



**2012-13 Budget Testimony
Senate Finance Committee**

**Ohio Commission on Minority Health
May 10, 2011**

Good morning Chairman Widener, Ranking Minority Member Skindell and esteemed members of the Senate Finance Committee. My name is Angela Dawson; I am the new Executive Director of the Ohio Commission on Minority Health where I am honored to serve.

I appreciate the opportunity to share the work of the 21 member board of the Commission, our staff and the hundreds of Ohioans who have developed and implemented services to eliminate health disparities in Ohio. We are fortunate to have the Honorable State Senator Oelslager as a valued member of the Commission. Thank you for sharing your expertise with us and for your commitment to the work of the Commission.

Health disparities are defined as significant differences in the overall rate of disease incidence, prevalence, morbidity, and mortality rates between one population and another. Despite continued advances in health care and technology, ethnic minorities continue to have higher rates of disease, disability and premature death than non-minorities. This disproportionate incidence of disease is tied to major factors such as: access to, utilization of and quality of care. The need for a deliberate and focused effort to address this problem led to the creation of the Ohio Commission on Minority Health.

The Ohio Commission on Minority Health (OCMH) was created in July 1987 by Amended Substitute House Bill 171. The need for the Commission was documented in the report of the Governor's Task Force on Black and Minority Health (1986). This eighteen month study documented the disparity in health status between minority and majority populations in Ohio. The study indicated that 85% of excess deaths reported for minorities were attributed to diseases of the heart (especially hypertension), cancers, type 2 diabetes, infant mortality, substance abuse and violence. These six diseases and conditions are preventable.

Amended Substitute House Bill 171 charged the Commission to provide health promotion and disease prevention for African Americans, Hispanic/Latinos, Asians, and Native American Indians.

The Ohio Commission on Minority Health is dedicated to eliminating disparities in minority health through innovative strategies and financial opportunities, public health promotion, legislative action, public policy and systems change.

By creating the Commission in 1987, Ohio became the first State in the nation to develop a concerted approach to the elimination of health disparities. This model has been replicated; today there are forty-seven State Offices of Minority Health in the country.

Since inception Ohio has been recognized as a national leader in this work resulting in a number of significant accomplishments and firsts:

- First state level entity addressing health disparities.
- Generated in excess of \$4.5 million in new revenue to expand capacity.

- The creation of Minority Health Month in Ohio in 1989. A high visibility wellness campaign that is cost effective and statewide. This celebration of wellness became a national initiative in 2000.
- Piloted the creation of the National Association of State Offices of Minority Health (NASOMH)
- First state to create infrastructure for minority health by funding Local Offices of Minority Health.
- Spearheaded the creation of national performance (Core Competencies) standards for local offices of minority health in collaboration with NASOMH.
- Created the Research Evaluation Enhancement Project (REEP) a statewide network of academic and community researchers and evaluators. REEP evaluates all Commission funded projects, conducts research, promotes capacity building and has published Ohio's work/outcomes in several professional publications.
- In support of the National Partnership for Action to End Health Disparities (NPA) created by the U.S. Department of Health and Human Services Office of Minority Health the Ohio Commission on Minority Health held statewide conversations to lend local voices to a national blueprint to eliminate health disparities.

According to the 2010 National Healthcare Disparities Report, "There is a need to improve access to care, reduce disparities, and accelerate the pace of quality improvement, especially in the areas of preventive care, chronic disease management, and safety".

Overview of Subsidy Grants

Amended Substitute House Bill 171 charged the Commission to fund grants to promote health and prevent disease among minority populations. The Commission

competitively bids grants to encourage the development of innovative, culturally appropriate services. These services are provided to all Ohioans regardless of race and ethnicity.

Minority Health Grants Subsidy Line

Demonstration Grants:

These grants are designed to fund demonstration projects to measurably improve the health status and reduce the risk factors responsible for premature deaths in the targeted populations groups. The grants are performance based and must be culturally and linguistically appropriate. These grants are two year projects with award amounts up to \$75,000 per year.

While our Commissioners have designated diabetes as a priority area; these grants may also address cancer, cardiovascular disease, infant mortality, substance abuse or violence.

According to the United States of Diabetes Report, released last month, more than 50% of Americans could have diabetes or prediabetes by 2020. This will result in a cost of \$3.3 trillion for the federal government in Medicaid, Medicare and other public programs. This report estimates that diabetes will account for an estimated 10% of total health care spending by the end of the decade at an annual cost of almost \$500 billion.

In Ohio, the Department of Health's 2008 Burden of Diabetes Report noted that in SFY 2004 Ohio's Medicaid Program expenditures were \$10.3 billion. Yet more than 23% (\$2.4 billion) was spent on health care for eligible's diagnosed with diabetes.

While these same eligible's represented less than 7% of the total Medicaid population. The need to address health disparities is further amplified when Ohio's eligible minority populations accounted for the highest prevalence rates within these projected figures.

The 2011 United States of Diabetes Report focused on potential cost savings strategies to combat these rising costs. These strategies include early intervention to prevent prediabetes, diabetes control through medication and care compliance, and lifestyle intervention strategies for diabetes control and obesity.

Overview of selected grant outcomes

Three prediabetes projects and one infant mortality project were funded to serve Cuyahoga, Lorain, Lucas and Mahoning counties during the current biennium.

Highlights of behavior changes noted in projects during the biennium include:

The Lorain County Project - Serving 197 African Americans, Latino and White adults

- Overall pre and post program health screening results indicate significant changes in three of the 5 clinical measures. (Body Mass Index (BMI), diastolic blood pressure and cholesterol)
- 18% increase in participants securing a medical home compared to baseline of 56% at program entry.
- 37% of participants demonstrating an increase in exercise
- 41% of participants demonstrating an increase in knowledge and awareness about diabetes and diabetes prevention.
- 90% of participants reported their program experience about health nutrition and physical exercise met or exceeded their expectations.
- The return on investment for this project is significant, with the \$75,000 grant from the OCMH, the Lorain County Urban League reports being able to secure over a million dollars in medical treatment, diabetes prevention services/instruction, exercise venues, prescriptions and a host of other resources for the most

underserved and impoverished families in Lorain county. This project has leveraged resources from Morehouse School of Medicine and Pfizer pharmaceuticals who are now investing in expanding this diabetes prevention service in Lorain County to continue to alleviate minority health disparities.

The Lucas County Infant Mortality Project - Serving 81 African American, Latino and White mothers and 71 infants.

- 98% of the 81 mothers demonstrated safe infant sleeping skills.
- 100% of the 28 infants identified as needing a medical home were connected.
- 100% the 81 mothers received educational sessions on perinatal care and parental skills.
- 100% of the 75 mothers needing Smoke Alarm detectors received installation.
- 30 mothers who met eligibility requirements were enrolled in the Help Me Grow Program.
- To date, there were no infant deaths reported from the project.
- The return on investment for this project is significant; the program serves women from areas where the low birth weight rate has been as high as 18%. During the first year of the program in SFY2010, only 3 infants or 5% of the 58 infants born were low birth weight. However during SFY 2011 14 infants born to date have been born with healthy birth weight a significant improvement over the first year rate of 5%. In 2007, Ohio Medicaid program paid an average of \$1,898 for the birth of a normal weight baby (5.5 pounds) as compared to \$10,944 for the birth of a low-weight baby (3.3 pounds to 5.5 pounds) and up to \$78,436 for a very-low-weight baby (less than 3.3 pounds). In addition, this initiative has been identified as a leader by the

National Agency for Healthcare Research and Quality and has recently secured a managed care contract to provide care coordination for at-risk clients which will result in savings to the Ohio Medicaid Program.

Minority Health Month Grants (MHM)

Minority Health Month was created in Ohio in April 1989 as a public awareness wellness campaign targeting minority communities across Ohio. Health awareness activities are promoted by agencies and organizations throughout the State reaching approximately 20,000 Ohioans annually. These grant award amounts are up to \$3,000 per year. The 2011 Minority Health Month campaign funded over 85 grants in twenty counties across the state.

Local Offices of Minority Health (LOMH)

Offices of Minority Health are funded in Akron, Cleveland, Columbus, Dayton, Toledo and Youngstown. These grants are funded with award amounts up to \$75,000 annually. The local offices are not an extension of the Commission but rather a collaborative arrangement among the entities. These entities afford the Commission efforts a local presence to address health disparities. LOMH are required to implement an action plan to meet the national core competencies. These core issues are as follows: monitor health status; inform, educate and empower people; mobilize community partnerships and action; and develop policies and plans to support health efforts. The intended outcomes are to provide a local presence for issues of minority health, coordinate Commission funded initiatives, strengthen the ability to pursue national funding and serve as a mechanism for local governments to collect consistent data.

Systemic Lupus Erythematosus (SLE) Grants Subsidy Line

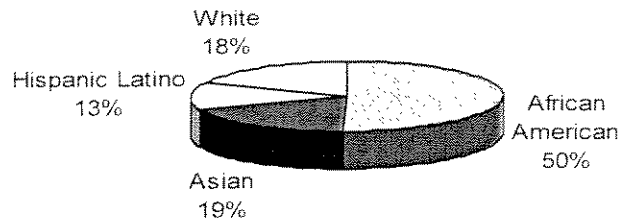
Amended Substitute House Bill 152 charged the Commission with the responsibility to fund grants to raise the awareness and education of Lupus. Unlike other OCMH initiatives, this program is not a minority-specific initiative, but does have a targeted outreach to minority women. Lupus is an autoimmune disease that can affect multiple organs. The disease is difficult to diagnose and onset is often during the reproductive years. The Commission funds five Lupus programs that provide services in Allen, Cuyahoga, Defiance, Hancock, Lorain, Lucas, Miami, and Montgomery counties. The program goals are to increase awareness and education of lupus and to provide resources to caregivers and professionals through the provision of support groups and workshops. This funding sustains the provision of 26 support groups serving over 411 participants. These grant awards are up to \$16,000 per year.

FY 2009-2010 Grant Demographics

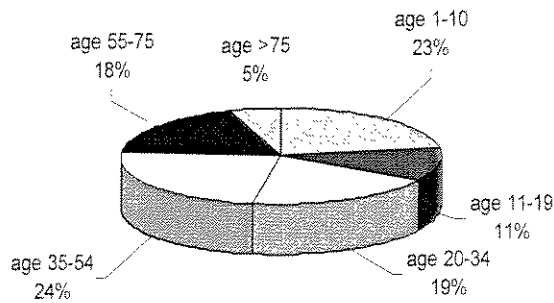
A total of 32,865 people received services during SFY 2009 and 2010. Commission funded projects serve all Ohioans who present for services. The age, gender, and ethnicity breakdown can be found on the attached pie charts.

Demonstration grants funded during this period addressed the prevention of prediabetes and infant mortality. These projects target culturally appropriate strategies to address measurable behavior change.

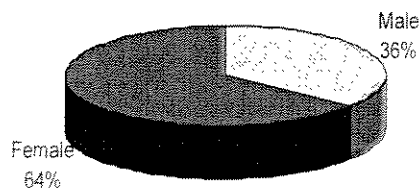
MIH 2009-10 Total Served by Ethnicity



MIH 2009-10 Total Served by Age

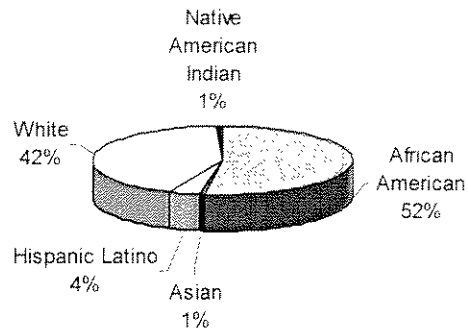


MIH 2009-10 Total Served by Gender

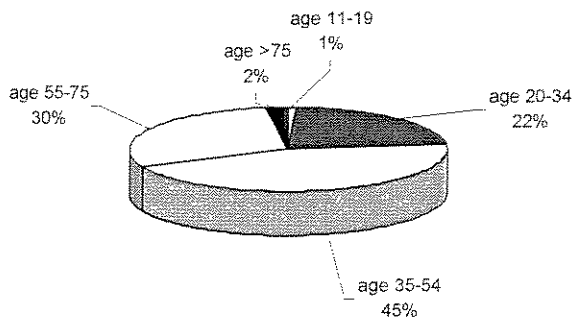


Systemic Lupus Erythematosus is an autoimmune disease that can affect multiple organs. The disease is difficult to diagnose and onset is often during the reproductive years.

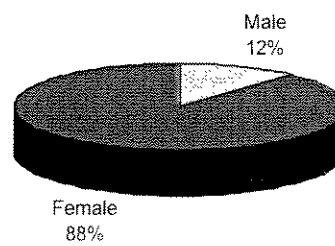
SLE 2009-10 Total Served by Ethnicity



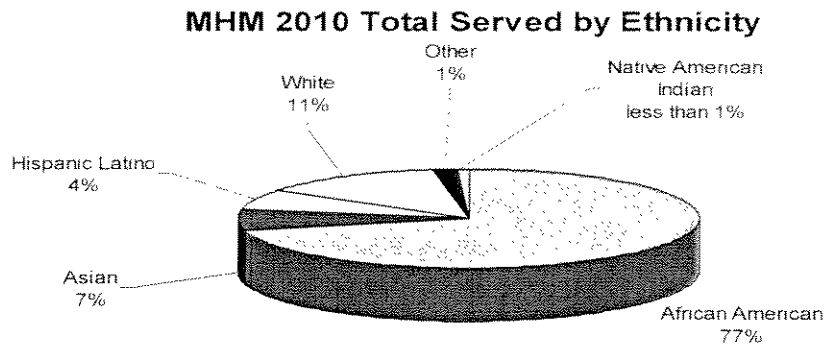
SLE 2009-10 Total Served by Age



SLE 2009-10 Total Served by Gender



Minority Health Month is a high visibility wellness campaign created in Ohio in 1989 and adopted as a national campaign in 2000.



Program Monitoring

Grantee Program Progress is monitored in several ways:

- Required quarterly program, fiscal and administrative compliance reports are submitted to the Commission. The staff review and approve of each report prior to payment approval. Commission staff provides technical assistance on an as needed basis.
- The Commission conducts two administrative compliance visits per year. These on-site visits involve observation of service delivery, review of program documentation and fiscal-administrative documents and procedures.
- The Commission maintains a statewide and locally based evaluation network that provides evaluation oversight of grant projects. Known as the Research Evaluation and Enhancement Program (REEP) this network consists of academic and community evaluators who routinely assess the quality, grant integrity and efficacy of projects, provide technical assistance-guidance and provide consultation to the Commission. REEP approved evaluators assess all Commission funded projects.

- Once the efficacy of a model is verified independently through qualitative and quantitative evaluation, the model is marketed for institutionalization with other funding sources.

Sustainability of Commission funded efforts include:

- The statewide Asian Health Coalition which was created by the Commission secured their 501(c) (3) and was awarded a \$1 million dollar grant from the Kellogg Foundation. They continue to support public health promotion through the statewide Asian Festival.
- The Commission developed statewide ethnic health coalitions to represent their community health related concerns.
- The Commission was an early funder of the Community Health Access Project (CHAP) located in Mansfield. CHAP provides a recognized model of community-based care coordination as a means of improving the basic health and social outcomes of individuals in neighborhoods with the greatest needs. In addition, CHAP is responsible for stimulating the creation of a Community Health Workers network in Ohio.
- Adelante, located in Toledo and ASIA, Inc located in Akron began as pilot projects with the Commission serving the Latino and Asian communities. As two of the largest minority community based agency in Ohio they are used as a resource by most State agencies seeking minority input in these communities and statewide.
- Golden Acres Ministrant located in Tipp City was funded to provide diabetes education to children of migrant farm workers. Their model demonstrated efficacy

and as a result they were funded through HRSA's expansion of Federally Qualified Health Centers (FQHC) working in conjunction with programs in Lima.

2012-2013 As Introduced Budget

The budget for the biennium reveals GRF appropriations reductions in SFY 2012 of 4.5% and in SFY 2013 of .9%. These reductions will impact our operational resources and our subsidy resources. Our plan to address these reductions in the operational area will be through the continued monitoring of supplies, maintenance and purchased personal services for cost containment. In the areas of subsidy grants, our plan will be to both reduce the number of grants and the ceiling amount of the grant awards. This will consequently reduce the numbers of Ohioans served through our grant initiatives. It is imperative that we focus our efforts on strategic investments that can save our state money. The OCMH is one such investment.

The OCMH continues to be a good steward of the resources provided by the state and has been vigilant in seeking external funding. Moderate funding stability over the last ten years was the result of aggressive efforts to compete for external grants. To that end the Commission pursues additional federal funding resources to expand our capacity. The Ohio Commission on Minority Health made a strategic decision over ten years ago to target the related problems of diabetes and obesity. Diabetes is the 6th leading cause of death in Ohio. This disease affects the state's African American, Latino, and Native American populations at disproportionate rates and poses a greater threat to them for complications leading to death. The diagnosed diabetes prevalence for Ohio adults age eighteen and older per 100,000 from 2005 -2007 was as follows: White 7.4%, Latino 7.9% and Black 13.4%. Among all groups, complications of

diabetes, which include heart disease, blindness, kidney failure, and amputations, are a major cause of morbidity, hospitalization, and mortality in diabetic patients. The Ohio Department of Health reports that diabetics in Ohio have a higher percent of other chronic medical conditions including high blood pressure, high cholesterol, coronary heart disease and stroke that do adults without diabetes. Consequently, Ohio's Mortality rates of diabetes per 100,000 for 2005 reflect White females at 24.7% compared to Black females at 41.6% and White males at 32.7% and Black males at 63.1%.

In an effort to address this escalating health issue, the Commission pursued federal funding and was the successful recipient of a three year, U.S. Department of Health and Human Services/Office of Minority Health State Partnership Grant. This initiative began in FFY 2010 and is funded for \$420,000. This grant is a partnership with the Ohio Department of Aging and the Ohio Department of Health.

This initiative will improve the diversity in the healthcare workforce through the training of lay leaders and Master Trainers. In addition it will use the Stanford University evidence based model for Chronic Disease Self-Management Program (CDSMP) and the Diabetes Self-Management Program (DSMP) and will specifically target the prevention and treatment of diabetes and obesity for ethnic diabetic patients. It will also contribute to improved healthcare access and the formalization of partnerships to expand the use of the evidence based model throughout the state of Ohio.

We are well aware that untreated chronic diseases and unaddressed disparities will continue to result in skyrocketing healthcare costs for Ohio. To that end, the OCMH continues to fund initiatives that focus efforts on preventing chronic disease and

eliminating disparities. These funds support initiatives that promote improved access to care, disparity reduction, focus on quality improvement, increased preventive care, as well as chronic disease management. This allows the OCMH to support the efforts of the Office of Health Transformation in their goal to control the costs of chronic diseases.

The premature loss of life is both intolerable and costly. A recent report from the Joint Center for Political and Economic Studies, stated, "from 2003-2006 the combined costs of health inequalities and premature death in the U.S. was \$1.24 trillion dollars."

In an effort to strategically address this issue, last month the U.S. Department of Health and Human Services (HHS) launched the first of its kind the HHS Action Plan to Reduce Racial and Ethnic Health Disparities along with the 2011 National Stakeholder Strategy for Achieving Health Equity. The plans can be used together to coordinate action that will effectively address racial and ethnic health disparities across the country. In the coming months, the Ohio Commission on Minority Health along with other State Offices of Minority Health across the country will initiate collaborative efforts within their respective states to develop a state plans to address health disparities and improve health outcomes. Addressing health disparities must be priority if we intend to reduce the cost of chronic diseases and improve the health outcomes of Ohioans.

We are appreciative of the investment in the OCMH and the opportunity to share with you today.

I would like to inform you that I have a hearing impairment which may require me to ask you to repeat questions, thank you in advance for your accommodation. I will be happy to answer any questions you may have.

