

Columbus Office of Minority Health at Columbus Public Health

Round 2 – Continuing the
Conversations

Report to the Community 2017



Round two was funded by the Ohio Commission on Minority Health MGS 16-03, and round one was

Funded by the Ohio Commission on Minority Health Grant #MGS 09-17

US Department of Health and Human Services

Office of Minority Health Grant #6STTMP-051025-03-01, in support of the

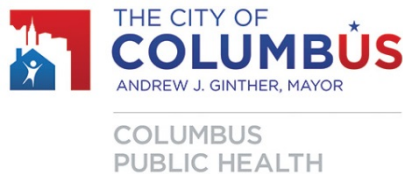
National Partnership for Action to End Health Disparities



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Document content was compiled by the Columbus Office of Minority Health at Columbus Public Health; formatting and design developed by the Ohio Commission on Minority Health.



COLUMBUS
PUBLIC HEALTH

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 road map 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 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 19 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 Columbus Health Disparity Reduction Plan in this document is a result of this process. The lead agency for the Local Conversations in Columbus was the OMHCPH.



Office of Minority Health at Columbus Public Health (OMHCPH)

The OMHCPH was established in 2007 as a division of Columbus Public Health (CPH). Its mission is to provide leadership to reduce health inequities in minority communities of Columbus and surrounding areas. The OMHCPH has an important role in activating efforts to educate citizens and professionals on critical health care issues through the achievement of four Core Competencies:

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

The OMHCPH was set up to:

- Serve as a mechanism for the City of Columbus to produce consistent data sets representative of the diversity in Columbus.
- Provide a local presence for issues of minority health in Columbus.
- Institutionalize the effort to eliminate health disparities within the city.
- Serve as a conduit of information for trends and emerging concerns between the Ohio Commission of Minority Health and local communities.

Minority Health Advisory Committee (MHAC) History

The OMHCPH spearheads MHAC, a steering committee comprised of community stakeholders, which meets bi-monthly to guide the work of the local office. Any interested organization or individual that lives, works and worships in Columbus or Franklin County can be a part of the MHAC. This committee is charged with setting up opportunities within the community to address issues surrounding minority health including:

- Access to racial/ethnic populations, immigrant/refugee populations and service agencies/organizations
- Data collection and survey development
- Knowledge of and access to funding and grant opportunities
- Facilitating collaborative relationships with over 40 agencies representing the committee
- Acting as a sounding board to agencies and organizations on behalf of underserved populations
- Recommending speakers to discuss issues impacting targeted populations.
- Collaborating with agencies and organizations providing services to racial, ethnic, immigrant and refugee populations
- Data collection and survey development
- Coordination of a calendar of events for Minority Health Month (Columbus, Ohio/Franklin County)
- Addressing health and social issues impacting racial, ethnic, immigrant and refugee populations

Local Conversations – Timeline

2008

The local offices of minority health began to look at action planning in response to health disparities by hosting community Local Conversations. Attendance included residents from racial/ethnic populations, state and local representatives and service providers. Participants were broken into four groups where they discussed needs related to:

- Services
- Resources
- Capacity building
- Infrastructure

Identified needs included:

- Health communications campaigns about healthy lifestyles as a top priority.
- Additional resources to address the needs of emerging populations in Ohio
- Greater attention to prevention as a general health service need.
- Increased collaboration and partnerships among non-profit organizations for information and resources sharing.

2010

The local offices conducted a second community Local Conversations meeting. Each participant was again assigned to a workgroup as they came to the session. They also were given copies of the Local Conversations report from the 2008 session and were asked to prioritize issues from that report. Each workgroup was provided with an Action Plan Development sheet to create the agreed upon action plan. All four workgroups reported as a whole their first priority and recommended Plan-of-Action. Participants helped the local offices craft the Local Conversations on Minority Health Report to the Community 2011. These reports represented the views, needs, and recommendations of our communities Statewide. The strategic focus of these statewide documents included:

- Increased awareness of health disparities
- Strengthened leadership
- Enhanced patient-provider communication
- Improved cultural and linguistic competency in delivering health services
- Coordinate and utilize research and outcome evaluation

2016

The content area for the FY 2016 Local Conversations was aligned with the NPA and covered services, resources, infrastructure and capacity building that mirrored Local Conversations 2008. The Round 2 conversations focused on action planning in response to health disparities.

Participants in the conversation reviewed survey results, issues from the 2011 report, and discussed the following questions:

- What programs and services are currently available to underserved communities to address these top health concerns?
- What collaborative efforts can be done among the MHAC to address the barriers shared?

Attendance was comprised of residents from racial/ethnic populations, state and local representatives, and service providers.





Required Elements

The OMHCPH conducted community forums of community members and community-based organizations (CBO) serving the following population groups within Columbus, Ohio: African American, Bhutanese Nepali, Latino and Somali. In total, the OMHCPH was required to reach 100 individuals by The OCMH through community forums. All community forums were free, open to the public, held in a public location and located in a handicap accessible facility.

The OMHCPH is currently responsible for the coordination of CPH's interpretation and translation services. These services were available to any community forum participant as requested.

Activities during the Local Conversations FY 2016 included planning, advertising, hosting and follow up. Planning meetings conducted by OMHCPH staff included preparing and reviewing the Local Conversations 2011 report, working with CPH Communications and Public Affairs to develop marketing materials, working with the REEP (Research and Evaluation Enhancement Program) evaluator to design an evaluation tool, working with CPH's Office of Epidemiology and Surveillance to develop an electronic assessment tool via SurveyMonkey, and identifying locations throughout Columbus to host the Local Conversations 2016. Local Conversations 2016 occurred in the form of community forums. Meeting minutes, sign in sheets, and evaluations were used as documentation, and were provided to the OCMH in the quarterly and year end reports.

Community forums were open to community members, Local Conversations 2008 participants, OCMH board members, community-based organizations and new community partners as determined by OMHCPH. The OCMH and Columbus Public Health leadership were informed through email communication, materials development and documentation regarding all Local Conversations 2016 activities.

In collaboration with the Communications and Public Affairs office at Columbus Public Health, the OMHCPH developed marketing materials promoting the Local Conversations 2016. Marketing materials included, but were not limited to, flyers and save-the-date notices which were shared with community partners.

Continuing the Local Conversations - Round 2

The Round 2 conversations focused on surveys and issues in response to health disparities. Participants in the conversation prioritized issues from 2011.

The Office of Minority Health at Columbus Public Health (OMHCPH) conducted a total of eight community forums comprised of community members from the following population groups within Columbus, Ohio: African American, Bhutanese/Nepali, Latino and Somali.

The OMHCPH reached a total of 218 community members through the eight community forums. All community forums were free, open to the public, held in a public location and located in a handicap accessible facility.

The focus of Round 2 Continuing the Conversations was to survey and address the health disparities affecting the African American, Bhutanese/Nepali, Latino and Somali populations in Columbus, Ohio.

2016 Survey Questions:

1. What are some of the concerns you have about your health?
2. Where do you most often go to when you are sick or need advice about your health care?
3. If you do not usually receive care, what has stopped you from getting health care or services you need?
4. How would you rate your health?
5. How comfortable are you talking to your doctor about your health concerns?
6. If you are not at all comfortable talking to your doctor, why?
7. What way is the best way for you to learn about health or improving your health?
8. What types of health information would you like to learn more about?
9. What is your sex?
10. What is your age?
11. What is your race?
12. Are you of Hispanic, Latino or Spanish origin? (Supplemental)





Continuing the Local Conversations – Somali

Local Conversations Primary Goals:

- To bridge the health care gap between the Somali community and health care services.
- To provide information and clinical health services to people with difficulties accessing health resources.
- To promote preventative care and health services for the top health concerns affecting the Somali community.
- To educate individuals on how to improve quality of life.

Survey Data Results - Somali

A total of 72 surveys were collected from three community forums in the Somali community. The survey responses were collected and are listed below:

Q1. Where do you most often go to when you are sick or need advice about your health care? (Ranked greatest to least)

1. Doctor's Office
2. Walk-in clinic
3. Health Care Centers
4. Emergency Department
5. Free Clinics

Q2. If you do not usually receive care, what has stopped you from getting health care or services you need? (Ranked greatest to least)

1. I don't know where to go to get care.
2. Hardly ever or never get sick.
3. I can't afford to go to the doctor.
4. I can't afford my medicine.

Q3. How would you rate your health?

- Excellent (13.85%)
- Very Good (12.31%)
- Good (32.31%)
- Fair (32.31%)
- Poor (9.23%)

Q4. Somali Top Health Concerns:

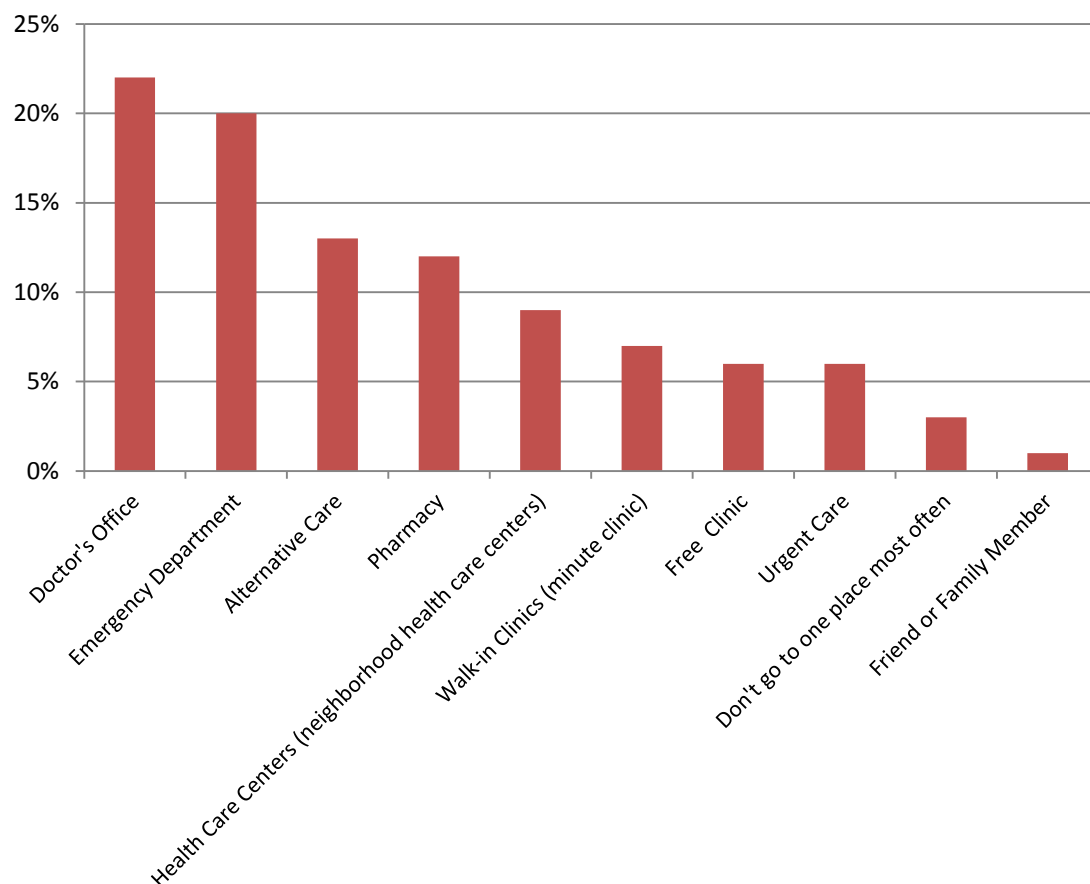
1. Diabetes
2. Overweight or Obesity
3. Cancer
4. Depression or Anxiety
5. Heart Disease

Q5. Comfort Level with Providers:

- Very Comfortable (67%)
- Somewhat Comfortable (25%)
- Not At All Comfortable (8%)

33% of respondents noted that they are somewhat or not at all comfortable speaking with a healthcare professional.

GRAPH 1: Somali Sources of Health Care



The Office of Minority Health at Columbus Public Health (OMHCPH) hosted a Minority Health Advisory Committee (MHAC) meeting to address the needs expressed from the Somali community surveys.

The MHAC was attended by local community partners including: Asian American Community Services; Bhutanese Nepali Community of Columbus; Columbus Public Health departments; Dalmar TV; Grant Medical Center; Mt. Carmel Health; The Ohio State University Outreach and Engagement; Our Helpers; and, the YMCA of Central Ohio.

The MHAC was asked “What programs and services are currently available to the Somali Community to address these top health concerns?”

The MHAC responded with a list of programs and services for the Somali community:

- The Ohio State University African American and African Studies Community Extension Center
- The Breathing Association
- Care coordinators

- 
- Center for Cancer Health Equity-Mobile Health Unit
 - Central Ohio Diabetes Association
 - Community associations
 - CPH-HIV/Hep C testing
 - CPH Walk-in clinics
 - CPH-Chronic Disease Office/Outreach
 - CPH-Office of Minority Health
 - CPH-Strategic Nursing Team Screenings
 - Community Refugee & Immigration Services (CRIS) Cooking Classes
 - Ethiopian Tewahedo Social Services (ETSS)
 - Farmers Markets
 - Food Pantries
 - Health Fair events
 - Individual faith communities outreach programs
 - Interpreters at Federally Qualified Health Centers OH Health Maternal Care
 - Mt. Carmel Health Mobile Medical Coach
 - The OhioHealth Wellness on Wheels (WOW)
 - PrimaryOne Health (FQHC)
 - Programs by The Ohio State University Wexner Medical Center & Nationwide Children's Hospital
 - Physicians Free Clinic-Care Coordinators
 - Physicians/Services
 - St. Stephen's Community Settlement houses
 - Somali Community Association of Ohio
 - St. Ann's Navigator for Insurance
 - The Ohio State University (OSU) Extension Center-nutrition classes
 - YMCA of Central Ohio

The MHAC was asked “What collaborative efforts can be done among this committee to address the barriers shared?”

The MHAC responded with a list of collaborative efforts for the Somali community:

- Addressing safety issues relevant to underserved populations
- Advocates for underserved populations
- Attending Local Conversations
- Breast health screenings
- Chronic Disease outreach
- Conduct health screenings in communities of underserved populations
- Collaborate to bring providers to Somali community
- Community health workers who speak Somali language
- Create a presence within the community
- Conduct health care education and insurance enrollments events
- Identifying social determinants of health
- Somali led nutrition classes
- The OSU Extension Center
- Provide culturally relevant training
- Education Health courses
- Find resources that cover some services that we do not have
- Having materials in relevant language and providing greater access to interpreters
- Health Fairs/Minority Health/Somali
- Health Programs related to stress and emotional health
- Identify more organizations that specialize in services for the Somali community
- Listening to and answering their questions
- Literature in the language
- Make sure that programs and services are offered at the places where the community congregates (a trusted area)
- Make sure to utilize one another's resources
- More culturally competent health care providers
- More emphasis on preventative care
- More health fair screenings
- More interpreters-access available
- More emphasis on preventative care
- Understanding the needs of underserved populations through community stakeholders & then offering relevant resources
- Workforce development

Continuing the Local Conversations – Latino

Local Conversations Primary Goals:

- To bridge the health care gap between the Latino community and health care services.
- To provide information and clinical health services to people with difficulties accessing health resources.
- To promote preventative care and health services for the top health concerns affecting the Latino community.
- To educate individuals on how to improve quality of life.

Survey Data Results - Latino

A total of 74 surveys were collected from three community forums in the Latino community. The survey responses were collected and are listed below:

Where do you most often go to when you are sick or need advice about your health care?

1. Free clinics
2. Health care centers (i.e. Neighborhood health centers)
3. Doctor's Office
4. Emergency Department

If you do not usually receive care, what has stopped you from getting health care or services you need? (Top Reasons)

1. Do not have insurance
2. Report they do not get sick so they do not seek care
3. Cannot afford to go to the doctor
4. Don't know where to get care

How would you rate your health?

- Excellent (4%)
- Very Good (4%)
- Good (19%)
- Fair (67%)
- Poor (6%)

Latino Top Health Concerns:

1. Diabetes
2. Overweight or Obesity
3. Cancer
4. Depression or Anxiety
5. Heart Disease

Most Requested Health Care Information:

1. Diabetes
2. Cancer
3. Heart Disease
4. Overweight or obesity



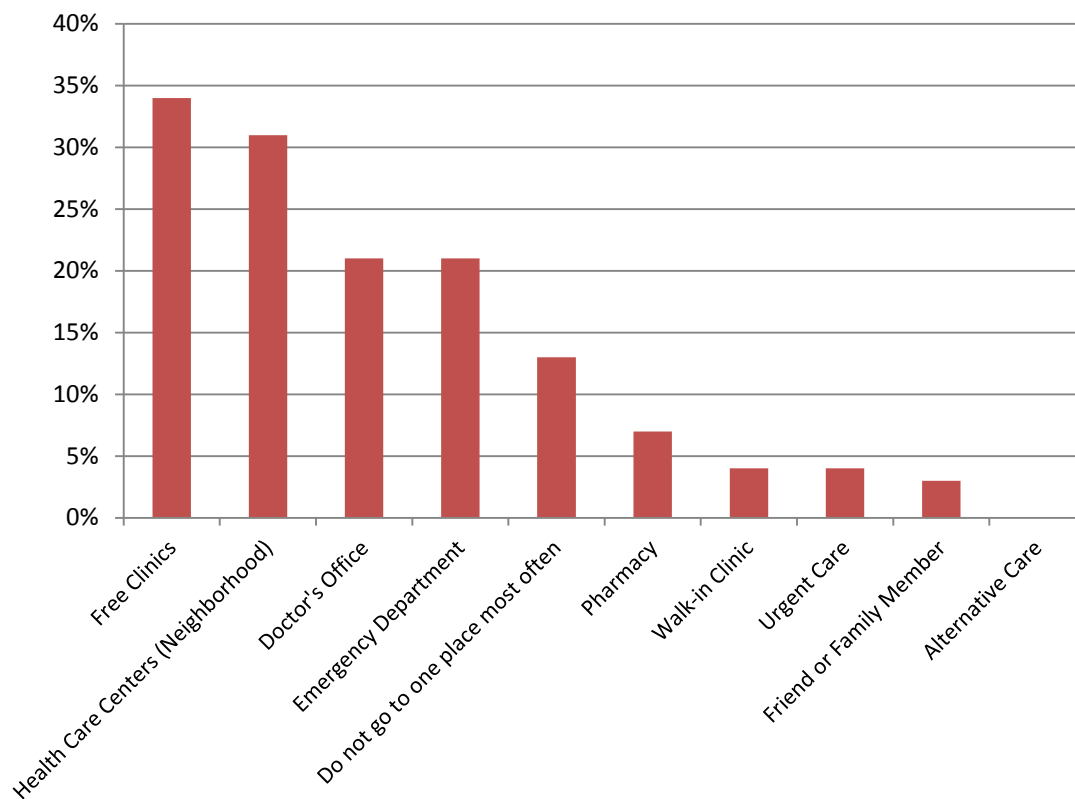
- 5. Asthma
- 6. Depression or anxiety

Comfort Level with Providers:

- Very Comfortable (44%)
- Somewhat Comfortable (49%)
- Not at all Comfortable (7%)

56% of respondents reported being somewhat or not at all comfortable speaking to a healthcare provider about their health concerns, while 44% stated they are very comfortable doing so.

GRAPH 2: Latino Sources of Health Care



The Office of Minority Health at Columbus Public Health (OMHCPH) hosted a Minority Health Advisory Committee (MHAC) meeting to address the needs expressed from the Latino community surveys.

The MHAC was attended by local community partners including: Asian American Community Services; Bhutanese/Nepali Community of Columbus; various Columbus Public Health departments; Dalmar TV; Grant Medical Center; Mt. Carmel Health; The Ohio State University Outreach and Engagement; Our Helpers; and, the YMCA of Central Ohio

The MHAC was asked “What programs and services are currently available to the Latino Community to address these top health concerns.”

The MHAC responded with a list of programs and services for the Latino community:

- ADAMH-mental health services in Franklin County
- Catholic Social Services
- Central Ohio Area Agency on Aging- Aging and diabetes self-management courses
- Central Ohio Diabetes Association
- Closing the Gap-Heart disease prevention
- Columbus Neighborhood Health Center
- Community health workers, improved access to personal health information, mass enrollment in Medicaid expansion
- CPH-Healthy Children Healthy Weights
- Free clinics or neighborhood health agencies services
- Health mammogram program
- Kroger Grocery Tour
- Local Matters
- Mt Carmel Health Resource Center
- Ohio Hispanic Coalition-Community health workers and interpreting services
- Nationwide Children’s Hospital (NCH) asthma program
- Prevention and Obesity Placemats Program
- PrimaryOne-Interpreter Services
- OSU Rardin Family Practice Center- Refugee Clinic
- Smoking Cessation-CPH, NCH, OSU
- St. Vincent Family Center
- Walk with a Doc

The MHAC was asked “What collaborative efforts can be done among this committee to address the barriers faced by Latinos?”

The MHAC responded with a list of collaborative efforts for the Latino community:

- Better communication between health and social services
- CLAS...representation of culturally appropriate and linguistically appropriate services
- Community health workers to improve barriers
- Discuss nutrition in the Latino community
- Find more culturally competent healthcare providers
- Fix disconnect between perception of health and actual health status
- Form a Hispanic women’s prevention group for Somali and Hispanic Women
- Franklin County Department of Job & Family Services
- Franklin County Office of Aging to provide transportation services
- Having educators in the clinics that can communicate culturally appropriate messages
- Latino newspaper- Partner with La Voz Hispana, El Sol de Ohio, Columbus Al Dia
- More Patient Centered Medical Homes (PCMH’s) in high Latino neighborhoods
- More programming with the YMCA
- More universal education materials at local centers in Spanish
- Offer free fitness (classes) at local centers
- OSU Extension- Nutrition education for minorities i.e. Bhutanese/Nepali, Hispanic and Somali
- Overcome transportation barriers
- Social media such as Facebook resource group for Latinos and put info. on Facebook
- Use health navigators to help obtain health insurance





Continuing the Local Conversations – African American

Local Conversations Primary Goals:

- To bridge the health care gap between the African American community and health care services.
- To provide information and clinical health services to people with difficulties accessing health resources.
- To promote preventative care and health services for the top health concerns affecting the African American community.
- To educate individuals on how to improve quality of life.

Survey Data Results- African American

A total of 49 surveys were collected from three community forums in the African American Community. The survey responses were collected and are listed below:

Where do you most often go to when you are sick or need advice about your health care?

1. Doctor's Office
2. Emergency Department
3. Pharmacy
4. Urgent Care

If you do not usually receive care, what has stopped you from getting health care or services you need?

1. Hardly ever or never get sick
2. Can't afford to go to the doctor
3. Can't afford medicine
4. I don't like going to the doctor

How would you rate your health?

- Excellent (8%)
- Very Good (12%)
- Good (46%)
- Fair (27%)
- Poor (6%)

African American Top Health Concerns:

1. Overweight or Obesity
2. Diabetes
3. Cancer
4. Heart Disease
5. Depression or Anxiety

Most Requested Health Care Information:

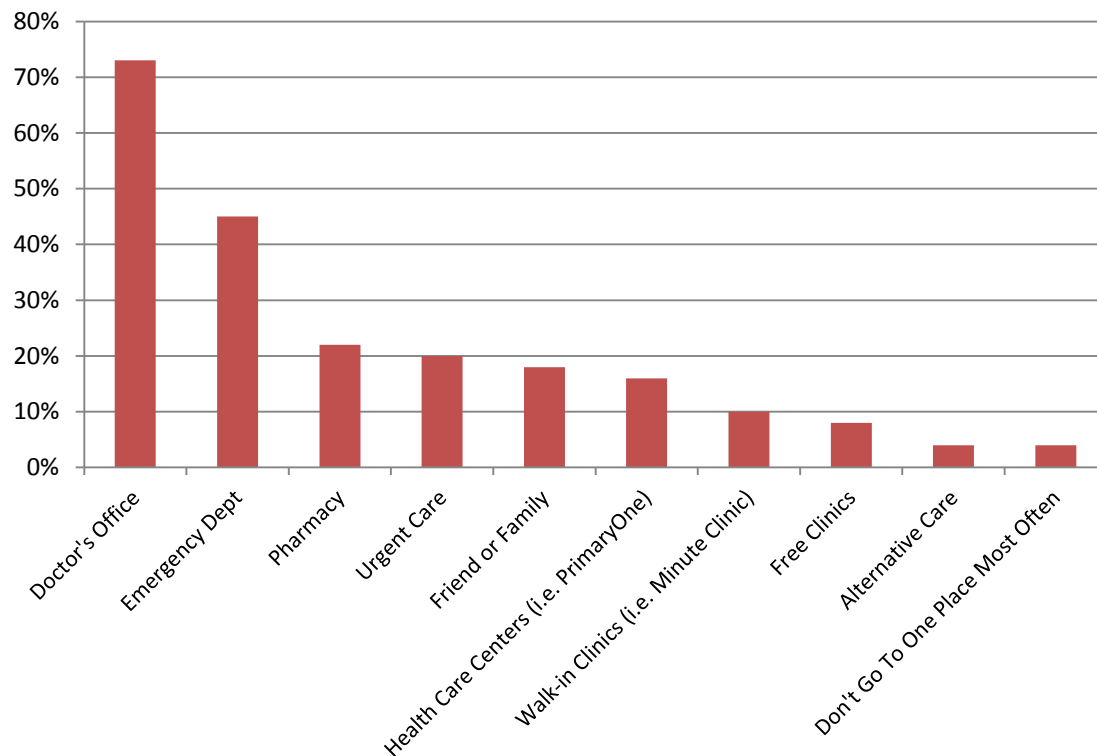
1. Heart Disease
2. Diabetes
3. Cancer

4. Overweight or Obesity
5. Depression or Anxiety

Comfort Level with Providers:

- Very Comfortable (85%)
- Somewhat Comfortable (13%)
- Not At All Comfortable (2%)

GRAPH 3: African American Sources of Health Care




The Office of Minority Health at Columbus Public Health (OMHCPH) hosted a Minority Health Advisory Committee (MHAC) meeting to address the needs expressed from the African American community surveys.

The MHAC was attended by local community partners including: Asian American Community Services; various Columbus Public Health departments; Crane R&D; Grant Hospital; Hands On Central Ohio; Lifeline of Ohio; Molina; Mt. Carmel Hospital; Nationwide Children's Hospital; the Ohio Department of Health; The Ohio State University Community outreach; Physicians Care Connection; and, the YMCA of Central Ohio.

The MHAC was asked "What programs and services are currently available to the African American Community to address these top health concerns."

The MHAC responded with a list of programs and services for the African American community:

- American Heart Association

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- Behavioral Health
 - Black Greek and other fraternal organizations
 - Central Ohio Diabetes Association
 - Charitable Pharmacy of Central Ohio
 - Churches and other faith based organizations
 - Columbus Cancer Clinic
 - Community Health Center (FQHCs)
 - Community Health Workers
 - Local Matters
 - Farmers Markets
 - Free Clinics
 - MCW-Healthy Living Center
 - Mental Health America
 - Mid-Ohio Food Bank (pantries)
 - Mt. Carmel Health
 - NCH-Healthy Weights
 - OSU-Mobile (healthcare) units
 - Primary One (FQHC)
 - Settlement House
 - The James Cancer Clinic
 - Urban League
 - Walk with a Doc
 - YMCA-Diabetes Classes

The MHAC was asked “What collaborative efforts can be done among this committee to address the barriers faced by African Americans?”

The MHAC responded with a list of collaborative efforts for the African American community:

- Access to care programs
- Better advertising of mental health and nutrition information
- Better communication between organizations
- Collaborate w/insurance companies to help reduce medical costs, copay visits
- Database to review the organizations available, i.e. develop an evaluative process
- Data of whole population-fill in gaps w/surveys by organizations
- Community events; Partner with agencies that serve the community
- Community forums & festivals
- Give as much service/information to clients at appointments so they won't have to pay so often for visits
- Greater access to pharmacies
- Human rights have to be connected to health care; there needs to be a show of accountability
- More African American health fairs
- Meeting the patient where they are (case management team); Outreach initiatives
- Mental health-Provide ongoing services, provide more education on available assistance, public and private groups
- Primary One (FQHC)
- Professional awareness trainings on engaging population
- Patient Navigators/Community Health Workers
- Send flyer (info) through utility companies
- Social services-insurance educators
- Transportation initiatives; Health care literacy information

Continuing the Local Conversations – Bhutanese/Nepali

Local Conversations Primary Goals:

- To bridge the health care gap between the Bhutanese/Nepali community and health care services.
- To provide information and clinical health services to people with difficulties accessing health resources.
- To promote preventative care and health services for the top health concerns affecting the Bhutanese/Nepali community.
- To educate individuals on how to improve quality of life.

Survey Data Results- Bhutanese/Nepali

A total of 23 surveys were collected from three community forums in the Bhutanese/Nepali community. The survey responses were collected and are listed below:

Where do you most often go to when you are sick or need advice about your health care?

1. Doctor's office
2. Family or friends and Emergency Department (Tie)
3. Free clinics & Pharmacy (Tie)
4. Walk in Clinics

If you do not usually receive care, what has stopped you from getting health care or services you need?

1. Do not have insurance
2. Cannot afford to go to the doctor (41%)
3. Cannot afford medicine & hardly ever or never get sick
4. I rely on my family or friends to get to the doctor

How would you rate your health?

- Excellent (17%)
- Very Good (6%)
- Good (16%)
- Fair (33%)
- Poor (28%)

It is important to note that 61% of the respondents rate their health as 'Fair' or 'Poor' while only 39% rate their health as 'Good – Excellent.'

Bhutanese/Nepali Top Health Concerns:

1. Heart Disease
2. Asthma
3. Depression or Anxiety
4. Diabetes/Smoking

Most Requested Health Care Information:

1. Heart Disease

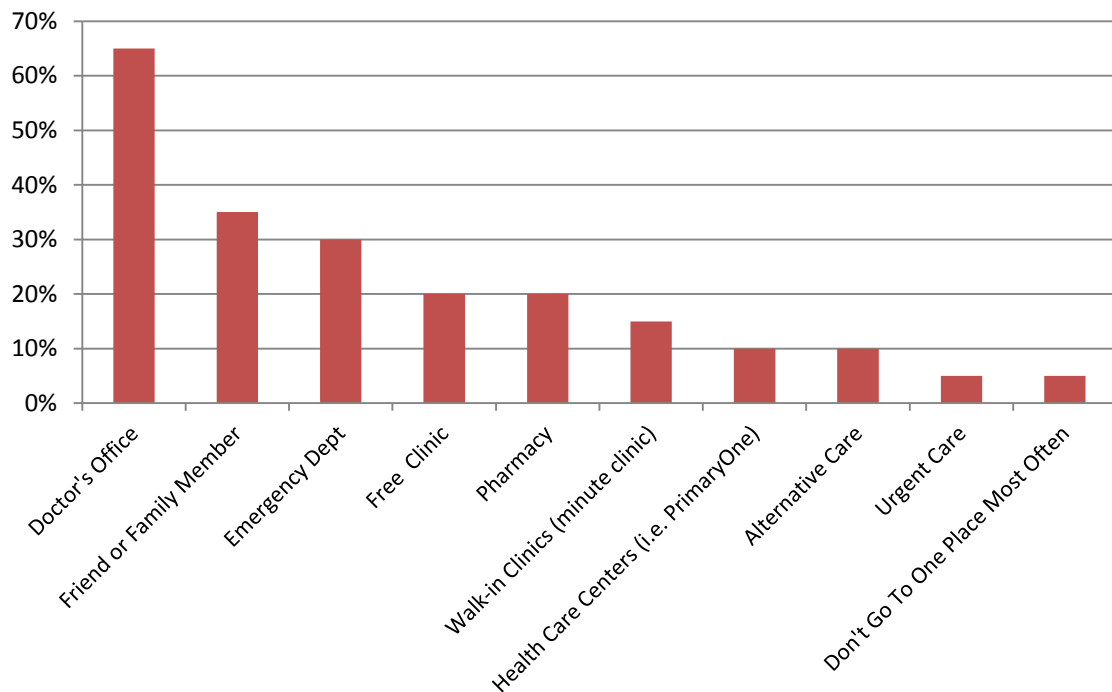


2. Diabetes
3. Cancer
4. Asthma/Smoking/Tuberculosis (Three Way Tie)

Comfort Level with Providers:

- Very Comfortable (70%)
- Somewhat Comfortable (15%)
- Not At All Comfortable (15%)

GRAPH 4: Bhutanese/Nepali Sources of Health Care



The Office of Minority Health at Columbus Public Health (OMHCPH) hosted a Minority Health Advisory Committee (MHAC) meeting to address the needs expressed from the Bhutanese/Nepali community surveys.

The MHAC was attended by local community partners including: Asian American Community Services; Bhutanese/Nepali Community of Columbus; CHRIS; various Columbus Public Health departments; Crane R&D; Grant Hospital; Hands On Central Ohio; Lifeline of Ohio; Molina; Mt. Carmel Hospital; Nationwide Children's Hospital; the Ohio Department of Health; The Ohio State University Community Outreach; Our Helpers; Physicians Care Connection; and, the YMCA of Central Ohio.

The MHAC was asked "What collaborative efforts can be done among this committee to address the barriers faced by the Bhutanese/Nepali community?"

The MHAC responded with a list of programs and services for the Bhutanese/Nepali community:

- ADAMH
- American Cancer Association

- Asian American Community Services
- Bhutanese/Nepali Community Center BNCC
- CHW'S/Outreach workers
- Columbus Public Health
- Ethiopian Tewahedo Social Services(ETSS)
- Job & Family Services
- North Health Advisory Committee
- Physicians Care Connection
- Physicians Free Clinic
- Recreation centers
- Refugee resettlement agencies-CRIS
- Programs: Primary One
- Religious/faith based groups
- Transportation
- United Health Care (managed care plans)
- FQHCs
- Food pantries
- Free clinics
- Interpretation services in different agencies

The MHAC was asked “What collaborative efforts can be done among this committee to address the barriers faced by The Bhutanese/Nepali community?”

The MHAC responded with a list of collaborative efforts for the Bhutanese/Nepali community:

- Columbus Metropolitan Housing Authority
- Collaborative efforts with other stakeholders
- Community meetings
- Community picnics/gatherings
- Connect BNCC representatives to MHAC agency representatives
- Connect w/MHAC sources that provide free/low cost medication
- Cultural competency for providers with community members/leaders
- Develop a Bhutanese/Nepali health fair similar to Somali and Latino fairs
- Develop resource guide to share within service networks and increase linkages
- Education
- Empowering women to be proactive about family's healthcare needs (especially men of the family)
- Interactive classes/activities
- Interpreters
- Looking for information through family/friends; need health care advocates from community
- MHAC resource pool
- On site services
- Partnership with Central Ohio Transit Authority buses to provide bus passes and explain transportation
- PrimaryOne
- Provide basic health information; lack of understanding of the health care system
- Providing materials in native language
- Research from OSU or other colleges/organizations (i.e. YMCA); Facilitation program targeted to this community
- Share our information with other relevant city groups
- Targeting employers where large numbers of Bhutanese/Nepali workers exist to distribute information
- Translation of health resources, managed care plans, etc. and utilization of current resources
- Wellness programs/Health fairs





Racial and Ethnic Population Composition

COLUMBUS, OHIO 2006-2014

Source: U.S. Census Bureau, 2006-2014 American Community Survey Selected Population Tables
AN=Alaskan Native; NHPI=Native Hawaiian and other Pacific islander

<i>Race/Ethnicity</i>	<i>2000 Population</i>	<i>2005 Population</i>	<i>2010 Population</i>	<i>2014 Population</i>
White	483,332	454,368	483,677	501,075
Black or African American	174,065	181,977	220,241	225,624
American Indian/AN	2,090	1,674	2,105	1,624
Asian/NHPI	24,862	27,200	31,965	36,329
Some other race	8,292	10,661	22,447	15,942
Two or more races	18,829	18,103	26,086	31,005
Total Columbus	711,470	693,983	787,033	811,943
Hispanic or Latino (of any race)	17,471	24,607	44,359	46,240

Health Disparities/Causes of Death

2011-2013 Infant Mortality Rates by Race/Ethnicity

Franklin County (per 1,000)	NH White (per 1,000)	NH Black (per 1,000)	Asian/Pacific Islander (per 1,000)	Hispanic (per 1,000)
9.9	6.3	14.9	3.4	6.2

Source: Ohio Department of Health Vital Statistics, 2011-2013. Data analyzed by Columbus Public Health, Office of Epidemiology

Notes: Rate is per 1,000 live births.

Chronic Disease and Health Behaviors

Prevalence of Chronic Conditions	Franklin County (percent)	Non-Hispanic Black (percent)	Non-Hispanic White (percent)	Disparities Ratio
Overweight or Obese¹	4.55	68.8	65.3	1.1
Obese²	32.1	43.3	30.6	1.4
Diabetes	10.5	12.0	9.8	1.2
Asthma	10.3	12.3	10.3	1.2
Coronary Heart Disease	4.3	3.4	4.5	0.8
Stroke	3.3	2.0	2.2	0.9
High Blood Pressure	33.2	37.6	32.4	1.2
Depression	25.8	25.3	25.6	1.0

Notes:

1. Includes BMI ≥ 25

2. Includes BMI ≥ 30

Chronic Disease and Health Behaviors

- Non-Hispanic Blacks are 1.2 times more likely than non-Hispanic Whites to be diagnosed with diabetes, asthma or high blood pressure.
- Non-Hispanic Blacks are 1.4 times more likely than non-Hispanic Whites to be obese.

Disparities Ratio: The disparity ratio is calculated by dividing the rate or percent for the group of interest, in this report blacks, by the rate or percent for the reference group, in this case whites.

Mortality: Top Five Leading Causes of Death¹: 2011-2013

Non-Hispanic White	Non-Hispanic Black	Franklin County
Cancer	Cancer	Cancer
Diseases of the Heart	Diseases of the Heart	Diseases of the Heart
Chronic Lower Respiratory Disease	Diabetes Mellitus	Chronic Lower Respiratory Disease
Accidents	Stroke	Accidents
Diabetes Mellitus	Accidents	Stroke

Notes:

1. Leading causes of death are ranked according to the number of deaths within the specific population

Source: Ohio Vital Statistics System, 2011-2013, Analysis by Columbus Public Health, Office of Epidemiology.

ADR Comparison Top Leading Causes of Death¹, 2011-2013, in Non-Hispanic Blacks

	Franklin County ADR ²	NH Black ADR ²	NH White ADR ²	Disparities Ratio
All Deaths	808.6	912.6	812.8	1.1
Cancer	169.6	190.0	174.5	1.1
Diseases of the Heart	169.7	189.3	174.7	1.1
Diabetes Mellitus	23.9	48.7	21.6	2.3
Stroke	39.9	51.2	40.4	0.8
Accidents	38.7	33.7	44.0	1.3
Chronic lower respiratory disease	47.6	41.0	53.7	0.8
Homicide	8.4	24.7	3.8	6.5
Certain conditions originating in the perinatal period	6.9	12.8	4.9	2.6
Chronic Kidney Disease	13.3	23.4	11.4	2.1
Septicemia	11.3	16.6	10.5	1.6
HIV ³	2.1	5.3	1.3	4.1

Notes:

1. Leading causes of death are ranked according to the number of deaths within the specific population

2. ADR = Age Adjusted Rate gives the number of death per 100,000 population

3. HIV is not included in the top 10 leading causes of non-Hispanic Black, however, represents a large racial disparity.

- Non-Hispanic Blacks are 2.3 times more likely than non-Hispanic whites to die from diabetes.
- Non-Hispanic Blacks are 6.5 time more likely than non-Hispanic whites to die due to homicide.
- Non-Hispanic Blacks are 2.1 times more likely than non-Hispanic whites to die from chronic kidney disease.
- Non-Hispanic Blacks are 4.1 times more likely than non-Hispanic whites to die from HIV.

Source: Ohio Vital Statistics System, 2011-2013, Analysis by Columbus Public Health, Office of Epidemiology.

Infant Mortality (2013)¹

Franklin County	NH Black	NH White	Disparities Ratio
8.3	13.8	5.3	2.6

Notes:

1. Rate is per 1,000 live births

The infant mortality rate among non-Hispanic Blacks is over 2 times that of non-Hispanic Whites.

Disparities Ratio: The disparity ratio is calculated by dividing the rate or percent for the group of interest, in this report blacks, by the rate or percent for the reference group, in this case whites.

Source: Ohio Department of Health Vital Statistics, 2013. Data analyzed by Columbus Public Health, Office of Epidemiology.

Sexually Transmitted Infections (2014)

	Franklin County Rate ¹	Black Rate ¹	White Rate ¹	Disparities Ratio
Incidence				
Primary or Secondary Syphilis ²	19.2	50.3	10.2	4.9
Chlamydia ²	706.8	1499.6	222.3	6.7
Gonorrhea ²	245.2	641.5	82.6	7.8
Tuberculosis (TB) ³	4.2	9.4	1.2	7.8
HIV ⁴	21.5	47.1	14.4	3.3
Prevalence				
Living with HIV/AIDS ⁴	348.8	644.7	275.9	2.3

Notes:

1. Cases per 100,000 population

2. Primary and Secondary syphilis, chlamydia and gonorrhea rates are for all blacks and all whites (regardless of Hispanic ethnicity)

a. New cases diagnosed in 2014, data reported through August 8, 2015.

3. Tuberculosis Incidence is among all Franklin County residents (US and foreign born), 2013-2014

4. Source: Ohio Department of Health HIV/AIDS Surveillance Program, 2013.

a. "Living with HIV/AIDS" (prevalence) represents all persons ever diagnosed and reported with HIV or AIDS who have not been reported as having died as of December 31, 2013.

b. HIV information is reported for non-Hispanic Black and non-Hispanic White

Black males are disproportionately affected by sexually transmitted infections demonstrating the highest incidence rates for gonorrhea, chlamydia and HIV.

- Blacks are almost 5 times more likely than whites to have primary or secondary syphilis.
- Blacks are almost 7 times more likely than whites to have chlamydia.
- Blacks are almost 8 times more likely than whites to have gonorrhea.
- Blacks are almost 8 times more likely than whites to have TB.
- Blacks are 3 times more likely to be diagnosed with HIV and more than 2 times as likely to be living with HIV/AIDS.

Source: Ohio Disease Reporting System, Ohio Department of Health, 2014. Data Analyzed by Columbus Public Health, Office of Epidemiology.



Participating Agencies

The Office of Minority Health at Columbus Public Health would like to thank the following agencies that participated in the Round 2 Continuing the Conversations Report to the Community 2017 process:

- Arthur G. James Cancer Hospital
- Asian American Community Services (AACS)
- Bhutanese/Nepali Community of Columbus
- Buckeye Health Plan
- Community Refugee and Immigration Services (CRIS)
- Columbus Public Health (CPH)
- Columbus Community Relations Commission
- Crane R&D
- Dalmar TV
- Ethiopian Tewehado Social Services (ETSS)
- Grant Medical Center
- Hands on Central Ohio
- HAVOYOCO
- Kirwan Institute
- Latino Ministry Center
- Lifeline of Ohio
- Metro Parks
- Molina Healthcare
- Mt. Carmel Health
- Nationwide Children's Hospital
- Ohio Department of Health
- Ohio Hispanic Coalition (OHC)
- Otterbein University
- Our Helpers
- Physicians Care Connection
- Primary One Health
- The Ohio State University Community Outreach
- The Ohio State University School of Public Health
- United Health Care
- YMCA of Central Ohio



Columbus Office of Minority Health

Local Conversations on
Minority Health

Report to the
Community 2011



Funded by the Ohio Commission on Minority Health Grant #MGS 09-17

US Department of Health and Human Services

Office of Minority Health Grant #6STTMP-051025-03-01, in support of the

National Partnership for Action to End Health Disparities



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The National Partnership for Action to End Health Disparities

Spearheaded by the Office of Minority Health, the National Partnership for Action to End Health Disparities (NPA) was established to mobilize a national, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation forward in achieving health equity. Through a series of Community Voices and Regional Conversations meetings, NPA sought input from community leaders and representatives from professional, business, government, and academic sectors to establish the priorities and goals for national action. The result is the *National Stakeholder Strategy for Achieving Health Equity*, a roadmap that provides a common set of goals and objectives for eliminating health disparities through cooperative and strategic actions of stakeholders around the country.

Concurrent with the NPA process, federal agencies coordinated governmental health disparity reduction planning through a Federal Interagency Health Equity Team, including representatives of the Department of Health and Human Services (HHS) and eleven other cabinet-level departments. The resulting product is the *HHS Action Plan to Reduce Racial and Ethnic Health Disparities*, launched simultaneously with the NPA *National Stakeholder Strategy* in 2011. The HHS plan outlines

goals, strategies, and actions HHS will take to reduce health disparities among racial and ethnic minorities. Both documents can be found on the Office of Minority Health web page at <http://minorityhealth.hhs.gov/npa/>.

Ohio's Response to the NPA

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

In Phase I of this initiative, OCMH sponsored a series of nineteen Local Conversations on Minority Health throughout the state. The purpose of these gatherings was to carry out community-wide discussions on local health disparities in which health needs could be identified and prioritized from the community's perspective, and strategies could be generated toward local action plans to address minority health needs. Sixteen of the Local Conversations were geographically-based and were held in the state's large and small urban regions. In addition, three statewide ethnic health coalitions convened ethnic-specific Local Conversations for Latino, Asian American, and Native American groups which brought in representatives from these populations across the state.

In Phase II, the Local Conversations communities continued broad-based dialogues on health disparities and refined their local action plans. The Columbus Health Disparity Reduction Plan in this document is a result of this process. The lead agency for the Local Conversations in Columbus was the Columbus Office of Minority Health.



Columbus Office of Minority Health

The Columbus Office of Minority Health (COMH) was established in 2007 as a division of Columbus Public Health. Its mission is to provide leadership to reduce health inequities in minority communities of Columbus and its surrounding areas. The Office of Minority Health has an important role in activating efforts to educate citizens and professionals on critical health care issues through the achievement of four Core Competencies:

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

The Columbus Office of Minority Health was set up to:

- Serve as a mechanism for local

governments to produce consistent data sets representative of the diversity in Columbus

- Provide a local presence for issues of minority health in Columbus
- Institutionalize the effort to eliminate health disparities within the city
- Serve as a conduit of information for trends and emerging concerns between the Ohio Commission of Minority Health and local communities.

Columbus Demographics

The geographic scope of this project is Columbus, Ohio, the capital and second largest city in Ohio with an estimated overall 2006 population of 733,203. Columbus has a diverse racial/ethnic population. African Americans make up the largest minority population in the city (about 26%) although the city has experienced rapid growth in Latino and Asian American groups in recent years. Between 2000 and 2005, the Latino population grew 40.8%. Columbus accounts for about two-thirds of the Franklin County population.

Racial and Ethnic Population Composition

COLUMBUS, Ohio 2000 - 2005

<i>Race/Ethnicity</i>	<i>2000 Population</i>	<i>2005 Population</i>	<i>% of 2005 Population</i>	<i>% Change 2000 - 2005</i>
White	483,332	454,368	65.5%	- 6.0%
Black or African American	174,065	181,977	26.2%	+ 4.5%
American Indian/AN	2,090	1,674	0.2%	- 8.0%
Asian/NHPI	24,862	27,200	3.9%	+ 9.4%
Some other race	8,292	10,661	1.5%	+ 28.6%
Two or more races	18,829	18,103	2.6%	- 4.0%
Total Columbus	711,470	693,983	100%	- 2.5%
Hispanic or Latino (of any race)	17,471	24,607	3.5%	+ 40.8%

Source: US Census Bureau, American Community Survey, 2000 and 2005
AN=Alaskan Native; NHPI=Native Hawaiian and other Pacific Islanders.

Socioeconomic Profiles of Columbus

Economic conditions are worse for African Americans and Latinos in Franklin County than for their white peers and their prospects are poorer because

of lower educational attainment. The median household income for Black or African Americans and Hispanics or Latinos is less than the county median.

Median Household Income by Race, Franklin County, 2005

<i>Race/Ethnicity of Householder</i>	<i>Median HH Income</i>	<i>% Higher/Lower than Franklin County</i>
White	\$50,460	1.10%
Black or African American	\$31,223	-31.20%
Asian	\$49,796	9.70%
Hispanic or Latino (of any Race)	\$35,783	-21.20%
All Franklin County Households	\$45,410	--

The percentages of Franklin County residents living in poverty are much higher for African Americans and Latinos, particularly for children.

Percent of Persons Living in Poverty in Past 12 Months, Franklin County, 2005

<i>Race/Ethnicity</i>	<i>All Persons</i>	<i>Persons Age 65+</i>	<i>Persons Under Age 18</i>	<i>Female-Headed Households with Children</i>
White	10.3%	7.7%	11.7%	26.2%
Black or African American	29.8%	23.9%	44.2%	46.5%
Asian	11.7%	11.3%	6.4%	NA
Hispanic or Latino (of any Race)	15.6%	23.9%	17.0%	NA
Franklin County Total	14.5%	10.2%	20.1%	36.4%



The Hispanic or Latino population in Franklin County has the highest percentage of persons ages 25 and over with less than a high school education. African Americans have the highest percentage of individuals with a high school diploma and some college, but no Bachelor's degree,

ranking above the county total. Two thirds of the Asians in the county have a Bachelor's degree or higher, almost doubling the total percentage of all persons in Franklin County with these credentials.

Educational Attainment, Percent of Persons Age 25 and Over, Franklin County, 2005

<i>Race/Ethnicity</i>	<i>Less than High School</i>	<i>High School Diploma only</i>	<i>Some College no Bachelor's</i>	<i>Bachelor's or higher</i>
White	10.2%	26.6%	26.0%	37.2%
Black or African American	16.7%	36.0%	30.5%	16.8%
Asian	10.9%	10.0%	12.9%	66.2%
Hispanic or Latino (of any Race)	35.6%	27.4%	14.3%	22.7%
Franklin County total	11.8%	27.5%	26.2%	34.4%

Source: US Census Bureau, American Community Survey 2005

Health Disparities in Columbus

Racial and ethnic groups in Franklin County and Columbus face persistent health disparities. Most county and city health disparity data provide information on African Americans and Latinos and not on the less populous groups of Native Americans and Asian Americans. Existing data show disparities in mortality due to heart disease, cancer, stroke, diabetes, infant mortality, and homicide. Data from two community health surveys illustrate some of these disparities—the 2004 Franklin County Minority Health Profile published by the Ohio Department of Health and the 2000 Columbus/Franklin County Community Health Risk Assessment published by the Columbus Health Department.

2004 Franklin County Minority Health Profile

- Poor/fair health status was more likely to be reported by Black and

Hispanic adults in Franklin County than White adults.

- White and Black adults in Franklin County were more likely to report they had heart or circulatory disease than Hispanic adults.
- Black adults in Franklin County were more likely to report they had hypertension than any other racial/ethnic group.
- Black and White adults in Franklin County were more likely than Hispanic adults to have been told by a health care professional they had diabetes.
- White adults (54.0%) were more likely than Black (45.3%) and Asian adults (27.7%) to rate the overall quality of their health care “very good – excellent”.

2000 Columbus/Franklin County Community Health Risk Assessment

- More Black adults (67.5%) are overweight compared to White adults (55.3%).
- More Black adults (12.3%) report being concerned about having enough food in the past 30 days than white adults (4.5%)
- Diabetes is more prevalent among Black adults (8.5%) than among White adults (5.7%).
- More Black adults with diabetes (58.0%) report not seeing a doctor or nurse for their diabetes in the past year than White adults with diabetes (13.1%).
- More Black adults (37.2%) have high blood pressure than White adults (26.2%).
- More Black adults (17.5%) do not have health care coverage compared to White adults (6.2%).
- More Black adults (12%) were unable to make a needed visit to the doctor in the past 12 months because of the cost compared to White adults (4.6%).
- More Black adults (19.1%) were unable to get prescribed medication due to the cost than White adults (9%).

Leading Causes of Death

Data from the Ohio Department of Health Vital Statistics document disparities by race/ethnicity and gender for most of the leading causes of death.

Selected Leading Causes of Death by Race/Ethnicity, and Gender, Franklin County, 2003-2005

3-Year Totals, Age-Adjusted Rates per 100,000

DISEASE	Total Franklin County			White			Black		
	All	M	F	All	M	F	All	M	F
Heart Disease	218.8	273.4	179.5	214.4	271.1	174.2	250.7	298.3	212.1
Cancer	209.0	257.4	178.2	203.6	247.0	176.2	257.0	340.2	205.2
Stroke	55.9	53.4	55.7	54.3	51.0	54.7	64.7	65.2	62.3
CLRD	51.8	60.8	46.7	55.8	64.5	50.9	32.9	46.0	25.5
Diabetes	30.2	35.6	26.3	24.1	28.0	21.4	65.4	82.3	53.1
COD-O									
	Total Franklin County			White			Black		
	All	M	F	All	M	F	All	M	F
Homicide	9.4	15.8	3.1	4.6	7.3	1.8	29.3	53.1	8.2

Source: Ohio Department of Health, Data Warehouse

CLRD= Chronic Lower Respiratory Disease

*of any race

M = Male; F = Female; PI = Pacific Islander;

NC = Not calculated due to number of deaths <20 per group

COD-O = Cause(s) of Death-Other than from disease.

Death rates for Columbus area African American males and females due to cancer and diabetes exceeded those of African American males and females at the state level. The Franklin County 2003-2005 age-adjusted homicide death rates were highest for African American males followed by Latino males. This represented over half of all homicide deaths in the county during this period, although African American males are only 19.8% of the total Franklin County population. The age-adjusted homicide rate for African American males in Franklin County (53.1/100,000) well exceeded the age adjusted rate for African American males (39.1/100,000) in Ohio as did the homicide rate for Latinos (24.4/100,000 for Franklin County compared to 9/100,000 for Latinos statewide.

Infant mortality rates have been higher for African Americans and Latinos in Franklin County than for White infants.

Infant Mortality by Race/Ethnicity, Franklin County, 2000-2005

3-Year Average Rates Per 1000

<i>Year</i>	<i>White</i>	<i>Black</i>	<i>Latino</i>	<i>Total</i>
2000-2002	6.5	14.5	6.1	8.2
2001-2003	6.2	15.0	10.1	8.4
2002-2004	6.3	15.1	9.7	8.5
2003-2005	6.4	10.1	7.8	8.3

Columbus Conversations on Minority Health

Local Conversations Phase I

The first Columbus Local Conversation on Minority Health was held on Friday, October 24, 2008. The event was attended by about 50 individuals who represented a broad range of local leaders, organizations, and sectors, including city and state government, the city health department, health

service providers, academic institutions, faith-based agencies, ethnic-specific organizations, and agencies targeting particular diseases or disability groups.

Participants were broken into four groups where they identified and prioritized needs related to *services, resources, capacity building, and infrastructure.*

Resources

- Health communication campaigns using multi-media and offered in multiple venues and targeting young audiences and high risk groups
- Identifying and developing programs to address needs of emerging populations (Latino, Somali, Asian)
- Centralized interpreter services
- Creation of a community toolbox
 - Best practices database
 - Prevention case-building research
- Advocacy for additional funding for health programs and services

Services

- Greater general emphasis on prevention
- More health education and health promotion initiatives in schools
- Holistic health care
- Unmet mental health needs
- HIV education for youth
- More services addressing addictions, including substance abuse and less widely addressed addictions such as gambling
- Improved services for children with MR/DD in public schools
- More outreach for underutilized services

Capacity Building

- Training for youth on how to use the health system

- Assistance with grant seeking for community organizations
- Mandated cultural competency training for practicing health professionals
- Increased collaboration and community partnerships
 - Schools and universities
 - Police and justice systems for neighborhood safety
 - Emerging populations
 - Groups that have not been traditionally involved in health

Infrastructure

- Lack of available health services in certain high needs areas
- Access barriers related to transportation and lack of health insurance or inadequate health insurance
- Greater attention to the social and economic determinants of health
- Greater attention to health in government policy decisions
- Outreach to attract and support minority groups in health professions training

Local Conversations Phase II

Participants were invited back for Phase II to continue health disparity discussions. Utilizing information gathered from Phase I, participants were asked to develop strategies and make recommendations on how to meet the prioritized needs.

RECOMMENDED STRATEGIES

Resources

1. Initiate health communications campaigns using a variety of media that provide consistent positive messages about healthy lifestyles.

2. Target young audiences and high risk groups for health promotion communications campaigns to prevent chronic illness.
3. Identify champions to participate in health communications campaigns for youth and young adults.
4. Create communications campaigns utilizing different outreach strategies for different races, cultures, and age groups.
5. Support the creation of additional resources to address the needs of emerging populations such as Somali, Asian Americans, and Latinos.
6. Conduct demographic analyses and needs assessments of emerging populations in the Columbus area.
7. Explore the feasibility of creating a system of centralized interpreter/translator services.
8. Create a communications toolbox as a general community resource that would include a databank of best practices for health promotion for ethnic communities and research on cost effectiveness of prevention programs.
9. Advocate and provide resources to support greater use of evidence-based practices in mental health services for African Americans and other ethnic consumers.
10. Advocate for more funding to achieve health equity in minority communities.
11. Encourage local community groups to call attention to unmet health needs in their communities.

Services

1. Increase the emphasis on prevention, particularly focusing on modifying lifestyle behaviors related to nutrition and physical activity and in



- 
- areas of identified need such as prenatal care.
2. Integrate health education and health promotion through the curriculum in public schools, beginning in preschool years.
 3. Encourage a more holistic approach to patient treatment that addresses the full spectrum of their needs.
 4. Work to increase the availability of in home health services for ethnic consumers.
 5. Increase the availability of mental health services in currently underserved areas.
 6. Create public awareness campaigns designed to reduce the stigma associated with seeking mental health services.
 7. Advocate for the inclusion of questions on mental health status as a part of routine health screenings.
 8. Develop HIV education programs for youth and implement them in diverse community locations, including schools, churches, and recreation centers.
 9. Support the expansion of additional addiction treatment services, including treatment programs for addictions (e.g., gambling, shopping, sex) not currently being widely addressed.
 10. Advocate for the improvement of education and other services for children with MR/DD attending public schools.
 11. Support the expansion of in home support services allowing elderly to remain in their own homes rather than being placed in nursing homes.
 12. Carry out outreach programs to increase awareness of health services available to minority consumers.

Capacity Building

1. Expand community partnerships among non-profit organizations, educational institutions, and government agencies to promote information sharing and collaborative planning and to stretch the limited resources available to address ethnic health disparities.
2. Broaden the base of individuals and groups actively participating in planning and implementation of initiatives to reduce minority health disparities to include groups that not traditionally been involved in health care.
3. Identify and involve leaders from emerging populations in discussions and planning on initiatives to address health disparities.
4. Provide training for youth on how to use the health system and be informed consumers of health services.
5. Provide training on grant seeking for community organizations providing health services to ethnic communities.
6. Provide cultural competency training for all levels of practicing health professionals.
7. Develop cultural competency training programs that address developing rapport and trust with minority consumers and generational differences in cultural health beliefs and practices.
8. Advocate for making cultural competency training mandatory (e.g., by making it part of performance evaluations).

Infrastructure

1. Work to increase the availability of health services, including primary care, in underserved, high need areas.

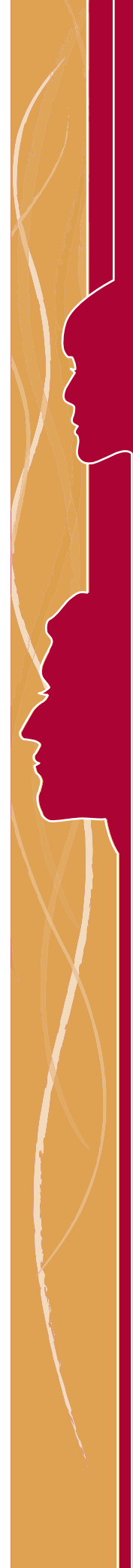
2. Advocate for the establishment of a community mental health center on the west side of the city.
3. Support the development of free health clinics for primary and urgent care to reduce the burden on use of emergency rooms and promote preventive health care.
4. Increase community awareness of the social and economic determinants of health.
5. Advocate for intervention programs to address the social and economic determinants of health; e.g., collaborative work with governmental and community organizations to stimulate economic development in impoverished neighborhoods in order to decrease crime and juvenile delinquency.
6. Encourage that government policies be developed with attention to their impact on community health.
7. Advocate for the creation of policies that make health funding more flexible and responsive to consumer needs.
8. Introduce minority children to health career awareness programs at early ages, beginning in elementary school.
9. Develop initiatives to encourage minority youngsters to pursue health professions training (e.g., job fairs, summer medical camps, service learning programs).
10. Advocate for increased funding to support health professions training for minority students.
11. Advocate for loan forgiveness for going into health practice in high needs areas.
12. Involve representatives from local transportation in health disparity discussions.

Next Steps

The Columbus Office of Minority Health Advisory Committee meets quarterly and is charged with setting up opportunities within the community to address issues surrounding minority health as well as helping facilitate access to racial/ethnic and immigrant/refugee populations and service agencies/organizations. The role of the Advisory Committee is to:

- Advise COMH on its desire to foster and build collaborative relationships with and among agencies/organizations that provide services to racial/ethnic and immigrant/refugee populations resulting in better access to and utilization of services by racial/ethnic and immigrant/refugee populations.
- Advise COMH on what funding and grant opportunities are available to help promote COMH initiatives.
- Provide input into data collection and survey development to facilitate better understanding of racial/ethnic and immigrant/refugee populations.
- Help with creating a yearly calendar of events (Columbus, Ohio/Franklin County) as well as recommend speakers to board meetings to speak on issues impacting racial/ethnic and immigrant/refugee populations.

Utilizing the work product from the Local Conversation process, the Columbus Office of Minority Health will be able to work towards achievement of the recommendations that were generated. Measurement of achievement of information gathered from the Local Conversations is ongoing consistent with input from the Advisory Committee and local provider agencies and residents through their service agencies.



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