

Ohio Commission on Minority Health – History

In 1985, the U.S. Department of Health and Human Services issued the Secretary's Task Force Report on Black and Minority Health. The Report, clearly established that a disparity in health status existed between the majority and minority populations in the United States. The minority population was defined as African Americans, Latino/ Hispanic Americans, Asian Americans and Native American Indians. The Report stated: " Despite the unprecedented explosion in scientific knowledge and the phenomenal capacity of medicine to diagnose, treat and cure disease, Blacks, Hispanics, Native Americans and those of Asian/Pacific Islander heritage have not benefited fully or equitably from the fruits of science or from those systems responsible for translating and using health sciences technology."

In 1986, in response to this disparity the State of Ohio created the Governor's Task Force on Black and Minority Health as a special project under the Ohio Department of Health. Executive Order 85-69 authorized the Task Force to:

- examine the conditions under which gaps in the health and health care services for black and minority communities exist and recommend methods by which the gaps could be closed;
- design methods for disseminating health information and education materials especially designed for the minority community;
- develop models to improve access and utilization of public health services;
- develop strategies to improve the availability and accessibility of health professionals to minority communities;
- establish the rules, regulations, and procedures which are necessary or desirable for discharging the duties of the Governor's Task Force on Black and Minority Health; and
- report to the Governor the activities, findings, and recommendations of the Task Force.
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Attempts to quantify the health status of Ohio's minority population through traditional means proved futile. Data had been officially reported as white/non-white and there was a paucity of literature available specific to Ohio's minority population.

In the fall of 1986, the Task Force decided to capitalize on the strengths of minority communities. In the tradition of oral storytelling the Task Force solicited the assistance of indigenous community leaders; traditional providers of services to the population including physicians, community health centers, the faith community and elected officials (city, county and state), to schedule public hearings.

The public hearings, although standard in format, were designed to capture the unique flavor of each city. Hearings were conducted in Cleveland, Columbus, Dayton, Youngstown, Cincinnati, Toledo and Akron. With the guidance of indigenous leaders who were known, trusted and respected in their community, "real people" were identified to provide testimony. They shared their perspectives about their personal health status and that of their families and communities. Surprisingly, they also provided proposed solutions to the problems which were identified. Providers and policy makers served dual roles at the hearings. In addition to supplementing panels, which listened to community concerns, they also provided testimony.

People giving testimony were allowed the options of submitting written text and/or simply showing up to speak. The Task Force listened to everyone who chose to participate. Court reporters were engaged for each city to assure that all comments were captured.

Approximately 2,000 people participated in the public hearings statewide. In addition to recording the testimonies, the names and addresses of those who attended were computerized, constituting the beginning of a data base which has been added to over the years.

The majority of the participants were uninsured, under-insured or seasonally insured. The essence of their collective testimony can be summarized as; desiring a focus on prevention of disease and wanting a vehicle to develop services in a culturally relevant manner. They also requested the creation of a state level entity to advocate for their health needs and with an ability to interface with all related human serving departments. They perceived the need to learn behaviors to improve their health but they also perceived the need for the system to change its behavior e.g., the need for systemic changes to remove barriers to accessible, acceptable, available and affordable services. The Task Force made a commitment to these communities. If afforded an implementation phase, the community would be intricately involved in all aspects of its work.

On April 4, 1987, following months of deliberations, the Task Force presented its report to the Governor. Among the recommendations was the creation of a Commission on Minority Health.

In July 1987, the Ohio General Assembly, passed Amended Substitute House Bill 171, creating the Ohio Commission on Minority Health. The Commission was the first concerted effort by a state to address the disparity in health status between majority and minority populations. The Commission is an autonomous state agency with a biennial appropriation of \$3.5 million dollars of general revenue funds.

