Public Health

Prevent. Promote. Protect.

Dayton & Montgomery County

Dayton Council on Health Equity

Local Conversation on Minority Health

Report to the Community 2016

Public Health - Dayton & Montgomery County believes that all residents of Montgomery County should have:

- equal access to resources that promote a healthy lifestyle
- an environment that promotes health and wellness
- social support and community connections
- knowledge about healthy choices and behaviors

Public Health is committed to making measurable improvements in the health of this community. Based upon current health data and health trends, certain racial and ethnic populations and the underserved continue to experience a disproportionate burden of disease and premature death than the general population. Some populations face inadequate access to healthy food and socioeconomic inequities that influence lifestyle, behavior and choice. These trends in health disparitites are unaceptable and require action.

Public Health is working to lead and innovate by working with our community to achieve the goals of public health: prevention, promotion and protection. We believe that the best investments in the public's health are those that prevent disease, foster optimal wellness and promote healthy behaviors. We also believe that everyone should be treated with dignity, sensitivity and compassion. Our community shares ownership of these complex public health problems. Public Health continues to engage a diverse group of partners to better align our efforts and resources across the sectors. Working together, we can improve the health of our citizens we serve and achieve our vision as a healthy, safe and thriving community.

Public Health has taken a lead role in advancing health equity and addressing health disparities. Through the Dayton Council on Health Equity, Public Health is monitoring minority health data, raising the community's awareness of health disparities and minority health status, working collaboratively with community partners to take action, linking people to health services and resources, and examing policies that impact health outcomes. By hosting Local Conversations on Ending Health Disparities, we provide the community the opportunity to come together to examine health data and discuss what action to take to address the factors that impact people's health, qualtiy of life and premature death.

Through the implementation of local strategies to address health disparities, it is hopeful that, in time, health services and community resources will be provided fairly and impartially to all people, regardless of race or ethnicity, and in a manner that does not disadvantage those who may be of a different culture or socioeconomically challenged.

Public Health would like to thank the sponsors for helping to ensure the success of the local conversations and all individuals and organizations that participated in any way, including In Health Ohio and the Ohio Commission on Minority Health.

Respectfully,

Jeffrey A. cooper, MS
Health Commissioner

September 2016

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Dayton Conversations on Minority Health

Defining Health Equity and Health Disparity

Healthy People 2020 defines a health disparity as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

Health equity is the "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."

Eliminating Health Disparities

Reducing or eliminating health disparities has been a national goal for many years. Health status continues to improve nationally. However, within certain racial/ ethnic groups (African American, Hispanic, Asian, and Native American), there are still higher rates of some chronic diseases and morbidity rates compared to Caucasians.

There is an increasing need for the community to understand how local, state, and federal policy, systems, the community, and built environment impacts neighborhood assets, and influences health status, health behaviors, and lifestyle.

Powerful, complex relationships exist between health and biology, genetics, and individual behavior, and between health and health services, socioeconomic status, the physical environment, discrimination, racism, literacy levels, and legislative policies. These factors, which influence an individual's or population's health, are known as determinants of health.

For all Americans, other influences on health include the availability of and access to:

- High-quality education
- Nutritious food
- Decent and safe housing
- Affordable, reliable public transportation
- Culturally sensitive health care providers
- Health insurance
- Clean water and non-polluted air

Throughout the next decade, Healthy People 2020 will assess health disparities in the U.S. population by tracking rates of illness, death, chronic conditions, behaviors, and other types of outcomes in relation to demographic factors including:

- Race and ethnicity
- Gender
- Sexual identity and orientation
- Disability status or special health care needs
- Geographic location (rural and urban)
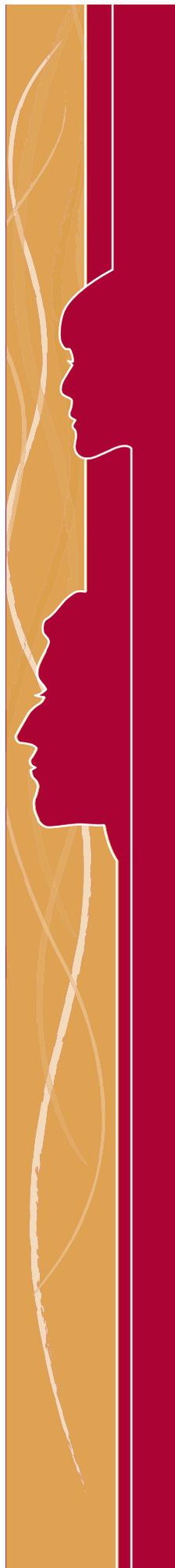
US Department of Health and Human Services Office of Minority Health Strategies

National Partnership for Action to End Health Disparities (NPA)

Spearheaded by the United States Department of Health & Human Services (HHS) 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 combatting health disparities, and to move the nation forward in achieving health equity.

Through a series of Community Voices and Regional Conversation 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. Concurrent with the NPA process, federal agencies coordinated governmental health disparity reduction planning through a Federal Interagency Health Equity Team, including representatives of the HHS and eleven other cabinet- level departments.

The resulting product - the HHS Action Plan to Reduce Racial and Ethnic Health Disparities launched simultaneously with the NPA National Stakeholder Strategy for Achieving Health Equity.

HHS Action Plan to Reduce Racial and Ethnic Health Disparities: The HHS plan outlines goals, strategies, and actions HHS will take to reduce health disparities among racial and ethnic minorities. The NPA National Stakeholder Strategy for Achieving Health Equity is 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.

NPA National Stakeholder Strategy for Achieving Health Equity

The National Stakeholder Strategy for Achieving Health Equity development process was initiated and sponsored by the Office of Minority Health to vet those at the front line of fighting health disparities. These were the voices that were responsible for identifying and helping to shape core actions for a coordinated national response to ending health disparities, which are the fundamental goals of the NPA and the National Stakeholder Strategy. The five goals are:

Goal 1: Awareness - Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations.

Goal 2: Leadership - Strengthen and broaden leadership for addressing health disparities at all levels.

Goal 3: Health System and Life Experience - Improve health and healthcare outcomes for racial, ethnic, and underserved populations.

Goal 4: Cultural and Linguistic Competency - Improve cultural and linguistic competency and the diversity of the health-related workforce.

Goal 5: Data, Research, and Evaluation - Improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes.

Both the USDHHS NPA Action Plan and Stakeholder Strategy documents can be found on the Office of Minority Health web page at http://minorityhealth.hhs.gov/npa/.

Ohio's Response to the HHS Action Plan to Reduce Racial and Ethnic Health Disparities

In support of the HHS Action Plan, 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. These were the statewide Local Conversations on Improving Minority Health.

Addressing Health Disparities in Dayton and Montgomery County, Ohio

Dayton Council on Health Equity:

The Dayton Council on Health Equity (DCHE) is Montgomery County's Local Office of Minority Health and it is a program of Public Health - Dayton & Montgomery County (PHDMC). The DCHE program has an Advisory Council and a Program Evaluator. The DCHE Advisory Council is comprised of persons from the community and diverse organizations, such as faith-based, media, health providers, health care plans, racial/ethnic coalitions, colleges, grassroots organizations, social service agencies, local government, and more. DCHE is responsible for achieving outcome-based objectives across four core competencies, which were adapted from the Ten Essential Services of Local Public Health. They are:

1. Monitor and report health status of minority populations.
2. Inform, educate, and empower people about issues related to health.
3. Mobilize community partnerships and drive action.
4. Examine, develop or support policies and plans that support health efforts.

Many resources on minority health, health disparities, and advancing health equity are available on the DCHE program's web site at www.phdmc.org/healthy-lifestyles/dayton-council-on-health-equity.

Geographic Scope

The geographic scope of this project is Montgomery County, with particular emphasis on Dayton, which is the county seat. Montgomery County is located in Southwest Ohio.

Demographic and Socioeconomic Profile of Dayton and Montgomery County, Ohio

PHDMC is committed to reducing the incidence of morbidity and mortality from chronic disease, and addressing the social determinants of health, which are those factors that contribute to health disparities and poor health.

According to the 2014 American Community Survey, Montgomery County, Ohio is home to 533,116 residents, including 73.4 percent White, and 26.1 percent are Black and other races. The number of Blacks (20.9 percent) is significantly more than the national average of 12.6 percent.

The city of Dayton has a total population of 140,995 residents, with a racial makeup of 52 percent White, 42.7 percent Black, .8 percent Native American, .3 percent Asian, 1 percent Some Other Race, and 3.1 percent Two or More Races. 2.9 percent are Hispanic.

Households

In Montgomery County, 59.3 percent of all households are identified as family households. The average median household income over a 12 month period was $42,744.

Poverty

In Montgomery County, Ohio, 15.9 percent of all families are in poverty. The poverty rate is: Whites, 13.5 percent; Blacks, 39.4 percent; Asians, 4.6 percent, and Hispanics, 29.9 percent. The rate of child poverty is 30.5 percent.

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a. Poverty (Below Poverty Level)

Families	15.9%
White	13.5%
Black or African American	39.4%
Asian	4.6%
Hispanic	29.9%
Child (under 18)	30.5%

Uninsured
In Montgomery County, 10.8 percent of adults are uninsured, and 4.3 percent of children are uninsured. The number of uninsured Black Adults is 11.8 percent, White adults, 8 percent; uninsured Black Children, 5 percent; White Children, 3.4 percent.

b. Uninsured

Adults	10.8%
Children (Under 18)	4.3%
African American	11.8%
White	8.0%
African American Child	5.0%
White Child	3.4%

Unemployment
In Montgomery County, Ohio, the percent of unemployed 20-64 year olds is 8.40.

Physical Inactivity
According to the American Heart/Stroke Association, "physical inactivity is an important factor for overweight, obesity, heart disease, stroke, type 2 diabetes, and cancers of the colon and breast. About 68.2 percent of Americans age 20 and older are overweight or obese."

In Montgomery County, 27.9 percent of adult residents are physically inactive, 35.9 percent of adults are overweight, and 30.8 percent of adults are obese.

	Montgomery	Black	White
Inactive	27.9	32.2	26.5
Overweight	35.9	38.5	34.9
Obese	30.8	32.3	30.5

Health Disparities in Dayton and Montgomery County, Ohio

Leading Causes of Death
According to the 2014 PHDMC Community Health Assessment, the top ten leading causes of Death by Race in Montgomery County (2010-2011) were:

White	Black
1. Cancer	1. Heart Disease
2. Heart Disease	2. Cancer
3. CLRD*	3. Diabetes
4. Accidents	4. Accidents
5. Alzheimer's Disease	5. Stroke
6. Stroke	6. Alzheimer's Disese
7. Diabetes	7. Homicide
8. Influenza/Pneumonia	8. CLRD*
9. Suicide	9. Nephritis
10. Septicemia	10. Septicemia

*Chronic Lower Respiratory Disease

Leading Causes of Death Montgomery County (2013-2015 Death Certificates)

Causes of Death	Rate per 100,000	
Diseases of Heart 175.4	Black	222.1
	White	165.8
Diabetes 25.925.9	Black	47.6
	White	21.4
Cancer 165.5	Black	186.3
	White	162.4
Alzheimer's Disease 36.0	Black	35.6
	White	36.4
Stroke 37.4	Black	45.7
	White	35.5

Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013
PHDMC is involved with assessing the need for adequate prenatal and infant nutrition in the community, assuring proper nutrition is available despite socio-economic status, and planning for expected future trends. One primary cause of infant mortality is low birth weight, which is often associated with prematurity. Preterm birth and low birth weight have been identified as leading causes of infant mortality.

**Maternal and Child Health
(2013-2015 Birth Certificates)**

White	9.2%
Black	13.2%
White	7.8%
Native American	13.6%
Asian	10.9%
Hispanic	6.3%
First Trimester Prenatal Care	**72%**
Black	63.6%
White	75.7%
Native American	76.2%
Asian	73.8%
Hispanic	65.3%
Teen Birth Rate per 1,000 (15-17)	**12.2%**
Black	20.4%
White	8.4%
Hispanic	20.8%
Infant Mortality Rate per 1,000 Live Births	**7.4%**
Black	14.9%
White	4.5%

Summary of the 2015-2016 Local Conversations on Ending Health Disparities

In 2015-2016,the OCMH continued the Local Conversations on Ending Health Disparities. Stakeholders and the local community were invited to participate in discussions about health disparities in Montgomery County. During the forums, the 2011 Dayton Local Conversation Report to the Community was reviewed and discussed, including what local action has taken place to enact the recommendations. Locally, four forums were held between September 2015 and April 2016 to provide the community the opportunity to continue to provide input on taking action to address health disparities.

The forums were held on:
- September 24, 2015 at the Dr. Charles R. Drew Health Center
- March 29, 2016 at Central State University - Dayton Campus
- April 20, 2016 at Sinclair Community College
- April 26, 2016 at Public Health - Dayton & Montgomery County

2015-2016 Local Conversation Sponsors:
- Public Health - Dayton & Montgomery County/Dayton Council on Health Equity
- Ohio Commission on Minority Health
- In Health Ohio

The participants were racially and ethnically diverse. Additionally, different sectors of the community were represented, including individuals from the community, faith-based organizations, social services, health services, human services, mental health services, media, racial/ethnic coalitions, and business partners.

The video, "Unnatural Causes: Is Inequality Making Us Sick?" was shown. Two PowerPoint presentations were given, including the 2013 Montgomery County NPA Checklist Survey Dashboard and Montgomery County Community Health Improvement Plan Process.

The CHIP process brought together people and representatives of diverse organizations to review health data and determine which priorities to address collectively for community-wide impact. The initial three priorities were birth outcomes, chronic disease prevention and behavioral health. The 2016-2019 Montgomery County CHIP is available at www.phdmc.org or call (937) 225-5700 to request a copy.

The NPA Checklist Survey Dashboard provided local benchmarks for the five goals and twenty strategies of the HHS NPA Stakeholder Strategy for Achieving Health Equity. The 2013 NPA Dashboard demonstrated how well local organizations are engaged with the National Stakeholder Strategy for Achieving Health Equity to eliminate health disparities.

Example: Survey Results of the 2013 NPA Checklist Dashboard

GOAL 3: Improve health and healthcare outcomes for racial, ethnic & underserved populations
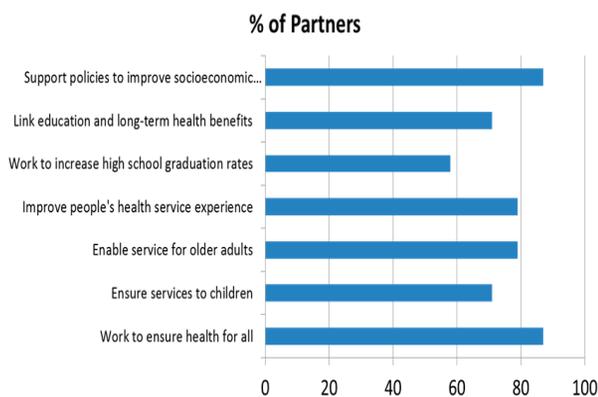
Both the NPA Checklist Survey and NPA 2013 Dashboard Report are available at www.phdmc.org/healthy-lifestyles/dayton-council-on-health-equity. Please take a moment and complete the survey.

During the 2015-2016 Local Conversation forums, participants received and discussed:
- Dialogue Goals
- 2014 Montgomery County Community Health Assessment (CHA)
- 2011 Final Local Conversation Report
- USDHHS NPA National Stakeholder Strategy for Achieving Health Equity
- 2013 Montgomery County NPA Checklist Survey Dashboard Report
- 2009-2011 Montgomery County Infant Mortality brochure, Preterm Births: How Does Your Zip Code Measure Up?
- 2009-2011 Montgomery County Infant Mortality brochure, Infant Mortality: How Does Your Zip Code Measure Up?
- 2016-2019 Montgomery County Community Health Improvement Plan (CHIP)
- Action Planning Sheet
- Retrospective Survey Form

2015-2016 Local Conversation Goals
- Increase awareness of differences in rates of some chronic disease and social conditions by population,
- Increase awareness of the local community health improvement plan,
- Increase community planning and action to address factors that impact health, and
- Increase awareness of the Dayton Council on Health Equity program.

The forum participants broke into small groups to discuss actual or perceived barriers to good health, existing community assets, and ways that the community can participate in collective action to support at-risk communities.

A facilitated dialogue was held about conditions prevalent in the community that impact health, quality and length of life. Each participant recorded his or her recommendations to address these factors and the group recorded those recommendations on action planning sheets. All recommendations were summarized into a report.

2015-2016 Local Conversation Forum Recommendations:

Address Infant Mortality/Birth Outcomes

1. Connect women of child bearing age with information and education using community assets:
- Schools
- Insurance companies
- Community Health Workers
- Dads Programs
- Sunlight Village
- Grandparents
- Kinship Caregivers
- Kirwan Institute at OSU
- Racial Justice NOW!
- Community focus groups
2. Use the following assets:
- Focus groups
- Elder circles
- Post slavery trauma disorder strategies
- Prevention strategies
- Specific metrics/analytics
- Grassroots advisory councils

3. Use Afrocentric concepts respectful of African Americans entrance into this country.
4. Educate young women/moms about:
   - Life and things to expect
   - Spacing
   - Seeing MD at earliest stage
   - Early/proper nutrition, vitamins
   - Navigating the health system
   - Link mothers to medical services such as mental health and homeopathic medicine
5. Recognize and engage the unchurched
6. Decrease the stress of culture and race

Prevent Chronic Disease
1. Increase affordable and accessible food resources.
   - Research partners with existing programs
   - Contact local growers
   - Use OSU Extension Services
   - Develop programs to train youth in home economics and woodworking skills
   - Develop incentive programs to draw family participation
   - More food banks at area colleges
   - Look at transportation
   - Improve community collaboration
2. Increase access to safe physical equipment for specific zip codes.
   - Make existing community places into space spaces (recreation centers, boys & girls club, community centers)
   - Clean up and upgrade existing parks
   - Address safety and security issues
   - Address perception of safe parks
   - Involve health providers, schools/teachers and churches
   - Provide more information to the public on the connection between physical activity and health

Address Mental Health Related Issues
1. Focus on educational opportunity and programming in behavioral health.
   - Increase scholarship opportunities
   - Federal grants
   - Increased internships
   - More graduates of post-secondary school
2. Increase personnel in behavioral health to provide better services.
   - Create tax-based incentives for hiring
   - Increase on the job training
   - Alternative therapies, such as vitamins and minerals, nutrition, benefits of gardening, meditation, yoga, walk paths, massage, stress relief, and other culturally specific experiences that may appeal to residents in specific zip codes.

2008 and 2009: Local Conversations on Improving Minority Health
In 2008 and 2009, PHDMC hosted Phase I and Phase II community-wide Local Conversations on Improving Minority Health. Below is a summary of the previous conversations and recommendations to address health disparities, and the 2011 Health Disparity Reduction Plan.

Phase I - Local Conversations on Improving Minority Health: 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.

The 2008 community conversation was held on September 19, 2008 at Sinclair Community College. Attendees represented various sectors of the community, including hospitals, city government, university faculty and staff, community-based social service providers, mental health agencies, and numerous health and human services organizations.

Phase I Sponsors:
- Public Health - Dayton & Montgomery County
- Ohio Commission on Minority Health
- CareSource Marketing
- Levin Family Foundation
- Premier Community Health

The 2008 Local Conversation began with a roundtable discussion. The group engaged around the question: "What actions can be taken by private and public partners that would improve the effectiveness and efficiency of our collaborative efforts?"

The roundtable highlighted the need for better data on local health disparities and the need to determine the economic impact of these disparities in order to use this powerful information to advocate for programmatic and regulatory change that would improve access to health care and health promotion, disease prevention efforts.

Participants identified the barriers caused by individuals, the community or environment, or large systems – that impact minority health.

The roundtable was followed by a plenary session to define and prioritize critical needs and develop strategies for each of the four essential areas:
1. Capacity Building: What is needed to build organizations' or groups' ability to provide effective health services?
2. Infrastructure: Physical location, human resources, administrative, and financial capacity to provide health services.
3. Resources: People and material things needed to address minority health needs, and
4. Services: Programs that provide health education, health promotion, or healthcare to the minority community.

Phase II - Local Conversations on Improving Minority Health:
In Phase II, the Local Conversation communities continued broad-based dialogues on health disparities and refined action plans. The 2009 community-wide Local Conversation was held on October 28, 2009, at Sinclair Community College.

Phase II Sponsors:
- Public Health - Dayton & Montgomery County
- Ohio Commission on Minority Health
- American Cancer Society
- American Fitness Health and Wellness Institute
- Sinclair Community College

The goal of the second local conversation was to reexamine the 2008 recommendations to determine the highest three priorities to be implemented locally for each of the four areas. Participants were asked to also propose implementable action steps for each of the three highest priorities.

Invitees included all of the participants from the first conversation, additional partners and community leaders, and the general public. Each participant received the 2008 Recommendations.

The break-out sessions were led by facilitators, who clarified the purpose of the breakout group and conducted the session with the assistance of a scribe. Break-out participants ranked the recommendations by order of importance. The ranking session was followed by a discussion during which time similar items were grouped or combined.

After the final order was established for all recommendations, each group was asked to develop the proposed action steps for the top three recommended strategies. The four groups then reconvened for a general assembly to provide an overview of each breakout session's results. The designated group spokesperson summarized the group's top three priorities and proposed action steps.

Montgomery County Health Disparity Reduction Plan

The Health Disparity Reduction Plan summarized the recommendations of the 2008 and 2009 Local Conversations on Improving Minority Health, which addressed four areas of critical need, including capacity building, infrastructure, resources and services. The lead agency was Public Health - Dayton & Montgomery County. Since 2010, PHDMC, key stakeholders and local community have implemented many of the recommendations. The reduction plan, which is below, is available online at www.phdmc.org/healthy-lifestyles/dayton-council-on-health-equity.

A. CAPACITY BUILDING: Help nonprofit service providers improve service delivery, strengthen efficiency and effectiveness, and achieve financial ability.

Strategy 1: Enable qualitative studies.

Action Steps
- Facilitate community-based research among minority community organizations.
- Identify ethnic health beliefs and look at patterns of use.
- Develop funding streams to support research opportunities.

Strategy 2: Provide leadership training for community leaders, grassroots and faith-based organizations to prepare the community to better serve in advocacy roles with policy makers and to empower the community to carry messages about the need for action to reduce health disparities.

Action Steps
- Identify organizations with capacity to provide leadership training.
- Utilize existing leadership training sponsorships for non-gratis or scholarships.
- Identify content areas of leadership training opportunities.
- Tap into professional organizations that have existing advocacy roles and speak on various topics, i.e., civic associations.

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B. INFRASTRUCTURE:
Create or improve local physical, human resources, administrative, and financial capacity to provide health services.

Strategy 1:
Establish free or low cost clinic.

Action Steps
- Expand capacity and hours that clinics are open.
- Expand awareness of services that exist – the community needs to be aware and advocate for adequate services.
- Expand existing FQHC to specific locations and populations, i.e., housing and school-based.
- Explore the feasibility of ER diversion clinics.
- Advertise the need for medical home.

Strategy 2: Advocate for universal health coverage.

Action Steps
- Write local and state congressional leaders.
- Communicate the need to local officials.
- Support professional association efforts.
- Educate the public about the need.
- Develop a local community perspective on universal coverage.
- Tell the stories that illustrate the issue of lack of physical and financial access to health care.

Strategy 3: Support the maintenance or expansion of pipeline for entry of minority students into health professions.

Action Steps
- Create partnerships between local health care organizations and health education programs, i.e., schools with minority students.
- Create volunteer and shadow programs.
- Target school districts with high proportions of minority students.
- Evaluate and track programs that are aimed at attracting minority students into health care (leads to quality improvement)
- Promote awareness of loan repayment programs for health professional in physician shortage areas.
- Expand capacity of health professionals/education programs for both faculty and students.
- Focus on retention and attrition of minority students at all levels of education.

Strategy 4: Increase enrollment of eligible children for the SCHIP program.

Action Steps
- Combine school and head start programs registration with SCHIP registration.
- Use community health centers, children's health clinics, etc., to garget enrollment.

C. RESOURCES: Ensure availability of people and material things needed to address minority health needs.

Strategy 1: Ensure that appropriate inventories of health education materials are available and disseminated widely.

Action Steps
- Learn how learners best receive information.
- Research existing tools and resources to avoid duplication with special emphasis on multiple languages.
- Utilize best practices and evidence-based information.
- Follow up to make sure information is effective - evaluation: can people retain information, make behavioral changes, and change health outcomes?
- Involve universities, language resources, faculty, and students.
- Develop a central repository of key health education and health messages appropriate for community audiences.
- Inform those not connected with internet through use of libraries.
- Identify and recruit patients with health issues that would be interested in spreading messages to others in the community, including community health workers.

Strategy 2: Utilize health advocacy.

Action Steps
- Utilize schools for health messaging as children are able to communicate within families.
- Put advocates on the ground in communities; utilize community members as advocates and community health workers.
- Use health profession students to provide health education.
- Use incentives, i.e., gift cards/food, to get people to services to eliminate stigma.

Strategy 3: Improve education of health providers in communicating with ethnic patients.

Action Steps
- Start training on communicating with ethnic patients at pre-professional education level for medical students.
- Address need for translators, promote culturally competent/sensitive patient/provider messaging that affirms patient understanding and emphasizes two-way dialoging.

D. SERVICES: Strengthen existing or create new programs that provide health education, health promotion, or healthcare to the minority community.

Strategy 1: Expand health services in areas of identified need.

Action Steps
- Provide stress prevention, particularly in areas where there are disparities in health, such as cancers, cardiovascular disease, diabetes, HIV/AIDS, substance abuse, and violence
- Increase health referrals to specialty services alternative/complimentary practices, mental health,
- Increase awareness of primary care physicians of services for uninsured and underinsured
- Increase early diagnosis/identification of diseases
- Increase enrollment among the uninsured
- Increase community awareness of available services and affordable health options, i.e., public health, federally qualified health centers, clinical trials, free or reduced cost services
- Develop health resources/services clearinghouse

Strategy 2: Expand health promotion/education.

Action Steps
- Develop school health promotion programs
- Develop collaboration opportunities with local farmers, culinary schools, and food co-ops

Strategy 3: Examine how health programs are designed.

Action Steps
- Determine whether programs are evidence-based, best practice, and culturally competent/sensitive; ensure that health programs are aware of and utilize CLAS Standards

- Determine whether health programs are aware of health disparities, minority health data, social determinants of health, key community indicators that influence individual health behavior, choice, and lifestyle, i.e., food deserts, transportation barriers, physician shortage areas
- Examine efficiency of local service coordination; identify gaps in services
- Eliminate community/environmental and systemic barriers to care
- Advocate sliding fee scales across the board as a community

Next Steps:

1. Summarize the Montgomery County Local Conversation Summary into a Final Report.
The results of the 2008 and 2009 Local Conversations were summarized and submitted to the Wright State University Research Enhancement and Evaluation Program (REEP) and Ohio Commission on Minority Health for inclusion in the State of Ohio Report to the United States Department of Health and Human Services Office of Minority Health. In its efforts to reduce health disparities throughout the country, the USDHHS OMH engagedthe nation - including a multitude of individuals on the ground; in communities; in local,state and tribal organizations; in government agencies; and in places of education, business, and healthcare delivery - as the frontline experts in addressing health disparities.

2. Conduct a Montgomery County Community Needs Assessment.
In 2010 and 2014, PHDMC published Montgomery County Community Needs Assessments, which provide a snapshot of local community health and wellbeing, and identify community needs.

3. **Disseminate a Report of the 2008-2009 Local Conversations.**
The results of the 2008 and 2009 Local Conversations were synthesized into a report, the Local Conversations on Minority Health Report to the Community, and disseminated widely in 2011. The report is available online at www.phdmc.org/healthy-lifestyles/dayton-council-on-health-equity.

4. Develop a Community-based Strategic Plan to Address Health Disparities.
In 2010, the DCHE Advisory Council reviewed the preliminary draft report of the 2008-2009 Local Conversations to develop a community-based strategic plan.

Three ad hoc subcommittees were formed, including: 1) Local Minority Health Data, 2) Community Plan, and 3) Health Marketing, to focus its efforts in designing a community strategic plan. PHDMC's Dayton Council on Health Equity program developed QuickFacts, local minority health data Montgomery County for 2004-2006 and 2006-2008, and provided Montgomery County census tract data by race/ethnicity, sex and age. The program also:

- Contributed feedback to PHDMC's 2010 Community Needs Assessment,
- Examined available local qualitative and quantitative health data,
- Determined the geographic catch basin areas for the target minority populations,
- Discussed and examined data related to the social determinants of health to determine community assets/inequities, and other key indicators unique to the local community that affect health behavior, choice and lifestyle,
- Discussed the need to use evidence-based, research-oriented best practice to improve minority health outcomes,
- Formulated recommendations based upon the health data and indicators.

The DCHE Advisory Council developed an action plan and submitted the 2010 Recommendations to Address Health Disparities in Montgomery County Report to PHDMC. The six strategies that were proposed to eliminate health disparities and decrease the rate of chronic preventable disease among minorities were:

1. Monitor the health status of the minority populations and provide local minority health data, including data on social determinants of health.
2. Increase training and education among health providers about the impact of social determinants on health behavior and health outcomes, and cultural competency.
3. Implement strategies to address diabetes in the African-American population with a focus on African-American males age 35 and under.
4. Implement strategies in the minority population to address infant mortality, low birth weight, and at-risk maternal women of childbearing age.
5. Engage the local community to improve provision of health information to minorities.
6. Engage the local community to improve health provider/patient communication, and identify barriers to effective communication.

Since 2010, the DCHE Advisory Council has continued to review the community's progress towards implementing these strategies to eliminate health disparities and achieve health equity, as well as continued to assess how well the community is engaged with the National Stakeholder Strategy for Achieving Health Equity through the online NPA Checklist Survey. The DCHE Advisory Council has also:

- Contributed feedback to PHDMC's Community Health Improvement Plans.
- Continued to examine local minority health status.
- Examined local data, including key indicators related to the social determinants of health, unique to the local community that impact minority health, lifestyle, behavior, and choice.
- Promoted the continuous need for culturally competence training, evidence-based/research-oriented best practices to improve minority health.

The Dayton Council on Health Equity program continues to monitor the health status of local minorities, share minority health data, engage stakeholders and policymakers, inform and empower the community to address environment and systems factors that impact minority health, work collaboratively with community leaders, and link the minority community to vital services and resources.

2015-2016 Dayton Council on Health Equity Advisory Council

Cheryl Scroggins, PHDMC/Dayton Council on Health Equity Program Coordinator
Jeffrey Cooper, PHDMC/Health Commissioner
Julianne Manchester, Program Evaluator
Aminullah Ahmad, Dayton Moslems
Robbie Brandon, Sunlight Village
Branford Brown, Miami Valley Urban League
Tiffany Brown, Providence Medical Group
Benette DeCoux, Wayman AME Church
Derrick Duckworth, Life Connections
Rebecca Gaytko, City of Dayton Police/Special Projects
Neldra Glasper, Helping Hands Community Outreach
Gary Greenberg, ThinkTV Network-Greater Dayton
Craig S. High, R.ED. Bethesda Temple Apostolic Church
Gregory Hopkins, Community Health Centers of Greater Dayton
Flora Igah, PHDMC/Violence Prevention
Vivian Jackson, Sinclair Community College School of Nursing
Gayle Johnson, Daymont Behavioral, Inc.
Robert Jones, United Theological Seminary
Yvette Kelly-Fields, Wesley Community Center
Amy Kopp, American Cancer Society
Cynthia Moon, Western Ohio Sickle Cell
Virginia Noe, Dayton Public Schools
Cynthia Potter, ProMedica
Vernellia Randall, UD Law, Emeritus
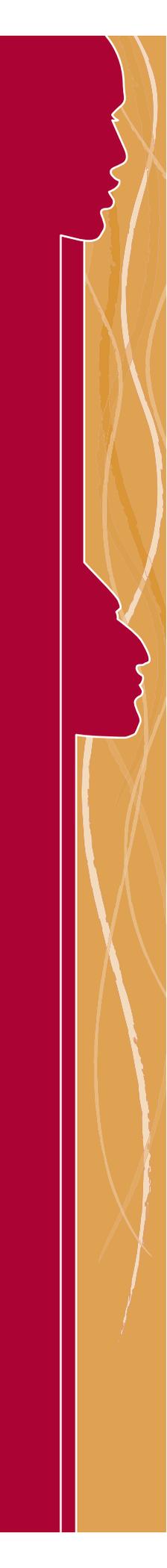
Christina Redko, Wright State University
Courtney Ross, Alzheimer's Association
Hazel Rountree, Wright State University
Hermietta Rowan, CareSource
Lisa Rucker, Help Me Grow
Munsup Seoh, Dayton Association of Korean Americans
Tina Spaulding, ThinkTV Network
Father Spearehardy, St. Margaret's Episcopal
Tyann Stewart, UD/Upward Bound
Yvonne Wathen, LaVanguardia Hoy
Gloria Wright-Cox, Parenthood Ministries

2015-2016 Local Conversation Participating Organizations
Alzheimer's Association
American Cancer Society
Community Health Centers of Greater Dayton
Dayton Association of Korean Americans
Dayton Gastroenterology
Dewberry Associates
Jobs & Family Services
LaVanguardia Hoy
Life Connections
Nigerian Women's Cultural Organization
Physicians Charitable Foundation
Premier Health Help Me Grow
ProMedica
Providence Medical Group
Racial Justice NOW!
Savvy Health Coaching
Sinclair Community College
Step Up For Success
Sunlight Village
ThinkTV Network-Greater Dayton
University of Dayton
UMADAOP
Unconscious Momma LLC
United Theological Seminary
Urban Artists
Wayman AME Church
Western Ohio Sickle Cell

2008-2009 Local Conversation Participants
Alcohol, Drug Addiction, Mental Health Board (ADAMHS)
American Cancer Society
Amerigroup Community Care Provider Relations
Black Life Issues & Action Network
Black Men's Think
Bright Future Lactation Resource Center Cassano
    Health Center
Center for Healthy Communities Children's Medical Center
City of Dayton
Community Initiative to Reduce Gun Violence (CIRGV)
Community Health Centers of Greater Dayton (CHCGD)
Day-Mont Behavioral Health Care
Dayton Black Americans for Life
Dayton Metropolitan Housing Authority
Dayton Public Schools
Family and Children First Council
Five River Metro Parks
Good Samaritan Hospital
Grandview Hospital
Heard Management
Help Me Grow-Brighter Futures
Hospice of Dayton
Innovative Interchange Associates
League of Women Voters
Levin Family Foundation
Life Connection of Ohio
Miami Valley Hospital/Mahogany's Child
Montgomery County Courts
Mental Retardation & Developmental Disabilities Board
Ombudsman's Office
Parity, Inc
PHDMC HIV Prevention, Lupus Program,
    and Women's Health
Physicians' Charitable Foundation

Premier Health Partners
ReachOut of Montgomery County
Samaritan Behavioral Health
Samaritan Homeless Clinic
WDAO Radio
Sinclair Community College, Life & Health Sciences
    and Allied Health
South Community Hospital
St. Margaret's Episcopal Church
Step Up to Success!
Sunlight Village, Inc.
The Adam Project, Inc.
Think TV of Greater Dayton
United Missionary Baptist Church
United Way of Greater Dayton
Veterans Administration
Wright State University (WSU) – Department of Pediatrics,
    Center for Global Health, College of Nursing
    and Health, Human Development Institute, School
    of Professional Psychology, SARDI Program,
    Research Evaluation Enhancement Program (REEP)

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For the full copy of the Final Report: Montgomery
County Local Conversations on Ending Health
Disparities,go to http://www.phdmc.org/healthy-lifestyles/dayton-council-on-health-equity, or contact the Dayton
Council on Health Equity at (937) 225-4962.

Toledo

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