



Health Equity & Building an Inclusive Health System for All Who Live and Work in Ohio

If there's one thing we've learned it's that COVID-19 is highly dangerous and unfortunately, as in previous disasters, those who are least able to cope in terms of health or economically, are those who will suffer most unless more is done to protect their well-being. The COVID-19 pandemic is a threat to everyone living in our communities. The virus doesn't care who is a citizen, who has insurance, or what kind of job a person has. Likewise, our ability to support a strong public health network means that everyone – no matter a person's citizenship, job, or insurance status – must have access to ongoing care and health services. This issue brief explores the challenges faced by individuals who lack legal status to live and work in this country and those who are not residents and may lack eligibility for programs that they may otherwise be eligible for. Further, we will discuss the barriers in access from both the consumer and the provider perspectives and offer recommendations for bridging these gaps in support of public health for everyone.



There are three sources of funding available and that are typically used by healthcare providers to support services to individuals living in Ohio and would otherwise be eligible for the Medicaid program because they lack proper documentation to live and work in the United States. These programs exist to make sure that all people regardless of their means or citizenship have access to emergency healthcare. At the start of the COVID-19 pandemic, Congress passed the CARES Act ([H.R. 748, CARES Act, Public Law 116-136](#)), which included enhanced funding for Medicaid, additional funding through Health Resources and Services Administration (HRSA), and augmented support for Community Health Centers. In addition, hospitals, community health centers, and other large providers

have a requirement to provide a level of uninsured care. This issue brief is a discussion about how many of Ohio's most vulnerable and essential workers find themselves in impossible situations as a result of their status in this country (or lack thereof) and what systems and providers can do better to ensure that all who live in Ohio get the care they need.

Emergency Medicaid. Ohio's Alien Emergency Medicaid program is for individuals who would qualify for Medicaid in terms of income, however do not per their citizenship status in the United States. This program is administered by the Ohio Department of Medicaid and intended to cover "emergency" health needs - in situations where an individual is at risk of organ failure, loss of limbs, or death.

To date, the Ohio Department of Medicaid has not reported on expenditures, utilizations, and other related information that would be useful to determine demand for this program.

Health Resources and Services Administration (HRSA) Uninsured Provider Fund/Medicaid

Coordination of Benefits. In response to the COVID-19 pandemic, CARES legislation included a provision that reimbursed providers directly for uninsured care focused on COVID-19 testing, treatment, follow-up care, and vaccinations (when one becomes available). To date, providers from throughout the country submitted claims totaling over \$850 million, which is not surprising given the significant numbers of individuals who lost employment beginning in mid-March. Many of these individuals worked in low wage jobs that did not provide insurance and they may have made too much to qualify for Medicaid. In the state of Ohio, providers have only claimed \$15 million in reimbursements as of the end of October, 2020, or less than one percent of total claims.¹ Across the United State, over 468,000 people have been hospitalized due to COVID-19, with Ohio ranking 7th highest among the 37 states reporting this data. Ohio is also the seventh most populous state in the country and ranked 37th in terms of uninsured adults in 2019 (9.2%), while Texas has one in four adults lacking insurance.



¹ Centers for Disease Control. HRSA Uninsured Data, accessed on October 28, 2020 from <https://data.cdc.gov/Administrative/Claims-Reimbursement-to-Health-Care-Providers-and-/rksx-33p3/data>

Ohio's Migrant Farmworkers, though Essential, Face Fear and Discrimination in Securing Health Care during COVID-19 Pandemic

Veronica Dahlberg leads HOLA Ohio, a community organization that works primarily with the Latino population throughout northern Ohio. Many of these individuals, who Veronica and her team work with, are seasonal and migrant workers in the essential food supply industries of farming and meat processing, who travel to Ohio throughout the year following the planting and harvesting seasons. Many of these individuals HOLA works with are employed through the H-2A Visa program, or are low-income, live in mixed immigration status families, and lack insurance coverage.

Within these communities of essential workers are individuals who are here as migrant farmworkers from other parts of the United States, others, who are here under the H-2A Visa guest worker program, and others who may lack documentation. One thing all of these individuals have in common is that they are essential to the nation's food supply chain and protecting them and their families is critical to meeting their basic human needs.

According to the Center for American Progress, "An outbreak among farmworkers can potentially shutter entire farm operations at a time when the supply chain is already experiencing unprecedented disruption....This is even more urgent in light of the shuttering of several meatpacking plants due to widespread infection among workers. Essential workers are not disposable."²



² Willingham, Zoe and Mathema, Silva. (April 23, 2020). Protecting Families from the Coronavirus and Protecting the Food Supply. Center for American Progress. Accessed from <https://www.americanprogress.org/issues/economy/reports/2020/04/23/483488/protecting-farmworkers-coronavirus-securing-food-supply/>

Complicating the issue is that many of the immigrant communities that Veronica works with have experienced a heightened level of trauma over the past four years. In the summer of 2018, Immigration and Customs Enforcement (ICE) conducted a series of workforce raids on local gardening centers and a meatpacking plant in the cities of Castalia, Sandusky, and Salem. In one incident, over 100 armed federal officers raided workplaces arresting nearly 150 foreign nationals, who were living, working, and building a life in Ohio.³ These workforce raids traumatized the communities with many families not receiving word of where their husband, wife, father, mother and loved ones had disappeared to or where they would be going. Though fear permeates many of these communities as a lasting legacy of these federal actions, many families are still living and working in these communities in the hopes of giving their children a better life and opportunity.

Health Coverage

The individuals who Veronica and her team meets with typically do not qualify for Ohio's Medicaid program. Many are migratory farmworkers and do not meet the residency requirement in that the state is not their primary residence. Further, there are some who are undocumented having come to Ohio from Mexico and parts of Central America for plentiful jobs planting and harvesting crops. Others come yearly for the growing season under temporary farmworker visas available to support the country's agricultural sector, and depart back to their home countries after the end of the growing season.

Trauma-informed care

COVID-19 does not discriminate, however individuals do and bias and discriminatory attitudes and behaviors are a form of violence that creates dangerous situations where an individual, a family, or an entire community are at greater risk of infection, serious illness, and even death occurs. Racially and ethnically disparate COVID risk is seen all across the country and not just in Ohio with higher mortality rates experienced by Black and Hispanic communities.

Veronica related that even when services are available they are difficult to access due to a variety of factors beginning with racial bias and discrimination against migrant farmworkers who are Latinx/Hispanic. In one particular instance, Veronica and her team called a local hospital to have an individual tested for COVID-19. When making arrangements for the gentleman to get tested, it was clear that the hospital staff speaking with her on the phone were not interested in seeing him and didn't want him to be brought to their hospital. Veronica wasn't sure if it was an issue of not wanting to see a potential COVID-19 patient or the fact that the individual was Latino. She also shared another instance when an individual was exhibiting symptoms consistent with a heart attack and he sought care at the local hospital, but was advised he needed to go to the community health center. The intake workers advised him to go back to the hospital emergency room for care. Once at the hospital, he was turned away by intake staff and told to seek treatment at the community health center (seemingly an [EMTALA violation](#)). The individual was eventually admitted into the hospital with a heart attack and fortunately

³ Lydersen, Kari. (September 25, 2018). 100 armed agents and 143 arrests: the Ice raid that traumatized a small Ohio town. The Guardian. Accessed from: <https://www.theguardian.com/us-news/2018/sep/25/ice-immigration-raid-meatpacking-plant-ohio>



Photo by [Jhon David](#) on [Unsplash](#)

he survived. However, this situation is an example where better training and trauma informed care could help avoid risking someone's health and life.

Contact Tracing

Though the term “contact tracing” is quite common in news reports and in discussions of how to control community spread, the actual description of contact tracing and how it's conducted in real life circumstances is missing from many of these stories. There are a variety of ways that it can be conducted - from using high-tech solutions, which is being done in South Korea, to low-tech personal touch, which is more of the norm in smaller communities.

For contact tracing to work in a community, there must be trust. However, in communities that have been subjected to immigration raids, racism and prejudices in the communities they live in, racial profiling and bias by government officials and systems, trust is not easily given or earned. In many of these small farming communities, the only real trusting relationship that may exists for the essential workers and their families is that with their faith community, community organizations that provide support for basic needs, and the employer.

Many in the community that Veronica works in depend on community organizations such as hers to share information about COVID-19 and how to protect and maintain public health. Veronica shares that contract tracing is a process that is not only complicated but without clear processes and definitions, but they are dedicated to figuring out a process that works best for their community. In their efforts, they are learning what works best given the lack of trust that many have with government, the racial bias that exists in health care providing systems, and the support that must be negotiated with employers.

A family's ability to meet their basic needs is the priority – especially when they do not qualify for many other services since they may not be a resident of Ohio or of this country. People should not have to choose between their health and the health of others and whether they'll have enough money to keep their family housed and fed. So many families today in Ohio find themselves in this position and it's made worse when an individual and their families do not qualify for state Medicaid programs or other lifelines to maintain health.

When an individual has tested positive for COVID-19, regardless of whether they are symptomatic, Veronica's team works with that individual to make sure they can isolate safely. Being able to do this involves taking into account all aspects of a person's everyday life and working with them to make sure they are safe and not putting themselves or their families at risk. This begins with economic stability. Most low wage workers do not have paid time off. Veronica's team works directly with the employer to make sure they provide compensation for the person taking isolation or quarantine leave to remove the fear and stress of lost wages. For the most part, employers in the area have been cooperative with the exception of a few. Veronica's team also arranges for free food and other essential deliveries and pharmacy deliveries as well.

Veronica's staff works with the families and the department of public health to report daily temperature and symptom checks for those in quarantine. These daily checks are recorded and sent to the county public health department. If an individual has recorded neither fever nor symptoms for a certain number of days, then the county health officials will make the determination that the individual and their family are cleared from quarantine and can safely return to work.

During the two weeks of quarantine, Veronica and her team do their best to keep individuals and their families safe. However, this can only be accomplished when they have their basic needs met and feel confident that quarantine doesn't mean financial ruin for them and their families.

What's needed - How we can protect Ohio families and our essential workers

Federal legislation provides that Medicaid recipients will be able to receive testing, vaccinations (when one is developed), and treatments at no cost. However, what options does this leave for an individual who is not Medicaid eligible due to their citizenship status? Ohio has a number of tools available to provide for these services, however a major obstacle is awareness of these options, availability of funding in the event the pandemic persists into 2021, the ability of healthcare workers to create environments where individuals feel safe to seek testing and care, and cooperation from employers to support safe working environments and economic stability and support for employees who become ill.

Emergency Medicaid: The Emergency Medicaid Program, or the Alien Emergency Medicaid Program as it's known in Ohio, represents an important emergency safety net for life-saving care. However, this

funding is only available for emergency services and COVID-19 testing and treatment does not qualify as a service unless that individual is at risk of death. This funding is managed through the Ohio Department of Medicaid.



Health Resources and Services Administration (HRSA) Uninsured Provider Fund/Medicaid

Coordination of Benefits: The CARES Act made this new source of funding available to all states through the Centers for Medicare and Medicaid Services (CMS) specifically as a flexible means to meet the healthcare needs of individuals who lack insurance, regardless of their citizenship. These funds are made directly available to healthcare providers from CMS through an available billing code.

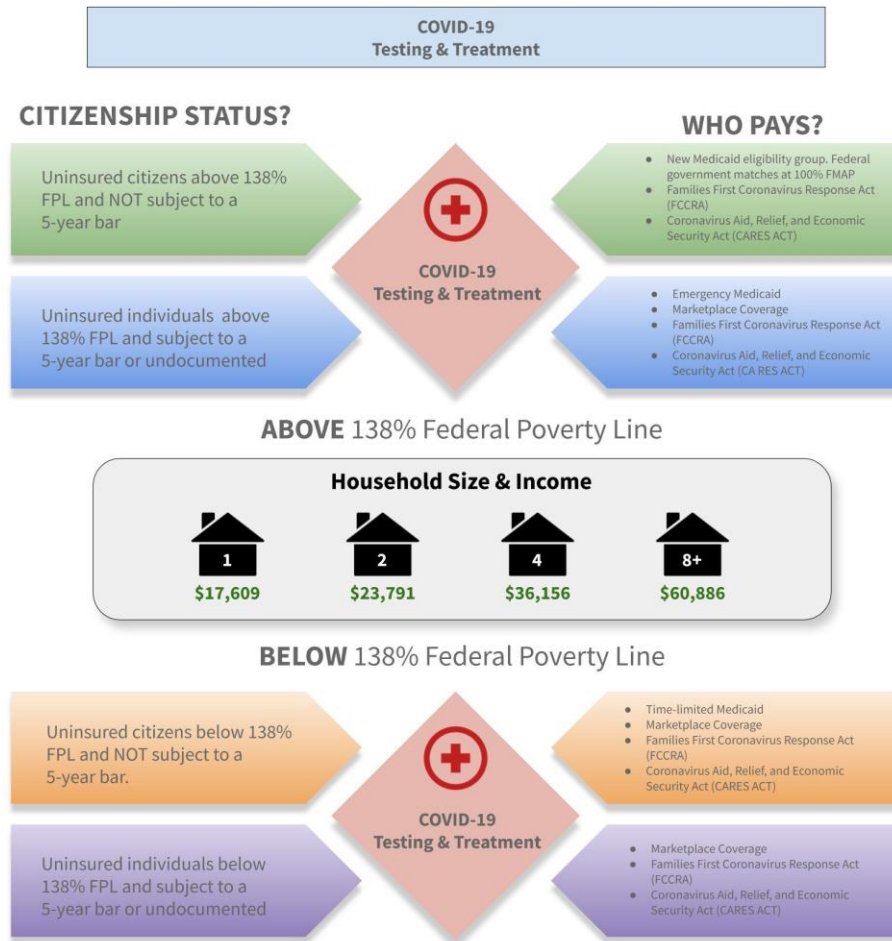
Support for Community Health Centers: Ohio's Community Health Centers serve a critical role in supporting public health for Ohio's most vulnerable and underserved communities. Typically, these centers operate in areas of the state where there are shortages of healthcare providers and hospitals and fill a critical role in providing community health care at low to no cost.

Trauma Informed Care Training / Cultural Competency: Visiting a healthcare provider or a hospital can be stressful for people, especially when they don't speak the language, lack insurance, and fear putting their family in danger of deportation. These challenges should never be barriers for an individual seeking healthcare – especially during a pandemic. However, highly publicized ICE raids, stories of hospitals and other service providers not wanting to treat individuals who are Latinx, or having bias towards individuals who are low-income or lack insurance are common stories and experiences that are shared regularly with community workers and groups. Health service providers must consider how an individual is treated when they seek care. This means providing training to all patient-facing staff to ensure that they are treated with dignity and respect; language used should not dissuade an individual from needed services.

Leveraging the Funding Sources that Create Fewest Barriers to Care. Local health departments are key. They provide free testing, and an array of essential services and information. In accessing care for individuals, providers must also consider what sources of funding are available to vulnerable populations. As described earlier, programs such as emergency Medicaid are truly for cases where an individual is at risk of losing limbs, organ failure, or death. Programs such as HRSA are additional sources of funding for COVID related care that are flexible and can be used to support health care for individuals who are not residents of Ohio or this country.

For programs such as HRSA, an individual's address, their citizenship, employer, and insurance status are irrelevant. Not only are these pieces of information unnecessary, but asking for them can create a barrier to care for individuals who are already distrustful of government and living in fear.

Appendix A. Decision Tree - Emergency Medicaid/HRSA



Appendix B. Contact Tracing Description

The Ohio Department of Health describes the contact tracing process on its website, breaking it down into the following four steps:

1. You call your healthcare provider, who may decide to test you for COVID-19 if you are exhibiting the symptoms. While you wait for the test results, you stay home and isolate yourself from others.
2. If you test positive for COVID-19, your healthcare provider will call you to let you know that you tested positive. They will notify the local health department, who will then notify the Ohio Department of Health so that the case is added to the state's data. During this time, you continue to stay home and isolate yourself.
3. Next, a public health worker who is performing contact tracing will reach out to you to voluntarily talk and create a line list that is made up of who you have been in contact with. This traces who you may have come into contact with and may have been exposed to the virus.
4. While you are still home and isolating, the public health worker who is conducting the contact tracing will call those who you may have been around and may have been exposed. Those who have been exposed will self-quarantine and monitor their symptoms for cough, fever, and shortness of breath. If they show no symptoms, after 14 days, their quarantine lifts. If these individuals do begin to show symptoms, they should contact their healthcare provider who may tell them to go and get a test.

Appendix C. HOLA Ohio [Ohio's COVID-19 Responsible Protocols](#) and action steps for getting Ohio back to work safely apply to all businesses.

5 Protocols for All Businesses:

- 1.** Require face coverings for employees and recommend them for clients/customers at all times.
- 2.** Conduct daily health assessments by employers and employees (self-evaluation) to determine if "fit for duty."
- 3.** Maintain good hygiene at all times - hand washing, sanitizing and social distancing.
- 4.** Clean and sanitize workplaces throughout workday and at the close of business or between shifts.
- 5.** Limit capacity to meet social distancing guidelines.

Required action steps when COVID-19 infection has been identified:

- Immediately report employee or customer infections to the local health district.
- Work with local health department to identify potentially exposed individuals to help facilitate appropriate communication/contact tracing.
- Shutdown shop/floor for deep sanitation if possible.
- Professionally clean and sanitize site/location.



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Requirement	Best Practice
MASKS/PPE	
Provide cloth face coverings with multiple layers of fabric for all employees and train them in proper use.	
Provide PPE to all personnel who must be within 6-feet of a sick employee. Provide storage for reusable PPE to prevent possible cross-contamination	
SCREENING	
Screen employees daily for COVID-19 symptoms. This could be done through temperature checks upon arrival at work, before boarding shared transportation, or at the start of each shift and/or by asking workers if they have felt feverish, had a cough, felt short of breath, or experienced other symptoms of COVID-19.	
VISITORS	
	Limit visitors to employees, their families and advocates, and others needed for operations.
	Monitor all visitors for fever before allowing onsite.
SICK EMPLOYEES	
Actively encourage sick employees to stay home until they are free of fever (without the use of medication) for at least 72 hours (three full days) AND symptoms have improved for at least 72 hours AND at least seven days have passed since symptoms first began.	
Require workers to report symptoms immediately when on site. If employees arrive at work develop symptoms during the workday, immediately separate them from others and send them home as soon as possible.	

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Requirement	Best Practice
	Do not require a healthcare provider's note to validate the illness or return to work for employees who are sick with acute respiratory illness; healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
COMMUNICATIONS	
Have a means to communicate in the preferred languages spoken or read by employees and provide COVID-19-specific materials at the appropriate literacy level.	
Ensure that sick leave policies are up to date, flexible, and non-punitive to allow sick employees to stay home to care for themselves, children, or other family members.	
Post signage in appropriate languages in common areas to reinforce preventive practices.	
HOUSING	
Work with local health department and advocates to find separate housing units for quarantined workers who may have been exposed as well as additional separate housing for isolated workers who are diagnosed with COVID-19. If this is impossible, create segregated areas (with separate sleeping quarters, kitchens, and restrooms) in housing units for this purpose	.
	Designated areas for quarantined employees should be provided with separate sleeping, cooking, and bathing facilities.
Ensure food, water, and hygiene supplies are provided for employees for the first 3 days of isolation and work with local health department and local advocates to provide for ongoing support during quarantine or isolation	.
Provide employees with information from the local health department on when it is safe to return to work and the operation's return-to-work policies and procedures.	

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Requirement	Best Practice
	Arrange to have workers sleep head to feet, as opposed to head to head. If beds cannot be placed 6 feet apart, add physical barriers, such as plastic screens.
TRANSPORTATION	
Driver transporting sick worker must wear a mask and maintain social distance from worker. A sick worker should sit at the back of the vehicle and wear a face covering	
Provide or arrange for transportation for sick workers for medical treatment or testing.	Designate a single driver and separate vehicle to transport sick workers. A sick worker should sit at the back of the vehicle and wear a face covering.
Provide hand sanitizer for workers to use before and after trips in work vans and buses.	
	Clean vehicles and keys used for transportation with a disinfectant spray or wipe between each trip.
	Have employees use a disposable wipe to clean fuel pump handles or touch screens before using. If unavailable, provide a disposable towel or other covering. Have employees wash or sanitize hands immediately after getting gasoline
TESTING	
Provide information about and transportation to testing locations for symptomatic workers or upon request of the employee, even if there are no symptoms present.	
CLEANING/DISTANCING	
Provide disinfectant so that commonly used surfaces can be wiped down by employees before each use.	
Train workers on cleaning, sanitizing, and disinfection practices.	

Appendix C. HOLA Ohio [Ohio's COVID-19 Responsible Protocols](#) and action steps for getting Ohio back to work safely apply to all businesses.

	Do not have employees share tools, equipment, computers, or other work materials. If items must be shared, sanitize them after each use/user. If cleaning between uses is not possible, clean tools frequently and consider having employees put on gloves before using
Requirement	Best Practice
Ensure that access to soap, potable water, and disposable towels is always available in all areas for employees and visitors, including working and living areas. If soap and water are unavailable, ensure hand sanitizer is available. (Soap and water should be used if hands are visibly dirty.) Place sanitizer in multiple locations, such as entry and exit points and clock-in/out areas and make individual containers available to workers if possible.	
.	Provide disposable gloves, soap for hand washing, and household cleaning supplies, including supplies for cleaning shared cooking utensils and appliances for use in housing units.
	Designate a qualified workplace coordinator responsible for ensuring employees comply with health and sanitation requirements and for disinfecting frequently used equipment or tools.
	Stagger field workers over and within rows
	Place materials (such as harvesting buckets) in common transfer areas instead of transferring form one worker to the next.
	Ensure proper airflow with use of an air conditioner, open windows, or air filtration systems.

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Requirement	Best Practice
	Group workers into cohorts/crews. Keep each crew together and separate from other crews as much as possible, including during transportation and in break and living spaces. Make several trips or increase the number of vehicles used, if necessary.
	All public and private gatherings of greater than 10 people occurring outside a single household and connected property, or living unit and connected property are prohibited, except for the limited purposes permitted by orders of the director of health. There is no prohibition on the gathering of a household, family, or residence. When people need to leave their places of residence to perform or to otherwise facilitate authorized activities necessary for continuity of social and commercial life, they should at all times and as much as reasonably possible comply with social distancing requirements.