HEALTH DISPARITIES IN COVID-19

WEDNESDAY, OCTOBER 14, 2020
2 PM ET / 1 PM CT / NOON MT / 11 AM PT
NATIONAL CONFERENCE OF STATE LEGISLATURES

- Bipartisan membership organization
  - All 50 states and the territories
    - 7,383 state legislators
    - All state legislative staff (30,000+)
- Mission:
  - To improve the quality and effectiveness of state legislatures
  - To promote policy innovation and communication among state legislatures
  - To ensure states a strong, cohesive voice in the federal system
HEALTH DISPARITIES IN COVID-19: AGENDA

- National Overview of Health Disparities in COVID-19
  - Jeffrey E. Hall, PhD, MA, MSPH, CPH, chief health equity officer, COVID-19 Response, Centers for Disease Control & Prevention

- Legislative Trends and State Examples
  - Tammy Jo Hill, policy specialist, NCSL

- State Perspective: Ohio
  - Alisha Nelson, director, RecoveryOhio, Office of Governor Mike DeWine

- Q&A
Health Disparities in COVID-19

Jeffrey E. Hall Ph.D., M.A., M.S.P.H., C.P.H.
Chief Health Equity Officer
CDC COVID-19 Response

National Conference of State Legislatures
October 14, 2020
Chief Health Equity Officer

Charge:
- Develop a CDC COVID-19 Response Health Equity Strategy that addresses health disparities and inequities with a holistic, all-of-response approach

Time Period of Strategy:
- Present to 17-23 months from now
Definitions

Health Disparities

- A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage

Health Equity

- The attainment of the highest level of health for all people. ... valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities

Social Determinants of Health (SDOH)

- Conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes.

https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities
COVID Data Tracker
As of October 9, 2020

Cases in the U.S.
Total cases: 7,583,200
Total deaths: 212,111
Total jurisdictions reporting cases: 59

Testing Data in the U.S.
Total tests reported: 123,094,477
Positive tests reported: 9,364,189
% of positive tests: 8%

Testing - https://covid.cdc.gov/covid-data-tracker/#testing_testsperformed
Data updated as of October 9, 2020
Cases and Deaths by Race/Ethnicity

Race/Ethnicity was available for 52% cases and 82% of deaths.

Cases and Deaths - https://covid.cdc.gov/covid-data-tracker/#demographics
Data updated as of October 9, 2020
Provisional Mortality Data by Age

Figure 3a. Age-specific differences between the percent of COVID-19 deaths and the population distribution, grouped by race and Hispanic origin.

Provisional Mortality - https://www.cdc.gov/nchs/nvss/vsrr/covid19/health_disparities.htm
Data updated as of October 9, 2020
Age-adjusted COVID-19 associated hospitalization rates by race and ethnicity

COVID-19-associated hospitalization rates are highest among people who are Hispanic/Latino, non-Hispanic Black, and non-Hispanic American Indian/Alaska Native.

Data updated as of October 9, 2020.
Health Equity Considerations & Racial and Ethnic Minority Groups

- Factors that contribute to increased risk:
  - Discrimination, including racism
  - Healthcare access and utilization
  - Occupation
  - Educational, income, and wealth gaps
  - Housing

Influential Factors to Medical Care Access

Barriers to Care:

- Health insurance coverage
- Unreliable transportation
- Stigmatizing language in medical practices and materials
- Access to medical resources
CDC COVID-19 Response Health Equity Strategy

Priority Strategy 1
Expand the evidence base

Priority Strategy 2
Expand programs and practices to reach populations that have been put at increased risk

Priority Strategy 3
Expand program and practice activities to support essential and frontline workers to prevent transmission of COVID-19

Priority Strategy 4
Expand an inclusive workforce equipped to assess and address the needs of an increasingly diverse U.S. population

What CDC is Doing

- Assisting public health agencies
- Facilitating partnerships
- Assisting impacted communities
- Supporting essential workers
- Developing culturally tailored guidance
- Building inclusive workforce
- Tracking disparity data

What We Can Do Together To Promote Health Equity

- Working together:
  - Community- and faith-based organizations
  - Employers
  - Healthcare delivery systems
  - Public health agencies
  - State, Tribal, Local, and Territorial governments

Visit Our Webpage

- Learn more about the CDC COVID-19 response Health Equity Strategy

Thank you

CDC COVID-19 Chief Health Equity Officer Unit
eocevent444@cdc.gov
HEALTH DISPARITIES IN COVID-19

Tammy Jo Hill, MPP
Policy Specialist, Maternal & Child Health and Behavioral Health
Health Program
National Conference of State Legislatures
2020 General Session
- At least 160 bills introduced across 26 states
  - Of these, at least 53 have been enacted

Common Themes:
- Creating task forces
- Requiring data to be collected by race
- Appropriations to identify, analyze and address health disparities in access and health outcomes
North Carolina HB 1043
- Appropriate CARES Funding to state and local reserves
- Work with non-profit organizations to target rural areas and African American communities to help with:
  - Outreach
  - Health education
  - Testing to address the COVID-19 disparities in North Carolina

Vermont HB 965
- Appropriate CARES Funding to subgrants
- Directs Department of Health to engage communities most affected by COVID-19
- Assess and support needs related to:
  - Shelter
  - Food
  - Health care
  - Emotional support
**New Jersey SB 2410**

- Task force Priorities
  - Conduct a thorough study on ways in which, and why, COVID-19 has disproportionately impacted minority and vulnerable populations
  - Improve existing data systems
  - Evaluate issues to the quality of and access to physical and mental health treatment
  - Solicit and receive testimony from members of the State’s minority and vulnerable communities about their experiences with COVID-19

**Louisiana HR 61**

- Urges and requests the Department of Health to study and report on the matter of racial disparities in COVID-19 deaths in the state
- Requests the Department of Health to engage with the Governor’s COVID-19 Health Equity Task Force and submit findings to each member of the House of Representatives and the secretary of the Louisiana Department of Health
Illinois Department of Health
• Created COVID-19 Health Equity Task Force
  • Task force is composed of members from the Department of Health, state and local agencies and community partners statewide
  • Task force seeks to:
    • Identify emerging issues and patterns impacting medically and socially vulnerable communities and then assess and propose specific actionable recommendations.
    • Provide timely equity analysis
    • Track and follow issues and recommendations to resolution

Utah Governor Gary Herbert
• Utah COVID-19 Community Task Force creating subcommittee to ensure vulnerable and underserved communities receive news and information about the pandemic
• Survey conducted by the Division of Multicultural Affairs will serve as subcommittee baseline
  • Survey found:
    • Minority, low-income and other underserved communities face challenges with:
      • Basic needs
      • Limited technological resources
      • Access to health care
      • Language barriers
Resources


Questions?

Contact

TammyJo.Hill@ncsl.org
MINORITY HEALTH STRIKE FORCE

OHIO’S RESPONSE

MORE THAN A MASK
ALISHA NELSON

Director, Governor’s Office of RecoveryOhio
Co-Chair, COVID-19 Minority Health Strike Force
Agenda Items

- Ohio Trends
- Minority Health Strike Force
- Ohio’s Response Highlights
COVID-19 cases, hospitalizations and death in Ohio by race and ethnicity as reported through October 11, 2020

<table>
<thead>
<tr>
<th>Race*</th>
<th>Percent of Ohio Population</th>
<th>Cases (% of total)</th>
<th>Hospitalization (% of total)</th>
<th>Deaths (% of total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>82%</td>
<td>97,016 (57%)</td>
<td>9,813 (60%)</td>
<td>3,870 (77%)</td>
</tr>
<tr>
<td>Black</td>
<td>13%</td>
<td>31,487 (19%)</td>
<td>4,534 (28%)</td>
<td>884 (18%)</td>
</tr>
<tr>
<td>Multiracial</td>
<td>2%</td>
<td>5,217 (3%)</td>
<td>522 (3%)</td>
<td>73 (1%)</td>
</tr>
<tr>
<td>Asian</td>
<td>3%</td>
<td>4,009 (2%)</td>
<td>345 (2%)</td>
<td>50 (1%)</td>
</tr>
<tr>
<td>Hawaiian Native- Pacific Islander</td>
<td>0%</td>
<td>0%</td>
<td>36 (0%)</td>
<td>3 (0%)</td>
</tr>
<tr>
<td>American Indian- Alaskan Native</td>
<td>0%</td>
<td>0%</td>
<td>23 (0%)</td>
<td>4 (0%)</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>(10,702) 6%</td>
<td>604 (4%)</td>
<td>35 (1%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>-</td>
<td>19,900 (12%)</td>
<td>509 (3%)</td>
<td>80 (2%)</td>
</tr>
<tr>
<td>Refused to Answer</td>
<td>-</td>
<td>None reported</td>
<td>10 (0%)</td>
<td>None reported</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percent of Ohio Population</th>
<th>Cases (% of total)</th>
<th>Hospitalization (% of total)</th>
<th>Deaths (% of total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic or Latino</td>
<td>96%</td>
<td>121,461 (72%)</td>
<td>14,050 (86%)</td>
<td>4,752 (95%)</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>4%</td>
<td>9,894 (6%)</td>
<td>914 (6%)</td>
<td>108 (2%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>-</td>
<td>37,394 (22%)</td>
<td>1,411 (9%)</td>
<td>137 (3%)</td>
</tr>
<tr>
<td>Refused to Answer</td>
<td>-</td>
<td>None reported</td>
<td>24 (0%)</td>
<td>2 (0%)</td>
</tr>
</tbody>
</table>

*Labels for racial and ethnic groups in this table from the source.
Source: Ohio Departments of health Coronavirus (COVID-19 Dashboard). Accessed on October 12, 2020. Last update listed on website was October 11, 2020
Strike Force Blueprint
Advancing Equity

More than 1,000 – Phone calls, letters, and emails

8 – Full Minority Health Strike Force Meetings

More than 20 – Subcommittee meetings of the Strike Force

1 – Virtual townhall meeting, open to the public

3 – Focus groups to gain community insight
Figure C.1. Which of the following healthcare access and quality factors are the most important to prioritize for the final Minority Health Strike Force report? (N=31)

<table>
<thead>
<tr>
<th>Healthcare access and quality factors</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implicit bias, discrimination and lack of diversity in healthcare workforce</td>
<td>87% (N=27)</td>
</tr>
<tr>
<td>Limited access to testing, treatment, personal protective equipment (PPE) and vaccine</td>
<td>65% (N=20)</td>
</tr>
<tr>
<td>Lack of trust of medical professionals</td>
<td>52% (N=16)</td>
</tr>
<tr>
<td>Limited access to health insurance coverage</td>
<td>48% (N=15)</td>
</tr>
<tr>
<td>Language barriers</td>
<td>26% (N=8)</td>
</tr>
<tr>
<td>Lack of health literacy</td>
<td>19% (N=6)</td>
</tr>
</tbody>
</table>
Interim Report
Advancing Equity

- Released May 21\textsuperscript{st}
- Eighteen recommendations
- Addresses COVID-19 issues
  - Stop progression of the disease
  - Evaluate and document impact of the disease
  - Remedy factors that contribute to the spread
  - Procure resources to prevent a resurgence of COVID-19
More Than a Mask

We need a mask and more. Throughout the COVID-19 pandemic, evidence has shown that communities of color have been disproportionately affected by the virus, especially African American and Latino communities.

Questions about COVID-19
Ohio Department of Health call center is ready to answer your questions about COVID-19

Call 1-833-4-ASK-ODH (1-833-427-5634)
The Call Center is staffed from 9 a.m. to 8 p.m. each day, including weekends.
Pop-Up Testing Sites

MINORITY HEALTH STRIKE FORCE POP-UP TESTING

WANT TO GET TESTED FOR COVID-19?
ANYONE CAN GET A NO-COST TEST AT THESE LOCATIONS
MINORITY HEALTH STRIKE FORCE
SPECTRUM OF CARE

- Primary Care
- Testing
- Treatment
- Contact Tracing
Strike Force Blueprint
Advancing Equity

• Released August 13th
• Thirty-four recommendations
• Examines broader issues
  • Health disparities
  • Racial injustices
  • Systemic remedies
  • Resources
Executive Response
Advancing Equity

- Released August 13th
- Ten Cabinet commitments
- Addresses systemic reform
  - Equity Advisory Board
  - Policies
  - Practices
  - Standards
Alisha Nelson
Director, RecoveryOhio,
Office of Governor Mike DeWine
Co-Chair Minority Health Strike Force

RecoveryOhio.gov
RecoveryOhio@governor.ohio.gov
Please type your questions into the chat box in the lower left-hand corner of your screen.
UPCOMING HEALTH EQUITY WORK

- Health Equity Advisory Group
- Town Halls
- Web Resources
Thank you!

Questions?

Contact
khanh.nguyen@ncsl.org