

LSC Greenbook

Analysis of the Enacted Budget

Commission on Minority Health

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ATTACHMENT:

Budget Spreadsheet By Line Item

Commission on Minority Health

- Commission distributes over 64% of its funding in the form of grants to address health disparities
- GRF appropriations decrease by 9.5% in FY 2014, but are flat-funded in FY 2015

OVERVIEW

Agency Overview

In 1986, the Governor's Task Force on Black and Minority Health was convened to address disparities in health between the minority and majority populations. The Task Force heard public testimony from over 2,000 individuals throughout the state. One of the Task Force's recommendations was the creation of the Ohio Commission on Minority Health (OCMH). As a result, the Commission was created in 1987. It was the first state-level office in the United States formed exclusively to address the condition of minority health. Additionally, in 2005, OCMH spearheaded the creation of the National Association of State Offices of Minority Health.

OCMH is dedicated to eliminating disparities in minority health through innovative strategies and financial opportunities, public health promotion, legislative action, public policy, and systems change. A 21-member commission provides guidance for the agency, including its grants administration. OCMH currently has four full-time employees.

Appropriation Overview

Fund Group	FY 2013*	FY 2014	% change FY 2013-FY 2014	FY 2015	% change FY 2014-FY 2015
General Revenue	\$1,746,218	\$1,580,637	-9.5%	1,580,637	0.0%
State Special Revenue	\$4,967	\$25,000	403.3%	\$25,000	0.0%
Federal Special Revenue	\$205,426	\$140,000	-31.9%	\$140,000	0.0%
TOTAL	\$1,956,611	\$1,745,637	-10.8%	\$1,745,637	0.0%

*FY 2013 figures represent actual expenditures.

As can be seen in the table above, the budget provides funding of approximately \$1.7 million in FY 2014, a decrease of 10.8% from FY 2013 expenditures. In FY 2015, funding remains at FY 2014 levels. General Revenue Fund (GRF) appropriations decrease by 9.5% from FY 2013 expenditures. State special revenue appropriations are increased 403.3% from FY 2013 expenditures. However, state special revenue funds

consist of registration fees related to minority health conferences, as well as donations from health and human service organizations. As such, spending tends to vary from year to year. Federal funds decrease by 31.9% from FY 2013 levels. In FY 2013, federal expenditures were higher due to the inclusion of carryover funds in the amount of \$74,103 that were not spent in the first year of the three-year federal grant cycle, which began in FY 2010.

ANALYSIS OF ENACTED BUDGET

Introduction

The following table shows all appropriations for the Ohio Commission on Minority Health.

Appropriations for the Commission on Minority Health				
Fund	ALI and Name		FY 2014	FY 2015
General Revenue Fund				
GRF	149321	Operating Expenses	\$581,490	\$591,615
GRF	149501	Minority Health Grants	\$889,100	\$878,975
GRF	149502	Lupus Program	\$110,047	\$110,047
General Revenue Fund Subtotal			\$1,580,637	\$1,580,637
State Special Revenue Fund Group				
4C20	149601	Minority Health Conference	\$25,000	\$25,000
State Special Revenue Fund Group Subtotal			\$25,000	\$25,000
Federal Special Revenue Fund Group				
3J90	149602	Federal Grants	\$140,000	\$140,000
Federal Special Revenue Fund Group Subtotal			\$140,000	\$140,000
Total Funding: Commission on Minority Health			\$1,745,637	\$1,745,637

Operating Expenses (149321)

General Revenue Fund line item 149321 is used primarily for general operating expenses, including payroll and fringe benefits, maintenance, and equipment. The budget provides funding of \$581,490 in FY 2014, an increase of 36.1% over FY 2013, and \$591,615 in FY 2015, an increase of 1.7% over FY 2014.

The majority of OCMH staff expense is paid for through line item 149321. However, according to OCMH, approximately 15% of staff expenses during the FY 2012-FY 2013 biennium were allocated to a federal grant received from the United States Department of Health and Human Services and expended through federal line item 149602. The federal grant is ending in August 2013. As a result, the increase in GRF line item 149321 is to pay for staff expenses that were shifted during the FY 2012-FY 2013 biennium from the GRF to available federal dollars. OCMH anticipates that it will receive another federal grant in early FY 2014, which could allow some federal dollars to be used for staff expenses or could allow federal grant dollars to be used to award supplemental grants to community-based agencies. In addition, the increase in GRF line item 149321 might be used to support the filling of one staff position that has been vacant since 2012.

Minority Health Grants (149501)

General Revenue Fund line item 149501 is used to fund grants to community health groups to promote health awareness and disease prevention among minority populations. More specifically, the line item is used to provide demonstration grants, grants to local offices of minority health, and Minority Health Month grants.

The budget provides funding of \$889,100 in FY 2014, a decrease of 27.2% from FY 2013, and \$878,975 in FY 2015, a decrease of 1.1% from FY 2014.

Demonstration Grants

OCMH provides demonstration grants to community-based health groups for activities relating to promoting health or preventing disease among the minority population. The priorities for the FY 2014-FY 2015 biennium are the prevention of infant mortality and type 2 diabetes. OCMH funds projects that promote behavior change by tapping into the attitudes, values, and beliefs of the target populations. Ultimately, the goal of this program is to institutionalize the projects into the healthcare delivery system. OCMH believes a successful outcome is when a project is selected for funding by an outside funding source or when the project is internalized by the recipient grantee.

Local Offices of Minority Health

In FY 2008 and FY 2009, local offices of minority health were established in local health departments in Akron, Cleveland, Columbus, Dayton, Toledo, and Youngstown. The local offices are not an extension of OCMH, but rather a collaborative arrangement among the entities. Under this program, each local office must implement an action plan that addresses the following four core issues: (1) monitor health status of minority populations, (2) inform, educate, and empower people, (3) mobilize community partnerships and action, and (4) develop policies and plans to support health efforts. Some of the intended outcomes are that each local office will provide a local presence for issues of minority health, serve as a mechanism for local governments to produce consistent data sets representative of the community diversity, coordinate OCMH-funded initiatives such as Minority Health Month, strengthen Ohio's ability to pursue national funding, and serve as a conduit of information for trends and emerging concerns.

Minority Health Month

Minority Health Month grants are given to community-based agencies across the state. The agencies selected participate in a 30-day wellness campaign that is held every April. Many activities take place during this campaign. Some past activities have included health screenings for diabetes, cancer, hypertension, HIV, oral health, and mammography, as well as provider and consumer education on chronic diseases and conditions that impact minority populations.

The intended outcomes of the Minority Health Month Program are to, among other things, promote healthy lifestyles, provide crucial information to allow individuals to practice disease prevention, showcase the resources for and providers of health care and information, highlight the resolution of the disparate health conditions between Ohio's minority and majority populations, and gain additional support for ongoing efforts to improve minority health year round.

Research Enhancement and Evaluation Project

General Revenue Fund line item 149501 also funds the Research Enhancement and Evaluation Project (REEP). REEP is a network of academic and community-based researchers who have been trained to assess OCMH projects utilizing a standardized evaluation tool. The REEP evaluator is required to submit quarterly progress evaluation reports of the goals and objectives for the project to OCMH.

Grantees also provide to OCMH participant demographics including age, gender, race or ethnicity, household income, etc. This data is stored in a report file that can be accessed by OCMH to review progress on the project. At the conclusion of the grant cycle, these reports are reviewed, analyzed, and compiled into a fiscal year-end report.

Lupus Program (149502)

General Revenue Fund line item 149502 supports the Lupus Program. The program's goals are to increase awareness and education of the autoimmune disease lupus, and to provide resources to caregivers and professionals throughout the state. The program is not a minority-specific initiative, but does provide outreach to minority women. The Lupus Foundation of America estimates between one and a half and two million Americans have a form of lupus. Approximately 90% of lupus sufferers are women. The disease is also more prevalent in minority populations. In fact, lupus is two to three times more prevalent among African American women. It is also more common among Hispanic, Asian, and American Indian women.

The community-based agencies awarded grants under the Lupus Program provide support and resources to individuals with lupus, their caregivers, and their providers. All grantees must address educational issues for patients, the public, and professionals. Grantees address educational issues, for example, by sponsoring monthly support group meetings led by a trained facilitator, participating in Lupus Awareness Month, and by providing a referral list of area facilities and physicians that offer medical treatment for lupus-related medical conditions.

The budget provides funding of \$110,047 in each fiscal year, which is an increase of 12.4% above FY 2013 expenditures.

Federal Grants (149602)

Federal moneys appropriated in line item 149602 are used to fund minority health grants to increase awareness and education of various diseases that affect the minority population. In September of 2010, the United States Department of Health and Human Services, Office of Minority Health notified OCMH that they were awarded a three-year State Partnership Grant to address health disparities in the state through a workforce development program. The program focus is on: targeting the prevention and treatment of diabetes and obesity for ethnic diabetic patients and their families, contributing to improved access to healthcare through a community-based system, and improving the diversity of the healthcare workforce.

The budget provides appropriations of \$140,000 in each fiscal year, a 31.9% decrease from FY 2013 expenditures. In FY 2013, expenditures were higher due to the inclusion of carryover funds in the amount of \$74,103 that were not spent in the first year of the three-year grant cycle. OCMH stated that the funding level for FY 2014 and FY 2015 represents the historic funding level for the line item. The current federal grant ends in the first quarter of FY 2014. However, OCMH anticipates that it will receive another multi-year federal grant, but this will not be received until the second quarter of FY 2014, after the state budget has been completed.

Minority Health Conference (149601)

Appropriation item 149601 funds culturally relevant conferences, symposiums, etc. to build capacity for service delivery in the minority community. The Minority Health Conference typically focuses on new bodies of scientific information, modalities for culturally competent service delivery. Revenue deposited in the Minority Health Conference Fund (Fund 4C20) consists of registration fees related to conference costs, as well as donations from health and human service organizations. OCMH typically partners with universities, local health departments, health care service providers, hospital systems, and businesses to leverage more funds.

The budget provides funding of \$25,000 in each fiscal year, which represents an increase of 403.3% from FY 2013 expenditures.

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FY 2014 - FY 2015 Final Appropriation Amounts

All Fund Groups

Line Item Detail by Agency

			FY 2012	FY 2013	Appropriation FY 2014	FY 2013 to FY 2014 % Change	Appropriation FY 2015	FY 2014 to FY 2015 % Change
Report For Main Operating Appropriations Bill			Version: Enacted					
MIH Commission on Minority Health								
GRF	149321	Operating Expenses	\$ 405,541	\$ 427,295	\$ 581,490	36.09%	\$ 591,615	1.74%
GRF	149501	Minority Health Grants	\$ 999,941	\$ 1,220,982	\$ 889,100	-27.18%	\$ 878,975	-1.14%
GRF	149502	Lupus Program	\$ 129,538	\$ 97,941	\$ 110,047	12.36%	\$ 110,047	0.00%
General Revenue Fund Total			\$ 1,535,020	\$ 1,746,218	\$ 1,580,637	-9.48%	\$ 1,580,637	0.00%
3J90	149602	Federal Grants	\$ 76,064	\$ 205,426	\$ 140,000	-31.85%	\$ 140,000	0.00%
Federal Special Revenue Fund Group Total			\$ 76,064	\$ 205,426	\$ 140,000	-31.85%	\$ 140,000	0.00%
4C20	149601	Minority Health Conference	\$ 11,419	\$ 4,967	\$ 25,000	403.29%	\$ 25,000	0.00%
State Special Revenue Fund Group Total			\$ 11,419	\$ 4,967	\$ 25,000	403.29%	\$ 25,000	0.00%
L087	149403	Training and Capacity Building	\$ 25,000	\$ 0	\$ 0	N/A	\$ 0	N/A
Tobacco Master Settlement Agreement Fund Group Total			\$ 25,000	\$ 0	\$ 0	N/A	\$ 0	N/A
Commission on Minority Health Total			\$ 1,647,503	\$ 1,956,611	\$ 1,745,637	-10.78%	\$ 1,745,637	0.00%