

# **HEALTHY NEIGHBORHOOD REPORT:** Near East



***“Building Blocks to Health”***

**July 2004**

**COLUMBUS HEALTH DEPARTMENT**



**Healthy Neighborhood Report**

**Near East**

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## INTRODUCTION

For neighborhoods to be strong, they must be healthy. To be healthy, residents must have access to health care, must have safe streets and places to recreate and have the tools and opportunities to live healthier lives. The Columbus Health Department (CHD) has initiated the **Healthy Neighborhoods** project in an effort to enhance neighborhoods and improve community health. Healthy Neighborhoods is a project in which CHD will engage communities to work together to identify health needs, priorities and opportunities. Because each neighborhood is unique with its own look, feel, and rhythm, understanding the health issues means talking to neighborhood leaders, and health care providers, walking the streets of the neighborhood, visiting the shops and businesses and combining that with available health data already gathered for the area. We have started to do that with this report. Focusing on our own neighborhood, we set out to increase our understanding of the health of the Near East Community. We listened to community representatives, area physicians, and business owners, visited grocery stores, and studied reports and other data.

What follows is our report on all that we learned and some initial thoughts on action steps for improving community health. This report is designed to serve as a resource to key partners who are working together to identify and address the community's health priorities. Through this initiative and other programs, CHD will continue as a partner in Near East Health Improvement efforts.

### **HOW THE REPORT WAS DEVELOPED**

In order to provide as complete a picture of Near East health as possible, this report was developed by combining information from a variety of new and existing sources, including:

#### **Community Interviews**

During December, 2002 through February, 2003, CHD staff interviewed representatives of various Near East community agencies and organizations, many of whom are also Near East residents, to learn more about the neighborhood, identify health issues, priorities and resources, obtain input regarding how to make this report the most useful to the community, and identify individuals and resources willing to participate in future health planning efforts. The results of these interviews were used to shape and focus the analyses and recommendations included in this report. Representatives from the following parts of the community were included in this process (A complete list of interviewees, the interview guide, and a detailed summary of the interviews are included in **Appendix A.**):

- Community Organizations
- Civic and Business Associations
- Faith Community
- Medical Organizations
- Education
- Government Organizations – Agencies and Elected Officials



The findings from this interview process give us a good start towards understanding important Near East health issues. The individuals interviewed were selected because of their personal or professional involvement in the Near East community. However, to gain true understanding of the community's health needs and priorities, we must establish mechanisms for direct input from and on-going dialogue with community residents, themselves.

### **Community Population and Health Data**

Using the findings from the interviews as a guide, available data were reviewed and summarized to describe Near East demographics, health status and risks, and the availability and use of health services. These data provide a useful resource for accurately describing Near East health issues, concerns and opportunities, particularly when used in combination with community feedback. Comparative data for the City of Columbus and Franklin County are provided when available and appropriate.

For purposes of this report the Near East is defined as zip codes 43203 and 43205; this area is located immediately to the East of downtown Columbus along Alum Creek. These two zip codes were chosen because they include the majority of the population that is considered the Near East Community. It was not possible to complete meaningful analyses for smaller 'neighborhoods' within these Near East zip codes (a map is included in **Appendix A**).

### **HOW THE REPORT IS ORGANIZED**

Findings based on the interviews and data analysis are organized into the following sections:

- **About the Near East Community**—brief description of the neighborhoods, population characteristics, and community assets for health improvement
- **About Near East Community Health**— in depth review of top health issues identified by community stakeholders
- **Special Topic: Nutrition and Access to Food**—results of a small study to assess the availability of nutritious food in Near East stores

"Preliminary Recommendations" based on the report findings are included at the end of the health topic sections. These broad recommendations are intended to provide key stakeholders with a consistent framework and broad direction regarding opportunities and potential strategies for health improvement. Finally, the report highlights select CHD programs and related action plan based on the findings of this report.<sup>1</sup>

The final section of the report, '**Opportunities for Action**,' outlines potential roles and opportunities for key stakeholders to begin to translate the findings of this report and its recommendations into action and sustainable change for the Near East community.

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<sup>1</sup> for a full listing of CHD programs, go to [www.cmhhealth.org](http://www.cmhhealth.org) and select "Directory of Services"



## **0.HOW THE REPORT CAN BE USED**

This report is designed to be a first step towards identifying and describing key community health issues and concerns in the Near East. It is intended for use as a resource for the many organizations and individuals committed to the Near East area and its quality of life. In order to successfully translate the findings and recommendations contained in this report into meaningful action, key stakeholders e.g. community residents and leaders, individuals and organizations committed to Near East health improvement, health care providers, and others, will need to:

- Foster and participate in on-going dialogue to define and clarify the community's health priorities
- Develop mechanisms for obtaining resident input and involvement in defining health priorities
- Recognize that needs, priorities, and strategies will likely be tailored for different neighborhoods and/or community groups within the Near East
- Commit existing and/or seek additional resources necessary to support planning processes and sustainable change activity
- Coordinate efforts, recognize and build on existing community assets and successful initiatives

## **CHD ROLE AND ACTION PLAN**

CHD is committed to sharing the findings of this report and helping to use this information to promote meaningful, sustainable action for Near East Health improvement.

As a start, CHD has expanded its "Neighborhood Services" program to the recently-opened Near East Pride Center located on Broad Street.<sup>2</sup> Through this program a two member nurse-social worker team responds to individual residents' health concerns, assesses needs, and refers and links people to needed services. In addition to responding to residents needs, the Neighborhood Services health team will collaborate in the development of collaborations and strategies to improve Near East health and quality of life.

In addition to expanding the Neighborhood Services program in the Near East, CHD has developed an initial action plan to:

- Use report findings to guide and focus other client services, e.g. Maternal and Child Health, Sexual Health services

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<sup>2</sup> Located at 1393 East Broad Street between Latta Avenue and Linwood Avenue (for more information call 724-0115)



- Share **Healthy Neighborhoods** report with Near East community, health care providers, City leaders, other City agencies, and other key stakeholders committed to Near East health improvement.
- Continue to foster and participate in collaborations and partnership to address Near East community health priorities; share report findings and encourage their use in guiding efforts.
- Continue to provide community health data and analyses, as needed, to inform planning discussions.
- Provide a link between Near East health planning and priorities with community-wide public health planning efforts

In addition to working for Near East health improvement, CHD staff will build on this experience to complete **Healthy Neighborhoods** projects in other Columbus neighborhoods.



**SECTION ONE:  
ABOUT THE NEAR EAST COMMUNITY**

For purposes of this report, the Near East was defined as zip codes 43203 and 43205. This area is bounded by Conrail/I-670 on the north, I-70 on the south, Alum Creek on the east, and I-71 on the west (See **Appendix A-1** for map).

The Near East has a rich cultural history. In the early 1920s, this area known as the birthplace of the jazz movement in Columbus was filled with theaters, hotels, businesses, and the residential estates of prominent community leaders of that time. Like many inner-city areas across the country, the Near East experienced an economic decline in the 1960s and 1970s due to highway expansion and the development of suburban shopping centers. For the last 20 years restoration has been occurring and continues to be an area of focus for public and private investment and community development efforts.<sup>3</sup>

**Neighborhoods and People**

Near East community representatives described their community as follows:

- **Many 'Neighborhoods'**— The 'Near East' is not viewed as a single neighborhood, rather it is comprised of several smaller neighborhoods including Bronzeville, Eastgate, Olde Towne East, Franklin Park, and Woodland Park among others- each neighborhood with its own identity. Many interviewees indicated that residents often identify more strongly with their 'neighborhood' than with the Near East as a whole and suggested that future planning efforts need to keep this in mind.
- **Increasing Diversity**—Recognized as a historically African-American community, the Near East was described as increasingly diverse, with greater numbers of people of different ethnicities, cultures and varying socio-economic status living side by side. Many indicate that this both enriches and poses a challenge to the community, particularly in terms of defining priorities and effective strategies for health improvement.
- **People in Need**—There is a great deal of concern about many residents in the Near East with considerable need and few resources. Populations of particular concern include: young single mothers and their children, the elderly, and people with very low income or living in poverty.
- **Community Involvement**—Many indicated that residents' level of involvement in the community tends to be at one extreme or the other – either residents are highly active within the community or not involved at all. Many noted that residents' involvement tends to occur at the smaller neighborhood level and not the Near East overall.

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<sup>3</sup> Near East area description, [www.theheritagedistricts.com](http://www.theheritagedistricts.com), The Columbus Compact Corporation



Many of these themes are consistent with available population data. The table below summarizes Near East population characteristics and includes comparison data for Columbus and Franklin County as well.

**Table 1: Select Near East Population Characteristics, 2000**

	Near East	Franklin County
<b>Total Population</b>	24,966	1,068,978
% White	12%	76%
% African-American	83%	18%
% Other	5%	8%
<b>Education Level (among those &gt;25 yrs)</b>		
High School Graduate or Higher	68%	86%
<b>Income and Poverty</b>		
Median Household Income	\$36,738	\$42,734
% population below federal poverty level	37%	12%
<b>Transportation (among workers)</b>		
% relying on public transportation to get to work	15%	3%
<b>Housing</b>		
Occupied Housing units that are rental	65%	43%

Data Source: US Census Bureau, 2000

The socio-demographic composition of the Near East is an important consideration for understanding Near East health needs. Many community representatives described a 'reality' in which health care is less of a priority than other issues related to day-to-day economic survival, e.g. finding work, traveling to work, working multiple jobs, taking care of family with limited resources, etc. (See Appendix **B-1** for additional demographic data)

**Community Assets for Health Improvement**

Building on existing community assets is an important component of any successful community health planning and improvement effort. Therefore, community representatives were asked to identify Near East community assets that could be valuable to future planning efforts. They described the following key assets:

- **Formal and Informal Community Leaders**—There are many formal and informal community leaders active in the Near East. These individuals are an important resource for influencing and sustaining community change and health improvement.
- **Community Residents**—Community residents themselves were recognized as a valuable resource for health improvement, particularly in terms of their level of commitment to the community and ability to mobilize action for community change and improvement.
- **Community Organizations and Businesses**—A wide range of organizations and/or affiliated individuals were recognized as valuable community assets for health improvement, these include:



- Neighborhood and business associations
  - Local church-based health ministries
  - Community organizations such as the Urban League, Martin Luther King, Jr. Center, Neighborhood House, Central Community House, OSU African-American and African studies extension center, CMACAO
  - Small business, especially the beauty and barber shops
  - City recreation centers, YMCA & YWCA
  - Local foundations, e.g. Columbus Foundation, Columbus Medical Association Foundation, United Way
  - Media, especially the *Columbus Post*
- **Existing Health Services**—Although availability of health services is limited in the Near East, several health care providers were identified as community assets, including:
    - **Clinics and Doctors**, including East Central Health Center, the Columbus Health Department, Livingston-Lockbourne Clinic, the Physician's Free Clinic, private physician practices
    - **Downtown Hospitals**, including Columbus Children's Hospital, Grant, Ohio State University Hospitals East (OSU East) and the Mt. Carmel mobile van
    - **Services at Columbus Public Schools**, e.g. vision clinic, dental van
    - **Area Pharmacies**
    - **Mental Health Services**, including Netcare and the Southeast Mental Health Center psychiatric van
- **Community Revitalization Efforts**—including the King–Lincoln and the Hamilton Park Districts that will bring new financial resources to the area. The Lincoln Theater was also cited as a place to gather and disseminate information.



## SECTION TWO: ABOUT NEAR EAST COMMUNITY HEALTH

Top health issues for the community were initially identified through the community interview process. There was some variation in the responses; however some common themes were heard. The top issues clearly fell into the following broad categories that are explored in this report (For a more detailed summary of the issues identified through the interview process see **Appendix A**):

- **Access to Health Services**
- **Chronic Disease**
- **Maternal and Child Health**
- **Other Health Issues: Mental Health and Substance Abuse, HIV/AIDS**

Specific community concerns and available data related to each of these issues are described below.

### **ACCESS TO HEALTH SERVICES**

Community representatives consistently identified access to health services as the top health care concern for Near East residents. A commonly described concern was that many Near East residents do not have a primary care 'medical home' for routine and preventive care. As a result, many end up seeking health care services only when there is a crisis. This is often through hospital emergency departments which can result in long waits and very little follow-up care. Other specific concerns expressed by interviewees include:

- **Many Uninsured**—Many residents do not have any health insurance or the health insurance they do have does not provide adequate coverage. Several possible explanations were identified including: health insurance is too expensive for many, some residents may work in part-time jobs (often more than one) that do not provide coverage, and others who may be eligible for government-supported health insurance programs (e.g. Medicaid, Healthy Start) are not enrolled.
- **Limited Resources for Health Services**—For many financially strapped residents, priorities are often basic needs of daily life (e.g. work, food, shelter) with health care less of a priority until there is a crisis.
- **Too Few Health Care Providers in Area**—Widespread recognition that there are not enough providers of all types, including primary care, pharmacy, specialists, and other providers to serve the community. Additionally, there is increasing concern that even fewer providers offer culturally competent services to growing numbers of Hispanic and Somali residents.
- **Existing Providers not Accessible**—Many identify the Neighborhood Health Center (East Central), Grant Hospital, OSU East, and a few private physicians as key community



providers. Even among these existing providers, residents often report difficulty accessing care, including:

- Long waiting times to make an appointment
- Transportation challenges for residents who do not have a car
- Overburdened free and/or low cost providers, resulting in long wait times and delays in service
- Inconvenient hours of operation – e.g. time off work means lost wages

To fully understand these issues, CHD gathered existing data and completed additional analyses regarding access to health services in the Near East. Key findings are summarized below.

### **Health Insurance Coverage**

In 2000, 14% of Near East residents reported not having any kind of health care coverage<sup>4</sup> as compared to 8.5% in Franklin County.

**In 2000, 14% of Near East residents reported not having any kind of health care coverage.**

To better understand health insurance coverage for Near East residents, CHD staff reviewed inpatient hospital data by type of insurance and found that in 2000, there were nearly 129,000 hospital discharges among Franklin County residents; of these, 4,955 were for residents of the two Near East zip codes. When compared to Franklin County overall, Near East hospitalizations were:

- **Twice as likely to be “self-pay” (no insurance)**
- **Half as likely to be covered by private or commercial insurance**
- **Twice as likely to be covered by Medicaid**

More detailed data for Near East and Franklin County Hospitalizations are included in **Appendix C-1**.

### **Availability Of Health Care Providers**

**Very few Near East physicians surveyed offer weekend hours. None offer evening hours.**

Part of the Near East has received federal designation as a Health Professional Shortage Area (HPSA) based on documentation that the number of primary care providers in the area is not adequate to meet the needs of the population. In order to fully understand the availability of primary care provider resources,

CHD conducted a survey of Near East physician practices and the Columbus Neighborhood Health Center (CNHC) East Central Clinic. This survey of over twenty practices primary care physicians included family practice, internal medicine, pediatrics, and OB/GYN and focused

<sup>4</sup> 2000 Columbus and Franklin County Health Risk Assessment



on basic information such as hours of operation, types of payment accepted, and hospital affiliation.

Key findings from this survey are summarized below and confirm community members' concerns that even among the few provider practices in the area, access is somewhat limited (See **Appendix D** for a copy of the survey). Among those physicians who responded to the survey:

- **Only 15% provide weekend hours, none provide evening hours**
- **Less than half are accepting new patients**
- **Many do not accept all forms of payment**
  - 67% accept Medicaid
  - 53% accept Medicare
  - 47% accept uninsured patients
  - 33% offer a sliding scale

### **Community Concerns**

Several other concerns related to health services availability and accessibility in the Near East were identified through the interview process, including:

- **Closure of Billie Brown Jones Health Center**—At the time interviews were conducted, many individuals in the community were concerned about the Columbus Neighborhood Health Centers' (CNHC) recent closure of the Billie Brown Jones (BBJ) Health Center. Although the intent was to consolidate BBJ services as part of a new and expanded East Central Health Center facility, many representatives were concerned about the impact of the change on BBJ patients and nearby residents, particularly the elderly. Specific concerns include: adequacy of public transportation to East Central for residents who live south of Broad Street (e.g. bus is available, but schedule is not reliable) and a general feeling that the residents north of Broad are being 'abandoned' through the loss of a health resource in their 'neighborhood.'
- **Utilization of Ohio State University (OSU) East**—The 2000 opening of OSU East re-established an important health resource in the community. At the time interviews were conducted, many interviewees noted that this facility has not yet been accepted as a neighborhood hospital and may not be fully utilized by the community.
- **Interest in more mobile services**—Over the years, several of the health systems have provided, or have partnered with community partners to provide, mobile health services. Many identified these services as valuable resources. One example is the Grant/Riverside mobile unit that rotates within Columbus Public Schools and provides free health care for anyone, not just children, during limited school hours.



Representatives identified several other limited resources, including: the Physician's Free Clinic held at the Columbus Health Department (CHD), church-based services, Neighborhood House/Community Center, CHD clinic services, Edwards Pharmacy on Mount Vernon, school nurses who work hard to "fill the gaps," school-based services, and the Veteran's Administration hospital and health center.

**Ambulatory Care Sensitive Conditions: An Indicator of Primary Care Access**

One way to assess the adequacy and quality of primary care services for a given population is to look at hospital discharge data for conditions that are considered "Ambulatory Care Sensitive Conditions" (ACS). In short, these are conditions for which appropriate "outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease." Examples of ambulatory care sensitive conditions include asthma, diabetes, and hypertension (see Appendix X for a detailed listing and definitions). High rates of admission for ACS within a community or population group suggest that primary health care and preventive services are either inadequate and/or inaccessible to the group.

Based on a review of year 2000 hospital data from all Franklin County hospitals, Near East residents have a higher rate (88.5 per 1,000) of ACS discharges than Franklin County residents overall (74 per 1,000). These findings suggest that many residents with ACS conditions may not have adequate access to primary and preventive health services. Data for select conditions are summarized in the table below (see **Appendix C-2** for more detailed information)

**Table 2: Hospitalization for Ambulatory Care Sensitive Conditions 2000**

	<b>Near East</b>	<b>Franklin County</b>
All Conditions	88.6	74
Diabetes	19.8	13.7
Hypertension	5.8	3.3
Chronic Obstructive Pulmonary Disease	21	18.5

Source: Ohio Hospital Association

Research has shown that without health care coverage people are more likely to have poor health than people who have health care coverage.<sup>5</sup> Therefore, identifying critical issues and developing strategies for improving health care access will be an important component of planning and developing strategies for Near East health improvement.

<sup>5</sup> Weissman JS, Stern R, Fielding SL, Epstein AM. Delayed access to health care: risk factors, reasons and consequences. *Ann Intern Med* 1991; 114:325-31.



### **CHD Services and Action**

Although CHD does not have the resources to address the full range of a community's primary care service needs, it does offer a limited array of screening, prevention, and clinical services for specific populations and/or health needs. While some of CHD's services have identified the Near East as a focused service area (e.g. Caring for 2 prenatal care program) others are available at the CHD main building that is located in the Near East (corner of Parsons Avenue and Main Street). These include, but are not limited to (for more detailed information about CHD's services, go to [www.cmhhealth.org](http://www.cmhhealth.org) and select "Directory of Services"):

- Sexual health services, including testing, counseling, and services for HIV and other sexually transmitted diseases
- Maternal and child health services, including perinatal care clinic and newborn home visiting
- Breast and cervical cancer screenings and referrals for high risk women
- Immunization services

An important CHD program development is its expansion of the Neighborhood Services program to locate a nurse-social worker team in the Near East Neighborhood Pride Center that opened on March 31, 2004. The model for this program has been successful in other Columbus neighborhoods and establishes a neighborhood-based health resource for:

- Responding to resident concerns
- Conducting home visits to assess resident needs
- Linking and referring residents to resources and services available at CHD and other community organizations
- Serving as a communication liaison between the community and other CHD programs

In addition to client services, CHD works to improve access to health care throughout Columbus in a variety of ways, including:

- Leadership and participation on the community Access HealthColumbus initiative
- Monitoring data and trends related health care access and community health resources
- Funding for Columbus Neighborhood Health Centers



**OPPORTUNITIES FOR COMMUNITY ACTION: Access to Health Services**

- Seek community resident input regarding access to health care priorities, resources, and opportunities for impact
- Continue dialogue between community leaders and the Columbus Neighborhood Health Centers to ensure that use of the East Central Health Center facility is optimized and accessible to Near East residents, especially former Billie Brown Jones patients.
- Work with community leaders and residents to develop coordinated strategies for improving availability, accessibility, and visibility of existing health resources, including CNHC, OSU East, Grant Hospital, Mt. Carmel, CHD clinics. Opportunities include:
  - expanding services on the Near East
  - offering evening/weekend hours
  - developing strategies to make facilities more visible and accessible to residents
  - assuring that residents have access to transportation
- Foster collaboration among health care providers and entities, e.g. CNHC, Access HealthColumbus, area hospitals, Columbus Health Department, and individual providers, to develop coordinated strategies to expand services with an emphasis on:
  - Establishing primary care 'medical homes' for residents
  - Comprehensive 'disease management' to address chronic illness
- Develop strategies to maximize enrollment in Medicaid and Healthy Start programs among eligible residents



## CHRONIC DISEASE

### Leading Causes of Death In the Near East

- Diseases of the Heart
- Cancer
- Diabetes
- Stroke
- Chronic Lower Respiratory Disease (e.g. bronchitis, asthma, emphysema)

Community representatives identified chronic diseases, such as heart disease, diabetes, and associated health risks (e.g. high blood-pressure, lack of physical activity) as important health concerns for many Near East residents. This is consistent with the most recent data that show that these diseases cause the majority of deaths among Near East residents. In general, the chronic disease death rates for the Near East are similar to, or only slightly higher than, both the City of Columbus and Franklin County that have identified chronic disease as critical community health improvement priorities. A notable exception is diabetes, for which the Near East death rate is

**twice** that of both the City and Franklin County (See **Appendix B-2** for additional data).

### **Opportunity: Focus on Diabetes<sup>6</sup>**

People that we interviewed described two factors that may partly explain the relatively high diabetes death rate:

- **Diabetes is often accepted as 'inevitable part of life'**— Many community representatives described a common view among many residents that getting diabetes is just an "inevitable part of life" and getting older. This view leads to a general level of acceptance and may keep residents from making efforts to prevent the onset of the disease or seek treatment until they have complications.
- **Relatively low diagnosis rate of diabetes**—In a recent community survey, 9% of Near East residents reported that they had been diagnosed with diabetes.<sup>7</sup> This is only slightly higher than 7% of Franklin County residents reporting a diabetes diagnosis. These numbers are surprising given that the death rate for diabetes is two times higher in the Near East and suggest that the disease may be underdiagnosed among Near East residents.

These factors suggest considerable opportunity to minimize the impact of diabetes through coordinated strategies that focus on education, prevention, early diagnosis, and effective disease management.

### **Community Health Risks**

Prevention is an important component of reducing levels of disease and associated disability within a community. Understanding the underlying risks for these diseases – e.g. rates of smoking, overweight and obesity, high cholesterol – can help identify potential opportunities for prevention and/or risk reduction.

<sup>6</sup> Refers to Type 2 Diabetes which is often referred to as 'adult-onset' diabetes

<sup>7</sup> 2000 Columbus and Franklin County Community Health Risk Assessment



Two important chronic disease risk factors – high blood pressure and high blood cholesterol – were identified by community stakeholders as “top health issues” for the Near East community. 2000 data for these and other health risk factors for the Near East and Franklin County are summarized in the table below. Those factors that present the greatest opportunity for improvement, based on comparison to the County, are noted in *italics*:

**The percentage of adult residents who...**

	<b>Near East</b>	<b>Franklin County</b>
Smoke	32%	27%
<b>Are overweight (Body Mass Index &gt; 25)</b>	<b>66%</b>	<b>56%</b>
Have been diagnosed with high blood cholesterol	30%	28%
Have been diagnosed with high blood pressure	36%	27%
<b>Are concerned about having enough food for self or family in last 30 days</b>	<b>17%</b>	<b>7%</b>
Get 5 or more servings of fruits and vegetables per day	14%	15%
<b>Get at least 30 mins moderate exercise 5-7 days/week</b>	<b>13%</b>	<b>54%</b>

**Opportunity: Focus on Nutrition and Physical Activity**

2 out of 3 Near East adults is considered 'overweight,' based on his/her Body Mass Index (BMI), a calculation based on the relationship between height and weight. There is considerable evidence that being overweight increases an individual's risk for a variety of chronic diseases. In addition, overweight is increasingly recognized as a critical community health priority in Columbus, Ohio, and nationally. In order to address this complex and challenging problem in communities, it is important to identify more basic issues related to adequacy of nutrition and physical activity. Key considerations for the Near East are outlined below:

- **Nutrition**—Two considerations for good nutrition are both having enough food **and** maintaining a balanced diet.
  - 1 of 6 Near East residents expressed concern about not having enough food for themselves or their families in the last 30 days; this compares to 1 of 15 Franklin County residents with the same concern.
  - 14% of Near East residents indicate that they have the recommended 5 servings of fruits and vegetables a day, an important component of a balanced diet. This rate is the same as for Franklin County residents, suggesting opportunity for community-wide improvement.



- **Physical Activity**—13% of Near East residents reported that they engage in recommended levels of physical activity<sup>8</sup>, considerably lower than 54% of Franklin County residents.

In order to use these data to effectively guide Near East community health improvement, they must be explored directly with residents to identify specific areas of concern and/or barriers to adequate nutrition and physical activity. Barriers that were mentioned in the interview process include: concerns about competing priorities (e.g. basic food, shelter, employment), limited resources, neighborhood safety, and need for consistent information regarding good health. Additional issues related to nutrition and food availability are explored as a "Special Topic" in **Section Four** of this report.

### **CHD Services and Action**

In response to the high rates of chronic disease mortality throughout Columbus and within various populations, CHD has focused considerable attention and resource into efforts designed to prevent these diseases and promote healthy lifestyles to reduce risk. CHD staff lead and participate in a variety of efforts throughout the City to reduce the impact of chronic disease and improve health, focusing on reducing tobacco use, assuring good nutrition, and encouraging physical activity. Examples of these efforts that either focus on or may be of particular interest to Near East residents include:

- **Cardiovascular Health Coalition**—a group of community agencies which have joined together to form a coalition led by CHD that works to improve cardiovascular health by promoting heart healthy behaviors, including: improved nutrition, increased physical activity, and decreased tobacco use. The Near East is one of the project's four areas of focus and efforts in that community. The Coalition's efforts have resulted in the establishment of two community gardens that will improve the accessibility of fresh fruits and vegetables, will beautify the neighborhood, and provide an opportunity for resident collaboration and engagement.
- **Faithworks**— a collaboration of faith-based organizations led by CHD committed to establishing health ministries and promoting good health in their communities; there are currently 25 churches participating in this initiative, 5 of them located in the Near East.
- **Community Health Resource Center**— a valuable resource for consumer health information located in the Near East at the CHD building at 240 Parsons Avenue (at Main Street). The center is staffed and includes resources for a

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<sup>8</sup> At least 30 minutes of moderate exercise 5 to 7 days a week



variety of health topics and include brochures, books and reports, videos, access to health care websites,

**OPPORTUNITIES FOR ACTION: Chronic Disease**

- Focus efforts to address known health risk factors and areas with greatest opportunity for impact, particularly
  - Type 2 diabetes prevention and management
  - Weight management
- Obtain input from residents, health care providers, patients and others to identify barriers to diabetes diagnosis and management; use findings to develop education, outreach, and disease management strategies
- Expand outreach to Near East residents to increase participation in Central Ohio Diabetes Association diabetes screening and referral services that are held at the Columbus Health Department each week.
- Develop a coordinated community action plan for preventing and reducing chronic disease mortality; this plan should:
  - Seek input from community residents regarding critical issues, barriers, and opportunities related to diabetes, nutrition, physical activity, and other health risks
  - Assess residents' current knowledge, beliefs, risks, and perceived barriers to treatment and/or lifestyle change
  - Develop clear and consistent messages based on resident input and 'best practices' from other communities
  - Coordinate efforts among providers to reduce duplication of service and maximize impact
  - Build on existing programs and initiatives, e.g. Near East Community Advisory Board, faith-based efforts, existing coalitions
  - Outline strategies to ensure that residents with, or at-risk of developing, diabetes have access to and are appropriately linked to services for diabetes management, including self-care education.
  - Encourage and support the adoption of evidence-based clinical guidelines for diabetes and weight management among health care providers



**MATERNAL AND CHILD HEALTH**

Many community representatives identified women with children as a large and often vulnerable population in the Near East. Key health issues identified for women and children included: inadequate access to prenatal and postnatal care, limited awareness among community residents about how to ensure infant health, and missed opportunities for families to access available resources.

The table below summarizes available maternal and child health indicators for the Near East population with comparison data for Franklin County (See **Appendix B-3** for additional data). Two important concerns for the Near East are higher rates of babies born at a low birth weight and infant mortality.

**Table 3: Key Maternal and Child Health Indicators:  
1999-2001**

	<b>Near East</b>	<b>Franklin County</b>
Average # Babies Born per year	458	17,021
Infant Mortality Rate (# deaths per 1000 live births)	15.3	8.5
% Babies Born at Low Birth Weight (<2500 grams)	13.1%	8.3%

Opportunities to improve birth outcome and infant health in the Near East include:

- **Improve Access to Prenatal Care**—Receiving care early in pregnancy and regularly throughout pregnancy is related to better birth outcomes. In 1999-2001, 1 in 4 pregnant Near East residents did not receive adequate prenatal care.<sup>9</sup> Some of the factors that impact access to prenatal care such as too few providers, limited availability of providers, and lack of health insurance are considered as a Special Topic in **Section Three** of this report. An additional factor raised by community representatives is a concern that many women may not be aware of either the importance of prenatal care or the resources (e.g. public insurance) that are available in the community.
- **Reduce Tobacco Use**
  - **Among Pregnant Women**—Babies born to women who smoke have a lower average birthweight and increased rate of premature birth than babies of non-smokers. Studies show that women who quit smoking early in their pregnancies can reduce the risk of damage to their babies. Even if a mother quits in the last month of pregnancy, it helps the baby by increasing the amount of oxygen available to him/her during delivery.<sup>10</sup> More than 1 in 4 Near East women who gave birth between 1999-2000 reported that they had smoked during pregnancy

<sup>9</sup> As defined by "Kotelchuck Index," see Technical Notes for more information

<sup>10</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau



- **In the Community**—Being in an environment with smoke is unhealthy for pregnant women and babies. Secondhand smoke has been associated with an increased risk of developing asthma and other problems with children. Secondhand smoke is also associated with an increased risk of Sudden Infant Death Syndrome (SIDS), a leading cause of infant mortality, for babies under the age of one year. Although data are not specific to homes with babies, a recent community survey found that 62% of Near East residents allowed smoking in their homes, a rate significantly higher than the 43% for Franklin County residents.

### **CHD Services and Action**

For many years, CHD has been a recognized community leader for its efforts to reduce infant mortality throughout the community and has developed an array of services to promote good health for women and their children. Examples of CHD's services include:

- **Perinatal Clinic**—provides no-cost prenatal care services to pregnant low-income women who are uninsured.
- **Caring for Two**—a comprehensive prenatal care program that provides home visiting, case management and health education in 3 Columbus zip codes, including the Near East.
- **Welcome Home**—provides a home visit by nurses to newborn babies and their mothers; visit includes basic health assessment, education regarding preventive baby care, linkage to pediatric care, and basic parenting resources
- **Quit for Good**—operating in conjunction with CHD's other maternal and child health services, this program provides support and education to reduce tobacco use among pregnant women and their families in addition to providing education regarding ways to decrease children's exposure to second-hand smoke.



**OPPORTUNITIES FOR ACTION: Maternal and Child Health**

- Seek community resident input regarding maternal and child health priorities, resources, and opportunities for impact
- Develop and consistently communicate key messages to promote maternal and infant health that focus on:
  - Improving access to and utilization of comprehensive prenatal care
  - Smoking cessation and reduction
- Coordinate and expand existing programs and interventions to promote maternal and child health (e.g. Help Me Grow, Women, Infants, and Children, Caring for Two, Quit for Good, others) to optimize impact.
- Build on existing strategies for improving access and quality of prenatal care
  - Education regarding importance of prenatal care
  - Resources and funding to build capacity
  - Innovative programming based on 'best practices' e.g. Council for Healthy Mothers and Babies, Pregnancy Care Connection;
  - Assistance with Medicaid enrollment for pregnant women



## **OTHER HEALTH ISSUES**

Other important “top health issues” identified through interviews with community representatives are highlighted below:

### **Mental Health and Substance Abuse**

Many stakeholders described a general need for mental health and substance abuse services, not only for people serious mental illness and addictions, but also for individuals needing basic counseling and support services. Specific issues that were mentioned include:

- **Children's needs**—School nurses in the area noted that many “problem” children have mental health issues and could get back on track with proper treatment. One appropriate mental health resource for children in the area is the Behavioral Health Clinic at Children's Hospital. However, stakeholders mention that wait times at this facility can be extremely long for an assessment appointment and longer for treatment options.
- **Service availability**—Many noted that there are few mental health and substance abuse treatment services located in the Near East and suggested that improved access to these services would be very valuable to residents and the community overall.
- **Impact on other health issues**—Not only was substance abuse treatment and prevention identified as a need in and of itself, but also as a condition that increases risk for and severity of other health problems such as HIV/AIDS.

### **HIV/AIDS**

Community representatives described HIV/AIDS as a frequently unrecognized, but major health concern for Near East residents. This is due in part to a persistent perception that HIV/AIDS is a middle-class, gay, white male disease and some level of denial regarding the impact of this disease within the community, particularly among men who have sex with men.

Although HIV/AIDS data are not available at the zip code level, many individuals that were interviewed for this report indicated that HIV/AIDS and other sexually transmitted diseases (STD) are a major issue for the Near East community. In 2001, Franklin County experienced the first increase in HIV related deaths since 1995. The populations at greatest risk for HIV in Franklin County include sexually active youth, men who have sex with men, and African American men and women. The central region of the County, which includes the Near East, has more than double the number of people living with HIV/AIDS than any other region in Franklin County.

**CHD Services and Action:** CHD has collaborated with the health care providers and many organizations and individuals in the community in the development of its comprehensive HIV programs which include: prevention, community outreach, confidential testing, counseling,



and services. Many services are located at CHD's Main building at 240 Parsons Avenue (at Main street) and through a variety of community partners.

**OPPORTUNITIES FOR ACTION: *Mental Health, Substance Abuse, and HIV/AIDS***

- Share findings of this report with and encourage mental health and substance abuse providers, e.g. Franklin County ADAMH Board, CHD, Children's Hospital, and support efforts to expand services for Near East community residents.
- Continue to include Near East as an area of focus for public and private sexual health education and programming efforts
- Seek community resident input regarding critical health issues, opportunities for action, and strategy development



**SECTION FOUR**  
**SPECIAL TOPIC: NUTRITION AND ACCESS TO FOOD**

Good nutrition is a critical component of individual health, well-being and longevity. It is a significant factor for reducing the risk of chronic diseases such as, heart disease, diabetes, cancer, and hypertension. In addition, poor nutrition can impact day-to-day life by affecting concentration, work function or school performance. In children, diet has a significant effect on proper growth and development. **Section Two** of this report identified issues related to Near East nutrition, including:

**In 2000, 17% of the Near East population reported they did not have enough food in the past 30 days; in comparison, only 7% of the Franklin County population reported not having enough food.**

- **Having enough food**—In 2000, 17% of the Near East population reported that they did not have enough food in the past 30 days; in comparison, only 7% of the Franklin County population reported not having enough food<sup>11</sup>
- **Fruit and Vegetable Consumption**—14% of Near East residents reported that they eat 5 or more fruits or vegetables each day, an important component of a balanced diet. This rate is the same as for the overall county, but suggests there is room for improvement throughout the Columbus and Franklin County community.<sup>12</sup>

Many factors impact nutrition for individuals and communities, including: individuals' knowledge about healthy nutrition, culture, behavior and food choices, and having access to the components of an adequate and healthy diet. Food access and availability is a particular concern for lower income areas and vulnerable populations; food system research comparing upper income to low-income areas has shown that<sup>13</sup>:

- There are four times as many grocery stores in wealthy areas.
- Inadequate transportation impacts neighborhood dietary choices.
- Small "corner grocery stores" are more likely to locate in lower income areas and because of their size and purpose; these establishments have limited food choices and higher prices than supermarkets.

Recognizing that food access and availability could be an important factor for Near East nutrition, CHD staff completed a study to learn more about the availability and accessibility of food in the Near East. The components of this study included:

- Inclusion of specific questions about nutrition, hunger, and food accessibility in the

<sup>11</sup> 2000 Columbus and Franklin County Community Health Risk Assessment

<sup>12</sup> Ibid

<sup>13</sup> Morland, K., et al (2002). Neighborhood characteristics associated with the location of food stores and food service places. American Journal of Preventative Medicine, 22, 23-29.



community interviews

- Preliminary assessment of food availability

Key findings are summarized below.

### ***From the Community***

Near East community representatives identified several concerns related to nutrition, hunger and food accessibility in the Near East community.

- **Growing Need for Food Assistance**—There was widespread recognition that hunger is a growing issue for Near East residents and concern that community food assistance programs, e.g. food pantries, local churches, and other community programs, are not adequately funded to meet community need. Other barriers that limit accessibility of these programs include:
  - Limited or inconvenient hours of operation
  - Income “cut-off” for some programs are too low, leaving the working poor without aid
  - Lack of transportation
  - Long waiting times
  - Pride or residents feeling ashamed that they need help
  - Lack of awareness of programs or eligibility
- **Access to Quality Food**—Many described concerns about the availability, cost and quality of foods such as fresh fruits, vegetables, and meat. Many interviewees noted that the least expensive foods tend to be high calorie, high sugar, processed, and low in nutrients. Not only are these items low cost, they also add “bulk” to a meal helping a person to feel full and are often a mainstay of many residents’ diets.

### ***Assessment of Food Availability***

Using a combination of survey tools that have been developed and tested for similar projects, CHD staff developed a survey to assess food availability, cost, and quality in the Near East. Students from The Ohio State University School of Public Health used this tool to survey 21 grocery and convenience stores in the area. Of these:

- 13 were small, independent grocery stores
- 7 were small “convenience” food and beverage stores
- The two large chain “supermarkets” are located on the periphery of the Near East zip codes and were not surveyed.

Key observations from this study are summarized below (See **Appendix E** for a copy of the survey tool and a list of stores surveyed):



- **Limited Access to “Supermarkets”** – There are two Kroger “supermarkets” located near the periphery of the Near East (Livingston @ Parsons; Main Street in Bexley). Because of their location, many residents without access to transportation may have difficulty accessing these larger, often lower-priced stores.
- **Limited Selection**— The survey found small, independent grocery and convenience stores had limited availability of many foods that are essential to a balanced and healthy diet, including:
  - Fresh fruits and vegetables
  - Canned fruits and vegetables
  - Low-fat milk and other milk products
  - Fresh meat
- **Limited Price Information**—Although this survey did not include a price analysis, a key observation was that many of the stores did not visibly display price information for all food items. In several of the stores, food items did not have visibly marked prices.

Although not specifically interviewed as part of this process, some storeowners spoke to surveyors about the challenges of running a small grocery business and maintaining a full array of healthy food choices, including:

- High cost, short shelf life of fresh fruits and vegetables
- Limited demand for 'healthy' food
- Some stores are not designed to be full service markets, but rather are convenience stores that focus on demand for alcohol, soda, and snack food choices



**OPPORTUNITIES FOR ACTION: Nutrition and Food Availability**

- Recognize potential limitations in food availability as a consideration when developing “healthy eating” programs and messages
- Develop comprehensive community plan to address nutrition and food access
  - Obtain input from community residents to identify existing barriers to food availability, impact on food selection, and opportunities for improvement
  - Conduct additional study on residents’ eating habits, food purchasing habits, interest in fruits and vegetables
  - Work with large grocery store chains and smaller community store owners to identify existing barriers to locating in community and/or increasing stock of healthy nutritious food; identify opportunities for improvement
  - Review ‘best practices’ from other communities to identify potential strategies for improving food accessibility – e.g. community gardens, farmers’ markets, purchasing cooperatives, partnerships between larger stores and independent grocers
  - Include education regarding how to prepare healthy, satisfying meals on a limited budget as part of community nutrition education messages



## **SUGGESTED NEXT STEPS**

This report is designed to highlight important health issues, provide useful data, and be used a starting point to guide Near East health planning and improvement efforts. CHD recognizes that a successful and sustainable health improvement effort should:

- Be guided by the community
- Be informed by previous and current planning efforts
- Use limited resources effectively by ensuring coordination among various efforts and initiatives

Virtually all of the stakeholders that were interviewed expressed a strong commitment to provide leadership and/or participate in a coordinated health planning initiative. Many suggested that although limited resources present a challenge, both for organizations and individuals, the existing assets – community leaders, organizations, coordinated initiatives, health services—could be accessed and built upon to develop a community health improvement plan. The findings and “Opportunities for Action” in each of the preceding sections are intended to serve as a resource and guide for individuals and organizations committed to Near East health improvement.

### **CHD Next Steps**

CHD is beginning to use the findings from this report to shape existing programs, establish new community resources, and inform community collaborations. Specifically, the findings of this report will help shape the work and priorities of the Neighborhood Services program at the Near East Pride Center. In addition to serving as a resource to residents, the CHD staff for that program will serve a knowledgeable resource and vital link for other CHD programs and community agencies seeking to address Near East Health needs.

While there is no substitute for a dynamic and collaborative planning process for addressing community health needs, CHD will be sharing this report with individuals and organizations committed to Near East Health Improvement and encourage its use to inform collaborative and individual organizational planning. In addition, through its various programs, CHD will help promote partnerships, linkages and collaborations to support planning and programming for addressing Near East health needs.

### **Other Opportunities for Action**

The table below outlines key roles and actions for how other important stakeholder groups can use this report to further dialogue regarding and develop strategies for Near East health improvement.



<b>City Leaders</b>	<ul style="list-style-type: none"> <li>➤ Review findings of <b>Healthy Neighborhoods</b> Report</li> <li>➤ Participate in, or stay informed about, on-going planning activities and dialogue with key stakeholders</li> <li>➤ Encourage residents and community leaders to actively participate in community dialogue and planning efforts for health improvement</li> <li>➤ Encourage and support activities and initiatives that are based on findings of the report and priorities defined through a community planning process</li> </ul>
<b>Near East Community Leaders and Residents</b>	<ul style="list-style-type: none"> <li>➤ Actively participate, and encourage others to participate, in community dialogue and planning process regarding community health priorities and improvement</li> <li>➤ Provide leadership and support to community-based health planning process</li> <li>➤ Integrate health as a key component of overall community well-being</li> </ul>
<b>Health Care and Other Service Providers</b>	<ul style="list-style-type: none"> <li>➤ Coordinate efforts to maximize existing resources, expand capacity, and maximize accessibility of services, e.g.               <ul style="list-style-type: none"> <li>- Make information about services widely available</li> <li>- Offer services at convenient times for residents</li> <li>- Focus services to address resident priorities/needs</li> <li>- Link, refer, and coordinate services with other providers, programs, and resources</li> </ul> </li> <li>➤ Participate in community-based planning efforts; focus programs and efforts to address community health improvement priorities</li> </ul>

**For more information about this report contact:**

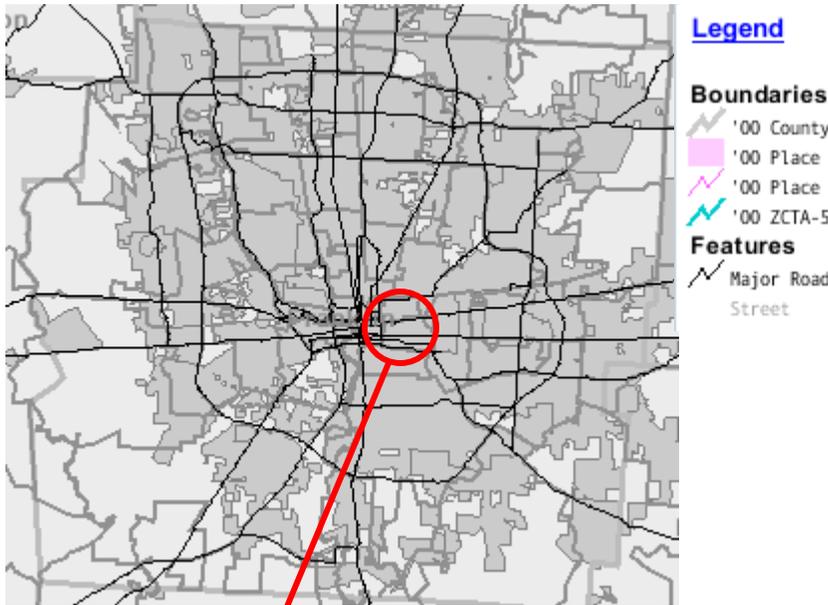
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# **APPENDIX A**

# Columbus and Franklin County

## Appendix A-1



43203 and 43205



## *Appendix A-2*

### *Interview Summary*

As part of the *Healthy Neighborhoods* project, CHD conducted interviews with representatives of various community agencies and organizations (some of whom are Near East residents) between November 2002 and February 2003 representing the following aspects of the community:

- 1) Community Organizations- Civic, and Business Associations
- 2) Community Organizations – Other
- 3) Faith Community
- 4) Medical Organizations
- 5) Education
- 6) Government Organizations – Agencies and Elected Officials

### *Methodology*

Between November 2002 and February 2003 and CHD staff conducted interviews with 52 individuals for this process.

- ***Interview Tool***—Members of the *Healthy Neighborhoods* project team developed a 16-question interview tool designed to elicit opinions about the Near East in general, health concerns, the health system, health improvement efforts –assets and obstacles, thoughts on engaging the community and residents around health issues. Due to time constraints some interviews were abbreviated by asking a subset of questions. A copy of the interview tool is included in this appendix.
- ***List of Interviewees***—CHD staff developed a representative list of interviewees based on their experience working in the community and also sought feedback from key community collaborators. All of those interviewed work in the Near East and some reside there as well. At the end of each interview, individuals were asked; “Who else should we speak with as part of this process?” Any new names were added to the interview list. The list of interviewees and their organizational affiliations are included in this appendix.
- ***Interview Process***—Members of the *Healthy Neighborhoods* project team conducted the interviews. Most were conducted in person at a location selected by the interviewee and typically lasted 45 to 90 minutes. In some cases interviews were conducted in small groups (multiple interviewees from the same organization) or by telephone if a face-to-face could not be arranged.
- ***Report of Findings***—Each interviewer completed notes for his/her interview. These were then summarized to identify key themes and issues. The interview summary was reviewed and revised by the interviewers and *Healthy Neighborhoods* Team and the findings used to frame the issues outlined in the *Healthy Neighborhoods Report*. The findings are organized into the following major categories.
  - ***Community Description***
  - ***Leading Health Concerns***
  - ***Access to Health Care***
  - ***Access to Health***
  - ***Health Planning Opportunities***

## ***COMMUNITY DESCRIPTION***

Each of the interviewees were asked how they would describe the Near East, its neighborhoods, and the general population. Key themes are summarized below:

- ***Many Neighborhoods***—The Near East is comprised of many smaller neighborhoods such as Bronzeville, Eastgate, Olde Towne East, Franklin Park, and Woodland Park to name a few, each with its own identity.
- ***Economically Disadvantaged***—Described as primarily African American and economically disadvantaged with many single parent or elderly households.
- ***Increasingly Diverse Community***—Increasing racial, ethnic, economic, and lifestyle diversity was described. Many indicate that this diversity adds richness to the community, but also conflict. Certain neighborhoods have changed more than others in the Near East leading to tensions within neighborhoods as well as between them.
- ***Activism vs. Apathy***—Near East residents were described as being either very involved in community issues to apathetic – this difference does not seem to be based on geography, economics, or levels of education.

## ***HEALTH CONCERNS***

Interviewees were asked what they thought were the top three health issues in the Near East. These responses were summarized and listed in the table below in order of most frequently mentioned (#1) to least frequently mentioned. Several individuals listed more than three issues, and some less. Issues which were only mentioned once are not listed.

<b>Topic</b>	<b>Issues</b>
1. Access	Limited access to insurance, culturally competent care, translation services preventive screenings, prescriptions
2. HIV/AIDS	Lack of recognition by residents
Substance Abuse	Limited access to treatment; living conditions
3. Infant Mortality/Prenatal care	Limited access to and knowledge of services
4. Diabetes	Common, Limited awareness
5. Mental Health	Limited access to services
Poor Nutrition	Limited food availability
Heart Disease/Hypertension	Common
6. Other	Dental Care, Violence, Childhood Asthma, Lack of Exercise, Prostate Cancer, Environmental Issues (e.g. lead/sewage/sanitation), immunizations, vision, cancer,

In addition, interviewees were asked to discuss which health services residents are most likely to utilize when they have a health problem. The

Topic	Issues
1. Columbus Neighborhood Health Centers	Concerns about closure of Billie Brown Jones, waiting times
2. Churches	Mostly mentioned by interviewees <u>outside</u> the faith community
3. Hospital Emergency Departments	Recognized as an indicator of inadequate primary care
4. Columbus Health Department	Various clinics
Family/ Friends	
5. Neighborhood House/ Community Center	
Private Doctor	If insured
6. Other	Children's hospital, especially for asthma; social workers

A more detailed review of interviewee perspectives on these issues is included in the sections below.

## ***ACCESS TO HEALTH CARE***

Access to health care was consistently identified as the top community health concern. Many described concerns that the majority of the Near East population is both economically disadvantaged and does not have any or adequate health insurance. As a result many residents do not have a regular health provider or medical home. In some instances, residents must choose between food and shelter or health care – addressing health care only when it is an emergency. Many interviewees described situations in which residents rely on hospital emergency room for health care. Interviewees acknowledged that there are health resources in the Near East providing free or low cost health care exist in the Near East, but expressed concern about capacity and other barriers to access.

### ***Near East Health Services***

In order to learn more about access to care, and specifically resources within the community, interviewees were asked “Are you satisfied with the health care system in the Near East? If yes, what is working well; if no, what are some opportunities for improvement?” There was general consensus that there are many health resources in the Near East, but capacity is insufficient and/or services are difficult to access, particularly for un- and underinsured. In addition, there is a perception that the health system for low-income patients is overwhelmed and burdened with debt. Interviewees mentioned many different resources, including the following:

:

- Children’s Hospital- recognized by most for seeing all children no matter what their circumstance.
- Columbus Health Department clinics and Caring for 2 program
- Physician’s Free Clinic
- Columbus Neighborhood Health Centers (CNHC), East Central;
- Grant Hospital
- Ohio State University Hospitals East (OSU East)
- Grant/Riverside mobile unit –Unit rotates between Columbus Public Schools and provides free health care for anyone, not just children. Schools send home flyers with children and sometimes canvass the neighborhood to inform residents about the mobile unit. While

residents are receptive the unit is underutilized. This may be due to the hours the unit is available, primarily daytime (school) hours. The mobile unit is scheduled at East High School every Thursday (8:00 am to 12:00 pm) and every other Tuesday (8:00 am to 11:00 am) for prenatal care and every Thursday afternoon (1:00 pm to 3:00 pm) for urgent care. According to the school nurses, urgent care overflows every week. The unit also provides sexually transmitted disease (STD) testing and STD prevention education. The nurse reports the urgent care sees a lot of traumas, sports injuries, sinus infections, sore throats and other respiratory illnesses.

- Edward's Pharmacy—Edward's Pharmacy on Mount Vernon Avenue will fill stamped prescriptions at no cost to the patient. The mobile unit stamps the prescriptions for patients that do not have health coverage (Medicaid, private insurance, HMO etc.).
- Columbus Public School Nurses—School nurses work to link children and their families to other organizations and programs, particularly Healthy Start. They work very hard to “fill the gaps” and often take children to appointments.
- Fort Hayes Vision Clinic – Vision Care for Children
- Dental Care—The Columbus Health Department, Columbus Neighborhood Health Centers, Ohio State University Dental School, Children's Hospital dental clinic, Stowe Baptist Center on Parsons Avenue, Collaborative project between Columbus Health Department, Ohio State University College of Dentistry, Children's Hospital, Columbus Public Schools, KidsOhio, and UHCAN Ohio to gain funding for mobile dental van. (Should know about funding by September 2003)

### ***Barriers to Access***

Interviewees expressed concern about insufficient capacity and a variety of other barriers to access, including:

- Closure of Billie Brown Jones (BBJ) Health Center—At the time of the interviews, the BBJ Health Center had just closed and this was consistently raised as the most significant access-related issue. Interviewees expressed a variety of concerns including: belief that ZIP code 43203 is being drained of its health care resources and that residents north of Broad Street are being ‘abandoned.’ While acknowledging that Billie Brown Jones (BBJ) had accessibility issue for the physically challenged and elderly, it was conveniently located. University Hospitals East is not viewed as a neighborhood hospital or one that can fill the void left by BBJ.
- Too few local primary care providers and no specialists in the area, other than at the free clinic
- Inconvenient hours of operation at many clinics— e.g. time off work often means lost wages, making it difficult for residents take their children to appointments. This is a particular problem for single parent homes or where the person works two jobs.
- Long wait times to see providers (up to several weeks at CNHC clinics)
- Some doctors and dentists take a limited amount of Medicaid patients or none at all
- Lack of cultural competency especially concerning Somali and Hispanic clients
- Lack of information regarding available health resources or the types of questions to ask when seeking services; this is viewed as a particular problem among young mothers.
- Many families either do not know that they are eligible for assistance, particularly the Medicaid/Healthy Start program (with changing requirements) or find the application process difficult and cumbersome; in addition, the letter in the application packet mentions a hearing before the state, which frightens many people and leads them not to apply.
- No mental health system
- Lack of quality care
- Lack of transportation

- Services are segmented and need to be comprehensive taking a person from screening to treatment to follow-up and support

### ***What Interviewees Would Like to See***

- Affordable health care coverage for everyone
- Health Clinic north of Broad Street
- Services for low-income residents where they are treated with respect and dignity, can access services in a pleasant atmosphere, and see the same doctor
- More collaboration between agencies especially between health care and social services and between the hospitals and CNHC
- More quality and culturally competent care
- Mobile units to take health care out into the community and that are available during “non-work” hours
- A “one stop shop” that follows patients from screenings and treatment to follow-up and support
- More programs addressing nutrition
- More doctors, dentists, and optometrists
- More walk-in clinics
- More specialist care
- Freestanding urgent care facility separate from CNHC that serves both the uninsured and the underinsured
- Geriatric care
- Social workers and counselors to work with parents and children
- Prenatal outreach and a good facility for prenatal care
- Safe place to exercise and have a trainer for free

### ***Opportunities/Suggestions***

- Clinics or some health care offered at churches, Islamic Center, or Tifereth Israel Synagogue
- Health screenings and education in small shops and beauty and barber shops
- Clinic in the Opportunity Center
- Clinic in Mount Vernon Plaza
- Use Police Athletic League center for exercise center and staff it with volunteers (trainers)
- Collaborative consisting of Columbus Public Schools, Columbus Health Department, Children’s Hospital, and University Hospitals, apply for grant to fund for mobile dental unit

## ***ACCESS TO HEALTH***

Below is a brief summary of interviewee comments on several other leading health issues.

- ***HIV/AIDS***—HIV/AIDS is believed to be a major health issue in the Near East, particularly for African-American men. There is also some concern that many residents perceive HIV/AIDS as a middle-class, white, gay male disease and deny issues regarding risks within the community, including men who have sex with men (MSM), particularly related to incarceration.
- ***Substance Abuse***—Identified as a leading health issue and a contributing factor to the spread of HIV/AIDS, especially among those who trade sex for money, alcohol, or drugs. One of the interviewees commented that “when you have a population who has no self-esteem you have a very depressing and dangerous social condition.”

- ***Prenatal Care & Infant Mortality***— The dominant opinion is that most residents are not aware of these issues. Many women do not understand the consequences of not getting early and regular care and are often unable to access prenatal and postnatal care. Some interviewees suggested that young mothers did not know where to go for care, especially low cost care.
- ***Mental Health***—Interviewees expressed concern that there is a tremendous lack of access to mental health care in the Near East. Key issues include:
  - Lack of Resources for Persons with Mental Illness— this is an issue for persons with either serious or mild mental illness; or individuals needing any kind of counseling or assistance . Interviewees maintain that there is nowhere residents can afford to go for help with these issues
  - Mental Health Challenges—Stress of witnessing crime and illegal activity (prostitution, drug deals etc.), dealing with racism, and the effects poverty were mentioned as contributors to community mental health.
  - Children—This is a particularly important issue for children. School nurses interviewed as a part of this process believe that many “problem” children have mental health issues and could get back on track with proper treatment. The main resource for treatment is Children’s behavioral health clinic, which has long wait times, often 3 or more months to get an appointment for an assessment. In many cases, by the time the appointment date arrives the parent has forgotten about the appointment or the child’s issues have escalated (perhaps suspended or expelled from school). School nurses interviewed said that once a child gets in to the clinic, it works well, but most children have difficulty accessing the program.
- ***Poor Nutrition and Hunger***—Most interviewees see poor nutrition as resulting from a lack of money combined with a lack of knowledge and nutritional education. Adults grab quick high fat meals that contribute, along with lack of exercise, to weight gain. School nurses pointed out that many parents choose inexpensive less nutritious carbohydrates because they are more “filling” than fruits and vegetables. A parent’s main concern is making sure their child does not feel hungry and they have been educated about healthy alternatives.
- ***Physical Activity***— Several individuals mentioned concern that many residents do not have a safe place to exercise. As an example, one 8 year old boy present during one of the interviews mentioned that his biggest fear is that he will encounter gangs on the way home from school or when he is playing outside.

## ***FUTURE HEALTH PLANNING***

CHD recognizes that any future neighborhoods health planning efforts should:

- Be guided by the community and consider current, or previous, planning efforts
- Build on existing community and health assets
- Proactively identify and/or recognize any existing or potential barriers
- Use limited resources effectively by avoiding duplication and ensuring coordination among various planning efforts and initiatives

To learn from the experience and expertise of the interviewees, CHD asked them to identify share their experience or knowledge of existing or previous health planning efforts, identify community and health assets, identify potential barriers to health planning efforts, and provide recommendations for how best to structure a neighborhood planning effort.

### ***Community Assets For Health Improvement***

Interviewees identified a broad range of community assets which could serve as the foundation for future health planning. These include:

- ***Near East Residents***— They have the ability to organize and work together to improve the health of their neighborhoods not only through individual action such as losing weight or taking measures to properly manage his or her diabetes and other diseases but also by working together to affect the current health system and situation. The pride of the residents especially for the rich African-American history of the area is a motivating asset as well.
- ***Formal and Informal Community Leaders***—Formal and informal community leaders are also an important resource that should be utilized if sustainable change is to take place in the Near East.
- ***Medical Resources***—
  - East Central Health Center on main street
  - Children’s Hospital
  - Columbus Health Department
  - OSU East
  - Netcare
  - Private practices located in the Near East
  - Veteran’s Hospital
  - Physician’s free clinic
  - Community Area Mental Health Centers
  - Grant Hospital
  - Mount Carmel mobile van
  - South East Psychiatric Van
  - Vision Clinic at Fort Hayes high school (Columbus Public)
  - Columbus Public schools submitted proposal for dental van for 2004 (unknown status)
  - Livingston Lockbourne Clinic
  - Pharmacies especially Edwards Pharmacy on Mount Vernon Avenue
- ***Community Organizations and Businesses***
  - Neighborhood associations
  - Local church-based health ministries
  - Urban League
  - Martin Luther King. Jr. Center
  - Neighborhood house
  - African-American and African studies extension center
  - Central Community House
  - Small business especially the beauty and barber shops
  - Recreation Centers
  - Business associations
  - YMCA & YWCA: Eldon Ward and downtown

- CMACAO
  - Columbus Foundation
  - Columbus medical Association Foundation
  - United Way
  - Columbus Post
- **Miscellaneous**—Other assets mentioned during the interviews are the revitalization of the King –Lincoln and the Hamilton Park Districts that will bring needed financial resources to the area. The Lincoln Theater was also cited as place to gather and disseminate information.

### ***Obstacles to Health Improvement Efforts***

Interviewees identified several potential obstacles to health improvement efforts as summarized below.

- ***Lack of Financial Resources***— Recognizing realities of the current economic environment, financial resources were identified as the main obstacle to health improvement efforts. With fewer resources, many organizations will be challenged to maintain current services levels much less start new initiatives or programs. For residents living with financial constraints, issues such as food and shelter may continue to take priority over health issues and reduce the likelihood of their participation in community health improvement efforts.
- ***Competition and Lack of Collaboration Between Groups***—Many described competition and/or a lack of coordination between existing agencies and organizations as impediments to health improvement efforts. Generally agencies are viewed as territorial, excluding valuable partners in order to ensure project ownership and/or credit. Specific examples include conflicts and perceived “turf” issues between the various civic associations and between churches.
- ***Utilizing the Wrong Approach in the Community***—Another frequently mentioned hindrance to the success of various initiatives is that the approaches are not viewed as tailored to the specific needs and cultural diversity of the community. There is concern that many organizations that come into the neighborhood do not invest the time to build relationships with residents and gain their trust a main ingredient to successful neighborhood initiatives. Many interviewees would like to see organizations listen more to residents and let them define the areas they want to address. Some interviewees felt that health agencies need to take a strong lead in educating residents about health issues in the community and then work with them to establish priorities.
- ***Short-term vs. Long-term Impact***—Because funding often needs to be justified, there is a perception that organizations focus on short-term impacts rather than on long-term sustainable change. If results are not demonstrated, funding can be withdrawn instead of funders investing in the long term.
- ***Lack of Consistent Health Messages***—Several interviewees talked about lack of consistency in terms of health messages and program marketing. Residents receive a variety of health information which is sometimes contradictory. Consequently, residents do not know what to believe and this can prevent them from “buying in” to certain health initiatives.
- ***Program Marketing***—There is a perception that programs do not market themselves well and residents are often unaware of available resources and assistance.

## ***Possible Next Steps***

Interviewees were asked for their thoughts on the best way to engage the community in a health planning process. Suggestions are summarized below:

- ***Collaborate with organizations that the resident's trust***—The majority of interviewees recommended engaging the community as part of a coalition, being sure to partner with organizations that already have the trust of the residents. The neighborhood associations were the most frequently mentioned entities with which to work. For example, presenting the idea of forming a health partnership at one of their meetings was suggested as well as using those meetings to sign up other residents. A few cautioned against this method and cited the need to be careful of each organization's agenda and alternatively suggested reaching out to the residents directly.
- ***Define a Common Vision***—According to interviewees, the key to sustaining these partnerships is having clear goals and a common vision of what a healthy community looks like. Educating the groups about realistic expectations and having small successes right away will be important to helping the groups feel empowered and keeping the residents interested and motivated. Showing the community examples of other neighborhoods that have had success will also help. Interviewees stressed the need for partnerships between the community and organizations with resources or the ability to help the residents access financial resources (grants etc.). In general, agencies working need to show residents that their participation is valued and that their opinions are taken seriously. Agencies need commit to working with neighborhood groups over time and as the group grows and changes in focus.
- ***Use Forums and Focus Groups to Inform and Engage Residents***—Emphasizing the importance of resident involvement in health improvement initiatives, many interviewees suggested that resident forums or focus groups be used. Regardless of which format is used, there is a strong view that organizations need to listen to resident's concerns and work toward consensus in subsequent sessions. Two suggestions on how to structure these discussions include:
  - ***Strict Listening Sessions***—
  - ***Education, and Feedback Sessions***—If education is added to the agenda, interviewees stressed the importance of having a consistent message, explaining health issues in laymen's terms, using local data, and making it personal. The prevailing opinion of those interviewed is that Near East residents are more likely to get involved in health issues when it directly affects them. A health issue that personally impacts a resident or someone close to them can serve as a catalyst, creating an environment ripe for community action. Examples cited by interviewees were the North Central Advisory Committee (environmental health issues though they have moved beyond a single health issue) and the south side (closing of Columbus Community Hospital). Another method is to put a face to a disease such as having the Honorable Joyce Beatty in attendance and advocating for stroke prevention.

Specific suggestions to increase the likelihood of success include:

- Holding multiple meetings in a neighborhood at a variety of convenient locations, during non-work hours

- Canvassing the neighborhood to learn what needs to be done to increase participation (e.g. providing transportation etc.)
- Engage ‘informal’ neighborhood leaders early on
- Broadly advertise meetings
  - Canvas neighborhood to inform residents about the meeting
  - Put up notices in small businesses, barber and beauty shops, the recreations centers and other places frequented by the residents.
  - Use various media outlets, e.g. radio (103,107 and 106) and newspaper (Columbus Post and The Call and Post)
- ***Work with individual neighborhoods***—Interviewees also recommended approaching each neighborhood individually instead of the Near East as a whole, letting residents determine the geographical boundaries. Working with smaller areas tends to improve participation and the likelihood of success.

## HUNGER

CHD identified hunger and nutrition as a specific area of focus and concern for this project; therefore, interviewees were asked if they thought hunger was a problem in the Near East. In short, most interviewees indicated that hunger is a major problem affecting both adults and children in the Near East. Key issues identified include:

- **Challenges to Good Nutrition**—Many expressed concern that the least expensive foods tend to be high calorie, high sugar, processed, and low in nutrients. Not only are these items low cost, they also add “bulk” to a meal helping a person to feel full. For example, faced with a choice between 2 foods of similar cost such as a bunch of broccoli and macaroni and cheese, most people will choose to purchase the macaroni and cheese which is more filling. Food quality is also an issue at the food banks as few give out fresh produce and much of the food is highly processed.
- **Growing Need for Food Assistance**—Recognizing that there are many programs to address hunger, there is concern that these programs face diminishing funding. At the same time, there is a growing need for services which increases the gap between service availability and need. Even when resources are available, there are many barriers that may limit their accessibility, including:
  - Pride or residents feeling ashamed that they need help
  - Program hours of operation
  - Lack of transportation
  - Long wait times at the food banks
  - Unaware of program or of eligibility
  - Income “cut-off” for some programs are too low leaving the working poor without aid
- **Existing Resources**—Resources in the Near East to address hunger include food pantries at local churches and food banks such as the Mid-Ohio Food Bank. Interviews brought attention to two other programs that are highlighted below:
  - **The Greater Columbus Food Shed**— This program began through a grant from United States Department of Agriculture to form a coalition between Ohio Citizens Action, Innovative Farmers of Ohio, Stratford Ecological Center and other partners. The coalition was formed initially to survey the assets of the food system and consider issues of food production, distribution, consumption and waste. The coalition will work on projects and issues of food policy, access to food, connections of rural farmers to urban consumers, youth leadership development, nutrition education, and developing community gardens around Columbus.
  - **Cap City Kids**—This City of Columbus initiative is an after school program for young children. No child is turned away as long as there is space and a child to teacher ratio of 12:1 is maintained. Many of the children attending this program live in low-income households and are enrolled in the free/reduced meal plan (breakfast and lunch) at Columbus Public Schools. In response to child and family need, Cap City Kids provides a hot meal that often serves as dinner for the children and every Friday assembles a bag of groceries for each family to help

them over the weekend. Cap City Kids obtains boxed and canned food items, as well as fresh produce when it is available, from the Mid-Ohio Food Bank. Over the summer months Cap City Kids expands to a full day program providing breakfast, lunch, and a cold dinner.

## ***INTERVIEW QUESTIONS\****

- 1) How would you define the boundaries of the Near East and its neighborhoods?
- 2) How would you describe the residents of the Near East and/or its neighborhoods? [activism, attitudes toward health and health initiatives, attitude towards city government, overall status of the area etc]
- 3) What do you believe are the 3 most important health concerns in the Near East? How do you think the community would rank the issues you mentioned?
- 4) Where would a community member turn first for help with the health issues you have identified?
- 5) In spite of available resources such as food banks, school lunches, etc., do you think that hunger (people not having enough food to eat) is a major problem in the Near East? If yes, why do you think that is?
- 6) Are you satisfied with the health care system in the Near East? If yes, what is working well; if no, what are some opportunities for improvement?
- 7) What assets does the Near East have to address health issues?
- 8) What do you believe are the obstacles to health improvement efforts in the Near East?
- 9) Are you aware of any people, groups, or organizations working together currently or in the recent past to address health in the Near East? Please describe: What worked, what were the primary obstacles to these efforts etc.
- 10) Are you aware of any health assessments or reports released in the last 5 years for the Near East? When, by whom, do you have a copy
- 11) What is the community's and/or local business' attitude about supporting efforts to address health issues by having people volunteer time, make financial donations, and/or provide space?
- 12) We are compiling existing data/information to help us get a "picture" of the health in the Near East (give examples -- e.g. population data, causes of death, health behaviors, health care resources/access). What kinds of information are you interested in seeing?
- 13) What would rally community residents and organizations around health improvement in the Near East?
- 14) What do you think is the best way to engage people and groups in a health planning process for the Near East? Possible next steps
- 15) Who else should we speak with as part of this process?
- 16) Would you (or someone on your staff) be willing to work with us and other community partners to develop an action plan for health in the Near East?

\*Due to time considerations some individuals were administered a shorter version of the questionnaire.

## *List of Interviewees*

**Individuals from the following organizations were interviewed for this report. Most were administered the full questionnaire, however, due to time considerations in some cases, a few individuals received a shorter version:**

Beatty Recreation Center  
Broad Street Presbyterian  
Bronzeville Neighborhood Association  
CAP City Kids  
Central Community House  
Citizen's Action  
Columbus Compact Corporation  
City of Columbus Mayor's Office  
Columbus City Council  
Columbus Children's Hospital  
Columbus Health Department  
Columbus Department of Development  
Columbus Neighborhood Health Center  
Columbus Recreation & Parks Department  
Columbus Urban League  
Congregation Tifereth Israel  
East High School  
Franklin County ADAMH  
Friends of the Homeless  
Head Start  
Holy Rosary  
Islamic Center  
Kent & Main Street Elementary Schools  
Livingston Avenue Collaborative  
Long Street Business Association  
Love Zion Baptist Church  
Main Street Business Association  
Martin Luther King Arts Complex  
Mount Vernon District Improvement Association  
Near East Area Commission  
Ohio, Fairwood, & Eastgate Elementary Schools  
OhioHealth Faith Based Outreach  
Ohio Legislature  
Ohio State University Hospitals East  
Ohio State University African-American & African Studies Community Extension Center  
Old Towne East Association

Mayo Printing and Ujamaa (economic cooperative) Newsletter

Neighborhood House

Rock of Faith Church

Sawyer Recreation Center

St. Dominic's Church

Second Baptist Church

Second Harvest

Shiloh Baptist Church

Trinity Baptist Church

United Methodist Church

Universal Health Care Action Network

Woodland Park Association

YMCA Encore

Zion AME

## **APPENDIX B**

**DEMOGRAPHIC STATISTICS**

	Near East		Franklin County		Ohio	
	Number	Percent	Number	Percent	Number	Percent
<b>Population</b>						
Total	24,966	100%	1,068,978	100%	11,353,140	100%
Female	13,340	53.4%	549,799	51.4%	5,841,562	51.5%
Male	11,626	46.6%	519,179	48.6%	5,511,578	48.5%
<b>Age</b>						
Under 18	7,939	31.8%	268,321	25.1%	2,888,339	25.4%
18 to 64 years	14,026	56.2%	696,351	65.1%	6,957,044	61.3%
65 years and over	3,001	12.0%	104,306	9.8%	1,507,757	13.3%
<b>Race/Ethnicity</b>						
White alone	3,018	12.1%	807,104	75.5%	9,640,523	84.9%
Black or African American alone	20,586	82.5%	188,318	17.6%	1,288,359	11.3%
American Indian and Alaska Native alone	171	0.7%	3,552	0.3%	26,999	0.2%
Asian alone	202	0.8%	32,912	3.1%	132,131	1.2%
Native Hawaiian and Other Pacific Islander alone	24	0.1%	362	0.0%	2,641	0.0%
Some other race alone <sup>1</sup>	128	0.5%	9,909	0.9%	89,149	0.8%
Two or more races	837	3.4%	26,821	2.5%	173,338	1.5%
Hispanic <sup>2</sup>	322	1.3%	24,121	2.3%	213,889	1.9%
<b>Education status</b>						
Total (population 25 years and over)	14,874	100%	676,318	100%	7,411,740	100%
No High School Diploma	4,710	31.7%	96,422	14.3%	1,262,085	17.0%
High School Graduate or higher <sup>3</sup>	10,164	68.3%	579,896	85.7%	6,149,655	83.0%
Bachelor's Degree or higher	2,018	13.6%	215,180	31.8%	1,563,532	21.1%
<b>Income</b>						
Median Household Income	\$36,738		\$42,734		\$40,956	
<b>Poverty</b>						
Total (population for whom poverty status is determined)	24,632		1,045,966		11,046,987	
Income in 1999 <b>below</b> poverty level: Total	9,165	37.2%	121,843	11.6%	1,170,698	10.6%
Under 18	3,894	42.5%	38,477	31.6%	408,685	34.9%
18 to 64 years	4,396	48.0%	74,850	61.4%	646,271	55.2%
65 years and over	875	9.5%	8,516	7.0%	115,742	9.9%

**Source:** U.S. Census Bureau, 2000 Census

**Notes:**

- 1 - "Some other race alone" includes American Indian/Alaska Native alone; Asian alone; Native Hawaiian/Other Pacific Islander alone; any other race alone
- 2 - "Hispanic" can be any race.
- 3 - "High School Graduate or higher" includes equivalency and those with a Bachelor's degree or higher

**Maternal and Child Health Statistics**  
**1999-2001 Average**

	Near East		Franklin County		Ohio	
<b>Number of births</b>	Number	Percent	Number	Percent	Number	Percent
Total***	458		17,021		152,910	
White	44	9.6%	12,268	72.1%	126,815	82.9%
African American	411	89.7%	4,005	23.5%	23,042	15.1%
<b>Number of Infant deaths*</b>	Number	IMR* <sup>1</sup>	Number	IMR* <sup>1</sup>	Number	IMR* <sup>1</sup>
Total***	7	15.3	144	8.5	1,188	7.8
White	**	**	82	6.7	809	6.4
African American	7	17.0	60	15.1	370	16.0
<b>Low Birth Weight (LBW)*<sup>2</sup></b>						
	Number	Percent	Number	Percent	Number	Percent
Total***	60	13.1%	1,419	8.3%	12,174	8.0%
White	5	11.4%	865	7.1%	8,874	7.0%
African American	55	13.4%	498	12.4%	3,071	13.3%
<b>Teen Births (Mother under age of 18)*</b>						
	Number	Percent	Number	Percent	Number	Percent
Total***	45	9.8%	616	3.6%	5,971	3.9%
White	**	**	338	2.8%	3,876	3.1%
African American	43	10.4%	266	6.6%	2,046	8.9%
<b>Mother's Smoking Behavior During Pregnancy*</b>						
	Number	Percent	Number	Percent	Number	Percent
Smoker: Total***	125	27.3%	2,514	14.8%	28,835	18.9%
White	16	35.5%	1,875	15.3%	N/A	N/A
African American	109	26.5%	608	15.2%	N/A	N/A

<b>Prenatal Care*<sup>3</sup></b>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
Inadequate Care: Total***	96	26.4%	1,962	12.9%	N/A	N/A
White	7	0.2%	1,167	10.5%	N/A	N/A
African American	88	27.2%	711	21.2%	N/A	N/A
Late, None, Unknown: Total***	127	27.7%	3,340	19.6%	22,456	14.7%
White	9	19.8%	1,949	15.9%	15,857	12.5%
African American	117	28.5%	1,245	31.1%	6,151	26.7%

**Source:** Ohio Department of Health, Vital Statistics

**Notes:**

Numbers are rounded to the nearest whole number; percentages are rounded to the nearest tenth.

\* Percentages may not add up to 100; Calculated as a percentage of live births by race unless otherwise noted.

\*\* Cells less than or equal to 5 not reported

\*\*\* Total includes all races/ethnicities.

1 - "Infant Mortality Rate" = (number of infant deaths/number of live births)\*1000

2 - "Low Birth Weight" = births under 2,500 grams

3 - "Inadequate care" measured using Kotelchuck index (see technical notes for further detail)

Leading Causes of Death - Near East

1999-2001 Average

	Near East <sup>1</sup>			Franklin County <sup>1</sup>			Ohio <sup>2</sup>		
	Rank	Number	ADR <sup>3</sup>	Rank	Number	ADR <sup>3</sup>	Rank	Number	ADR <sup>3</sup>
Disease of the Heart	1	75	327.5	1	2,208	270.3	1	33,059	280.9
Malignant Neoplasms (Cancer)	2	58	254.0	2	1,892	221.8	2	25,024	211.8
Diabetes	3	17	73.0	5	294	34.7	5	3,741	31.7
Cerebrovascular Disease (Stroke)	4	17	74.2	3	563	70.2	3	7,292	61.9
Chronic Lower Respiratory Disease	5	12	51.4	4	459	55.8	4	5,843	49.3
Accidents	6	11	45.9	6	252	25.5	6	3,511	30.6
Nephritis, Nephrotic syndrome and Nephrosis	7	10	46.4	9	128	15.7	9	1,914	16.2
Septicemia	8	8	35.1	10	111	13.3	10	1,319	11.2
HIV disease	9	6	28.5	18	41	3.8	N/A	N/A	N/A
Influenza and Pneumonia	10	5	23.2	7	206	25.6	7	2,770	23.6

Source: Ohio Department of Health, Vital Statistics

Notes:

Ranking based on the 1999-2001 average number of deaths..

1 - Calculated by Columbus Health Department

2 - Calculated by ODH

3 - ADR: Age adjusted death rate; number of deaths per 100,000 population

	Franklin County <sup>1</sup>			Ohio <sup>2</sup>		
	Rank	Number	ADR <sup>3</sup>	Rank	Number	ADR <sup>3</sup>
Disease of the Heart	1	2,208	270.3	1	33,059	280.9
Malignant Neoplasms (Cancer)	2	1,892	221.8	2	25,024	211.8
Diabetes	5	294	34.7	5	3,741	31.7
Cerebrovascular Disease (Stroke)	3	563	70.2	3	7,292	61.9
Chronic Lower Respiratory Disease	4	459	55.8	4	5,843	49.3
Accidents	6	252	25.5	6	3,511	30.6
Nephritis, Nephrotic syndrome and Nephrosis	9	128	15.7	9	1,914	16.2
Septicemia	10	111	13.3	10	1,319	11.2
HIV disease	18	41	3.8	N/A	N/A	N/A
Influenza and Pneumonia	7	206	25.6	7	2,770	23.6

## **APPENDIX C**

**Appendix C:**  
**Hospitalizations for Ambulatory Care Sensitive Conditions (2000)**

Franklin County			Near East	
	Discharges	Rate per 1000 Discharges	Discharges	Rate per 1000 Discharges
<b>All ACS Conditions</b>				
All ages	9,537	74.0	430	88.6
18-64	4,252	46.9	234	67.1
65+	4,589	119.9	176	128.7
<b>Diabetes</b>				
All ages	1,769	13.7	96	19.8
18-64	1,133	12.5	65	18.6
65+	636	16.6	31	22.7
<b>Hypertension</b>				
All ages	423	3.3	28	5.8
18-64	212	2.3	19	5.4
65+	211	5.5	9	6.6
<b>COPD</b>				
All ages	2,385	18.5	102	21.0
18-64	935	10.3	62	17.8
65+	1,450	37.9	40	29.3
<b>Total discharges</b>	128,923		4,855	
18-64	90,637		3,488	
65+	38,286		1,367	

Data Source: Ohio Hospital Association

## **APPENDIX D**

***COLUMBUS HEALTH DEPARTMENT  
DIVISION OF PLANNING AND PREPAREDNESS***

***"Healthy Neighborhoods" Project***  
*Columbus' Health Professional Shortage Areas:  
Critical Needs Assessment*

**PROVIDER INTERVIEW TOOL**

**Office Manager**

- I am calling on behalf of the Columbus Health Department.
- The Health Department is conducting an assessment of neighborhoods that include federally designated health professional shortage areas (HPSAs).
- We are starting with our own neighborhood – the Near East area.
- CHD is doing a report that will describe the community's health and be used as an informational foundation for the community, the Health Department and others interested in improving the health of the community.
- We feel the input of health care providers who work in the area is invaluable to understanding the priority health care issues in the area.

PracticeName

Address

Phone:

Date of Interview:

Doctor(s) (if group practice need information for each doctor)

---

---

1. Please describe your practice...

Solo practitioner

Group

Part Time

Full Time

Hours available for patient care:

	<u>Hours</u>
<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	
<b>Saturday</b>	
<b>Sunday</b>	

Primary location

Average number patients or visits per  
year:

Primary Care/Specialty (specify):

Description of patient population/special populations serviced (e.g. age of  
most patients seen, cultural/ethnicity, etc.)

---

---

a. Are you accepting **new** patients?

Yes

No

i. If **yes**, when is the 1<sup>st</sup> available appointment?

---

b. Do you accept Medicaid patients?

Yes

No

c. Are you accepting **new** Medicaid Patients?

Yes

No

- d. Do you accept Medicare patients?  
 Yes  
 No
- e. Do you accept uninsured patients?  
 Yes  
 No
- i. If **yes**, do you offer a sliding fee scale for uninsured patients?  
 Yes  
 No
- f. If **no** to **any** of the questions a-e , do you refer to someone or somewhere else (physician or clinic)?  
 Yes  
 No
- i. If **yes**, who/where?
- 

2. Do you have any other locations where you see patients?  
 Yes  
 No  
Address of other location/s:

3. Do you have hospital affiliations?  
 Yes  
 No

If so, which hospital(s)?

- |  |   |
|--|---|
| <input type="checkbox"/> OSUMC           | <input type="checkbox"/> OSU-East                             |
| <input type="checkbox"/> Riverside       | <input type="checkbox"/> Grant Medical Center                 |
| <input type="checkbox"/> Mt. Carmel West | <input type="checkbox"/> Mt. Carmel East                      |
| <input type="checkbox"/> St. Ann's       | <input checked="" type="checkbox"/> <del>Doctor's North</del> |
| <input type="checkbox"/> Doctor's West   | <input type="checkbox"/> Children's                           |

- a. What level (admitting, courtesy, etc.)?

b. If you are affiliated with more than one hospital, which do you work with the most?

- |  |   |
|--|---|
| <input type="checkbox"/> OSUMC           | <input type="checkbox"/> OSU-East                             |
| <input type="checkbox"/> Riverside       | <input type="checkbox"/> Grant Medical Center                 |
| <input type="checkbox"/> Mt. Carmel West | <input type="checkbox"/> Mt. Carmel East                      |
| <input type="checkbox"/> St. Ann's       | <input checked="" type="checkbox"/> <del>Doctor's North</del> |
| <input type="checkbox"/> Doctor's West   | <input type="checkbox"/> Children's                           |

c. If not, how do you triage patients who need hospital admission?

- i. Do you refer to ER?
- Yes  
 No
- ii. Do you refer to Urgent Care?
- Yes  
 No

4. Do you refer patients to specialty care and/or diagnostic services?

- Yes  
 No

a. Does your office schedule these appointments for your patients?

- Yes  
 No

b. Do you experience any difficulties in scheduling your patients for such services?

- Yes  
 No

**Please explain:**

---

---

c. For which health condition/diagnosis do you refer patients to another doctor/specialist most frequently?

---

Those are all of the questions we have right now. If we need further clarification, can we contact you in the future?

- YES
- NO

In the near future, we would like to schedule time to speak directly with the physician/s. He/She will be receiving a letter regarding this from the Health Commissioner.

We appreciate your time and cooperation. The information you have provided will help us assist the Near East in improving the health of their community.

## **APPENDIX E**

**Food Availability & Cost Survey**

Store Name: \_\_\_\_\_ Visit Date \_\_\_\_\_ Surveyor(s): \_\_\_\_\_

Store Address: \_\_\_\_\_ Open Hours (if posted): \_\_\_\_\_

Store Type: (check one) \_\_\_ Large Grocery \_\_\_ Small Grocery \_\_\_ Convenience/Gas

Fresh Fruits & Vegetables	Quantity Displayed Estimate total units	Price (lowest non-sale)	Size	Quality Poor =1 Fair =2 Good =3	Comments
Apples (any- lowest price) per lb or per each	< under 30 <input type="checkbox"/> over 30 > <input type="checkbox"/>	\$			
Bananas per lb or per bunch	< under 30 <input type="checkbox"/> over 30 > <input type="checkbox"/>	\$			
Oranges (any – lowest price) per lb	< under 30 <input type="checkbox"/> over 30 > <input type="checkbox"/>	\$			
Carrots - raw, mature 1 lb bag	< under 30 <input type="checkbox"/> over 30 > <input type="checkbox"/>	\$			
Celery, bunch per lb or per package	< under 30 <input type="checkbox"/> over 30 > <input type="checkbox"/>	\$			
Green Pepper per lb or per each	< under 30 <input type="checkbox"/> over 30 > <input type="checkbox"/>	\$			
Tomatoes (any – lowest price) per lb	< under 30 <input type="checkbox"/> over 30 > <input type="checkbox"/>	\$			
Potatoes (any – lowest price) per lb	< under 30 <input type="checkbox"/> over 30 > <input type="checkbox"/>	\$			
<b>Canned/Frozen</b>	<b>Quantity Displayed</b>	<b>Price (lowest non-sale)</b>	<b>Size</b>	<b>N/A</b>	
Pineapple 20 oz can	< under 30 <input type="checkbox"/> over 30 > <input type="checkbox"/>	\$			

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Peaches - light syrup or juice 29 oz can	< under 30 over 30>	\$			
Orange Juice – 100% concentrate 12 oz can	< under 30 over 30>	\$			
Tomato Sauce – can or jar 16 oz can	< under 30 over 30>	\$			
Broccoli, chopped– frozen 16 oz bag	< under 30 over 30>	\$			
Green beans – frozen 16 oz bag	< under 30 over 30>	\$			

Are there other fresh fruits or vegetable available? If so, please list up to 3 examples of the least expensive available (do not include onions).

- 1.
- 2.
- 3.

Are there other canned/frozen fruits or vegetable available? If so, please list up to 3 examples of the least expensive available.

- 1.
- 2.
- 3.

Food Item: Breads & Grains	Quantity Displayed	Price (lowest non-sale)	Size	Comments
Bread – white, enriched 24 oz loaf	< under 10 over 10>	\$		
Bread - whole wheat 24 oz loaf	< under 10 over 10>	\$		
Cereal – corn flakes 18 oz box	< under 10 over 10>	\$		
Cereal - toasted oats 15 oz or 20 oz box	< under 10 over 10>	\$		
Rice – any regular 19 oz bag	< under 10 over 10>	\$		
Spaghetti – any 1 lb box	< under 10 over 10>	\$		

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Milk & Milk Products	Quantity Displayed	Price (lowest non-sale)	Size	Comments
Milk – 1% or 2% ½ or 1 gal container	< under 25 <input type="checkbox"/> over 25 > <input type="checkbox"/>	\$		
Non-fat dry 9.6 oz box	< under 25 <input type="checkbox"/> over 25 > <input type="checkbox"/>	\$		
Cheese - American or cheddar 16 oz pkg.	< under 10 <input type="checkbox"/> over 10 > <input type="checkbox"/>	\$		
Yogurt - lowfat 12 oz cup	< under 10 <input type="checkbox"/> over 10 > <input type="checkbox"/>	\$		
Infant formula (liquid) 13 oz can	< under 30 <input type="checkbox"/> over 30 > <input type="checkbox"/>	\$		

Are there other types of bread/grains available? If so, please list up to 3 examples of the least expensive available.

- 1.
- 2.
- 3.

Are there other types of milk products available? If so, please list up to 3 examples of the least expensive available.

- 1.
- 2.
- 3.

Meat & Protein	Quantity Displayed	Price (lowest non-sale)	Size	Comments
Beef - ground, lean per lb (size varies)	< under 10 <input type="checkbox"/> over 10 > <input type="checkbox"/>	\$		
Chicken - cut up or whole per lb (size varies)	< under 10 <input type="checkbox"/> over 10 > <input type="checkbox"/>	\$		
Turkey - ground per lb (size varies)	< under 10 <input type="checkbox"/> over 10 > <input type="checkbox"/>	\$		
Pork - ground per lb (size varies)	< under 10 <input type="checkbox"/> over 10 > <input type="checkbox"/>	\$		
Eggs - large grade A (chicken) 1 dozen	< under 10 <input type="checkbox"/> over 10 > <input type="checkbox"/>	\$		

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Tuna fish - chuck light/water packed 6 oz can	<input type="checkbox"/> < under 30 <input type="checkbox"/> over 30>	\$		
Beans - kidney, garbanzo, etc. 15 oz can	<input type="checkbox"/> < under 30 <input type="checkbox"/> over 30>	\$		
Dry peas/beans 1 lb bag	<input type="checkbox"/> < under 5 <input type="checkbox"/> over 5>	\$		
Peanut butter 18 oz jar	<input type="checkbox"/> < under 5 <input type="checkbox"/> over 5>	\$		

Are there other types of meat/protein available? If so, please list up to 3 examples of the least expensive available.

- 1.
- 2.
- 3.

**Additional observations (Circle):**

- Does the store accept food stamps? Yes No
- Does the store sell alcohol? Yes No
- Signs posted that you must be 21 years or older to buy alcohol? Yes No
- Does the store sell tobacco products? Yes No
- If so, self serve or does the clerk only have access? Self serve Clerk only
- Signs posted that you must be 18 years or older to buy tobacco? Yes No

**General observations/comments:**

- Entrance seems to be wheelchair accessible: Yes No
- Obvious signs of mechanical problems (ex. refrigeration) If yes, please explain: Yes No

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Other comments: (Include observations on potential barriers to store use, such as location, people loitering, exterior appearance, etc.)



## **APPENDIX F**

## TECHNICAL NOTES

### **LEADING CAUSES OF DEATH DATA**

Age adjusted death rate tables and charts:

- 1 ADJUSTED RATES are summary measures statistically modified to remove the effects of differences in the composition of a population. This is done for comparison purposes only not to measure absolute magnitude.
  - e.g., *Age Adjusted Rate* = measure modified to eliminate the effect of different age distributions within the different populations. Age adjusted rates being compared *must* all be based on the same standard population.
- 2 All ADRs (age-adjusted death rates) have been age-adjusted using the 2000 U.S. estimated population weights (standard for all age-adjusted rates for death years 1999 and beyond).
  - Prior to 1999, the 1940 U.S. population was used to standardize death rates. **RATES ADJUSTED USING THE 1940 STANDARD CANNOT BE COMPARED WITH RATES ADJUSTED USING THE 2000 STANDARD.**
  - Age-adjusted rates are read as “the number of deaths per 100,000 U.S. standard (2000) population.”

### **MATERNAL AND CHILD HEALTH DATA**

- 1 Low Birth Weight (LBW) = weight less than 2,500 grams or 5.5 pounds at birth
- 2 Infant mortality rate (IMR) is the number of infant deaths per 1,000 live births in each population group.
- 3 Kotelchuck index: based on when a woman first enters prenatal care (PNC), how many PNC visits the mother receives and the gestational age of the baby at delivery, the care is then put into one of four categories: "inadequate," "intermediate," "adequate" and "adequate plus."
- 4 Smoking during pregnancy is self reported by mothers.

### **OHIO HOSPITAL DATA**

1. **Ambulatory Care Sensitive Conditions (ACS):** Identified by ICD9 classification taken from AHRQ quality indicators ([www.qualityindicators.ahrq.gov](http://www.qualityindicators.ahrq.gov)) based on the results of an evidence review and empirical evaluation completed by Evidence-based Practice Center at UCSF-Stanford. See appendix **X** for full list of ACS codes.
2. **ICD9 classification:** International Classification of Diseases, Ninth Revision, Clinical Modification, ICD-9-CM, is a classification system that groups related disease entities and procedures for the reporting of statistical information. The clinical modification of the ICD-9 was developed by the National Center for Health Statistics for use in the United States.