Ohio Statewide Health Disparities Collaborative

The Ohio Statewide Health Disparities Collaborative (OSHDC) is a collaboration of individuals and organizations working together to achieve health equity and eliminate health disparities in Ohio. The OSHDC is comprised of individuals from non-profit agencies, healthcare organizations, government agencies, academia and private sector organizations who provide statewide leadership for racial and ethnic minorities within the state of Ohio.

Executive Summary
Health disparities are the ongoing imbalance in access, quality of healthcare services, and healthcare outcomes which results in higher morbidity and mortality rates for minorities. The current healthcare delivery system does not foster an environment that addresses health disparities for racial and ethnic minorities, the poor, and other at risk populations. Language barriers, cultural and linguistic competency in health service delivery and health education, health literacy, diversity in healthcare workforce, and provider lack of cultural sensitivity are all factors that contribute to health disparities in racial and ethnic populations. The empowerment of local communities has been hindered by passive enforcement of policies, leading to inadequate usage of resources and limited inter-organization communication. There is little focus on building the capacity of local and state organizations to address disparities. The lack of building local and state capacity to address and solve health disparities on the ground are leading to well established economic burdens. Beyond the heavy burden that health disparities represent for individuals affected, there are additional social and financial burdens borne by the country as a whole. Health disparities provide both challenges and opportunities for devising new methods for reducing health disparities and the related costs.

Problem
Unaddressed health disparities historically have been a significant driver of healthcare costs. When combined with the current fragmented program silos and funding streams, efforts to impact health disparities are stymied. Between 2003 and 2006 the combined costs of health inequalities and premature death in the United States was $1.24 trillion; thirty percent (30%) of direct medical care expenditures for African-Americans, Asians, and Hispanics were excess costs due to health inequities. In the same time frame, eliminating health disparities would have reduced direct medical care expenditures by $229.4 billion. As the aggregate of our various racial and ethnic minorities moves toward becoming a majority of the country’s populace, addressing health disparities becomes even more critical. If not adequately addressed, everyone suffers through share loss of economic capital, loss of human intellectual and leadership capital and social instability.

Call to Action
The time is now to begin crafting and implementing the policies that will provide health equity for all. Active engagement within the healthcare system is essential. Therefore, it is imperative that aggressive movement in the following areas is initiated in the State of Ohio in order to eliminate health disparities for racial and ethnic groups:

- A statewide adoption of the national definition of health disparities
- A statewide adoption of the National Stakeholder Strategies
- The development of policies that address the determinants of health, reduce health disparities, and work to achieve health equity across the lifespan
- Develop statewide plan to diversify Ohio’s healthcare and healthcare related workforce
- Develop a workforce pipeline targeting racial and ethnic minorities
- Create a statewide minority health information exchange
- Ensure that the CRIS-E eligibility system collects racial, ethnic and linguistic data in meaningful way that complies with the HHS Data Standards
- Ensure that provider EMRs collect racial and ethnic data in meaningful way
- Ensure that Health Plans collect racial and ethnic data in a meaningful way
- Allocate available funding and target future funding initiatives to populations that bear the greatest burden of chronic diseases

The OSHDC has developed the Ohio Plan for Action to End Health Disparities to serve as the initial roadmap for addressing this important issue. To reach the OSHDC, please contact Renuka Mayadev, Executive Director of the Children’s Defense Fund-Ohio at (614) 221-2244 or rmayadev@cdfohio.org.

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http://www.odh.ohio.gov/~/media/HealthyOhio/ASSETS/Files/health%20equity/economicburdenofhealthinequalitiesintheunitedstates.ashx
## Ohio Plan for Action to End Health Disparities
### Goals, Benchmarks and Strategies

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| 1. | Increase Access to Care                                             | A. Expand Medicaid coverage to all Ohioans with income at or below 133 percent of poverty. Grants should be made available to community-based and non-profit organizations and local governments to support outreach activities and enrollment of uninsured Ohioans. **Streamline enrollment** procedures by building on the current **Express Lane Eligibility** policies to enable state Medicaid and CHIP agencies to identify, enroll, and recertify Ohioans by relying on eligibility findings from other programs.  
B. Maintain a skilled, cross-trained, and diverse prevention workforce by **creating an undergraduate pipeline program** to increase racial and ethnic diversity in the health professions.  
C. Use **innovative payment and reimbursement mechanisms** to encourage more use of **preventive services** rather than episodic interventions  
D. Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk by **leveraging community health workers and peer support** who can facilitate access to and use of preventive services.  |
| 2. | Establish Funding Priorities to Address Health Care Disparities     | E. Broaden outreach to **include racial and ethnic representatives** affected by health disparities, community leaders, and community-based organizations knowledgeable about different racial and ethnic populations to provide **feedback to state agencies** on funding strategies.  
F. **Involve racial and ethnic community representatives** in decisions about funding, programmatic and research priorities on committees, commissions and boards where they have been historically been excluded.  
G. Implement federal requirements to address racial and ethnic health disparities which include the development of **process improvement strategies aligned with the allocation of funding opportunities/request for proposals, and contracts**.  
H. Develop **monitoring and reporting mechanisms** that ensure the investment of public and private resources are targeted to address racial and ethnic health disparities.  
I. **Incentivize** state agencies, institutions of higher education, academic medical centers and private and nonprofit research organizations to **invest in local health equity efforts** and to collaborate with community based organizations as an equal or lead partner.  |
| 3. | Build Capacity                                                       | J. **Include capacity building** to address health care disparities as a legislative priority** in the state biennial budget.  
K. **Develop centers for excellence** that focus on concerns, strategies and solutions informed by community leaders and representatives affected by health disparities.  
L. Introduce/Implement Community-Based Participatory Research (CBPR) to emphasize ‘equitable’ engagement of all partners to determine the most effective solutions to ending health disparities.  |
| 4. | Implement Targeted Communication Strategies that Foster Cultural Competence | M. **Promote the adoption of all 14 national standards to health care providers on Cultural and Linguistically Appropriate Services (CLAS)** to assure culturally competent care is provided.  
N. **Integrate cross-cultural education** into the training of all health professionals to improve provider knowledge of cultural and behavioral aspects of healthcare and effective communication strategies.  
O. **Enact legislative policy** and establish incentives for all health professionals to shape standards that eliminate language barriers and require all health care professionals to provide services that are culturally & linguistically competent.  
P. Use current research and findings to end health disparities.  |
| 5. | Incorporate Health Disparities into Ohio’s Health Care Agenda        | Q. **Strengthen** local, state, and federal **minority health entities** and tribal health offices and establish a **health disparities liaison** in non-health departments (such as education, housing, labor) to ensure local, state, and tribal partnerships and decision-making power.  
R. **Identify and develop relationships** with non-partisan think tanks and other policy centers to advance and disseminate model policies that address determinants of health, reduce health disparities, and work to achieve health equity across the lifespan.  
S. Establish an **Ohio minority health information exchange** as the central repository of all minority health data and related information for ending health disparities.  
T. Develop partnerships among foundations, local businesses, nonprofit organizations, educational institutions, and community leaders to advocate for local policies and actions that create and sustain conditions for good health.  |