



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

disparities in life expectancy related to race and ethnicity Therefore, we must act now to understand the disparate impacts this virus is having on each of our Ohio communities and vulnerable populations.

Governor DeWine acted quickly to control the spread of disease, reduce the disease mortality, and mitigate the economic impact. However, without direct action to address the needs and challenges of people who have been historically marginalized long before the onset of this public health crisis – whose needs and challenges are being further exacerbated by COVID-19 – Ohio will leave many people far worse off than others. Generations of discrimination and racism have left communities of color under-resourced and less able to withstand a crisis. People in communities of color are less likely to have banks, internet and other technology access, personal transportation, savings, and other resources. Simply put – communities of color in Ohio have not been given the same opportunities to live healthy lives as their white peers.

[The Health Value Dashboard from the Health Policy Institute of Ohio \(HPIO\)](#) shows how overall health status outcomes are 1.3 times worse for Black Ohioans. Many of the pre-existing health conditions, such as asthma, heart disease, and hypertension that make individuals susceptible to serious illness and death of the coronavirus are over-represented in communities of color because of long-term disinvestment in these communities. Indeed, health disparities are prominent for other vulnerable populations as well, e.g. for Latinx Ohioans we see a similar disparity of 1.3 times worse outcomes in overall health status, and for Individuals with disabilities, this increases to 6 times worse overall health status outcomes than white Ohioans.

This crisis should be a wake-up call for leaders to the health disparities that have existed for generations. If Ohio does not make the effort to collect data and examine it based on race, ethnicity, and geography, we will never effectively address decades of marginalizing policies and will only perpetuate them into the future. For example, while we can already see that Black Ohioans are disproportionately represented in the number of hospitalizations and deaths from COVID-19, we do not know the full scope of the problem because nearly a quarter of cases have no reported race or ethnicity.

We will not keep people safe and healthy simply by telling them to stay inside and practice social distancing, especially if this is something they have not been empowered or given resources to do. We need to demonstrate that we value all Ohioans by taking on bold and innovative solutions, such as housing those experiencing homelessness so that they are enabled to actually take shelter, wash their hands, and take up other healthy practices that are required by the public to contain the virus. We need to make sure that those most vulnerable among us, who have no savings or safety net, are getting the help they critically need. We must recognize that people may not have the resources like personal or public transportation, internet subscriptions, sidewalks allowing them to walk to school and feeding sites, and other assets to facilitate their access to basic necessities. Further, without the inclusion of data on the social determinants of health within our communities and deliberate action to address them, we will leave many people further behind.

We are all in this together and together we can address the disparate impact that this pandemic is having on vulnerable populations including African Americans, Latinx, and other ethnic and racial minorities, people with disabilities, immigrants, essential workers, and people experiencing poverty. If Ohio leaders truly believe that we are all in this together, we must act now to ensure the most vulnerable are not being left behind. This starts with good data. Let's not ignore the problem by refusing to look.

Initial Recommendations

- 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. Assure the medical triage criteria and procedures for allocating scarce resources does not discriminate against vulnerable populations.
- 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.
- 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.
- Examine utilization of nutrition, cash assistance, housing, and other programs pre and post pandemic.
- Analyze unemployment and unemployment compensation data and SBA loans information to determine whether employees and businesses in communities of color have been left behind.
- 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.
- 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.

Your action in support of these issues are critical and will support a more equitable and just Ohio.

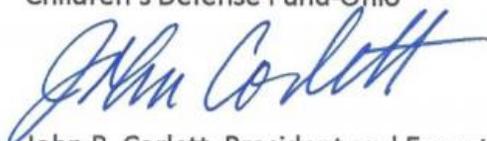
Sincerely,



Tracy Nájera, Executive Director
Children's Defense Fund-Ohio



Steven Wagner, Executive Director
UHCAN Ohio



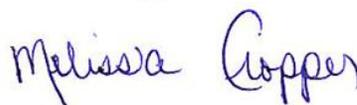
John R. Corlett, President and Executive Director
Center for Community Solutions



Kelsey Bergfeld, Coalition Manager
Advocates for Ohio's Futures



Susan Jagers, Director
Ohio Poverty Law Center



Melissa Cropper, President
Ohio Federation of Teachers

Northern Ohioans for Budget and Legislative Equality