Ohio Senate
Health Subcommittee

Ohio Commission on Minority Health
2022-23 Budget Testimony

Wednesday, April 21, 2021
9:00 am

Good morning Chairman Huffman, Ranking Minority Member Antonio, and esteemed members of the Senate Health Subcommittee. 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 racial and ethnic populations. Therefore, the Commission primarily funds community-based models that are culturally and linguistically appropriate, and designed to prevent cancer, cardiovascular disease, diabetes, infant mortality, substance abuse and violence which are drivers in eighty-five percent of excess deaths in racial and ethnic populations. The Commission funds models designed to improve health care accessibility, prevent chronic diseases and conditions, reduce emergency room use and reduce costs.

"Medical advances and new technologies have provided people in America 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 avoidable 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.

The Health Policy Institute of Ohio's 2021 Health Value Dashboard, which is a tool to track Ohio's progress toward health value, ranks Ohio at 47th in the nation. In addition, through a series of equity profiles, the Dashboard highlights gaps in outcomes between groups for some of Ohio's most systematically disadvantaged populations. As a result, Ohio's racial and ethnic populations experience much poorer health outcomes.

When we look across the spectrum of chronic diseases and conditions, significant disparities for Ohio's racial and ethnic minorities continue to persevere.

According to the Ohio Department of Health's - 2015 Impact of Chronic Disease Report, most of the healthcare costs in Ohio and in the nation are associated with chronic disease and related health behaviors. In Ohio, medical costs associated with chronic disease are expected to rise from $25 billion in 2010 to $44 billion in 2020. The report further states that even if Ohioans achieve a modest improvement in chronic disease prevention and early detection services, the state could save billions of dollars in healthcare spending and prevent multiple cases of chronic disease." It is estimated that a 5 percent reduction in body mass index (BMI) would save Ohio $1.2 billion and prevent 650,000 deaths caused by diabetes, heart disease and cancer by 2030.

According to the Ohio Department of Health:

- Chronic disease mortality rates by race/ethnicity indicate that blacks have higher death rates of heart disease, stroke, diabetes, cancer, and chronic kidney disease compared with other racial groups.
- Black men had the highest chronic disease death rate in 2016 (700.1 per 100,000), with approximately 39 percent of these deaths occurring before age 65.
- Hispanic Ohioans had the highest estimated prevalence of adults age 18 and older ever diagnosed with heart disease.[4]
- Asian American Pacific Islanders in Ohio experienced significantly higher incidence rates for liver and stomach cancer than Whites.[5]

The chronic disease burden in Ohio is greatly influenced by social determinants of health, which are the social, economic, and physical conditions in the environment in which people are born, live, learn, play, work, and age. These social determinants affect a wide range of health, functional and quality-of-life outcomes and risks related to chronic disease.

The Commission's demonstration grant initiatives are focused on the prevention of chronic diseases and conditions within racial and ethnic populations.

Similar to disparities in chronic disease, infant mortality reflects the same persistent gap. 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 2030 recommends that a state's infant mortality rate be 5.0 per 1,000 live births.

Based on 2019 data, Ohio is already significantly close to achieving the Healthy People 2030 infant mortality rate goal given that in Ohio the infant mortality rate for white infants is 5.1 per 1000 live births. However, despite improvements, persistent disparities are still evident in the 2019 Ohio's black infant mortality rate of 14.3 per 1,000 live births, which is nearly three times the white infant mortality rate of 5.1 per 1,000 live births for the same year.[6]

For the six states that make of Region V, five states including Ohio, is represented amongst the highest 10 black infant mortality rates the nation for 2018. Ohio is ranked with the second highest black infant mortality rate in Region V.

In the 2020 March of Dimes Report, Ohio was ranked a D+ related to their preterm birth rate of 10.5 for all births based on 2019 data. In addition, the 2016-2018 average preterm birth rate among

black women was 14.1. In Ohio, the preterm birth rate was 48% higher for black women than among all other women. In addition, infant mortality is a significant cost driver in Ohio. In 2013, the Department of Medicaid expended $596 million dollars in prenatal and delivery care with two-thirds of this cost, or $373 million dollars, related to the 13.79% preterm birth rate.

In response, Ohio has increased its attention and efforts to address infant mortality. These efforts included the prioritization of improving birth outcomes, historic passage of bipartisan legislation, increased infant mortality allocations and the continued efforts of the Commission on Infant Mortality.

To affect these exorbitant costs, the Commission is scaling the Certified Pathways Community Hub Model. This is a nationally certified, evidence-based, peer-reviewed, pay-for-performance, care coordination model. This model has received endorsement from the Center for Disease Control and Prevention, Agency for Healthcare Research and Quality, the National Institutes of Health as well as the Center for Medicaid and Medicare. In addition, this model achieved best practice status from the Association of Maternal and Child Health Programs.

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 21 pathways to measurably improve birth outcomes and links payment to performance. The pathways are the metrics that focus on successful resolution of an identified risk or issue. The comprehensive assessment identifies the risk or issue and then opens the pathways that can address social determinants of health, or barriers to adequate and early pre-natal care.

The model's effectiveness is largely connected to the use of certified community health workers who work with the high-risk mothers and coordinate care related to appropriate and timely prenatal clinical care but also address education, employment, housing, behavioral health, and other linkages to essential services. This coordination effort ensures that the high-risk mother has a connection to the resources that will stabilize the living environment for her infant.

Calendar Year 2020, preliminary data resulted in approximately 1,204 high-risk pregnant women served with 618 singleton births. Collectively for the HUBs during CY20, our overall statewide preliminary black singleton preterm rate was 9.4 compared to the 2019 finalized ODH overall statewide black singleton preterm rate of 11.8. In addition, collectively for the HUBs during CY20, our overall statewide preliminary black singleton low birth weight rate was 10.9 compared to the 2019 finalized ODH overall statewide black singleton low birth weight rate of 11.4.

Currently, all 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.[7] 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.[8] 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.

The Commission continues to participate in multiple efforts to address infant mortality such as: the Ohio Collaborative to Prevent Infant Mortality (OCPIM), Ohio Equity Institutes (OEI), Governor's Home Visiting Advisory Council, Ohio Council to Advance Maternal Health, Ohio Department of Medicaid Sister State Agencies, and the Eliminating Disparities in Infant Mortality Task Force along with other initiatives across this state.

The Commission was charged through Amended Substitute House Bill 171 and House Bill 152 to fund grants that promote health and prevent disease among Ohio's minority populations.

During FY20 and FY21 the world experienced the emergence of the COVID-19 pandemic. While the OCMH funded projects continue to provide services during the pandemic, all programs were impacted by COVID-19. The pandemic has caused an insurmountable loss of human life worldwide and presents an unprecedented challenge to public health. The economic and social disruption caused by the pandemic is devastating and will most likely reverberate for some time.

Even though the world is experiencing the pandemic, ethnic/racial communities are disproportionately affected by the virus. The 2020 Ohio's COVID-19 Populations Assessment identified the unique needs of communities at risk of disparate burden of disease and death due to COVID-19 and provided data-driven recommendations about public health interventions that will reduce the disparate impact and support long-term population wellness.

During the pandemic, the Commission continues to work with funded programs to ensure compliance to state mandates which have had an impact on essential functions of the projects. Despite these challenges, our grant funded programs adjusted their programing, transitioned efforts to virtual venues, and continued to support their program participants.

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 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) provides evaluation oversight of major programs on an ongoing basis. REEP is a statewide network of academic and community researchers and evaluators.

Collaboration Efforts

The Commission has participated in multiple collaborations to include:

- Governor's COVID-19 Summit, presenter on COVID-19 and stigma
- Participation on the Governor's Minority Health Strikeforce
- NAACP/OCMH/ODH partnership for community messaging
- Collaboration on COVID-19 Risk Mitigation Resilience Report
- Collaboration on the Ohio Health Equity Workgroup
- Collaboration with the OSU – COVID-19 Needs Assessment Vulnerable populations report
- Participation on the Minority Vaccine Team
- 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 Ohio Department of Health to influence the selection of the Patient Centered Medical Home (PCMH) sites to maximize access to services by racial and ethnic populations and locate them within "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.

2022/2023 As Introduced Budget

The Governor's recommended funding level will allow the Commission to stabilize existing grant programs at the FY21 funding levels and maintain the current staffing level of six 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 through focused efforts to increase access to chronic disease prevention programs and expansion of care coordination efforts to reduce preterm births, reduce emergency room use and implement prevention models which can yield improved health outcomes and a return on 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.[9]

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, with minority populations experiencing disproportionate burdens of disease, disability, and premature death.[9]

In summary, the Commission has been visible and remains active in 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 a 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.

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Additional 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:

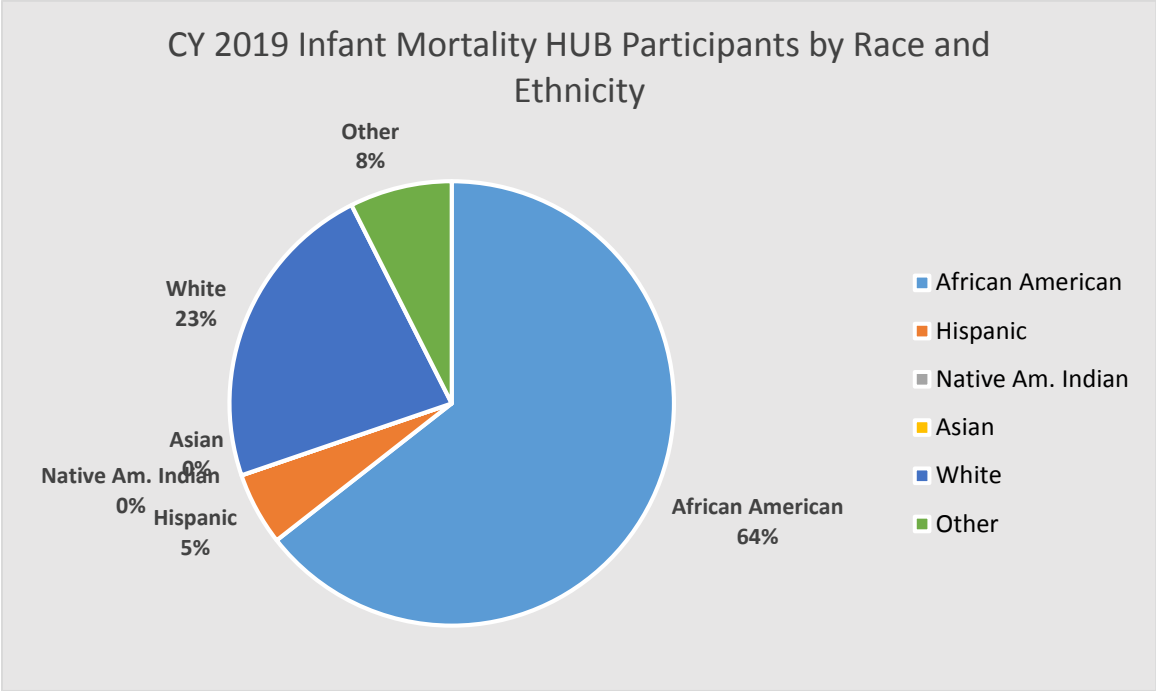
- Asian Services in Action, Inc. (ASIA) located in Akron, received initial funding from the Commission and began as a pilot project funded to serve Asian communities. In 2015, we celebrated with ASIA when they opened their International Community Health Center.

- 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.

2019 and 2020 Grant Demographics

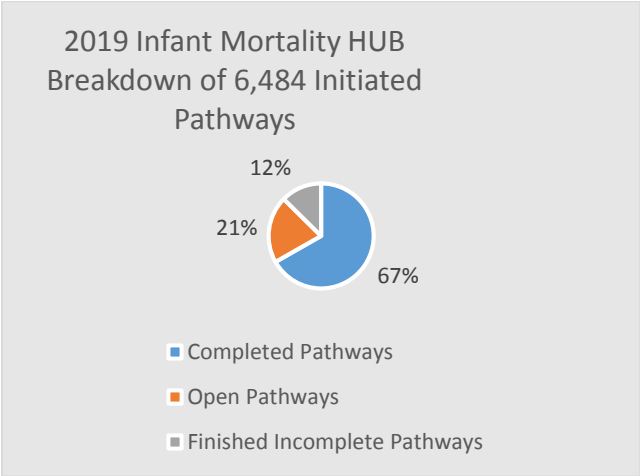
Approximately 90,500 Ohioans received services during 2019 and 2020. Commission funded projects serve all Ohioans who present for services. Listed below are the age, gender, and ethnic breakdowns for specific grant initiatives can be found on the attached pie charts.

CY 2019 and 2020 Infant Mortality Hub Grants

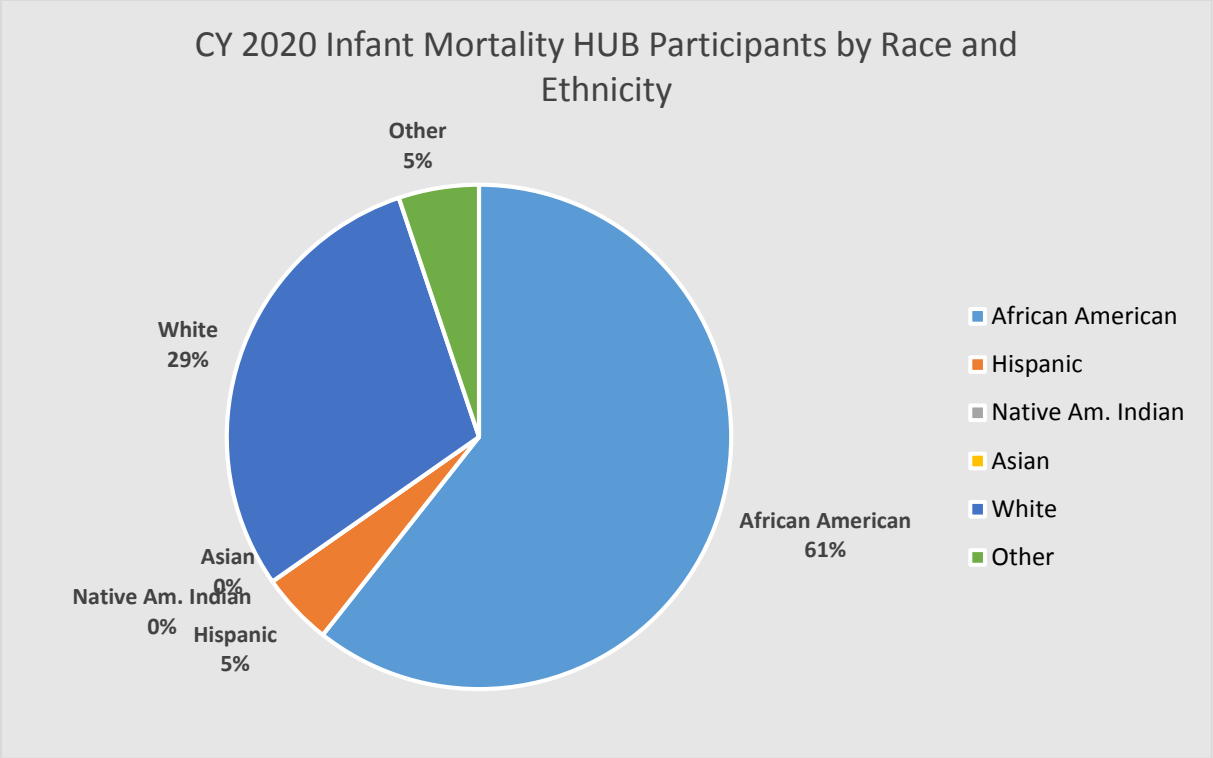


CY 19 Infant Mortality HUB Grants served 658 high-risk pregnant Ohioans

African American	Hispanic/Latino	Other	White
424	35	49	150

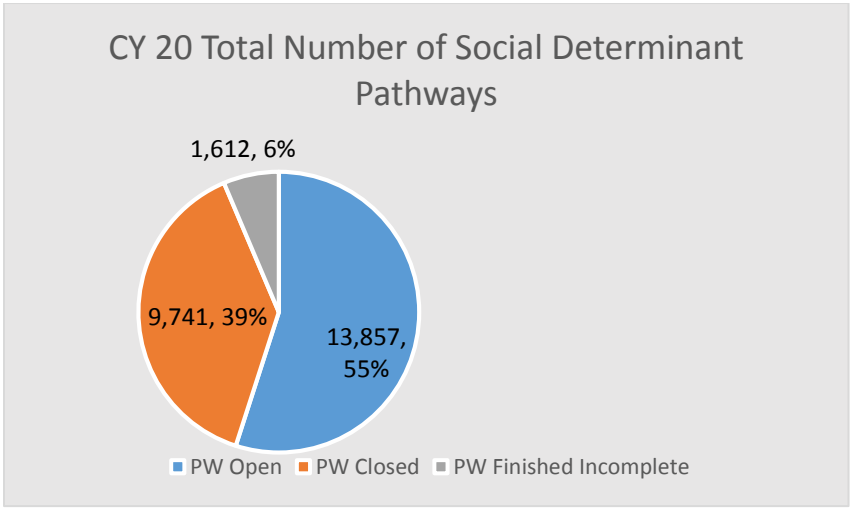


Total number of Social Determinant Pathways Initiated for CY19 - 6484



CY 20 Infant Mortality HUB Grants served 1204 high-risk pregnant Ohioans

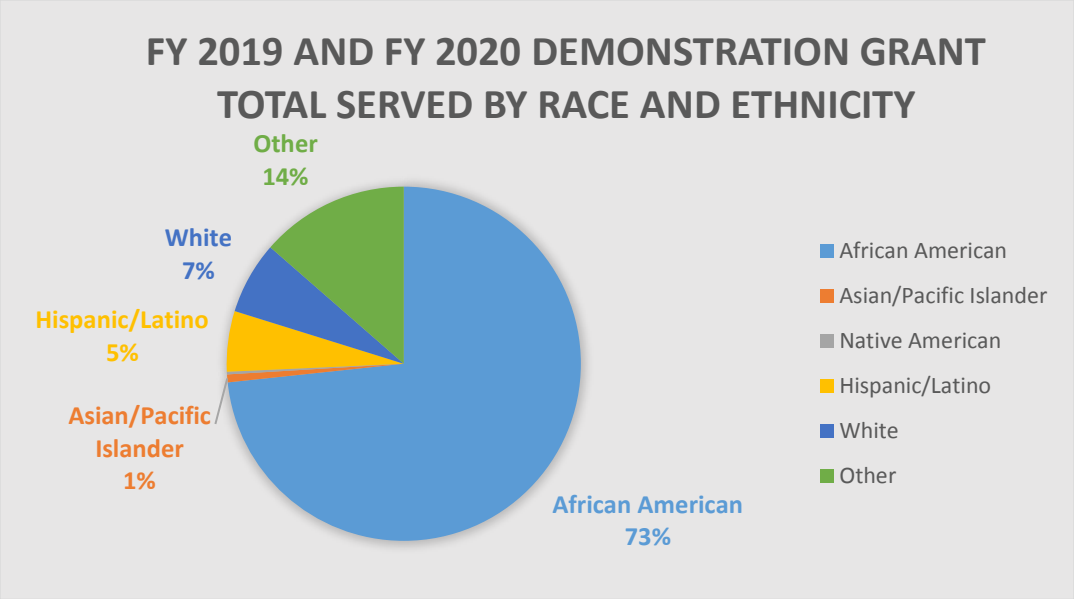
African American	Hispanic/Latino	Other	White
730	56	62	356



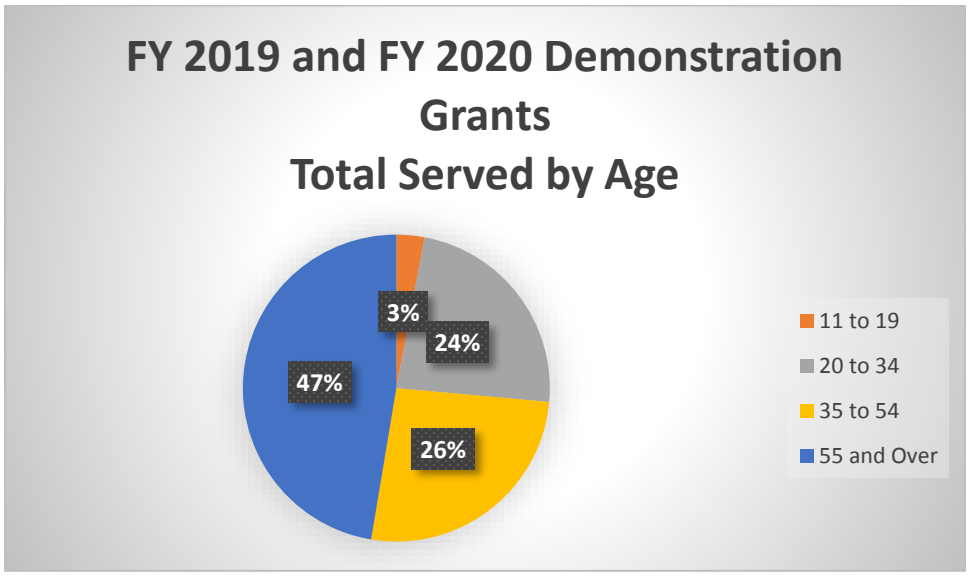
Total number of Social Determinant Pathways for CY20 – 13,857

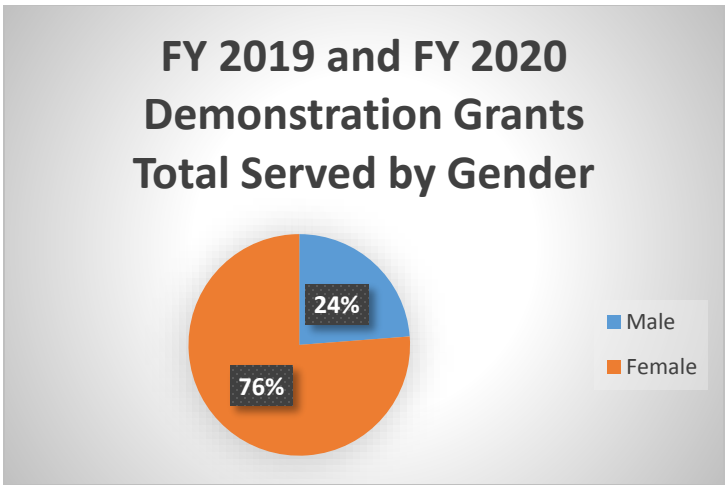
2019 and 2020 Demonstration Grant Programs

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.



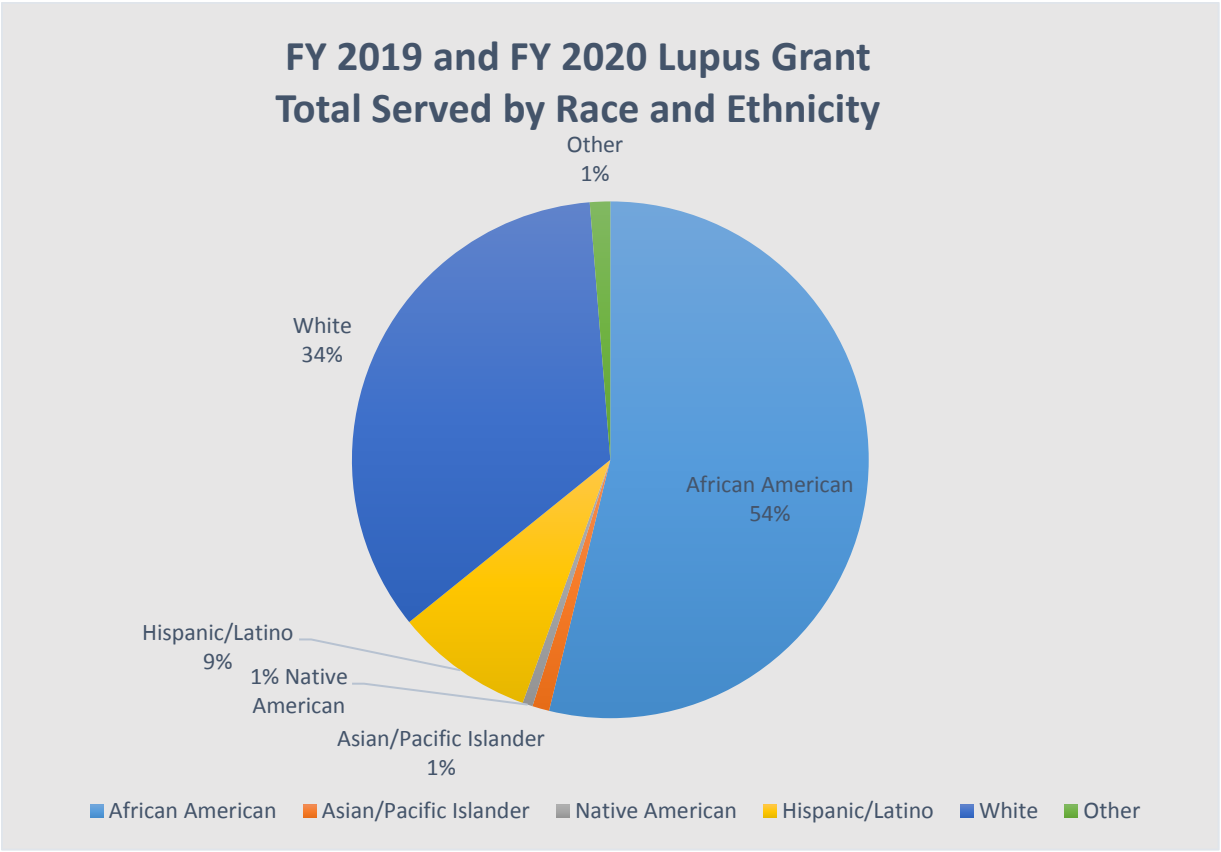
Total numbers served for Demonstration Grants for FY19 and FY20 – served 832 Ohioans



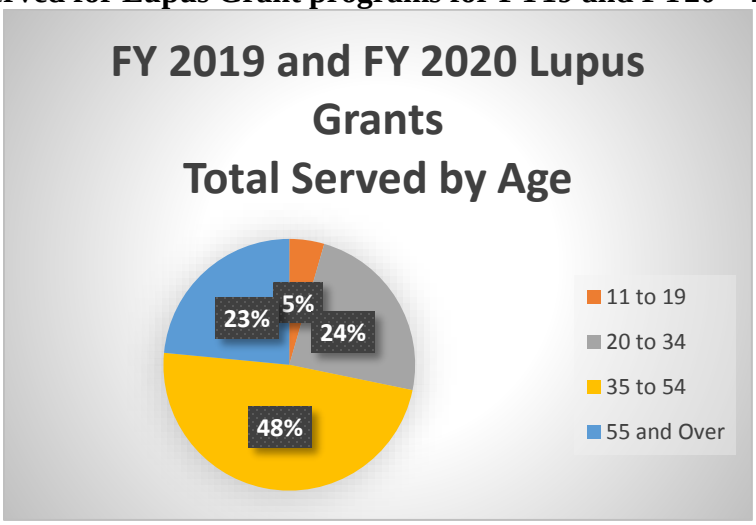


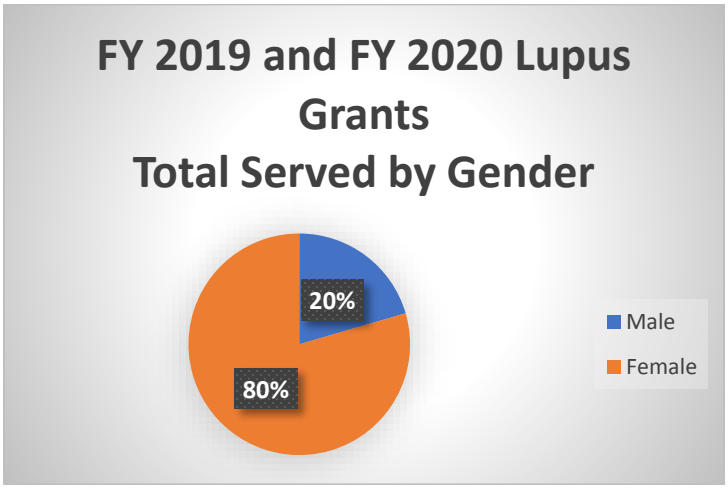
2019 and 2020 Lupus Grant Programs

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.

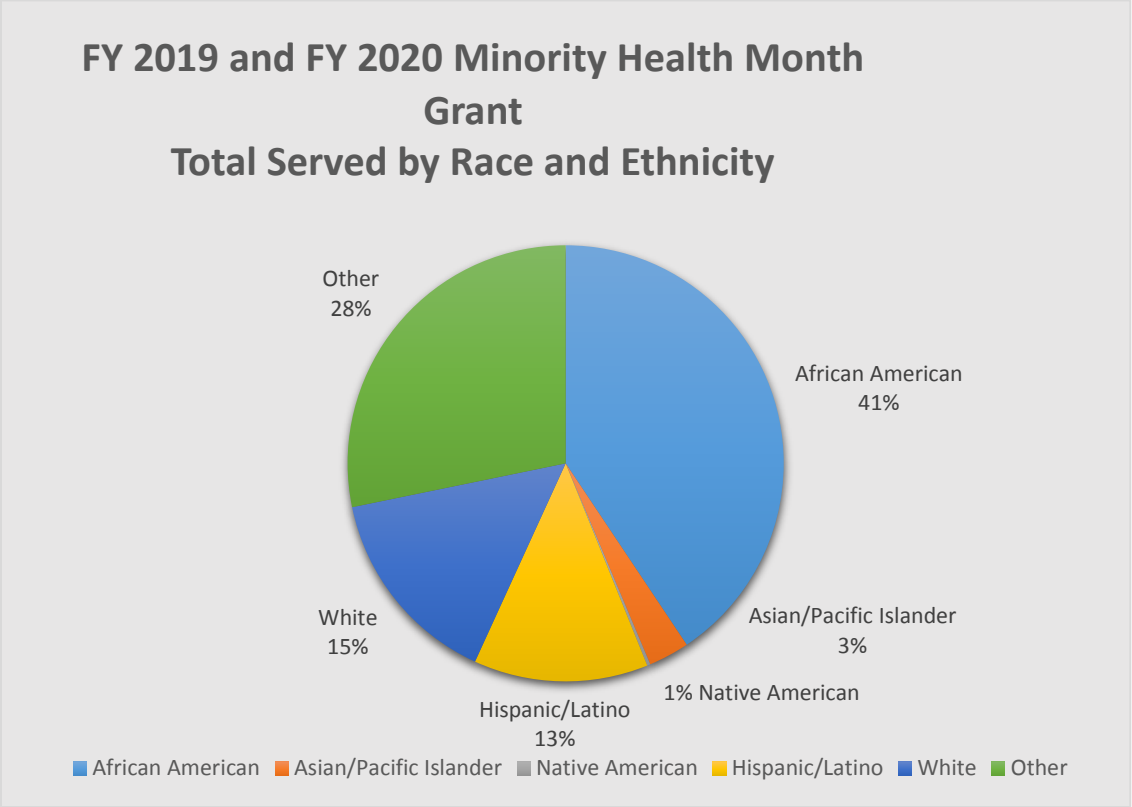


Total numbers served for Lupus Grant programs for FY19 and FY20 - 472 Ohioans





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



Total Numbers served during Minority Health Month FY19 and FY20 was 12,482* Ohioans *2020 Numbers low due to COVID-19