

# **LSC Redbook**

**Analysis of the Executive Budget Proposal**

**Commission on Minority Health**

Wendy Risner, Senior Budget Analyst  
Legislative Service Commission

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## READER'S GUIDE

The Legislative Service Commission prepares an analysis of the executive budget proposal for each agency. These analyses are commonly called "Redbooks." This brief introduction is intended to help readers navigate the Redbook for the Commission on Minority Health, which includes the following three sections.

1. **Overview:** Provides a brief description of the Commission and an overview of the executive budget recommendations for the Commission.
2. **Analysis of Executive Proposal:** Provides a detailed analysis of the executive budget recommendations for the Commission, including funding and the activities supported by the recommended funding.
3. **Attachments:** Includes the catalog of budget line items (COBLI) for the Commission, which briefly describes the Commission's line items, and the LSC budget spreadsheet for the Commission.

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### **ATTACHMENTS:**

- Catalog of Budget Line Items
- 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 are flat-funded for the biennium

## 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. Of this number, 11 are appointed by the Governor. Four members in total, or two members each, are appointed by the Speaker of the House of Representatives and the President of the Senate, respectively. Board members also include the directors, or their designees, of the departments of Health, Job and Family Services, Mental Health, Alcohol and Drug Addiction Services, Developmental Disabilities, and the Superintendent of Public Instruction. OCMH currently has four full-time employees.

### Appropriation Overview

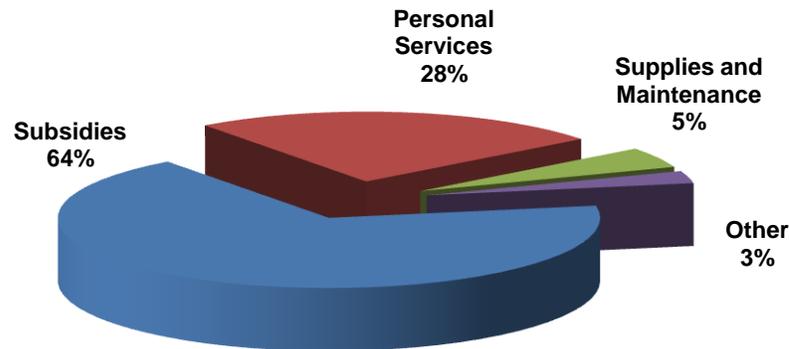
The executive recommends funding of approximately \$1.7 million in FY 2014, a decrease of 4.1% from FY 2013 estimated expenditures. In FY 2015, funding remains at FY 2014 levels. Table 1 below shows the estimated expenditures for FY 2013 and the executive recommendations for FY 2014 and FY 2015 by fund group, as well as the percentage change from one year to the next. The GRF and state special revenue are funded at FY 2013 levels. Federal funds decrease by 34.6% from FY 2013 levels. The funding in FY 2013 is higher due to the inclusion of carryover funds in the amount of \$74,103 that were not spent in the first year of the grant award.

Table 1. Executive Budget Recommendations by Fund Group					
Fund Group	FY 2013*	FY 2014	% Change	FY 2015	% Change
General Revenue	\$1,580,637	\$1,580,637	0.0%	\$1,580,637	0.0%
State Special Revenue	\$25,000	\$25,000	0.0%	\$25,000	0.0%
Federal Special Revenue	\$214,103	\$140,000	-34.6%	\$140,000	0.0%
<b>TOTAL</b>	<b>\$1,819,740</b>	<b>\$1,745,637</b>	<b>-4.1%</b>	<b>\$1,745,637</b>	<b>0.0%</b>

\*FY 2013 figures represent estimated expenditures.

The chart below shows the executive budget recommendations by expense category according to the Office of Budget and Management's Blue Book. The largest expense category for OCMH, at 64%, is subsidies. Subsidies are used to fund grants that OCMH distributes to various entities throughout the state. The next largest expense category, at 28%, is personal services, which represents expenses related to staff and grant oversight. The supplies and maintenance category represents 5% of the OCMH budget. The remaining approximately 3% in the other category represents spending for equipment and purchased personal services.

**Executive Budget Recommendations  
by Expense Category, FY 2014-FY 2015**



## ANALYSIS OF EXECUTIVE PROPOSAL

### Introduction

This section provides an analysis of the Governor's recommended funding for each line item in OCMH's budget.

<b>Table 3. Governor's Recommended Funding for the Commission on Minority Health</b>				
<b>Fund</b>	<b>ALI and Name</b>		<b>FY 2014</b>	<b>FY 2015</b>
<b>General Revenue Fund</b>				
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
<b>General Revenue Fund Subtotal</b>			<b>\$1,580,637</b>	<b>\$1,580,637</b>
<b>State Special Revenue Fund Group</b>				
4C20	149601	Minority Health Conference	\$25,000	\$25,000
<b>State Special Revenue Fund Group Subtotal</b>			<b>\$25,000</b>	<b>\$25,000</b>
<b>Federal Special Revenue Fund Group</b>				
3J90	149602	Federal Grants	\$140,000	\$140,000
<b>Federal Special Revenue Fund Group Subtotal</b>			<b>\$140,000</b>	<b>\$140,000</b>
<b>Total Funding: Commission on Minority Health</b>			<b>\$1,745,637</b>	<b>\$1,745,637</b>

### 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 executive recommends funding of \$581,490 in FY 2014, an increase of 42.2% over FY 2013 estimated expenditures, and \$591,615 in FY 2015, an increase of 1.7% over FY 2014.

Currently, the majority of OCMH staff expense is paid for through line item 149321. However, according to OCMH, approximately 15% of staff expenses are 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 will support the filling of one staff position that has been vacant since 2012. According to

OCMH, the vacant position will assist with directing grant management, clerical, and fiscal support operations, external grant development, and budget and management responsibilities.

### **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 executive recommends funding of \$889,100 in FY 2014, a decrease of 16.3% from FY 2013 estimated expenditures, and \$878,975 in FY 2015, a decrease of 1.1% from FY 2014. According to OCMH, as a result of the funding provided, it will award one fewer demonstration grant, but will maintain the local offices of minority health at the FY 2013 funding level. However, any federal grants OCMH receives for the upcoming biennium will be used to fund supplemental grant initiatives.

### **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 is 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. The maximum grant amount awarded is \$75,000 per year.

In FY 2012, OCMH awarded five demonstration grants. All five grantees focused on diabetes prevention activities and risk factors associated with the disease. Almost 550 individuals were served by these grant dollars.

### **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.

In FY 2012, 67 grants were awarded, with a maximum award of \$3,000 per grantee. Over 21,600 individuals received services through these grant programs and over 7,900 received health screens such as mammograms, blood pressure, glucose, cholesterol, vision, dental, body mass index (BMI), cancer, HIV/AIDS, bone density, depression, sleep apnea. Of those screened, 29.4% (2,321) were provided follow-up services and medical referrals.

### **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.

To ensure quality, grant integrity, and program efficacy, OCMH also conducts two on-site visits with each grantee funded for demonstration grants, local offices of minority health, and lupus grants. During these visits, a fiscal and program review are

conducted to ensure fiscal compliance mechanisms are in place to properly document expenditures and revenues, program files are well documented and kept confidential, and services are being provided.

### **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 maximum amount of a grant is \$14,000. In FY 2012, nine grant projects received funding. Over 200 individuals with lupus and over 115 caregivers received services through these grant programs.

The executive recommends funding of \$110,047 in each fiscal year, which is the same level of funding provided in FY 2013. As a result, current service levels will likely be maintained.

### **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 executive recommends appropriations of \$140,000 in each fiscal year, a 34.6% decrease from FY 2013 estimated expenditures. The funding in FY 2013 is higher due to the inclusion of carryover funds in the amount of \$74,103 that were not spent in the first

year of the grant award. 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 executive recommends funding of \$25,000 in each fiscal year, the same level provided in FY 2013.

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## Commission on Minority Health

### General Revenue Fund

#### GRF 149321 Operating Expenses

FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Estimate	FY 2014 Introduced	FY 2015 Introduced
\$446,031	\$406,452	\$405,541	\$408,990	<b>\$581,490</b>	<b>\$591,615</b>
	-8.9%	-0.2%	0.9%	<b>42.2%</b>	<b>1.7%</b>

**Source:** General Revenue Fund

**Legal Basis:** ORC 3701.78; Section 339.10 of Am. Sub. H.B. 153 of the 129th G.A.

**Purpose:** Funds in this line item are for general operating expenses, including payroll and fringe benefits, maintenance, and equipment.

#### GRF 149501 Minority Health Grants

FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Estimate	FY 2014 Introduced	FY 2015 Introduced
\$1,284,021	\$906,328	\$999,941	\$1,061,600	<b>\$889,100</b>	<b>\$878,975</b>
	-29.4%	10.3%	6.2%	<b>-16.2%</b>	<b>-1.1%</b>

**Source:** General Revenue Fund

**Legal Basis:** ORC 3701.78; Section 339.10 of Am. Sub. H.B. 153 of the 129th G.A.

**Purpose:** This line item is used to fund grants to community health groups and local offices of minority health to promote health and the prevention of disease among minorities. The Commission determines grant amounts.

#### GRF 149502 Lupus Program

FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Estimate	FY 2014 Introduced	FY 2015 Introduced
\$85,931	\$126,776	\$129,538	\$110,047	<b>\$110,047</b>	<b>\$110,047</b>
	47.5%	2.2%	-15.0%	<b>0.0%</b>	<b>0.0%</b>

**Source:** General Revenue Fund

**Legal Basis:** Section 339.10 of Am. Sub. H.B. 153 of the 129th G.A. (originally established by Am. Sub. H.B. 152 of the 120th G.A.)

**Purpose:** The line item is used to provide grants for education programs on Systemic Lupus Erythematosus for patients, the public, and medical professionals; to encourage and develop centers for screening and information gathering; and to provide outreach.

## Commission on Minority Health

### Federal Special Revenue Fund Group

#### 3J90 149602 Federal Grants

FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Estimate	FY 2014 Introduced	FY 2015 Introduced
\$146,581	\$91,200	\$76,064	\$214,103	<b>\$140,000</b>	<b>\$140,000</b>
	-37.8%	-16.6%	181.5%	<b>-34.6%</b>	<b>0.0%</b>

**Source:** Federal Special Revenue Fund Group: U.S. Department of Health and Human Services, Office of Minority Health funds

**Legal Basis:** Section 339.10 of Am. Sub. H.B. 153 of the 129th G.A. (originally established by Controlling Board in FY 1992)

**Purpose:** The line item is 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 the Commission that they were awarded a three-year State Partnership Grant to address health disparities in the state through a workforce development program. The program will focus on: targeting the prevention and treatment of diabetes and obesity for ethnic diabetic patients and their families; contribute to improved access to healthcare through a community-based system; and improve the diversity of the healthcare workforce.

### State Special Revenue Fund Group

#### 4C20 149601 Minority Health Conference

FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Estimate	FY 2014 Introduced	FY 2015 Introduced
\$5,883	\$0	\$11,419	\$25,000	<b>\$25,000</b>	<b>\$25,000</b>
	-100%	N/A	118.9%	<b>0.0%</b>	<b>0.0%</b>

**Source:** State Special Revenue Fund Group: Registration fees related to conference costs; donations from health and human service organizations

**Legal Basis:** Section 339.10 of Am. Sub. H.B. 153 of the 129th G.A. (originally established by Controlling Board on October 9, 1990)

**Purpose:** The Commission on Minority Health organizes a bi-annual conference on minority health issues to recognize individuals and groups who have shown commendable efforts toward remedying the status of minority health in Ohio. Donations and private/public grants are also deposited in this fund and used for other Commission initiatives.

**Commission on Minority Health**

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**Tobacco Master Settlement Agreement Fund Group**

**L087 149402 Minority Health and Academic Partnership Grants**

FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Estimate	FY 2014 Introduced	FY 2015 Introduced
\$13,771	\$0	\$0	\$0	<b>\$0</b>	<b>\$0</b>
	-100%	N/A	N/A	<b>N/A</b>	<b>N/A</b>

**Source:** Tobacco Master Settlement Agreement Fund Group: Amounts transferred under ORC 183.02(D)(1) from the Tobacco Master Settlement Agreement Fund and all investment earnings of the fund to Ohio's Public Health Priorities Trust Fund (Fund L087)

**Legal Basis:** Discontinued line item (originally established in ORC 183.18)

**Purpose:** These funds were used for grants and associated administrative costs. The grants addressed health issues that impact minorities as well as the topic of asthma. The grant recipients had to include academic, scientific, and community partnership aspects in their research.

**L087 149403 Training and Capacity Building**

FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Estimate	FY 2014 Introduced	FY 2015 Introduced
\$0	\$75,000	\$25,000	\$0	<b>\$0</b>	<b>\$0</b>
	N/A	-66.7%	-100%	<b>N/A</b>	<b>N/A</b>

**Source:** Tobacco Master Settlement Agreement Fund Group: Amounts transferred under ORC 183.02(D)(1) from the Tobacco Master Settlement Agreement Fund and all investment earnings of the fund to Ohio's Public Health Priorities Trust Fund (Fund L087)

**Legal Basis:** Discontinued line item (originally established in ORC 183.18)

**Purpose:** These funds were used for grants that provided training for community based organizations for capacity building.

# FY 2014 - FY 2015 Introduced Appropriation Amounts

# All Fund Groups

Line Item Detail by Agency			FY 2012	Estimate FY 2013	Introduced FY 2014	FY 2013 to FY 2014 % Change	Introduced FY 2015	FY 2014 to FY 2015 % Change
<b>Report For Main Operating Appropriations Bill</b>			<b>Version: As Introduced</b>					
<b>MIH Commission on Minority Health</b>								
GRF	149321	Operating Expenses	\$ 405,541	\$ 408,990	\$ 581,490	42.18%	\$ 591,615	1.74%
GRF	149501	Minority Health Grants	\$ 999,941	\$ 1,061,600	\$ 889,100	-16.25%	\$ 878,975	-1.14%
GRF	149502	Lupus Program	\$ 129,538	\$ 110,047	\$ 110,047	0.00%	\$ 110,047	0.00%
<b>General Revenue Fund Total</b>			<b>\$ 1,535,020</b>	<b>\$ 1,580,637</b>	<b>\$ 1,580,637</b>	<b>0.00%</b>	<b>\$ 1,580,637</b>	<b>0.00%</b>
3J90	149602	Federal Grants	\$ 76,064	\$ 214,103	\$ 140,000	-34.61%	\$ 140,000	0.00%
<b>Federal Special Revenue Fund Group Total</b>			<b>\$ 76,064</b>	<b>\$ 214,103</b>	<b>\$ 140,000</b>	<b>-34.61%</b>	<b>\$ 140,000</b>	<b>0.00%</b>
4C20	149601	Minority Health Conference	\$ 11,419	\$ 25,000	\$ 25,000	0.00%	\$ 25,000	0.00%
<b>State Special Revenue Fund Group Total</b>			<b>\$ 11,419</b>	<b>\$ 25,000</b>	<b>\$ 25,000</b>	<b>0.00%</b>	<b>\$ 25,000</b>	<b>0.00%</b>
L087	149403	Training and Capacity Building	\$ 25,000	\$ 0	\$ 0	N/A	\$ 0	N/A
<b>Tobacco Master Settlement Agreement Fund Group Total</b>			<b>\$ 25,000</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>N/A</b>	<b>\$ 0</b>	<b>N/A</b>
<b>Commission on Minority Health Total</b>			<b>\$ 1,647,503</b>	<b>\$ 1,819,740</b>	<b>\$ 1,745,637</b>	<b>-4.07%</b>	<b>\$ 1,745,637</b>	<b>0.00%</b>