Department

References

1. Carter-Pokras, O., & Baquet, C. (2002). What is a 'Health Disparity'? Public Health Reports, 117(5), 426.
2. Shavers, V. L., Fagan, P., Jones, D., Klein, W. M., Boyington, J., Moten, C., & Rorie, E. (2012). The state of research on racial/ethnic discrimination in the receipt of health care. American Journal of Public Health, 102(5), 953-966.
3. Williams, D. R. (1999). Race, socioeconomic status, and health the added effects of racism and discrimination. Annals of the New York Academy of Sciences, 896(1), 173-188.
4. Institute of Medicine. (2002). Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: National Academies Press.
5. Agency for Healthcare Research and Quality. (2006). National Healthcare Disparities Report 2011.
6. National Center for Health Statistics. (2006). Health, United States, 2006: With Chartbook on Trends in the Health of Americans.
7. Russell, L. (2010). Fact sheet: Health disparities by race and ethnicity. Center for American Progress.
8. Colby, S. L., & Ortman, J. M. (2015). Projections of the Size and Composition of the US Population: 2014 to 2060. US Census Bureau, Ed, 25-1143.

Local Conversation 2016 Event Evaluation Report

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Yu-Han Zheng, BSN and Yu-Ku Chen, BSN

Purpose

The Lucas County Office of Minority Health was funded for the Local Conversation II. Everyday Democracy was invited to hold the Local Conversation via the racism awareness training focusing on infant mortality. Everyday Democracy designed the event evaluation survey to collect original quantitative and qualitative data to assess the impact and outcomes of the training.

Methods

An anonymous, paper survey of 19 questions in a 5-level Likert scale (response options from strongly agree to strongly disagree), demographics, and open-ended item was designed by Everyday Democracy and administered by Ms. Celeste Smith from Toledo-Lucas County Department of Health Office of Minority Health and University of Toledo student volunteers under the supervision of Dr. Shipra Singh. The questions were primarily designed to assess participants' perceived changes in racism and openness in opinion expression and acceptance.

The survey was administered during the Local Conversation II on March 11th 2016. A convenience sample of participants from local community health government and for-/non-profit agencies, local health care providers, and concerned citizens completed the survey. Out of the total participant of approximately 120 (including partial attendance), the response rate is about 50%. The following provides a snapshot of the responses from this survey.

Results

A total of 66 respondents completed the survey. Among them, 15.2% aged 18-25 years, 28.8% aged 26-35 years, 25.8% aged 36-45 years, and 30.3% aged 46 years and older. The majority tends to be below 45 years old. Only 1.6% of respondents indicated their Hispanic/Latino/Spanish origin. In regards to the race distribution of the respondents, over a half of respondents are Africa American (34 persons, 53.1%). In addition, 24, 1, and 4 respondents reported their race as White (37.5%), Asian (1.6%), and bi-racial (6.3%) respectively.

In the question that asks about respondent's work functions, about 60% of respondents (40 persons, 60.3%) work for community health functions while another 40% work for clinical functions. In the question about locality, most respondents (55 persons, 84.6%) are citizens of Toledo/Lucas County. Seven (10.8%) respondents are citizens of neighborhood counties while 3 attendees (4.6%) are from others.

The respondents were asked "How long have you lived in Ohio?" Among the respondents, the majority (68.8%) of respondents indicated they lived in Ohio for more than 25 years while 20.3% and 10.9% stated 11-25 years and 10 or less years respectively.

A series of questions were asked to assess respondent's perceptions about the impacts and outcomes of the dialogue. All respondents answered these questions with incidental non-responses. In the question #1, 46.2% and 38.5% of respondents agreed or strongly agreed respectively that, as a result of this dialogue experience, s/he understands points of view that differ from her/his own better now. Approximately one tenth of respondents stayed neutral about this statement. About 5% of respondents disagreed or strongly disagreed with this statement.

In the question #2, 51.7% and 41.7% agreed and strongly agreed respectively that, as a result of this dialogue experience, s/he heard information, stories, or ideas that helped her/him understand the issue of racism better. Only one respondent stayed neutral. Exactly 5% disagreed or strongly disagreed with it.



In the question #3, 52.9% and 37.3% agreed and strongly agreed respectively that, as a result of this dialogue experience, s/he can listen to points of view different from her/his own more comfortably than s/he could before the dialogue. The residual

9.8% disagreed or strongly disagreed with it. Question #4 asked respondent's level of agreement in "As a result of this dialogue experience: I felt that other participants valued hearing my point of view". The majority agreed (55.6%) or strongly agreed (39.7%) with this description. A smaller proportion (4.8%) disagreed or strongly disagreed with it.

In the question #5, the majority (62.5% and 30.4%) agreed and strongly agreed respectively that, as a result of this dialogue experience, s/he gained clarity about her/his own feelings, ideas, or questions about racism. Only 7.2% disagreed or strongly disagreed with it.

In the question #6, "As a result of this dialogue experience: I am able to articulate my point of view more clearly", 73.1% of respondents agreed with this statement and 23.1% strongly agreed with it. About 4% disagreed or strongly disagreed with it.

In the question #7, 60.7% and 34.4% of the respondents agreed and strongly agreed that, as a result of this dialogue experience, s/he feels more hopeful about having constructive relationships with people whose views differ from her/his own. Almost 5% disagreed or strongly disagreed with it.

In the question #8, 57.6% and 37.3% agreed and strongly agreed that, as a result of this dialogue experience, s/he feels more connected with other members of the group. The residual 5% disagreed or strongly disagreed with it.

Three open-ended questions were employed to inquire what the respondents gain or learn from participating in this dialogue, what aspects

of the dialogue (if any) were disappointing for the respondents, and how the respondents plan to use what s/he learned from this dialogue experience. The following themes were identified after qualitative analyses:

- what the respondents gain or learn from participating in this dialogue (39 responses)
 - > Knowledge changes: Better awareness of
 - historical long term significance that continues to affect the black health that you don't realize
 - how race influences how/why people behave the way they do, based on how they were raised and how they view other races
 - white privilege and that many European Americans are unaware of the privilege
 - how minorities perceive the way they feel and their experience
 - racism definition (institutional and structural racism)
 - how racism can unknowingly cloud how you think of something broader perspective
 - existence of different points of view, understandings, and misunderstandings: a better understanding of racism as seen through the eyes of others that do not look like me
 - how each person can encounter, experience, and process racism differently
 - levels of stress can be detrimental to your health
 - infant mortality statistics and its impacts
 - > Attitude changes:
 - sense how big of a problem infant mortality is in Toledo in the African American community particularly

Table 1. Frequency of perceptions in the racism after the dialogue

As a result of this dialogue experience:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I understand points of view that differ from my own better now	3.1%	1.5%	10.8%	46.2%	38.5%
2. I heard information, stories, or ideas that helped me understand the issue of racism better	5.0%	1.7%	0.0%	51.7%	41.7%
3. I can listen to points of view different from my own more comfortably than I could before the dialogue	3.9%	5.9%	0.0%	52.9%	37.3%
4. I felt that other participants valued hearing my point of view	3.2%	1.6%	0.0%	55.6%	39.7%
5. I gained clarity about my own feelings, ideas, or questions about racism	1.8%	5.4%	0.0%	62.5%	30.4%
6. I am able to articulate my point of view more clearly	1.9%	1.9%	0.0%	73.1%	23.1%
7. I feel more hopeful about having constructive relationships with people whose views differ from my own	3.3%	1.6%	0.0%	60.7%	34.4%
8. I feel more connected with other members of the group	1.7%	3.4%	0.0%	57.6%	37.3%

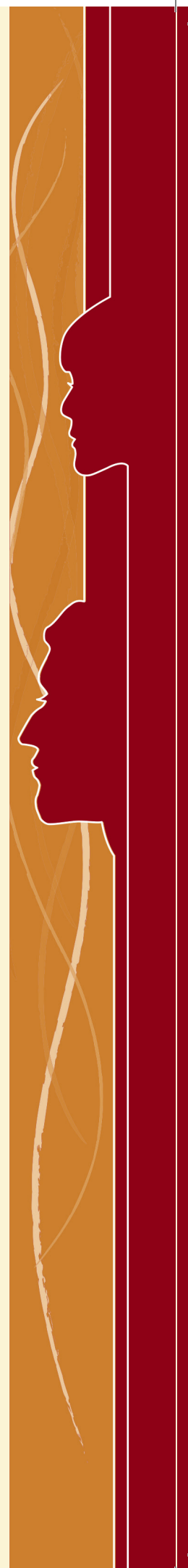
- feel having the hard conversations about race can be uncomfortable but it is needed in order to break barriers
- find the thoughts and opinions of others to be educational and interesting
- sense own blind spots and misunderstandings
- > Skill changes:
 - better able to identify other viewpoints
 - gained the ability to listen and learn from others as they shared their experiences.
 - recognized areas where needed to grow and become more well versed
 - shared and met a group of individuals with an authentic passion and concern for others.
- what aspects of the dialogue (if any) were disappointing for the respondents (46 responses)
 - Why Racism? What does color have to do with anything???!!!
- how the respondents plan to use what s/he learned from this dialogue experience (52 responses)
 - > Personal changes:
 - be more compassionate
 - be more open minded, attentive in my day-to-day interaction w/ patients
 - plan on having a better way of explaining how I felt
 - more sensitive to another viewpoint
 - > Interpersonal changes:
 - apply the information to my program
 - apply cultural competency and sensitivity
 - educate my coworkers and clients
 - talk to friends/families
 - share data on poor comes on birth outcomes
 - > Organization/community changes:
 - be a facilitator
 - develop a group
 - expand this knowledge to the greater community
 - join a group for further discussion on this topic
 - keep the conversation going
 - more involved in community equality efforts to help and understand my African American clients
 - participate in making change in my community
 - seek out grants for the future
 - work to make the community more cohesive.
 - start moms group with moms


16

Among the responses, 12 responses stated none or N/A while 5 stated positive feedback. The following are the aspects that respondents felt some disappointment:

- > Arrangement of topic and time:
 - participants have different levels of understanding on racism
 - needed secondary questions available to foster discussion
 - needed better time arrangements: more time to hear perspectives from other tables and breaks between sessions
 - more extensive coverage: needed more infant mortality and socially determinantal impact on it and how to better help these populations with these barriers
 - hearing stories of overt racism became uncomfortable for other listeners
- > Hardware:
 - these uncomfortable chairs
 - sound on computer
- > Speakers:
 - the speaker was a bit rude.
- > Disappointment for the overall issue
 - Ohio's continued IM epidemic and policy related obstacles
 - this dialogue has been going on for years, the illness still persists

The survey also asked if the respondents would be interested in participating in other dialogues in the future. The majority (62.9%) stated Yes while 25.8% stated Maybe and 11.3% stated No. When asked "Would you be interested in being trained in how to organize a dialogue in your community?", only 20% of the respondents stated Yes while 25% stated Maybe and 55% stated No. The participants also provided their responses to the question "Would you be interested in being trained in how to facilitate a dialogue in your community?" More than one fifth (22.6%) of the respondents stated Yes while 29% stated Maybe and 48.4% stated No.





2016 Minority Health Progress Evaluation Report

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Purpose

The Lucas County Minority Health Progress Evaluation was designed to collect original quantitative and qualitative data to assess the progress of minority health when compared with five years ago or the recent years.

Methods

An anonymous, paper survey of 27 questions in a 5-level Likert scale (response options from strongly agree to strongly disagree), demographics, and open-ended item was designed and administered. The questions were designed based on the evaluation survey design methodology, Local Conversation Round 1 Final Report, observation and experiences of local minority health concerns and issues, the understanding of local community health agencies, and the concerns of minority citizens. Due to the fact that no baseline data was collected in the past and respondents have different years of experience and understanding, respondents were asked to make comparison with 5 years ago or thereafter when they first noticed minority health issues in Toledo-Lucas County. The survey was administered during the Local Conversation II on March 11th 2016. A convenience sample of participants from local community health government and for-/non-profit agencies, local health care providers, and concerned citizens completed the survey. Out of the total participant of approximately 120 (including partial attendance), the response rate is about 50%. The following provides a snapshot of the responses from this survey.

Results

A total of 61 respondents completed the survey. Among them, 28.8% aged 21-30 years, 22% aged 31-40 years, 23.8% aged 41-50 years, 10.1% aged 51-60 years, and 15.3% aged 61-70 years. The majority tends to be below 50 years old. Only 5% of respondents indicated

their Hispanic/Latino/Spanish origin. In regards to the race distribution of the respondents, over a half of respondents are Africa American (31 persons, 51.7%). In addition, 23, 1, and 5 respondents reported their race as White (38.3%), Asian/Pacific Islander (1.7%), and others (8.3%) respectively.

In the question that asks about respondent's affiliation, over a half of respondents (35 persons, 60.3%) are from non-profit community organizations. Nearly 19% are from government. One respondent (1.7%) is from K-12 schools. Additionally, 6 respondents (10.3%) are from higher education, 7 respondents (12.1%) are from for profit entity. In the question about locality, most respondents (47 persons, 83.9%) are citizens of Toledo/Lucas County. Four (7.1%) respondents are citizens of neighborhood counties while 5 attendees (8.9%) are from others.

To describe the respondent's year of understanding in Toledo-Lucas County, the following question was asked: When did you start noticing minority health status in Toledo-Lucas County? Among the 61 respondents, only 39 answered this question. The majority (54%) of respondents indicated they started noticing minority health status in Toledo-Lucas County during 2011-2016 while 36% stated 2003-2010. One tenth started in 1989-1999.

A series of questions were asked to assess respondent's perceptions about minority health in Toledo-Lucas County. All respondents answered these questions with incidental non-responses. The questions #1 to #9 ask about the perceptions in the quality of services to the minority populations. In the question #1, 34.4% and 21.3% of respondents agreed or strongly agreed respectively that the Toledo-Lucas County Commission on Minority Health (TLCCOMH) has been doing a better job in clearly communicating its minority health agenda. Approximately one third of respondents stayed neutral about this statement. About 15% of respondents disagreed or strongly disagreed with this statement.

In the question #2, nearly 60% agreed or strongly agreed that the TLCCOMH has been doing a better job in clearly defining its purpose and role and fitting into its overall strategic plan. Roughly one third of respondents stayed

neutral. Almost 10% disagreed or strongly disagreed with it.

In the question #3, 45% agreed or strongly agreed that the local organizations that provide services/events to minorities are more frequently listed on United Way's 211 database and linked with the TLCCOMH's marketing materials (brochure, website, etc.). One half of the respondents remained neutral. The residual 5% disagreed or strongly disagreed with it.

Question #4 asked if the TLCCOMH has been doing a better job in assisting local entities (community, private, health care delivery systems, and political) with advancing minority health. The majority agreed (40%) or strongly agreed (13.3%) with this description. Another 40% respondents stayed neutral and a smaller proportion (6.7%) disagreed or strongly disagreed with it.

In the question #5, the majority (55.7%) agreed or strongly agreed that the TLCCOMH has been doing a better job in identifying and utilizing existing community resources and programs that target health conditions/disease states to foster. Less than 5% disagreed or strongly disagreed with it. Close to 40% chose neutral.

In the question #6, "The TLCCOMH has been doing a better job in assisting concerned citizens and community leaders that serve minority populations with capacity building/technical assistance needs to promote better understanding, leadership development, and cultural awareness/ competence/sensitivity regarding minority health", 36.7% of respondents agreed with this statement and 10% strongly agreed with it. About 8.4% disagreed or strongly disagreed with it. There are 45% to remain neutral.

In the question #7, only about 20% of respondents agreed or strongly agreed that the transportation is more "user-friendly" and easier accessible for consumers when seeking health care. Almost 35% disagreed or strongly disagreed with it. Nearly a half (44.8%) stayed neutral.

In the question #8, 40% agreed or strongly agreed that the integration of medical services has been improved, i.e. having a "one-stop" shop for a physician visit, dental visit, childcare, pre-natal care, HIV/STD testing, mental health, and a pharmacy. Over 40% of respondents adhered to neutral. Additionally, 16.7% disagreed or strongly disagreed with it.

In the question #9, 22% agreed that the

translation service has been more "user-friendly" and allows easier access for consumers when seeking health care. It has an equal proportion (8.5 %) in the disagree and the strongly disagree categories. More than 60% are on the fence.

The questions #10 to #17 asked if the respondents agree the threats from the identified priority health problems (cancer, cardiovascular disease, diabetes, HIV/AIDS, infant mortality, illicit drugs) for minorities have been reduced and if immunizations/vaccinations and mental health and emotional well-being have been improved. In the question #10, 11.7% agreed and strongly agreed that the threat from cancer has been reduced in the minority populations in Toledo-Lucas County while 38.3% of respondents disagreed or strongly disagreed. One half of people sat on the rail.

In the question #11, less people (11.7%) agreed or strongly agreed that the threat from cardiovascular disease has been reduced in the minority populations in Toledo-Lucas County while 40% disagreed or strongly disagreed with it. Nearly a half of respondents (48.3%) stayed neutral.

In the question #12, "The threat from diabetes has been reduced in the minority populations in Toledo-Lucas County", 15% agreed with this statement while 1.7% strongly agreed with it. About 45% of respondents disagreed or strongly disagreed with it. There were 40% responses as neutral.

In the question #13, 25% agreed or strongly agreed that the threat from HIV/AIDS has been reduced in the minority populations in Toledo-Lucas County" while another quarter disagreed or strongly disagreed. One half of respondents remained neutral.

In the question #14, 41.7% and 5% of the respondents agreed or strongly agreed that Immunizations/ vaccinations in the minority populations in Toledo-Lucas County have been improved, though roughly 10% disagreed or strongly disagreed with it. Over two fifths (41.7 %) of the respondents stayed neutral.

In the question #15, 25% agreed and 1.7% strongly agreed that the threat from infant mortality has been reduced in the minority populations in Toledo-Lucas County while 40% of them disagreed or strongly disagreed with it. About one third of respondents stayed neutral. In the question #16, over 20% agreed or strongly agreed that mental health and emotional well-being has been improved in the minority

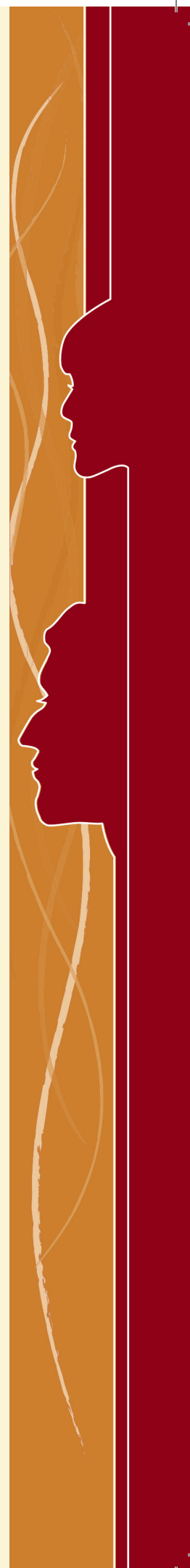


Table 1. Frequency of perceptions in the minority health services, status, and overall impression

Compare with 5 years ago or thereafter when you first noticed minority health issues in Toledo-Lucas County,	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Toledo-Lucas County Commission on Minority Health (TLCCOMH) has been doing a better job in clearly communicating its minority health agenda	1.6%	13.1%	29.5%	34.4%	21.3%
2. The TLCCOMH has been doing a better job in clearly defining its purpose and role and fitting into its overall strategic plan	3.3%	6.6%	31.1%	36.1%	23.0%
3. The local organizations that provide services/events to minorities are more frequently listed on United Way's 211 database and linked with the TLCCOMH's marketing materials (brochure, website, etc.)	1.7%	3.3%	50.0%	40.0%	5.0%
4. The TLCCOMH has been doing a better job in assisting local entities (community, private, health care delivery systems, and political) with advancing minority health	1.7%	5.0%	40.0%	40.0%	13.3%
5. The TLCCOMH has been doing a better job in identifying and utilizing existing community resources and programs that target health conditions/disease states to foster knowledge sharing and community collaborative partnerships whose foci/missions are similar	1.6%	3.3%	39.3%	42.6%	13.1%
6. The TLCCOMH has been doing a better job in assisting concerned citizens and community leaders that serve minority populations with capacity building/technical assistance needs to promote better understanding, leadership development, and cultural awareness/competence/sensitivity regarding minority health	1.7%	6.7%	45.0%	36.7%	10.0%
7. The transportation is more "user-friendly" and easier accessible for consumers when seeking health care	6.9%	27.6%	44.8%	15.5%	5.2%
8. The integration of medical services has been improved, i.e. having a "one-stop" shop for a physician visit, dental visit, childcare, pre-natal care, HIV/STD testing, mental health, and a pharmacy	6.7%	10.0%	43.3%	35.0%	5.0%
9. The translation service has been more "user-friendly" and allows easier access for consumers when seeking health care	8.5%	8.5%	61.0%	22.0%	0.0%
10. The threat from cancer has been reduced in the minority populations in Toledo-Lucas County	5.0%	33.3%	50.0%	10.0%	1.7%
11. The threat from cardiovascular disease has been reduced in the minority populations in Toledo-Lucas County	6.7%	33.3%	48.3%	10.0%	1.7%
12. The threat from diabetes has been reduced in the minority populations in Toledo-Lucas County	8.3%	35.0%	40.0%	15.0%	1.7%
13. The threat from HIV/AIDS has been reduced in the minority populations in Toledo-Lucas County	6.7%	20.0%	50.0%	21.7%	1.7%
14. Immunizations/vaccinations in the minority populations in Toledo-Lucas County have been improved	1.7%	10.0%	41.7%	41.7%	5.0%
15. The threat from infant mortality has been reduced in the minority populations in Toledo-Lucas County	15.0%	25.0%	33.3%	25.0%	1.7%
16. Mental health and emotional well-being has been improved in the minority populations in Toledo-Lucas County	6.8%	25.4%	47.5%	18.6%	1.7%
17. The threat from illicit drugs (marijuana, heroin, etc.) has been reduced in the minority populations in Toledo-Lucas County	18.3%	36.7%	35.0%	8.3%	1.7%
18. In general, I believe TLCCOMH has been doing a better job	3.3%	3.3%	41.7%	33.3%	18.3%
19. In general, I believe the minority health status in Toledo-Lucas County has been improved	6.7%	6.7%	50.0%	30.0%	6.7%
20. In general, I believe the funding for minority health in Toledo-Lucas County has been improved	5.1%	8.5%	50.8%	28.8%	6.8%

populations in Toledo-Lucas County with nearly 33% disagreed or strongly disagreed with it. Almost 50% stayed neutral.

In the question #17, less than 10% of the respondents agreed or strongly agreed that the threat from illicit drugs (marijuana, heroin, etc.) has been reduced in the minority populations in Toledo-Lucas County. Over a half of them disagreed or strongly disagreed with it. There are 35% who remained neutral.

The questions #18 to #20 were designed to assess the overall perceptions about minority health services, status, and funding provision. In the question #18, "In general, I believe TLC-COMH has been doing a better job", over 50% of the respondents agreed or strongly agreed with this statement. Only 6.6% disagreed or strongly disagreed with it. More than 40% are on the fence.

In the question #19, "In general, I believe the minority health status in Toledo-Lucas County has been improved", 36.7% of the respondents agreed or strongly agreed with this statement while 13.4% disagreed or strongly disagreed with it. A half of them stayed neutral.

In the question #20, "In general, I believe the funding for minority health in Toledo-Lucas County has been improved", more than a third (35.6%) agreed or strongly agreed with it while 13.6% disagreed or strongly disagreed. A half of respondents stayed neutral.

An open-ended question was employed to inquire any additional comments when compared with the minority health status 5 years ago. The written comments reflect similar perceptions from the 20 questions in Likert scale above. Six written comments are listed below:

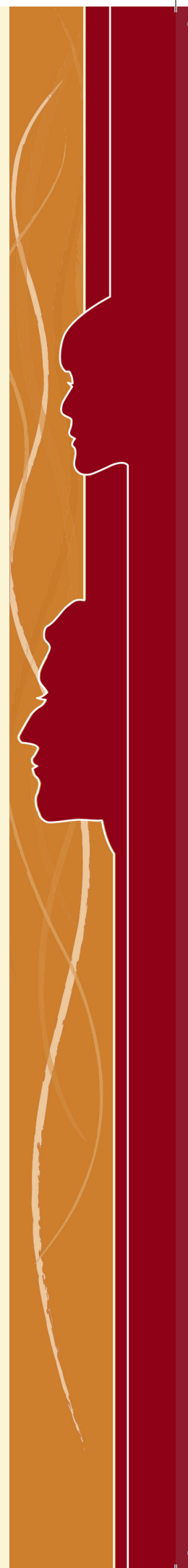
1. I think Mr. Smith is doing a great job in moving the TLCCOMH forward in making.
2. I feel there is more awareness, which is good but need a foundation on physical activity and WHY it is the basis for all well-being. And more action within the community by utilizing community leaders and organizations.
3. Minimal awareness of TLCCOMH.
4. Let's fight for more medical staff of African American generations.
5. I am unfamiliar with minority health status.
6. I have noticed a progression of community involvement over the last five years.

Discussion

This Progress Evaluation is part of the efforts to use original quantitative and qualitative data to reflect the minority health status in the Toledo-Lucas County. This assessment asked the respondents to provide their perceptions in minority health services, status, and overall impression compared with five years ago or the recent years. The majority of the respondents are under 50 years, residing in the Lucas County, African Americans, from community health non-profit organizations, and noticed minority health status within 5 years. The results in the services, status, and overall impression domains carry a consistent message: the minority health in Toledo-Lucas County has improved when compared with 5 years ago.

While the minority health services and status have been praised, transportation and translation for minority populations are pointed out as less satisfactory. In addition, though immunization/vaccination has been perceived as improved, cancer, cardiovascular disease, diabetes, HIV/AIDS, infant mortality, mental health and welling, and illicit drug use are considered major threats to minority populations in the Lucas County. These threats may, at some level, relate to the overall impression of minority health status being insignificant improved (question #19) and the funding being not improved (question #20).

The Toledo-Lucas County Office of Minority Health is suggested to follow the guidance from the Ohio Commission on Minority Health in assessing and identifying priority health concerns, providing health services and information to the minority populations, advocating for policy creation/modification, and aggressively seeking funding to sustain the efforts devoted in minority health.

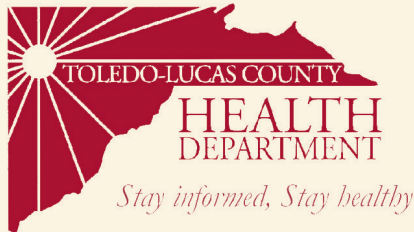




Toledo-Lucas County Commission on Minority Health

Local Conversations on
Minority Health

Report to the
Community 2011



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

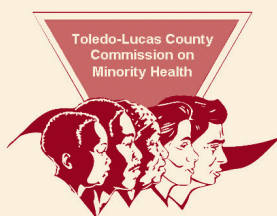
In support of the NPA, the Ohio Commission on Minority Health (OCMH), an autonomous state agency created in 1987 to address health disparities and improve the health of minority populations in Ohio, sponsored a statewide initiative to help guide health equity efforts at the local and state levels.

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 Toledo-Lucas County Health Disparity Reduction Plan in this document is a result of this process. The lead agency for the Local Conversations in Toledo was the Toledo-Lucas County Commission on Minority Health.



Toledo-Lucas County Commission on Minority Health



Founded in 1998, The Toledo-Lucas County Commission on Minority Health (TLCCOMH) is a coalition of concerned citizens, professionals, and community organizations whose vision is healthy minority communities in Toledo and Lucas County. TLCCOMH advocates policies and programs that support minority health initiatives covering seven prioritized health conditions and other health parity/equity concerns impacting minorities. The Commission works in partnership with the Toledo-Lucas County Office of Minority Health, established in 2007, which works to identify local health disparity needs with an emphasis on informing, educating, and empowering at-risk communities. The office is responsible for activating efforts to educate citizens and professionals on imperative health care issues and seeks to provide minority health data and technical assistance to local agencies working to improve the health status of minority populations. The Toledo-Lucas County Office of Minority Health works with private and public partners to improve the effectiveness and efficiency of collective efforts in the Toledo/Lucas County area.

Geographic Scope

The geographic scope of the project is Toledo/Lucas County, Ohio. Lucas County is located in the Northwest corner of the state next to the Michigan border and Lake Erie. Toledo is the county seat of Lucas County and is the 4th largest city in the state.

Socioeconomic Profile of Toledo and Lucas County

The estimated 2011 population of Lucas County is 441,815. More than half (287,208)

of the county's residents live in the city of Toledo. Since the 200 census, Toledo has experienced a population decline of 8.4%. The population of Toledo is more racially/ethnically diverse than the county as a whole.

<i>Population Category</i>	<i>Population Composition Lucas County</i>	<i>Population Composition Toledo</i>
Caucasian	74.0%	64.8%
African American	19.0%	27.2%
Asian American	.3%	1.1%
Native American	>.1%	>.1%
Latino	6.1%	7.4%
Two or more races	3.1%	3.9%

Poverty levels for both Lucas County (18%) and Toledo (23.8%) exceed those of the state (14.2%) and median income for the city of Toledo (\$34,260) lags far below the state rate of \$47,358. According to the 2007 Lucas County Health Assessment, nearly 20% of adults in Lucas County do not have health insurance. The highest proportions of uninsured adults in the community are African Americans and Latinos. Poverty and lowered access to health services place these populations at risk for health disparities.

Health Disparity Indicators

After decades of sizeable financial investments of taxpayer dollars and major investments of grant funding by private foundations, racial/ethnic health disparities still persist. Disparities for Toledo area African Americans are especially evident in diabetes and cancer incident and death. African American men and women have higher rates of colon, lung, and pancreatic cancer and multiple myeloma (Ohio Cancer Surveillance System, 2008). The rate of diabetes for African Americans in Lucas County is more than twice that of Whites. In addition, while making up only 19% of the population, African Americans accounted for 30% of

diabetes-related deaths (Ohio Department of Vital Statistics, 2009). Needs assessment data from Lucas County further indicate a higher prevalence of health risk factors for African Americans, including being over-weight or obese (81% compared to 67% of Whites) and smoking (26% compared to 22% of Whites). The persistent presence of such significant disparities in the face of sizable investments leads to the conclusion that the uncoordinated, top-down approaches of the past have not been successful. The primary need is for effective, culturally appropriate, sustainable, grassroots level health promotion and health education interventions to reduce racial/ethnic health disparities. The Local Conversations on Minority Health is an effort to lessen health disparities and improve health status for minority populations in our community.

Local Conversations on Minority Health-2011

24 Phase I

The first Toledo Local Conversation on Minority Health was held on Friday, June 13, 2008. A total of 56 individuals attended, and they represented a broad range of local organizations, including city and state government, the city/county health department, the county mental health board, hospitals, community health and social service organizations, media, insurance and pharmaceutical companies, a parish nurse ministry, organizations serving individuals with disabilities, United Way, and the University of Toledo. Participants were broken into four groups where they identified and prioritized needs related to services, resources, capacity building, and infrastructure. They also developed a list of recommendations to address those needs.

Phase II

Phase II continued the work of the first Local Conversation. In this phase, a series of six focus groups were conducted. Questions were based on the 15 recommendations from the National Partnership for Action to End Health Disparities (NPA) Phase I Local Conversations.

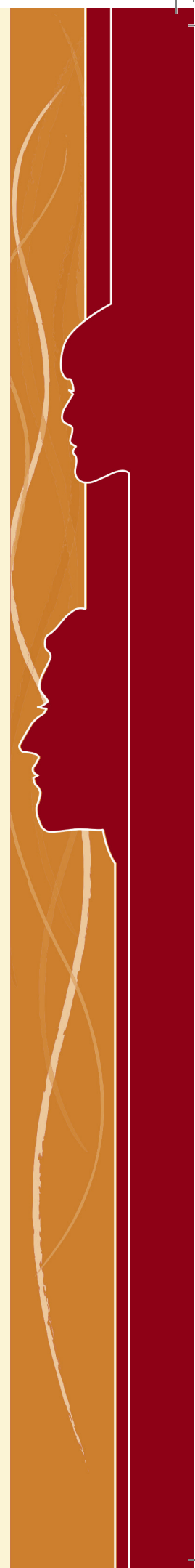
In summary, the results of the focus groups indicated that the Toledo-Lucas County


Commission on Minority Health (TLCCOMH), while having a clearly defined vision, mission, and program goals, needs to better communicate its agenda as it relates to minority health in Toledo and Lucas County. The TLCCOMH should not only invite others (including elected officials) to the planning table, but give an organization a clearly defined purpose, role, and show how it fits into the overall strategic plan of the local commission. Serving as a resource (capacity-building and other technical assistance) to other minority organizations and those that serve minorities is crucial to advancing the minority health agenda in Toledo and Lucas County. The TLCCOMH and its members should work with policy makers for services, especially transportation, integration of medical care, and translation, in creating guidelines that are “user-friendly” and allow easier access for consumers. Finally, minority health should be marketed as a product, and those who provide services to minorities should be listed on United Way’s 211 database and linked with the TLCCOMH’s marketing materials (brochure, website, etc.). Together, these strategies will allow the communities in Toledo and Lucas County to move the minority health agenda forward.

The Phase II Local Conversations generated a number of overarching strategic themes.

Strategic Themes

1. Use the knowledge and professional expertise of members and organizations that comprise the Toledo-Lucas County Commission on Minority Health advisory board to assist involving local entities (community, private, health care delivery systems, and political) with advancing minority health issues in Toledo and Lucas County.
2. Identify and utilize existing community resources and programs that target health conditions/disease states that the Toledo-Lucas County Commission on Minority Health has prioritized in an effort to foster knowledge sharing and community collaborative partnerships whose foci/missions are similar.
3. Assist concerned citizens, community leaders including elected officials, grassroots organizers, minority-based community organizations, and other





organizations/individuals (especially faith-based communities) that serve minority populations with capacity building/technical assistance needs in an effort to promote better understanding, leadership development, and cultural awareness/competence/sensitivity regarding minority health.

4. Assist local providers of transportation, medical care, and translation services in revising consumer guidelines to facilitate a more smooth process for minority/other populations in accessing needed services (i.e., offer medical and dental care in the same setting).
5. Promote deliberate, stratified marketing of the Toledo-Lucas County Commission on Minority Health and minority health services in Toledo and Lucas County through use of:
 - a) United Way's 211 information line and database of community resources;
 - b) Community partners through events such as Minority Health Month; and
 - c) TLCCOMH marketing materials (brochure, website).

Health Disparity Reduction Plan

Strategy 1: Use the knowledge and professional expertise of members and organizations that comprise the Toledo-Lucas County Commission on Minority Health advisory board to assist involving local entities (community, private, health care delivery systems, and political) with advancing minority health issues in Toledo and Lucas County.

During the NPA Phase II Local Conversation focus groups, participants identified this in particular as the most important strategy to serve as a foundation upon which the other strategies can be adequately addressed. Focus group participants also commented positively on the TLCCOMH being strategic in location and identification of collaborative partners. Those partners can assist the TLCCOMH in recruitment of other community organizations and be spokespersons for the TLCCOMH's mission, vision, and purposes.

The comments below reflect the group's discussion regarding the structure of the

TLCCOMH and its membership:

"Need to first clarify our mission and what we want from them. It has to be specific and very clear so they know how they fit in with us. Who we are and what we do is still not clear to many people."

"More structure within the Minority Commission. Have some sort of committee (maybe a board type structure) that would help support the mission and vision of the minority health coalition."

"Use snowball networking technique. Ask organizations and agencies that are currently part of the commission to list the names of any other organizations that they know in town that are compatible with our mission and goals. Contact these organizations and invite them to come and sit at the table."

"Target the organizations that we want to involve. Train certain members of the Advisory Group to go out and meet with directors of these organizations to enlist their participation. Develop Ambassadors for minority health that can be called on to do this recruiting and sales work. Give these ambassadors a "canned" presentation and materials to distribute to make their job easy."

Since the Toledo-Lucas County Commission on Minority Health (TLCCOMH) advisory board has been in existence since 1998, it has had the opportunity to grow into an active body of concerned citizens, professionals, and community organizations that share a common vision of healthy minority populations in Toledo and Lucas County. As such, the depth of professional expertise provided by its membership can greatly assist the Northwest Ohio community in addressing minority health issues and drafting solutions that are culturally appropriate and fosters mobilization of community partnerships to action.

Strategy 2: Identify and utilize existing community resources and programs that target health conditions/disease states that the Toledo-Lucas County Commission on Minority Health has prioritized in an effort to foster knowledge sharing and community collaborative partnerships whose foci/missions are similar.

The seven health conditions/disease states prioritized by the TLCCOMH have contributed to the majority of mortality and morbidity of minority populations in Toledo and Lucas County. These are: cancer, cardiovascular disease, diabetes, HIV/AIDS, immunizations/ vaccinations, infant mortality, and mental health and emotional well-being.

Unlike the NPA Phase I local conversations, where participants stressed increased funding for several health program areas, participants during the NPA Phase II local conversations encouraged networking with organizations/ programs already working towards reducing mortality/morbidity in disease states prioritized by the TLCCOMH.

Since funding on all levels is decreasing, participants emphasized the need to work together towards achieving common goals and share resources. After all, as one participant stated: “A lot has already occurred.”

26 Following are some of the focus group participants’ suggestions for collaboration:

“Using existing familiar facilities, organizations, and/or services proves to be more effective than starting new ones” “Include minorities in already developed coalitions/groups.”

“Emphasize the complementary strengths of collaborators. Sell them on the concept that we are more powerful and more successful together than apart”

“Create an educational/PR document that clearly describes the mission, vision, and goals of the commission and distribute that to potential partners. Ask the potential partner to identify areas of common interest and common mission.”

“There needs to be education about each agency to other agencies.”

Participants candidly stated the barriers (and some offered solutions) we sometimes face with collaboration:

“There is a lack of communication within each organization and among other organizations.”

“There is competition for funding between agencies. Everyone is working toward the same grant money.”

“People are interested in protecting their turf and their money...Find ways that they (organizations) can collaborate with the TLCCOMH and yet still get credit and still get (their) money.”

“Agencies need to realize their priority is about the client/community. One agency can’t do it all... therefore, partnership is very essential”

As the TLCCOMH recruit, train, and retain additional community partners (building on Strategy 1), this will greatly increase the awareness and knowledge of existing programs and resources that target their prioritized health conditions/disease states.

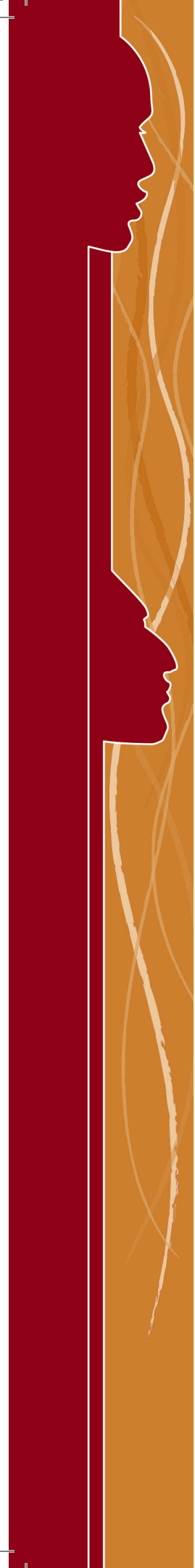
Strategy 3: Assist concerned citizens, community leaders (including elected officials), grassroots organizers, minority-based community organizations, and other organizations/individuals (especially faith-based communities) that serve minority populations with capacity building/ technical assistance needs in an effort to promote better understanding, leadership development, and cultural awareness/ competence/sensitivity regarding minority health.

First, the TLCCOMH identified individuals and organizations to form collaborative partnerships. Second, these organizations were invited to the TLCCOMH’s meetings. Third, the TLCCOMH has learned about these organization’s needs for direction and assistance.

The TLCCOMH can assist community entities in leadership development, being cultural competent, and having a better understanding of minority health issues by drawing on the knowledge, expertise, and academic experience of its members.

Since the TLCCOMH serves as a “hub” for advancing the minority health agenda, focus group participants felt that it could greatly enhance the capacity of other organizations by providing professional development in a variety of areas, especially in leadership, grant writing, diversifying funding streams, and forming and maintaining collaborative partnerships:





“Provide cultural sensitivity training to groups that work with the commission. Offer this as one of the menu of services that we can provide to others as part of technical assistance.”

“(Cultural competence) should be initiated at an institutional level especially at the universities.”
“Do trainings to key leaders in each group who would then educate their staff.”

“Each part of town has different lifestyles and people and need to educate on this.”

“(The TLCCOMH should) lead a conference and advocate in counties across (Northwest) Ohio and offer CEUs (as an incentive).”

“Offer a workshop leadership skills such as: how to run good business meetings, how to set goals and write objectives, how to develop a strategic plan, how to enlist the help of volunteers and keep them motivated, how to supervise staff/ volunteers, how to create and manage a budget, how to create surveys/enter data into Microsoft Excel.”

“How can larger organizations like the health department help smaller organization by offering programs or certifications for staff members to build on?”

“Could organizations like ProMedica and Mercy set some foundation money (aside) to help smaller minority groups get through some certification?”

When enlisting the help of elected officials, participants suggested:

“Link our issues with issues in their platform. Hold their feet to the fire and describe how we can help them accomplish their goals and objectives. Search for mutually compatible goals so it is win-win situation for all.”

“Put it (minority health issues) in dollars politicians will understand this.”

“Have them (politicians) share their stories about their own health or families health to engage them in the coalition.”

“Politicians could help you find a personal connection to find state and federal money for certain health issues”

“Educate/provide recommendations for policymakers that are not familiar with the problems.”

“On a regular basis, invite politicians and policymakers (Hospital CEO’s, city council people) to our monthly meetings. Invite them to speak to the group for a few minutes to explain how their organization and goals fit with the goals and mission of the commission. Brief them in advance and make it easy for them.”

In an effort to inform, educate, and empower community members, training/ technical assistance could be provided with respect to cultural awareness/ competence, minority health issues, and other organizational development to strengthen professional relationships, and strategically move the minority health agenda forward in Toledo and Lucas County.

Strategy 4: Assist local providers of transportation, medical care, and translation services in revising consumer guidelines to facilitate a more smooth process for minority/ other populations in accessing needed services (i.e., offer medical and dental care in the same setting).

Access to services, particular transportation, translation, and integration of medical care, was a key component during both the NPA Phase I and Phase II local conversations. The only difference is that focus group participants during NPA Phase II local conversations gave some suggestions in working with local providers to reduce barriers among minority populations in seeking services.

Most focus group participants suggested that the current transportation system works well. For example the Toledo Area Regional Transit Authority (TARTA) has bus lines that run past the major hospitals and health care centers that minorities are more likely to frequent (except Bay Park in Oregon, Ohio on the east side).

While the transportation system works well; some barriers to transportation were identified by the focus group participants:

“TARTA’s Call-a-Ride does not serve Toledo, only the suburbs...how can we work with TARTA to change this?”

“How can services like Call-a-Ride better serve the community by increasing their routes and services to not only serve the suburbs but the inner city as well?”

“Streamline transportation services so that it is not as difficult to find a bus route.”

Some programs/organizations have taken a proactive approach to transportation and suggested others do the same:

“Our organization provides transportation for its clients and has seven vans at its disposal.”

“Try contacting churches to use their church buses that sit empty during the week. (However), who would drive them? How would liability work?”

“Enlist a crew of senior adults that have vehicles. Develop a low cost taxi service managed by senior adults who need something worthwhile to do.”

Focus group participants strongly supported integration of medical services. For example, having a “one-stop” shop for a physician visit, dental visit, childcare, and other services (such as mental health) can aid consumers in navigation of the system. Some participants highlighted the Toledo- Lucas County Health Department as an example of being a place that is easily accessible by transportation and offering an entrée of services including pre-natal care, pediatrics, adult medical, child dental, HIV/ STD testing, and a pharmacy.

Participants offered other suggestions, such as:

“Encourage healthcare sufficiency-how to navigate the system-advocacy instead of programming.”

“Teach people about being a good consumer of medical care” and “Make sure people understand what their doctor is saying to empower them and decrease intimidation”

“The more done in one visit the better.”

“One stop shop (is better) because of no-show problems.”

“Residents with stiff working hours would benefit from this type of service (delivery).”

“Mobile clinics that come into the community are always effective and highly taken advantage of.”

“Take medical services to the people or take people to the medical services. For example, have nurse practitioners in churches.”

Finally, focus group participants, particularly the Asian and Hispanic groups, gave clear strategies on increasing the availability of translation services in Toledo and Lucas County.

The major barriers and solutions discussed were summed up very succinctly:

“Costs associated with translation (for example, the International Institute) are expensive.”

“Require all grantees (that work with persons who speak English as a second language) to include translation services in their grant applications.”

“Share resources with other organizations and services (that serve Spanish and Asian speaking persons). Our organization hires translators (from them).”

“Distribute informative flyers at hospitals and places where translation services may be required.”


“Also make translation services available for other things besides health concerns. For example, educational services, insurances, food stamps, mails, etc.”

“Boundaries and privacy (of other cultures) should also be respected as confidentiality is very important to their groups.”

Strategy 5: Promote deliberate, stratified marketing of the Toledo-Lucas County Commission on Minority Health and minority health services in Toledo and Lucas County through use of:

- a) United Way’s 211 information line and database of community resources;
- b) community partners through events such as Minority Health Month; and



- 
- c) TLCCOMH marketing materials (brochure, website).

The TLCCOMH should market minority health to Toledo and Lucas County as if it were a commercial product and draw on a number of existing media to promote its mission, goals, and purpose in the community.

To begin, most participants (except for Asians) agreed that United Way's 211 service database and information line should be utilized more fully by the TLCCOMH and its participating organizations/other members. Asian participants commented that many Asian residents are more likely to use one another or Asians they highly trust to assist them in seeking services in Toledo and Lucas County.

While there are racial/ethnic resource guides in Toledo, most participants felt that United Way's 211 is the most respected and widely recognized source to seek social, health, and other services in the area. For example, one participant mentioned that "With 211, a perfect system already exists."

Another participant summed many others' responses the best:

"All service organizations in town serve the entire population, including minorities. Why should we create a minority specific database when all service organizations serve all the people anyway? For example, United Way funded organizations serve everyone- no matter their race or ethnicity."

Similarly, Hispanic participants felt that 211 was an excellent resource for Spanish-speaking residents of Lucas County:

"211 is a much better service after they implemented a better bilingual service that can be referred to the people effectively."

Participants suggested that we could highlight our partners and showcase their achievements on our website and other published materials. For example, each year the funded programs for Minority Health Month are highlighted by the TLCCOMH at the Minority Health Expo in Columbus, OH and through the state and locally-published Minority Health Month Calendar of Events.

One participant even felt that "any group or individual that gets money from the Ohio Commission on Minority Health should be required to write a description of services that their program provides (to the local commission)."

Finally, members felt that the TLCCOMH should strengthen its position in the community through the use of existing marketing streams:

"Need to market the website that has already been created. The internet is a key marketing piece in today's society."

"Should create some sort of pamphlet that could be distributed that would summarize minority health services"

"Create a trademark or logo to identify the agency and use for all marketing."

"Link websites to other agencies so that those who sign onto one website would be able to visit other websites that are dealing with the same health issue."

"Send information to local churches so it can be put in the weekly bulletin."

"Consider a wider reach for promotion: bus advertising, billboards, church organizations, radio advertising, flyers, and larger state/funded boards."

Marketing the TLCCOMH, its member organizations, and other collaborating partners, while utilizing existing resource guides, will greatly strengthen its position and credibility in Toledo and Lucas County as the source for minority health information.

About the focus group participants

There were six focus groups held on 3 different dates:

- 11/12/2010- 1 focus group (Asian community)
- 11/13/2010- 5 focus groups (4 general community, 1 Hispanic/Latino community)
- 39 total participants.
- 31 female participants, 9 male participants
- 17 Caucasian/White, 13 African-American/

- Black, 7 Asian, 2 Hispanic/Latino Agencies represented:
- Able/Disabled Task Force Ministry
- Adelante, The Latino Resource Center
- American Heart Association
- American Cancer Society
- Asian Resource Center
- CJ & N Associates Diabetes Program
- Dental Center of Northwest Ohio
- Females Unveiling the Secret
- Glenwood Lutheran Church





Notes:

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