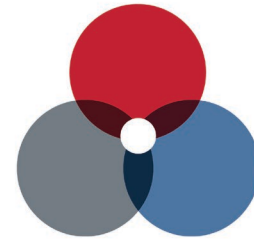


COVID-19 Survey Results

May 15, 2020



THE CENTER FOR EST. 1913
COMMUNITY SOLUTIONS
RESEARCH • ANALYSIS • ACTION



The Center for Community Solutions

We are a non-partisan, nonprofit that aims to improve health, social and economic conditions through nonpartisan research, policy analysis, communications and advocacy.

www.communitysolutions.com

Twitter: @CommunitySols

Our Priorities



Advancing Wellbeing of
Older Adults



Enhancing Behavioral Health
Access



Improving Maternal and
Infant Health



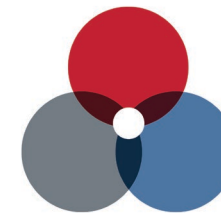
Promoting Comprehensive
Reproductive Health
Education



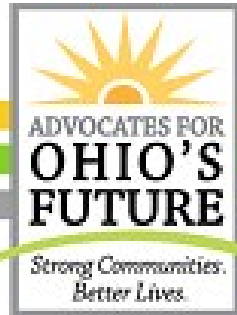
Strengthening Health and
Human Services Safety Net



Supporting Sound Medicaid
Policy



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COMMUNITY SOLUTIONS
RESEARCH • ANALYSIS • ACTION



Advocates for Ohio's Future

Advocates for Ohio's Future (AOF) is a nonpartisan coalition of over 500 Ohio organizations that promotes health and human service budget and policy solutions so that all Ohioans live better lives.

Our coalition believes in investing in our state's most valuable resource—our people—to ensure that they are safe, healthy, and can access pathways to prosperity for themselves and their families.

Kelsey Bergfeld, Coalition Manager

kbergfeld@communitysolutions.com | www.advocatesforohio.org

175 S. Third Street, Suite 350 | Columbus, OH 43215

614-745-0740 ext. 305



Advocates for Ohio's Future and The Center for
Community Solutions' COVID-19
Health and Human Service Policy Response
May 15, 2020



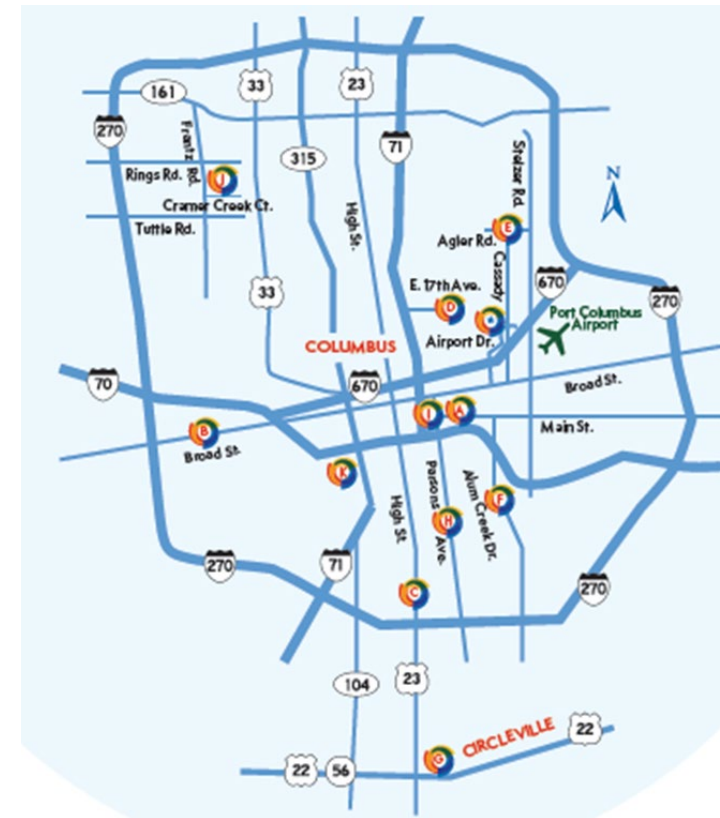
Charleta B. Tavares
Chief Executive Officer

Who We Are and Where We Are

- **Our Vision**
Quality Healthcare for All

- **Our Mission**
The mission of PrimaryOne Health is to provide access to services that improve the health status of families including people experiencing financial, social, or cultural barriers to healthcare.

- **Our Values**
 - Respect • Quality • Compassion • Service



11 Health Center locations,
10 in Franklin County, 1 in
Pickaway County and
Corporate Headquarters

Our Teams

Our Staff

300+ Employees
including
90 Practitioners

Our Board

11 Person Board

Patient Board Members	6
Non-Patient Board Members	5

1 Special Advisor

11 Voting Directors

Serving over 48,000 patients with:

7

- Behavioral & Mental Health including Substance Abuse Disorder
- Dental
- Healthcare for the Homeless
- Pediatrics
- Primary Care
- Specialty Care
- Women's Health, OB/GYN
- Vision

□ Services during COVID-19

- ❖ Face to Face Services:
 - ❖ Emergent Dental
 - ❖ Emergent Vision
 - ❖ OB/GYN
 - ❖ Pediatrics
- Telehealth Services
 - Adult Medicine
 - OB/GYN
 - Pediatrics
 - Mental Health/Substance Use Disorders (BH)
 - Physical Therapy

Governor's Minority Health Strike Force

8

- ❖ 29 Member Task Force
- ❖ 24 State Team members
- ❖ Four Subcommittees
 1. Data & Research
 2. Education & Outreach
 3. Healthcare
 4. Resources

Chairs:

Melba Moore, Cinc. Health
Commissioner (Data &
Research)

Charles Modlin, MD,
Cleveland Clinic (Education &
Research)

Charleta B. Tavares, CEO
PrimaryOne Health
(Healthcare)

June Tayler, Chief, Western
Reserve AAA (Resources)

Governor's Minority Health Strike Force

9

Problem:

Communities of color, particularly the African-American community, are disproportionately affected by COVID-19 and the illness it causes.

Objectives:

- Stop the progression of the disease
- Evaluate and document the impact of the disease
- Remedy factors that contribute to the spread
- Procure resources to prevent a resurgence

Questions?

www.primaryonehealth.org

Telehealth: 614-859-1851

Other appointments: 614-645-5500 Option 1

Charleta B. Tavares

ctavares@primaryonehealth.org

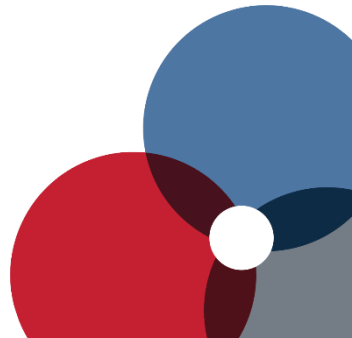
614-859-1946



Kyle Strickland

Senior Legal Analyst

Kirwan Institute for the Study of
Race and Ethnicity





Ohioans are being left behind...

Tracy Najera

Executive Director

tnajera@childrensdefense.org

May 15, 2020



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Community members lacking in resources and already struggling are will continue to be negatively affected by COVID-19...Black, Brown, Poor, and many rural communities will bear the brunt of the impact.



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Figure 1.6 **Modifiable factors that influence health**

Physical environment

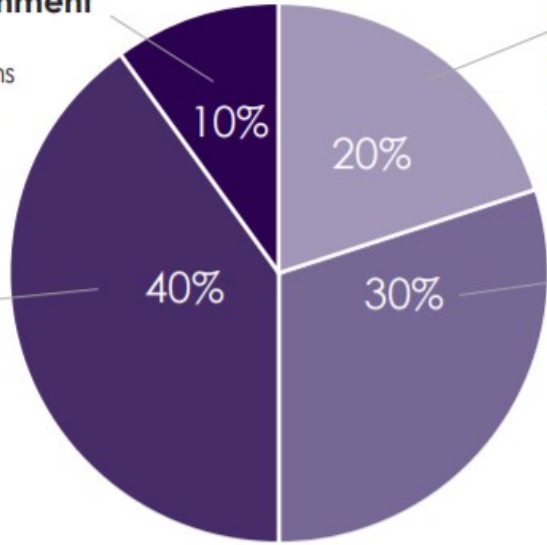
Such as:

- Housing conditions
- Air quality
- Access to green space and parks

Social and economic environment

Such as:

- Education
- Income
- Neighborhood violence
- Racism and discrimination



Clinical care

Such as:

- Access
- Quality
- Care coordination
- Transitions of care

Health behaviors

Such as:

- Physical activity
- Nutrition
- Impulse control and self regulation
- Tobacco use

Source: Booske, Bridget C. et. al. County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health. University of Wisconsin Public Health Institute, 2010.

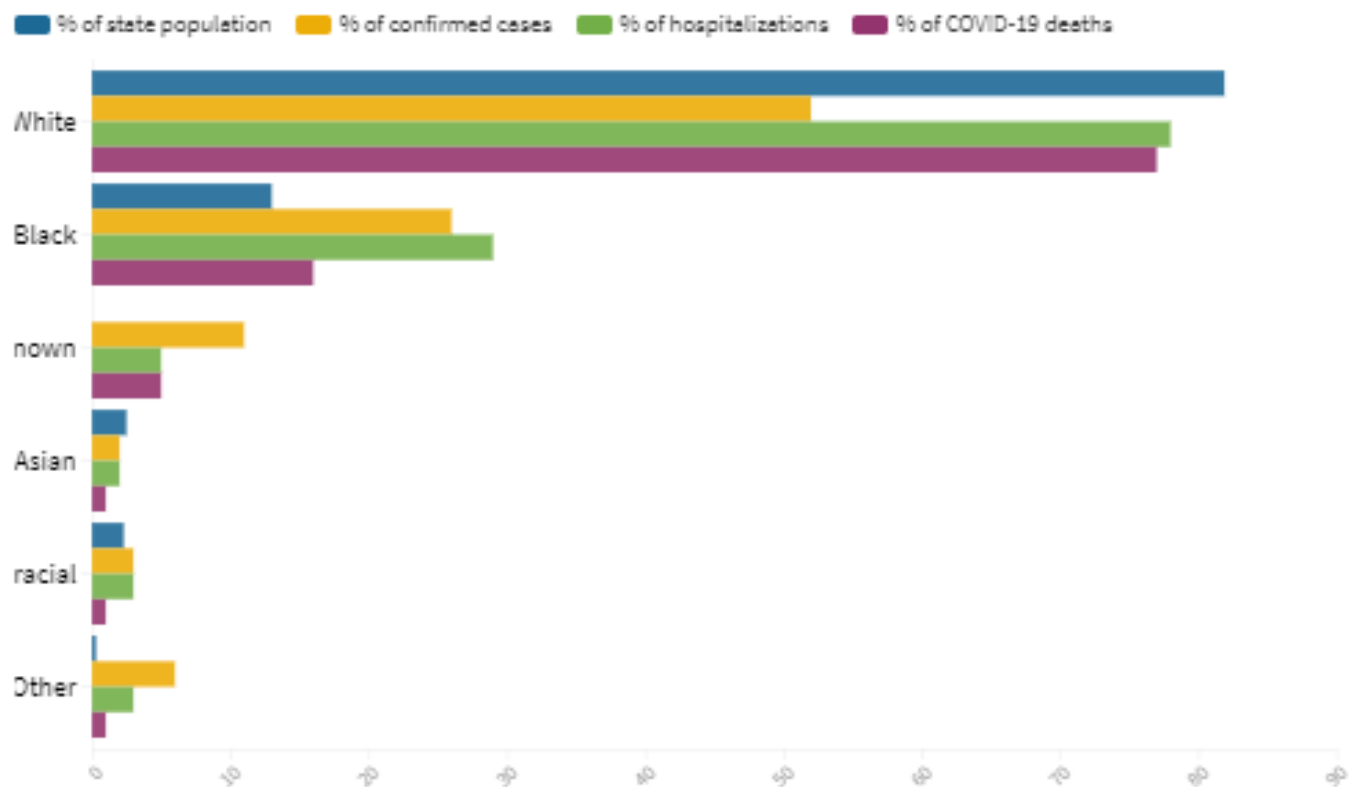
Underlying societal issues – including the remnants and legacy of structural racism in public policy has resulted in many of the disparities we see today in terms of health, economics, assets/wealth, education attainment, etc. – are responsible for many of the underlying health conditions that make certain communities more at-risk.



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Racial breakdown of cases and deaths

The COVID-19 is disproportionately infecting and hospitalizing black Ohioans, according to early and incomplete data reported by the Ohio Department of Health.



Source: [Ohio Department of Health](#)



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Community members lacking in resources and already struggling will be disproportionately and negatively affected by COVID-19 and will bear the brunt of the impact.



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April 15, 2020

The Honorable Mike DeWine
Governor of Ohio

The Honorable Jon A. Husted
Lt Governor of Ohio

Director Amy Acton
Ohio Department of Health

Director Maureen Corcoran
Ohio Department of Medicaid

Director Kim Hall
Department of Job and Family Services

Director Lydia Mihalik
Ohio Development Services Agency

Superintendent of Public Instruction Paolo DeMaria
Ohio Department of Education

Dear Governor DeWine, Lt Governor Husted, Director Acton, Director Corcoran, Director Hall, Director Mihalik, and State Superintendent DeMaria,

We are all in this together as long as we do not leave our most vulnerable behind

We are all in this together – so long as all Ohioans are provided with the opportunities that they need to achieve optimal health and wellbeing are shared among all Ohioans and essential health care services are provided to those most in need and provision is not based on our individual race, ethnicity or income.

We leave our most vulnerable behind when we do not seek out policies and solutions that address historical injustices and provide resources according to need. Ensuring we are all in this together starts with good data to fully understand disparities in our health care system, how such gaps may be widening during this pandemic, and how we can move forward to address equitable access to testing, treatment, and resources.

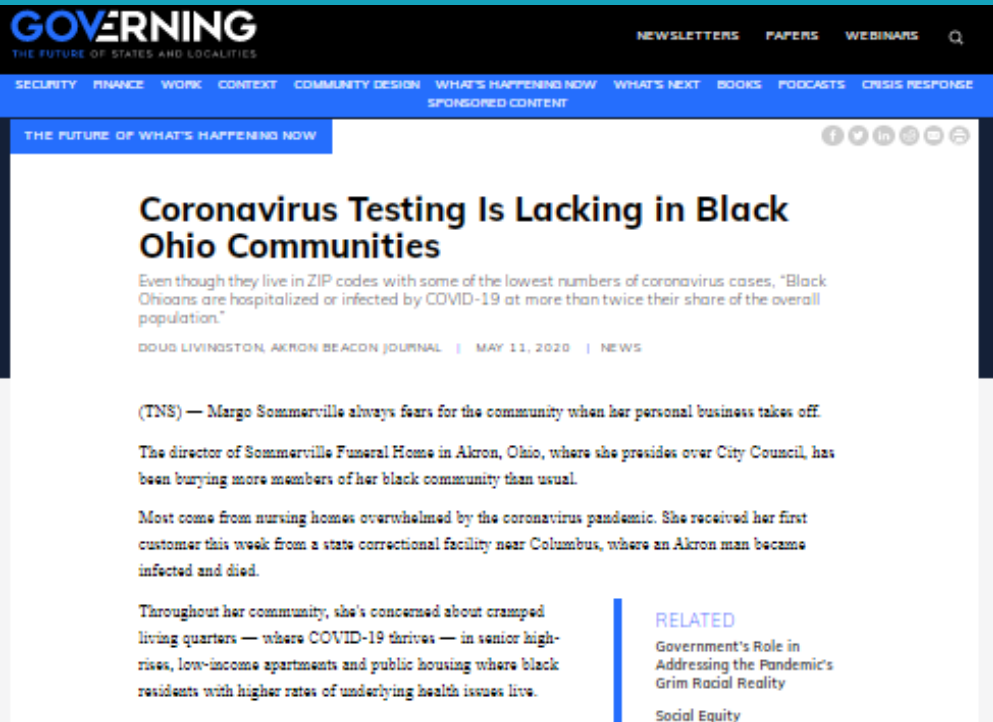
The COVID-19 outbreak and the government response present health and financial challenges for many Ohioans, children and families, especially those who were already struggling with food insecurity, housing, etc. before the outbreak. There are reports across the nation on the disproportionate impact the virus is having on the health of African Americans and Latinx communities. With our record of significant racial health disparity, we know this to be the story in Ohio. We know that the health and financial challenges Ohio will experience over the next few years as a result of the pandemic will deepen the negative effects on communities of color and further compound underlying health and economic disparities. The virus is likely to exacerbate the

Recommendations:

1. Assure that all COVID-19 data has full reporting of race and ethnicity and work toward that same goal for all public health and Medicaid data reported by the state.
2. Assure the medical triage criteria and procedures for allocating scarce resources does not discriminate against vulnerable populations.
3. Examine the Medicaid testing and treatment data and look for differences in race, disability and geography to get a fuller picture of disease impact and disparity.
4. Assure that serological testing to determine exposure is done through sampling of the Ohio population, oversamples by race and ethnicity to assure estimates can be made disaggregated by race and ethnicity.



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Recommendations:

5. Examine utilization of nutrition, cash assistance, housing, and other programs pre and post pandemic.
6. Analyze unemployment and unemployment compensation data and SBA loans information to determine whether employees and businesses in communities of color have been left behind.
7. Launch a statewide public education and awareness campaign to reach our most vulnerable populations so they know how to access benefits to keep their families healthy and safe.
8. Assure that as Ohio moves forward with COVID-19 sampling that the Ohio Department of Public Health use a methodology that is proportionally stratified by geography and demographic data to provide statistically relevant inferences.



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Status of these Recommendations:

April 20th Governor DeWine established the Minority Health Strike Force chaired by Ursel McElroy, director of the Ohio Department of Aging



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Status of these Recommendations:

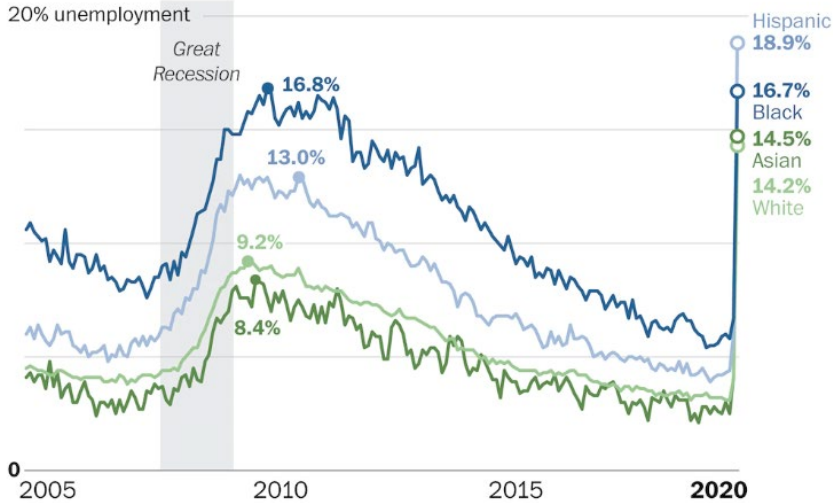
Recommendation #7: Ohio is planning to launch a statewide public education and awareness campaign to reach our most vulnerable populations so they know how to access benefits to keep their families healthy and safe.

Recommendation #8: Ohio will begin random testing of 1,200 Ohioans to get a better idea of the COVID-19 spread within the state.



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Unemployment rate by race



Note: For civilian Americans, seasonally adjusted. White, black and Asian categories are not exclusive of Hispanic ethnicity.

Source: Labor Department

THE WASHINGTON POST

Much more is needed, including:

Monitor and report the state's progress on each of the 8 recommendations.

Advocate for these efforts with the Administration and the Minority Health Strike Force.

Shift focus as the state re-opens on disparate actions and outcomes.



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Questions?



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Children's Defense Fund-Ohio



Kyle Strickland

Kirwan Institute for the Study
of Race and Ethnicity



Charleta B. Tavares

PrimaryOne Health

