

Ohio Senate
Judiciary Committee

Ohio Commission on Minority Health
Senate Bill 18 – Proponent Testimony

Wednesday, September 25, 2019

Good morning Chairman Eklund, Ranking Minority Member Thomas and esteemed members of the Senate Judiciary Committee. My name is Angela Dawson; I am the Executive Director of the Ohio Commission on Minority Health.

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 maximizes its resources to address chronic diseases and conditions that account for the majority of excess deaths in minority populations such as cancer, cardiovascular disease, diabetes, substance abuse, violence and infant mortality.

The United States has the highest incarceration rate of women in the world, with over 205,000 women behind bars in either state and federal prisons or jails. The female incarcerated population has experienced an eightfold increase since the 1970s, with more women being incarcerated now than at any other point in U.S. history, and this rapid, unprecedented growth is predicted to continue.

The significant increase in incarcerated women is largely related to increased drug sentences coupled with mandatory minimum sentencing laws for low-level drug offenses. The data reveals that women are more likely than men to be in prison or jail for nonviolent, low-level drug-related crimes, especially poor women of color, who bear a significant disparity. Further, given Ohio's current opioid epidemic, we can only anticipate that the number of incarcerated women will likely increase.

The Bureau of Justice Statistics (BJS) indicated that there were more than 110,000 women in federal and state prisons in the United States at year-end, 2016. The majority of women in prison and jail are in their reproductive years, with 75 percent of these women being 18-44 years old.

A 2004 BJS survey found that 3 percent of women in federal prisons and 4 percent of women in state prisons reported they were pregnant at intake.

Given the pregnant mother's status as an offender, the condition of pregnancy and delivery in states without guidelines, are not handled consistently during care. One aspect of this care deserves particular attention: the shackling of pregnant women in transport and during labor and delivery.

As historically male-focused institutions, correctional facilities were not designed to address the needs of pregnant incarcerated women.

According to the recent John Hopkins University School of Medicine study on pregnant women in US prisons, "currently, there are no mandatory standards for prenatal and pregnancy care for women in prisons."

The overview of this data clearly points to the need for Ohio to examine how our system currently accommodates the needs of incarcerated pregnant women. It presents an opportunity for us to work together to ensure consistent access to high quality prenatal care, the reduction of stressors and trauma that support a healthy delivery as well as transition the mother to successful postpartum recovery.

Unfortunately, Ohio law is silence on shackling pregnant inmates is in contrast to other states. Over twenty states prohibit or limit shackling of pregnant inmates. Recently, federal legislation, the First Step Act, was signed which bans restraints on all pregnant inmates in federal custody from the time the pregnancy is confirmed to postpartum recovery. This sets a clear federal standard for Ohio to consider.

Ohio must speak to this issue and support this legislative effort. While the Commission would welcome legislation that mirrors the current federal First Step Act, we do recognize that this legislative effort is an important first step for Ohio.

In 2011, the American College of Obstetricians and Gynecologists (ACOG) released a committee opinion concluding that "physical restraints have interfered with the ability of physicians to safely practice medicine by reducing their ability to assess and evaluate the physical condition of the mother and the fetus. Further, physical restraints have similarly made the labor and delivery process more difficult than it needs to be; thus, overall putting the health and lives of the women and unborn children at risk."

According to the American College of Midwives, shackling a woman by the ankles, wrists, and/or waist during pregnancy and delivery is medically hazardous and emotionally traumatizing. During labor and delivery, shackling interferes with a woman's ability to assume various positions and prevents her immediate transport to the operating room if necessary.

The American Medical Association also supports limits on restraints of pregnant inmates indicating that the restrictions are unnecessary and dangerous to a women's overall well-being.

Ohio's current practices of restraint of pregnant inmates varies significantly across institutions and facilities at the state and local level. This legislation is a much-needed first step in the effort to ensure consistent policies and practices.

Ohio has increased its attention and efforts to address infant mortality. In 2013, Ohio achieved the Healthy People 2020 goal of 6.0 per 1000 live births for white infants and have continued to achieve this over the last 5 years with 2017 data reflecting a 5.3 white infant mortality rate. However, in that same year, Ohio's Black 2017 infant mortality rate worsened to 15.6 per 1,000 live births, which is nearly three times the White infant mortality rate of 5.3 per 1,000 live births.⁵

Consequently, Ohio is ranked 40th overall in the nation for infant mortality and is ranked 49th the nation for African-American infant mortality (CDC, 2018).

The effort to address policies on pregnant inmate's restraints must be a part of this overarching effort to improve Ohio's birth outcomes and eliminate birth outcome disparities.

In summary, the Commission would welcome legislation that prevents shackling throughout the entire pregnancy and postpartum recovery; however, we recognize that this legislative effort is an important first step. I appreciate 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 and Resources

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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.

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.

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 HUB Model is a pay-for-performance, nationally certified, evidence based, community care coordination approach that has also demonstrated effectiveness within racial and ethnic populations.

The Commission funded six Hubs in during FY18 and FY19. Currently, the three existing HUBs are located in Cincinnati, Mansfield and Toledo, while the three new or newly certified HUBs are located in Akron, Canton, and Youngstown. We have traveled the state to inform communities of our funding and have received indications from Cleveland, Columbus and Dayton that they are interested in applying for the upcoming funding cycle. However, our funding level is limited and will only provide for funding a total of six hubs.

The Pathways Community HUB National Certification Program (PCHCP) promotes accountable care through the certification of Hub organizations. The Hubs are required to use formal and standardized processes in the delivery of community based care coordination services. Certification requires the use of the Pathways Community HUB Model, 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. The 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.

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, Lucas and Richland counties were served during FY 17 and 18. During FY17 and FY18, the Demonstration Grantees served approximately 575 participants targeting diabetes prevention and infant mortality. These grants are currently funded at \$75,000 per year, at the Governor's recommended funding level, these grants will be retained at the FY19 level.

Local Offices of Minority Health (LOMH)

Local Offices of Minority Health are funded in Akron, Cleveland, Columbus, Dayton, Toledo and Youngstown. 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. The intended outcomes of Local Offices are to provide a local presence for issues of minority health, collaborate with Commission funded initiatives, strengthen the ability to pursue national funding, and serve as a mechanism for local governments to collect relevant and consistent data.

During FY 17 and FY 18, the LOMH's served 77,741 individuals averaging an annual 6400 individuals served per LOMH per year. These grants are funded up to \$52,500 per year. At the recommended funding level, these grants will be retained at the FY19 level.

Minority Health Month Grants (MHM)

During FY17 and FY18, 87 grants were funded which served over 16,639 Ohioans within 15 counties of Ohio. In addition to providing education on healthy lifestyles, over 6,806 health screens were also provided to Ohioans. Of the health screens provided 1,439 or 20% 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 17 and 18 one-time events providing services for over 4600 Ohioans. This included providing funding for; statewide Latino health summits, cultural competency trainings and a recovery conference. In addition, the funding supported conducting approximately 10,050 health screenings at the Asian Festival, Festival Latino, and African American Male Wellness Walk with required referrals for abnormal screens.

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

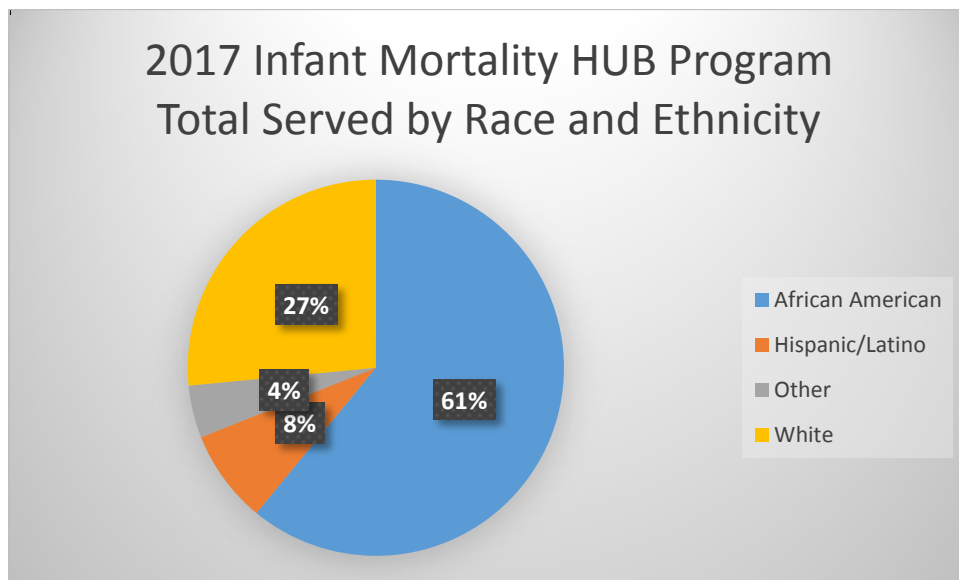
during this FY 17 and FY 18 that provide services in Cuyahoga, Montgomery, Lorain, Lucas, Montgomery, and Ross counties.

Lupus programming served over 362 participants during FY17 and FY18. In the current biennium, the grant awards are up to \$16,000 per year. During FY 17 and FY 18, 5,146 people completed the Lupus Symptom Checklist Assessment Tool. Of those who completed the assessment tool, 291 people showed that they had four or more symptoms of Lupus. 98% of the individuals who showed 4 or more symptoms of lupus, received referrals to healthcare providers.

2017 and 2018 Grant Demographics

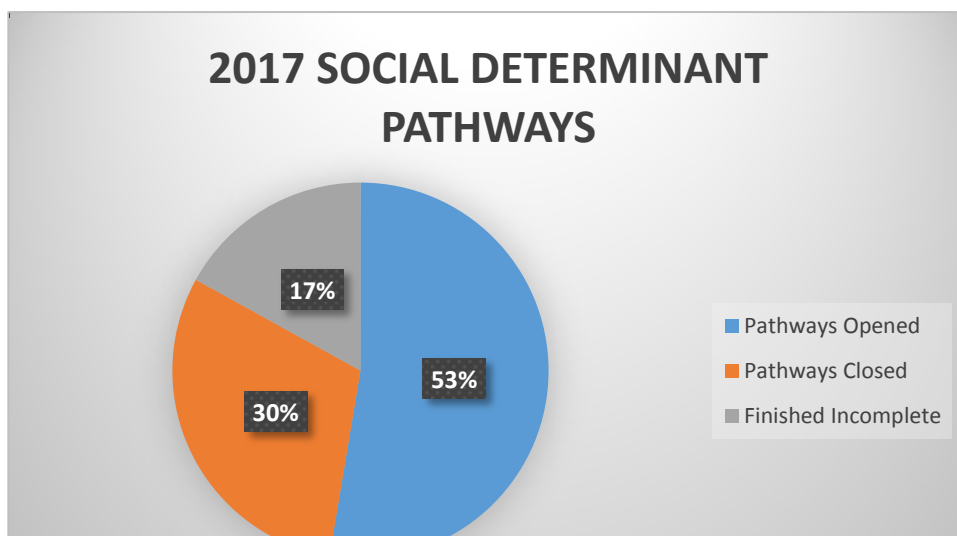
A total of approximately 101,000 Ohioans people received services during 2017 and 2018. Commission funded projects serve all Ohioans who present for services. Listed below are the age, gender, and ethnic breakdowns for specific grant initiatives can be found on the attached pie charts.

2017 and 2018 Infant Mortality HUB Grants

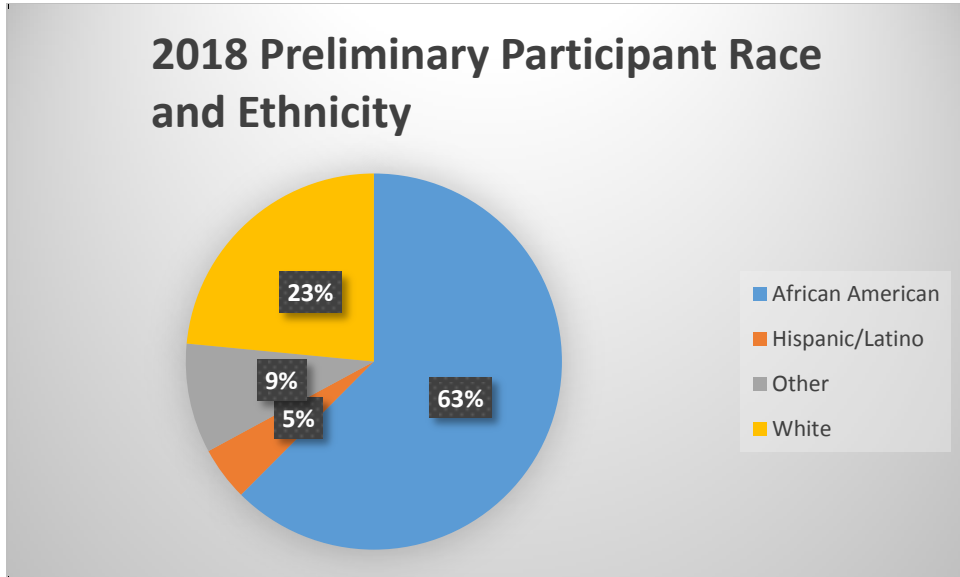


Total numbers served for IM Hub Grants for FY17 - 822

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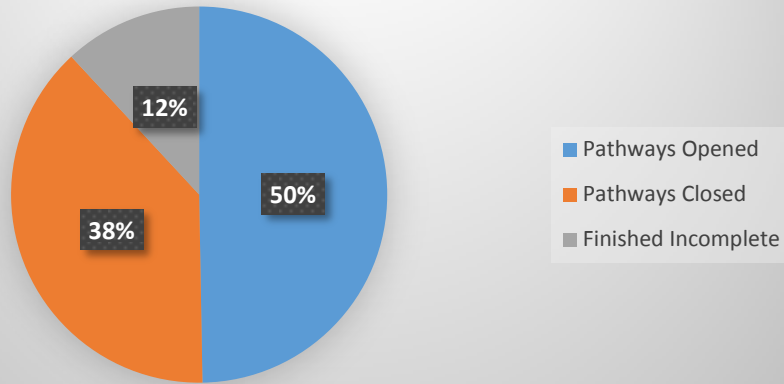
Total number of Social Determinant Pathways for FY17 - **Insert total number of pathways?**



Total numbers served for IM Hub Grants for FY18 - 605

African American	Hispanic/Latino	Other	White
378	28	57	142

2018 PRELIMINARY SOCIAL DETERMINANT PATHWAYS

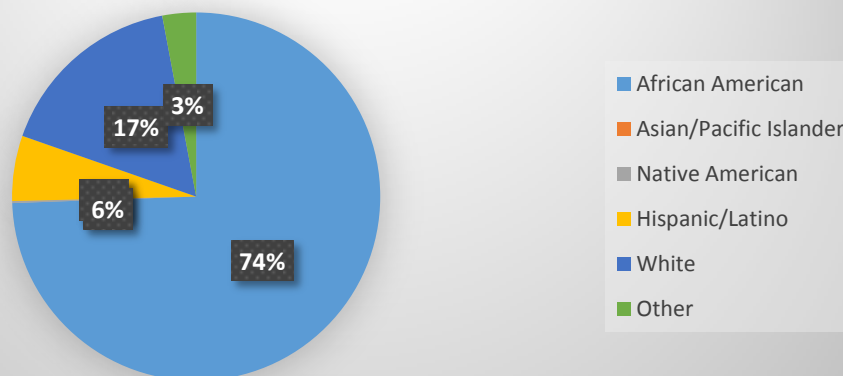


Total number of Social Determinant Pathways for FY18 -

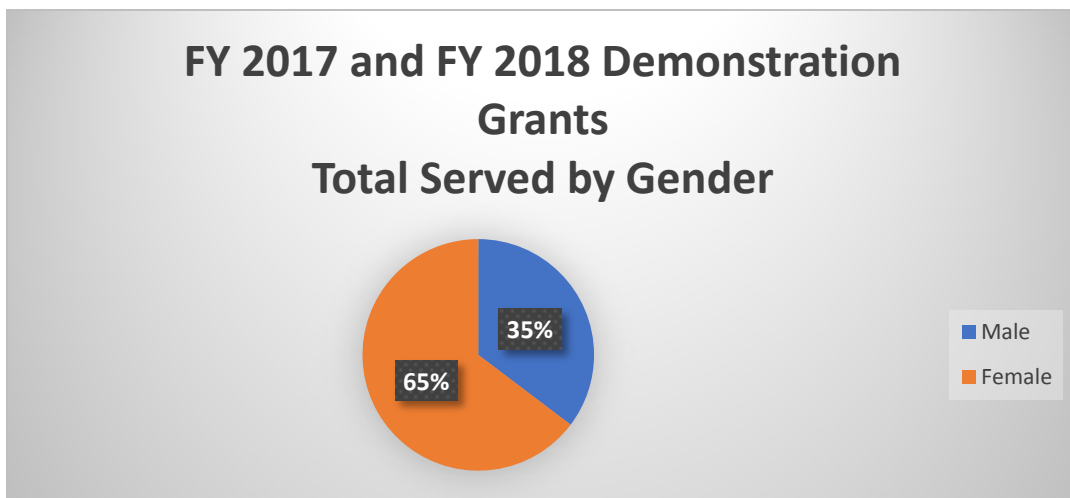
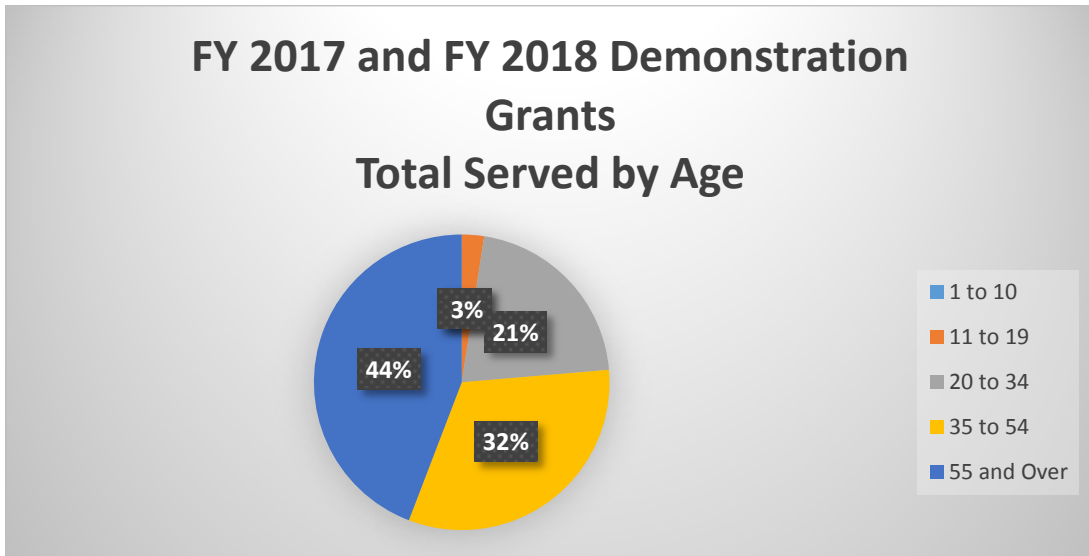
2017 and 2018 Demonstration Grant Programs

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.

FY 2017 and FY 2018 Demonstration Grant Total Served by Race and Ethnicity

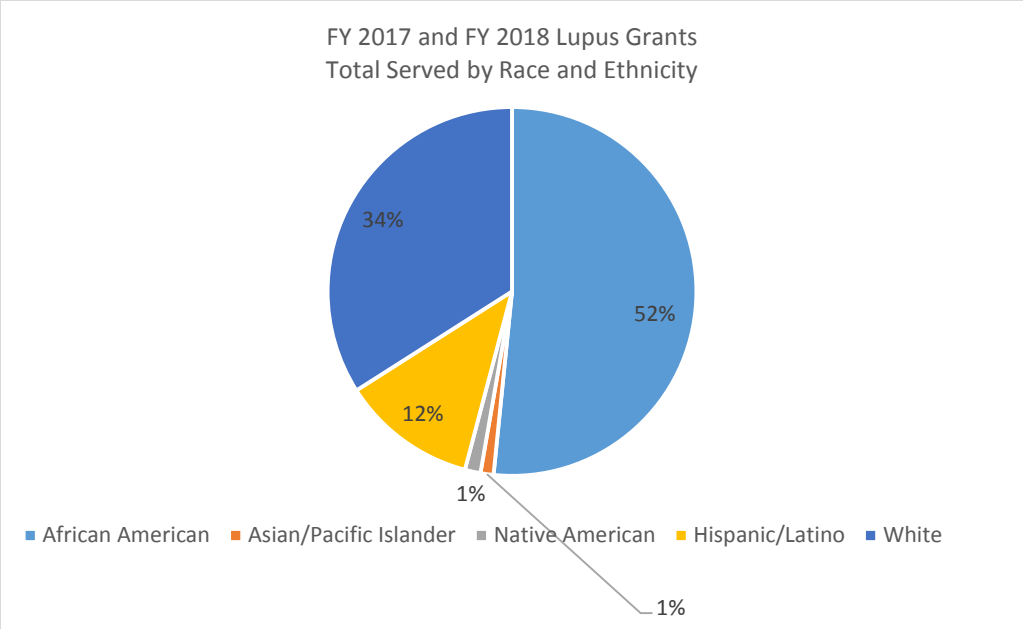


Total numbers served for Demonstration Grants for FY17 and FY18 - 575

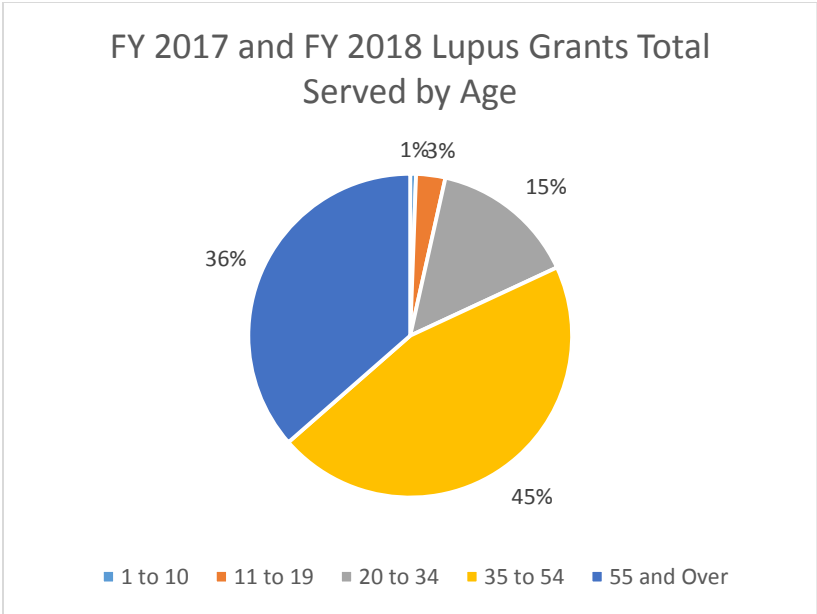


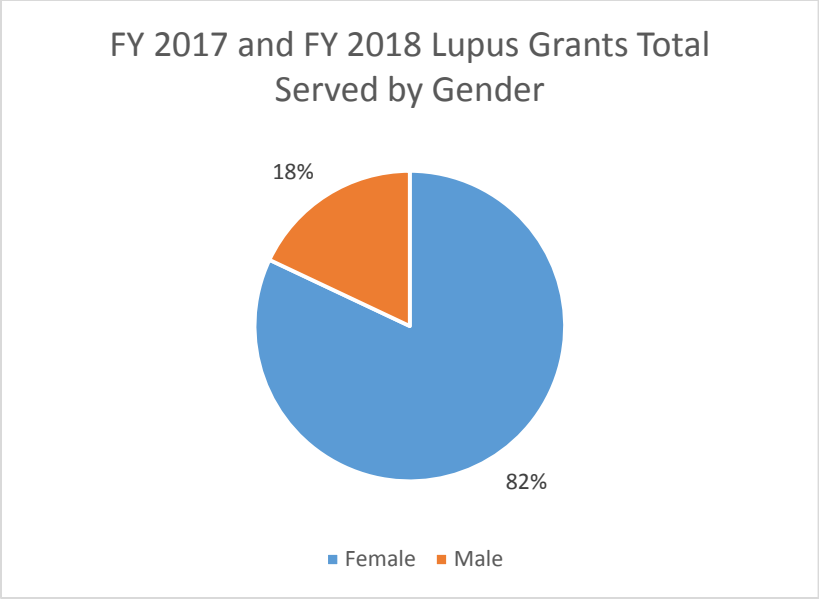
2017 and 2018 Lupus Grant Programs

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.



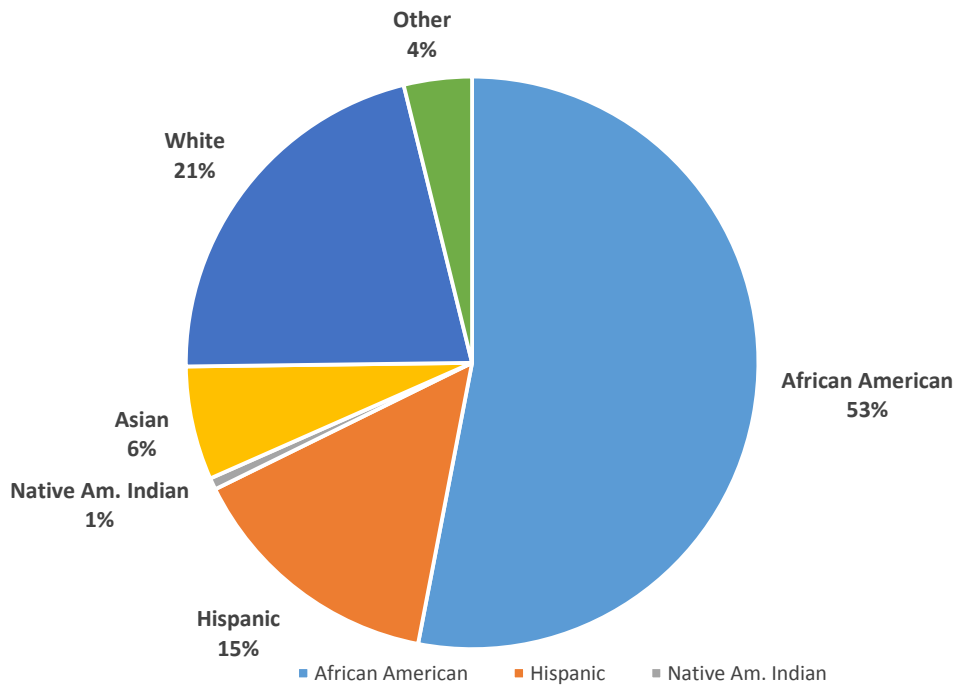
Total numbers served for Lupus Grant programs for FY17 and FY18 - 362





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



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