

**Written Testimony offered to the Healthcare Subcommittee members
of the Minority Health Strike Force for the Town Hall Meeting on
Racial Health Disparities in Healthcare**

June 3, 2020

Central Ohio Worker Center Town Hall Testimony

My name is Brittnee Pankey-Qualls and I am the Vice President of the Central Ohio Worker Center, I am involved with the Worker Center's Immigrant Justice Committee, and I am an immigration attorney here in Central Ohio. Thank you for providing me the opportunity to testify before the Minority Health Strike Force on behalf of the Central Ohio Worker Center.

Access to healthcare has always been an issue for immigrants, however, as we live with this COVID-19 pandemic, workers throughout the State of Ohio have been severely impacted with the effects the pandemic has had on their own mental and physical health, their work, and their ability to do something about the issues that they are facing. Immigrant workers are no different. Immigrant workers are living through the same pandemic as the rest of us, however, many workers have lost their healthcare due to losing their job during the pandemic or never having had access to affordable healthcare in the first place. Undocumented immigrants are even more at risk.

Statistically, immigrant workers have had less opportunity when it comes to affordable healthcare centers, affordable prescriptions, and access to both emergency and non-emergency treatment. We know that in 2018, there were more than 22 million noncitizens in the United States accounting for about 7% of the total United States population. The Kaiser Family Foundation notes that in 2018, more than three quarters (76%) of the nearly 28 million nonelderly uninsured immigrants were citizens. However, among the nonelderly population, 23% of lawfully present immigrants and more than four in ten (or 45%) of undocumented immigrants were uninsured. Further, only immigrants who are lawfully present may be eligible to purchase health insurance in the marketplaces provided for under the Affordable Care Act, leaving behind many individuals who live, work, and make valuable contributions to our communities. Without access to affordable healthcare, immigrants in our communities live unprotected in the event the next medical emergency arises and are unable to afford much needed preventative healthcare. Keep in mind as well, that healthcare insurance is one small part

of a person's overall healthcare: mental health, dental, vision, access to therapy and alternative treatments are important for overall well being as well.

Our policies leave children of immigrants and immigrant children behind as well. Citizen children (of which there are 19 million in this country, amounting to 25% of all children), are those with at least one non-citizen parent. Citizen children are more likely to be uninsured compared to those with two citizen parents (8% vs. 4%). Immigrant children are also highly uninsured and lack access to much needed healthcare services. CHIP programs in the state of Ohio are limited to lawfully residing children and pregnant women, and people who were lawfully residing in the U.S. on August 22, 1996, as well as some individuals under an order of supervision. CHIP programs are not wholly sufficient to ensure a healthy and vibrant population because they don't include much needed access to services for many immigrant children.

Recent changes to immigration policy have not helped alleviate the fear immigrants have regarding them and their children participating in programs like Medicaid and CHIP. People are afraid to ask for help. They're afraid to participate in government programs. They feel like they've been forgotten. All the issues of the world affect immigrants as well, and many of them are exacerbated by their immigrant status, whether they are documented or undocumented.

Immigrants have been left behind in this pandemic. The United States Citizenship and Immigrant Services posted an alert in March clarifying that it will not consider testing, treatment, or preventative care (including vaccines if a vaccine becomes available) related to COVID-19 in a public charge inadmissibility determination, even if the health care services are covered by Medicaid. Further, USCIS noted that if an individual lives in a jurisdiction where social distancing is taking place or works for an employer or attends a school or University that shuts down to prevent the spread of COVID-19, the individual can submit a statement with their application about how these policies have affected factors considered in a public charge determination.

The Central Ohio Worker Center urges the Minority Health Strike Force and the State to keep all immigrants top of mind when considering its recommendations and policy steps moving forward. All immigrants are important and make valuable contributions to our community.

Virtual Town Hall

Minority Health Strike Force-COVID-19

June 03, 2020

Good Afternoon. My name is Carla Hicks, I am a nurse with a MBA and I am representing the Ohio Public Health Association today. The Associations Executive Director is David Maywhour. I sit on the Associations Governing Council and Co-Chair the Health and Equity in All Policies Committee along with Robert Jennings, who is the Board President.

The Ohio Pubic Health Association strives to be the inclusive voice for public health with membership available to all who work in or support the various fields of public health.

Our mission is to:

- Proactively advocate for polices that reduce health disparities
- Empower all people to achieve their optimal health, and
- Advance the practice of public health in Ohio

This mission and the health disparities that have continued to last for decades for racial and ethnic minorities, the proven inequities in healthcare provided to racial and ethnic minorities and the emergence of research concerning the social determinants of health –education,

housing, income transportation and more drove the decision to look at impacting public policy development, specifically that in the Ohio State Legislature. Much of the inequities in the social determinants of health-which represent 70% of the factors that impact the health of individuals when we add in health behaviors and yes, health behaviors must be included in this group because our choices of behavior are often crafted by our opportunities or lack there of, these inequities have been and are rooted in public policies, thus a policy response is needed.

The Health and Equity in All Policies impact analysis model is one that supports sustainable improvement in health outcomes by:

- Assessing proposed public policy, whether it be legislation or policies within institutions and agencies, for the effect of the public policy on the health of all people-including racial and ethnic minorities
- Helps lawmakers, leaders and advocates understand the impact of the proposed legislation or policies on the health of all individuals more holistically, and
- Informs public policy decisions in a more transparent manner

The components of the Health and Equity in All Policies (HEiAP) model include:

- A review through a health and equity lens by the Legislative Services Commission of all proposed bills with the determination of a positive, negative or neutral impact on health

- Requires a health impact statement on rule reviews through the JCARR (Joint Commission on Agency Rule Review) process
- Establishment of an Advisory Board
- Creation of a state agency Health and Equity Interagency Team to foster a collaborative and pervasive policy and program approach

We found a legislator champion, in the name of the then Senator Charleta B. Tavares, who introduced Senate Bill 302 in the 132nd General Assembly. Although progress on Senate Bill 302 ended with the close of the 132nd General Assembly, progress continues with the introduction of House Bill 620 by Representative Erica Crawley.

The Ohio Public Health Association in partnership with the Ohio Consumers for Health Coverage and many other stakeholders created an analytical tool that can be used in this work to qualify, quantify and provide transparency for impact of the proposed legislation on the health and equity for all Ohioans. The full tool includes key definitions and an appendix providing guidance for review of the impact on the determinants of health. The tool requests summary and background on the proposed bill and includes questions to be used to enable the reviewer to ultimately describe the neutral, beneficial or adverse impact the proposed legislation would have on different groups based on demographics including race and ethnicity. This tool will be available in the near future on the Ohio Public Health Association's website, ohiopha.org

It is our recommendation to support House Bill 620. The sponsor is Representative Erica Crawley. This bill will require Ohio’s legislative services Commission to create Health Impact Statements on all introduced bills and creates the Health and Equity Interagency Team.

This bill can be found in its entirety at the link below on the slide. We believe that this bill creates a sustainable and legislative approach to addressing root causes of health inequities and will sustainably improve the health of communities, especially racial and ethnic minority communities. Thank you.

Aparna Bole, MD
June 4, 2020

Racial disparities in health outcomes are too often explained by highlighting disparities in chronic health conditions and access to healthcare. While these issues are important, they do not tell the full story of the root causes of health inequity. Disparities in the prevalence of chronic health conditions and barriers to healthcare access are themselves symptoms of deeper root causes, with systemic racism being the underpinning of these disparities. As a pediatrician in Cleveland, I see the downstream health impacts of the social and environmental determinants of health – which account for at least 80% of a population’s health - in caring for my patients and their families. These impacts have been amplified by the COVID-19 pandemic.

In my clinical practice, I am a primary care physician practicing on the East side of Cleveland. The majority of my patients are African American. My primary area of focus, as an academic and advocate, is in environmental health. My work includes lead poisoning prevention, other safer chemicals related advocacy, as well as advocating for safe housing, clean air, clean water, and a healthy climate.

In the United States, race is the single best predictor of proximity to environmental hazards, and Ohio is no exception. The Asthma and Allergy Foundation has ranked 100 U.S. “asthma capitals” – the cities most challenging for people with asthma to live. Five of the top twenty are in Ohio. Air quality is an important contributor to these challenging conditions. Asthma is not the only respiratory condition exacerbated by dirty air. Evidence surrounding COVID-19 outcomes clearly indicates that people exposure to higher levels of air pollution suffer worse outcomes.

Air pollution is not only a risk factor for poor respiratory health. It affects multiple organ systems. In children, for example, air pollution is a neurodevelopmental toxin. It has been described as “the new lead” because of mounting evidence of its effects on cognition, learning, and behavior. Even prenatal exposure to air pollution is associated with developmental toxicity, as well as impaired sleep in children. Air pollution also increases risk of low birth weight, prematurity, and birth defects – all risk factors for infant mortality.

Investments in cleaner air – including clean renewable energy and public transportation – are essential investments in improving health equity. Minority populations are disproportionately likely to be exposed to air pollution. We cannot truly address major health disparities such as those related to COVID-19 and other respiratory health outcomes such as those related to asthma, and others such as school readiness and infant mortality without investing in clean air.

The COVID-19 pandemic has also highlighted disparities in worker protections that I have seen affecting parents and families in my practice. For example, African Americans are overrepresented in front-line “essential worker” positions which often have uneven protections for workers – such as masks, distancing measures, etc. In addition, in the absence of childcare options during the pandemic, these essential workers are cobbling together childcare, often in multiple relatives’ or friends’ homes. Many of these households providing childcare include seniors and others at high risk for COVID-19 complications. It is impossible for these families to adhere to distancing measures as they struggle to manage childcare and their “essential worker” jobs. Of course these families are at high risk for increased COVID-19 transmission and exposure. A useful link intended to inform workers of important safety measures to prevent infectious disease transmission and to collect information about access to these protections: www.safejobchecklist.org

COVID-19 distancing measures have underscored disparities in access to safe housing and clean water among my patients, as families are sheltering in place at times in unsafe housing. In addition, inequities in access to green space, safe outdoor spaces like parks, and access to healthy food are highlighted by physical distancing guidelines. I’m seeing children who have not had any access to playing outside at all, and being completely stuck indoors has significant physical and mental health consequences for kids – this is a preexisting condition that has been exacerbated by COVID-19 and distancing measures.

There is an immediacy that is appealing that may drive an overemphasis among some advocates and policymakers on clinical and medical interventions to address health disparities, but these typically only make a difference on the margins. It is true that greater representation of underrepresented minorities in healthcare, especially among healthcare providers and healthcare leadership, is critical. Understanding and addressing unconscious bias and the legacy of racism in healthcare are also important. But if my patients are coming to clinic from an unhealthy home environment, that is impossible to make up for even with excellent medical care. Policies that ensure cleaner air (including accelerating Ohio’s transition to clean and renewable energy, and investing public transportation infrastructure), improve access to safe housing, and enhance protections for workers address some of the true root causes of disparities in health outcomes – both COVID-19 related and otherwise.

**Medical-Legal Partnership
St. Vincent Charity Medical Center and The Legal Aid Society of Cleveland**

Overview

St. Vincent Charity Medical Center (SVCMC) and The Legal Aid Society of Cleveland (Legal Aid) have created the first medical-legal partnership (MLP) in Ohio focusing exclusively on low income and underserved patients with addiction and mental health challenges. The MLP is a health care delivery model that integrates civil attorneys into the clinical setting to address legal problems that adversely affect patient health. Broadly speaking, those problems may include: income, housing, education, employment, legal status (e.g. immigration, custody), personal safety and expungements to remove barriers to employment.

Two core services are provided through the hospital based attorneys. The first is to make available legal representation to address unfavorable social conditions for which there are legal remedies, and which have the potential to improve patient health. The second is to change our health and institutional practices and culture by training clinical providers to screen for and identify patients' social and legal needs during their stay at St. Vincent Charity. The goal is to identify these needs preventively, much like clinicians working toward preventive rather than emergency medical care.

The Legal Services Corporation, based in Washington D.C., documents that in the United States every low-income person has 2-3 unmet civil legal needs that create barriers to healthy eating, housing, employment, and safety. Serving the low-income neighborhoods surrounding the hospital campus, SVCMC physicians see firsthand the adverse health effects patients suffer when laws and regulations in place to protect health are not enforced. Patients living in poor housing conditions, unsafe family dynamics, with environmental threats, or job and food insecurity need legal counsel to resolve those problems that affect their physical and mental health. Those struggling to achieve good health and a stable life often are theoretically protected by laws, but without an attorney, those laws go unenforced.

With so many patients in need, SVCMC is focusing MLP resources on the Psychiatric Emergency Department (PED) (1 of only 2 in the State of Ohio), psychiatric and detoxification inpatient units and patients participating in outpatient addiction treatment. Approximately 4,000 patients with acute mental health issues and/or substance use disorders are treated in the PED each year. Seventy-two percent (72%) have been identified as having low income. In 2015, the inpatient psychiatric units at St. Vincent Charity discharged approximately 2,000 patients. Approximately sixty percent of these patients receive a co-occurring substance abuse diagnosis. More than forty percent were estimated to be in need of immediate legal help.

Integrating legal engagements into the electronic medical record, the objective is to manage a caseload of approximately 150 cases in the first year representing 350 patients and family members.

As the MLP becomes established, we have collaborated with Cleveland State University's Cleveland-Marshall College of Law to add an MLP internship opportunity for its law students. Participating students will receive first-hand experience with fundamental lawyering skills like client interviewing and

counseling, negotiation, and collaboration with an experienced Legal Aid attorney, in a setting that handles matters related to poverty law.

St. Vincent Charity has also partnered with Cleveland State University to conduct an overall evaluation of the MLP covering its first two years by analyzing data and conducting process and outcome evaluations of the program.

See attached PDF for infographic