



**Dayton Council
on Health Equity**

**RECOMMENDATIONS TO REDUCE HEALTH DISPARITIES
IN MONTGOMERY COUNTY**

Submitted by

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Dayton Council on Health Equity

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Dayton Council on Health Equity Advisory Council

Advisory Council Members

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Dayton Council on Health Equity Advisory Council

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Health Marketing

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Father Ben Spearehardy

BACKGROUND

The Dayton Council on Health Equity (DCHE) is a program of Public Health-Dayton & Montgomery County. DCHE is working to eliminate health disparities in Montgomery County among African Americans, Asian Americans, Hispanics, and Native Americans. The program has seven (7) focus areas: cancer, cardiovascular disease, diabetes, HIV/AIDS, infant mortality, substance abuse, and violence.

Research suggests that health disparities in the United States are often associated with an individual’s race and ethnicity, gender, income level, sexual orientation, or geographic location. Of these factors, the literature primarily focuses on racial and ethnic differences. It is well documented that minority populations—generally classified as African Americans, Native Americans, Asian/Pacific Islanders, and Hispanics—have more chronic diseases, higher mortality, and poorer health outcomes than individuals classified as white (Health Policy Institute of Ohio, The, 2004, *Understanding Health Disparities*. Columbus, OH).

Montgomery County, Ohio is home to 538,299 residents, including 75.6 percent Caucasians, and 24.4 percent minority residents (U.S. Census Bureau, 2005-2009 American Community Survey).

Montgomery County Population

Population By Race	Number		Ohio	US
	Persons	Percent Population		
Total Population-One Race	538,299	100.0		
Caucasian	407,112	75.6	84.0	74.5
African-American	108,836	20.2	11.7	12.4
Native American	526	0.1	0.2	0.8
Asian	8,211	1.5	1.5	4.4
Native Hawaiian/ Pacific Islander	8	0.0	0.0	0.1
Some Other Race	4,676	0.9	0.9	5.6
Two or More Races	8,930	1.7	1.7	2.2
Hispanic or Latino of any race	10,207	1.9	2.6	15.1

Montgomery County, Ohio is located in the Midwest region of the country, which has experienced a recent severe economic downturn and slow recovery. Quality of life and access to care have been greatly impacted by unemployment and loss of health insurance and other benefits. The city of Dayton is the county seat of Montgomery and the fourth largest metropolitan city in Ohio with a total population of 158,781 residents, including 55.8 percent Caucasian, 40.5 percent African American, and 5.9 percent all other races (2005-2009 American Community Survey).

In order to formulate a community plan to eliminate health disparities, DCHE established an Advisory Council comprised of a diverse cross-section of community partners, to develop recommendations to improve the health of minorities in the local community. The Advisory Council convened its first meeting in late April 2009. The Program Coordinator provided an overview of the USDHHS Office of Minority Health's Strategic Framework for Improving Minority Health and Eliminating Health Disparities. The PHDMC Epidemiologist shared available health data. The Advisory Council also reviewed the recommended strategies to address health disparities from the Local Conversation to End Health Disparities (held in September 2008). The group decided that recommendations should be based upon a prioritization of minority health needs as indicated by local health data.

The Advisory Council enacted three ad hoc subcommittees to examine local data and other contributing factors unique to the local community, to develop recommendations to address health disparities, and to determine an effective, simple prevention message. The three subcommittees were local minority health data, community plan, and health marketing.

The ad hoc subcommittees discussed developing a plan that would: 1) be based on local minority health data, 2) begin with a focus on two areas of health disparity, 3) engage minority populations in census tract areas adjacent to the three local federally qualified health centers

(FQHC's), 4) take into consideration social determinants of health unique to the local community, and 5) include a representative sample minority size of at least 50,000.

In support of the work of the subcommittees, DCHE developed two sets of tools, the 2006-08 Montgomery County Health Indicator Fast Facts, and a set of census tract spreadsheets and graphs that provided detailed health data with breakouts by race/ethnicity, sex and age.

A study of the demographics surrounding the three FQHC locations (Dr. Charles R. Drew Health Center, Corwin-Nixon, and East Dayton Health Center) did not yield the desired sample size of population. DCHE expanded its analysis of the census tracts to determine those with the densest concentrations of the target populations, and developed additional census tract data.

According to health data from the Ohio Department of Health, minority populations in Montgomery County experience significantly poorer health and earlier death than the majority population from chronic preventable diseases. The tables below demonstrate the disparities of health in Montgomery County for certain chronic preventable diseases.

Montgomery County - Health Indicator Fast Facts

		Montgomery County 2006-2008
Age adjusted cause specific mortality rate per 100,000 people		
Diabetes Mellitus (total)		34.0
	African American	71.1
	Caucasian	27.2
	Native American	N/A*
	Asian/Pacific Islander	9.7
	Hispanic	13.6
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Cancer (total)		199.2
	African American	239.3
	Caucasian	193.2
	Native American	63.7
	Asian/Pacific Islander	48.1
	Hispanic	54.0
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Stroke /Cerebrovascular Disease (total)		41.8
	African American	59.6
	Caucasian	38.4
	Native American	N/A*
	Asian/Pacific Islander	23.1
	Hispanic	22.6

Diseases of the Heart (total)		195.2
	African American	221.6
	Caucasian	190.4
	Native American	13.6
	Asian/Pacific Islander	101.3
	Hispanic	90.3

The infant mortality rate in Ohio is the twelfth highest in the country and exceeds the national goal of 4.5 established by the federal Department of Health and Human Services in the Healthy People 2010 initiative. Preterm birth (before 37 weeks of gestation) is the leading cause of Ohio’s infant mortality, chiefly because of the high rate of preterm birth in African Americans.

There were marked disparities in birth outcomes when comparing different racial, ethnic and geographic subpopulations (Preventing Infant Mortality in Ohio: Task Force Report, Executive Summary, November 2009).

Percent first trimester prenatal care		75.9
	African American	65.9
	Caucasian	78.9
	Native American	N/A*
	Asian/Pacific Islander	82.1
	Hispanic	67.1

Percent low birth weight		8.7
	African American	14.2
	Caucasian	6.5
	Native American	5.9
	Asian/Pacific Islander	8.1
	Hispanic	4.1

Teen (15-17) birth rate (per 1,000 women)		25.5
	African American	45.7
	Caucasian	17.6
	Native American	NA*
	Asian/Pacific Islander	5.8
	Hispanic	35.1

Montgomery County, Ohio. Source: 2008 ODH Data Warehouse

**Statistical note: Native American and Asian/Pacific Islander races represent <2.0 % of the Montgomery County population. It is statistically inaccurate to extrapolate such small numbers to the entire county as a whole; doing so yields rates not scientifically robust or accurate and leads to biased results.*

The local minority health data ad hoc subcommittee reviewed available local minority health data, population demographics, and health reports and studies related to minority health outcomes and health disparities, and determined that, based upon the data, two significant areas of health disparity were: 1) diabetes in the African-Americans, and 2) infant mortality & low birth weight infants.

The community planning ad hoc subcommittee proposed two objectives: 1) increase the positive outcomes for African American males under 35 at risk for or diagnosed with diabetes, and 2) improve the health of pregnant women and newborn babies.

The health marketing ad hoc subcommittee proposed four objectives: 1) reduce inconsistent information from different trusted medical sources to patients, 2) encourage clients to seek trusted sources of health information, 3) encourage health care consumers to ask questions of medical providers, and 4) determine the capacity of PHDMC or the community to provide trusted health information to patients.

In conclusion, the DCHE Advisory Council proposes the following recommendations to PHDMC and the local health care system, to eliminate health disparities and decrease chronic preventable disease in the local minority population:

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.

The DCHE Advisory Council would like to thank Public Health-Dayton & Montgomery County for the opportunity to work collaboratively to develop recommendations to address health disparities, improve minority health outcomes, and reduce chronic preventable diseases.