

Ohio Commission on Minority Health Goals & Strategies: 2016-2020 Update



Goal 1: AWARENESS

Increase awareness of the significance of health disparities, their impact on the State, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations.

Strategies to Achieve the Goal	Core Activities	Indicators/Target Date	
<p><u>1a. Healthcare Agenda</u></p> <p>Ensure that ending health disparities is a priority on State and local healthcare agendas.</p>	<ol style="list-style-type: none"> 1. Monitor legislative and policy activities related to health. 2. Facilitate information regarding the economic impact of chronic disease for racial and ethnic minorities. 3. Conduct meetings with policymakers, legislators, and elected officials. 4. Continue to advise legislators on health-related legislation to include disparities language. 	<ol style="list-style-type: none"> 1. Regular review of legislative reports <i>(Ongoing)</i> 2. <i>NA (Ongoing)</i> 3. Number of meetings <i>(Ongoing)</i> 4. Number of meetings <i>(Ongoing)</i> 	<ol style="list-style-type: none"> 1. Reviewed HPIO legislative report 9/15 2. Reviewed HHS reports 3. Presented infant mortality Overview to OIMC -9/15 Presented infant mortality Overview to 15 legislative Aides. 9/15 4. Two conference calls with Key legislators regarding IM budget language 9/15 5. Presented on Disparities on Hospital Officials with legislators 10/15 6. Met with Legislators regarding HB 64 Corrections Bill 10/15 7. Met with Legislators regarding HB 33, Testimony provided 10/15 8. Participated in PCMH Design Team 10/15 and 11/15 9. Participated in OHT Infant Mortality Meeting 12/15 10. Participated in OIMC meeting and subcommittee meetings 11/15, 12/15 and 1/16

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<p><u>1b. Partnerships</u></p> <p>Develop and support partnerships among state and local agencies, institutions, systems and other entities that have implications on minority health to provide a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to end health disparities.</p>	<ol style="list-style-type: none"> 1. Collaborate with partners to maximize and diversify funding opportunities. 2. Ensure representation and participation on health related initiatives associated with racial and ethnic health disparities. <ol style="list-style-type: none"> a. Opportunities evaluated based on current staff capacity. 3. Strengthen future collaboration opportunities by developing a questionnaire to identify Commissioner’s existing relationships with health system and policymaker leadership. 	<ol style="list-style-type: none"> 1. Number of meetings with partners (<i>Ongoing</i>) 2. Number of initiatives OCMH is involved in (<i>Ongoing</i>) 3. Questionnaire developed and administered to Commissioners (<i>FY 2016</i>) 	<ol style="list-style-type: none"> 1. Met with HSAG to discuss Access to CDSMP. 8/15 2. Participated in OCPIIM, OPCPCC, OSHDC meetings During 1st and 2nd Qtr. FY16 Announced OCMH MEP White Pages On Infant Mortality at OCPIIM 9/15 3. Presented to Medical Mutual Administrators 10/15 4. Met with CareSource administrators 11/15 5. Met with Multiple Sclerosis – Buckeye Chapter of Ohio 11/15 6. Met with Vision Service Program 10/15, which resulted in sponsorship during MHM 2016 for use of mobile van 7. Met with InHealth which resulted in support of MHM and Local Conversation Initiatives 12/15
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1c. Empowerment

Strengthen the capacity of the Commissioners to advocate on behalf of the OCMH in the area of policy development and diversification of resources.

1. Empower Commissioners to represent and support the work of the Commission.
 - a. Ensure the Legislative Committee is active and addresses health issues.
 - b. Provide Commissioners with updated national, state, and local forums that present opportunities to advocate for OCMH.
 - i. Add a specific agenda item for board members and staff to provide a review of commissioner and staff advocacy activities.
2. Update Commissioners with agency information, related collaterals, and key messages to appropriately support the Commission at a local level.
 - a. Provide Commissioners an overview of the current process and criteria for all grants.

1. Create and distribute a list of national, state and local forums through listserv (*Ongoing*)
2. Initiate the Legislative Committee (*Ongoing*)
3. Development of OCMH overview to include mission, priorities, focus areas, grantee expectations and key messages (*Ongoing*)

1. Listserv updated
Dr. Barriero presentation in Toledo on disparities.
Health forums opportunities provided on listserv 10/15
2. Standing meeting date to be established during 2nd qtr. FY16
3. Dr. McDavid, Chair OCMHMEP to present at OCPI in 12/15
4. Agenda item added for Commission updates 7/15

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<p><u>1d. Communication</u></p> <p>Develop a communications and outreach plan to position OCMH as a statewide and national leader in the minority health movement.</p>	<ol style="list-style-type: none"> 1. Develop and enhance a communications and outreach plan to include social media and produce collateral materials to support the communications plan. 2. Develop key messages to effectively communicate the strategic direction of the Commission. 	<ol style="list-style-type: none"> 1. Development of a communications/outreach plan by the Communications Committee (<i>Ongoing</i>) 2. Inclusion of key messages in OCMH overview (<i>Ongoing</i>) 	<ol style="list-style-type: none"> 1. OCMH Article on LOMH featured in the Mississippi Urban Research Center – Online Journal of Rural and Urban Research (Jackson State University)
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Goal 2: LEADERSHIP

Strengthen and broaden leadership and policy agenda for addressing health disparities at all levels.

Strategies to Achieve the Goal	Core Activities	Indicators/Target Date	
<p><u>2a. Prioritization</u></p> <p>Increase focus on minority health issues within State and local agencies, institutions, systems, and other entities that have implications on minority health that address health, mental health, developmentally disabled and substance abuse populations through collaboration efforts.</p>	<ol style="list-style-type: none"> 1. Identify opportunities for representation of ethnic coalitions, local conversations, and local offices of minority health to better support minority health issues across the state. 2. Implement the “Continuing the Conversations” series in FY16 to ensure prioritization of disparities at the local level. 3. Expand the number of collaborations with external state and nonstate entities to enhance the focus on minority health issues. 	<ol style="list-style-type: none"> 1. Provision of invitations for representation on state initiatives (<i>Ongoing</i>) 2. Funding of Local Conversations – Round 2 Initiatives (<i>FY 2016</i>) 3. Number of collaborations developed per year (<i>Ongoing</i>) 	<ol style="list-style-type: none"> 1. SIM Workgroup and PCMH Design workgroup and local Conversations in 1st qtr. FY16 2. Local Conversations funded In FY16 and initiated. 3. FY16: <ul style="list-style-type: none"> • ODH • OMHAS • DHPE • Kent State • OSU • VSP
<p><u>2b. Capacity Building</u></p> <p>Continue to develop and strengthen the infrastructure and capacity of OCMH local offices of minority health, the OCMH ethnic coalitions, and Commission-funded agencies.</p>	<ol style="list-style-type: none"> 1. Continue to implement initiatives that foster sustainability of local offices, demonstration grantees, statewide ethnic health coalitions, and other grantees. 2. Identify strategies to increase the capacity of statewide ethnic health coalitions. 	<ol style="list-style-type: none"> 1. Number of capacity building opportunities provided (<i>Ongoing</i>) 2. Foster capacity building opportunities with other state agencies (<i>Ongoing</i>) 	<ol style="list-style-type: none"> 1. HUB Replication/Expansion SPG – 7/15 2. Met with Representative Sears to investigate initiative to enhance capacity bldg. for community based org. 8/15

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2c. Coordination of Policy

Introduce the National Partnership for Action to End Health Disparities (NPA) framework to other state agencies and partners as a tool for planning and coordination regarding health disparities.

1. Support efforts at the state level and local level to use the NPA framework as a planning tool to address disparities.
2. Ensure alignment of the Commission Strategic Plan with the NPA.

1. Foster the inclusion of NPA strategies within state department initiatives (*Ongoing*)
2. Verify the alignment between the NPA and the OCMH Strategic Plan (*FY 2016*)

1. OHMAS/DACC – included Cultural Competency in Training. 8/15-9/15
2. The OCMH Strategic plan is Aligned with the NPA. 7/15

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Goal 3: IMPROVED HEALTHCARE ACCESS AND FUNDING OPPORTUNITIES

Improve health and healthcare outcomes for racial, ethnic, and underserved populations.

Strategies to Achieve the Goal	Core Activities	Indicators/Target Date	
<p><u>3a. Access to Care and Preventive Care</u></p> <p>Promote access to quality health care for racial and ethnic minorities.</p>	<ol style="list-style-type: none"> Continue OCMH participation in medical homes taskforce. Advocate for access to health care among key agencies and policy makers. Continue discussions with Ohio Dept. of Medicaid, the Office of Health Transformation, HHS state agencies, and key policy makers to seek opportunities to increase access to care and preventative care initiatives. Seek out new partnerships to provide additional funding for access and preventative care grants and initiatives. 	<ol style="list-style-type: none"> Continued participation in the Ohio Patient Centered Primary Care Collaborative (<i>Ongoing</i>) Number of meetings with key agencies and policy makers (<i>Ongoing</i>) Participation in state level access/prevention initiatives (<i>Ongoing</i>) Number of new partnerships developed each year (<i>Ongoing</i>) 	<ol style="list-style-type: none"> OCMH on planning committee For upcoming October conf. Webinar conducted on August 25, 2015 on CDSMP Meeting with OHT regarding PCMH Design Workgroup Meeting with HPIO/board Member Participation in HPIO 8/15 Access/prevention committee Meetings. FY 16: HSAG, OSU internships DHPE/NASOMH Grant
<p><u>3b. Grant Funding Initiatives</u></p> <p>Increase collaborative funding efforts with state departments, universities, and other partners to support the Commission efforts.</p>	<ol style="list-style-type: none"> Research and actively pursue grant funding opportunities that align with OCMH strategic priorities. Increase OCMH partnerships for grant writing initiatives. Expand distribution of OCMH grant opportunities to underrepresented geographical areas. 	<ol style="list-style-type: none"> Number of grant reviewed each year (<i>Ongoing</i>) Number of new grant writing partnerships (<i>Ongoing</i>) Create a list of new potential grantees by location (<i>FY 2019-2020</i>) 	<ol style="list-style-type: none"> Reviewed PCORI Grant 8/15 DHPE/National Lupus 8/15 Campaign Reviewed 4 grants 10/15 Explored grants with HCAN 10/15 Reviewed 2 grants in 11/15 Reviewed 1 grant in 12/15

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<p><u>3c. Grant Priority Focus Area</u></p> <p>Determine the major focus areas over next two biennia.</p>	<p>1. Prioritize funding of demonstration grants to align with biannual priorities.</p>	<p>1. Board resolution of demonstration grants (<i>Ongoing</i>)</p>	<p>1. FY 16/17 Priorities established as Diabetes and Infant Mortality</p>
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Goal 4: CULTURAL AND LINGUISTIC COMPETENCY

Improve cultural and linguistic competency and the diversity of the health-related workforce.

Strategies to Achieve the Goal	Core Activities	Indicators/Target Date	
<p><u>4a. Workforce</u></p> <p>Support policies and initiatives that foster a diverse workforce and delivery of culturally competent care.</p>	<ol style="list-style-type: none"> 1. Promote the availability of cultural and linguistic competency training for the healthcare and related industry workforces. <ol style="list-style-type: none"> a. Establish statewide partnerships/collaborations to increase training opportunities. 2. Promote the use of Culturally and Linguistically Appropriate Services (CLAS) Standards for cultural competency in healthcare delivery. 3. Promote diversity within Ohio Patient-centered Medical Homes (PCMH) efforts. 4. Promote the use of certified community health workers within disease management and care coordination efforts. 	<ol style="list-style-type: none"> 1. Continued participation in statewide collaborations and policy efforts that promote cultural and linguistic competency (<i>Ongoing</i>) 2. Input to legislative initiatives to adopt CLAS Standards (<i>Ongoing</i>) 3. Identified strategy and action plan (<i>Ongoing</i>) 4. Continued participation in existing and new initiatives to support CHW's (<i>Ongoing</i>) 	<ol style="list-style-type: none"> 1. OSHDC 8/15 DACC 8/15 2. SB33 Testimony participation and Recruitment 10/15 3. PCMH Design Workgroup – provided Input to promote diversity within PCMH 10/15 4. WSU/MEDTAPP Grant to recruit CHWs Through LOMH/Health Coalitions 8/15 PCMH Design Workgroup Recommendation IMC – reviewed use CHW for care coordination for infant mortality 11/15 5. OIMC – discussed need for cultural and linguistic competency training.

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<p>4b. Diversity</p> <p>Encourage diversity and cultural competency in the health workforce through recruitment, retention, and training of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organizations and systems.</p>	<ol style="list-style-type: none"> 1. Support policies and initiatives that foster diverse workforce and delivery of culturally competent care. 2. Promote minority recruitment efforts with no more than three academic institutions for the purpose of increasing minority health care workforce. 3. Encourage state level partners to include cultural and linguistic competency in education/training opportunities. 	<ol style="list-style-type: none"> 1. Participation in initiatives that foster workforce diversity (<i>Ongoing</i>) 2. Number of new partnerships with academic and health system partners (<i>Ongoing</i>) 3. Continued participation in meetings with state level partners to ensure prioritization of cultural and linguistic competency staff training (<i>Ongoing</i>) 	<ol style="list-style-type: none"> 1. OSDHC – 8/15 2. Medical Mutual 9/15 CareSource 11/15 3. HPIO, PCMH Design Workgroup DACC 4. OCIM – SDOH subcommittee 12/15
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Goal 5: DATA, RESEARCH, AND EVALUATION

Improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes.

Strategies to Achieve the Goal	Core Activities	Indicators/Target Date	
<p><u>5a. Data</u></p> <p>Advocate for the availability of health data on racial, ethnic, and underserved populations.</p>	<ol style="list-style-type: none"> Advocate for the standardization of race and ethnicity categories across state agency databases. Provide data collection recommendations to state agencies through policy forums and discussions to reduce disparities. Encourage state agencies to collect minority health data and increase the availability and distribution of minority health information. Coordinate OCMH participation on existing data committees. Work with epidemiology unit at ODH, local and county health departments through the LOMH as well as data professionals within each agency to obtain data sets to support rate of disparities of targeted diseases and conditions within minority populations. Work with ODH to include market research data and GIS mapping. 	<ol style="list-style-type: none"> Number of meetings with state departments focused on data <i>(FY 16)</i> Number of meetings, conferences, forums regarding data <i>(FY 17/18)</i> Number of meetings, publications, forums regarding data collection <i>(Ongoing)</i> Participation on existing and new data committees <i>(FY 16)</i> Continued efforts with ODH and LOMH's to obtain data sets <i>(Ongoing)</i> Continued efforts with ODH to obtain data from their GIS mapping system <i>(Ongoing)</i> Requests for data for racial and ethnic populations <i>(Ongoing)</i> 	<ol style="list-style-type: none"> OHT – 9/15 IMC – 11/15 SHIP – 10/15 MEP – 9/15 HPI08/15 ODH Request 8/15-9/15 Mapping Requests 8/15 Due FY 17/18 OHT – 9/15 IMC – 11/15 SHIP – 10/15 MGP – 9/15 HPIO – Ongoing HPIO IMC Ongoing Ongoing

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<p><u>5b. Community-Based Research and Action, and Community-Originated Intervention Strategies</u></p> <p>Invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparities.</p>	<ol style="list-style-type: none"> 1. Engage community academic institutions to work with local offices of minority health and ethnic healthcare coalitions to improve research and evaluation efforts within targeted communities. 2. Encourage public access to information produced at the local level. 3. Promote CBPR and Community Input opportunities that target areas across the state. 4. Promote Knowledge Transfer activities (Strategy 5d) to community-based entities to engage and further build capacity at the local level. 	<ol style="list-style-type: none"> 1. Development of partnerships with LOMH/coalitions and universities <i>(Ongoing)</i> 2. Continued efforts of LOMH advisory groups <i>(Ongoing)</i> 3. Number of meetings with state level partners, health systems and universities to foster CBPR <i>(Ongoing)</i> 4. Number of Capacity Building efforts that address data/knowledge transfer <i>(Ongoing)</i> Review of demonstration grant implementation on agency practices <i>(Ongoing)</i> 	<ol style="list-style-type: none"> 1. Youngstown LOMH/ Youngstown State University Dayton LOMH/WSU 7/15 2. Columbus LOMH/Dayton LOMH, Akron LOMH 8/15 3. WSU/CBPR 7/15 4. Representative Sears 8/15 Demonstration grants quality review (ongoing)
<p><u>5c. Coordination of Evaluation</u></p> <p>Support and improve coordination of evaluation oversight of funded programs that ensures consistent evaluation mechanisms and enhances service delivery model development to improve health care outcomes.</p>	<ol style="list-style-type: none"> 1. REEP will provide an annual report of outcomes of funded programs and will provide recommendations for improvement to enhance evaluation oversight and improve health outcomes. 	<ol style="list-style-type: none"> 1. Presentation of REEP annual reports <i>(Ongoing)</i> 	

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<p><u>5d. Knowledge Transfer</u></p> <p>Facilitate exposure of promising practices from community-based providers to potential health systems, policy, and decision-makers.</p>	<ol style="list-style-type: none"> 1. Analysis and aggregation of program level data derived from Commission funded agencies to support the establishment of best practices. 2. Connect grantees with community academic institutions and health systems to build capacity to strengthen and support the development and implementation of best and promising practices. 3. Submit presentations of 2-3 promising OCMH programs as best practice examples at annual health conferences. 4. Work with the Medical Expert Panel (MEP) to highlight health disparities and supporting research on specific diseases and health conditions such as diabetes, infant mortality, etc. <ol style="list-style-type: none"> a. Ensure Medical Expert Panel recommendations are provided to policy makers. 	<ol style="list-style-type: none"> 1. Review demonstration grant models (<i>Ongoing</i>) 2. Number of partnerships with grantees and universities (<i>Ongoing</i>) 3. Number of submissions (<i>Ongoing</i>) 4. Number of Medical Expert Panel white papers (<i>Ongoing</i>) Distribution of white papers to policy makers (<i>Ongoing</i>) 	<ol style="list-style-type: none"> 1. HUB model 7/15 2. LOMH's – 3 partnerships 3. APHA submission 12/15 4. Infant Mortality White Paper – 9/15
<p><u>5e. Coordination of Research</u></p> <p>Identify mechanisms to address minority health issues research with institutions of higher education and others to engage experts and develop policy and strategies to impact health disparities.</p>	<ol style="list-style-type: none"> 1. Participate in research opportunities with universities to create white papers and influence policy decisions. 2. Continue implementation of the Medical Expert Panel (MEP). <ol style="list-style-type: none"> a. Pursue sponsorship to cover the costs of hosting the MEP to ensure face to face meetings. 	<ol style="list-style-type: none"> 1. Number of white papers produced (<i>Ongoing</i>) 2. Evidence of meeting agendas and minutes (<i>Ongoing</i>) 	<ol style="list-style-type: none"> 1. IM White Paper 9/15 2. Chair identified for next White Paper on Obesity/ Diabetes 11/15

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5f. Chronic Disease Cost Analysis

Identify a strategy for calculating a cost benefit analysis of chronic disease management to communicate cost savings created by increased screenings and other interventions funded by the Commission.

1. Perform a literature review of best practices for calculating the cost benefit of chronic disease management.
2. Work with HPIO and similar entities to identify strategies for using national data to extrapolate cost savings for Ohio.
3. Increase REEP assigned evaluator's capacity for obtaining cost savings of model.
4. Analyze collected data to compute average cost avoidance per state region.
 - a. Partner with state agencies and health systems to obtain cost-related data.
5. Complete a Cost Saving Summary reflecting the most current national data regarding projected cost savings related to chronic disease interventions.

1. Completed literature review (*FY 16*)
2. Continued involvement in HPIO, other entities efforts to obtain cost saving data (*Ongoing*)
3. Train REEP evaluators on obtaining cost saving potential of funding models (*Ongoing*)
4. Overview of annual data provided by state agencies to estimate costs (*Ongoing*)
5. Completion of biannual cost saving summary using available data (*FY 17/18*)

1. Assigned to intern 1/16
2. HPIO committees 11/15
3. Ongoing
4. Reviewed Medicaid Cost Report 9/15

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Goal 6: ORGANIZATIONAL DEVELOPMENT

Increase efficiency, funding diversification, and agency.

Strategies to Achieve the Goal	Core Activities	Indicators/Target Date	
<p><u>6a. Efficiency</u></p> <p>Develop web-based capacity and enhance technology to communicate and support OCMH activity and automate routine business.</p>	<ol style="list-style-type: none"> 1. Ensure OCMH website is consistently updated and provides appropriate information and engagement for stakeholders. <ol style="list-style-type: none"> a. Provide regular overview of website analytics to board members 2. Pursue resources to support technology enhancement efforts. 3. Facilitate training and usage on statewide grant management system. 	<ol style="list-style-type: none"> 1. Provide website analytics to Communications Committee to provide a regular board report (<i>Ongoing</i>) 2. Number of requests (<i>Ongoing</i>) Amount of money raised (<i>Ongoing</i>) 3. Implementation of training on GMIS to grantees (<i>Ongoing</i>) 	<ol style="list-style-type: none"> 1. Website analytics provided 11/15
<p><u>6b. Funding Priorities</u></p> <p>Seek additional funding opportunities that support the strategic direction of OCMH and ensure financial viability beyond state allocations.</p>	<ol style="list-style-type: none"> 1. Regular review of grant funding opportunities. 2. Pursuit of no less than 2 grants initiatives and funding opportunities per year. 3. Pursue corporate and external sponsorship of special events. 	<ol style="list-style-type: none"> 1. Number of grant funding reviews (<i>Ongoing</i>) 2. Number of grants submitted per year (<i>Ongoing</i>) 3. Number of sponsorships pursued per year (<i>Ongoing</i>) 	<ol style="list-style-type: none"> 1. 17 grants reviewed to date 2. PCORI 8/15 3. 10 sponsors pursued for MHM 2016 FY16 Medical Mutual \$20,000 FY16 InHealth \$2,000 Local Conversation FY16 FY InHealth \$18,000

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<p><u>6c. Leveraging of Funds</u></p> <p>Develop a tracking mechanism that monitors the funding leveraged, healthcare costs avoided and collection of related data by OCMH grantees to demonstrate the return on investment.</p>	<ol style="list-style-type: none"> 1. Modify grantee reporting format to reflect funding leveraged by Commission funded projects. 2. Produce an annual report of funding leveraged from Commission funded activities. 	<ol style="list-style-type: none"> 1. Completion of Modified report (<i>FY 17/18</i>) 2. Annual report of funding leveraged by commission dollars (<i>Ongoing</i>)
<p><u>6d. Agency Quality Improvement</u></p> <p>Develop a quality improvement plan to monitor the performance of the Commission, specifically regarding our efficiency, responsiveness, effectiveness, and importance to addressing health disparities, through targeted feedback processes involving our commissioners, agency partners, grantees, community partners, and program participants.</p>	<ol style="list-style-type: none"> 1. Develop a plan and feedback tools targeted to specific stakeholder audiences to engage in ongoing feedback. <ol style="list-style-type: none"> a. Plan will include a mechanism to ensure the feedback is incorporated into planning and operations. 2. Incorporate regular review and analysis of feedback obtained to improve day to day operations. 	<ol style="list-style-type: none"> 1. Development of plan and feedback tools (<i>FY 16</i>) 2. Aggregated feedback is included in Annual Report/Biannual reports (<i>Ongoing</i>)

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APHA – AMERICAN PUBLIC HEALTH ASSN.
CLAS – CULTURAL LINGUISTIC ACCOUNTABILITY STANDARDS
CTG – COMMUNITY TRANSFORMATION GRANT
CCTS – CENTER FOR CLINICAL AND TRANSLATIONAL SCIENCE
DACC - DISPARITIES AND CULTURAL COMPETENCIES PLANNING COMMITTEE
DHPE – DIRECTOR’S OF HEALTH PROMION AND EDUCATION
HPIO – HEALTH POLICY INSTITUTE OF OHIO
HSAG – HEALTH SERVICES ADVISORY GROUP
HHS – HEALTH AND HUMAN SERVICES
HUE – HEALTH, UNDERSTANDING AND EDUCATION NEWSLETTER
ICDS – DUAL ELIGIBLE POPULATION (MEDICAID/MEDICARE)
LOMH – LOCAL OFFICES OF MINORITY HEALTH
MIH – DEMONSTRATION GRANT
MIHL - LOCAL OFFICES OF MINORITY HEALTH
MACC -BH– MULTICULTURAL ADVOCATES FOR CULTURAL COMPETENCY/BEHAVIORAL HEALTH
NASHP – NATIONAL ACADEMY FOR STATE HEALTH POLICY
NIH – NATIONAL INSTITUTE OF HEALTH
NPA – NATIONAL PARTNERSHIP FOR ACTION – TO END HEALTH DISPARITIES
NPPA – NATIONAL PREVENTION PARTNERSHIP AWARDS
ODADAS – OHIO DEPARTMENT OF ALCOHOL AND DRUG ADDICTION SERVICES
ODH – OHIO DEPARTMENT OF HEALTH
ODH – OHIO DEPARTMENT OF HEALTH
Ohio BUILD - STRONG FOUNDATION
OHT – OFFICE OF HEALTH TRANSFORMATION
OMH – OFFICE OF MINORITY HEALTH
OMHAS - OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
OPIMC – OHIO PREVENT INFANT MORTALITY COLLABORATIVE
OPCPC – OHIO PATIENT CENTERED PRIMARY CARE COLLABORATIVE
OSHDC – OHIO STATEWIDE HEALTH DISPARITIES COLLABORATIVE
PCMH – PATIENT CENTERED MEDICAL HOMES
PCORI – PATIENT CENTERED OUTCOMES RESEARCH INSTITUTE
REEP – RESEARCH EVALUATION ENHANCEMENT PROGRAM
SLE - SYSTEMIC LUPUS ERYTHEMATOSUS GRANTS
SPG – STATE PARTNERSHIP GRANT
WSU – WRIGHT STATE UNIVERSITY

Updated as of January 5, 2016

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NASOMH – NATIONAL ASSOCIATION OF STATE OFFICES OF MINORITY HEALTH

Updated as of January 5, 2016