

Testimony by Manju Sankarappa, Executive Director of
Ohio Asian American Health Coalition
Members of Finance Committee
May 18, 2021

In Support of SUB: H.B. No. 110

Respectful Senator Matt Dolan and Members of the Finance Committee,

I am Mrs. Manjula Sankarappa, Executive Director of Ohio Asian American Health Coalition since January 2011. Ohio Asian American Health Coalition (OAAHC) was founded in 2008, received 501©3 non-profit status in 2010. The Coalition has eight member organizations coming together to address the needs of the Asian community.

OAAHC received CDC grant in 2012 to implement Hepatitis-B screenings in Foreign-born African and Asian population in Columbus, Ohio. OAAHC works with member organizations at State level to implement community-based interventions for the Asian population. OAAHC promotes policy and programs in the areas of community engagement, medical education, training, and research.

We need your help to continue the work going forward and support the member organizations in their effort. Member organization are Grass roots working organizations providing direct community service, and struggle to survive. We need concrete action, policies, and resources to support AAPI communities and prevent a tragedy from happening here in Ohio.

There are three budget amendments we like this amendment to address.

1. **\$2M earmarks for grants for community organizations that serve Asians and AAPIs** “Establishes appropriations of \$2.0 million in each fiscal year in new GRF appropriation item 1495XX, Community Center Grants, and requires the funds to be used to distribute grants to actively involved community organizations that serve the Asian, Asian-American, and Pacific Islander community. Specifies that organizations that are eligible to receive funding must currently provide certain services.” Some of the activities our member organizations provide are: Domestic Violence, Youth and Family Program, Healthcare and Prevention, Interpretation and Translation, Lupus, Project Hope, Youth Leadership and many more.
 - a. In Ohio, diabetes is an epidemic with over 1 million Ohioans who have diabetes and an additional 300,000 who have diabetes but don’t even know it. Prediabetes is a condition that is a precursor to diabetes, and here in Ohio 700,000 people have prediabetes with an estimated 1.3 million who have prediabetes but aren’t aware of their condition. Thus, education and health screening are essential to preventing this growing public health crisis.

For Asian Americans diabetes is a particularly lethal because it occurs in this population earlier and without the typical identifying factors. Indeed, diabetes afflicts over half of the Asian American population but a vast majority of them are unaware of their diagnosis. This problem is further compounded by the fact that many physicians are unaware of the necessity to screen their Asian American patients at earlier timepoints, as recommended in 2017 by the American Diabetes Association’s Standard of Care Guidelines. The Screen at 23 initiative is supported by

numerous scientific studies and endorsed by the American Diabetes Association as a Standard of Care for health professionals.

Diabetes and cardiovascular disease run hand-in-hand, and diabetes is widely considered a contributing factor to not only heart attacks and congestive heart failure, but also leads to kidney failure and hemodialysis, blindness, amputations, and ultimately death.

- a. BFree Columbus, which serves to prevent Hepatitis-B virus (HBV) infections and to increase the early identification of persons with chronic HBV infection, thereby enabling timely, enhanced treatment and care. The focus is to include populations that are medically underserved and at high risk due to disproportionately high rates of infection. BFree Columbus project activities will include education about prevention and treatment of HBV infections, HBV screenings, notification of participants' about their results, and the coordination of appropriate counseling, treatment, and preventive services. The focus is to include populations that are medically underserved and at high risk due to disproportionately high rates of infection.
- 2) Increases earmarks for Refugee Program Services by \$100,000 per year** “Increases GRF appropriation item 600551, Job and Family Services Program Support, by \$100,000 in each fiscal year and earmarks the funds for the Refugee Program Services Section to support immigration services agencies with ten or fewer permanent staff members.”
- 3) Create and Fund the Ohio AAPI Affairs Commission and the Office of AAPI Affairs** “Creates the Ohio Asian-American and Pacific Islander Affairs Commission and specifies the membership, appointment terms,

compensation, and duties of the Commission. Creates the Office of Asian-American and Pacific Islander Affairs and specifies the membership and duties of the Office. Establishes the Ohio Asian American and Pacific Islander Affairs Commission budget and appropriates \$440,944 GRF Fund 126400 Operating Expenses in each fiscal year”.

I would like to emphasize that these are critical and much needed for the AAPI community which is growing faster than any other population. We are educating our newly arrived population and instill civic engagement duties and responsibilities of being a good citizens of State of Ohio and USA.

I am submitting my testimony based on the extensive experience of serving as Executive Director of Ohio Asian American Health Coalition. I strongly urge Finance committee members to approve the budget for AAPI population

Member Organizations:

Asian Services In Action Inc. (ASIA Inc. Cleveland/Akron)

Columbus Organizations

Asian American Community Services (AACCS)

Asian-American Community Services Council (ACSC)

Asian Festival Corp (AFC)

Bhutanese Community of Central Ohio (BCCO)

Lao Volunteer Donation Association (Columbus)

Asian American Council (Dayton),

Asian Community Alliance (Cincinnati)

Chinese Association of Greater Toledo (CGAT)