



April 27, 2020

The Honorable Mike DeWine
Governor of Ohio

President Larry Obhof
Ohio Senate

Minority Leader Kenny Yuko
Ohio Senate

Speaker Larry Householder
Ohio House of Representatives

Minority Leader Emilia Sykes
Ohio House of Representative

Re: Coronavirus and Racial Health Disparities; Potential Action Steps

Dear Governor DeWine, President Obhof, and Minority Leader Yuko:

Ohio Consumers for Health Coverage (OCHC) is a coalition of over 20 organizations, both statewide and local, that has worked since 2007 to unite the consumer voice with the goal of achieving affordable, high quality health care for all. OCHC combines the forces of tens of thousands of health care consumers. Its organizational membership is diverse, representing both those with illness and those in good health, both insured and uninsured, those with resources, and those of limited means.

We are deeply concerned, as we know you are, about the disparate health outcomes Ohio African Americans, as well as Ohioans from other racial and ethnic minority communities, are experiencing during the current public health crisis. The data being released by the State as well as various news reports highlight that people of color are suffering from the impact of the pandemic in disproportionately large numbers. OCHC commends Governor DeWine for appointing the Minority Health Strike Force to focus on the impact of COVID-19 on racial minorities and other vulnerable populations. We urge the Strike Force to examine the biases and challenges in the systems our state uses to provide services. As evidenced by persistent racial health disparities, these systems are not reaching people of color in an effective way. While inadequate systems that produce racial disparities are not a new problem, the current crisis brings into sharp relief the life and death impact of these inadequate systems.

On the ground impressions of OCHC coalition members

Greater exposure means greater risk of contracting COVID-19.

Because many African American Ohioans and Ohioans from racial and ethnic minority groups, have greater exposure to more people who could potentially be spreading the COVID-19 virus, they are at greater risk of contracting this illness. This greater exposure occurs because people of color are disproportionately employed in often low-wage service industry jobs that are deemed “essential” jobs -- like cashiers, janitors, stockers, and bus drivers -- that require them to continue to report to work environments where they interact daily with

other members of the public. (See <https://datausa.io/profile/soc/service-occupations#demographics>.) Further compounding their increased exposure, many of these workers still have not recovered from the Great Recession and rely on a patchwork of family, neighborhood and community supports to get by. They do not have the luxury of working from home, taking paid time off, shopping when stores are less crowded, transporting themselves in their own cars, or interacting only with people who live in their households. OCHC coalition members see the burden our neighbors who are from racial and ethnic minorities bear in their effort to serve the rest of us.

Persistent racial health disparities means more serious illness when COVID-19 strikes.

Because many of our African American brothers and sisters suffer disproportionately from chronic illness, they are more susceptible to serious, and even fatal, illness caused by COVID-19 infection. OCHC coalition members have advocated for years to take actions to lower racial health disparities in our state and nation, but the problem persists. As the novel coronavirus sweeps through our communities, we are heartbroken by the loss of our African American friends and family members. There is no comfort in knowing that they succumbed to this illness because their health was compromised by a chronic condition. Rather, there is greater sorrow, knowing that if our systems - e.g., health care, education, transportation, employment - were more equitable, those health disparities might have been reduced, and those deaths might have been avoided. The temporary measures that Ohio has provided to protect people rely on infrastructure that has already failed to reduce, much less eliminate, these disparities.

Lack of access to health care and lack of trust delays decisions to seek care.

In Ohio, 10% of African Americans and 15% of Hispanic Americans are uninsured. Without insurance, they will be less likely to seek care when their symptoms emerge, even though they may be at higher risk due to other health conditions like diabetes and hypertension. In addition, many African Americans do not trust the healthcare system to value their health. They are therefore more likely to delay seeking care until they are so ill that medical intervention will be extensive. These are the conditions under which COVID-19 is leaving a disproportionate percentage of African Americans in particular sicker and dying.

Steps Ohio can take

OCHC recommends the actions described below to be advanced by the Office of the Governor, state agencies, and members of the General Assembly, as appropriate. OCHC does not offer these recommendations to suggest that policy makers are not already considering them. Indeed, we assume that they are. Rather, OCHC offers these recommendations to signal their significance to our broad array of member organizations and their constituents. It is urgent that Ohio improve equity in the deployment of resources.

- 1. Insist on data collection on COVID-19 testing, treatment, and deaths to be broken down by race, ethnicity, sex, disability status and language statewide, as well as by region, county, and municipality. Oversample when sampling to assess illness in minority populations.** Ohio needs this data if it is to respond systemically to the distressing burden of COVID-19 borne by African American Ohioans. Likewise, Ohio needs this data about other racial and ethnic minority groups, including immigrants and new Americans, to respond to disparate impacts to them.
- 2. Prioritize protective measures in essential workplaces.** Local departments of public health are valiantly inspecting and guiding essential business to ensure that they are taking steps to protect patrons and employees of essential business. The orders in place to social distance when in public and to limit the number of patrons in a store at any time fit this need. OCHC calls on the newly-formed Strike Force to assess and recommend appropriate additional considerations. Moreover, to be meaningful, the Strike Force should directly address how any additional protections will reach low-wage workers, who are disproportionately people of color.

3. **Expand access to testing in neighborhoods where residents are primarily African American; ensure antibody testing is also equitably available.** First steps Ohio could and should take include increased testing of African Americans, perhaps via mobile testing locations placed in communities of color, as well as increased testing for African American essential workers. Through better data, public health professionals will be better able to focus resources.

4. **Examine the many systems that Ohio relies on to help Ohioans remain fed, sheltered, and healthy and identify changes that will improve the effectiveness of these systems for families with essential and low-wage workers, especially people of color, who these systems have not historically prioritized.** These systems include public transportation, school lunch programs, food banks, meal delivery, internet access, online K-12 education, affordable housing, homeless shelters, evictions, voting, health insurance, and SNAP. OCHC specifically emphasizes the need for examination of the following systems:
 - a. **Health Insurance:**
 - i. Ohio could seek a waiver to expand Medicaid coverage to 200% FPL for adults and 300% FPL for children.
 - ii. **Presumptive Eligibility:** Ohio could loosen restrictions on the types of health professionals who can help people obtain Medicaid through a presumptive eligibility determination, to allow more individuals to qualify quickly for Medicaid coverage. Ohio could remove the restriction that presumptive eligibility may only be granted for an individual once every 12 months. Ohio could provide presumptive Medicaid eligibility for those who are released from incarceration.
 - iii. Ohio could raise Medicaid reimbursement rates and expand the use of home and community-based waivers.
 - iv. Ohio could advocate with CMS for a Special Enrollment Period (SEP) open to all uninsured effective during the public health emergency. A SEP would give uninsured Ohioans the opportunity to sign up for ACA Marketplace plans.
 - v. Ohio could examine ways to bolster the affordability of ACA Marketplace plans, many of which have high deductibles and co-pays.
 - vi. The General Assembly could pass legislation prohibiting hospitals from sending people to collections for health care services rendered to treat COVID-19.
 - b. **Pandemic EBT:** Ohio must adopt Pandemic EBT to help children and families with their nutritional needs. Reliance on the school lunch program to continue to feed families is not sustainable. There are numerous gaps to access; families' limited food supplies will not end at the close of the school year. The lack of nutritious food during the public health emergency impacts brain development and may impact Ohio children for the rest of their lives.
 - c. **K-12 Education:** OCHC appreciates the amazing effort our K-12 educators have undertaken to continue to teach students in this unanticipated situation. Ohio students are learning through ZOOM meetings, paper packets, internet of varying reliability, and instructors with varying levels of technical expertise, with a wide range of support at home. We cannot dismiss the long-term academic impact this will have on, in particular, our students who already are struggling, many of whom are African American children and other children of color. OCHC calls on Ohio policymakers to work with educators and respond equitably with what is necessary so that negative impact on long-term learning, and ultimately health, is ameliorated.
 - d. **Public transportation:** Ohio should coordinate with the Metropolitan Transportation Authorities throughout the state to protect riders who have no other option than to use public transportation to travel to work at an essential business or to conduct the essential business of their lives. In those places where it has not already occurred, taking steps to ensure that buses are not crowded so that riders can practice social distancing is critical.

- e. **Evictions:** Although renters are afforded some protection from eviction by the CARES Act, OCHC is aware of jurisdictions that have proceeded to hear evictions based on non-payment of rent. Moreover, OCHC anticipates a backlog of eviction proceedings once the moratorium is lifted, with no protection for tenants, including no requirement for landlords to accept payment for back rent as satisfaction or negotiate a payment plan so tenants can catch up over time. This public health crisis spotlights the imbalance of rights and protection Ohio law bestows on landlords and tenants. Again, in many areas of the states, this will have a disproportionate impact on African American families, threatening their ability to maintain shelter, putting them at risk of homelessness. OCHC calls on the newly formed Strike Force to examine the legal structure for evictions and recommend a more equitable process.
5. **Use trusted messengers, in particular faith leaders, school superintendents, educators, nurses, and doctors, from Ohio’s African American communities and from other racial and ethnic minorities communities.** Governor DeWine has been courageously transparent and available to Ohioans through his daily news conference. Expanding this practice to include trusted community members is one avenue to reach and speak more intentionally to those African American Ohioans who are following Governor DeWine’s pronouncements.
- a. **Reach out to faith leaders in Ohio communities of color** and offer outreach assistance for them to message to their congregations via social media, mail, phone calls, and other means of communication.
 - b. **Reach out to school superintendents and union leaders**, particularly in districts that teach large numbers students of color, in particular African American students and communities of new immigrants, and offer outreach assistance for them to message to their students and families, perhaps through teachers who are teaching virtually, or through flyers sent home with meals that are being made and distributed throughout the school system.
 - c. **Ask local health departments to identify trusted doctors and nurses from racial and ethnic minority groups** who may be able to help reach adults from these communities.

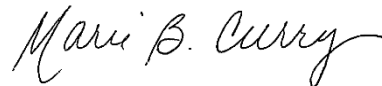
Conclusion

Ohio Consumers for Health Coverage exists to bring the voice of Ohioans as consumers of healthcare to the decisions of Ohio policy makers. The choices our government makes now to help us weather the outbreak of this virus can also set a better course for the future of Ohio. Now is the time for us to unite across our differences and make policy choices that help every-day people be safe and thrive. We welcome the opportunity to discuss at greater depth any matters raised in this letter. Thank you for the opportunity to provide this input.

Sincerely,

Darold Johnson

Darold Johnson
Co-chair, Ohio Consumers for Health Coverage



Marie Curry
Co-chair, Ohio Consumers for Health Coverage

cc: Lt. Governor Jon Husted
Dr. Amy Acton, Director Ohio Department of Health
Director Maureen Corcoran, Ohio Department of Medicaid
Director Kimberly Hall, Ohio Department of Jobs and Family Services
Superintendent of Public Instruction Paolo DeMaria, Ohio Department of Education