House of Representatives
Finance Subcommittee on
Health and Human Services
2018-19 Budget Testimony
Ohio Commission on Minority Health
February 22, 2017

Good afternoon Chairman Romanchuk, along with Ranking Minority Member Sykes and esteemed members of the House of Representatives, Finance Subcommittee on Health and Human Services. My name is Angela Dawson; I am the Executive Director of the Ohio Commission on Minority Health, where I am honored to serve.

In 1987, Ohio garnered national recognition as the first state in the nation to create a state agency set aside to address health disparities in Ohio's minority populations. The Ohio Commission on Minority Health is dedicated to eliminating disparities in minority health through innovative strategies, financial opportunities, public health promotion, legislative action, public policy, and systems change.

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 Commission funds community based models that are culturally and linguistically appropriate, as well as models designed to improve accessibility to resources that prevent chronic diseases and conditions. Since our inception, the Commission's work has resulted in a number of significant accomplishments and firsts which are at the end of this testimony for your review.

"Medical advances and new technologies have provided people in American with the potential for longer, healthier lives more than ever before. However, persistent and well-documented health disparities exist between different racial and ethnic populations and health equity remains elusive, since appropriate care is often associated with an individual's economic status, race, and gender".[1]

Health disparities are defined as significant differences in the overall rate of disease incidence, prevalence, morbidity, and mortality rates between one population and another.[2] Racial and ethnic health disparities are multifactorial and complex, major factors include: inadequate access to health care; poor utilization of care; substandard quality of care, and social economic status.

Given the strategic importance of increased access to care, the Commission supports the efforts to retain Medicaid Expansion. According to the Ohio Department of Medicaid's recent assessment of Medicaid Expansion, "…retaining Medicaid expansion is critical to the needs of over 702,000 low income Ohioans who are now insured only because of Medicaid expansion."[3] According to this report, "…these individuals may not have otherwise been covered due to 75.1% of enrollees lacking prior insurance, and roughly 14% having lost their employer based insurance."[4] The report concluded that Medicaid expansion proved effective by expanding access to care, reducing costly emergency room visits, allowing for the detection of previously undiagnosed health conditions, reducing financial hardship and medical debt, as well as improving the health of enrollees who reported being able to return to the workforce.

When we look across the spectrum of chronic diseases and conditions, significant prevalence rates for Ohio's racial and ethnic minorities continue to persevere. According to the Ohio Department of Health's available reports:

In 2012:

- Black Ohioans had a 36% higher age adjusted stroke death rate when compared to Whites.

- While Hispanic Ohioans had the highest estimated prevalence of adults age 18 and older ever diagnosed with heart disease.

From 2009-2013:

- Asian American Pacific Islanders in Ohio experienced significantly higher mortality rates in stomach cancer than Whites.

- Black Ohioans had the highest mortality rates of any racial group for all sites/types of cancer combined with black males and females having 21% and 14% higher cancer, mortality rates compared to White males and females, respectively.

- In 2015, Ohio's Black infant mortality rate worsened to 15.1%, which is nearly three times the White infant mortality rate of 5.5%.

Infant mortality is a measure of a community's vitality and overall well-being. The infant mortality rate is defined as the death of an infant before his or her first birthday per 1,000 live births. Healthy People 2020 recommends that a state's infant mortality rate be 6.0 per 1,000 live births.

Ohio has significantly increased its attention and efforts to address infant mortality, some of which includes the historic passage of bipartisan legislation, significant increases in allocations, the creation of the Commission on Infant Mortality, which builds upon the work of the Ohio Collaborative to Prevent Infant Mortality (OCPIM), Ohio Equity Institutes (OEI), and hundreds of additional initiatives across this state.

In 2013, Ohio was ranked 45th in the nation for overall infant mortality. In the same year, Ohio had the second highest Black infant mortality rate in the nation of the 38 states calculated. [5] This ranking further supports the premise that in order to see improvements in persistent racial disparities within infant mortality rates, statewide strategies must be implemented over a protracted period of time.

The Commission's effort to combat Ohio's disparities in infant mortality were strengthened by recent allocation increases during the current biennium. This additional funding allowed for partial implementation of the Replication and Expansion of the Certified Pathways Community HUB Model (HUB). The HUB Model is a nationally endorsed, evidence based, community care coordination approach that has also demonstrated effectiveness within racial and ethnic populations.

As a member of the Infant Mortality Commission and the Ohio Collaborative to Prevent Infant Mortality, we stressed the importance of retaining programs such as presumptive eligibility, the availability of preliminary data by race and ethnicity, and increased access to the community "hub" models, as well as other efforts to reduce infant mortality disparities.

The pattern of health disparities seen in infant mortality are also prevalent within chronic diseases such as diabetes. According to the 2011 United States of Diabetes Report, more than 50% of Americans could have diabetes or pre-diabetes by 2020. This will result in a cost of $3.3 trillion for the federal government in Medicaid, Medicare and other public programs.[6] Similarly, diabetes has a significant economic burden in Ohio. In 2010, diabetes cost the state of Ohio approximately $4.5 billion in medical costs.[7] In 2012, Black Ohioans had a 79% higher age-adjusted diabetes death rate when compared with Whites, which is unacceptable for a preventable disease.[8] Reversing these trends will require coordinated, upstream, midstream, and downstream strategies to improve the health of our state, reduce disparities, and the associated costs.

The Commission released the 2016 Medical Expert Panel White Paper on Obesity and Diabetes which highlighted policy recommendations. These strategies include, but are not limited to, targeting disparities in the development of the state diabetes plan, incentivizing providers who serve high risk minority populations, improving cultural and linguistic competency among healthcare professionals, and increasing access to chronic disease self-management programs.[9]

The Commission was charged through Amended Substitute House Bill 171 and 152 to fund grants that promote health and prevent disease among Ohio's minority populations. The Commission funds the following grant programs: Infant Mortality, Demonstration, and Local Offices on Minority Health, Minority Health Month and Lupus grants. Graphic displays of the age, gender and racial breakdown of specific grant initiatives, along with additional information on our grant programs are at the end of this testimony for your review.

One significant highlight of our HUBS, based on preliminary data was the provision of care coordination services, through the Certified Community Pathways HUBs, to approximately 1,100 high risk pregnant women of which 65% were from minority population groups. In addition, preliminary data indicates that during the first year of implementation all six HUBs improved the African American low birth weight rates when compared to their respective counties.

<u>Program Monitoring</u>
The Commission provides monitoring and oversight of grantee program progress in several ways:

- Grantees are required to submit quarterly program, evaluation, and fiscal reports.

- Staff conduct annual administrative compliance reviews and provide of technical assistance as needed;

- Staff conduct on-site program and fiscal visits that involve the observation of service delivery, review of program and fiscal documentation, evaluation mechanisms as well as the review of internal fiscal procedures; and

- The Research Evaluation Enhancement Program (REEP), which provides evaluation oversight of major programs on an ongoing basis. REEP is a statewide network of academic and community researchers and evaluators.

Sustainability of funded efforts

The Commission provides capacity building training for grantees to support the sustainability of program efforts. Some examples of sustained efforts are as follows:

- Asian Services in Action, Inc. (ASIA) located in Akron, received initial funding from the Commission and began as a pilot project funded to serve Asian communities. In 2015, we celebrated with ASIA when they opened their International Community Health Center.

- Community Health Access Project (CHAP) located in Mansfield was provided initial funding from the Commission. CHAP has developed what is now a nationally recognized model of community-based care coordination. This model has been expanded through federal grants and managed care contracts. In FY16 and FY17, the Commission received increased funding support to initiate bringing this model to scale in Ohio.

Collaboration Efforts

The Commission has participated in multiple collaborations to include:

- The collaboration with the Ohio Department of Health and the former Office of Medicaid to implement the National Academy of State Health Policy (NASHP) policy initiatives, that resulted in the inclusion of disparity language in the Medicaid Managed Care Contract.

- The collaboration with the Office of Health Transformation to influence the selection of the Patient Centered Medical Home (PCMH) sites to ensure the placements would target racial and ethnic populations and "medical hot spots."

- The Commission serves on the council of the Ohio Patient Centered Primary Care Collaborative a coalition effort to create a more effective and efficient PCMH model of health care delivery in Ohio.

2018/2019 As Introduced Budget

The 2018/2019, as introduced, budget for the biennium reveals GRF appropriations above the 2017 level reflecting a 2.1% increase in FY18 and a 1.4% increase in FY19. This funding level will allow the Commission to stabilize existing grant programs at the FY17 level and maintain the essential staffing needed to ensure oversight of the day to day agency operations, grants management and administrative rule compliance.

The Commission continues to be a good steward of the state's resources and has achieved moderate funding stability over the last fifteen years as a result of aggressive efforts to compete for external grants. It is imperative that we focus our efforts on strategic investments that can save our state money. The Commission on Minority Health is one such investment.

Untreated chronic diseases and unaddressed disparities will continue to result in uncontrollable healthcare costs for Ohio. According to the Health Policy Institute of Ohio, to improve health value, Ohio must address the many factors that impact population health outcomes and healthcare costs.[10]

The future health of our state and our nation as a whole will be largely determined by how effectively we work with communities to reduce and eliminate health disparities between non-minority and minority populations experiencing disproportionate burdens of disease, disability, and premature death.[11]

In summary, the Commission has been visible and active in the state and national efforts to reduce minority health disparities and its associated costs. We appreciate the support of our mission and the opportunity to share with you today.

I would like to inform you that I have profound bilateral hearing loss which will likely require me to ask you to repeat your questions. Thank you in advance for your accommodation. I will be happy to answer any questions you may have at this time.

References

1. U.S. Department of Health and Human Services, (2011). Action plan to reduce health disparities. Retrieved from: http://www.minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf
2. Minority Health and Health Disparities Research and Education Act United States Public Law 106-525 (2000)
3. Ohio Department of Medicaid, 2016. Ohio Medicaid Group VIII Assessment: A Report to the General Assembly. Ohio Department of Medicaid, 2016. Retrieved from: http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf
4. Ohio Department of Medicaid, 2016. Ohio Medicaid Group VIII Assessment: A Report to the General Assembly. Ohio Department of Medicaid, 2016. Retrieved from: http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf
5. US Department of Health and Human Services, 2013. National Vital Statistics Report: Infant Mortality Statistics From the 2013 Period Linked Birth/Infant Death Data Set. Retrieved from: https://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_09.pdf
6. United Health Center for Health Reform and Modernization. (2010) *United States of Diabetes Report: Challenges and Opportunities in the Decade Ahead.* (Working paper 5). Minnetonka: United Health Group. Retrieved from: http://www.unitedhealthgroup.com/~/media/uhg/pdf/2010/unh-working-paper-5.ashx
7. Ohio Department of Health, 2015. The Impact of Chronic Disease in Ohio: 2015. Chronic Disease Epidemiology and Evaluation Section, Bureau of Health Promotion, Ohio Department of Health, 2015 Retrieved from: http://www.healthy.ohio.gov/-/media/ODH/ASSETS/Files/health/Chronic-Disease-Plan/CD-Burden-Final_Webv2.pdf?la=en
8. Ohio Department of Health, 2015. The Impact of Chronic Disease in Ohio: 2015. Chronic Disease Epidemiology and Evaluation Section, Bureau of Health Promotion, Ohio Department of Health, 2015 Retrieved from: http://www.healthy.ohio.gov/-/media/ODH/ASSETS/Files/health/Chronic-Disease-Plan/CD-Burden-Final_Webv2.pdf?la=en
9. Ohio Commission on Minority, 2016. Achieving Equity and Eliminating Obesity and Diabetes within Racial and Ethnic Populations, Medical Expert Panel – Volume 2, Ohio Commission on Minority Health, September 2016. Retrieved from: http://mih.ohio.gov/Portals/0/Medical%20Expert%20Panel/White%20Paper%20Version%202.2%209.20.pdf
10. Health Policy Institute of Ohio. (2014, December 16). *2014 Health Policy Dashboard.* Retrieved from: http://www.healthpolicyohio.org/2014-health-value-dashboard/
11. Centers for Disease Control and Prevention (US), Office of Minority Health and Health Equity. OMHHE's guiding principle. Retrieved from: URL:http://www.cdc.gov/minorityhealth/about/OMHHE.pdf

OCMH – Testimony – Additional Information

Commission significant accomplishments and firsts:

- The creation of Minority Health Month in 1989. This high visibility, statewide wellness campaign which is held each year in April became a national initiative in 2000.

- The creation of the National Association of State Offices of Minority Health (NASOMH) in 2005.

- The creation of a local level infrastructure for minority health by funding Local Offices of Minority Health as well as the creation of national performance standards for the local offices in collaboration with NASOMH.

- The creation of the Research Evaluation Enhancement Project (REEP). REEP is a statewide network of academic and community researchers and evaluators who provide oversight to the evaluation components of the Commission's major grant projects, as well as to promote capacity building.

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. During FY15 and FY16 the Commission funded grants provided services to approximately 70,500 Ohioans.

Minority Health Grants Subsidy Line

Infant Mortality Grants

The leading causes of infant mortality are prematurity and preterm births, sleep-related infant deaths, birth defects and maternal complications of pregnancy. Racial disparities persist for all causes of infant deaths, especially those due to prematurity or sleep-related causes.

This grant initiative is designed to assist the Commission in achieving the Healthy People 2020 goal of reducing the rate of all infant deaths. The Commission funded three new and three existing HUBs during FY16. These three existing HUBs are located in Cincinnati, Mansfield and Toledo, while the three new HUBs are located in Akron, Columbus, and Youngstown.

The Pathways Community HUB Certification Program (PCHCP) promotes accountable care through the certification of organizations that use formal and standardized processes in the delivery of community care coordination services. Vital to certification, is the use of the Pathways Community HUB Model of care coordination, which promotes quality care across 20 pathways to measurably improve birth outcomes, and links payment to performance. The pathways are the metrics that focus on successful resolution of an identified issue. Those issues are focused around 20 pathways that address social determinants of health, or barriers to adequate and early pre-natal care. The required 20 pathways address coordination related to appropriate and timely prenatal

clinical care but also address education, employment, housing, behavioral health, and other linkages to essential services; Services which ensure the high risk mother has a connection to the resources that will stabilize the living environment for her infant.

This model has received endorsement from the Center for Medicaid and Medicare, Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality, National Institutes of Health, and others as an effective community based pay for performance model.

Based on our preliminary data, during the first year, when comparing county data versus HUB data for African American low birth weight, all six HUBs had better (lower) low birth rates for African American babies. For example, the new HUB located in Akron has an African American low birthweight rate of 7.4% whereas Summit County has an African American low birthweight rate of 15.4%. Further, preliminary data indicates that during the first year of implementation 83% of the HUBS have improved or maintained the preterm birthweight rates of their respective counties. For example, during the first year, Health Care Access Now had an 11.1% PT birth rate as compared to their county of 17.3%.

Demonstration Grants

The vast majority of excess deaths reported for minorities are attributed to diseases of the heart (especially hypertension), cancers, type 2 diabetes, infant mortality, substance abuse, and violence. All of these diseases and conditions are preventable. The demonstration grants are performance based and designed to fund projects to measurably improve the health status of, and reduce the risk factors responsible for premature deaths in the targeted population groups. Demonstration grantees are required to obtain a REEP evaluator and must implement mandatory clinical screens in compliance with the Healthy People 2020 standards for disease prevention.

In addition, Demonstration grantees are required to link to healthcare resources for participants that have no insurance in addition to providing referrals for any abnormal screens. These grants may target the Commission's focus areas of cancer, cardiovascular disease, diabetes, infant mortality, substance abuse, or violence. Current grants are two year projects, awarded up to $75,000 per year serving Ohioans within Cuyahoga, Hamilton and Lucas counties (FY 15 grants were also in Summit County) During FY15 and FY16, the Demonstration Grantees served approximately 1,400 participants targeting diabetes prevention, infant mortality, and cardiovascular disease prevention.

Local Offices of Minority Health (LOMH)

Local Offices of Minority Health are funded in Akron, Cleveland, Columbus, Dayton, Toledo and Youngstown. The intended outcomes of Local Offices 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.

During FY 15 and FY 16, the LOMH's served 44,400 individuals. LOMH's are required to implement an action plan to meet the following national core competencies: monitor health status; inform, educate and empower people; mobilize community partnerships and action; and develop policies and plans to support health efforts. These grants are funded up to $52,500 per year. At the recommended funding level, these grants will be retained at the FY17 level.

Minority Health Month Grants (MHM)

During FY15 and FY16, 82 grants were funded which served over 18,339 Ohioans within 18 counties of Ohio. In addition to providing education on healthy lifestyles, over 20,159 health screens were also provided to Ohioans. Of the health screens provided 2,044 or 10% were abnormal and participants were provided with follow-up and medical referrals to primary care or health care resources. These grant award amounts were up to $3,000 for hosting events in April.

Miscellaneous Supplemental Grants (MGS)

Miscellaneous Supplemental Grants are designed to sponsor health related activities that raise the visibility of the Commission and increase the focus of minority health disparities. These activities must reach and impact Ohioans from no less than five counties, and have a focus on racial and ethnic populations. Highlights from FY 15 and 16 one-time events include providing funding for; conducting approximately 2,700 health screenings at the Asian Festival and Festival Latino, and sponsorship the 2016 Ohio Association of County Behavioral Authorities Recovery Conference.

Lupus Grants Subsidy Line

Lupus Grants

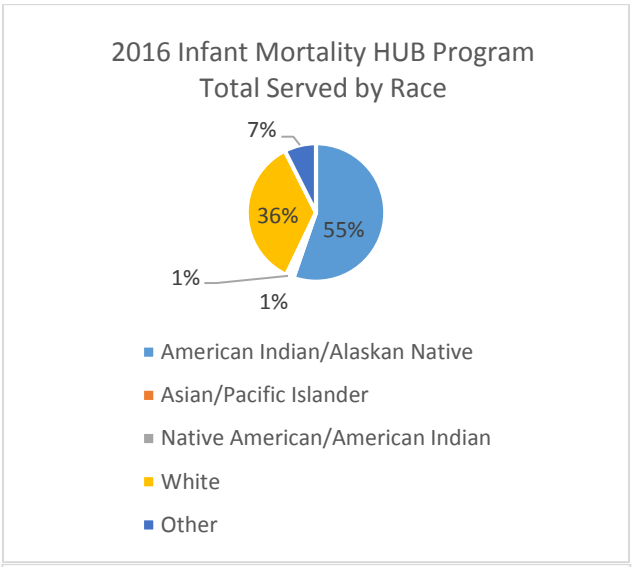
Amended Substitute House Bill 152 charged the Commission with the administrative responsibility of funding grants to raise the awareness and education of Lupus. Lupus is an autoimmune disease that can affect multiple organs. The disease is difficult to diagnose and onset is often during the reproductive years. The Lupus program goals are to increase awareness and education of lupus, to provide resources to persons with lupus, and their caregivers through the provision of optimal health support groups and workshops. In addition, grantees provide linkages to primary care and health care resources. The Commission funded six Lupus programs during this current biennium that provide services in Cuyahoga, Jefferson, Lorain, Lucas and Ross counties.

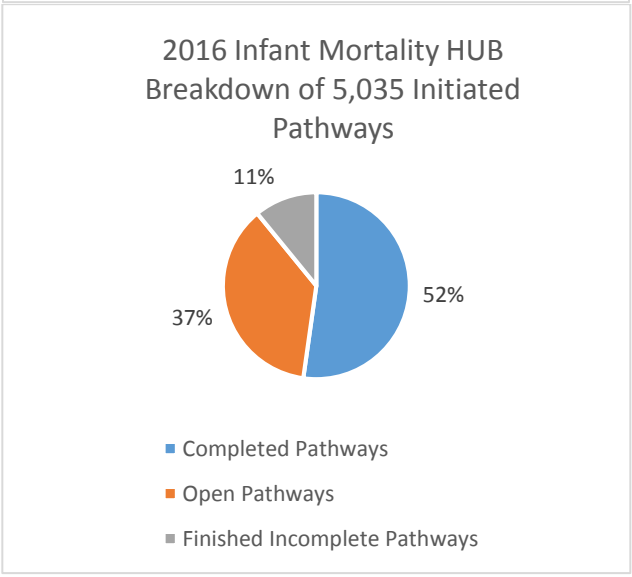
Lupus programming served over 1,751 participants during FY15 and FY16. These grant awards are up to $16,000 per year, at the recommended funding level, these grants will be retained at the FY17 level. During FY 15 and FY 16, 3,252 people completed the Lupus Symptom Checklist Assessment Tool. Of those who completed the assessment tool, 487 out of the 3,252 people showed that they had four or more symptoms of Lupus. 96% of the individuals who showed 4 or more symptoms of lupus, received referrals to healthcare providers.

FY 2015 and 2016 Grant Demographics

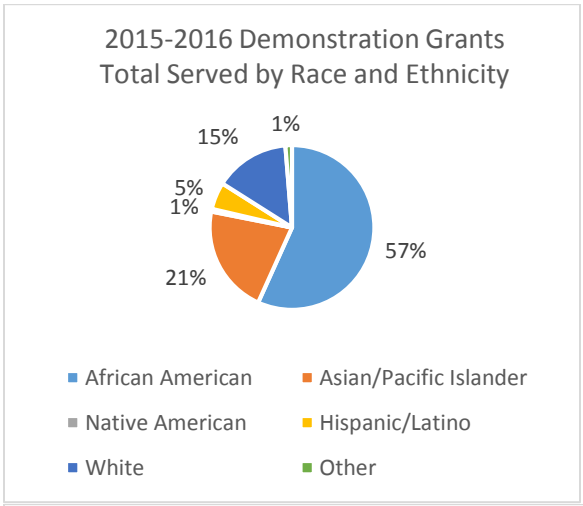
A total of approximately 70,500 people received services during FY 2015 and 2016. Commission funded projects serve all Ohioans who present for services. Listed below are the age, gender, and ethnic breakdowns for specific grant initiatives can be found on the attached pie charts.

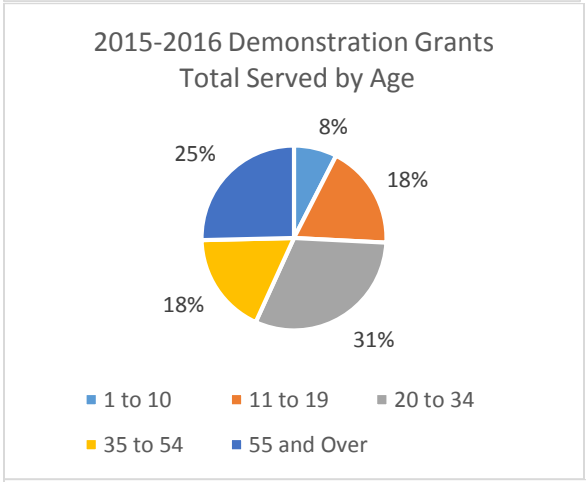
2016 Infant Mortality HUB Grant Race and Pathways Charts

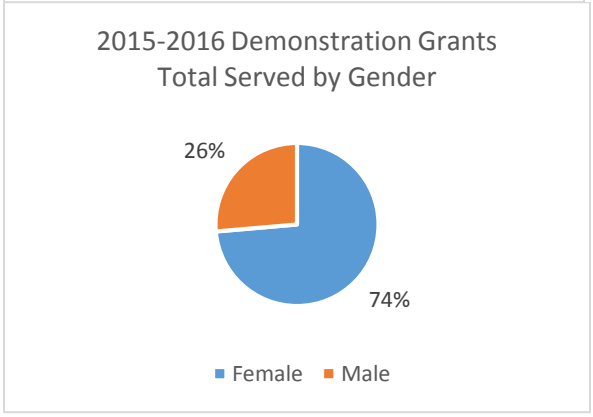




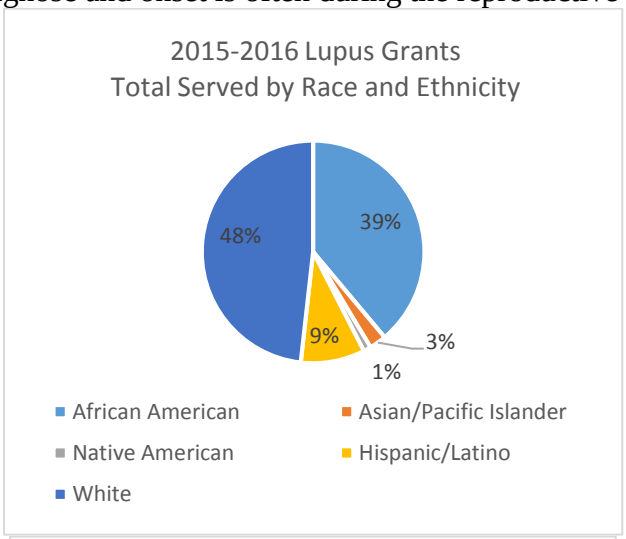
The funded Demonstration grants are two year projects that address the prevention of infant mortality and diabetes. These projects target culturally appropriate strategies to address measurable behavior change.

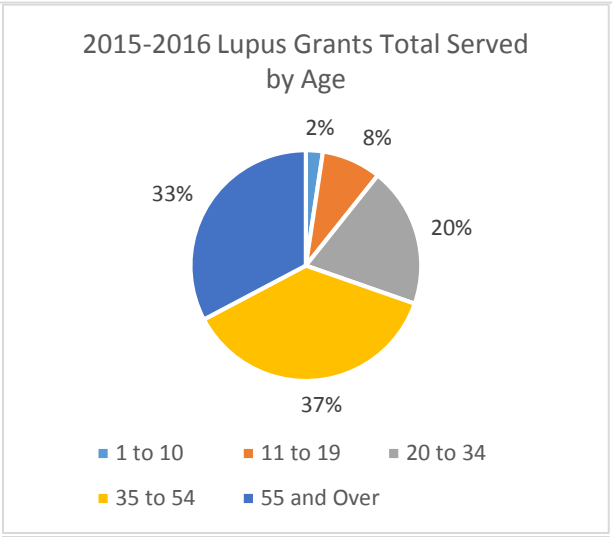


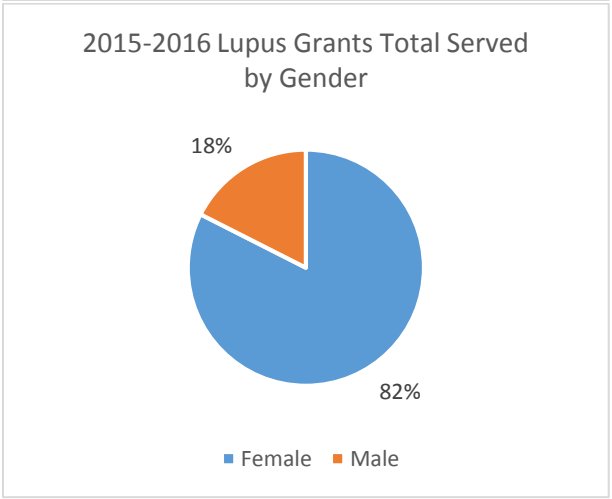




Systemic Lupus Erythematosus is an autoimmune disease that can affect multiple organs. The disease is difficult to diagnose and onset is often during the reproductive years.







Minority Health Month is a 30 day, high visibility, wellness campaign.