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. The study revealed that 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. Unfortunately, in 2024, these preventable six diseases and conditionas continue to be the drivers of excess deaths. It is important to note that, the prevention of these diseases and conditions is the focus of the Ohio Commission on Minority Health.

By creating the Commission in 1987, Ohio became the first state in the nation to develop a concerted approach to elimination of health disparities. Today, there are forty seven (47) State Offices of Minority Health and a National Association of State Offices on Minoriy Health.

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.

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

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 and expanded funding opportunities. Internal activities include grants awarded by the Commission. Our capacity varies based on the amount approved in the biennial budget and additional funding received through federal funding and sister state agency partnerships. 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 Program
*Demonstration Program
*Local Offices of Minority Health Program
*Systemic Lupus Erythematosus Program
*Minority Health Month Program
*Supplemental Grant Program:
    *State Opioid Prevention and Awareness Program
    *Local Conversation Program
    *Year Round Health Awareness Program

The Commission funds approximately 70 community based organizations annually to implement grant funded initiatives designed to prevention chronic diseases and conditions. The COVID-19 pandemic ignificantly impacted service delivery . During the prior biennium the agency served over 80,000 Ohioans. The grant programs provide outreach, education, awareness, increase accessibility to preventative and care coordination services.

Program Monitoring

The Commission provides monitoring of grantee program progress through the provision of technical assistance sessions, grant start-up meetings, administrative compliance reviews, program site visits, fiscal reviews as well as evaluative support through our Research Evaluation Enhancement Program (REEP).

Grantees are required to submit quarterly program, evaluation, and fiscal reports which are reviewed and approved by the Commission staff;

Staff conduct annual administrative compliance reviews and provide technical assistance as needed;

Staff also conduct on-site program visits that involve the observation of service delivery, review of program documentation and evaluation mechanisms;

Staff provide fiscal reviews which examine fiscal documents and internal fiscal procedures; and

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

The appropriations for the 2022/2023 Budget was $5.1 million annually with 99.5% from GRF and the remaining .05% from (4C20) Fund.

An additional $2 million was appropriated in federal funding during the biennium.

A total of 85% of the GRF fund was budgeted to support grant funded programs to promote health awareness and disease prevention.

A total of 86% of the Federal Fund (3J90) was budgeted to support grant funded programs to promote health awareness and disease prevention.

The remaining funding for (4C20) was for public awareness activities to reinforce the importance of health and wellness.

The final appropriations for the 2024/2025 Budget was $7.2 million annually with 99.5% from GRF, and the remaining .05% (4C20) Fund.

An additional 2 million was appropriated in federal funding during the biennium.

A total of 88% of the GRF fund was budgeted to support grant funded programs to promote health awareness and disease prevention.

A total of 91% of the Federal Fund (3J90) was budgeted to support grant funded programs to promote health awareness and disease prevention.

The remaining funding for (4C20) was for public awareness activities to reinforce the importance of health and wellness.

The sources of the federal funding listed above was through sister state agency partnerships. Our collaboration with the Ohio Department of Health was to to expand the reach of the CDC funding for Healthier Communities. The partnership with the Ohio Department of Mental Health and Addiction Services enhances efforts to broaden the reach of the State Opioid Response. The Commission has historically had collaborations with state agencies to include Aging, Health, Job and Family Services, Medicaid and Mental Health and Addiction Services to enhance the impact of federal funding and policy initiatives targeting disparity reduction.

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, as well as models designed to improve accessibility to resources that prevent chronic diseases and conditions.

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

The Commission Board consists of twenty (20) members. Membership includes two members of the House and Senate respectively from each party; Directors of the Departments of Aging, Developmental Disabilities, Education and Workforce, Health, Job and Family Services, Medicaid, and Mental Health and Addiction Services along with nine (9) community members appointed by the Governor. The latter are appointed for two year terms.

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

Additional notes

Since inception Ohio has been recognized as a national leader in this work resulting in a number of significant accomplishments and firsts:

*First state level entity addressing health disparities, to date forty-seven other state offices have been developed.

*The creation of Minority Health Month in Ohio in 1989. A high visibility wellness campaign that is cost effective and statewide. This celebration of wellness held in the month of April became a national initiative in 2000.

*Piloted the creation of the National Association of State Offices of Minority Health (NASOMH) *To date has generated more than $9.5 million in new revenue to expand capacity.

*Created the Research Evaluation Enhancement Project (REEP) a statewide network of researchers and evaluators from academia/community. REEP evaluates all major Commission funded projects, promotes capacity building.

*First state to create infrastructure for minority health by funding Local Offices of Minority Health. Spearheaded the creation of national performance (Core Competencies) standards for local offices of minority health in collaboration with NASOMH.

*The Commission developed statewide ethnic health coalitions to provide the opportunity for community level input to state and local level initiatives. The Asian health coalition was awarded a $1 million dollar grant by the Kellogg Foundation.

*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.

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, the model is practiced in over 12 states. This effort was initially funded as a demonstration grant and provided funding for initial replication in Toledo. The funded grantees are required to acquire contracts with managed care organizations to expand their efforts.

*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. In addition, the study highlighted that high-risk pregnant women in the