



OHIO LEGISLATIVE CHILDREN'S CAUCUS

AUGUST 2020 COVID-19 WEBINAR SERIES

IMPACT OF DISPARITIES ON CHILD HEALTH

**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

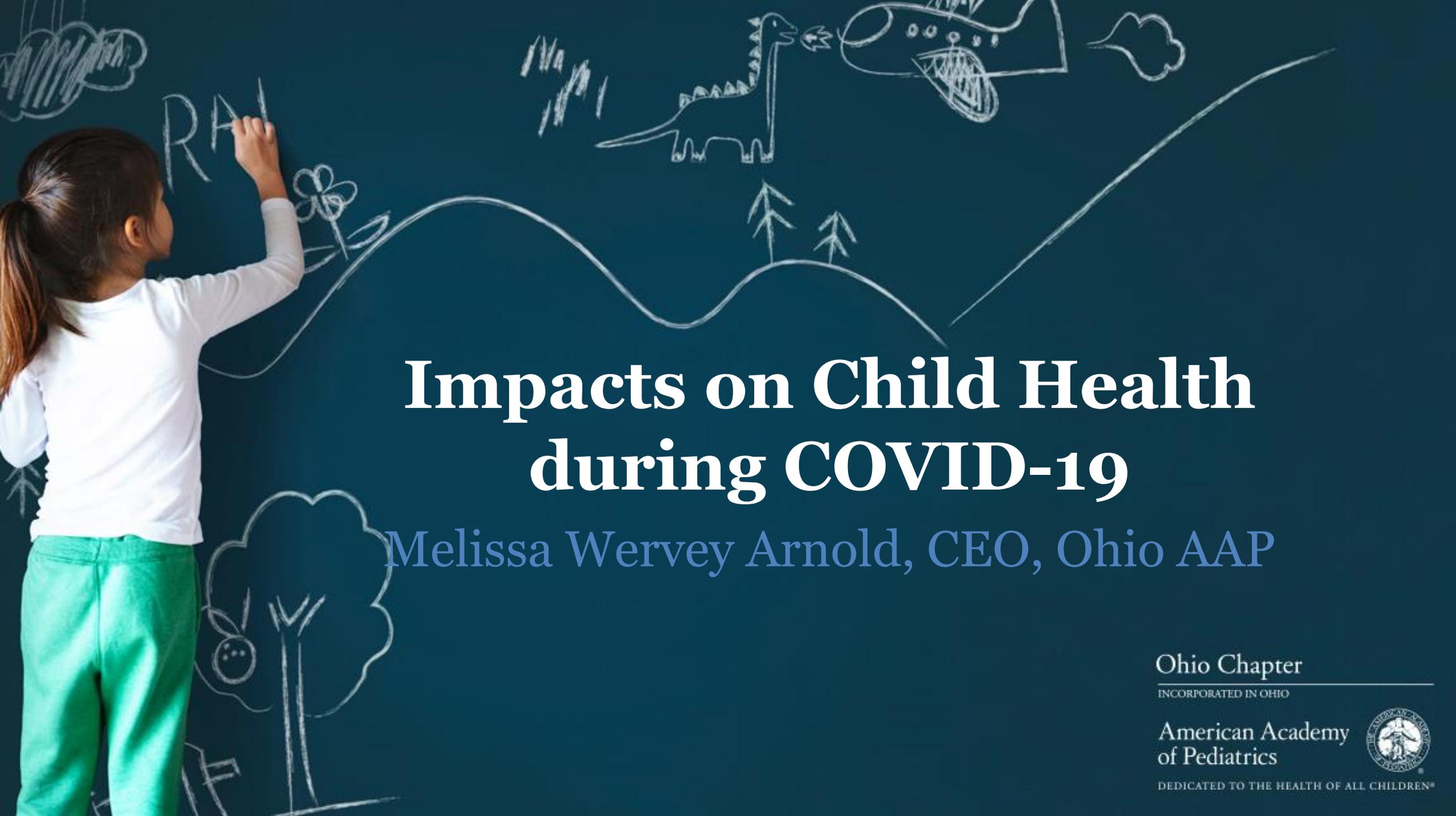
Chief Executive Officer,

Ohio Chapter of the American Academy of Pediatrics

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Impacts on Child Health during COVID-19

Melissa Wervey Arnold, CEO, Ohio AAP

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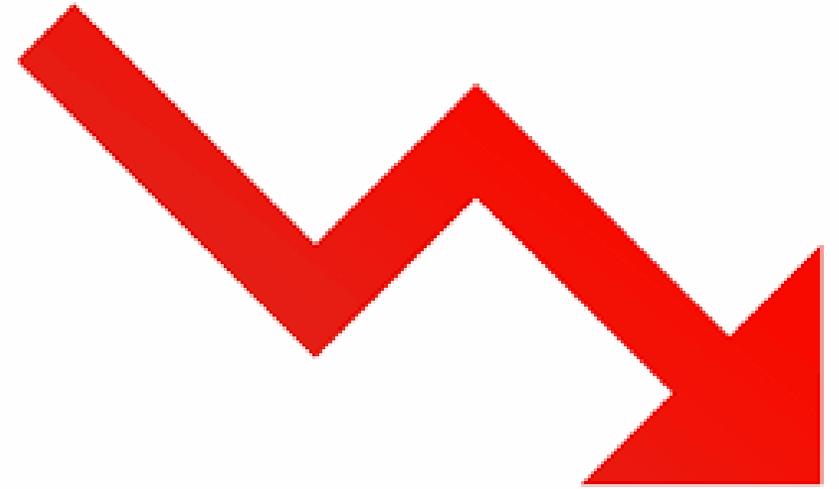
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Ohio AAP Patient Volume and Immunization Data Survey-May 2020

- Most reported a 40-60% decrease
- A few were 60-70% and 70-80%
- Immunization rates down between 30 – 70%



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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

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Ohio AAP Campaign

Don't Keep Distance
from Your Pediatrician

Visiting Your Child's Doctor is Still Safe and Important

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#SafePedsHealthyKids

Well-Child Visits
Ill Visits

Immunizations
Mental Health
Screenings

Join the Conversation www.aap.org • 414.846.2500

Clinical Remobilization Webinar Series

FACE MASK GUIDANCE FOR CHILDREN

TIPS FOR FACE MASK USE FOR YOU AND YOUR CHILD DURING PEDIATRICIAN VISITS

- Bring your own cloth face covering for yourself and your child (or when in public and likely to come within 6 feet of another person)
- Practice having your little one wear the face covering at home so they are not scared to see their doctor or parent with it on
- If they are 2-5 years of age, do not push the issue if they fuss with a face mask on. It could lead them to touch their faces more if uncomfortable
- Masks SHOULD NOT BE USED on children younger than 2 years of age

Share this message with your patients and follow and use the hashtag #SafePedsHealthyKids

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Guidance on Wellness Visits

WHY SHOULD WE CONTINUE TO VACCINATE DURING COVID-19?

In-person routine well-care visits are still recommended for all children, and especially for those under 2 years of age, to maintain immunization schedules and prevent vaccine-preventable diseases

- Researches found during the week of April 5th, the administration of measles, mumps and rubella shots dropped by 50%, diphtheria and whooping cough shots by 42%, and IPV vaccines by 72%
- Pediatrician offices are safe and taking every precaution to limit exposure during your visit including:
 - Sanitizing sick and well visits
 - Eliminating waiting rooms
 - Wearing personal protective equipment
- No insurance? Many providers are already enrolled in the Vaccines for Children (VFC) program that offers free vaccines to families who cannot afford to pay
- Recent outbreaks in 2019 of measles, chickenpox, & mumps remind us of the importance of "herd immunity" to prevent future outbreaks
- Most importantly Vaccines are SAFE! Vaccines go through years of testing for safety and effectiveness before approved for use

*Be sure to call your pediatrician for any questions or concerns

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#SafePedsHealthyKids

#SafePedsHealthyKids Resource Toolkit

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Groundwork OHIO

Pediatric Operations Update

Social Media Resources & Content to Share

Novel Coronavirus (COVID-19)

Always wear your face mask with one or three straps or secure points to your face the most of the time the dress described in Wuhan, City, China in December 2019.

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SYMPTOMS:

SORE THROAT, COUGH, FEVER, HEADACHE, RUNNY NOSE, EXTREME WEARINESS

TRANSMISSION: PERSONAL CONTACT, SHARED RESOURCES

PROTECTIVE MEASURES:

WASH HANDS frequently for at least 20 seconds to soap and water.
AVOID SHARING cups, food and drinks with someone who is sick.
CLEAN AND DISINFECT frequently touched surfaces in your home.
STAY HOME - do not work and keep your routine appointment by staying healthy. Avoid public places if there is a case in your family.

STAY HEALTHY, ACTIVE, CONNECTED, & ENGAGED DURING THE COVID-19 PANDEMIC.

MAINTAINABLE and communicate with your child.
Take vital health checkups.
Keep 7 healthy and preventive SCHEDULE!
SMILE, RELAX, and breathe. Physical activity can help manage stress.
Schedule FORMAL PLAY times using toys that are fun and safe.

For more information visit Ohio AAP, AAP, AAP CDC, and other trusted sources, please visit <https://ohioaap.org/covid19resources>

COVID-19 Family Resource Guide

#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.

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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

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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.

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Achieving Health Equity for all Children

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August 21, 2020



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- **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

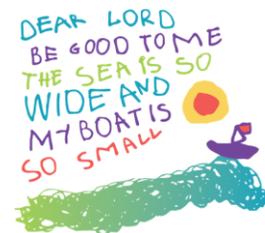


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Total Children Enrolled in Medicaid

Race/Ethnicity	July 2019	July 2020	Change	% Change
All Children	1,191,054	1,237,861	46,807	4%
White	663,911	688,862	24,951	4%
Black	369,989	382,733	12,744	3%
Other/Unknown	157,154	166,266	9,112	6%
Latino	70,107	73,668	3,561	5%



DEAR LORD
BE GOOD TO ME
THE SEA IS SO
WIDE AND
MY BOAT IS
SO SMALL

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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



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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.



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What Has Been Done Already



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



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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



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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



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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