Ohio Sunset Review Committee
Agency Questionnaire

Agency Name Ohio Commission on Minority Health

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Agency's primary purpose and its various goals and objectives

The Ohio Commission on Minority Health (OCMH) was created in July 1987 by Amended Substitute House Bill 171. The need for the Commission was documented in the report of the Governor's Task Force on Black and Minority Health (1986). This eighteen month study documented the disparity in health status between minority and majority populations in Ohio.

Eighty-five percent of excess deaths reported for minorities were 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.

Amended Substitute House Bill 171 charged the Commission to provide health promotion and disease prevention for African Americans, Hispanic/Latinos, Asians American Pacific Islanders, and Native American Indians. 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, and are designed to improve accessibility to resources that prevent chronic disease. The Commission awards grants to community-based organizations, statewide, to develop culturally appropriate demonstration programs with the intent of obtaining efficacy of models to be marketed for other funding sources for adoption and replication. Services are provided to all Ohioans regardless of race and ethnicity.

The Ohio Commission on Minority Health's mission is dedicated to eliminating disparities in minority health through innovative strategies and financial opportunities, public health promotion, legislative action, public policy and systems change.

The Commission Board established strategic goals that align with the US Department

Agency's past and anticipated workload, number of staff required to complete workload, and total number of staff

The past and anticipated workload of the Commission is dictated by internal activities, external activities and innovations. Internal activities include grants awarded by the Commission. Our capacity varies based on the amount approved in the biennial budget. All Commission grants are performance based and are required to comply with reporting expectations. Grant programs include:

Replication and Expansion of the Certified Pathways Community HUB Model Grants:

This grant was initiated in fiscal years 2016/2017 to address infant mortality. The Pathways HUB Model was developed as a community-wide collaboration effort to improve birth outcomes among those at greatest risk. The Pathways HUB model funds community care coordinators that find at risk pregnant women and assist them with the connections to prenatal care, social services, and education. This model provides support and connection to high risk pregnant women along 20 service pathways. This model provides payments to care coordinating agencies based on outcomes achieved. Outcomes such as first trimester enrollment, prenatal visits, social determinant of health barrier removal, and delivery of a healthy birth weight baby of 5 pounds 8 ounces or greater, and successful attendance at a documented postpartum visit 21-56 days after delivery.

The Pathways HUB Model requires the implementation of clinical measures that align with the Healthy People 2020 outcomes expectations. This requires grantees to monitor progress along these 20 Pathways, data entry into the common data system, and the successful achievement of national certification in the second year of funding. Funding is, on average, $285,000 for a two year period of time.

Minority Health Demonstration Grants

Minority Health Grants are designed to provide demonstration efforts to measurably improve the health status of those receiving services. These programs are culturally normed. In general, these two year project award amounts average $75,000 per year. While Type 2 diabetes and infant mortality constitute priority areas; these grants may also address cancer, heart disease, violence prevention and substance abuse. Grants

Agency's past and anticipated budgets and its sources of funding

The erosion of the Commission's GRF budget has spanned a decade. The semblance of funding stability has resulted from aggressive efforts to compete for external grants. Additionally, the Commission has previously entered into contractual arrangements with state departments to develop pilot projects and/or evaluate the efficacy of materials and/or programs.

During the FY16/17 Budget process, the Commission was funded at the 100% level of it FY15 budget. In addition, the agency was funded an increase in GRF appropriations for $2 million to address infant mortality through the Expansion/Replication of the Pathways Hub Model. During the 16/17 biennium, 76% of Commission funds will be distributed in the form of grants to address health disparities.

The Commission continues to be good stewards of the resources provided by the state and have been vigilant in seeking external funding. During the previous biennium the Commission partnered with the Ohio Department of Aging and the Ohio Department of Health. The subsequent grant award was to expand the capacity of the Stanford University "Healthy U" Chronic Disease Self-Management Program to ensure access to racial and ethnic minorities and increasing the diversity of the workforce trained to provide this service.

Number of members of its governing board or other governing entity and their compensation, if any

Currently, the Commission Board consists of nineteen (19) members. Membership includes two members of the House and Senate respectively from each party; Directors of the Departments of Health, Job and Family Services, Mental Health and Addiction Services, Developmental Disabilities, Medicaid and the Superintendent of Department of Education; along with nine (9) community members appointed by the Governor. The latter are appointed for two year terms.

Members of the Commission Board are uncompensated, except for reimbursement of actual travel costs.

Additional notes

The Commission does not duplicate the efforts of any state agency. In fact from inception, we were deliberate and strategic in defining our work. The Commission provides a defined scope of work to a defined population of people. We have contributed to a new body of work that has withstood scientific rigor. Perhaps most telling about the lack of duplication, has been the institutionalization of programs that would not have existed without the Commission. In addition to the national accomplishments of the Commission we offer a small sampling of community-based programs that exemplify the lack of duplication of our efforts:

- Community Health Access Project (CHAP):
  The Commission was an early funder of CHAP in Mansfield, Ohio. In addition to developing a viable community based model CHAP is responsible for creation of the Pathways model and stimulating the creation of a Community Health Workers network in Ohio. The Pathways Community Hub Model is now endorsed by multiple federal and national organizations to include Center for Medicare and Medicaid Services, Health Resource Services Administration, National Institute of Health and the Agency for Health Research and Quality. During the current biennium, this model will be funded for expansion and replication to address infant mortality. This effort was funded as a demonstration grant and which was successful in obtaining separate managed care contracts and additional federal funding. This model is funding during FY16/17 to initiate bringing it to scale in Ohio.

- Dealing With Anger:
  This model developed in Dayton in SFY 1999 is still in existence though not funded by the Commission after two years. The model is in use in 40 states and 5 countries and has been widely acknowledged as a good primary prevention model. Developed by Dr. Rodney Hammond and Dr. Betty Yung, Dealing with Anger was the recipient of a grant as a Special Project of Regional and National Significance (SPRANS). Dr. Hammond is the former Director, Division of Violence Prevention, National Center for Injury Prevention and Control at the Centers for Disease Control in Atlanta.

- ASIA, Inc. and Adelante:
  Two of the larger minority community based agencies in Ohio began as pilot projects with the Commission. Today, Adelante (Toledo) and Asian Services in Action (ASIA, Inc. Akron) are utilized by most State agencies seeking to reach minorities in these communities and statewide. In 2015, ASIA expanded its services to include a medical health center.

- Ethnic Health Coalitions:
  The Commission developed statewide ethnic health coalitions to give voice to communities. The Asian health coalition was awarded a $1 million dollar grant by the Kellogg Foundation.