Welcome to the Ohio Legislative Children’s Caucus webinar on the impact of disparities on child health

Opening comments from our caucus co-chair
Representative Allison Russo
Melissa Wervey Arnold

Chief Executive Officer,
Ohio Chapter of the American Academy of Pediatrics
Impacts on Child Health during COVID-19

Melissa Wervey Arnold, CEO, Ohio AAP
Ohio AAP Patient Volume and Immunization Data Survey-May 2020

- Most reported a 40-60% decrease
- A few were 60-70% and 70-80%
- Immunization rates down between 30 – 70%
Strategy to Increase Well Visits and Immunizations during COVID-19

- Back to the office campaign
- Work with partners – school nurses, child care organizations, parent advocates
- Development of materials and resources for practices
- Development of materials and resources for partners
- Social media and earned media
- Advocacy with state government and organizations
- Local outreach as needed
Ohio AAP Campaign

Clinical Remobilization Webinar Series

FACE MASK GUIDANCE FOR CHILDREN

Guidance on Wellness Visits

Novel Coronavirus (COVID-19)

COVID-19 Family Resource Guide

WHY SHOULD WE CONTINUE TO VACCINATE DURING COVID-19?

Pediatric Operations Update

Social Media Resources & Content to Share

#SafePedsHealthyKids
Areas of Child Health in Well Child Care that are At Risk During COVID-19

Lead Screening
- Ohio law requires blood lead testing at 12 and 24 months of age for children insured by Medicaid or who live in a high-risk zip code. Only 60% of Ohio’s children receive the one-year old required screen and only 40% receive the second screen at age 2.
- 3 in 100 children in Ohio have an elevated blood lead level.
- Ohio has the third highest percentage of children under age 6 with elevated blood lead levels.
- Non-Hispanic Black children have a 2.8 higher risk of elevated blood lead levels.

Immunizations
- 10th Lowest rates in the country.
- Continued challenges around parental refusal and targeted misinformation to the African American community, in particular, the Somali population in Ohio.
Obesity
- 1/3 of Ohio’s children are overweight or obese
- 32% of Black children are overweight or obese, almost 40% of Hispanic children are overweight or obese, compared to only 20% of White children

Vision Screening
- Recommended between 3-5 years of age, with less than 40% of children receiving vision screening
- Predictions suggest that the largest portion of visual impairment in preschool is projected to occur among multiracial children
- More than a third of Hispanic children have inadequately corrected lenses

Behavioral Health – developmental screening, depression and anxiety screening
- Suicide is the leading cause of death in Ohio adolescents
- 1/5th of Ohio’s adolescents contemplate suicide each day

Tobacco Exposure
- 40% of children in Ohio are exposed to tobacco in their home
- Smoking directly relates to infant mortality
- Black infants still die at a rate 2.5 to 3 times higher than white infants
Recommendations

• Focus on ways to increase well child visits, in particular, working together to encourage visits as well as looking at areas such as transportation for families
• Do not provide lesser care to low income families, for example, virtual visits that don’t include a physical exam that could identify areas of abuse and neglect
• Continue to fund programs and services to at-risk families as well as appropriate follow up care in areas around immunizations, lead screening, tobacco screening, vision screening, obesity prevention and behavioral health services.
Melissa Wervey Arnold
CEO
614-846-6258
Marnold@ohioaap.org
Ohio Chapter
Incorporated In Ohio
American Academy of Pediatrics
Dedicated To The Health Of All Children®
Ohio AAP
Ohio Chapter, American Academy of Pediatrics
@aapohio
@OHPediatricians
@ohioaap
Ohio AAP
@oaapohio
O.N. Ray Bignall II
Assistant Professor of Pediatrics in the
Division of Nephrology and Hypertension
at Nationwide Children's Hospital
and The Ohio State University College of Medicine
Kelly Vyzral
Senior Health Policy Associate,
Children’s Defense Fund-Ohio
Achieving Health Equity for all Children

Kelly Vyzral
Senior Health Policy Associate
kvyzral@childrensdefense.org

August 21, 2020
• **Current Environment**
  - Black infant mortality rate twice the white rate
  - Black children afflicted by asthma at significantly higher rates than white children
  - Child Immunization rates have dropped drastically
  - Rising uninsured rate among children
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<th>July 2020</th>
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<td>688,862</td>
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<tr>
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<td>70,107</td>
<td>73,668</td>
<td>3,561</td>
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What Has Been Done Already

Federal

1. CARES Act included $40,779,480 for community health centers in Ohio

2. Families First Coronavirus Response Act increases FMAP 6.2 percentage points which could mean up to $1.2 billion by the end of 2020
What Has Been Done Already

Federal Families First Coronavirus Response Act

2. Prohibits States from dis-enrolling anyone from Medicaid during the public health emergency.
Ohio

- Minority Health Strike Force
  - Formed by Gov. DeWine to improve health and economic outcomes in communities of color

- SCR 14- Declares Racism a Public Health Emergency

- HB 620- Health Equity Statement

- Temporary Telehealth Expansion
Ohio 1135 Emergency Waiver

- Expand Presumptive Eligibility decisions to hospitals and Dept. of Medicaid staff
- Suspend eligibility renewals and redeterminations,
- Suspend Medicaid terminations
- Suspend prior authorization for medication
CDF-Ohio Recommendations

- Prioritize childhood immunizations
- Twelve months continuous care after pregnancy.
- Make the telehealth expansion permanent
- Postpone the decrease in federal CHIP funding due to take place Sept. 30
- Increase FMAP to 14%
- Protect MOE currently in place
children’s defense fund ohio

395 East Broad Street, Suite 330
Columbus, OH 43215
(614) 221-2244
www.cdftohio.org
Questions & Answers
Moderated by our caucus co-chair, Senator Peggy Lehner

For legislators and legislative staff, please feel free to unmute yourselves to ask questions or share feedback.

For all other participants, please use the chat feature.
Thank you for joining today’s webinar!

For more information on upcoming Ohio Legislative Children’s Caucus webinars and meetings, please contact Alison Paxson at apaxson@childrensdefense.org