

**Ohio Senate**  
**Finance Committee**

Ohio Commission on Minority Health  
2020-21 Budget Testimony

Thursday, June 13, 2019 at 10:00 am

---

Good afternoon Chairman Dolan, Ranking Minority Member Sykes and esteemed members of the Senate Finance Committee. 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. I am testifying for your support in the restoration of the Lupus funding to the Ohio Commission on Minority Health.

Lupus Grants

In 1995, Amended Substitute House Bill 152 charged the Commission with the administrative responsibility of funding grants to raise the awareness of and education on 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. Approximately 1.5 million Americans are living with lupus. The disease is 8 to 10 times more likely to occur in women than in men, and 3 to 4 times more likely to affect African Americans than White Americans. This disease also impacts Latinos, Asian Americans and Native Americans. According to the 2016, Ohio Department of Health – Lupus Needs Assessment, despite the relatively low incidence and prevalence of lupus, it is a disease with significant health disparities and predominately affects women and communities of color.

In 1995, pursuant to Amended Substitute House Bill, \$118,200 was transferred from the Ohio Department of Health to the Commission on Minority Health to ensure Lupus Education and Awareness programming would provide outreach to racial and ethnic minorities who experienced significant health disparities. The Commission initiated a competitive grant application process and has funded Lupus education and awareness programs in Ohio for over 20 years.

The grant funded Lupus programs are designed to increase awareness and education of lupus through the provision of monthly face-to-face optimal health support groups and workshops to persons with lupus and their caregivers. In addition, the funded non-profit community-based agencies provide essential linkages to primary care and health care resources as well as outreach services.

Community-based organizations provide educational programming that increases the knowledge level of participants on the impact of Lupus on their health and body system with the goal of increasing health literacy.

This increased knowledge is designed to empower participants to improve self-care and engage effectively with health care professionals. According to the research, community-based supportive services are effective strategies for addressing health disparities, empowering patients in their own care, and reducing the burden on the healthcare system.

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 visits that involve the observation of service delivery, review of program activities, evaluation mechanisms as well as fiscal reviews of documentation, and internal fiscal procedures; along with
- Program evaluation support by the Research Evaluation Enhancement Program (REEP). REEP is a statewide network of academic and community researchers and evaluators.

During FY18 and FY 19 the Commission funded Lupus programs at \$16,000 per fiscal year that provided services in Cuyahoga, Franklin, Lorain, Lucas, Montgomery, and Ross counties.

As of June 3, 2019, the Commission has received six competitive grant applications for funding consideration in FY20 which have been distributed for review and scoring. Without the restoration of this funding, these organizations will not have the means to provide these essential services. The grant applicants for FY20 are listed on page six in my testimony along with the organizations funded in FY18 and FY19.

In the Executive Version of the Budget, the Commission received an increase of \$102,880 in our Lupus 149502 subsidy funding line bringing the total to \$196,000, which included our existing funding level of \$93,120.

The transfer of the \$102,880 increase in funds was initiated by OBM from the ODH to the Commission's budget. It was our understanding that the initial purpose of these funds was to initiate a statewide Lupus Council, a public awareness campaign and to expand education and awareness. The Commission's funding line only allows the provision of subsidy funding through a competitive grant process. The Commission worked with Representative Romanchuk to submit language to retain our funding at \$93,120 and allow the remaining \$102,880 to be available for the initial intended purpose.

A subsequent budget amendment provided an earmark to the Lupus Foundation of America's – Greater Ohio Chapter which eliminated the Commissions funding of \$93,120.

This earmark was placed in the Ohio Department of Health's budget and has resulted in our budget line item being zeroed out.

This earmark removed the state's capacity to provide a consistent competitive grant opportunity. These funds have provided community-based non-profit organizations to provide Lupus programming to Ohioans suffering with Lupus for over 20 years.

Dr. Amy Action, Director of the Department of Health (ODH) has stated that ODH did not initiate any amendments or language changes that impacted the Commission's budget. In addition, Dr. Amy Acton stated that ODH does not have any concerns related to the Commission's efforts to restore their Lupus funding which is documented in an email on page five of my testimony.

The Commission has submitted a budget amendment to restore \$93,120 to our budget which will allow us to retain our capacity to serve Ohioans who suffer with lupus.

In addition, Graphic displays of the age, gender and racial breakdown of the Lupus and other specific grant initiatives, along with additional information on our grant programs are at the end of this testimony for your review.

In summary, the Executive Version of the Budget allocated a total of \$196,000 to the Lupus Program, the current version of the budget has allocated a total of \$93,120 in an earmark to a single organization, the Lupus Foundation of America – Greater Ohio Chapter leaving a \$102,880 difference.

The Commission is pursuing a restoration of our FY19 funding level of \$93,120 which will not exceed the Executive Version of the Budget funding level. This funding will continue the support of our competitive grant program which provides up to six non-profit community-based entities in the state to provide Lupus Awareness and Education programming to Ohioans suffering with Lupus.

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. US Centers for Disease Control and Prevention. Lupus Detailed Fact Sheet. <https://www.cdc.gov/lupus/facts/detailed.html>. Updated January 8, 2018. Accessed on March 19, 2018.
2. Helmick, C.G., Felson, D.T., Lawrence, R.C., Gabriel, S., Hirsch, R., Kwoh, C.K., et al, for the National Arthritis Data Workgroup. (2008). [Estimates of the prevalence of arthritis and other rheumatic conditions in the United States: Part I](#). *Arthritis Rheum*; 58(1):15–25.
3. Gilkeson GS, James JA, Kamen DL, et al. [The United States to Africa lupus prevalence gradient revisited](#). *Lupus*. 2011;20(10):1095-1103.
4. Demas, K.L., & Costenbader, K.H. (2009). Disparities in lupus care and outcomes. *Current Opinion in Rheumatology*, 21(2), 102-109.
5. 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](http://www.minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf)
6. 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](http://www.healthy.ohio.gov/-/media/ODH/ASSETS/Files/health/Chronic-Disease-Plan/CD-Burden-Final_Webv2.pdf?la=en)
7. Health Policy Institute of Ohio. (2014, December 16). *2014 Health Policy Dashboard*. Retrieved from: <http://www.healthpolicyohio.org/2014-health-value-dashboard/>

## **Dawson, Angela**

---

**From:** Wilson, Erica  
**Sent:** Friday, June 07, 2019 4:08 PM  
**To:** Dawson, Angela  
**Cc:** Acton, Amy; Himes, Lance  
**Subject:** FW: Ohio Commission on Minority Health - URGENT REQUEST - Regarding Lupus funding  
**Attachments:** Commission on Minority Health Budget Amendment.pdf; ATT00001.htm; Lupus Awareness Line Item Description DOH.png; ATT00002.htm; ODH Lupus Awareness Line Item.png; ATT00003.htm

Director Dawson,

It was good to speak with you this afternoon. As mentioned during our call, we discussed the changes made by the House during the budget process that zeroed out the Commission's lupus funding and transferred funding to ODH to administer the lupus program. ODH did not seek the lupus funding changes made in the House, and we have no concerns with the Commission seeking to restore their lupus funding during the Senate budget process.

Please feel free to contact me with any questions. Thanks, Erica

### **ERICA WILSON**

DIRECTOR OF GOVERNMENT AFFAIRS  
OHIO DEPARTMENT OF HEALTH  
246 NORTH HIGH STREET  
COLUMBUS, OHIO 43215  
**O: (614) 728-2428**  
**C: (614) 359-4098**

**FY18 & FY19 Lupus funded grantees**

Cuyahoga County – Senate Districts 24 & 25 & House Districts 6 & 12

Lupus Foundation of America – Greater Ohio Chapter \$16,000

William E. Sanders Family Life Center \$16,000

Franklin County – Senate District 15 & House District 25

Asian American Health Coalition \$16,000

Ross County - Senate District 17 & House District 92

Ross County Community Action Agency \$16,000

Lorain County – Senate District 13 & House District 56

Lorain UMADOAP \$16,000

Lucas County – Senate District 11 & House District 46

Nuestra Gente \$16,000

Montgomery County – Senate District 5 & House District 39

Dayton UMADOAP \$16,000

**FY20 Competitive Grant Applicants**

On April 22, 2019 the Commission released the FY20 Lupus grant applications and the following organizations have applied for funding:

Cuyahoga County – Senate Districts 24 & 25 and House Districts 6 & 12

Lupus Foundation of America – Greater Ohio Chapter \$16,000

William Sanders Family Life Center \$16,000

Ross County - Senate District 17 & House District 92

Ross County Community Action Agency \$16,000

Lorain County – Senate District 13 & House District 56

Lorain UMADOAP \$16,000

Lucas County – Senate District 11 & House District 46

Nuestra Gente \$16,000

Montgomery County – Senate District 5 & House District 39

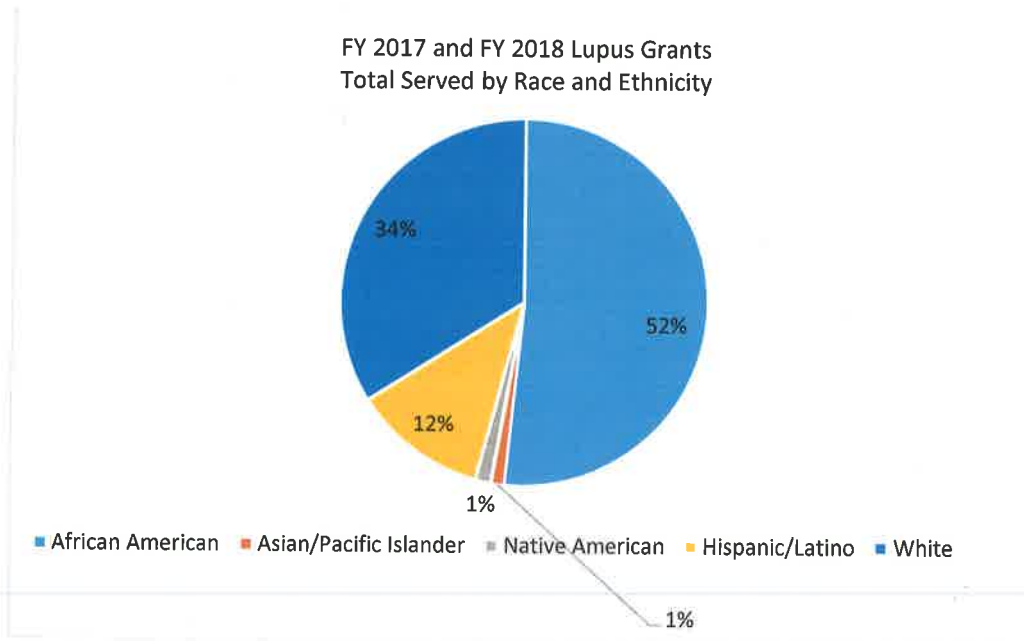
Dayton UMADOAP \$16,000

### 2017 and 2018 Grant Demographics

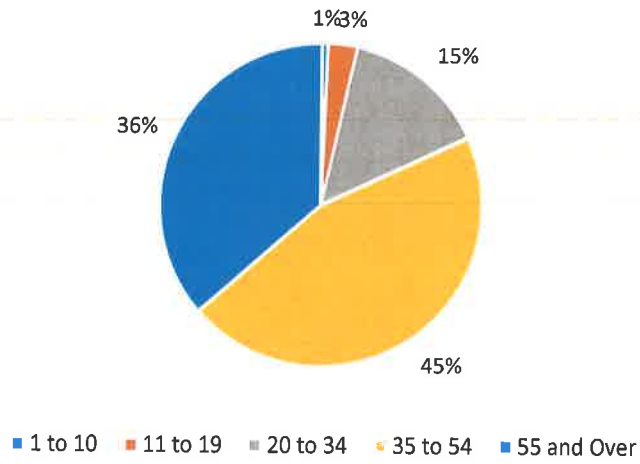
A total of approximately 101,000 Ohioans received services during 2017 and 2018. Commission funded projects serve all Ohioans who present for services. Listed below are the age, gender, and ethnic breakdowns for specific grant initiatives can be found on the attached pie charts.

### 2017 and 2018 Lupus Grant Programs

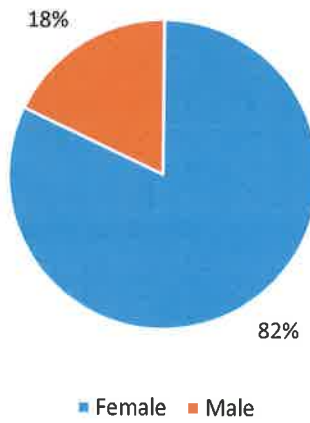
Systemic Lupus Erythematosus is an autoimmune disease that can affect multiple organs. The disease is difficult to diagnose, and onset is often during the reproductive years. Total numbers served for Lupus Grant programs for FY17 and FY18 - 362



### FY 2017 and FY 2018 Lupus Grants Total Served by Age



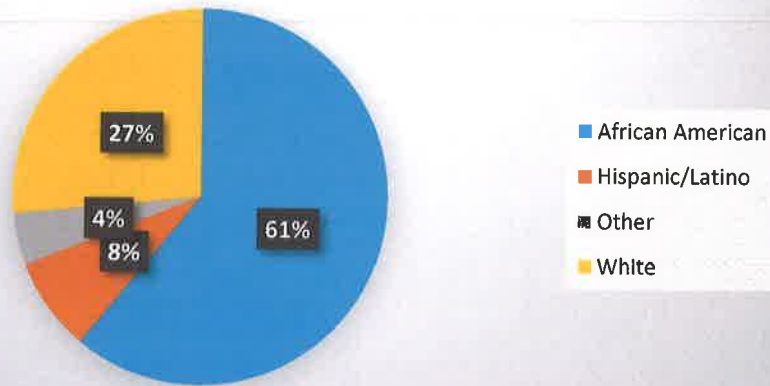
### FY 2017 and FY 2018 Lupus Grants Total Served by Gender





**2017 and 2018 Infant Mortality Hub Grants**

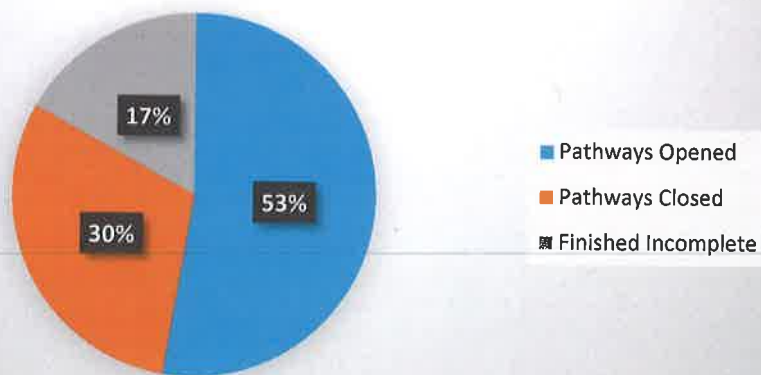
**2017 Infant Mortality Hub Program  
Total Served by Race and Ethnicity**



Total numbers served for IM Hub Grants for FY17 - served 822 Ohioans

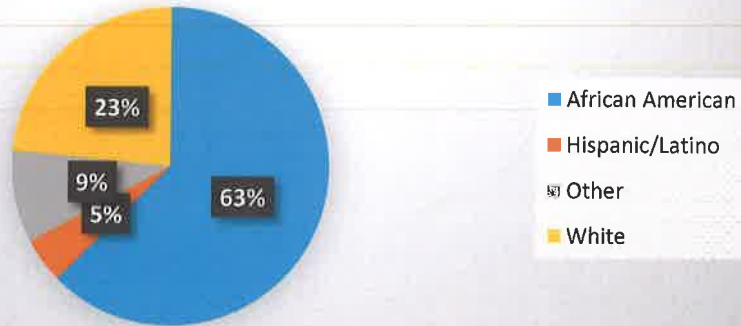
African American	Hispanic/Latino	Other	White
501	66	37	218

**2017 SOCIAL DETERMINANT  
PATHWAYS**



Total number of Social Determinant Pathways for FY17 - 5682

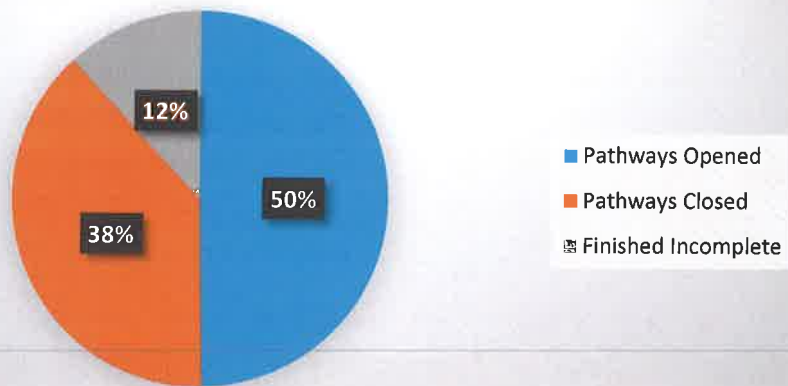
## 2018 Infant Mortality Hub Program Preliminary Data - Total served by Race and Ethnicity



Total numbers served for IM Hub Grants for FY18 – served 605 Ohioans

African American	Hispanic/Latino	Other	White
378	28	57	142

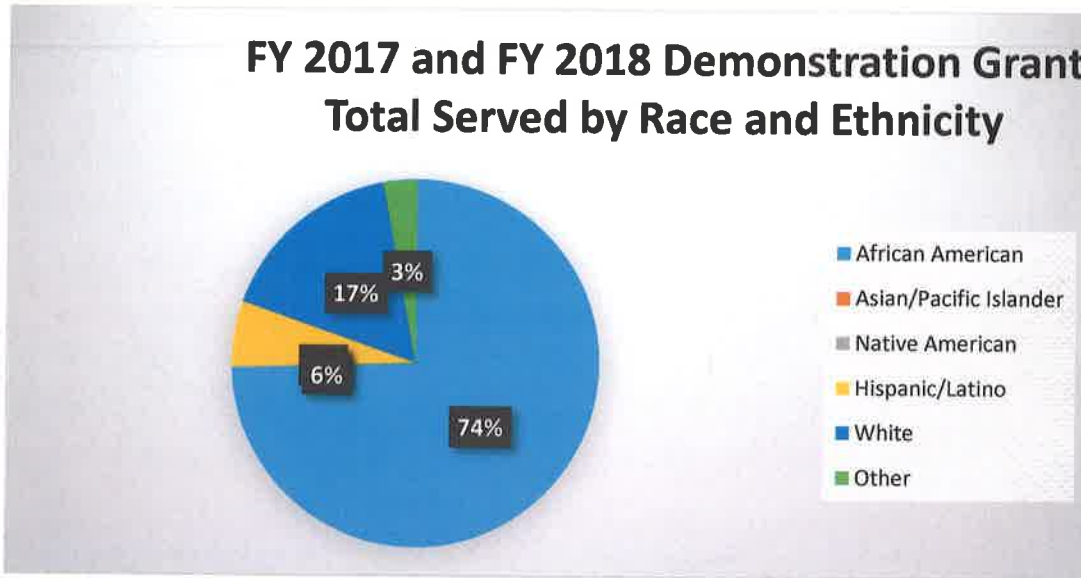
## 2018 PRELIMINARY SOCIAL DETERMINANT PATHWAYS



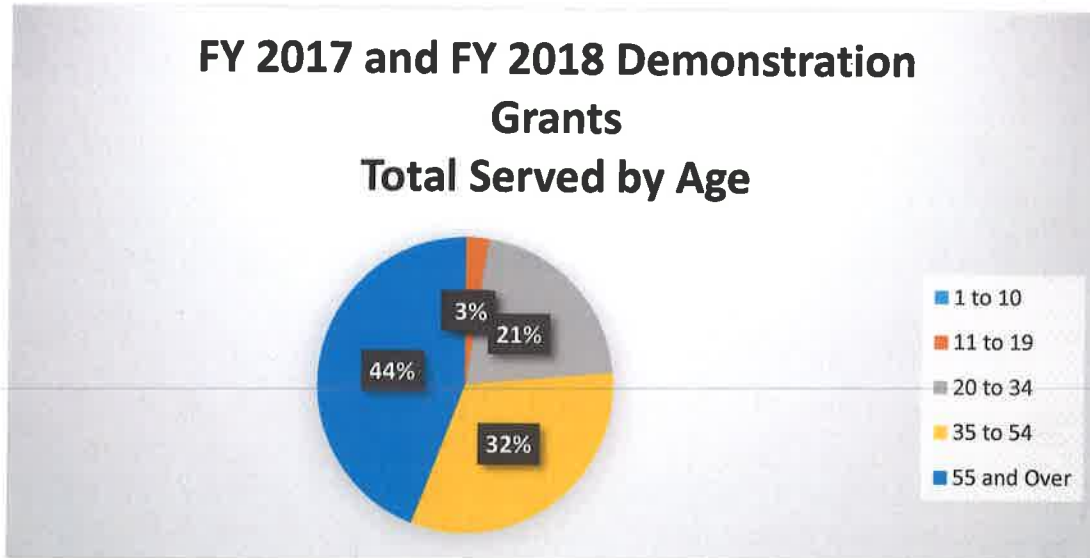
Total number of Social Determinant Pathways for FY18 - 8982

### 2017 and 2018 Demonstration Grant Programs

These grantees are funding for two-year projects that address the prevention of infant mortality and diabetes. These projects target culturally appropriate strategies to address measurable behavior change.



Total numbers served for Demonstration Grants for FY17 and FY18 – served 575 Ohioans

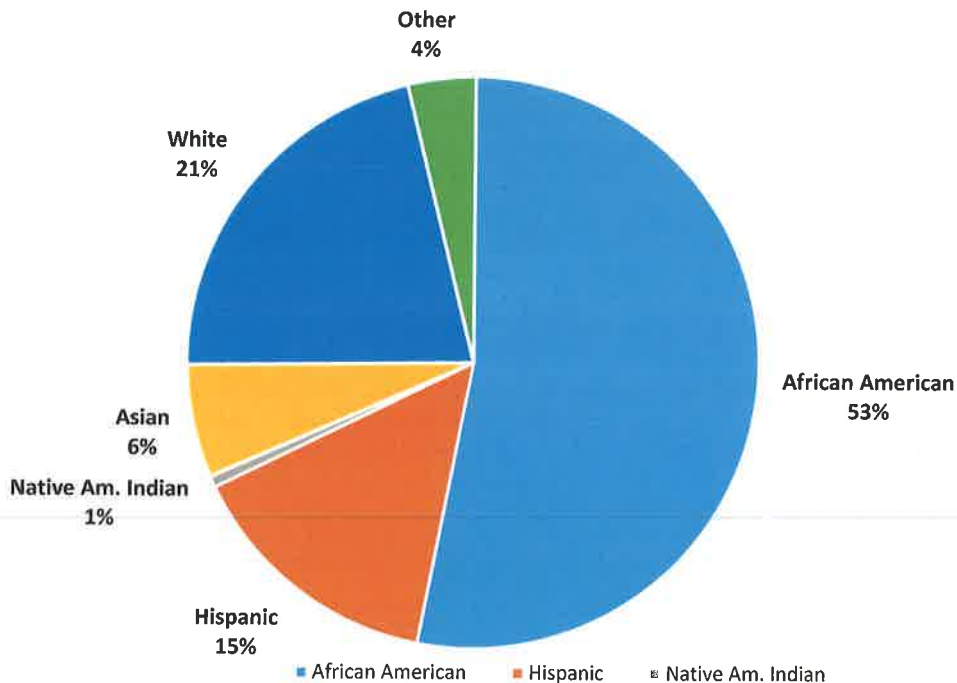


## FY 2017 and FY 2018 Demonstration Grants Total Served by Gender



**Minority Health Month is a statewide 30-day, high visibility and wellness campaign held annually in April.**

## FY 2017 and FY 2018 Minority Health Month Participants by Race and Ethnicity



**Ohioans served during Minority Health Month FY17 and FY18 was 16,639**

## 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.

### 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.

Currently, all of the Ohio Medicaid Managed Care plans contract with this model. Buckeye Health Plan conducted a retrospective cohort study of over 3,700 deliveries from 2013-2017, focusing on the Toledo Hub. This study identified a 236% return on investment with per/member per/month savings for high, medium and low risk members.<sup>6</sup> In addition, the study highlighted that high-risk pregnant women in the Hub's area who did not participate in the Hub's services had a 1.55 times greater likelihood of having an infant that needed Special Nursery Care or Neonatal ICU Services.<sup>7</sup> According the March of Dimes, the average length of stay for a baby admitted to the NICU is 13.2 days. The average cost of a NICU admission is \$76,000 with charges exceeding \$280,000 for infants born prior to 32 weeks gestation (March of Dimes, 2011). As we seek out strategies to improve African American infant mortality rates, this model has proven it is worth the investment.