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Sunset Review Committee

Senator Wilkin, Chairman

Testimony

Ohio Commission on Minority Health

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Good afternoon, Chairman Wilkin and esteemed members of the Sunset Review Committee. I am honored to serve as the Executive Director of the Ohio Commission on Minority Health. I appreciate the opportunity to share this work with the 20 Commissioners who are comprised of members from the House of Representatives, Senate, State Agency Cabinet Directors, and Governor Appointments, as well as our staff and the grant funded agencies who have developed and implemented services to eliminate health disparities in Ohio. I have provided the full overview of the Commission and will share a summary of the written testimony.

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 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 the previous year. 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.

Unfortunately, in 2024, these six diseases and conditions will continue to be the drivers of excess deaths and years of productive life loss. It is important to note that the prevention of these diseases and conditions is the focus of the Ohio Commission on Minority Health.

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 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 Board of the Commission established strategic goals that align with the US Department of Health and Human Services Action Plan to Reduce Health Disparities and the National Partnership for Action Stakeholder Strategy to Achieve Health Equity:

- To increase awareness of the significance of health disparities, their impact on the State, and the actions necessary to improve health outcomes for racial, ethnic, and under-served populations.
- To strengthen and broaden leadership and policy agenda for addressing health disparities at all levels.
- To improve health and healthcare outcomes for racial, ethnic, and under-served populations.
- To improve cultural and linguistic competency and the diversity of the health-related workforce.
- To improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes.
- To increase efficiency, funding diversification, and agency quality.

Health disparities are defined as 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 multi factorial and complex. Major factors include inadequate access to health care; poor utilization of care; substandard quality of care and social economic status.

The equity profiles in the Health Policy Institute of Ohio's 2024 Health Value Dashboard highlight that racial and ethnic populations in Ohio face multiple barriers to being healthy and as a result they have significantly worse health outcomes. Ohio ranks 44th in the nation for health value. Health value is calculated by equally weighing population health and healthcare spending metrics. According to this report, the inequitable distribution of infrastructure, power, resources, and dollars result in obstacles to accessing education, food, transportation, housing, health care and other resources for Ohio's most at risk groups.

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 2022 Ohio Department of Health's Racial and Ethnic Disparities in Chronic Disease Report, Chronic diseases such as heart disease, stroke, diabetes, and many cancers are among the most common, costly, and preventable health problems in the United States and Ohio. In 2019, six of the 10 leading causes of death in Ohio were attributed to heart disease, cancer, chronic lower respiratory disease (CLRD), stroke, diabetes, and kidney disease. Chronic disease disparities, which are avoidable differences in health outcomes that exist across communities, occur nationally and in Ohio for certain racial/ethnic groups.

Black Ohioans have higher death rates than Ohioans of other races for most chronic diseases. In 2019, death rates were higher among Black Ohioans for heart disease, cancer, diabetes, and stroke, and more than double for kidney disease, compared with White Ohioans.

The 2021 Ohio Diabetes Action Plan emphasizes that diabetes represents a significant burden in the state of Ohio. In 2021, one in eight adult Ohioans had diabetes compared to 1 in 20 in 1996. There are significant racial, ethnic, and socioeconomic disparities in the prevalence of diabetes in Ohio, and the financial burden is estimated at $15.8 billion each year.

Black Ohioans have the highest death rate from diabetes (44.4 deaths per 100,000 people) compared with both whites and Hispanics (23.5 and 19.1 deaths per 100,000 people, respectively).

In addition to diabetes, in 2021, approximately 882,000 Ohio adults (9.7%) were diagnosed with prediabetes, and 2.3 million have prediabetes but do not know it.

The Commission has maximized local, state, and federal resources to address the chronic and persistent problem of health disparities to help Ohio achieve a modest improvement in *chronic disease prevention* and early detection, which would effectively save the state billions of dollars in healthcare spending and prevent 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.

The Commission funded demonstration and model programs are designed to improve health care accessibility, improve health literacy, improve nutrition and physical activity, reduce emergency room use and reduce costs.

An example of the Commission's efforts is the diabetes prevention program in Cleveland that implements the CDC recommended Diabetes Prevention Program with required metrics from the Commission. Demonstration grants are required to implement metrics that align with Healthy People 2030 data driven national objectives to improve health and well-being. During FY20 and FY21, this program provided services to over 200 individuals who were at risk for diabetes and assisted 51 participants who were diagnosed as prediabetic to transition to a normal A1C. Given the first-year cost of diabetes in Ohio estimated at $16,750, this resulted in a cost saving of over $650,000 and a return on investment of $4.27. During the current biennium we were provided increased funding in the Governor's budget to expand diabetes prevention efforts in two additional counties.

Similar to disparities in chronic disease, infant mortality rates reflect 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.

Ohio has increased its attention and efforts to address infant mortality. These efforts included the historic passage of bipartisan legislation, increased infant mortality allocations and the creation of the Commission on Infant Mortality. These efforts along with the work of the Ohio Collaborative to Prevent Infant Mortality (OCPIM), Ohio Equity Institutes (OEI) and hundreds of additional initiatives across this state.

In 2021, Ohio the White infant mortality rate is 5.4 compared to the Black infant mortality rate of 14.2 which is nearly three times the White infant mortality rate.

The 2023 March of Dimes Report Card graded Ohio at a D for preterm birth grade due to the 10.8 % ranking and highlighted the 14.8 black preterm birth rate for 2020-2022.

Infant mortality is a significant cost driver in Ohio. The average cost of a healthy full-term birth in Ohio in 2019 was approximately $9,100. According to the March of Dimes the cost of a preterm birth in Ohio is approximately $62,000 per birth.

In an effort to reduce these exorbitant costs, the Commission initiated the scaling of 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 and 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 model's effectiveness is largely connected to the use of certified community health workers who work with the high-risk mothers and coordination 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.

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.[6] 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.[7] 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).

In addition, the Commission funds a doula program in the has demonstrated improved birth outcomes in preterm birth and healthy birth weight. During the current biennium we were provided increased funding in the Governor's budget to expand this model in two additional counties.

As we seek out strategies to improve African American infant mortality rates, this model has proven it is worth the investment.

<u>Our Grant programs include the:</u>

- <u>Replication and Expansion of the Certified Pathways Community HUB Model Grants:</u>
  The Commission seed funded this model as a demonstration grant in the late 90's._In FY16/17, the Commission received funding to replicate and expand this model to address infant mortality. In FY20/21 the Commission received additional funding resulting in the scaling of this care coordination model to 12 areas across the state and with service provision funded by the Commission in 25 counties. It is important to note that the HUBs are certified to serve 55 counties in Ohio.

  The Pathways Community HUB model continues to demonstrate improved birth outcomes and received additional funding in the FY23/24 Governor's budget to expand capacity.

  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 and well-baby visits.

- <u>Minority Health Demonstration Grants</u>
  Minority Health Grants are designed to provide demonstration efforts to measurably improve the prevention of chronic diseases and conditions for those receiving services.

  These programs are culturally and linguistically appropriate for the targeted population.

  Community based organizations can submit applications to prevent Type 2 diabetes, heart disease, cancer, infant mortality, violence prevention and substance abuse.

  These programs are required to adhere to national metrics to demonstrate achievement and the establishment of an advisory group with community program participants.

- Systemic Lupus Erythematosus (SLE) Grants
  Systemic Lupus Erythematosus (SLE) Grants are designed to provide education and social support for persons with Lupus and their caregivers to increase health literacy and their awareness of the impact of Lupus.

- Minority Health Month Grants (MHM)
  Minority Health Month (MHM) grants are designed to promote healthy lifestyles, provide crucial information to allow individuals to practice disease prevention and showcase the resources for and providers of grass roots healthcare and information.

  MHM was created in Ohio in April 1989 as a 30-day high visibility wellness campaign and became a national initiative in 2000.

- Local Offices of Minority Health (LOMH)
  Local Offices of Minority Health are funded in Akron, Cleveland, Columbus, Dayton, Toledo, and Youngstown and are located within local health departments.

  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.

- Supplemental Grant Program:
  One type of supplemental grant is the State Opioid Prevention and Awareness program funded in continued collaboration with the Ohio Department of Mental Health and Addiction Services (OhioMHAS), which supports community-based educational events promoting awareness of or preventing substance use disorders and co-occurring conditions. This funding initiative is a part of the overall State Opiate Response effort.

  Supplemental grants also include funding for Local Conversations. In 2022/2023, the Commission funded in partnership with the Ohio Department of Health community conversations in 16 areas across the state with the aim of continuing the conversation of the impact of health disparities specifically through the lens of COVID-19 to better address social determinants of health at the state level.

  Supplemental grants also encompass annual one-time grants that convene educational conferences and large-scale health screenings aimed at supporting targeted initiatives, projects and partnerships aligned with OCMH's mission and priorities and prevention.

The Commission has participated in multiple collaborations to include:

- The Commission partnered with the Ohio Department of Aging and the Ohio Department of Health. The subsequent federal 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.

- A collaboration with 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 current 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."

- A collaboration with the Ohio Department of Health to expand the reach of the CDC funding for Healthier Communities to address health disparities impacting racial and ethnic and rural communities.

- The partnership with the Ohio Department of Mental Health and Addiction Services enhances efforts to broaden the reach of the State Opioid Response.

Unfortunately, the purpose for which the Commission was created continues to exist. Even when mortality and morbidity numbers have decreased, the gap in health status for racial and ethnic minorities has remained persistent or has become worse.

The research continues to demonstrate that eighty percent of overall health is shaped by non-clinical factors in the social, economic, and physical environments, such as access to quality education and housing as well as our behaviors.

In 2023, HPIO released the "Unlocking Ohio's economic potential" report. This analysis examined the economic potential associated with eliminating racial and ethnic disparities, leaders in Ohio can grow the workforce, increase consumer spending, strengthen communities, and reduce fiscal pressures on state and local budgets. In addition to growing the size of Ohio's economy, the elimination of disparities would also enable the state to gain $79 billion in annual economic output by 2050.

This reports the importance of collaborative efforts to improve health outcomes. The Commission continues to work collaboratively across state agencies to improve Ohio's overall health value.

Our anticipated workload will primarily include the oversight of our 6 distinct grant programs that annually fund over 70 non-profit organizations across the state of Ohio who provide prevention services to reduce health disparities in Ohio's racial and ethnic populations. Commission grants are performance based and are required to comply with reporting expectations.

The Commission staff provide monitoring and oversight of grantee program progress through the review of quarterly program, evaluation, and fiscal reports for compliance, annual administrative compliance reviews, and regular technical assistance to funded programs as well as on-site program visits and fiscal reviews. In addition, the staff provide oversight of the Research Evaluation Enhancement Program (REEP) that provides evaluation oversight of major programs on an ongoing basis. REEP is a statewide network of academic and community researchers and evaluators.

The Commission employes six full-time staff. Five of the positions are in the single incumbent category with only one person occupying the position and class in the agency. Each position fills a critical core function of our state agency operations. Each of these positions simultaneously have a specialized area of expertise and due to our grant making and policy activity these positions have technical knowledge that is acquired over time and through public health training.

Our staff height of ten employees in 2000 has been reduced to six staff today. The expiration of federal grants coupled with state budget reductions have resulted in a 50% reduction in our staff size. The agency has increased its efforts to expand our use of interns and fellows to broaden our impact.

During the current biennium, our GRF administrative costs are projected at 12%. The Commission grant funding for direct services reflects approximately 88% of our current GRF budget. We have strived to maintain a minimal budget for personnel and administrative costs.

Since inception Ohio has been recognized as a national leader in this work resulting in a number of significant accomplishments that are identified in the Agency Questionnaire.

In summary, the Commission has been visible and 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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