



Virtual Town Hall on Racial Health Disparities in Healthcare

*For the Healthcare Subcommittee of the
Minority Healthcare Strike Force*

June 3, 2020



Policy Matters Ohio is a nonprofit policy research institute that creates a more vibrant, equitable, sustainable and inclusive Ohio through research, strategic communications, coalition building and policy advocacy.



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Our Partners

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

Kelsey Bergfeld, kbergfeld@communitysolutions.com
<http://www.advocatesforohio.org>

Children's Defense Fund Ohio's mission is to ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start and a Moral Start in life and successful passage to adulthood with the help of caring families and communities.

<https://cdfohio.org/>



AGENDA

4:00 – 4:20 pm **Welcome & Goals of the Town Hall Meeting**

Kalitha Williams
Policy Matters Ohio

Healthcare Subcommittee Overview & Charge

Charleta Tavares, Chair
Healthcare Subcommittee
Minority Healthcare Strike Force



AGENDA

4:20 – 5:25 pm **Public Testimony**

Dr. Christopher Brown, Ross County Health Commissioner

Carla Hicks, Ohio Public Health Association

Brittnee Pankey Qualls, Central Ohio Worker Center

Terry Russell, NAMI Ohio

Yvonka Hallion, Northeast Ohio Black Health Coalition

Jessica Roach, Restoring Our Own Through Transformation (ROOTT)

Dominic Mathew, Fund Our Economic Future

Dr. Aparna Bole, Pediatrician & Environmental Health Expert

5:25 – 5:30

Closing Comments

Adjournment



Dr. Christopher Brown

Ross County Health Commissioner



Increasing Access to Telehealth Services

Dr. Christopher Brown, Health
Commissioner

June 3, 2020

Ross County



Ross County Health District

- Ross County is the second largest county in Ohio
- Population 2019 estimate approximately 77,000 (32 out of 82)
- Approximately 90% white, 5% African American, 1% Hispanic
- 2019 County Health Rankings – 76th in Ohio for Health Outcomes
- Cases of COVID-19
 - 58 Caucasian, 4 African American, 2 other and 8 unknown

Christopher Brown MD, MPH, FACP, FNKF

- Health Commissioner and Medical Director for Ross County Health District
- NCA&TSU Alumni
- UNC-CH School of Medicine and Public Health Alumni
- OSUMC Residency and Fellowship
- Nephrologist (Kidney and hypertension specialist)
Adena Regional Medical Center

Ross County Health District

- Reliable and affordable access to broadband network is needed
 - Telehealth
 - Education
 - Remote workforce
 - Entrepreneurship

Ross County Health District

- Reliable and affordable access to broadband network
- Telehealth
 - Increased access to care among a population with transportation issues
 - Rural areas often have long drive times to healthcare facilities
 - Potential decreased cost of care by allowing more frequent visits for chronic disease management
 - Increased information for clinician by allowing a view into the patient's home environment

Contacts

Christopher Brown, MD, MPH

Health Commissioner/Medical
Director

Ross County Health District

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Ross County



Carla Hicks

Ohio Public Health Association



Ohio Public Health Association (OPHA)

The mission of the Ohio Public Health Association is to:

- Be an inclusive voice for Public Health
- Proactively advocate for policies that reduce health disparities
- Empower all people to achieve their optimal health and
- Advance the practice of Public Health in Ohio

OPHA Health and Equity in All Polices (HEiAP) Components

- Establishment of the Legislative Services Commission HEiAP Review Process for All Proposed Bills
- Require a Health Impact Statement on Rule Reviews through the JCARR Process
- Establishment of a HEiAP Advisory Board
- Creation of the State Health and Equity Interagency Team

Health and Equity in All Policies(HEiAP) Analytical Tool

Summary of the Proposed Bill: Briefly describe the proposed legislation in plain language. Please provide a link to the bill summary.

- Identify the geographical area(s) impacted by the legislation.
- Identify the specific population(s) or groups impacted by the legislation

Background:

- What problem is this bill trying to address?
- How does the bill address this problem?

Impact to Health Questions:

- Does this legislation directly impact the health of Ohioans? If so, how?
- How does this legislation impact the determinants of health and indirectly impact the health of Ohioans?
- Describe the neutral, beneficial or adverse impact the proposed legislation would have on different groups based on demographics (including infancy and throughout the life span, gender, race, ethnicity, sexual orientation, geographical location, disability status).
- *Please make sure to cite all your sources.*

Recommendation

Support House Bill 620

Sponsor: Representative Erica Crawley (D)
District 26

- Requires Ohio's Legislative Services Commission to create Health Impact Statements on Introduced Bills
- Creates the Health and Equity Interagency Team

<https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA133-HB-620>

Brittnee Pankey Qualls Central Ohio Worker Center



Terry Russell
National Alliance on Mental Illness - Ohio
NAMI Ohio



NAMI Ohio in conjunction with NAMI National has released the following statement regarding recent racist incidents across the country and their impact on mental health:

“The effect of racism and racial trauma on mental health is real and cannot be ignored. The disparity in access to mental health care in communities of color cannot be ignored. The inequality and lack of cultural competency in mental health treatment cannot be ignored.

Our nation's African-American community is going through an extremely painful experience, pain that has been inflicted upon this community repeatedly throughout history and is magnified by mass media and repeated deaths. We stand with all the families, friends and communities who have lost loved ones senselessly due to racism. And, with more than 100,000 lives lost to the coronavirus pandemic - disproportionately from minority communities - these recent deaths add gasoline to the fire of injustice.

While there is much we need to do to address racism in our country, we must not forget the importance of mental health as we do so. Racism is a public health crisis.

“As the nation's largest grassroots mental health organization, it is our responsibility to serve all. While as an organization we are still early in our intentional Diversity, Equity and Inclusion journey and have much to do, we have renewed our commitment to our values. We continue to strive to deliver help and hope to all who need it.

NAMI stands in solidarity with everyone impacted across the country. You are not alone.”

“Although this statement certainly reflects our position, it is not enough. NAMI Ohio must advocate for action steps to be taken that address the disparity in access to mental health care in our communities of color.” – Terry Russell, NAMI Ohio Executive Director



Disparities in Healthcare

This pandemic has shined a spotlight on the disparities and inequities in healthcare that are faced by minorities.

It is extremely clear that the African-American community, for a multitude of reasons, does not receive the initial support needed when they are inflicted with a mental illness. The outcomes of not receiving appropriate and timely care has led to more serious crises and detrimental outcomes for these individuals.

More than 40% of inmates in our prisons and jails suffer from a mental illness and we know that a disproportionate number of inmates in our prisons and jails are people of color.

Homeless shelters, with so many people there due to untreated mental illness, are another reflection of the failures of our mental health system.

We must identify the issues and develop concrete recommendations to address them

A story that clearly identifies the institutional racism that plagues the community mental health system:

In 2002 I became discouraged that those individuals that once were in our state hospitals were now being housed in adult care facilities (ACF) throughout Ohio (733 Homes).

Many of these homes were substandard living situations, at best.

I started an association to represent these private home owners. I did not do this because of the operators, but rather to represent the 6,000+ residents living in these homes.

Due to stigma, the vast majority of these homes were located in distressed neighborhoods and hidden from the public. The concept of “not in my backyard” was not challenged but rather was accepted as okay.

The operators of these homes brought the severely mentally ill into their homes to be cared for. Some of these homes are faith-based, but most felt this was a mission and a way of moving out of poverty.

We must identify the issues and develop concrete recommendations to address them

During my 18 years working with these homes, it became clear that the lack of support they received, both politically and financially, was due in part to institutional racism.

75% + of the operators of these homes in the state are African-American and 60% of the residents are African-American.

The disparity in funding and support is glaring! These private homes serve a very difficult population of individuals with severe mental illness. These residents are unable, due to their illness, to function and live independently in the community.

In 2002 we were paying these home owners **\$16-per-day** to provide 24-hour care, meals, and supervision.

Today, these operators receive **\$35-per-day** to provide this care. This is less than I pay to house my pet in a kennel.

Without these homes, the people living there would not have a roof over their head, food in their belly and someone who knows their name.

The public run facilities who serve these same clients are paid more than \$80-per-day and the DD system pays over \$100-per-day to serve their clients.

We must ask ourselves WHY is there such a disparity?

The promises that have been neglected

We must find a way to ensure those in the African-American community have access to and receive the same level of care that all others receive at the onset of mental illness. The vast majority of these individuals needing care have experienced poverty, trauma, and racism.

The behavioral health system talks about cultural competency and although I believe everyone working within the system of care should be trained on cultural competency, I also believe we can never fully address this issue without having African-American treatment professionals that understand the specific needs of this population.

We also need to explore our own implicit bias. The Ohio State University Kirwan Institute For The Study Of Race And Ethnicity offers a [implicit bias training](#) that should be given to all of those working in the system of care.

There are far too few African-American behavioral health professionals working within the mental health care system in the state of Ohio (other than ACF operators).

In the state of Ohio, we have 50 Alcohol, Drug Addiction & Mental Health Services (ADAMH) Boards that serve our communities and only 2 African-American ADAMH Board Directors (just 4%).

Until 6 months ago, there was only 1 African-American Director.

The promises that have been neglected

I congratulate OhioMHAS Director Lori Criss for bringing diversity into the Ohio Department of Mental Health & Addiction Services. However, often when I have brought ACF operators into meetings, the operators would later tell me they were uncomfortable in the meeting because they were the only person of color in the room.

When we look at our providers and clinicians, African-Americans are grossly under represented.

I ask this group to look at this disparity and find ways to incentivize institutions of higher learning to recruit African-Americans into the behavioral health care system.

To make this a reality, we must review why clinicians with advanced degrees are paid less than most other careers.

Why would anyone want to come into the field if your salary is less than someone without any college degree?

Finally, we must change the way we deliver service. The community mental health center model has been around since the sixties.

This system is designed to have people go to a physical location and receive care. There are several problems with this model related to access, transportation, etc.

The pandemic has shown us that we can do things differently. The best example of this being telehealth. But, more importantly, we must be able to deliver service where a person lives. We know through evaluation that ACT teams going to a person where they are leads to better outcomes.

If we are going to continue to have community mental health centers, let's put centers in the African-American communities and make them part of the community.

Yvonka Hallion

Northeast Ohio Black Health Coalition



Jessica Roach

Restoring Our Own Through Transformation



GETTING TO THE ROOTT:

Addressing the Structural
Determinants of Health & the Role
of Community Based
Organizations

JESSICA M. ROACH, MPH

Chief Executive Officer & Partner

DORIAN L. WINGARD, MPA

Chief Operations Officer & Partner

ROOTT ORGANIZATIONAL OVERVIEW

Restoring Our Own Through Transformation (ROOTT) is a collective of concerned Black families, community members, advocates & interdisciplinary professionals dedicated to decreasing Black maternal & infant mortality in Ohio.

ROOTT's mission is to comprehensively restore our collective well-being through collaboration, resource allocation, research & re-empowerment, in order to meet the needs of Black parents & families.



ROOTT IMPACT STATEMENT

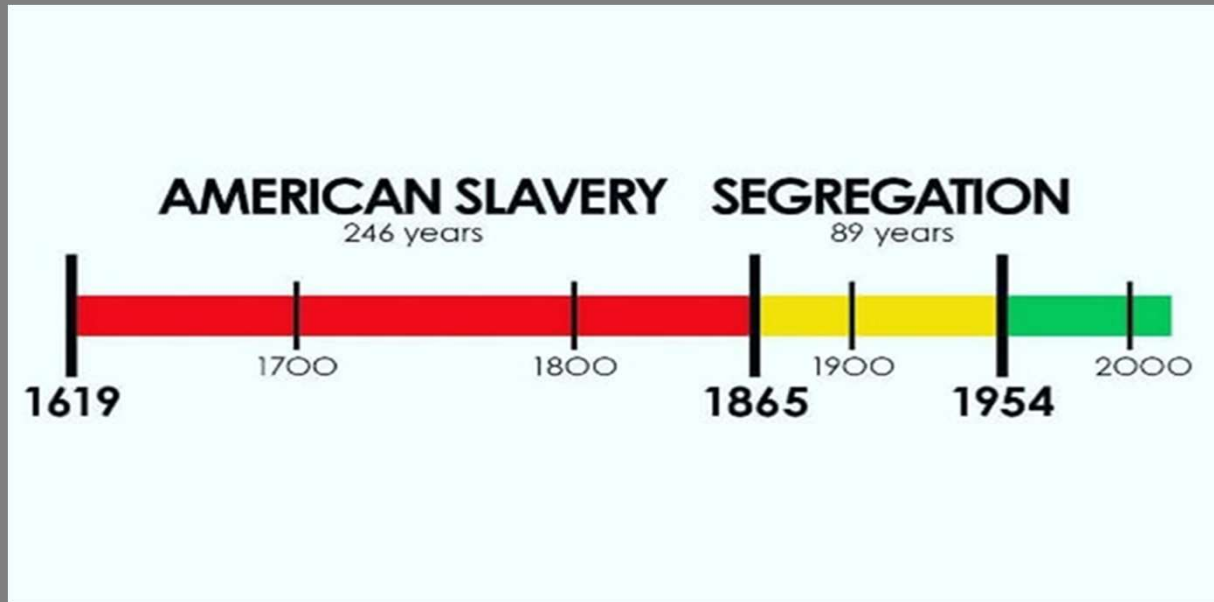
ROOTT provides direct services, public policy advocacy & education, in alliance with local & national stakeholders.

ROOTT goes beyond surface level risk factors regarding marginalized Black mothers, fathers, infants, & communities to address root causes of these of health inequities.

ROOTT addresses Structural/Institutional Determinants of Health including by targeting the racism that creates & sustains the Social Determinants of Health.

ROOTT collaboratively builds quality relationships with families, caregivers, professionals & paraprofessionals aligned with our mission.





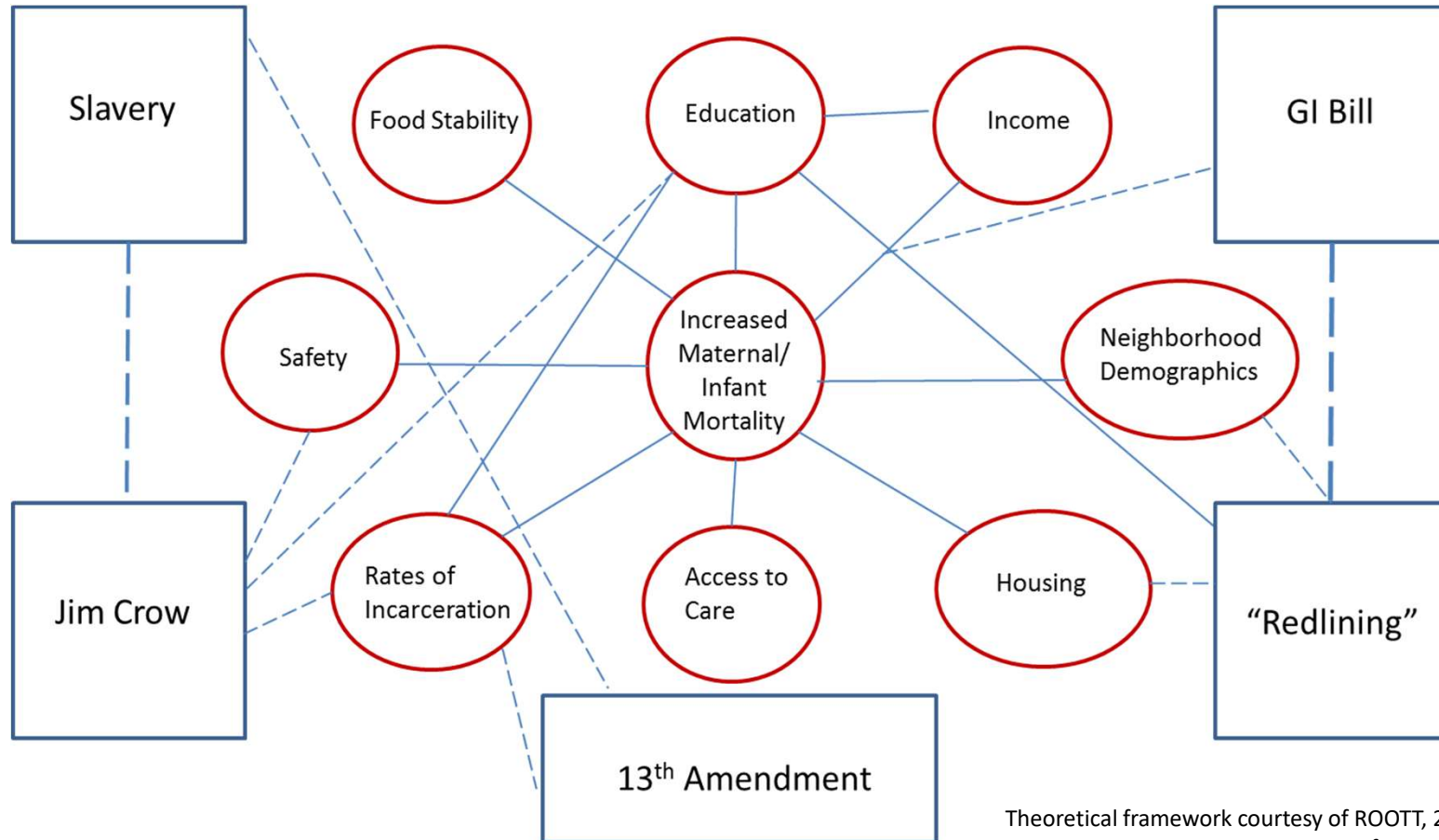
Disease is a social and political category imposed on people within an enormously repressive social and economic capitalist system, one that forces disease and death on the world's people"

- Vicente Navarro, MD. Faculty Director, Johns Hopkins Bloomberg School of Public Health



WEB OF CAUSATION

STRUCTURAL and SOCIAL DETERMINANTS: IMPACT ON HEALTH



Theoretical framework courtesy of ROOTT, 2016. retrieved from www.roottrj.org



PROTOCOL

- All client family engagements are virtual.
- All staff equipped pandemic training & PPE.
- SLT case reviews occur 3x/weekly.
- Assisted home-birth support is being provided.
- Client families are being provided w/ basic resources & home monitoring equipment.
- Virtual labor & delivery support is being provided.

IMPACT (ADVERSE)

- Increased requests for home-birth (assisted/unassisted).
- Increases in erroneous health information.
- Increases in premature scheduled inductions
- Increases in forced/coerced surgical births.
- Decreases in positive client family/PCP-Hospital experiences.
- Adverse birth outcomes.



This is how
we ROOTT!!

www.roottrj.org



ROTT Origin Story
NPR Story Corp, 8-2019



Dominic Mathew

Fund Our Economic Future



Dr. Aparna Bole
Pediatrician &
Environmental Health Expert



Minority Strike Force: Introduction



Incentivizing
breakthroughs
that transform
lives and
our region's
economy.

Policy Suggestions:

- Increase state funding for public transit, especially operations
- A State Innovation Fund for flexibility of services and integration with wraparound services

June 3rd, 2020

CHRISTOPHER JOHNSTON | THURSDAY, MAY 23, 2019

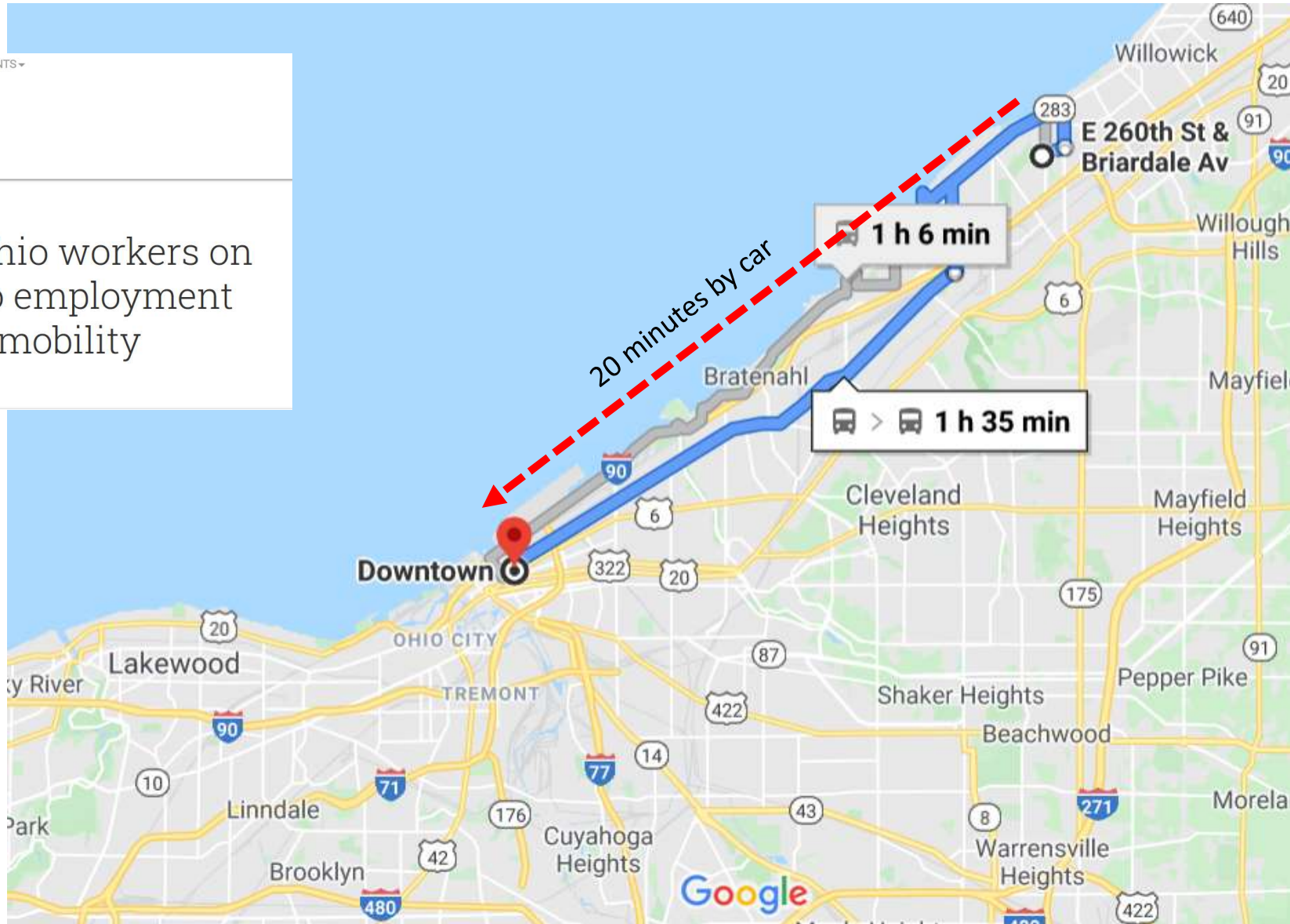
Putting Northeast Ohio workers on the map: The road to employment begins with worker mobility

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Euclid to Downtown Cleveland (11 miles):

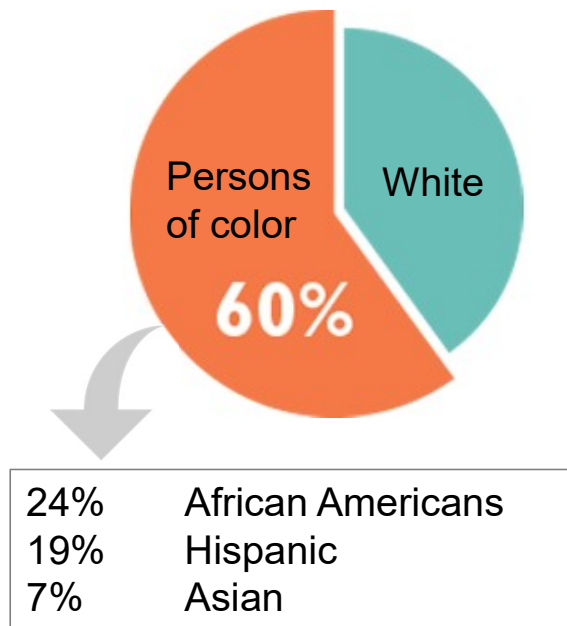
Bus: 90+ minutes, 2 transfers

Car: 20 minutes



Transit and its demographics

Transit Riders in the US* (2017)



- 55% of transit users (USA) have household incomes of less than \$50,000
- 2.8 million essential workers (USA) ride transit to their jobs, persons of color account for a disproportionate share
- In Cleveland, 25.5% of African American residents do not own a car vs 6.8% white residents. 56% in Central neighborhood

**American Public Transportation Association; Who Rides Public Transportation (2017)*

Policy Suggestions

In a post-COVID world, these are potential policy recommendations for transit:

- Increased state funding for public transit, especially operations
- A State Innovation Fund that gives agencies the ability to experiment and be flexible with funding, but also integrate workforce development and wraparound services

Thank you

Feel free to contact me if you have any questions:

Dominic Mathew

Urban Planner, Mobility Innovations

dmathew@thefundneo.org



THANK YOU

Friday, June 5, 2020 from 9 am – 10 am
Town Hall Meeting on Racial Health Disparities
in Data & Collection

Friday, June 5, 2020 from 4 pm – 5:30 pm
Town Hall Meeting on Racial Health Disparities
in Education & Outreach