Virtual Town Hall on Data and Research Needs to Address Racial Disparities

For the Data and Research Subcommittee of the Minority Healthcare Strike Force

June 5, 2020
Public Testimony

- Kelley Griesmer, President & CEO, The Women’s Fund of Central Ohio
- Marie B Curry, Managing Attorney, Community Legal Aid Services, Inc., Representing Ohio Consumers for Health Coverage
- Genelle Denzin, HMIS Data Analyst, Josh Johnson, Training and Technical Assistance Coordinator, Coalition on Homelessness and Housing in Ohio (COHHIO)
- Teresa Kobelt, Director of Strategy, Innovation, and Forecasting for the Office of Policy, The Ohio Center for Autism and Low Incidence (OCALI)
- Kelly Capatosto, Senior Research Associate, Kirwan Institute for the Study of Race and Ethnicity
- Franco Formicelli, Director, United Way of Greater Cleveland’s 211 HelpLink, Representing the Ohio Alliance of Information and Referral Systems (Ohio AIRS)
- Jodi Long, Associate Director, Montgomery County Alcohol Drug Addiction and Mental Health Services
NATIONALLY, MEDIAN ANNUAL EARNINGS FOR A FULL-TIME, YEAR-ROUND WORKERS WHEN COMPARED TO WHITE MEN:

- All other races or multiracial: $0.73
- Asian Pacific Islander Women: $0.89
- Black Women: $0.64
- Latina Women: $0.55
- White Women: $0.80
IN OHIO, MEDIAN ANNUAL EARNINGS FOR A FULL-TIME, YEAR-ROUND WORKERS WHEN COMPARED TO WHITE MEN:

- All other races or multiracial: $0.62
- Asian Pacific Islander Women: $0.96
- Black Women: $0.64
- Latina Women: $0.64
- White Women: $0.78
NATIONALLY, WHEN COMPARED TO ALL SINGLE MEN:

- Single Black women own 2 cents to the dollar
- Single Latina women own 8 cents to the dollar
- All single women own 40 cents to the dollar
LOCAL CONTEXT

WEALTH BUILDING BARRIERS

39%: student loan debt

35%: cost that comes with having children

30%: other reasons – job loss, being paid low wages, and business failure
FINDINGS

THE GENDER AND RACIAL WEALTH GAP CONTRIBUTES TO WOMEN AND GIRLS’ POVERTY
- 15% of women in Ohio live in poverty compared with 11% of men.
- 45.5% of all households below the poverty line in Ohio have single women breadwinners with at least one child under 18.

HEALTH CAN INFLUENCE WEALTH
- 15% of local women had experienced a significant health issue in the past year and 17% of their family members had.
- 31% who reported a recent health issue for themselves or their family members also reported medical debt.

HOMEOWNERSHIP CAN BE A PRIMARY SOURCE OF WEALTH

CAREGIVING IS UNEQUALLY DISTRIBUTED

EDUCATION CAN BE AN ACCELERATOR OR OBSTACLE
IN OHIO, WOMEN ARE ON THE FRONTLINES OF COVID19:

- 1,251,448 people work in industries on the front lines - 67% are women
- 248,347 at grocery, convenience, and drug stores – 54% are women
- 689,250 in healthcare – 80% are women
- 114,319 in childcare and social services – 85% are women

ACROSS THE NATION, WOMEN ARE FACING THE IMPACT:

- Women of color represent only 20% of the American population, yet they comprise 40% of the roughly 1.5 million childcare workers in the US.
- 52% of all essential workers nationally are women.
- 55% of job losses in April were held by women.
- Women are the majority of caregivers – 60%
- 20% of workers have no paid leave if they get COVID-19.
- Women are over-represented in the hospitality, childcare, leisure, and retail industries, which are currently experiencing the biggest losses amid the crisis.

THE CALL FOR DATA

WHAT DO BLACK AND OTHER MINORITY OHIOANS NEED?

Ohio Consumers for Health Coverage

June 2020
OHIO CONSUMERS FOR HEALTH COVERAGE

- **Ohio Consumers for Health Coverage (OCHC)** is a coalition uniting the consumer voice with the goal of achieving affordable, high quality care for all.

- **OCHC** combines the forces of over 20 health care consumer organizations to bring the voice of consumers to legislators, administrators, and other stakeholders in the health care system.

- **OCHC’s** organizational membership is diverse and represents the healthy and the sick, the insured and uninsured, and those with resources and those with few resources.
OHIO CONSUMERS FOR HEALTH COVERAGE

Our Principles

• Health care should be accessible to all.

• Health care is accessible when health insurance is continuous and affordable to individuals and families.

• Achieving accessible health care should be affordable and sustainable for society.

• Health insurance should enhance health and well-being by promoting access to high-quality care that is effective, efficient, safe, timely, and patient-centered.

• Health care outcomes should not be predictable by race, class, gender identity, geography, language, or other social factors.
VISIBILITY & TRANSPARENCY

WHAT BLACK AND OTHER MINORITY OHIOANS NEED

• Ask the questions:
  • What is impact on health?
  • Is there a difference if data is examined by race & ethnicity?
    • If so, why? Were the interventions sufficient?
VISIBILITY & TRANSPARENCY
WHAT BLACK AND OTHER MINORITY OHIOANS NEED

• Collect data disaggregated by race and ethnicity
  • On medical, social, and behavioral factors
  • Regarding:
    • impact of reducing and eliminating copays and premiums on use of health care
    • use of telehealth
    • treatment for mental health and substance use disorders
    • people’s experiences
    • all testing (whether results are positive or negative for COVID-19) and contact tracing initiatives
    • use of community health workers and peer support services to reach Black and other minority Ohioans
Visibility & Transparency
What Black and Other Minority Ohioans Need

• Explicitly measure equity
  • Establish equity metrics and require or incentivize Managed Care Organizations to meet benchmarks by race and ethnicity.
  • Establish equity metrics and require or incentivize providers to meet benchmarks by race and ethnicity.
QUESTIONS?

- Marie B. Curry, Co-chair
  Ohio Consumers for Health Coverage
  330 983 2657
  mcurry@communitylegalaid.org

- Darold Johnson, Co-chair
  Ohio Consumers for Health Coverage
  614 257 4191
  djohnson@oft-aft.org
COVID-19 Data in Homeless Services in the Ohio Balance of State CoC

Genelle Denzin
HMIS Data Analyst
Background

**Ohio Balance of State CoC**: 80 out of 88 counties in Ohio, mostly rural, some urban and suburban.

Our Coordinated Entry consists of many **Access Points** across the CoC. Regions and/or counties each hold and document their Prioritization meetings.
Our Team

Erica Mulryan
CoC Director

Genelle Denzin
HMIS Data Analyst

Matt Dicks
HMIS Technical Assistance and Training Support Coordinator

Amanda Wilson
HMIS Support Coordinator

Carolyn Hoffman
CoC Technical Assistance & Training Coordinator

Together, we created our COVID-19 screening tool and workflow.
Building Workflows: a collaborative process

Use CDC Guidelines

COVID-19 HMIS Workflow

Workflow must feel familiar

Start with what reporting we want, work back from that

Assessments required; Data entry optional
The Problems
(BESIDES learning to live in a pandemic!)

- We felt out of our element and simultaneously underwhelmed and overwhelmed with information.
- Reporting goals shifted from when we started.
- CDC Guidelines shifted from when we started.
COVID-19 Reporting

What reporting are we planning to create?

1. Add column to our existing Prioritization report that helps inform Prioritization meetings about which clients need to be moved immediately to non-congregate housing.

2. CoC-wide and county-level reporting on positive cases, to help with planning and technical assistance.

3. Racial equity reporting, taking ideas from the National Alliance to End Homelessness spreadsheet on Racial Equity and COVID-19.

These plans informed what data elements we added to HMIS.
Coronavirus (COVID-19) Screening Tool

These questions may change frequently. Please check regularly for the updated Screening Tool here: http://kmea.ohio.edu/index.php?pg=k8&pageid=201

COVID-19 Assessment Date

Vulnerable Clients

Are you 65 or older?  
Do you have a chronic lung disease or moderate to severe asthma?  
Have you been diagnosed with a serious heart condition, diabetes, or liver disease by a medical provider?  
Do you have chronic kidney disease and are currently undergoing dialysis?  
Are you immunocompromised? Immunocompromised conditions include cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.  
Have you smoked tobacco in the past month?  

Diagnosis

Have you been tested for COVID-19?  
If yes, COVID-19 Test Results:  
If yes, Date Tested for COVID-19:  
Has a medical professional deemed that you are/were "Under Investigation" for COVID-19?  
If yes, Date of Determination:  

Potential Contact

Have you had close contact with a confirmed COVID-19 patient while that person was ill?  
If yes, Date of Contact with Confirmed COVID-19 Patient:  
Have you had close contact with an ill person who is "Under Investigation" for COVID-19?  
If yes, Date of Contact with Person Under Investigation for COVID-19:  

Symptoms

Do you have a new or worsening cough today?  
Do you have difficulty breathing or shortness of breath today?  
Have you felt like you had a fever in the past day?  
Do you have chills?  
Do you have muscle pain?  
Do you have a headache?  
Do you have a sore throat today?  
Do you have a new loss of taste and smell?  
Do you have nausea or vomiting?  
Do you have diarrhea?  
Do you have congestion or a runny nose?  
Are you feeling too weak to stand or light-headed?  

Non-confidential Notes
# Prioritization Report

**Literally Homeless Clients as of 06-04-2020**

<table>
<thead>
<tr>
<th>Holt Client ID</th>
<th>Project Name</th>
<th>Entry Date</th>
<th>County</th>
<th>Current Situation (Entry, Referral, Perm Housing Track)</th>
<th>Veteran</th>
<th>Fleeing DV</th>
<th>COVID-19: Priority for Immediate Non-congregate Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Voucher</td>
<td>All</td>
<td>All</td>
<td>Has no Entry into PSH or RRH, no recent Accepted Referral into RRH or PSH, and no current Permanent Housing Track</td>
<td>No</td>
<td>No</td>
<td>Isolate/Quarantine</td>
</tr>
<tr>
<td>2</td>
<td>County Shelter - ES</td>
<td>All</td>
<td>All</td>
<td>Has no Entry into PSH or RRH, no recent Accepted Referral into RRH or PSH, and no current Permanent Housing Track</td>
<td>No</td>
<td>No</td>
<td>Isolate/Quarantine</td>
</tr>
<tr>
<td>3</td>
<td>Voucher</td>
<td>All</td>
<td>All</td>
<td>Has Entry into RRH or PSH</td>
<td>No</td>
<td>No</td>
<td>High Risk</td>
</tr>
<tr>
<td>4</td>
<td>Voucher</td>
<td>All</td>
<td>All</td>
<td>Has no Entry into PSH or RRH, no recent Accepted Referral into RRH or PSH, and no current Permanent Housing Track</td>
<td>No</td>
<td>No</td>
<td>No Known Risks or Exposure</td>
</tr>
</tbody>
</table>
CoC-wide Analysis (thus far)

Clients COVID-19 Assessments in the Ohio Balance of State CoC

- No Current Indications
- May Have COVID-19
- Positive

<table>
<thead>
<tr>
<th>Date of Assessment</th>
<th>Clients Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 01</td>
<td></td>
</tr>
<tr>
<td>Apr 15</td>
<td></td>
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<tr>
<td>May 01</td>
<td></td>
</tr>
<tr>
<td>May 15</td>
<td></td>
</tr>
<tr>
<td>Jun 01</td>
<td></td>
</tr>
</tbody>
</table>

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215
CoC-wide Analysis (thus far)

Priority for Immediate Housing Based on Symptoms and Risk Factors

- Isolation/Quarantine
- High Risk
- No Known Risks or Exposure

Clients Assessed

Date of Assessment:
- Apr 01
- Apr 15
- May 01
- May 15
- Jun 01
CoC-wide Analysis

• Future plans:
  • County-level reporting for our 80 counties
  • Including Race/Ethnicity data to match with the data points outlined in the National Alliance to End Homelessness’s Race Equity Tool
  • Including census data
Contact Info

https://github.com/COHHIO  
genelledenzing@cohio.org
- or -
racialequity@cohio.org to contact COHHIO’s Racial Equity Committee
Minority Health Strike Force
Town Hall Meeting
Friday, June 5, 2020

Teresa L. Kobelt, MSW, LSW
Director — Strategy, Innovation, Forecasting
Minority Health Strike Force

- 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 of COVID-19.

CONSIDERATION: Disparities exist in recovery. Efforts to “evaluate and document the impact of the disease” should include short and long-term impacts with a focus on social determinants of health.

KEY QUESTION: Are minorities recovering — in every sense of the word?

Workforce – Direct Care

- Women of color make up largest, fastest-growing segment of direct care workforce
  - From 2005 to 2015, women of color in direct care grew from 45 percent of the workforce (1.2 million workers) to 48 percent (1.7 million workers).
  - From 2016 to 2026, the number of women of color in the labor force is projected to grow by 6.3 million workers, while the number of white women in the labor force is projected to decline by 384,000 over the same time period.
- The poverty rate for women of color in direct care is higher than any other group – 22%
- Forty-nine percent of women of color in direct care rely on public assistance

Workforce – Early Care

- About 40% of early care workers are people of color. By comparison, 80% of K-12 teachers are white.
- Center-based African American early educators are more likely to earn less than all other racial/ethnic groups in the early education workforce nationwide.
- Even after controlling for educational attainment, African American workers still earn lower wages than white workers ($0.78 less per hour, or $1,622.40 less per year, for a full-time, full-year worker).

Workforce

Black workers are more likely than other workers to be in front-line jobs

Black workers as a share of all workers in a given industry

<table>
<thead>
<tr>
<th>Front-line workers by industry</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grocery, convenience &amp; drugstore workers</td>
<td>14.2%</td>
</tr>
<tr>
<td>Public transit workers</td>
<td>26.0%</td>
</tr>
<tr>
<td>Trucking, warehouse &amp; postal service workers</td>
<td>18.2%</td>
</tr>
<tr>
<td>Building cleaning services workers</td>
<td>12.6%</td>
</tr>
<tr>
<td>Health care workers</td>
<td>17.5%</td>
</tr>
<tr>
<td>Child care &amp; social services workers</td>
<td>19.3%</td>
</tr>
</tbody>
</table>

Workforce – Employment Participation & Unemployment

• As of April, less than half the adult black population was employed (employment to population ratio).

• "Black workers are less able to weather such a storm because they have fewer earners in their families, lower incomes, and lower liquid wealth than white workers."

• Black women have experienced the highest rates of unemployment and the lowest rates of employment (two different measures)

Recommendations

Include recommendations that focus on the long-term impacts of the disease. Screening, testing, tracing AND recovering (educationally, economically, medically...).

- To what extent are minorities returning to the workforce?
- To what extent are minorities returning to educational environments?
- To what extent have minorities recovered as measured by... (work with communities of color to define recovery)?

- Recommendation #1: Recognize the contributions of minorities to front-line industries. Track and report (by race) unemployment, reemployment and/or employment participation in industries where minorities represent large portions of the workforce (i.e., direct care, early childhood). Leverage these worksites for screening, testing, education and outreach, and input.

- Recommendation #2: Report on the number of minorities that have not had access to programs and services that directly impact social determinants of health (i.e., Head Start, School Lunch, etc.), prioritize such programs for restart/recovery, and track minorities “return” to these programs/services. Leverage these for screening, testing, education and outreach, and input.
Kelly Capatosto
Senior Research Associate
Kirwan Institute for the Study of Race and Ethnicity
Franco Formicelli

Director, United Way of Greater Cleveland’s 211 HelpLink, Representing the Ohio Alliance of Information and Referral Systems (Ohio AIRS)

<table>
<thead>
<tr>
<th>Exhibit A: Ohio Counties Without 211 Coverage</th>
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<tbody>
<tr>
<td>Adams</td>
</tr>
<tr>
<td>Ashland</td>
</tr>
<tr>
<td>Auglaize</td>
</tr>
<tr>
<td>Coshocton</td>
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<tr>
<td>Crawford</td>
</tr>
<tr>
<td>Darke</td>
</tr>
<tr>
<td>Defiance</td>
</tr>
<tr>
<td>Erie</td>
</tr>
<tr>
<td>Fayette</td>
</tr>
<tr>
<td>Fulton</td>
</tr>
<tr>
<td>Gallia</td>
</tr>
<tr>
<td>Guernsey</td>
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<tr>
<td>Hancock</td>
</tr>
</tbody>
</table>
Advocates for Ohio’s Future

Town Hall for the
Ohio Minority Health Strike Force
Data & Research subcommittee

Jodi Long LISW-S, LICDC-CS
Associate Director
June 4, 2020
Consistent access to data & information

Ensuring high quality care requires the ability to coordinate and evaluate the existing service system, the connections among care settings, and the ability to plan for a coordinated continuum of care. To effectively address all of these steps, local ADAMH Boards need consistent access to data and information.

RECOMMENDATION:

• The State should ensure local Alcohol, Drug Addiction, and Mental Health Boards have access to and can share data between and among systems, including Medicaid and the Managed Care Organizations.

• OhioMHAS, being the only state department without a statewide information management system, should be required to provide a statewide information system for data collection, analysis, and dissemination.

• The state should develop a mechanism for data sharing between and among community first responders and treatment providers responding to crisis and safety planning situations.
Consistent access to data & information

Increase resources to outreach, quick response teams (QRT), and community health workers who work remotely in underserved communities.

RECOMMENDATION:

• Provide access to better remote technology and data gathering tools.

• Increase education on data gathering, analytics, and data interpretation so that decisions are not just data-driven, but accurately data-driven.

Examples: Montgomery County GetHelpNow app, Emergency Room Overdose Notification system, jail admission notification system
Consistent access to data & information

Expand the use of the ODH Covid-19 Key Indicators Dashboard

RECOMMENDATION:

- Include those living in congregate mental health adult care facilities, group homes, recovery housing and homeless shelter settings
Consistent access to data & information

Expand the OHMHAS Reportable Incidents to include tracking covid19 cases mental health and substance use disorder recovery congregate settings (adult care facilities, recovery houses, and other congregate settings)

RECOMMENDATION:

• ADAMHS boards create policies and procedures to track whether minority populations are having a disproportionate amount of cases in community outpatient programs and behavioral health congregate settings
• Allocate additional resources to facilities experiencing higher # of cases
Questions?
Contact Us:

MAILING ADDRESS:
409 E. Monument Avenue, Ste 102
Dayton OH 445402

EMAIL ADDRESS:
jlong@mcadamhs.org

PHONE NUMBER:
937.853.4331