



## **Commission on Minority Health**

### 2024 Local Conversations Round 3: From Input to Action

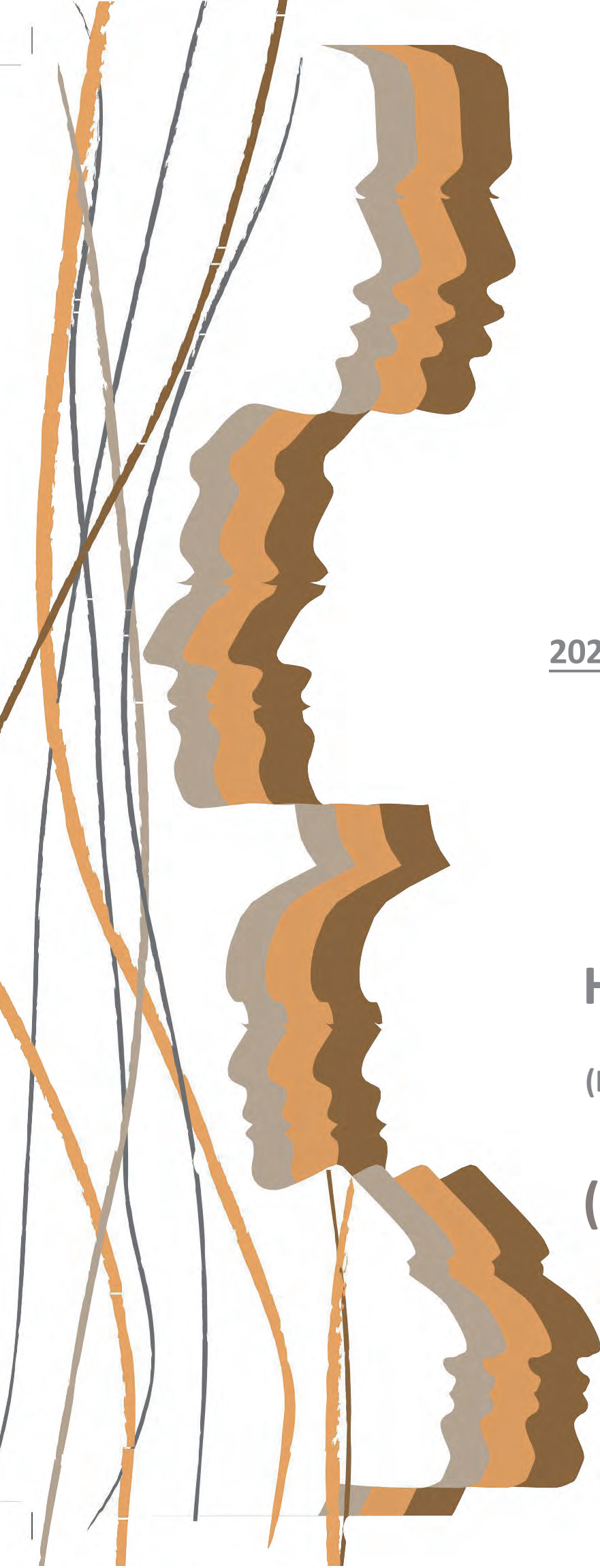
hosted by

## **Youngstown City Health Department**

(Local Office on Minority Health)

**(Mahoning County)**

**Report to the Community**





## ADDRESSING HEALTH INEQUITIES IN THE ERA OF COVID-19

Disparities in COVID-19 health outcomes stem from health inequities rooted in systemic and unjust social and economic policies. The pandemic has worsened existing health inequities, disproportionately affecting communities of color, immigrant communities, people with disabilities, and other marginalized groups. Congress must act now. This graphic illustrates concrete steps that the federal government and states must take to mitigate the impact of the immediate crisis, and policy solutions to adopt once the national emergency declaration has been lifted.

### 5 PRIORITIES TO ACHIEVE:

## HEALTH EQUITY



#### PRIORITY ①

##### **Address the Social Determinants of Health**

Social determinants of health are the conditions in which people live, learn, grow, work and play; they are key factors which drive health outcomes and healthcare costs, and they have been completely upended by COVID-19.

#### PRIORITY ②

##### **Build Strong Financial Incentives for Improved Health Equity in Our Health Care System**

We can help close the disparity gap by integrating performance measures into payment models that aim to reduce health disparities.

#### PRIORITY ③

##### **Organize and Build a Robust Health Infrastructure in Marginalized Communities**

The equitable allocation of new resources is critical for many low-resourced areas to bolster the capacity needed to implement staff-intensive steps like widespread testing and contact tracing.

#### PRIORITY ⑤

##### **Expand Access to Ethical and Culturally Appropriate COVID-19 Treatment**

Improvements to home and community-based services (HCBS) must be made. Healthcare should be accessible to everyone, regardless of what culture they hold or language they speak.

#### PRIORITY ④

##### **Ensure Equitable Access to Affordable Health Insurance**

Health coverage must be available and affordable to the entire population, no exceptions.

## HEALTH DISPARITIES



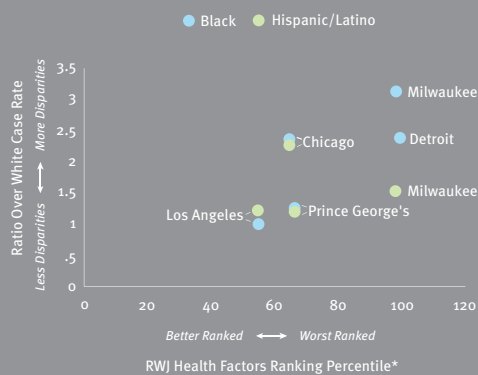
**NEARLY  
2X  
GREATER**

Nationally, African-American deaths from COVID-19 are nearly two times greater than would be expected based on their share of the population. In four states, the rate is three or more times greater.<sup>1</sup>

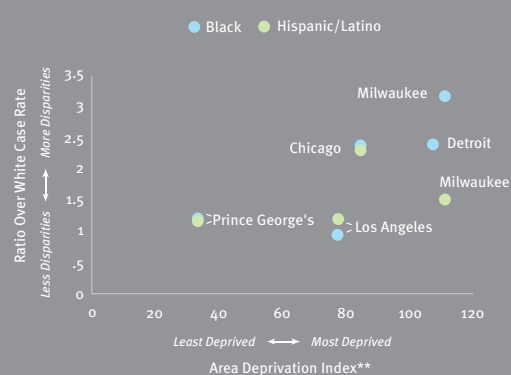
Hispanics/Latinos make up a greater share of confirmed cases than their share of the population. In eight states, it's more than four times greater.<sup>1</sup>

**IN  
42  
STATES  
+ D.C.**

COVID Case Disparity Correlates With Health Factors



COVID Case Disparity Correlates With Area Deprivation Index



\*The Robert Wood Johnson (RWJ) Foundation County Rankings includes two composite scores, one representing how healthy counties are within the state (health outcomes), and the other measuring a variety of health factors (behaviors, clinical care, and the social, economic, and physical environment) that influence health outcomes. For example, see their rankings for Texas.

\*\*The Area Deprivation Index (ADI) is a measure created by the Health Resources and Services Administration (HRSA), accounts for rankings of socioeconomic status by region and is used by health systems and providers to target program delivery; Quintile 1 (privileged) to Quintile 5 (deprived).

<sup>1</sup>Daniel Wood and Maria Goody, "What Do Coronavirus Racial Disparities Look Like State by State?" National Public Radio, May 30, 2020, available online at <https://www.npr.org/sections/health-shots/2020/05/30/865413079/what-do-coronavirus-racial-disparities-look-like-state-by-state>.



# **Youngstown Office on Minority Health**

## **Local Conversation on Minority Health Report to the Community 2023**

## **The National Partnership for Action to End Health Disparities**

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

Concurrent with the NPA process, federal agencies coordinated governmental health disparity reduction planning through a Federal Interagency Health Equity Team, including representatives of the Department of Health and Human Services (HHS) and eleven other cabinet-level departments. The resulting product is the *HHS Action Plan to Reduce Racial and Ethnic Health Disparities*, launched simultaneously with the NPA *National Stakeholder Strategy in 2011*. The HHS plan outlines goals, strategies, and actions HHS will take to reduce health disparities among racial and ethnic minorities. Both documents can be found on the Office of Minority Health web page at [mih.ohio.gov/local-partnerships/local-conversations](http://mih.ohio.gov/local-partnerships/local-conversations).

## **Ohio's Response to the NPA**

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

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

In Phase II, the Local Conversations communities continued broad-based dialogues on health disparities and refined local action plans. In Phase III, the Commission initiated a partnership with the Ohio Department of Health to support their efforts to fulfill the expectations for the CDC National Initiative to Address COVID-19 Health Disparities

Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.

### **Youngstown Office on Minority Health**

The Youngstown Office on Minority Health, the first of its kind in Mahoning County, was established within the Youngstown City's Health District in 2008. In July 2015, the Youngstown Office on Minority Health became a permanent department of the Youngstown City Health District. The Youngstown Office on Minority Health has an important role in activating efforts to educate citizens and professionals on critical health care issues through the achievement of four Core Competencies:

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

YLOMH works closely with community-based organizations, health care and service providers, schools, business, churches, and all those who affect the lives of people in our community.

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

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

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

### **Geographic Scope**

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

## Demographic Profile of Youngstown

Youngstown was once a thriving hub of the steel and metalworking industries. With the decline of these industries beginning in the late 1970s, the city has suffered economic decline and loss of *population*. *Youngstown's 2020 population of 60,068 represents a decline since 2010.*

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

### Population Composition of Youngstown, 2020

<i>Racial/Ethnic Group</i>	<i>Percentage of the population</i>
White	45.0%
African American	42.4%
American Indian/Alaska Native	.4%
Asian American	.7%
Latino	11.4%
Two or more races	8.3%

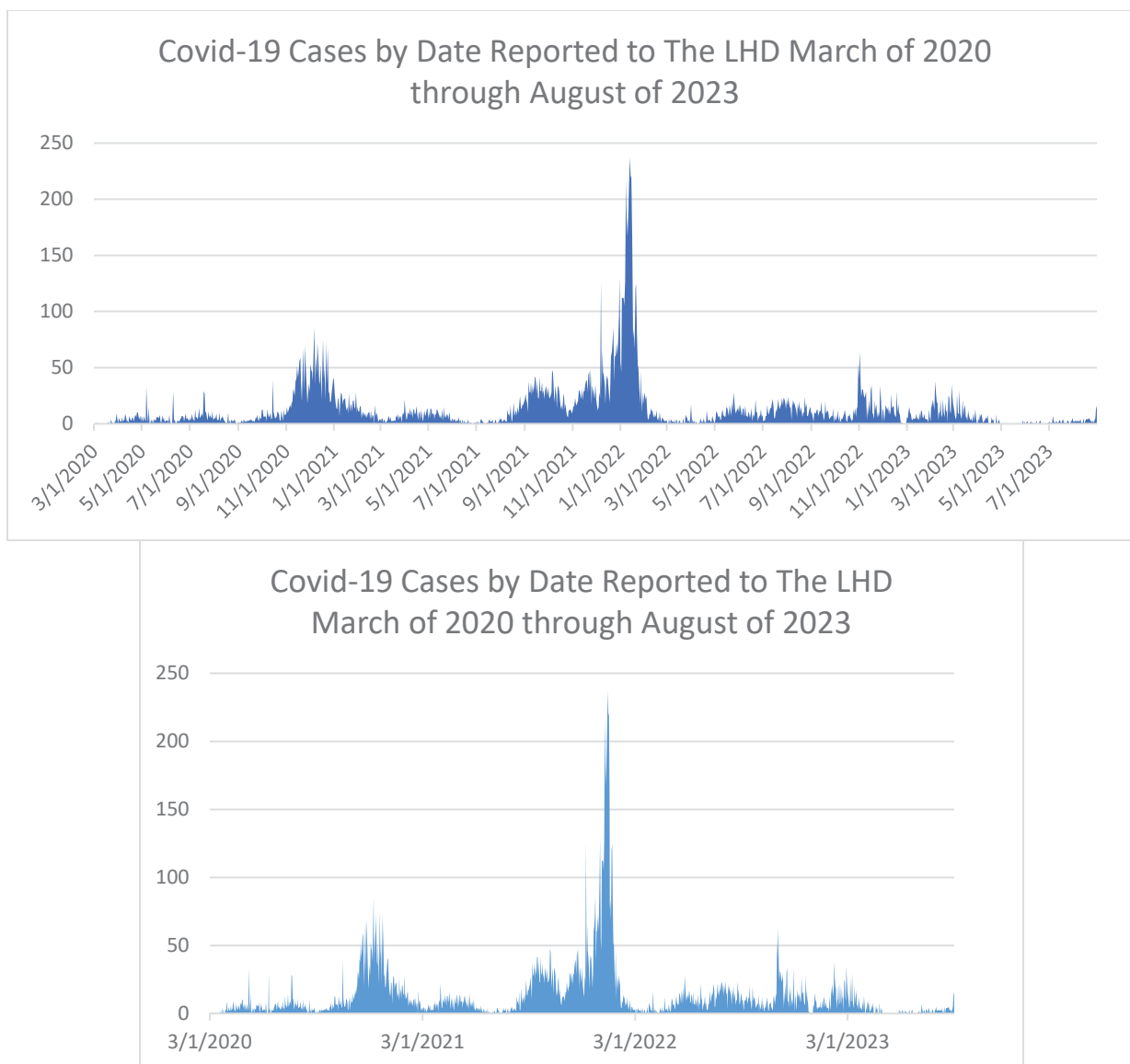
The sluggish economy of Youngstown has contributed to poverty levels in the city that are more double that of the state (32.7% compared to 14.2%). The median household income in Youngstown (\$31,020) is slightly less than half of median income at the state level (\$58,116).

## Health Disparities in Youngstown/Mahoning County

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

## Covid-19

The sluggish economy of Youngstown and the nationwide pandemic of Covid-19 has contributed to poverty levels in the city that are more than double that of the state (35.3% compared to 13.3%). The median household income in Youngstown (\$31,020) is slightly higher than half of median income at the state level (\$61,938).



### Recommendations to combat Covid impact to the community

Recommendations were mimicked to use feedback from the Ohio Dept. of Health's Strike Force's Health Care, Resources, Data, and Education subcommittees.

Examples of these recommendations include:

- Establishing culturally appropriate and accessible COVID-19 exposure notification services for communities of color.
- Expanding testing capacity and access for minorities and high-risk populations.
- Using data to prioritize resources in the communities that have the highest need.

- Developing and launching a statewide, culturally-sensitive outreach campaign that educates African Americans and communities of color on COVID-19, health disparities, and social determinants of health.

### **Other Health Disparities**

In Mahoning County, Ohio, 23% of adults are current cigarette smokers. The percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m<sup>2</sup> (age-adjusted) is 36%.. Mahoning County, Ohio, scored 6.2 out of a possible ten on the food environment index, which includes access to healthy foods and food insecurity. The average value across the country was 7.0. The percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted). In Mahoning County, Ohio, 29% of adults reported participating in no physical activity outside of work.

In Mahoning County, Ohio, 6.3% of people age 16 and older were unemployed but seeking work. Currently, 29% of children live in poverty while 35% of children lived in a household headed by a single parent. In Mahoning County, Ohio, there were 107 deaths due to injury, such as homicides, suicides, motor vehicle crashes, and poisonings, per 100,000 people.

### Social & Economic Factors Mahoning County

	County (MH)	Ohio	United States (US)
Unemployment	6.3%	5.1%	5.4%
Children in Poverty	29.9%	18%	17%
Children in Single-Parents House Holds	35%	27%	25%
Injury Deaths	107	96	76

<i>Racial/Ethnic Group</i>	<i>Percentage of the population</i>
White	41.0%
African American	42.4%
American Indian/Alaska Native	.3%
Asian American	.7%
Latino	11.4%
Two or more races	8.3%



<i>Health Risk Factors and Behaviors</i>	<i>Mahoning County(MH)</i>	<i>Ohio</i>	<i>United States</i>
Adult Smoking	23%	20%	16%
Physical Inactivity	29%	24%	22%
Adult Obesity	36%	36%	32%
Food Environment Index (Out of 10 rankine)	6.2	6.8	7

### **Required Elements**

The YLOMH conducted community forums comprised of community members and community based organizations serving the following population groups within Youngstown, Ohio: African American, Hispanic/Latino, and Asian. In total, the YLOMH reached 247 individuals by the YLOMH through community forums.

All community forums were free, open to the public, held in a public location, and located in a handicap accessible facility. The YLOMH is currently responsible for the coordination of interpretation and translation services for participants in the City of Youngstown, services were available to any community forum participant, as requested.

Activities during the Local Conversations included planning, advertising, hosting, and follow up. Planning meetings conducted by YLOMH staff included preparing and reviewing the Local Conversations reports, working with REEP (Research and Evaluation Enhancement Program) evaluator to design an evaluation tool, working with the Youngstown City Health District Epidemiologist to develop an electronic survey tool via Qualtrics, and identifying locations throughout Youngstown, Ohio to host the Local Conversations.

Local Conversations occurred in the form of community forums. Meeting minutes, sign in sheets, and evaluations were used as documentation, and provided to the YLOMH in the quarterly and year end reports. Community forums were open to community members, Local Conversation, community-based organizations, and new community partners as determined by YLOMH. The YLOMH leadership were informed through email communication, materials development, and documentation regarding all Local Conversations activities.

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

### **Phase 1**

The first phase of the Youngstown Community Conversation took place on Tuesday, August 23, 2022. The objective of this event was to identify and prioritize minority health needs in the community and prepare an action plan for response to health disparities in Youngstown. Another objective was to find a way to bridge the gap to become more Hispanic friendly. A total of 21 participants took part in the facilitated sessions in which they provided recommendations and implementable action steps for the Youngstown community in the four focus areas of: resources, diversity, services, capacity building, and infrastructure. Twenty recommendations were generated through this process such as but limited to food pantries, language barriers including in person and paper documents, affordable health professionals and health insurance assistance.

### **Phase 2**

Since August of 2022 the flowing forums and discussions were held to include participants in the 2022 Youngstown Community Conversation and new partnerships initiated with the Health Department including but not limited to MY Baby's 1st coalition, Youngstown Health and Improvement Zones, Guy Burney leadership and Youngstown Community Police. 7 new partnerships were added to expand the group from 2022 to 2023. All conversations were held at handicapped accessible sites with access to a translator for Spanish and other languages as needed. Follow- up meetings are scheduled through the following conversations on a monthly or quarterly basis. In addition, the LOMH is conducting an English- Spanish speaking engagement opportunity on the attached dates paid for by the grant to the English Center of Youngstown. Dates of speaking engagements were held in 2023 Youngstown on October 17, 19, 24, 26, 31st and November 7, 9, 14, 16, and 21<sup>st</sup>.

All information shared is coordinated by facilitators where agendas/minutes/ and training materials are all documented and kept in accordance with Ohio recordkeeping laws. Surveys at all LOMH events are sculpted for the group discussion and utilized by the Health Dept. for future planning and grant writing with the OCMH.

August 17, 2023 from 3-4 pm. A Local Conversation was held at the Main Library, Youngstown, Ohio. Women of Worth of Self Care, a community health worker for a local

physician' Dr. Hill and Valerie Burney, and the Mental Health and Recovery Board presented information about taking care of ourselves so that the community can be taken care of.

Approx. 25 people attended from local agencies like that of Catholic Charities, Returning Citizens, a representative from a focus group on Infant Mortality, OCCHA, (Organization City Cultural Hispanic America, Inc.), Joy Smith, Youngstown YMCA, and participants recruited from said agencies and Youngstown City residents. Resources were shared with Community Health Workers and participants to use in the future when addressing community needs.

All events hosted by the LOMH are advertised with **“Funding for the 2022 Continuing Conversation is provided by the Ohio Commission on Minority Health along with additional funding from the Ohio Department of Health through a CDC Federal Grants.”**

### **Youngstown Health Disparity Reduction Plan Capacity Building**

#### **Action Step 1:**

Increase the knowledge of professionals on cultural competency.

#### **Strategies**

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

#### **Intended Outcome:**

Employees and employers providing culturally competent services to the community.

#### **Action Step 2:**

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

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

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

### **Action Step 3:**

Use multiple communication methods to aid in the community receiving correct information.

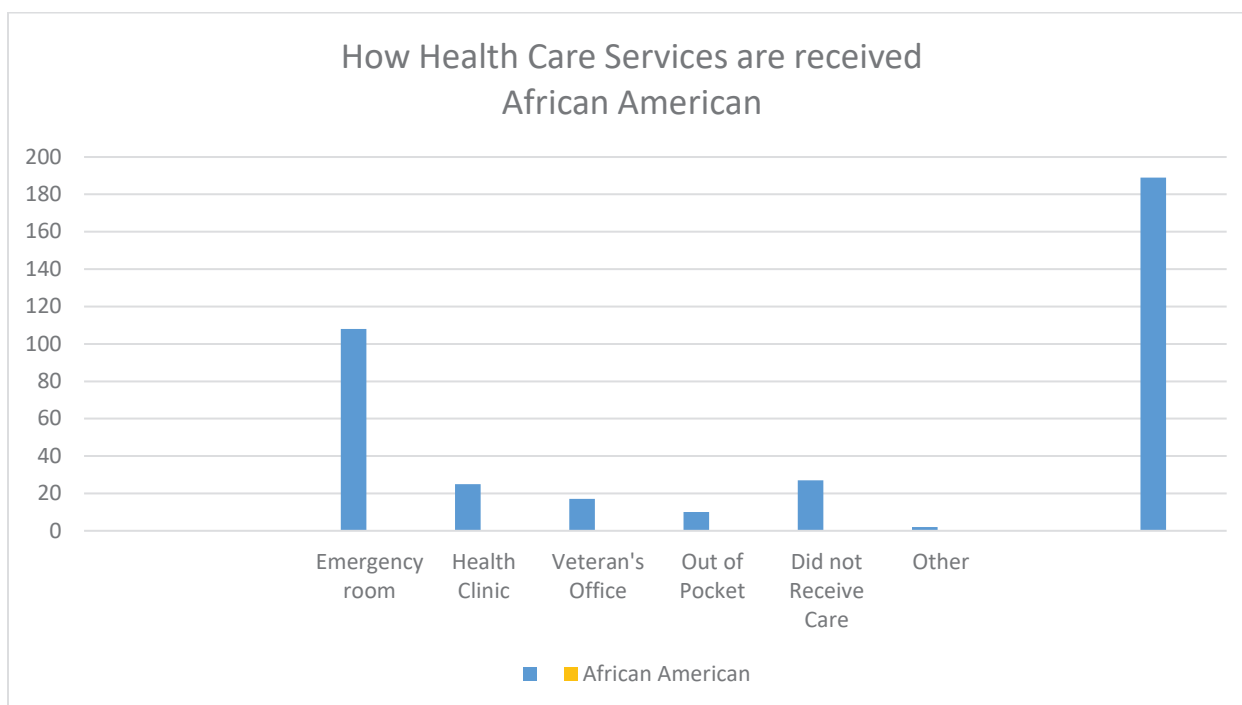
- Develop a unified website with community events posted.
- Provide bi-lingual printed information and a website that has the capacity to translate into  
other languages.
- Use social networks to inform and educate the public.
- Work to ensure that billboards posted in neighborhoods have positive messages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

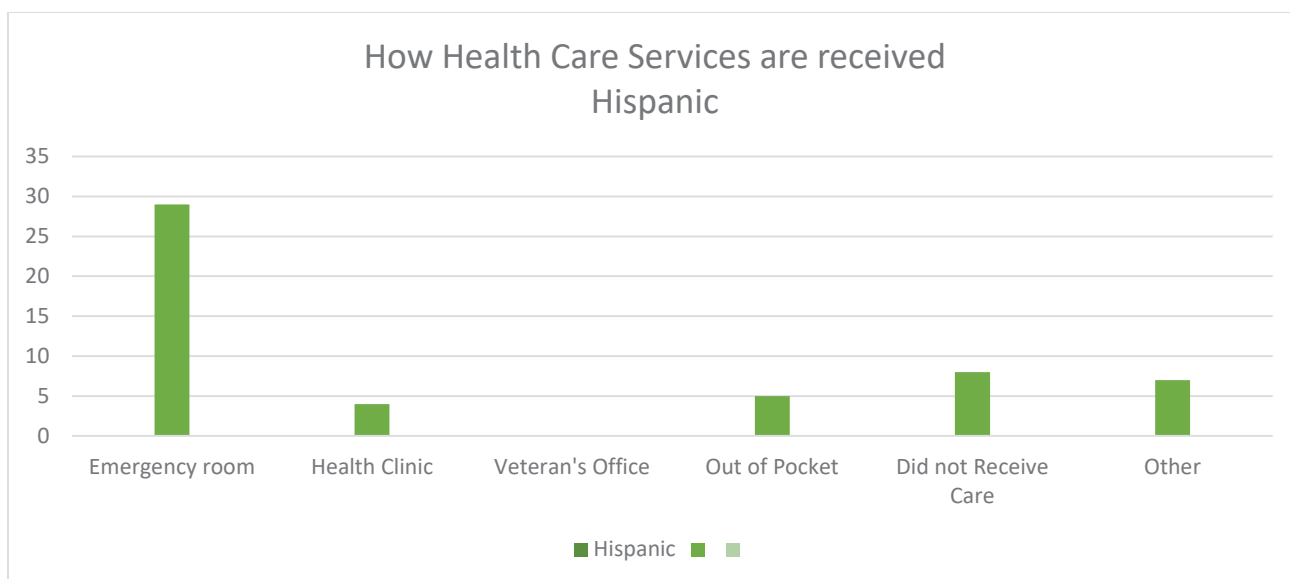
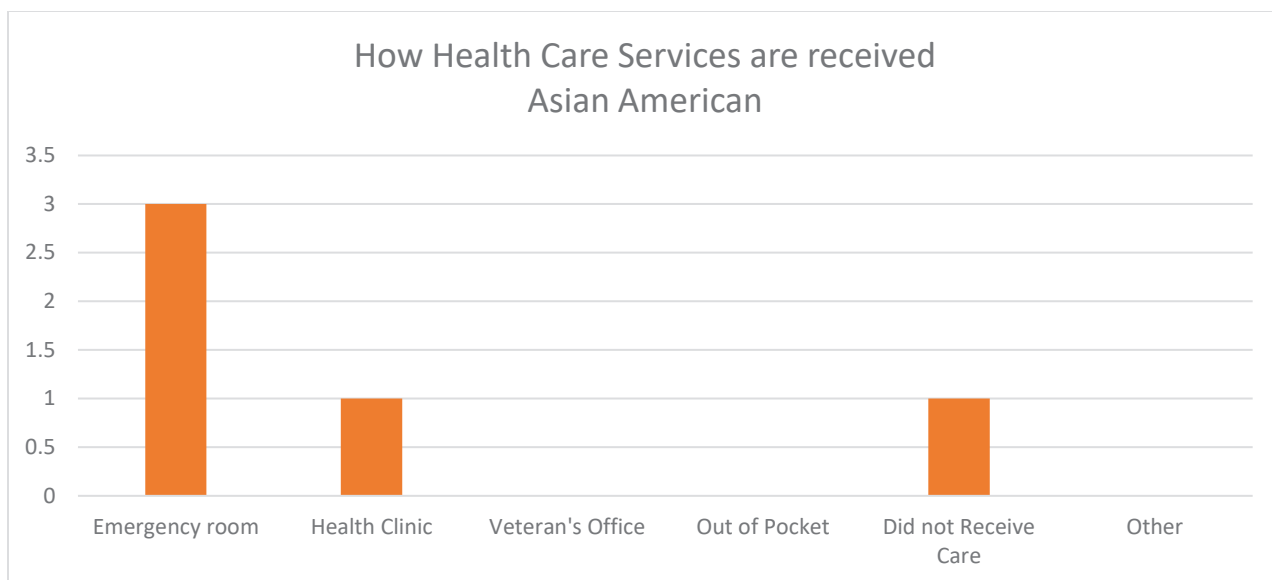
### **Intended Outcome:**

A well-informed community.

**Survey Data Results – A total of 247 surveys were collected from three community forums in the African American Community in 2022-2023 at various outreach events throughout the City of Youngstown by the Youngstown City Health District.**

The survey responses were collected and are listed below:





The Office of Minority Health hosted a follow up forum to address the needs expressed from the community forum surveys. The YLOMH reviewed the Ohio Dept. Health recommendations in accordance with the CDC's vulnerable population definitions specific to Covid-19 to see what efforts can be done among this committee to address the barriers faced by the African American/Hispanic and Asian populations lack of health care service availability.

A list of programs and services for the community was created and distributed at all future YLOMH events and is still ongoing.

- Education flyers and information which includes a Hispanic Health Program



The program is designed to help the African American and Hispanic community to have access to medical care, social services, health education, and prescription assistance for those who qualify. We have a special focus on reaching the immigrant community. To advocate, support and increase continuity of care for the Hispanic community.

To serve as a bridge by assisting the Spanish speaking community to navigate the health system.

**Who will assist us in the program?** The Supervisor serves as health educator and supervisor of the Hispanic Health Program and is fluent in Spanish and English. The Supervisor teaches basic health education classes and provides health screenings such as cholesterol, blood sugar, blood pressure, BMI, body fat, waist measurement, height, weight and bone density. There is no cost for screenings.

**The Medical Interpreter/ Health Liaison** serves as the link between the Hispanic community and health services. The medical interpreter is fluent in Spanish and English and assists clients by making calls to schedule health related appointments. The medical interpreter accompanies clients to appointments to serve as a guide to find their way and as an interpreter and support person during the appointment.

**The Community Health Liaison at the Youngstown City Health District and Mercy Health** is fluent in Spanish and English and is trained to provide medical interpreting. Serves to encourage the Hispanic community to seek preventive and medical care, provide community resources, and teach basic health education topics.

- **EMPHASIS on** interpreter availability
- **EMPHASIS on sharing resources that** no insurance or paperwork is needed to enter a healthcare facility, be aware that the hospital financial insurance may not cover if someone goes to the emergency room and it IS NOT an emergency.
- **EMPHASIS on the emergency room is for emergencies only-** heart attack and stroke symptoms, broken bones protruding the skin, shortness of breath or breathing, head trauma, uncontrolled bleeding, seizures, etc.

#### **Participating Agencies:**

The Office of Minority Health at the Youngstown City Health District would like to thank the following agencies that participated in the Round 2 Continuing the Conversations Report to the Community 2022-23 process:

- Youngstown Health Improvement Zones
- Youngstown Health District
- Humana
- CareSource
- Youngstown Community Police
- Mahoning County Job and Family Service

- Mahoning County Public Health
- Needles Eye Church
- Mercy Health
- Akron Children's hospital
- Price Evangelical
- Spanish Evangelical
- Beth Shalom Evangelical
- LOMH Advisory Board
- MY Baby's 1st
- Bright View
- Safe Sleep Coalition
- YUMADOP
- Mahoning Youngstown Community Action Partnership (MYCAP)
- New Bethel Church

### **Acknowledgments:**

The YLOMH would like to thank the Youngstown City Health District, Erin Bishop, Health Commissioner for her support and creation of various programs to help support the YLOMH mission and goals. In addition, the YLOMH would like to thank the City of Youngstown's Mayor and staff for continuing to support the program with continued resources.

### **References:**

Census Bureau

County Health Rankings

## The National Partnership for Action to End Health Disparities

Spearheaded by the Office of Minority Health, the National Partnership for Action to End Health Disparities (NPA) was established to mobilize a national, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation forward in achieving health equity. Through a series of Community Voices and Regional Conversations meetings, NPA sought input from community leaders and representatives from professional, business, government, and academic sectors to establish the priorities and goals for national action. The result is the National Stakeholder Strategy for Achieving Health Equity, a roadmap that provides a common set of goals and objectives for eliminating health disparities through cooperative and strategic actions of stakeholders around the country. Concurrent with the NPA process, federal agencies coordinated governmental health disparity reduction planning through a Federal Interagency Health Equity Team, including representatives of the Department of Health and Human Services (HHS) and eleven other cabinet level departments. The resulting product is the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, launched simultaneously with the NPA National Stakeholder Strategy in 2011. The HHS plan outlines goals, strategies, and actions HHS will take to reduce health disparities among racial and ethnic minorities. Both documents can be found on the Office of Minority Health web page at [mih.ohio.gov/local-partnerships/local-conversations](https://mih.ohio.gov/local-partnerships/local-conversations).

## Ohio's Response to the NPA

In support of the NPA, the Ohio Commission on Minority Health (OCMH), an autonomous state agency created in 1987 to address health disparities and improve the health of minority populations in Ohio, sponsored a statewide initiative to help guide health equity efforts at the local and state levels. In Phase I of this initiative, OCMH sponsored a series of nineteen Local Conversations on Minority Health throughout the state. The purpose of these gatherings was to carry out community-wide discussions on local health disparities in which health needs could be identified and prioritized from the community's perspective, and strategies could be generated toward local action plans to address minority health needs. Sixteen of the Local Conversations were geographically-based and were held in the state's large and small urban regions. In addition, three statewide ethnic health coalitions convened ethnic-specific Local Conversations for Latino, Asian American, and Native American groups which brought in representatives from these populations across the state. In Phase II, the Local Conversations communities continued broad-based dialogues on health disparities and refined local action plans. In Phase III, the Commission initiated a partnership with the Ohio Department of Health to support their efforts to fulfill the expectations for the CDC National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.

In Phase III, the 2024 Local Conversation Initiative, the Ohio Commission on Minority Health received partial funding support for the "Local Conversation Initiative" from the Ohio Department of Health through a sister state agency partnership.

This federal funding support was provided by the Ohio Department of Health through the Center for Disease Control and Prevention Grant – Initiative to address COVID-19 Health Disparities Among populations at High-Risk and Underserved, including racial and ethnic minority populations and rural communities. This funding provided an opportunity to obtain input from participants on the impact of COVID-19 with their communities. During this round of the local conversations the Ohio Commission on Minority Health supported 16 local conversations across the state. These efforts were geographically based and were held in the state's large and small urban regions. In addition, three statewide ethnic health coalitions convened ethnic specific Local Conversations for Latino, Asian American, and African American groups, which brought in representatives from these populations across the state.

## Youngstown Local Office on Minority Health (YLOMH)

The YLOMH, the first of its kind in the Mahoning County, was established in 2008 as a division of the Youngstown City Health District (YCHD). Its mission is to provide leadership to reduce health inequities in minority communities of Youngstown and surrounding areas. The YLOMH has an important role in activating efforts to educate citizens and professionals on critical health care issues through the achievement of four Core Competencies:

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

YLOMH works closely with community-based organizations, health care and service providers, schools, business, churches and all those who affect the lives of people in our community.

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

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

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

## Youngstown Local Minority Health Advisory Council (YLMHAC)

The YLOMH spearheads YLMHAC, a steering committee comprised of community stakeholders that meet monthly to guide the work of the local office. Any interested organization or individual that lives, works, services or worships in Youngstown and Mahoning County can be a part of the YLMHAC. This committee is charged with setting up opportunities within the community to address issues surrounding minority health including:

- Accessing racial/ethnic populations to service agencies/organizations
- Data collection and survey development
- Knowledge of and access to funding and grant opportunities
- Facilitating collaborative relationships with agencies that serve minority populations
- Acting as a sounding board to agencies and organizations on behalf of underserved populations
- Recommending speakers to discuss issues impacting targeted populations
- Coordination of a calendar of events for Minority Health Month (Youngstown/Mahoning County)
- Addressing health and social issues impacting racial, ethnic and underserved populations

## Round 1 Local Conversations in Synopsis - Timeline

### Phase 1

The local offices of minority health began to look at action planning in response to health disparities by hosting community local conversations. Youngstown held its initial conversation on October 15, 2008. The objective of this event was to identify and prioritize minority health needs in the community and prepare an action plan for response to health disparities in Youngstown. A total of 48 participants took part in the facilitated sessions in which they provided recommendations and implementable action steps for the Youngstown community. Twenty recommendations were generated through this process. Participants discussed needs related to:

- Services
- Resources
- Capacity Building
- Infrastructure

### Phase 2

Youngstown Community Conversation invited participants from Phase 1 back to review the information we collected to develop the action plan. The Health Disparity Reduction Plan is subdivided into the four focus areas (capacity building, infrastructure, resources, and services). Action steps are identified for each area, followed by strategies for completion and a statement of the intended outcome.

## Youngstown Health Disparity Reduction Plan

### *Capacity Building*

#### *Action Step 1:*

Increase the knowledge of professionals on cultural competency.

#### Strategies:

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

#### Intended Outcome:

Employers and employees provide culturally competent services to the community.

#### *Action Step 2:*

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

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

Intended Outcome:

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

*Action Step 3:*

Provided assistance to community-based organizations (CBOs).

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

Intended Outcome:

Community-based organizations operate while meeting their needs.

*Action Step 4:*

Use multiple communication methods to aid the receiving community.

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

Intended Outcome:

A community that is well informed.

*Action Step 5:*

Encourage capacity building within community.

- Advertise community block watch meeting dates.
- Educate consumers on how to advocate.
- Train residents on how to frame their issues to be effective when speaking in public.
- Provide culturally appropriate preventive health information to neighborhood residents.
- Continue regular conversations on minority health.

Intended Outcome:

Consumer development and implementation of community-based participatory projects.



## *Infrastructure*

### *Action Step 1:*

Increase access to services for underserved and underrepresented populations.

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

### *Intended Outcome:*

The minority and underserved populations will have access to quality medical services.

### *Action Step 2:*

Promote a healthy physical environment.

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

### *Intended Outcome:*

To provide an environment that fosters healthy lifestyles.

### *Action Step 3:*

Work on eliminating economic barriers.

- Offer incentives for youth to stay in Youngstown after completing college.
- Advocate for interventions that address social and economic determinants of health.
- Develop and implement pipeline programs placed in city schools that will work with minority youth to improve their academics.
- Advocate for policy changes that make health care more flexible and focus on the consumer's needs.
- Advocate that when policies are written, their potential impact on people and communities is considered.

### *Intended Outcome:*

Minority populations will have greater career opportunities in Youngstown.

*Action Step 4:*

Improve public awareness techniques on how people receive health services and information.

- Work to ensure that agencies and businesses utilize the Youngstown Office on Minority Health to inform the community.
- Develop and maintain a website designed to list community agencies and events.
- Utilize students in health care and health promotion to conduct community outreach.
- Increase awareness to the community about the SCHIP Program.
- Establish after-hour health clinics to decrease the burden on emergency rooms.

*Intended Outcome:*

A community more informed on health care.

*Action Step 5:*

Implement a strategic plan to address social determinants of health issues in Youngstown.

- Develop group guidelines to facilitate community discussions.
- Involve the community in town hall meetings to address social determinants of health in various locations.
- Invite local, state and federal officials to community meetings.
- Invite healthcare professionals and insurance providers to participate.

*Intended Outcome:*

To have the community collaboration and strategic plan implemented.

*Resources*

*Action Step 1:*

Create multi-purpose neighborhood wellness centers.

- Provide primary prevention services at multi-purpose wellness centers to stop the onset of problems and introduce healthy habits.
- Provide the centers with updated equipment and educational materials.
- Staff the centers with certified health educator instructors to work with the people.
- Provide wrap-around services helping people to become more self-sufficient.

*Intended Outcome:*

Centers located within the city provide services that will assist families with resources that will empower them to become self-sufficient.

*Action Step 2:*

Assess existing programs in the Youngstown community.

- Conduct an overview of what programs are currently available to the community.
- Inform the community of what resources are available to them.
- Conduct consumer-based participatory research studies throughout the city.
- Document the results from the study and inform the community of the findings.

*Intended Outcome:*

Consumers informed about community resources and increase collaboration.

*Action Step 3:*

Advocate for safe and accessible neighborhoods that foster healthy living.

- Provide safe trails for walking, biking and skating.
- Work with City Council to identify and repair streets' potholes and curb extensions and re-paint fading traffic lanes and crosswalks.
- Improve the green space by adding shrubs, plants, flowers and trees.
- Have positive, healthy messages advertised in neighborhoods.
- Increase night vision by adding additional lighting and street signs with bolder printing.
- Implement neighborhood cleanup and have vacant land be used for community recreation, gardens or community sports.

*Intended Outcome:*

Ensure neighborhood safety to foster healthy lifestyles.

*Action Step 4:*

Promote community coordination between agencies, churches, schools and government programs.

- Develop a uniform data and evaluation system to monitor progress.
- Design a user-friendly system that can be utilized by all agencies to collect data.
- Develop planning teams to address health, land usage, education, transportation, policies and procedures regarding health.
- Provide current local level data that reflects the true needs of the city of Youngstown.
- Provide interpreter/translator services that will assist non-English speaking consumers.

*Intended Outcome:*

Community agencies will collaborate to address the holistic needs of the people.

*Action Step 5:*

To develop a cohesive community that fosters trust in the city of Youngstown.

- Increase sense of community through organized recreational events and neighbors knowing who lives in their neighborhoods.
- Educate people on the history of their neighborhoods.
- Engage the elderly to participate in city-wide events. Utilize their expertise on skills they have mastered during life.
- Generate dialogue on the importance of knowing your family health history.
- Provide city-sponsored events which involve elected officials and citizens.

*Intended Outcome:*

Community cohesion, trust and respect among citizens and elected officials.

*Services*

*Action Step 1:*

Place more emphasis on preventative healthcare measures.

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

*Intended Outcome:*

To have a healthier and more informed community.

*Action Step 2:*

Allocate services strategically.

- Strategically place programs in areas where the need is.
- Improve self-help/support groups.
- Address the needs of childcare for working mothers.
- Have a centralized location which houses social service agencies.
- Utilize the City Health District for primary health care needs and prevention education.

*Intended Outcome:*

To have services that cover the basic needs of minority and underserved people in the community.

### **Required Elements**

Activities during the Local Conversations FY 2016 included planning and hosting meetings. Planning meetings conducted by YLOMH included preparing and reviewing the Local Conversations 2011 report and working with the (YLMHAC) Youngstown Local Minority Health Advisory Council and the REEP (Research and Evaluation Enhancement Program) evaluator to design a survey. The survey was used as a point of focus to begin the conversation. Local Conversations 2016 occurred in the form of community forums/meetings. Sign-in sheets and evaluations were used as documentation and were provided to the OCMH in the quarterly and year-end reports.

Those who were welcome to participate in the conversation were community members, Local Conversation 2008 participants, community-based organizations and partners that reside in the Youngstown area.

### **Continuing the Local Conversations - Round 2**

The Round 2 conversations focused on how the community as a whole responded to health disparities. Participants in the conversation reviewed the progress from goals set in 2011. The Youngstown Local Office on Minority Health (YLOMH) conducted a total of four community forums and one that surveyed staff from the Youngstown City Health District for a total of five conversations. These forums were comprised of community members from various populations and backgrounds within Youngstown, Ohio. There was representation from African American and Latino communities as well as various service providers and city employees. The YLOMH reached a total of 74 community members who participated in the conversation, and 51 community members completed the survey questionnaire through the five conversations. All community forums were free and open to the public, held in a public location and located in a handicap accessible facility.

### **Method**

The focus of *Round 2 Continuing the Conversations* was to survey and address the health disparities affecting the minority population in the City of Youngstown. The participants that were given a survey answered questions that were generated from the goals that were set in the 2011 Conversation. Not everyone that was part of the conversation completed the survey. The survey was completed and used after the first two conversations had taken place. The questions for the survey were generated to see whether, in the five years since the publication of the initial Conversation, we have reached the specified goals.

## 2016 Survey Questions:

*In the last five years.....*

1. Local professionals who render services to the public do so while being respectful of race, sex, etc., in an appropriate manner.
2. I believe that there has been community partnership in culturally competent services between agencies, organizations and businesses that serve the public.
3. I feel that there is an acceptable amount of communication methods (newspapers, TV, websites, etc.) used to inform the community of resources and services.
4. I have opportunities to provide input into the services (health and social) that I receive.
5. I believe that minority populations have access to all services offered to the entire community.
6. The neighborhood environment in which I live or work encourages a healthy lifestyle.
7. Minorities can find quality healthcare coverage.
8. I agree that the public transportation system reaches all areas where resources and services are provided.
9. The public is well informed on where and how they can receive health services.
10. The community in which I live or work partners with local schools, churches, agencies and government programs.
11. I have trust in the health fairs, walks, speakers, etc. that the City of Youngstown or community partners offer to promote health to families in the city.
12. I am aware of preventative healthcare measures to reduce the likelihood of developing a chronic or serious disease.

All questions were on a scale from strongly disagree, disagree, neutral, agree to strongly agree.



## 2016 Survey Responses:

1. Local professionals who render services to the public do so while being respectful of race, sex, etc., in an appropriate manner.

**SDA (7) DA (6) N(15) A (37) SA (2)\***

2. I believe that there has been community partnership in culturally competent services between agencies, organizations and business that serve the public.

**SDA (1) DA (4) N (26) A (14) SA (3)\***

3. I feel that there is an acceptable amount of communication methods (newspapers, TV, websites, etc.) used to inform the community of resources and services.

**SDA (7) DA (8) N (16) A (14) SA (2)\***

4. I have opportunities to provide input into the services (health and social) that I receive.

**SDA (4) DA (10) N (10) A (16) SA (16)\***

5. I believe that minority populations have access to all services offered to the entire community.

**SDA (5) DA (12) N (20) A (8) SA (4)\***

6. The neighborhood environment in which I live or work encourages a healthy lifestyle.

**SDA (2) DA (13) N (11) A (11) SA (8)\***

7. Minorities can find quality healthcare coverage.

**SDA (8) DA (11) N (13) A (11) SA (2)\***

8. I agree that the public transportation system reaches all areas where resources and services are provided.

**SDA (6) DA (14) N (15) A (8) SA (2)\***

9. The public is well informed on where and how they can receive health services.

**SDA (13) D (14) N (12) A (5) SA (2)\***

10. The community in which I live or work partners with local schools, churches, agencies and government programs.

**SDA (7) DA (13) N (12) A (11) SA (2)\***

11. I have trust in the (health fairs, walks, speakers, etc.) that the City of Youngstown or community partners offer to promote health to families in the city.

**SDA (4) DA (12) N (12) A (17) SA (2)\***

12. I am aware of preventative healthcare measures to reduce the likelihood of developing a chronic or serious disease.

**SDA (1) DA (7) N (6) A (20) SA (11)\***

**\* Strongly Disagree (SDA), Disagree (DA), Neutral (N), Agree (A), Strongly Agree (SA), Agree (A)**

## **2016 Where Are We Now?**

There has been measurable progress made toward the goals set in 2011. However, there is still a great deal more work to do according to the survey. There are a vast number of community members that are unfamiliar with the initiatives that have been set in place to address the goals set by the 2011 report. A great number of the initiatives are in their infancy and are being introduced to the community on an ongoing basis. It is this office's goal to increase knowledge and awareness of the resources available to the community as they present themselves.

### **Progress:**

#### **Capacity Building**

- Annual Cultural Competency Training for YCHD Staff
- Collaboration among all sectors of the community addressing infant mortality
- Creating Racial Dialogue and Community Base Participatory projects
- Establishing evidence-based evaluated program models like Centering Pregnancy
- Integrating community-based organizations in infant mortality coalitions
- Enhancing the use of social media to inform, promote and educate

#### **Infrastructure**

- YCHD continues community outreach to inform underserved populations of provided services
- YCHD has onsite health care enrollment agency, Access Health Mahoning Valley
- Addressing the locations of future Centering Pregnancy sites within the city
- Addition of an Equity lens in looking at the Community Health Improvement Plan (CHIP)
- Plans to implement health care clinics on the south side of town
- City leaders, health providers, community stakeholders, community leaders and citizens' block watch members working on the Taft Promise Neighborhood
- Youngstown City Development Corporation

#### **Resources & Services**

- Utilizing the Taft Promise Neighborhood as a resource for wrap-around services
- MY Baby's 1<sup>st</sup>
- Pathways HUB

## Racial and Ethnic Population Composition

Youngstown, Ohio 2010-2015

Source: US Census Bureau statistics; Population Tables AN=Alaskan Native; NHPI=Native Hawaiian and other Pacific islander

<b>City of Youngstown</b>	<b>2010 Population</b>	<b>2015 Population(estimate)</b>
Census	66,982	64,628
<b>Race/Ethnicity</b>		
Black/African American	45.2%	X
Hispanic or Latino	9.3%	X
Asian/NHPI	0.4%	X
Two or more races	3.7%	X
White alone not Hispanic	43.2%	X

"X" indicates information was not available at the time of this report.

### 2014-2015 Infant Mortality Rates by Race/Ethnicity

<b>Youngstown/ Mahoning County (per 1000)</b>	<b>2014 White Infant/Live Births(per10 00)</b>	<b>2015 White Infant/Live Births (per1000)</b>	<b>2014 Black Infant/Live Births (per 1000)</b>	<b>2015 Black Infant/Live Births (per 1000)</b>
<b>Percentages</b>	6.4	5.2	10.2	17.7

Source: Ohio Department of Health Vital Statistics, 2014-2015. Data analyzed by Mahoning County Community Health Improvement Plan (CHIP), Mahoning County District Board of Health Office of Epidemiology

Notes: Rate is per 1,000 live births

2014-2015 Mortality Rates by Race/Ethnicity were not available at the time of this report

The Youngstown Local Office on Minority Health would like to thank the following agencies that participated in the Round 2 Continuing the Conversations Report to the Community 2017 process:

- Mahoning County Community Health Improvement Plan
- Advisory Board Committee of the Hispanic Health Program through Mercy Health
- Kinship Care Social Group
- Women of Worth (WOW)
- Youngstown City Health District

Special acknowledgment and sincere thanks go out to the Youngstown Local Office on Minority Health Advisory Council, YSU Student Intern Golie Stennis and Youngstown City Health Commissioner Erin M. Bishop.





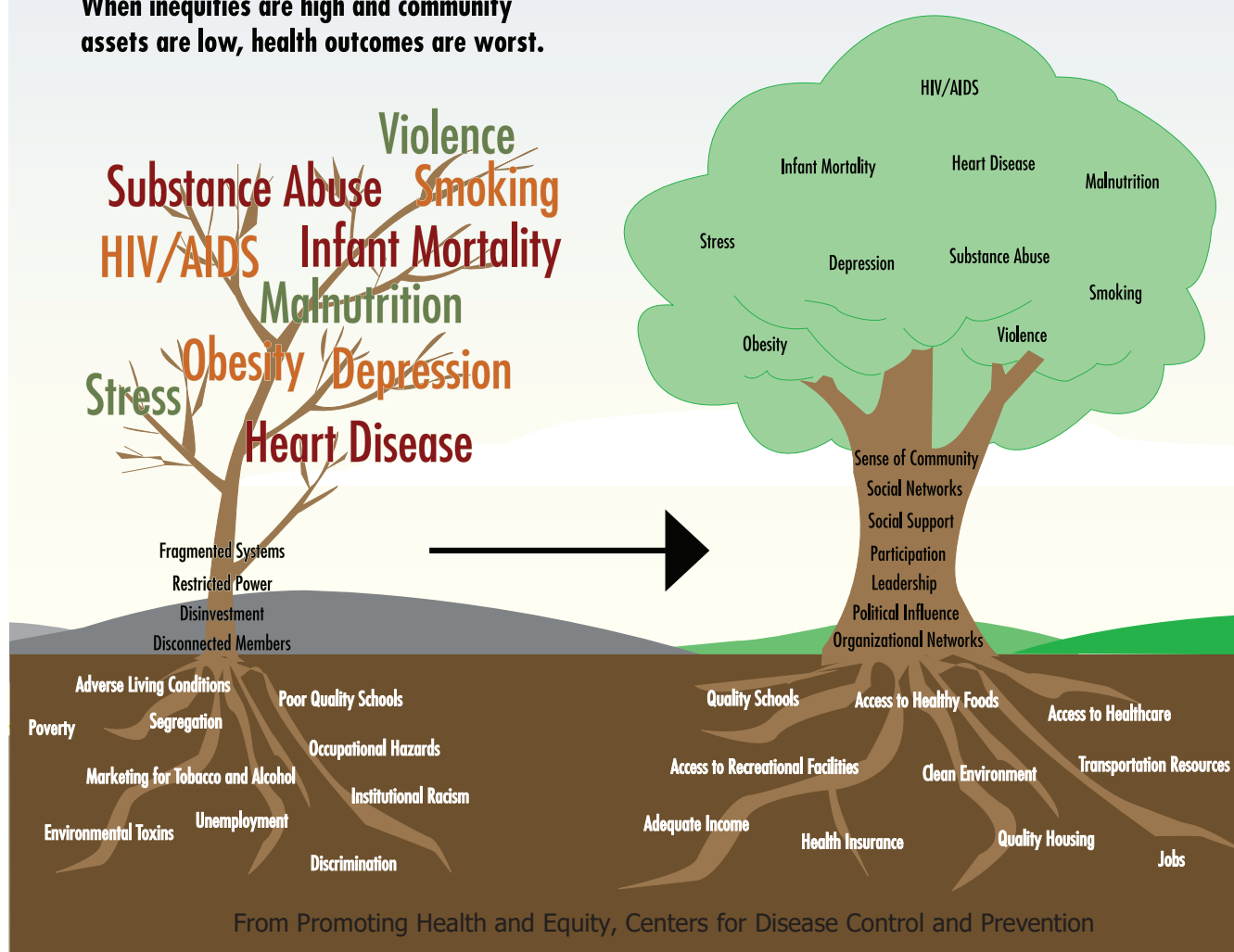
# Commission on Minority Health

## Growing Communities: Social Determinants, Behavior and Health

Our environments cultivate our communities and our communities nurture our health.

**When inequities are high and community assets are low, health outcomes are worst.**

**When inequities are low and community assets are high, health outcomes are best.**



## African American Health Inequities Compared to Non-Hispanic Whites

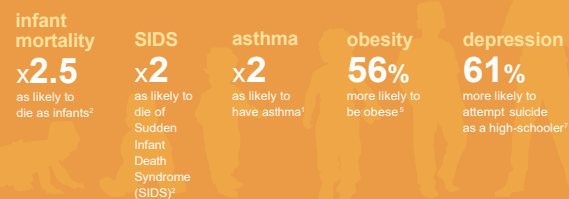
Racial and ethnic health inequities are undermining our communities and our health system. African Americans are more likely to suffer from certain health conditions, and they are more likely to get sicker, have serious complications, and even die from them. These are some of the more common health inequities that affect African Americans in the United States compared to non-Hispanic whites.

### AFRICAN AMERICAN HEALTH INEQUITIES: ADULTS



### AFRICAN AMERICAN HEALTH Inequities: CHILDREN

Compared to non-Hispanic white children, African American children are more likely to suffer from the following:



**How do we reduce racial and ethnic health inequities?**  
We must work together to improve our health care system to make it high-quality, comprehensive, affordable, and accessible for everyone.

# Asian American, Native Hawaiian, & Pacific Islander Health Inequities Compared to Non-Hispanic Whites

Racial and ethnic health inequities are undermining our communities and our entire health care system. Asian Americans (AAs) and Native Hawaiians and Pacific Islanders (NHPIs) experience significant health inequities that are often inadequately reported or not reported at all. AAs and NHPIs are the fastest growing racial groups in the nation, and one of the most diverse, tracing their heritage to more than 50 different countries. Yet data on the AA and NHPI population is lumped together, masking the distinct health needs within AA and NHPI populations. In this infographic, we compare the health outcomes of non-Hispanic whites with that of AA and NHPIs, with disaggregated data where available.

## ASIAN AMERICAN, NATIVE HAWAIIAN, & PACIFIC ISLANDER HEALTH INEQUITIES: ADULTS

### Stomach Cancer

Women  
**76%**  
more likely to develop stomach cancer (Asian and Pacific Islanders)<sup>2</sup>  
**x2.6**  
as likely to die from stomach cancer (Asian and Pacific Islanders)<sup>3</sup>

Men  
**53%**  
more likely to develop stomach cancer (Asian and Pacific Islanders)<sup>2</sup>  
**x2**  
as likely to die from stomach cancer (Asian and Pacific Islanders)<sup>3</sup>

### Obesity

**76%**  
more likely to be obese (Native Hawaiian and other Pacific Islanders)<sup>4</sup>



### Pre-natal care

**47%**  
more likely to receive late or no prenatal care (Chinese Americans)<sup>5</sup>  
**x2**  
as likely to receive late or no prenatal care (Hawaiian and part Hawaiian)<sup>1</sup>

### Hepatitis

**68%**  
more likely to contract hepatitis A (Asian and Pacific Islanders)<sup>6</sup>

**x18**  
as likely to contract chronic hepatitis B (Asian and Pacific Islanders)<sup>7</sup>

### Diabetes

**76%**  
more likely to be diabetic (Native Hawaiian and Pacific Islanders)<sup>8</sup>

**51%**  
more likely to be diabetic (Asian-Indian Americans)<sup>9</sup>

**50%**  
more likely to develop end-stage renal disease (Asian Americans)<sup>2</sup>

### Tuberculosis\*

**x5**  
as likely to contract tuberculosis (Asian Americans)<sup>4</sup>

**x16**  
as likely to contract tuberculosis (Native Hawaiian and Pacific Islanders)<sup>4</sup>  
\*Among U.S.-born persons

### Liver Cancer

Women  
**72%**  
more likely to develop liver and IBD cancer (Asian and Pacific Islanders)<sup>2</sup>

**47%**  
more likely to die from liver and IBD cancer (Asian and Pacific Islanders)<sup>3</sup>  
\*IBD = Intrahepatic Bile Duct Cancer

Men  
**66%**  
more likely to develop liver and IBD cancer (Asian and Pacific Islanders)<sup>2</sup>

**58%**  
more likely to die from liver and IBD cancer (Asian and Pacific Islanders)<sup>3</sup>  
\*IBD = Intrahepatic Bile Duct Cancer

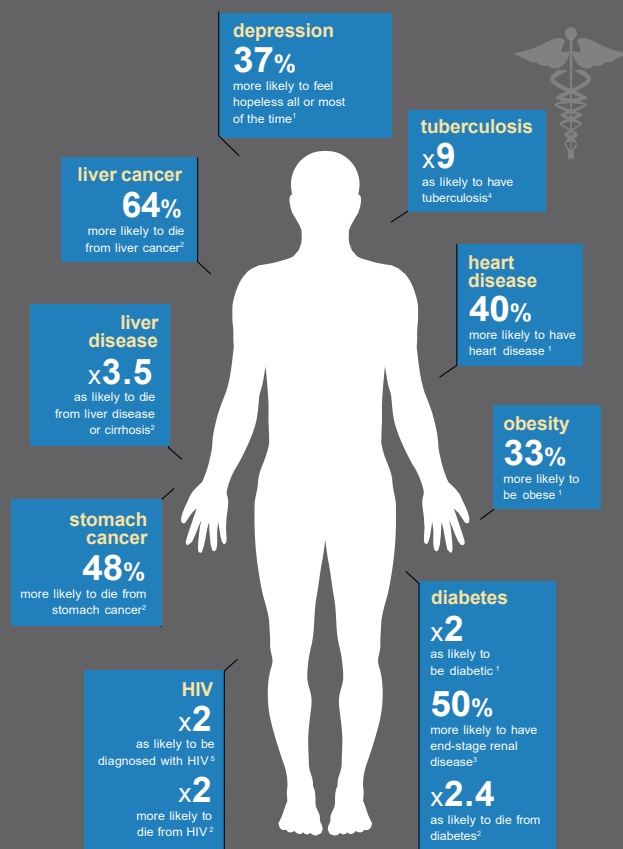
Our common prosperity demands a health system where everyone can attain the best possible health and health care. The roots of health and health care inequities are many, and they run deep in American society—from environmental factors, to living conditions, to lack of access to care, to discrimination, to name just a few. Nevertheless, we can, and must work together to eliminate them to ensure a better future for all.



# American Indian & Alaska Native Health Inequities Compared to Non-Hispanic Whites

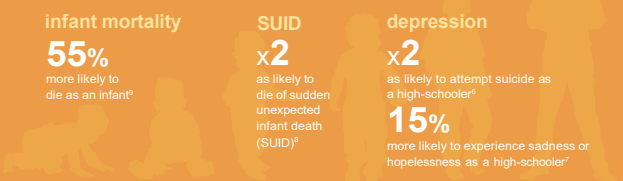
Racial and ethnic health inequities are undermining our communities and our health system. American Indians and Alaska Natives are more likely to suffer from certain health conditions, and they are more likely to get sicker, have serious complications, and even die from them. These are some of the more common health inequities that affect American Indians and Alaska Natives in the United States compared to non-Hispanic whites.

## AMERICAN INDIAN & ALASKA NATIVE HEALTH INEQUITIES: ADULTS



## AMERICAN INDIAN & ALASKA NATIVE HEALTH INEQUITIES: CHILDREN

Compared to non-Hispanic white children, American Indian and Alaska Native children are more likely to suffer from the following:

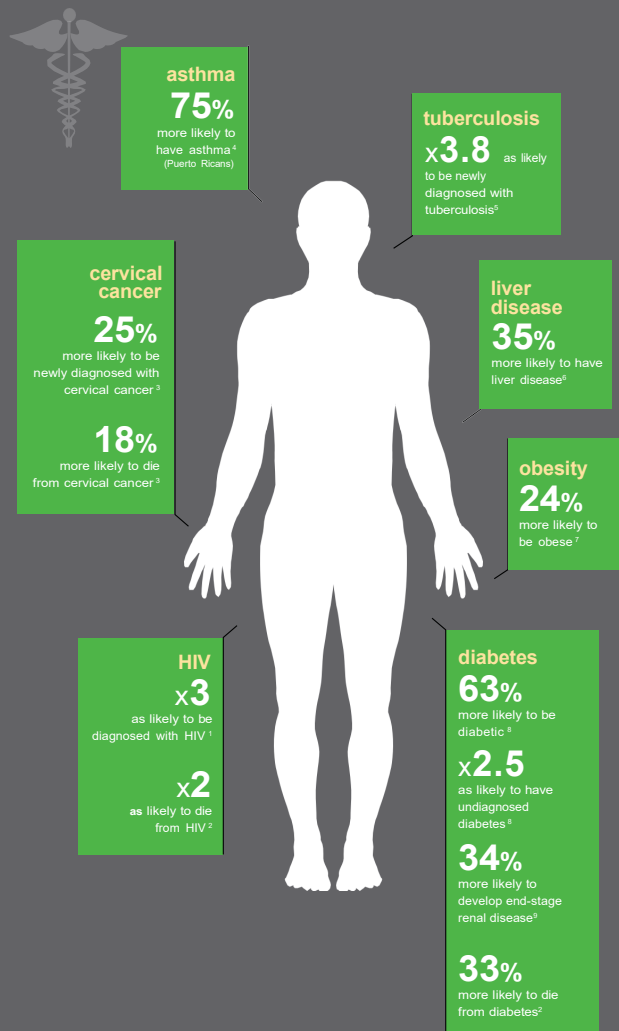


How do we reduce racial and ethnic health inequities?  
We must work together to improve our health care system to make it high-quality, comprehensive, affordable, and accessible for everyone.

## Latino Health Inequities Compared to Non-Hispanic Whites

Racial and ethnic health inequities are undermining our communities and our health system. Latinos are more likely to suffer from certain health conditions, and they are more likely to get sicker, have serious complications, and even die from them. These are some of the more common health inequities that affect Latinos in the United States compared to non-Hispanic whites.

### LATINO HEALTH INEQUITIES: ADULTS



### LATINO HEALTH INEQUITIES: CHILDREN

Compared to non-Hispanic white children, Latino children are more likely to suffer from the following:



How do we reduce racial and ethnic health inequities?  
We must work together to improve our health care system to make it high-quality, comprehensive, affordable, and accessible for everyone.



## Commission on Minority Health

**Good Health Begins with You<sup>®</sup>**

**Are you interested in Minority Health Issues?  
If so join our list serv to receive related information.**

**Email us at [minhealth@mih.ohio.gov](mailto:minhealth@mih.ohio.gov)**

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**Commission on  
Minority Health**



**To access  
Local Conversation Report**

**[www.mih.ohio.gov](http://www.mih.ohio.gov)**

