

COVID-19 Underscores Urgent Action to Advance Health Equity



determinants of health and better cater to the needs of the most vulnerable communities.

Children Bear the Burden in Poor and Untreated Health Conditions

Health disparities not only begin, but are often well-established in childhood. While Ohio has reduced infant mortality, Black infants still die at 2.5x the rate of White infants (2018). Appalachian children and children in low-income families have a historic higher prevalence of tooth decay and untreated cavities than children from non-Appalachian counties and children who are in low-income families (2017-2018). In addition, asthma

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afflicts Black children at a significantly higher rate than White children (21.6% and 9.6% respectively) (2017). Among 2-5 year-olds enrolled in the Supplemental Nutrition Program for Women, Infants and Children (WIC), a federal assistance program for healthcare and nutrition, 28.7% are overweight, with Hispanic children having the highest prevalence of being overweight or obese at 36.0% (2014).

Poor Health Established in Childhood Persist into Adulthood

In Ohio, Black women are 2.5x more likely to die of a pregnancy-related condition than White women. According to the Ohio Department of Health, the prostate cancer incidence rate in 2016 was 65% higher among Blacks compared to Whites in Ohio.

Further, diabetes impacts 16% of Ohio's Black population, compared to 11.3% of the White population.

Disparities are also found across geographies. According to the HPIO report, there is a gap of more than 29 years in life expectancy at birth in Ohio, depending on where a person lives.

Time to Take Action

One promising tool to assist lawmakers and state agencies to build a more equitable Ohio is offered in House Bill 620, introduced on May 7, 2020. This bill amends the duties of the legislative service commission to include preparing a health impact statement for each bill introduced in the Ohio General Assembly.

Governor DeWine outlined some bold steps to both reduce the disparate impact of COVID-19 and to address the underlying health disparities affecting communities of color. These include:

- Gathering information on COVID-19 hospitalizations and deaths through the lens of race and ethnicity;
- Pulling together information on how communities "score" on public services like transportation, education, housing, health, and crime;
- Supporting community partnerships with the Ohio Association of Community Health Centers to enhance the availability of testing in underserved communities;
- Deploying 1,800 community health workers into communities to provide support to families to help protect them from COVID-19; and
- Launching a culturally sensitive outreach campaign "us4us" to provide education on COVID-19 in underserved communities.

Summary

Achieving health equity must be a priority and COVID-19 has created opportunity in data-gathering and data-sharing which can inform policymakers about the health of the communities they serve. Taken together with HB 620, the state has the potential to be a national leader by focusing on health equity for all Ohioans.

Ohio's Black population is following a disturbing national trend, with a disproportionate percentage contracting and dying of COVID-19 at much higher rates than the White population. In response, Governor DeWine created the Protecting Against COVID-19 Minority Health Strike Force. Governor DeWine and the Minority Health Strike Force have announced preliminary findings and recommended short-term actions at his May 21, 2020 daily briefing. The longer term recommendations are due on June 11, 2020.

Examining Health Equity and Health Disparities in Ohio

The crisis of health disparities is not new, and this is not the first time Ohio has faced this challenge. In 2014, The Kirwan Institute for the Study of Race and Ethnicity created a formidable body of research, and in 2018, Health Policy Institute of Ohio collaborated with the Ohio General Assembly, and other stakeholders to produce thoughtful analyses about how social determinants of health impact health equity and proposed a framework for closing the gaps. COVID-19 has exposed these historic trends and we must continue working to create a more inclusive health system.

Understanding Social Determinants of Health

People within certain racial, ethnic, and geographic groups can carry a disease burden in their life which stems from factors known as social determinants of health. These social determinants include a family's economic stability, education, social and community context, access to healthcare, and neighborhood and built environment. Ohio must work to identify social



Ohio Medicaid Fuels Economic Recovery

The outbreak of COVID-19 has devastated state budgets across the country. Many businesses closed for almost three months, and so far over 1.3 million Ohioans filed for unemployment. Families who have lost their jobs and health insurance are turning to Medicaid as their first line of defense to protect the health of their families, causing Medicaid's role to become more crucial than ever. However, at the same time, Ohio's tax revenues contracted in the final months of the fiscal year, causing major budget shortfalls for Ohio and other states.

The steep decline of state revenue over the past few months requires that Ohio examine all spending and make tough decisions. On May 5, Governor DeWine announced \$775 million in budget cuts needed to balance the budget to close out the fiscal year positive. Further, Ohio will be forced to take additional actions to address the tax revenue shortfalls expected in June. Medicaid's share of the budget cuts will be recovered from surplus payments to Medicaid Managed Care Organizations resulting from lower utilization of health care services. It is critical to note that this reduction will not affect Medicaid services or enrolled populations.

Initial Federal Relief. On March 18 Congress passed the Families First Coronavirus Response Act. The bill extended a temporary increase of 6.2 percentage points in the Federal Medical Assistance Percentage (FMAP) to the states. The FMAP is the federal government's share of costs related to the Medicaid program.

The enhanced FMAP (e-FMAP) will help states pay for the additional costs of new Medicaid enrollees caused by COVID-19 and the ensuing economic downturn. With the e-FMAP, Ohio could receive up to \$1.2 billion to cover Medicaid costs between January 1 and until the public health emergency is over.

States that accept the e-FMAP agree to specific Maintenance of Effort (MOE) provisions, which prohibit any changes to Medicaid eligibility or services for anyone enrolled prior to March 18th, or who enrolls through the end of the public health emergency.

As we learned in the fiscal crisis over twelve years ago, additional funding to support health services through e-FMAP can serve the dual roles of protecting vulnerable populations and meeting their health needs and supporting Ohio's economic recovery.

Balancing Ohio's Budget Going Forward. Ohio was able to help balance the budget in the 2020 fiscal year by applying unused MCO payments, but what should our state legislature do in the case of future budget shortfalls? The pandemic will continue to significantly impact Ohio's budget for the 2021 fiscal year, which begins July 1, 2020. Governor DeWine has said that he will use the Budget Stabilization Fund (\$2.7 billion) to balance the budget next year, but it's difficult to predict what the budget deficits will look like, so what can be done to protect Ohio Medicaid from cuts?

The Federal Government's Critical Role. The most important and the most effective thing Ohio can do to not only support Ohioans who find themselves without health coverage, but to also shore up Ohio's budget, is to strongly urge Congress to increase the e-FMAP. The federal government should include the following steps in the next stimulus bill.

Increase the FMAP to 14 percentage points (an additional 7.8 points). An e-FMAP proved successful during the Great Recession by infusing money into the budget, accelerating the recovery, and protecting and creating jobs. COVID-19 has acutely affected the economic well-being of the healthcare industry. The e-FMAP could compensate for those challenges as well as shore up the economic well-being of Ohio's businesses and protect Ohio's most vulnerable citizens.

1. Include additional FMAP increases automatically adjusted to meet need based on the depth of the economic downturn;
2. Continue e-FMAP funding to states until the labor market (and thus state budgets) have truly recovered by tying it to unemployment rates per recommendation of the National Governor's Association;
3. Apply the e-FMAP to include the Medicaid expansion population.
4. Support strong maintenance of effort (MOE) protections for beneficiaries, so that services and eligibility are not reduced during the public health emergency.

Recovery in Ohio can't take place without healthy families and children. They are integral to bringing the economy back to life. Ohio lawmakers must ensure that the health and well-being of families and children are taken into consideration by protecting Medicaid services as they work toward balancing future budgets.



For more information on issues included in this newsletter, please contact Kelly Vyzral, Senior Health Policy Associate at kvyzral@childrensdefense.org



Support Healthy Transitions to Adulthood for Ohio's Foster Youth

Ohio has an especially poor record of preparing for youth for a successful transition to adulthood. In Ohio:

- 43% of transition age youth graduate from high school or earn a GED by age 21, compared to 92% generally and
- 36% of transition age youth are employed by age 21, compared to 65% generally.

Healthy Transitions to Adulthood for Ohio's Foster Youth

Impact of COVID-19 on Transitioning Foster Youth.

For youth who transition from foster care, the COVID-19 pandemic is more than just scary, it is dangerous. Transition age youth (TAY) are at higher risk for homelessness and face higher rates of unemployment, unplanned pregnancy, and incarceration because of the trauma they have experienced and the lack of connections to caring adults.

These outcomes are of critical concern now more than ever, as TAY confront financial insecurity and homelessness with the loss of income due to business closures and the economic downturn. This threat extends even to those who are in a place of stability - economically, housing, etc. Even for some TAY's in college, with many universities closing their dorms, these youth are also forced into precarious living conditions on the streets, on sofas, and in shelters. These conditions also make these youth prone to human trafficking, violence, and now, COVID-19. Many youth who turn 18 are not ready to be on their own. This is especially true for foster youth who are aging out of care. Many don't have family to turn to for support.

Medicaid Coverage

Ohio is required by federal law to provide Medicaid coverage to youth who age out of foster care system in Ohio until the age of 26, regardless of income. Federal regulations require caseworkers to ensure continuity of Medicaid coverage by enrolling the youth before they age out so there is no

interruption in access to care. However, it then becomes the young adult's responsibility to maintain the coverage through a yearly redetermination process. This redetermination process can pose barriers to coverage – especially when these youth are transitory and notices are often lost. Only 4,800 emancipated youth are enrolled in Medicaid, which should be much higher since roughly 1,000 youth age out each year in Ohio. More youth need to be made aware of their continuing Medicaid eligibility and assisted in navigating the Medicaid services that are available to them.

BRIDGES

Ohio's BRIDGES program is a model for supporting youth aging out of foster care at age 18. Ohio uses federal funds for housing and other supports until a youth's 21st birthday. The program provides assistance finding and maintaining employment, accessing safe and stable housing, and maintaining connections with case workers, as well as physical and behavioral health services. To participate, youth have to be working, going to school, or have a medical condition that prohibits them from fulfilling these requirements. We applaud Governor DeWine's decision to place a moratorium on youth aging out of the BRIDGES program and traditional foster care services until June 30th. However, we know that the economic downturn and its devastating impacts on youth won't end in July.

Actions You Can Take to Support Transition Age Youth

For many youth transitioning into adulthood, they have family that can provide support in terms of resources and important emotional support as well. Many of Ohio's foster youth who are aging out of care don't have that connection of family to rely on as they struggle to make their way in society – from securing an apartment, getting employment advice, or that helpful encouragement to get them through tough times.

We must address the immediate needs such as housing and healthcare supports for TAY leaving foster care, including:

1. Extend the BRIDGES moratorium beyond June 30, 2020;
2. Link eligibility to the state's unemployment rate; and
3. Support and urge Congress to increase Chaffee funding and extend eligibility to age 23.

Ohio's foster care system struggled prior to the pandemic and the state had made significant investments to shore up the child welfare system. Ohio must continue this path with investments to help our most vulnerable youth remain healthy and stable, and prevent them from dropping out of school and losing their income, housing, and support systems both during and in the wake of this global pandemic. Ohio can emerge from this crisis stronger and it begins with helping our transition age youth flourish into adulthood.