Ohio Commission on Minority Health

General Overview

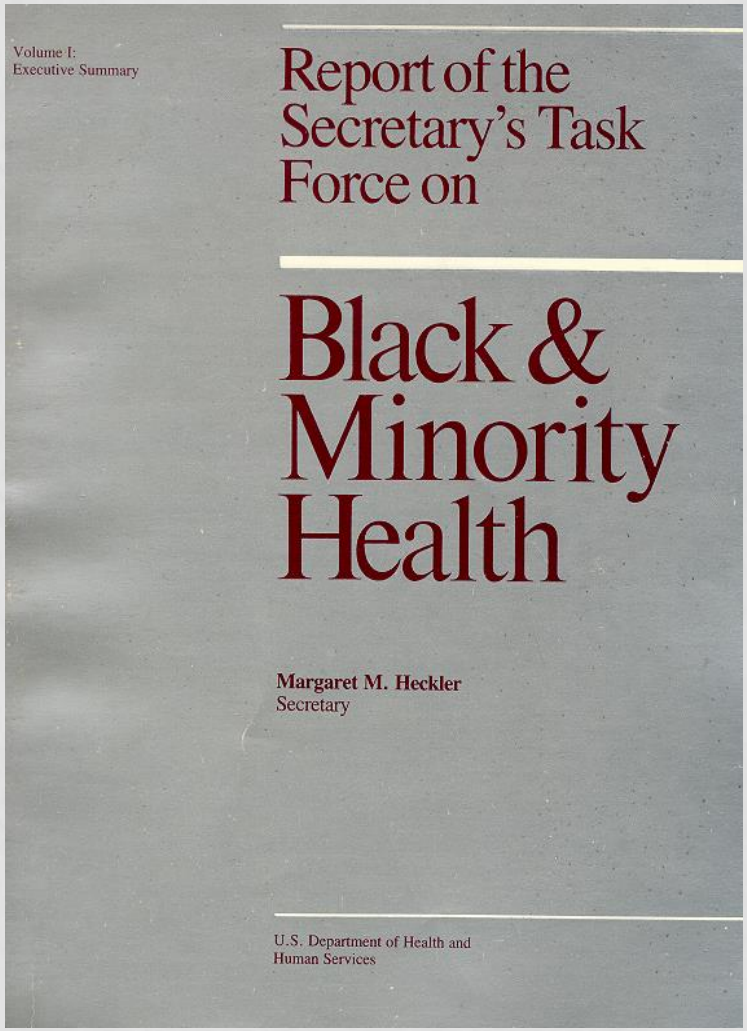
About Us

In 1987, the Ohio Commission on Minority Health became the first freestanding state agency in the nation to develop a concerted approach to address the disparity that exists between the health status of minority and non-minority populations. Today, there are Offices of Minority Health in 47 states. We provide grants to organizations that design culturally-specific, non-traditional demonstration projects to meet the health needs of Asian Americans, African Americans, Hispanic/Latinos and Native American Indians.

- The existence of health disparities in the United States has been extensively Documented beginning with the 1985 *Report of the Secretary's Task Force on Black and Minority Health*, and continuing on with more recent reports such as the 2002 report for the Institute of Medicine (IOM) (*Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*), and the yearly *National Healthcare Quality Reports and National Healthcare Disparities Reports* from the U.S. Agency for Healthcare Research and Quality (AHRQ).

- In 1985, The United States Department of Health and Human Services (HHS) released a landmark report documenting the existence of health disparities for minorities in the United States.

Report of the Secretary's Task Force on Black and Minority Health (1985)



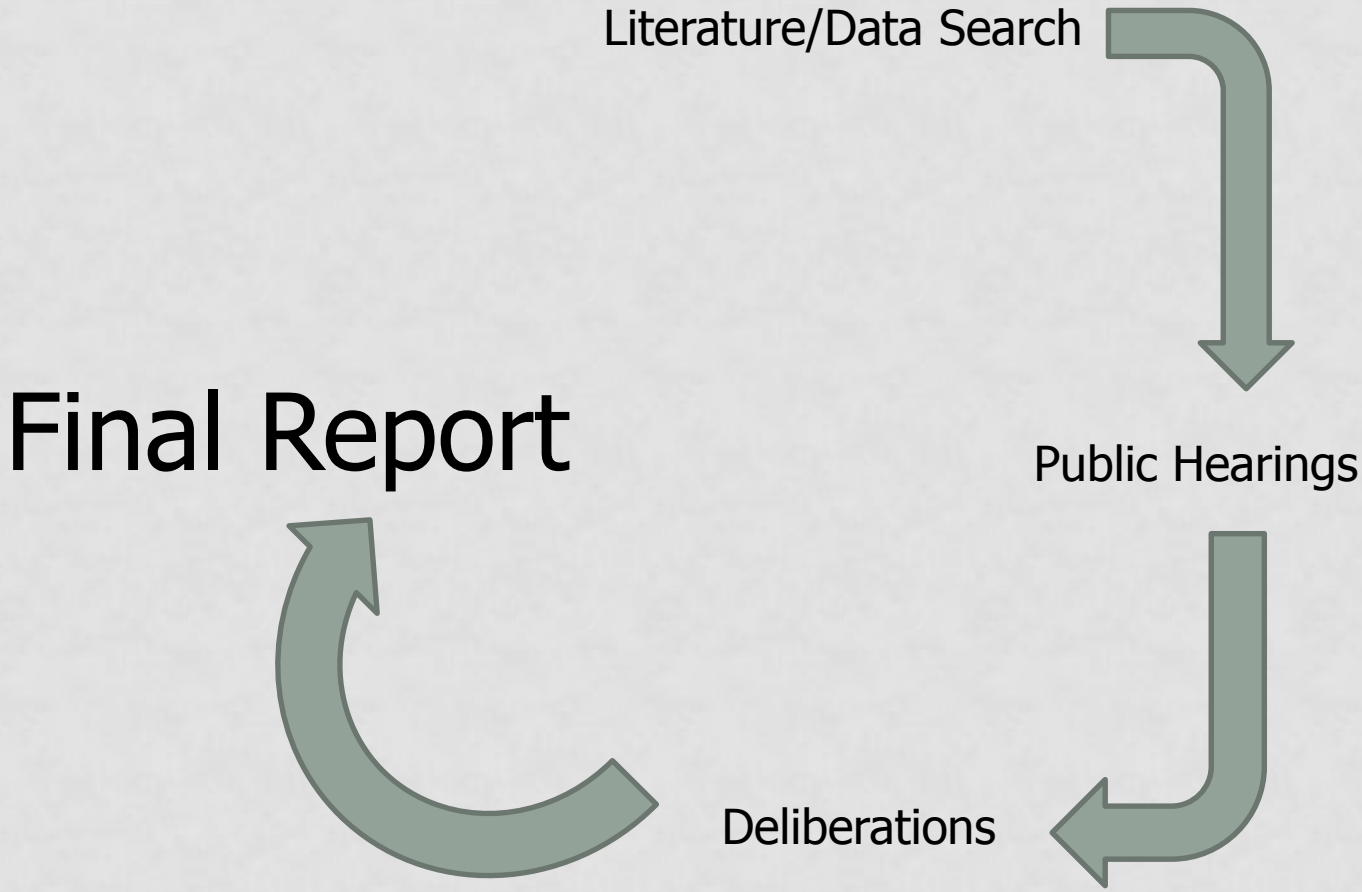
"Despite the unprecedented explosion in scientific knowledge and the phenomenal capacity of medicine to diagnose, treat and cure disease, Blacks, Hispanics, Native American Indians and those of Asian/Pacific Islander Heritage have not benefited fully or equitably from the fruits of science or from those systems responsible for translating and using health sciences technology."

Ohio: Governor's Task Force on Black and Minority Health

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.

In the Beginning . . .1986

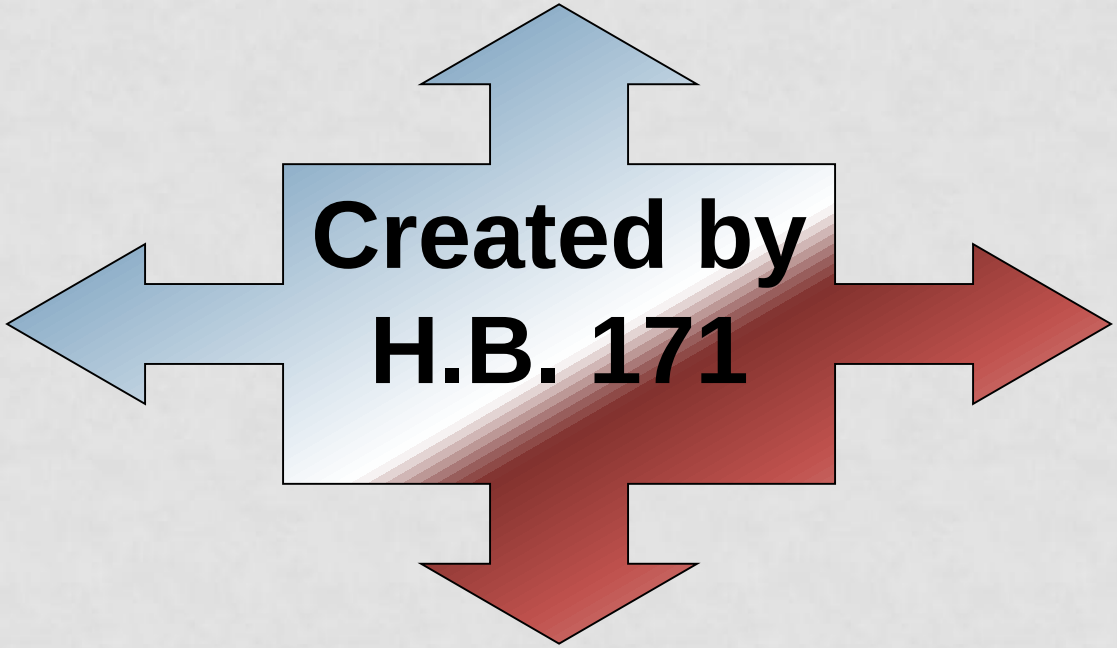


In July 1987, the 117th Ohio General Assembly passed amended Substitute House Bill 171, creating the Ohio Commission on Minority Health. The Commission was the first concerted efforts by a state to address the disparities in health status between majority and minority populations. The Commission is an autonomous state agency that began with a biennial appropriation of $3.5 million dollars of general revenue funds.

Ohio Commission on Minority Health *1987*

Autonomous State Agency

Reports to General Assembly



19 Member Policy Making Board

Separate Line Item State Budget

Mission Statement

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

Vision Statement

The Ohio Commission on Minority Health's vision is to achieve health parity among Ohio's minority populations.

Guiding Principles

- We involve and empower the community
- Our work is based on the documented needs and interests of the community
- We are culturally competent practitioners who are informed about Minority Health
- We are expected to demonstrate personal and professional integrity
- We prove to be accountable, reliable, and guided by ethical standards
- We make fair and equitable decisions
- We value the formation of strategic partnerships
- We establish performance targets and assess performance regularly
- We promote excellence and innovation

H.B. 171 Provisions

Current Board Structure – 19 members

- Governor appoints 9 from community
- Speaker of the House appoints 2 (one from each party)
- President of the Senate appoints 2 (one from each party)

H.B. 171 Provisions

Assigned Cabinet Members

- Director, Ohio Department of Developmental Disabilities
- Director, Ohio Department of Mental Health and Addiction Services
- Director, Ohio Department of Job & Family Services
- Superintendent, Ohio Department of Education
- Director, Ohio Department of Health
- Director, Ohio Department of Medicaid

H.B. 171 Provisions

- The Commission shall promote health and the prevention of disease among members of minority groups

- Each year the Commission shall distribute grants from available funds to community-based health groups to be used to promote health and the prevention of disease among members of minority groups

H.B. 171 Provisions

As used in this division, "Minority Groups" means any of the following economically disadvantaged groups: *African Americans, American Indians, Hispanics and Asians*

No group shall qualify to receive a grant from the Commission unless it receives at least (20%) twenty per cent of its funds from sources other than grants distributed under this section

Diseases and Conditions/ Focus Areas

- Cardiovascular
- Cancers
- Diabetes
- Infant Mortality
- Substance Abuse
- Violence
- Systemic Lupus Erythematous

Target Populations

- African American
- Hispanic/Latino
- Asian Americans
- Native American Indians

Grant Programs

Demonstration

Innovative and culturally specific projects are funded up to $150,000, for a two-year period. These projects must address a specific community with a methodology yielding measurable outcomes for behavior change. Grants must identify one or more of the six diseases and conditions, or risk factors, responsible for excess, premature deaths in the community. They promote behavior change by tapping into the attitudes, values and beliefs of the target populations. A goal of this grant program is the institutionalization of culturally appropriate projects into the healthcare delivery system. Funding for Demonstration grants will be available in December every other year.

Ohio Commission on Minority Health Grant Opportunities

Ohio Commission on Minority Health Local Offices of Minority Health Project

In 1987, the Ohio Commission on Minority Health was the first effort of its kind in the nation with the creation of a state agency focused on addressing the health disparities of Ohio's racial and ethnic populations.

With the increasing growth State Offices of Minority Health, in 2005 the OCMH piloted the creation of the National Association of State office of Minority Health – (NASOMH) to promote and protect the health of racial and ethnic minority communities, tribal organizations and nations, by preventing disease and injury and assuring optimal health and wellbeing.

Having a national strategy established, in 2007 the OCMH moved to create an infrastructure and presence at the local level through the establishment of the Local Offices of Minority Health within urban areas in Ohio. These offices are located in Akron, Cleveland, Columbus, Dayton, Toledo, and Youngstown.

This initiative became the first of its kind by a state agency in the nation. In an effort to develop a model for the nation, the OCMH spearheaded the creation of national performance standards and/or core competencies for Local Offices of Minority Health in collaboration with NASOMH. Grant are funded at $52,500 annually.

Grant Programs

Minority Health Month

Created in April 1989, Minority Health Month is designed to be a 30-day, high visibility, health promotion and disease prevention campaign. Conducted with and by community based agencies and organizations, this celebration reaches into urban, suburban and rural areas of the State. These initiatives are funded up to $3,000 annually. Funding for Minority Health Month is available every June.

Systemic Lupus Erythematous

This program provides grants for lupus programs for patient, public and professional education which are funded up to $32,000 for a two-year period. In addition, Lupus grants can be used to encourage and develop local centers on lupus information gathering and screening and to provide outreach to women of color. Funding for Lupus grants will be available in December every other year.

Ohio Commission on Minority Health Grant Opportunities

Grant Programs

Infant Mortality Pathways Community Hub – Expansion Replication Grants

The Commission funds Demonstration grants in order to develop models that can be self sustainable and replicable. These models are innovative, culturally sensitive and specific in their approach toward reduction of the incidence and severity of those diseases or conditions which are responsible for excess morbidity and mortality in minority populations. In 2000, the Commission provided seed funding to support the Community Health Access Project who helped to develop the Community Pathways HUB Model. Since then the Commission has funded the implementation of this model through our demonstration grant funding program which demonstrated efficacy with racial and ethnic populations and cost effectiveness. This evidenced based model has been endorsed by CMS, NIH, AHRQ, HRSA and others.

The 2016/2017 State of Ohio Biennial Budget provided an increase in funding to the Ohio Commission on Minority Health to bring this model to scale in Ohio This funding was allocated to initiate the Certified Pathways Community HUB Model Expansion and Replication – Infant Mortality funding opportunity. Grant awards are approximately $280,000 for the two year period.

Strategic Plan 2020

The Ohio Commission on Minority Health's Strategic Plan Goals are aligned with the U.S. Department of Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities. This strategic plan focuses on core areas of:

1. *Awareness:* To increase awareness of minority health disparities
2. *Leadership:* To broaden leadership to address health disparities at all levels.
3. *Improved healthcare access:* To increase access for racial and ethnic minority populations
4. *Workforce development and Diversity:* To advocate for diversity and cultural and linguistic competency in the healthcare and health related workforce.
5. *Health Data, Research and Evaluation:* To improve availability for all racial and ethnic populations.
6. *Organizational Development:* To improve technological efficiency, expand funding diversification and monitor healthcare cost impact.

What Are Health Disparities?

- Differences in the incidence and prevalence of health conditions and health status between groups.
- Hispanic adults were more than twice as likely as white adults to be uninsured; African-American adults were 80% more likely than white adults to be uninsured.
- African Americans are more likely to develop and die from cancer than any other racial or ethnic group. *(American Cancer Society, 2008)*
- Black females have the highest overall likelihood of suffering a stroke.

What Are the Root Causes of Health Disparities?

The lack or absence of "life-enhancing resources, such as health care, housing, education, employment, social relationships, transportation, and food supply, whose distribution across populations effectively determines length and quality of life."

"Social Determinants of Health"

What Are Health Inequities?

Health disparities are referred to as health inequities when they are the result of the systematic and unjust distribution of these critical conditions (social determinants).

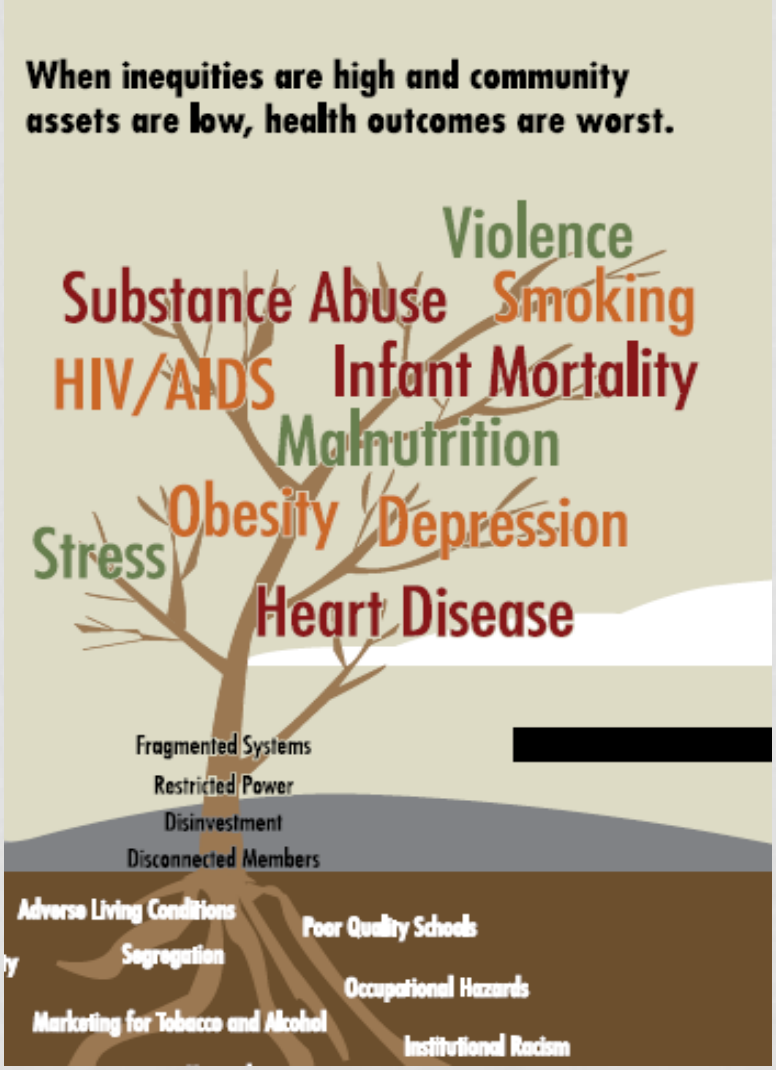
Source: Promoting Health Equity : ***A Resource to Help Communities Address Social Determinants of Health***

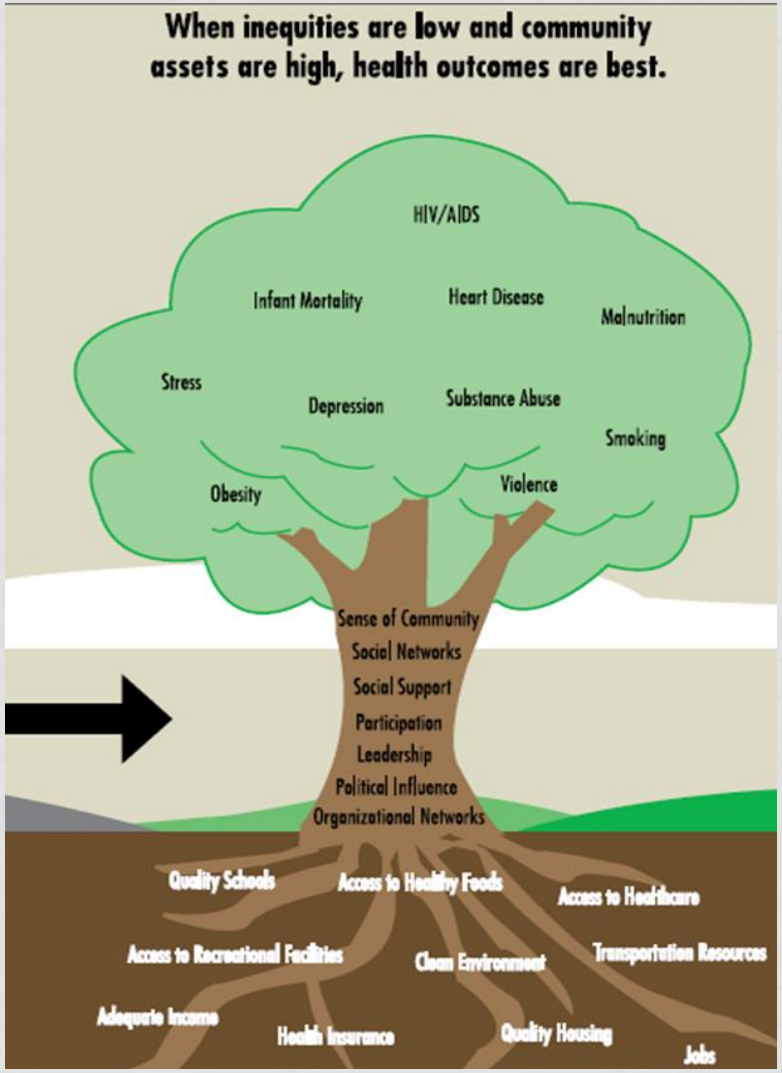
What is Health Equity?

When everyone has the same potential to achieve the best health possible, regardless of who they are or where they live.

Source: Promoting Health Equity : ***A Resource to Help Communities Address Social Determinants of Health***

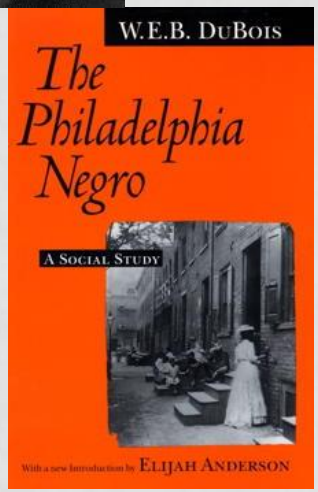
Understanding Health Inequities





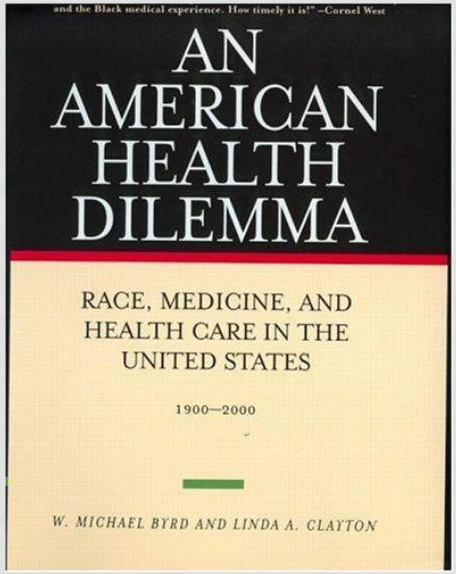
Historical Reference for Health Inequities

- Published by W.E.B. DuBois in 1899.
- First significant scientific study of the social, health and living conditions among African-Americans.
- DuBois challenged notion of racial inferiority based on the differences of physical characteristics between African Americans and Whites.
- DuBois work mirrors what we understand today as social determinants of health.



Understanding the Problem

- Documents in detail health problems of African Americans back to slavery.
- Traces the major barriers that prevented African Americans from receiving the most basic medical care and public health services and provides a foundation to today's disparities.
- Highlights the ingenuity, scientific and professional skills of generations of African American physicians and other health professionals.



SEGREGATED SPACES, RISKY PLACES:

The Effects of Racial Segregation on Health Inequalities

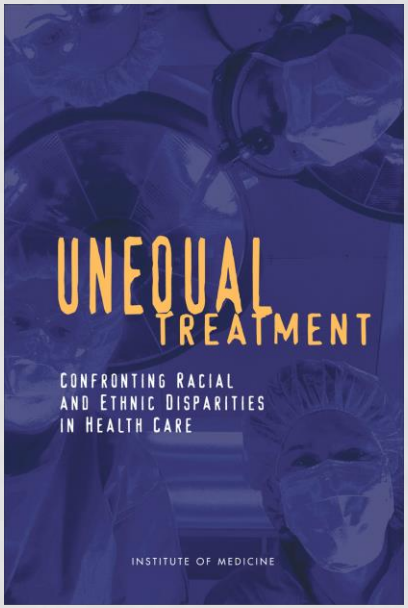
JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES

- This study finds that that segregation continues to play an important role in determining health inequalities.
- Places with high concentrations of black or Hispanic residents tend to be places characterized by limited opportunity and failing infrastructure, which results from a lack of investment in social and economic development.
- The result is a community that produces bad health outcomes.
- Simulations of how varying levels of segregation affect racial gaps in rates of infant mortality disparity showed that complete black-white residential integration would result in at least two fewer black infant deaths (2.31) per 1000 live births.
- With full integration, Hispanics would have a lower rate of infant mortality rate than whites.

1999 Institute of Medicine

Congress requested that the IOM:

- Assess the extent of racial and ethnic disparities in healthcare.
- Identify potential sources of these disparities; and
- Suggest intervention strategies.

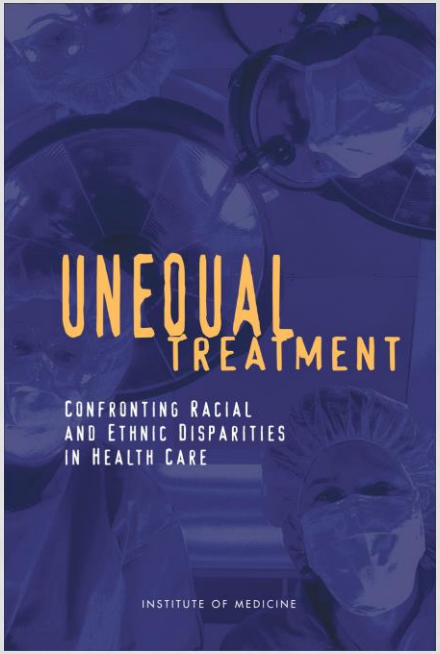


The study committee was struck by what it found. The research indicated minorities are less likely than whites to receive needed services, including clinically necessary procedures, even after correcting for access-related factors, such as insurance status.

What Healthcare Administrators Need to Know

Racial and Ethnic Disparities in Healthcare

- Base decisions about resource allocation (e.g., which patients should receive particular treatments for specific health conditions) on published clinical guidelines.
- Take steps to improve access to care—including the provision of interpretation and translation services, where community need exists.
- Develop and support a diverse health workforce and promote cultural and linguistic competency training.



Affordable Care Act

The **Patient Protection and Affordable Care Act** (**PPACA**) is a United States federal statute. PPACA reforms certain aspects of the private health insurance industry and public health insurance programs, increases insurance coverage of pre-existing conditions, expands access to insurance to over 30 million Americans, and increases projected national medical spending while lowering projected Medicare spending.

Section 2703 of the Affordable Care Act, which allows States to establish health homes through their Medicaid program, the establishment and awarding of primary and behavioral health care integration grants nationwide, and the establishment of the Substance Abuse and Mental Health-Health Resources and Services Administration (SAMHSA – HRSA) Center for Integrated Health Solutions.

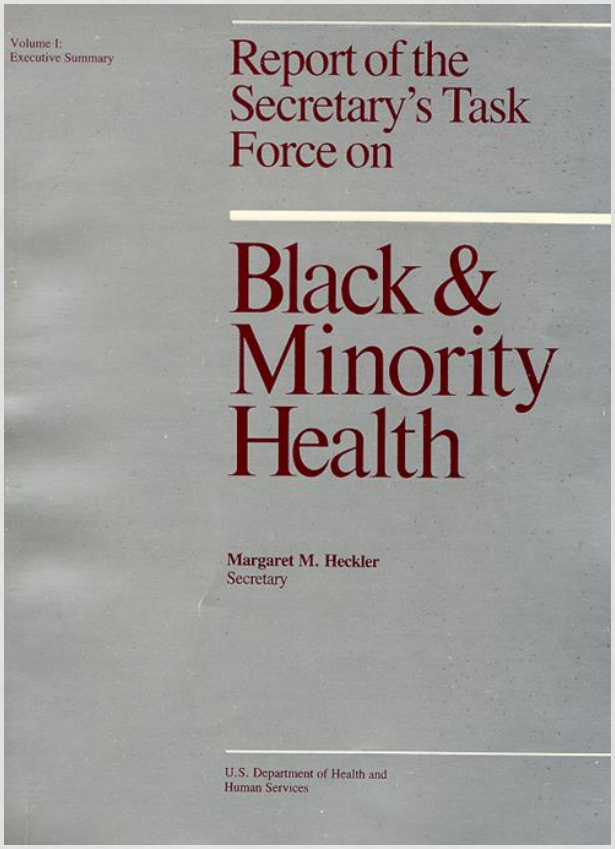
Ohio House Bill 198

Patient Centered Medical Home

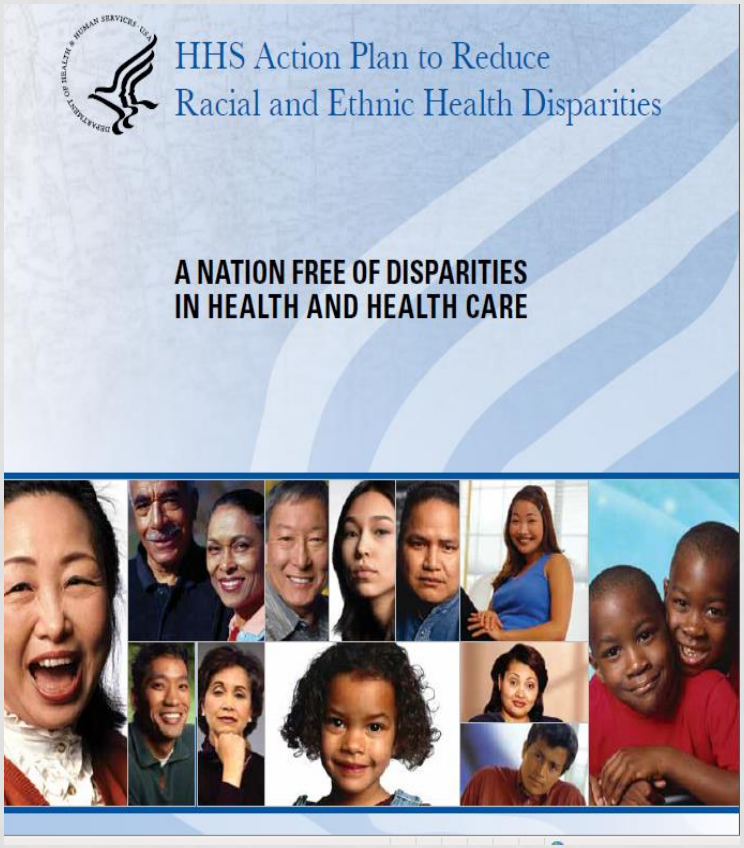
- Ohioans spend more per person on health care than residents in all but 13 states, but we rank 42 among states in positive health outcomes.
- The PCMH model of care promotes partnerships between patients and their primary health-care providers to improve care coordination and bolster individuals' health outcomes.
- Patient care is coordinated using state-of-the-art tools such as registries, information technology, health information exchange and other means to assure that individuals get appropriate care when and where they need

Progress

1985



2011



The National Stakeholder Strategy outlines specific goals to achieve Health Equity.

- Establish a Healthcare agenda to ensure ending disparities is a priority on the federal, state and local level.
- Increase the awareness of the significance of health disparities and their impact on the state and healthcare systems.
- Strengthen and expand the leadership to address health disparities at all levels.
- Fund priorities that include coordination, collaboration and opportunities for soliciting community solutions.
- Improve health care access and healthcare outcomes for racial and ethnic and underserved populations.
- Improve cultural and linguistic competency and the diversity of the health related workforce.
- Improve data availability, and coordination and utilization and diffusion of research and evaluation outcomes to include meaningful use of data and knowledge transfer.