

Ohio Senate
Medicaid Subcommittee
Ohio Commission on Minority Health
June 3, 2015
Senate Bill 9

Good afternoon Chairman Burke, Ranking Minority Member Cafaro and esteemed members of the Senate, Medicaid Subcommittee. My name is Angela Dawson; I am the Executive Director of the Ohio Commission on Minority Health. I want to extend my appreciation to Senator Jones for supporting efforts to address infant mortality which includes \$4.1 million in funding for the replication of the Pathway Community HUBs and the efforts to expand this model in the State of Ohio.

In 1987, Ohio garnered national recognition as the first state in the nation to establish an agency set aside to address health disparities in Ohio's minority population. 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. The Commission was charged through Amended Substitute House Bill 171 to fund grants to promote health and prevent disease among Ohio's minority population. The Commission has historically invested in models of service delivery that have improved health outcomes within racial and ethnic populations. The Community Pathways HUB model is not only an evidence based model but it also has demonstrated effectiveness within minority populations that bear the burden of infant mortality disparities.

The Commission has maximized local, state and federal resources to address the chronic and persistent problem of health disparities that have resulted in escalating health care costs and premature loss of life within minority communities. The expansion of this Ohio model will ensure our ability to implement a transformative approach to improving birth outcomes while controlling costs.

When we look across the spectrum of chronic diseases and conditions, significant prevalence rates for Ohio's racial and ethnic minorities continue to exist. This is also the case when we examine infant mortality. The leading causes of infant mortality are prematurity, congenital anomalies, sleep-related infant deaths and maternal complications of pregnancy. Racial disparities persist for all causes of infant deaths, especially those due to sleep-related causes or prematurity. Healthy People 2020 recommends that a state's infant mortality rate be 6.0 per 1,000 live births. In December of last year, the Ohio Department of Health reported that Ohio

decreased its overall infant mortality rate from 7.88 in 2011 to 7.57 infant deaths per 1,000 live births. This shows progress for the State of Ohio. However, in that same year, the African American infant mortality rate was 15.96 per 1,000 live births. This gap between mortality rates has persisted resulting in Ohio being 50th in the nation for African American infant mortality. Senate Bill 9 provides an avenue to address the disparity within Ohio's infant mortality rates and improve our overall infant mortality rates.

The Commission funds community based models that are culturally and linguistically appropriate and are designed to improve health outcomes of racial and ethnic populations and improve accessibility to resources that prevent chronic diseases and conditions. The need to address disparities within Ohio's infant mortality rates was identified in the 1986 Governor's Task Force on Black and Minority Health which initiated the creation of the Ohio Commission on Minority Health.

The Commission was an initial funder of the Community Health Access Project (CHAP), Mansfield in 2006. In addition to developing a viable community based model, CHAP stimulated the creation of the Pathways model and the creation of a Community Health Workers network in Ohio. In 2010, the Commission provided start-up funding for the Hospital Council of Northwest Ohio to implement the Pathways Community HUB model. The early results from this model implementation were very promising which compelled the Commission to continue funding support of this model based on its impact within racial and ethnic populations. In addition, the certified Pathways Community HUB model demonstrated sustainability through pay-for-performance Medicaid managed care contracts.

The Northwest Ohio Pathways Community HUB Model targets women who have substantial risk factors for poor birth outcomes, such as being African American, previous poor birth outcomes, unmarried, living in poverty, mental illness, and being homeless. Over 70% of the women served are from a minority group. However, despite multiple risk factors, the low birth weight rate for African American women enrolled is 9.5%, compared to over 13% for the county and the state.

These results have a significant return on investment when considering that in 2013 Ohio Department of Medicaid paid \$596 million for prenatal and delivery care, with \$373 million of this cost being due to the 13.79% preterm birth rate. The replication of this model could provide significant savings in Ohio's Medicaid cost.

The Pathways Community HUB model has been endorsed by the Commission and the Ohio Department of Health as well as the National Institute of Health, Agency for Healthcare Research and Quality (AHRQ), and the Center for Disease Control as a recommended strategy to address health disparities. The Pathways HUB model was developed in Ohio with both local and state government support and has proven its capacity to be replicated. The Commission supports bringing this model to scale in Ohio which aligns with other efforts to spread this model across the country. This funding will support the provision of care coordination services aimed at reducing infant mortality and negative birth outcomes among women who are pregnant and living in high risk neighborhoods or communities.

The Commission is actively involved in the statewide efforts to reduce the infant mortality rate in Ohio, which include the Ohio Collaborative to Prevent Infant Mortality (OCPIM), and the Ohio Equity Institute (OEI). The Commission has increased its focus on infant mortality through its Medical Expert Panel – Infant Mortality Series which will produce a white paper to provide viable solutions to improve Ohio’s infant mortality rate. The Commission collaborates with the Office of Health Transformation, the Ohio Department of Health and the Department of Medicaid and other state agencies to highlight the importance of retaining programs such as presumptive eligibility, family planning program, progesterone project, safe sleep campaigns, mortality reviews, increased access to the community “HUB” models, and other efforts which are currently funded to reduce infant mortality disparities and improve overall infant mortality rates.

The Commission has provided oversight to grant funding initiatives and requires funded agencies to submit quarterly program, evaluation, and fiscal reports, participate in annual administrative compliance reviews, on-site program visits that involve the observation of service delivery, review of program documentation and evaluation mechanisms. In addition, the Commission developed the Research Evaluation Enhancement Project (REEP) a statewide network of academic and community researchers and evaluators to provide oversight to the evaluation components of Commission funded projects and promote capacity building. The Commission major grantees must implement mandatory clinical measures in compliance with the Healthy People 2020 standards for disease prevention. In addition, grantees are required to monitor insurance status and link participants without insurance to healthcare resources. The Commission-funded HUBs will be performance based and required to measurably improve the health status of, and reduce the risk factors responsible for poor birth outcomes.

In closing, I appreciate Sen. Jones' leadership and the Committee's consideration for \$4.1 million in funding each of the three existing HUBs and three new HUBs during the upcoming biennium.

For vulnerable populations, state and federal government leaders must look beyond traditional health care boundaries to address the non-health conditions associated with high-need populations and coordinate to uncover ways to improve the health of families and individuals to contain costs and improve outcomes (Governing, April 2015). The Pathways Community HUB model achieves this through a care coordination model that addresses social determinants of health which create barriers for at risk women and linking them to quality medical care and other vital services.

We are appreciative of the support given to the Commission on Minority Health and the opportunity to share with you today. I would like to inform you that I have profound bilateral hearing loss which will require me to repeat your questions for clarification. Thank you in advance for your accommodation. I will be happy to answer any questions you may have.