



Politics, perceptions and the pandemic

Nov. 17, 2020



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Ohio is a model of health, well-being and economic vitality.

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To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy that improves health value.

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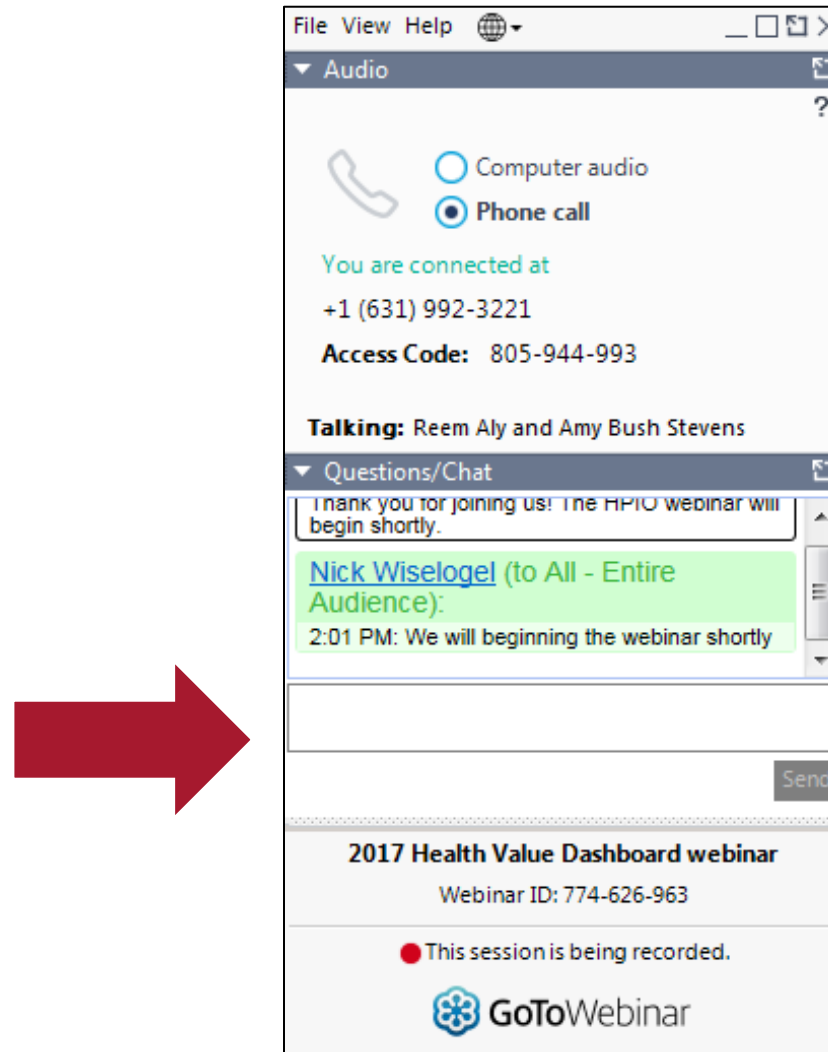


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<http://bit.ly/HPIOevents>



Melinda Buntin, PhD
Mike Curb Professor and Chair,
Department of Health Policy
Vanderbilt School of Medicine

An outline map of the United States, including Alaska and Hawaii, is shown in the background. The map is white with a black outline, set against a background that transitions from blue on the left to red on the right.

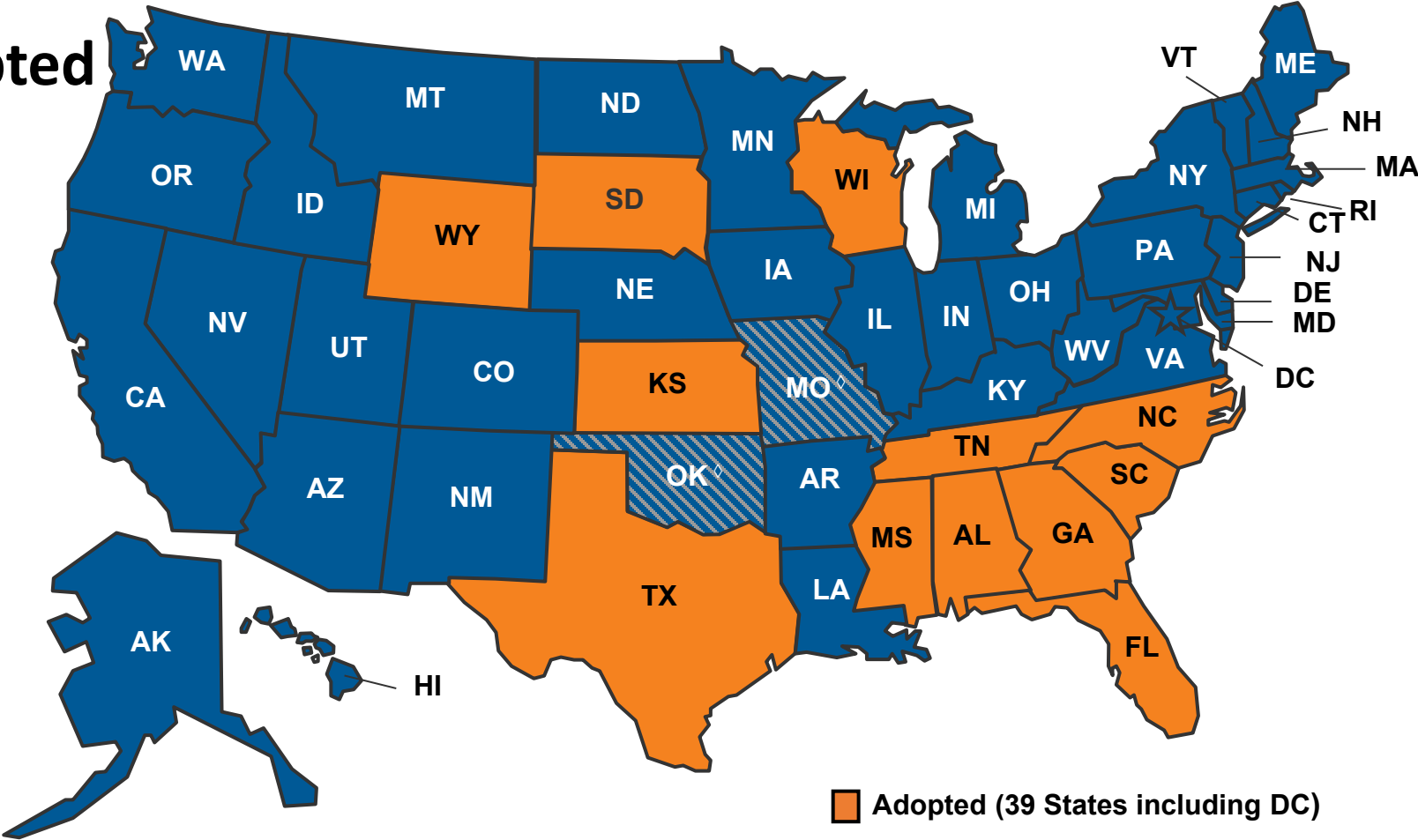
After the 2020 Presidential Election: US Health Policy

Melinda B. Buntin, Ph.D.

HPIO: Politics, Perceptions, and the Pandemic

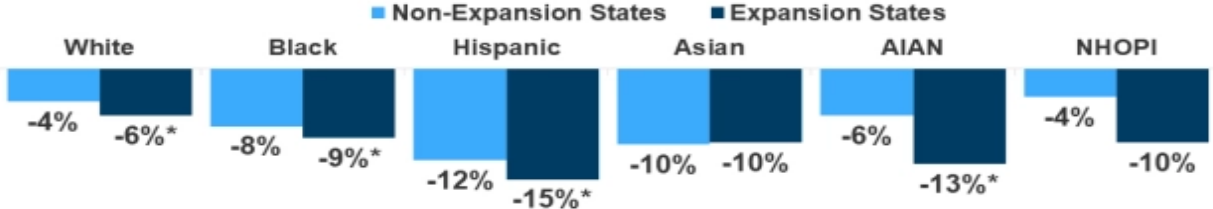
November 17, 2020

38 States and DC have adopted Medicaid expansion since January 1, 2014



Of these, two states, Oklahoma & Missouri made this decision during the COVID-19 pandemic; effective July 1, 2021

Uninsurance rates were lower in 2018 in expansion states

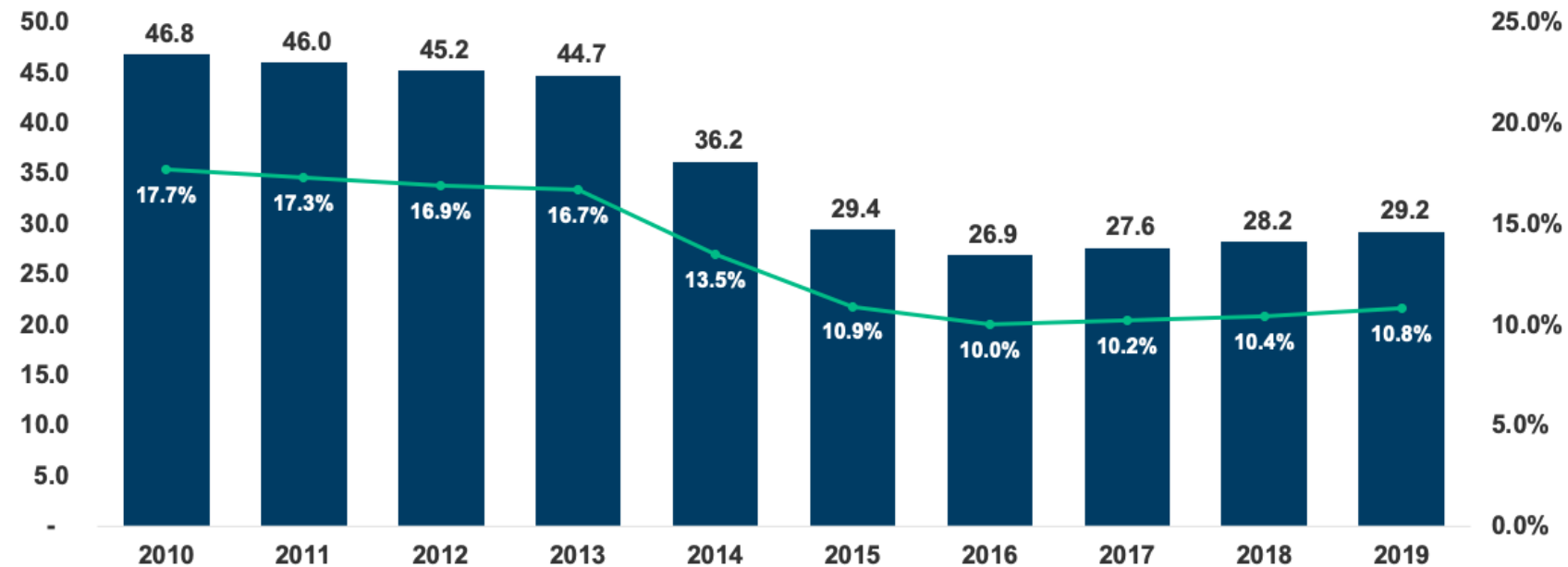


Since 2016, uninsurance rates have risen

Figure 1

Number of Uninsured and Uninsured Rate among the Nonelderly Population, 2010-2019

(Number of uninsured in millions)

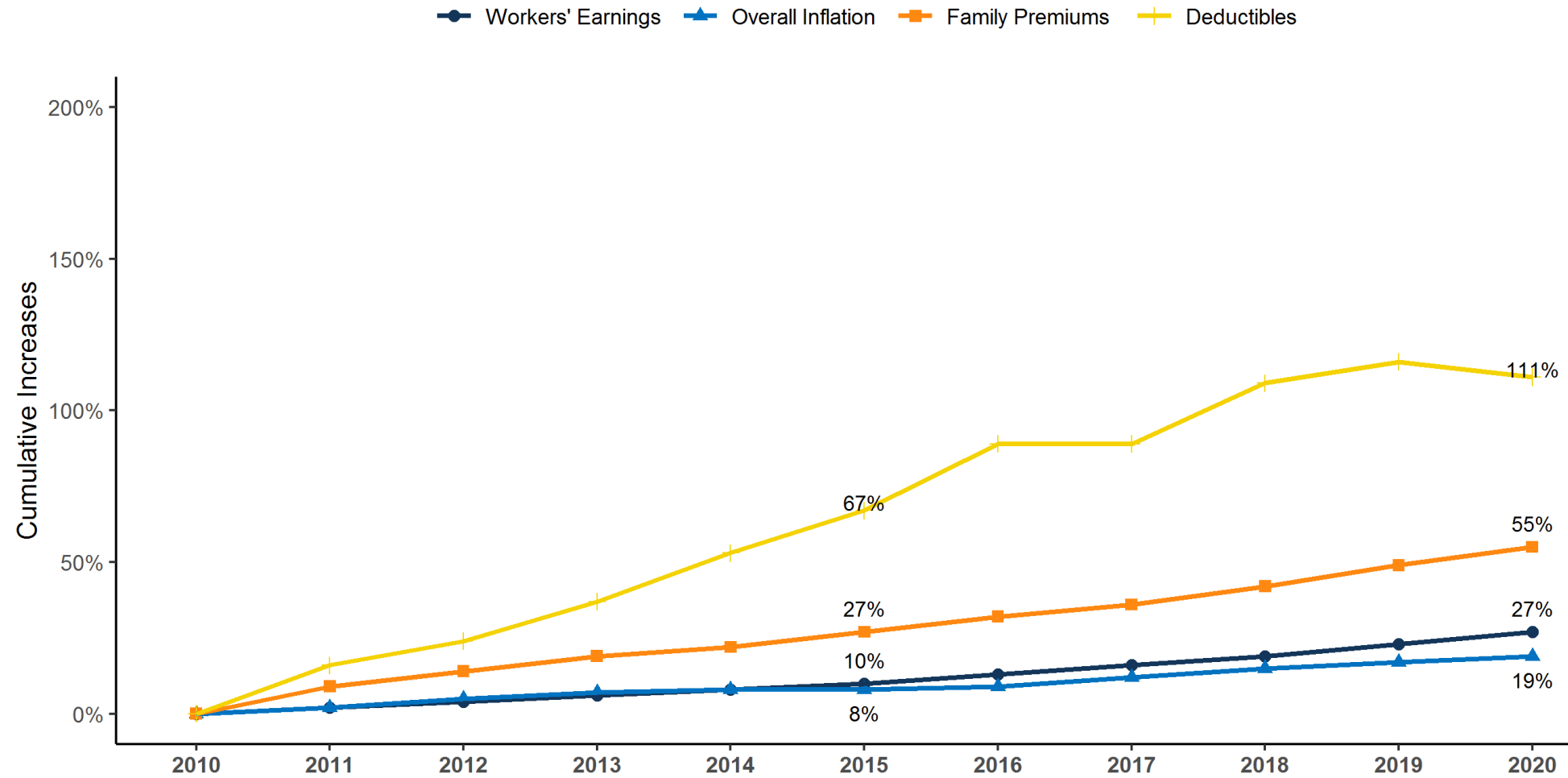


NOTE: Includes nonelderly individuals ages 0 to 64.

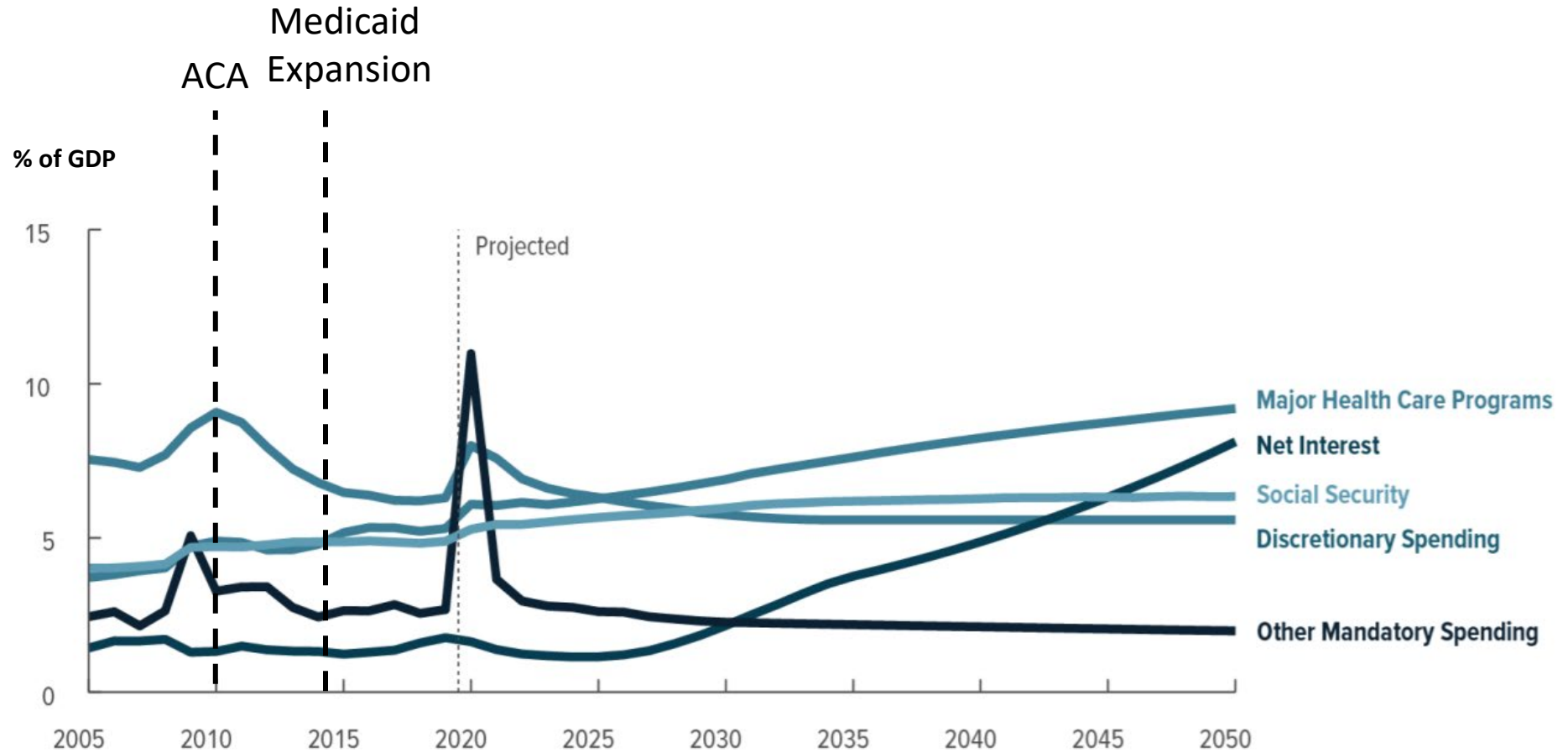
SOURCE: Katherine Keisler-Starkey and Lisa N. Bunch, *Health Insurance Coverage in the United States: 2019*, US Census Bureau, September 15, 2020.

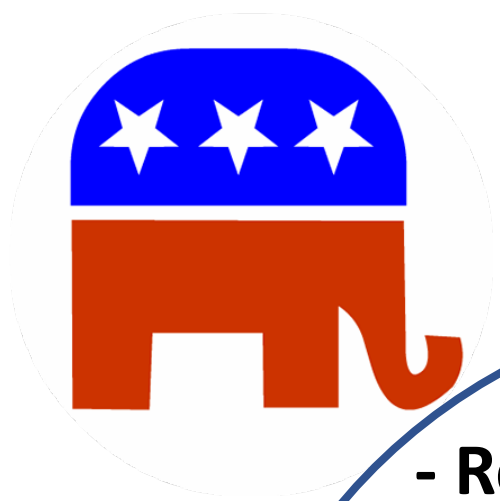


Family premiums and deductibles continue to outpace increases in workers' earnings



Projected Increases for Federal Health Spending & Net Interest





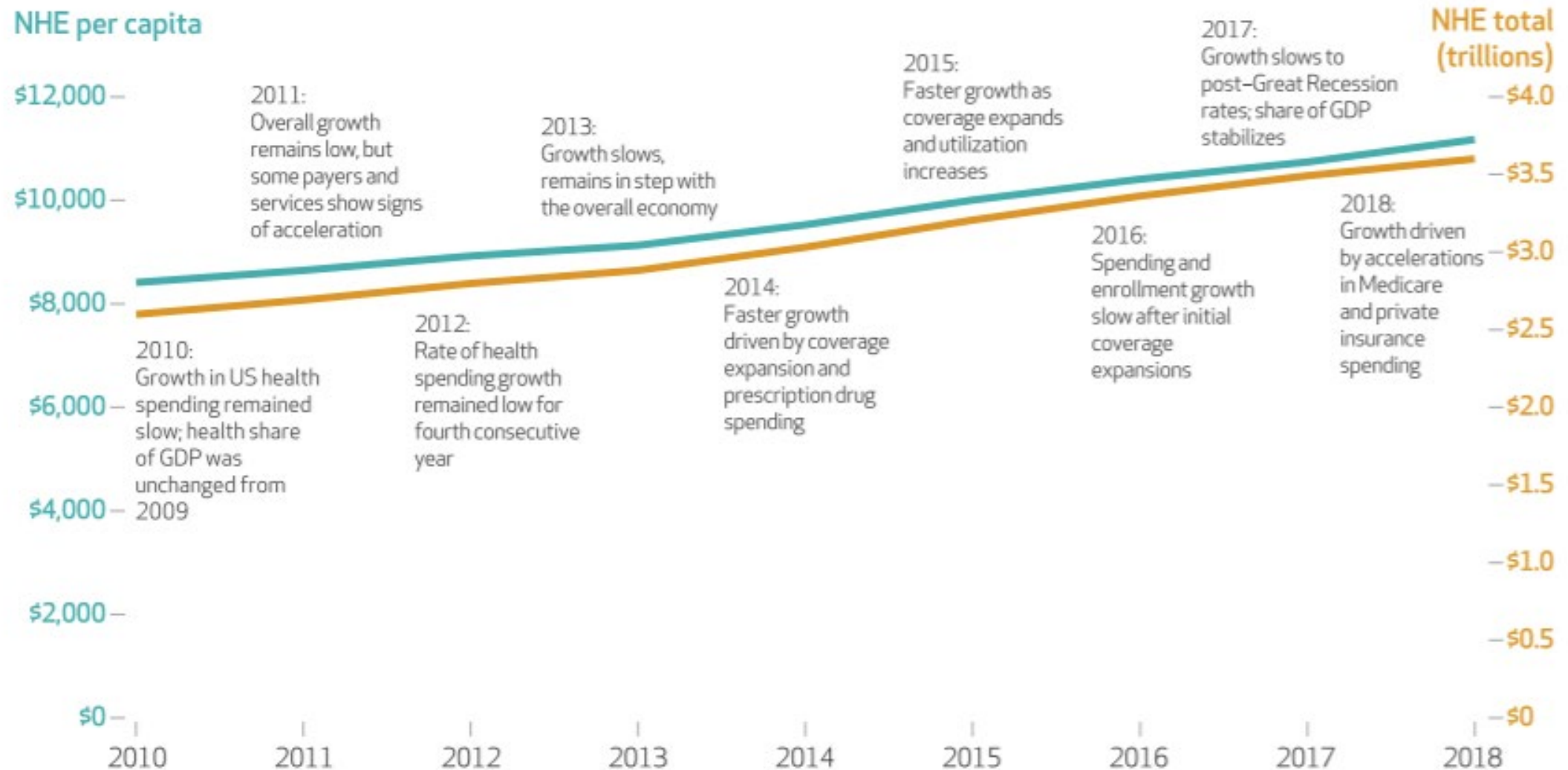
- **Replace the ACA**
- **Give states more authority through waivers & block grants**
- **Sale of cheaper insurance with more restrictive benefits**

**High
health
care
costs**

- **Build upon the ACA**
- **Make coverage universal & more affordable**
- **Lowering Medicare eligibility age to 60**
- **Public option**

There is no evidence that the ACA accelerated growth in health care spending

Per capita and total national health expenditures (NHE), 2010-2018



California v. Texas



Oral arguments indicate the ACA will be upheld after its latest challenge in the Supreme Court

'A TIME TO HEAL'

TIME



JOE BIDEN
AND
KAMALA HARRIS

PRESIDENT-ELECT &
VICE PRESIDENT-ELECT
OF THE UNITED STATES

Nov. 7, 2020

time.com

306

Joseph R. Biden Jr. ✓

77,972,527 votes (50.8%)

218

Democrats ✓

74,646,319 votes (50.3%)

Flipped 3 seats

48

Democrats*

35 Democrats not up for election

Flipped 2 seats (+1 net gain)

232

Donald J. Trump

72,654,155 votes (47.4%)

204

Republicans

71,640,473 votes (48.3%)

Flipped 11 seats (+8 net gain)

50

Republicans

30 Republicans not up for election

Flipped 1 seat

Presidential Actions

- Unwind Trump's ACA regulations
- Organize and federalize COVID-19 response
- Reinvigorate payment reform



Possible Bipartisan Laws



- Surprise Billing
- Drug Pricing



Longer term Congressional Action

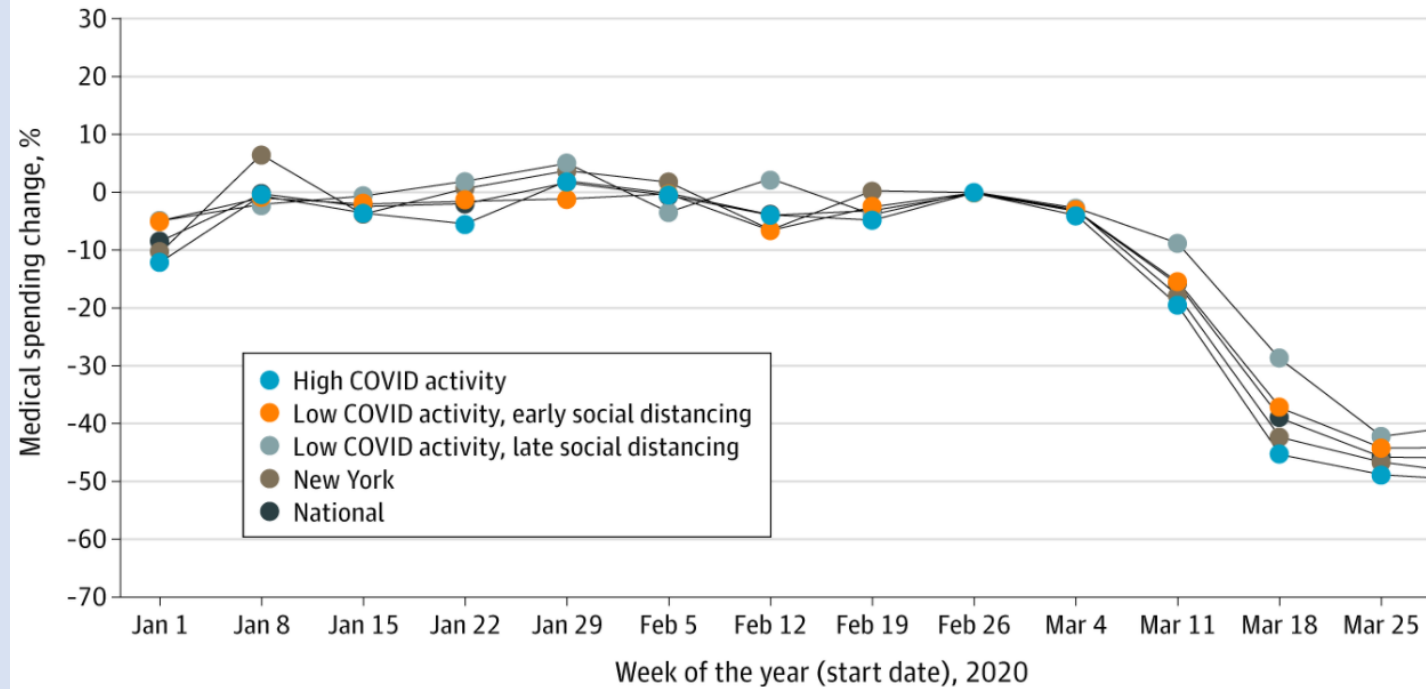
- Augment the Affordable Care Act
- Medicare-based reforms

Revamp Response to the COVID-19 Pandemic

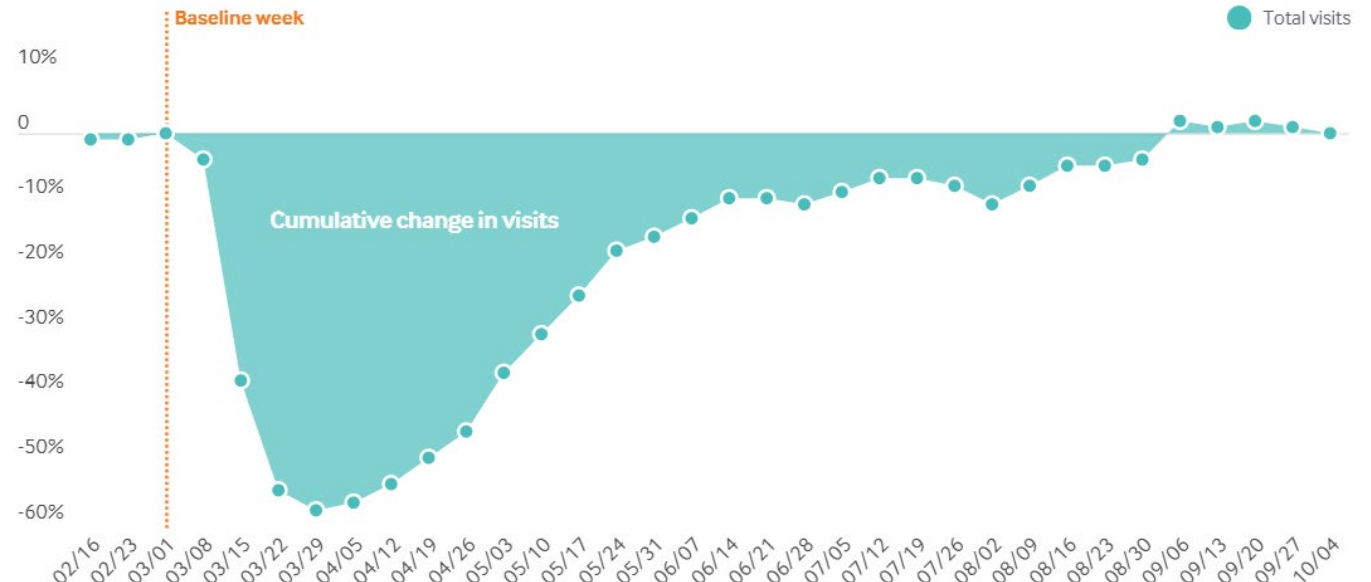
- Federal-level response
- Expand federal COVID-19 relief for the cost of treatment
- More testing
- Re-open ACA enrollment

Findings from McWilliams et al. suggest that health care spending will remain beneath pre-pandemic levels until COVID-19 is under control

B Changes in medical spending



Percent change in visits from baseline



Source: Mehrotra A et al. The Impact of the COVID-19 Pandemic on Outpatient Care: Visits Return to Prepandemic Levels, but Not for All Providers and Patients. The Commonwealth Fund; McWilliams JM et al. Implications of Early Health Care Spending Reductions for Expected Spending as the COVID-19 Pandemic Evolves. JAMA Intern Med.

Biden proposals to expand coverage and make care more affordable by building upon the ACA

Medicare-like Public Option

Automatically enroll Medicaid-eligible adults into the public option in non-expansion states

Lower the age for Medicare to 60 years

ACA Marketplace

- Expand eligibility for financial assistance
- Limit the cost of coverage
- Increase premium tax credits
- More outreach & assistance; funding to support it

Additional funding to states for Medicaid

Rolling back access to short-term plans

Supporting alternative payment models

Lowering prescription drug costs via government negotiations and price limits

Eliminating surprise billing



Health Policy in a Biden Administration – Progress Possible With a GOP Majority Senate

**Combatting
COVID-19**

**Re-building
the ACA**

**Bending
the Cost
Curve**

**...through
administrative
action.**

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Trevor Brown, PhD

Professor, Dean of the John Glenn
College of Public Affairs, Executive
Dean of the Professional Colleges
The Ohio State University



THE OHIO STATE UNIVERSITY

JOHN GLENN COLLEGE OF PUBLIC AFFAIRS

**Politics, Perceptions and
the Pandemic:**

Ohio Perspective

Trevor L. Brown, Dean, JGSPA



Roadmap

- Subject: How will the 2020 election impact the state political landscape?
- Ohio Election Results: Bellwether?
 - National
 - State
- Policy Priorities and Challenges
 - Governor
 - Legislature
 - Federal

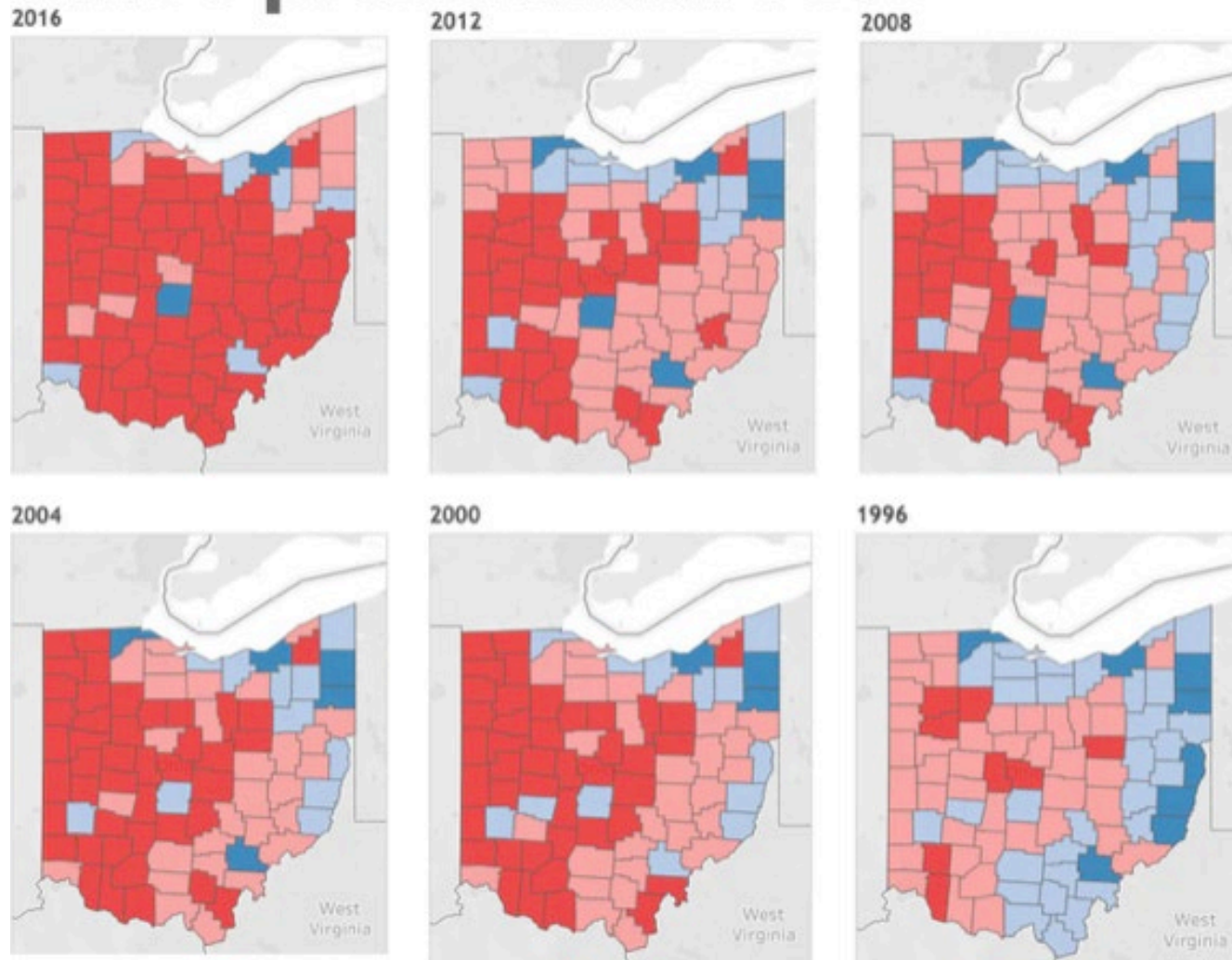


Ohio Bellwether?



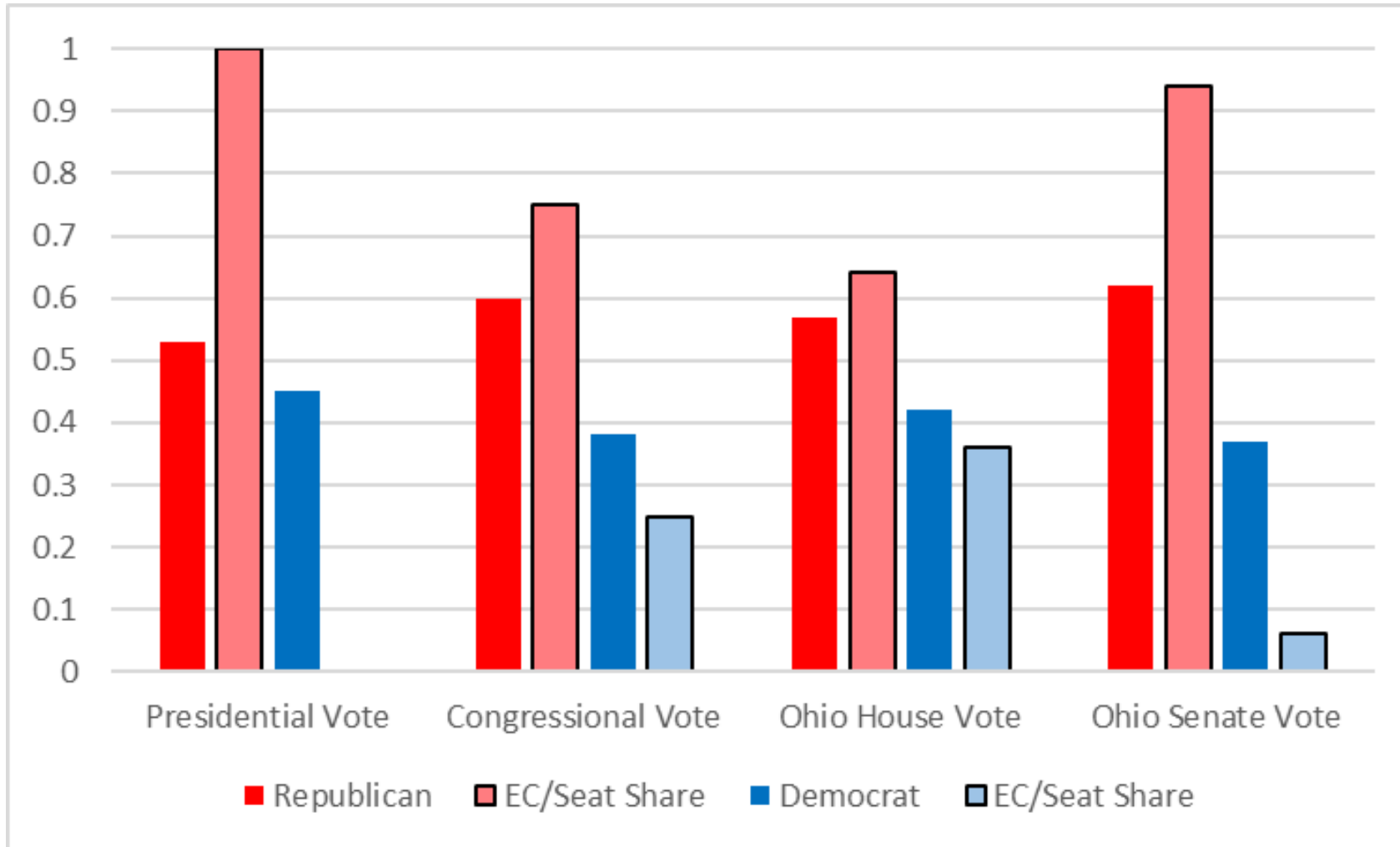


Ohio Bellwether: The Red Shift





Vote Share and EC/Seat Share '20

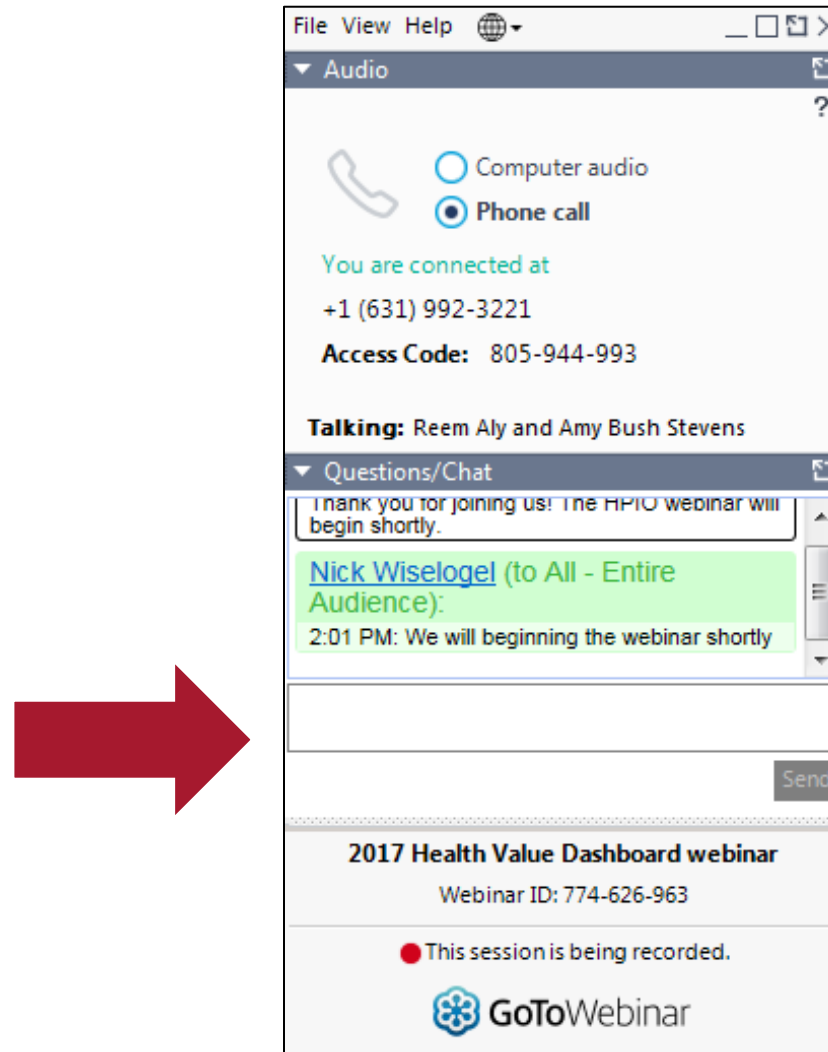




Ohio Policy Priorities 2021...

- **COVID-19**
 - The fight is on the right
- **Economy**
 - Business support and unemployment in short term
 - Ohio's economic composition in mid term
- **Budget**
 - Rainy day fund draw will be spread out
 - Maintenance/extension of reductions likely
 - CARES funding?
- **Other**
 - HB6/Energy
 - Families and children
 - Gun Violence
 - Policing

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Umair Shah, MD, MPH

Executive Director

Harris County Public Health

Department (Houston, Texas)



Harris County
Public Health
Building a Healthy Community

POLITICS, PERCEPTIONS AND THE PANDEMIC

Target-setting process

Umair A. Shah, M.D., M.P.H.

Executive Director
Harris County Public Health
Health Policy Institute of Ohio
Tuesday 12, 2020



#InvisibilityCrisis

Twitter: [@ushahmd](#) [@HCPHTX](#)



Harris County
Public Health
Building a Healthy Community

HARRIS COUNTY: BIG DIVERSE & COMPLEX



Harris County is the third most populous county with over **4.7 million** people spread over **1,778 square miles**.

Our Road to Health

Health

Where **Innovation,**
Engagement,
& **Equity** meet.

PUBLIC HEALTH IS...

- Where people **Live**
- Where people **Learn**
- Where people **Work**
- Where people **Worship**
- Where people **Play**



HARRIS CARES:

a 2020 Vision of Health in Harris County

PUBLICHEALTH.HARRISCOUNTYTX.GOV/RESOURCES/HARRIS-CARES

- 1 Harris County average life expectancy is 78.7, however some census tracts are as low as 65 years and others as high as 89 years (**24-year difference**).
- 2 Several population centers live more than 15 minutes away from a Trauma Center, including those with a high Social Vulnerability Index.
- 3 Approximately 1 in 5 adults lacks health insurance, with some communities having more than 1 in 3 adults lacking health insurance.
- 4 Local experts in health overwhelmingly agree: access is the #1 challenge facing health in Harris County, and increased funding support for prevention activities is needed.
- 5 In Harris County, 1 in 3 youth aged 12-17 are overweight or obese. For adults, some communities have over 50% of adults classified as obese.

HARRIS CARES

2020

a Vision of Health in Harris County

Harris County
Public Health
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**Harris Cares:
Focus Issues**



Chronic Diseases



Family Health



Emergency Preparedness



Environmental Health



Infectious Diseases



Injury



Mental and Behavioral Health

HEALTH IS MORE THAN HEALTH CARE

*80% of
Health is out
of Health Care*



GLOBAL HEALTH MATTERS



Harris County:
Harris County has a population of about **4.7 million people**. It is the most **culturally diverse** metropolitan area in the U.S., with a refugee and immigrant population of about **1.1 million**, and at least **145** languages spoken at home.

Harris County Public Health
Building a Healthy Community

HCPH: Global Perspective

Harris County Public Health (HCPH) is the county health department for Harris County, Texas and its work in the community is globally significant. **Harris County is home to the world's largest medical complex, the Texas Medical Center, one of the nation's busiest ports with global freight, the Port of Houston, and two international airports.** This makes it a major hub for health, science, innovation, commerce and travel. HCPH operates the largest refugee health screening program in Texas as well as one of the nation's leading mosquito and vector control programs - both require a global health lens to bolster community resilience. **Using global-to-local health approaches,** HCPH advances One Health principles while building on partnerships with the London School of Hygiene and Tropical Medicine; the International City/County Management Association National Academies of Sciences, Engineering, and Medicine; the Centers for Disease Control & Prevention; Microsoft Research; the Gates Foundation; and the Consular Corps of Houston representing over 90 countries.

HCPH Priority Public Health Issues:

- Food Safety
- Infectious Diseases
- Chronic Diseases
- Emergency Preparedness
- Injury
- Social, Mental, and Emotional Wellbeing

(713) 439-6000 | hcphtx.org | 2223 West Loop South, Houston, TX 77027 |

Global Connections

Increasingly, global health plays a key role in domestic public health practice. Whether responding to pandemics, Ebola, Zika or the latest infectious disease to broader global threats like geopolitical unrest or evolving climate conditions, **global health intersects with domestic health.** Through its three-pronged global health strategy based on global-to-local theory and foundational public health practice, HCPH is effectively positioned to operate in the global-domestic space. To advance its strategy, **HCPH continually seeks mentorship and partnership opportunities with global health leaders** to build community resilience with **enhanced focus on populations** where poverty, age, race/ethnicity, gender, traumatic experiences and other factors play a role.



Data and Surveillance

A global perspective begins with **monitoring global health trends,** including neglected tropical diseases, antibiotic-resistant diseases, and climate conditions. Currently, HCPH engages in active surveillance of enteric diseases in international travelers and patients in its Refugee Health Screening Program. HCPH is also developing capacity to more broadly monitor global health trends, including policy and practice responses from around the world for possible adoption domestically in local communities.

Education and Policy Development

HCPH believes applying effective and proven strategies from the international community will improve local efforts to promote health literacy and pro-health strategies. **Efforts such as the HCPH Mobile Health Village, mobile health app, trainings designed to equip and mobilize community champions, and engagement with non-English speaking populations for emergency response education** all are informed by these strategies. Additionally, through **partner-directed educational conferences on One Health, Food Safety, Vector Control, Zika** and other topics, HCPH reaches across sectors and systems, assuming a convening role for thought leadership, education and system-level change.

Access to Opportunity

Global initiatives will improve, for example, how **community health workers** can effectively reach community members in Harris County's diverse, multi-cultural population. With an increased focus on social determinants of health, HCPH develops **strategic partnerships** across sectors to integrate social services with health services to link residents to opportunities for employment, food and legal aid and housing while promoting literacy, learning and educational attainment.

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Harris Cares: Focus Issues

- Chronic Diseases
- Family Health
- Emergency Preparedness
- Environmental Health
- Infectious Diseases
- Injury
- Mental and Behavioral Health

OUR PREMISE: ONE HEALTH MATTERS

- More people, in more places
- More travel, from more places
- More vectors, and more cases



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Harris Cares:
Focus Issues



Chronic Diseases



Family Health



Emergency Preparedness



Environmental Health



Infectious Diseases



Injury

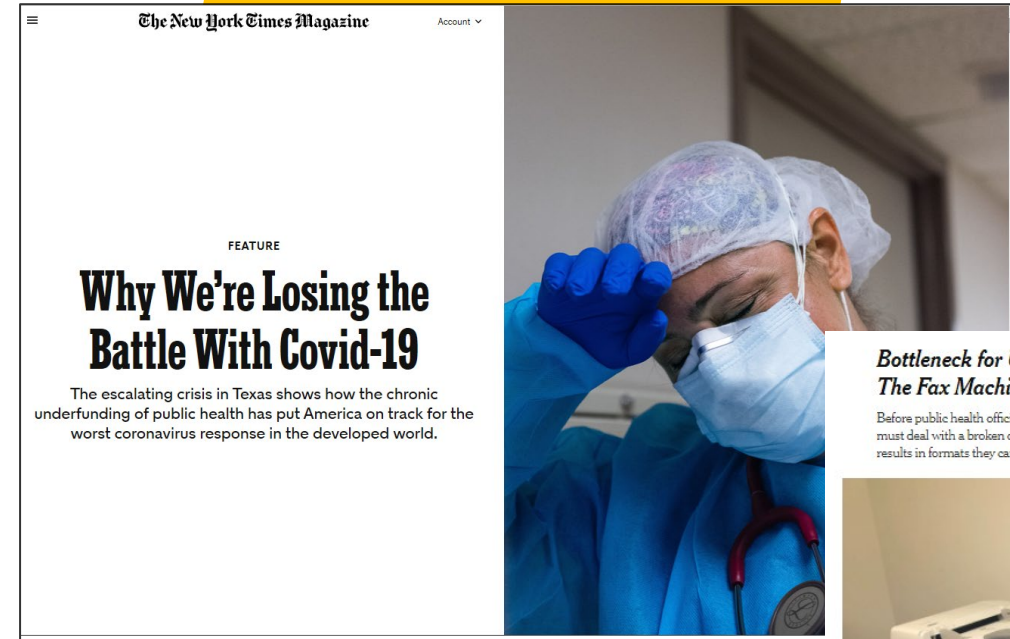


Mental and Behavioral Health

INVESTMENT IN PUBLIC HEALTH

“Long-term deficiencies in public health funding have had a direct impact on the Texas response to the COVID-19 pandemic, including the inability to hire the necessary staff for epidemiologic investigations and the inability to track disease data rapidly because of antiquated information systems”

–Umair A. Shah, MD, MPH



Bottleneck for U.S. Coronavirus Response: The Fax Machine

Before public health officials can manage the pandemic, they must deal with a broken data system that sends incomplete results in formats they can't easily use.



The Harris County Public Health department's overworked fax machine. *Top: Casanova at Harris County Public Health*



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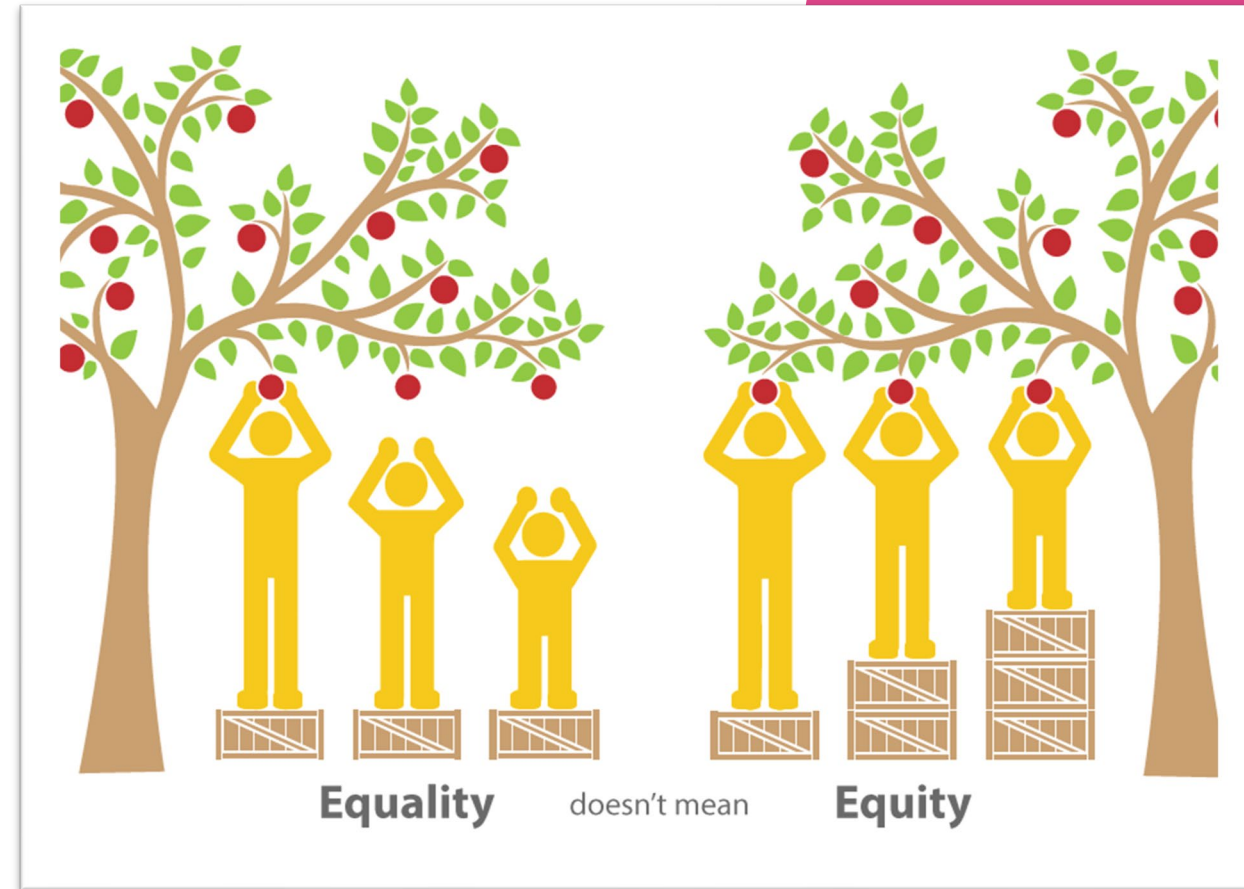
**Harris Cares:
Focus Issues**



THE GOAL IS HEALTH EQUITY, NOT EQUALITY.

What is Health Equity?

A state in which every person has the **opportunity** to attain his or her **full health potential** and no one is disadvantaged from achieving this potential because of socioeconomic or environmental conditions



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Harris Cares:
Focus Issues



BREAKING NEWS: PUBLIC HEALTH IS INHERENTLY POLITICAL



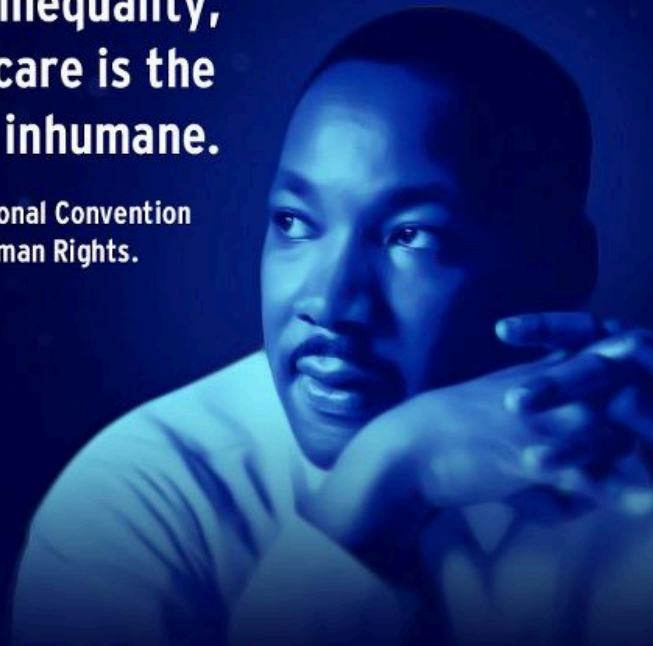
FOR USE BY WHITE PERSONS
THESE PUBLIC PREMISES AND THE AMENITIES
THEREOF HAVE BEEN RESERVED FOR THE
EXCLUSIVE USE OF WHITE PERSONS.
By Order Provincial Secretary



MARTIN LUTHER KING

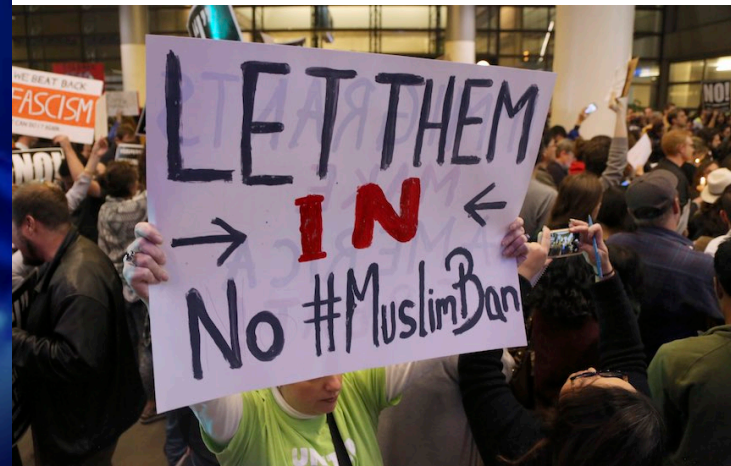
Of all the forms of inequality,
injustice in health care is the
most shocking and inhumane.

Speaking before the Second National Convention
of the Medical Committee for Human Rights.
Chicago, Illinois. March 25 1966.



Vaccines Do Not
Cause Autism
Concerns | Vaccine
Safety | CDC

BEACH AND SEA
WHITES ONLY



2210
LOW HIRING
Sign On Bonus
401k
Insurance
Unlimited Earnings
Factory Spiffs
Environment

2290 Emp
W
I am looking
a respo
PRIVAT
I have 10
Please
252



**HELP
WANTED**



**Public
Health**

=

*Building a
Healthy Community*





#InvisibilityCrisis

THREE V'S OF PUBLIC HEALTH

Visibility

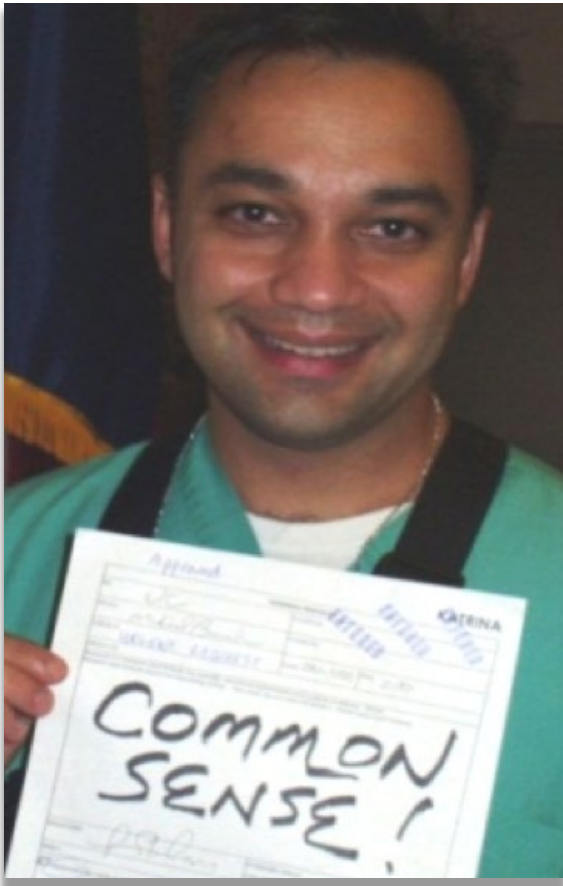


Value



Validation

PUBLIC HEALTH JUST MAKES "COMMON SENSE"



...And it takes a village...

Umair A. Shah, MD, MPH
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[@HCPHTX](https://twitter.com/HCPHTX)
www.hcphtx.org

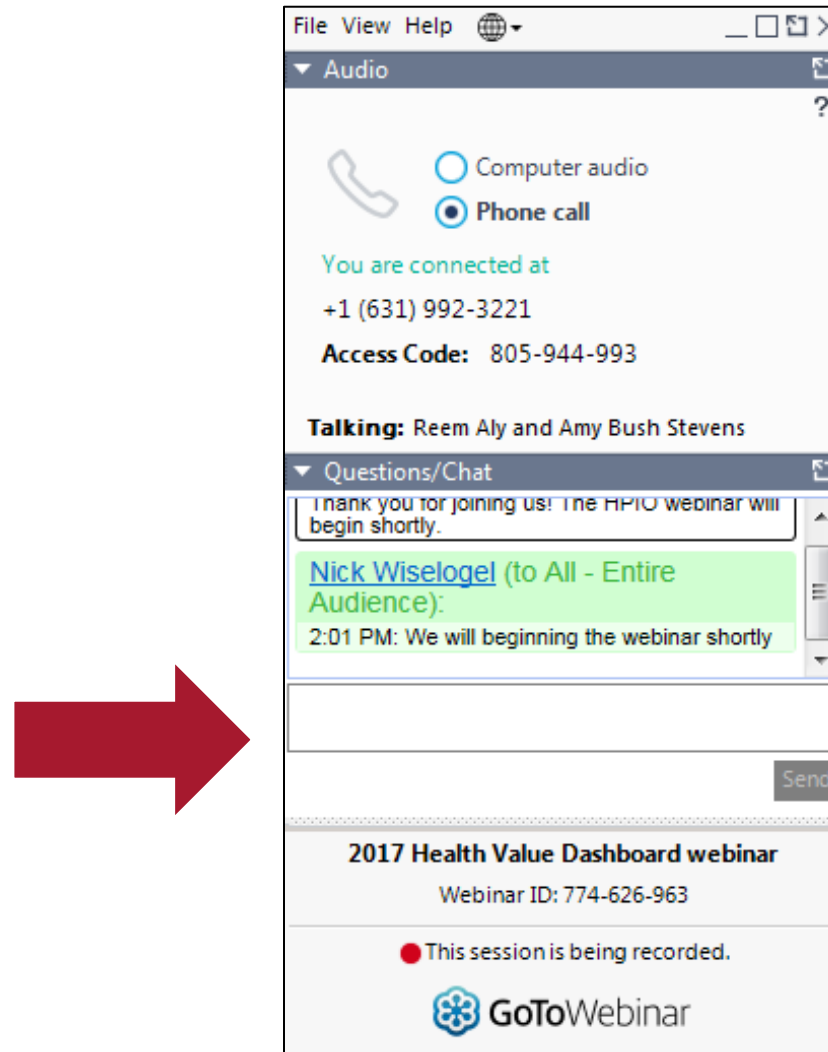


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Harris Cares:
Focus Issues



Please type questions in the question box



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File View Help

Audio

Computer audio
Phone call

You are connected at
+1 (631) 992-3221
Access Code: 805-944-993

Talking: Reem Aly and Amy Bush Stevens

Questions/Chat

I thank you for joining us! The HPIO webinar will begin shortly.

Nick Wiseloge (to All - Entire Audience):
2:01 PM: We will beginning the webinar shortly

Send

2017 Health Value Dashboard webinar
Webinar ID: 774-626-963

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GoToWebinar



Reem Aly

Vice President

Health Policy Institute of Ohio



The future of health equity and racial justice in Ohio

A path forward

An iceberg floating in the ocean. The tip of the iceberg is visible above the water surface, while the much larger, jagged base is submerged below. The sky is blue with scattered white clouds. The water is a deep blue, and the overall scene is a metaphor for hidden or underlying issues.

COVID-19 and other health disparities

Racism and other forms of discrimination



Health Policy Brief

Connections between racism and health

Taking action to eliminate racism and advance equity

Overview

Data and research evidence are clear that racism is a systemic and ongoing crisis with serious consequences for the health and wellbeing of Ohioans.

In recent months, the link between racism and health has come to the forefront of public discussion as COVID-19 infections, hospitalizations and deaths have disproportionately affected Ohioans of color. At the same time, Ohio and the rest of the nation are grappling with weeks of protests and public calls to address racism in light of the disparate and excessive use of police force against communities of color. These issues have exposed the many obstacles communities of color face, including higher rates of poverty, exposure to environmental hazards and overall poor health outcomes.

As state and local leaders commit to address racism as a public health crisis, this publication outlines action steps that can be taken to eliminate racism and advance equity. This brief provides:

- A definition and explanation of racism
- A brief summary of research on the connections between racism and health
- Action steps that individuals, groups, public and private organizations and state and local government leaders can take to eliminate racism and advance equity

Why should we focus on racism?

Ohio consistently ranks among the bottom half of states on measures of health and wellbeing. For example, Ohio ranks 38 out of 50 states on [America's Health Rankings 2019](#) report. In the [Health Policy Institute of Ohio's 2019 Health Value Dashboard](#), Ohio ranks 46 out of 50 states and D.C. on health value, a composite measure of population health and healthcare spending, landing in the bottom quartile. This means that Ohioans are less healthy and spend more on health care than people in most other states.

3 key findings for policymakers

- **Racism is a health crisis.** The research is clear that racism is an ongoing crisis resulting in inequities and disparities that have led to serious consequences for the health and wellbeing of Ohioans of color.
- **Racism manifests directly and indirectly across all levels of society.** Most conversations on racism focus on the individual level (internalized or interpersonal racism). However, systemic racism (institutional or structural) is an even more pervasive driver of the poor outcomes faced by communities of color.
- **Many opportunities to dismantle racism exist.** While addressing the impact of hundreds of years of racism in our country is daunting, progress is possible and there are multiple opportunities for action.

A key reason for Ohio's poor performance is that many Ohioans, particularly communities of color, face barriers to health. Ohio is in the bottom quartile (42 out of 50 states) for African-American child wellbeing based on the [Annie E. Casey Foundation 2017 Race for Results Report](#), indicating that Black/African-American children in Ohio do not have adequate supports to achieve optimal health.

Equally concerning, the [2019 Health Value Dashboard's](#) equity profiles show that Ohioans of color face large gaps in outcomes across socio-economic factors, community conditions and health care. This, in turn, drives poorer health outcomes among Ohioans of color, such as higher rates of infant mortality and premature death.

Four levels of racism framework

Structural racism

is racial bias among institutions and across society

Institutional racism

occurs within institutions and systems of power

Interpersonal racism

occurs between individuals

Internalized racism

lies within individuals

Source: Adapted from Race Forward's Four Levels of Racism framework.

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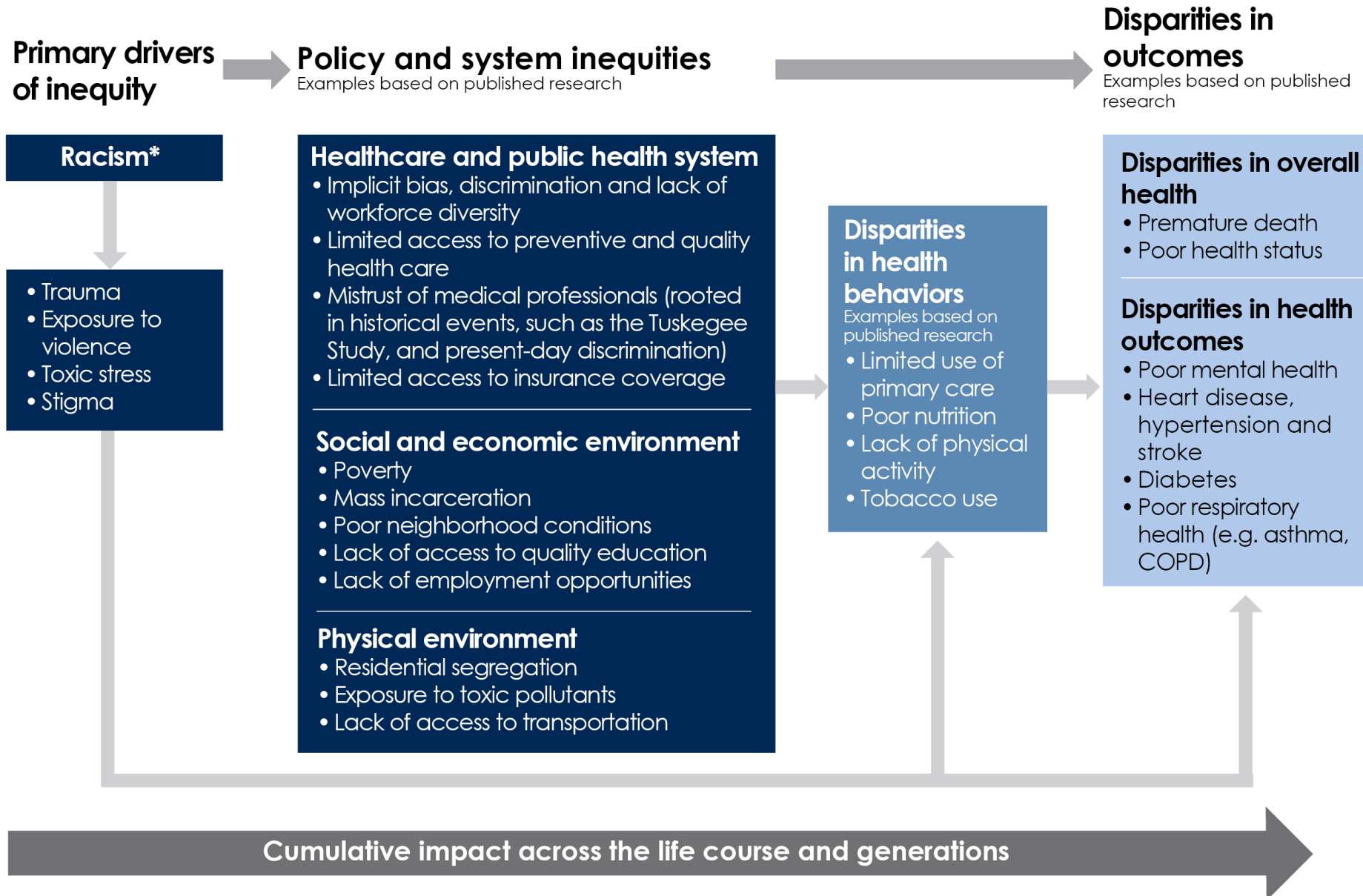
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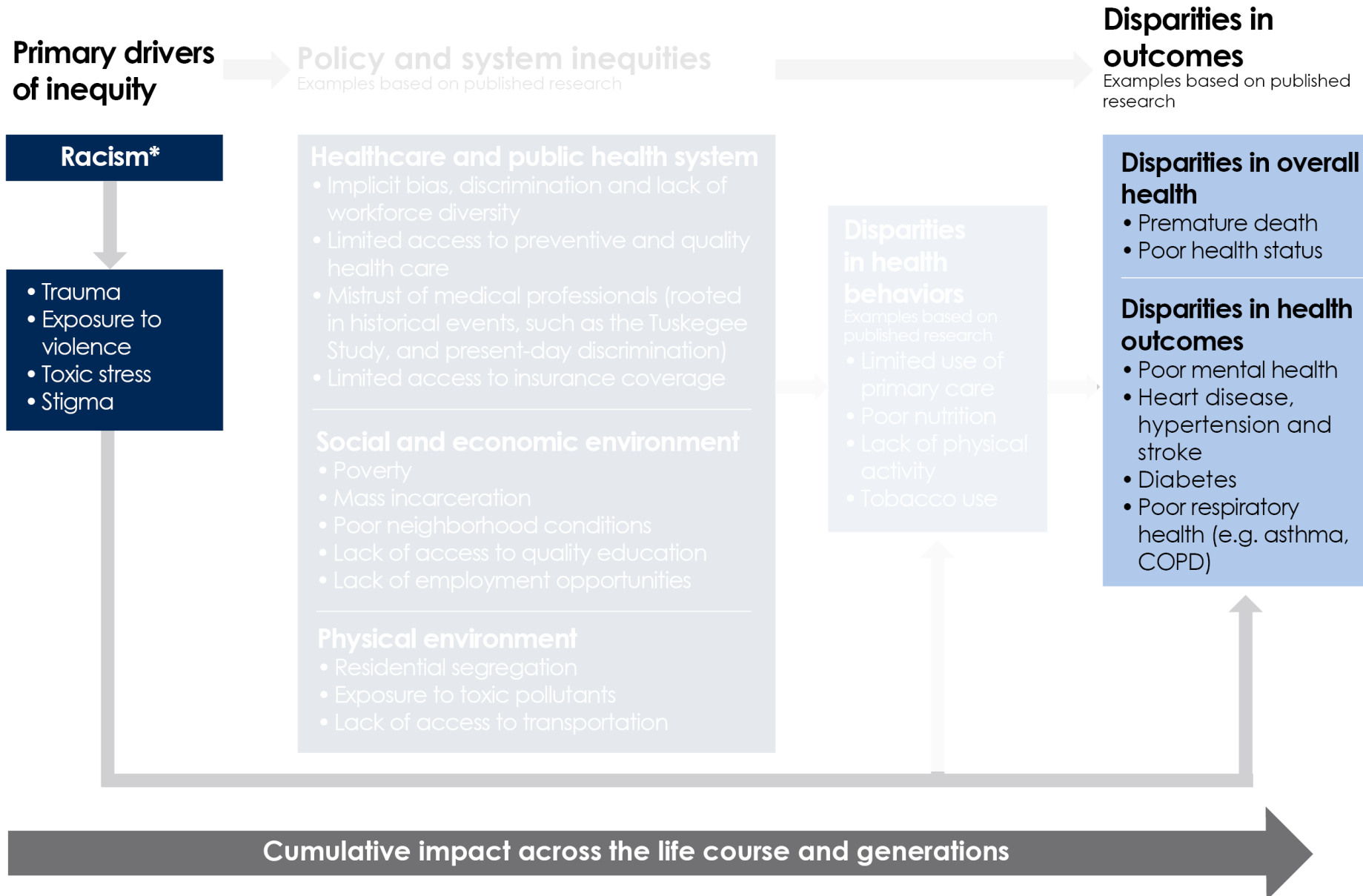
Connection between racism and health



Source: Adapted from a diagram developed in partnership with the COVID-19 Minority Health Strike Force formed under Gov. Mike DeWine

* Structural, institutional, interpersonal and internalized racism

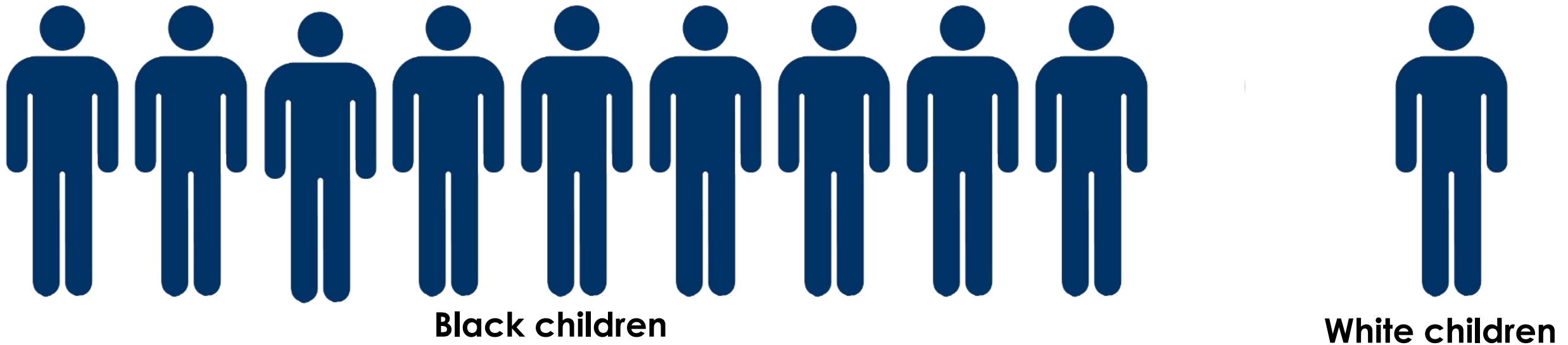
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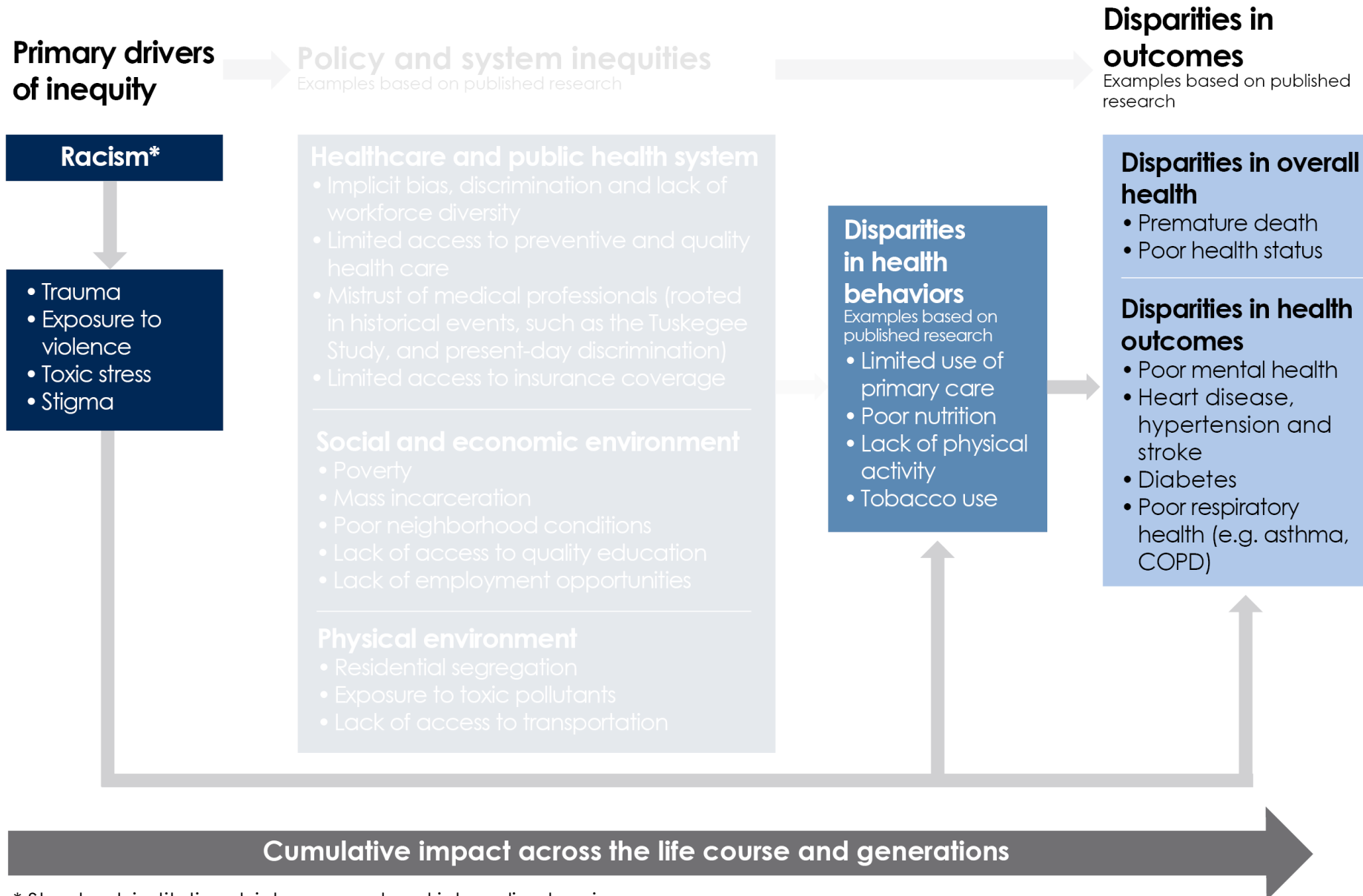
* Structural, institutional, interpersonal and internalized racism

The proportion of black parents that report their child being treated unfairly due to race is about **nine times greater** than for white parents



Source: HPIO analysis of data from the National Survey of Children's Health

Connection between racism and health

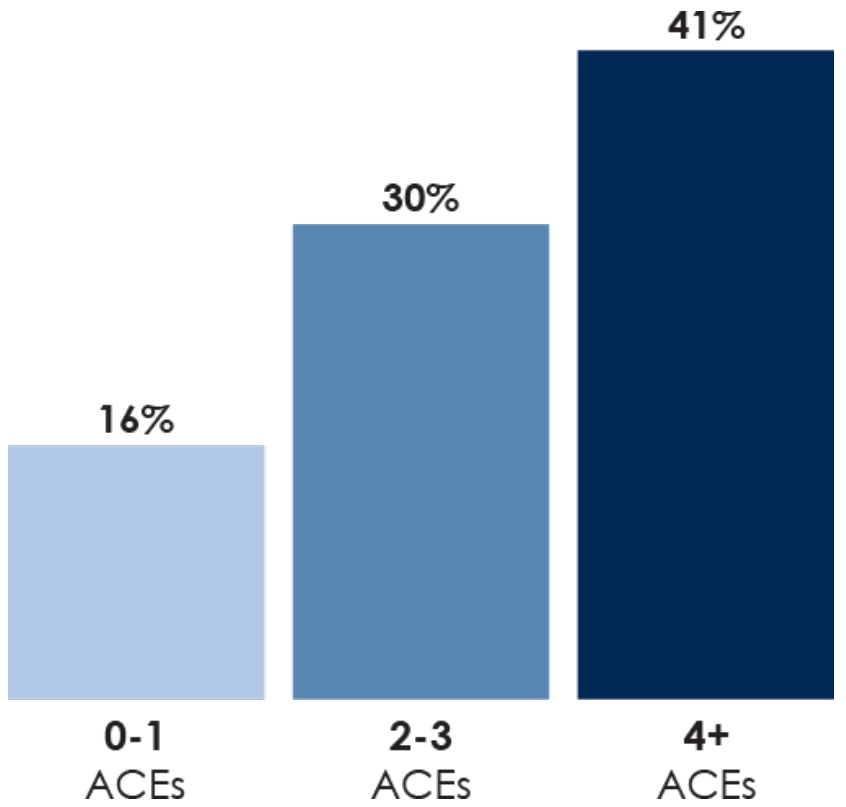


Source: Adapted from a diagram developed in partnership with the COVID-19 Minority Health Strike Force formed under Gov. Mike DeWine

* Structural, institutional, interpersonal and internalized racism

Adult smoking and adverse childhood experiences in Ohio

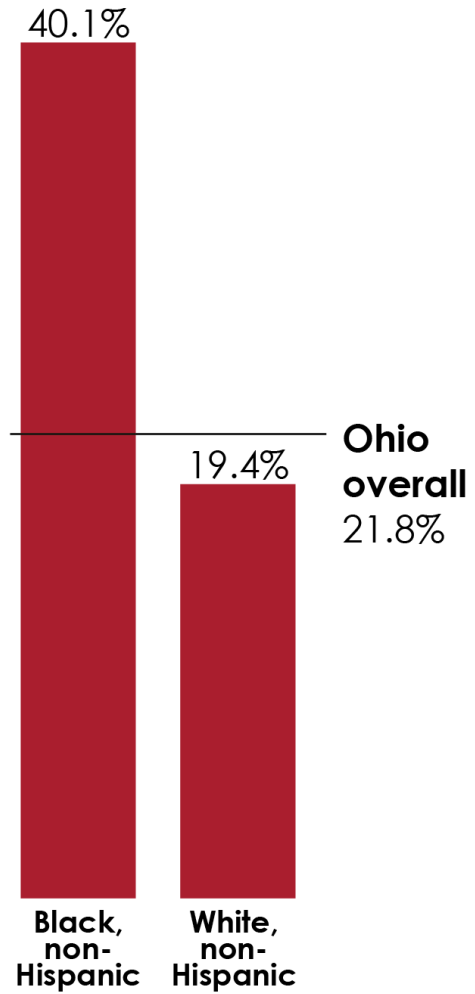
Percent of adults who currently smoke, 2015



Source: Behavioral Risk Factor Surveillance Survey data provided by the Ohio Department of Health, Feb. 28, 2019

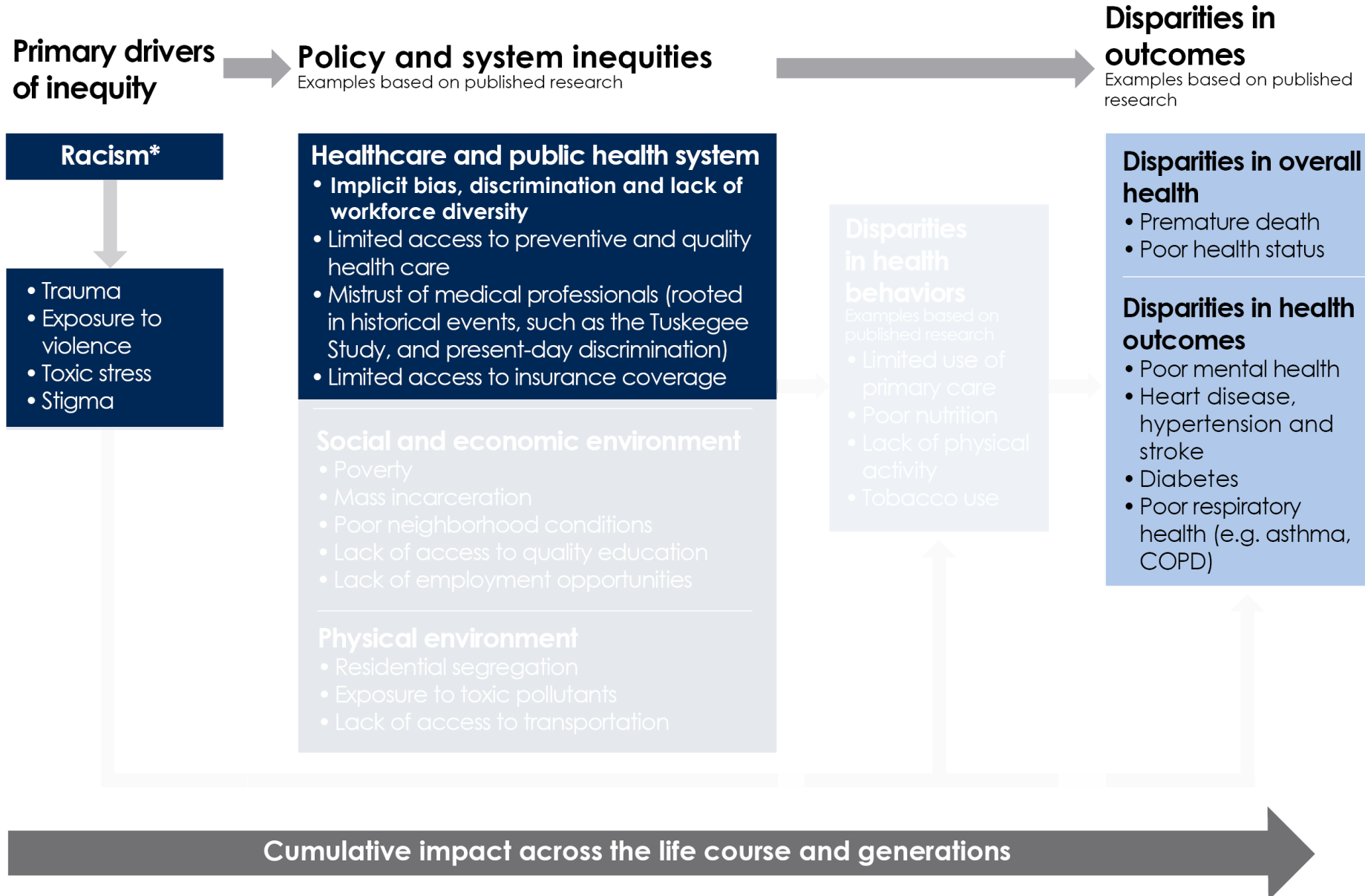
Percent of Ohioans, ages 55-64, who are current smokers

by race, 2018



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2018)

Connection between racism and health



Source: Adapted from a diagram developed in partnership with the COVID-19 Minority Health Strike Force formed under Gov. Mike DeWine

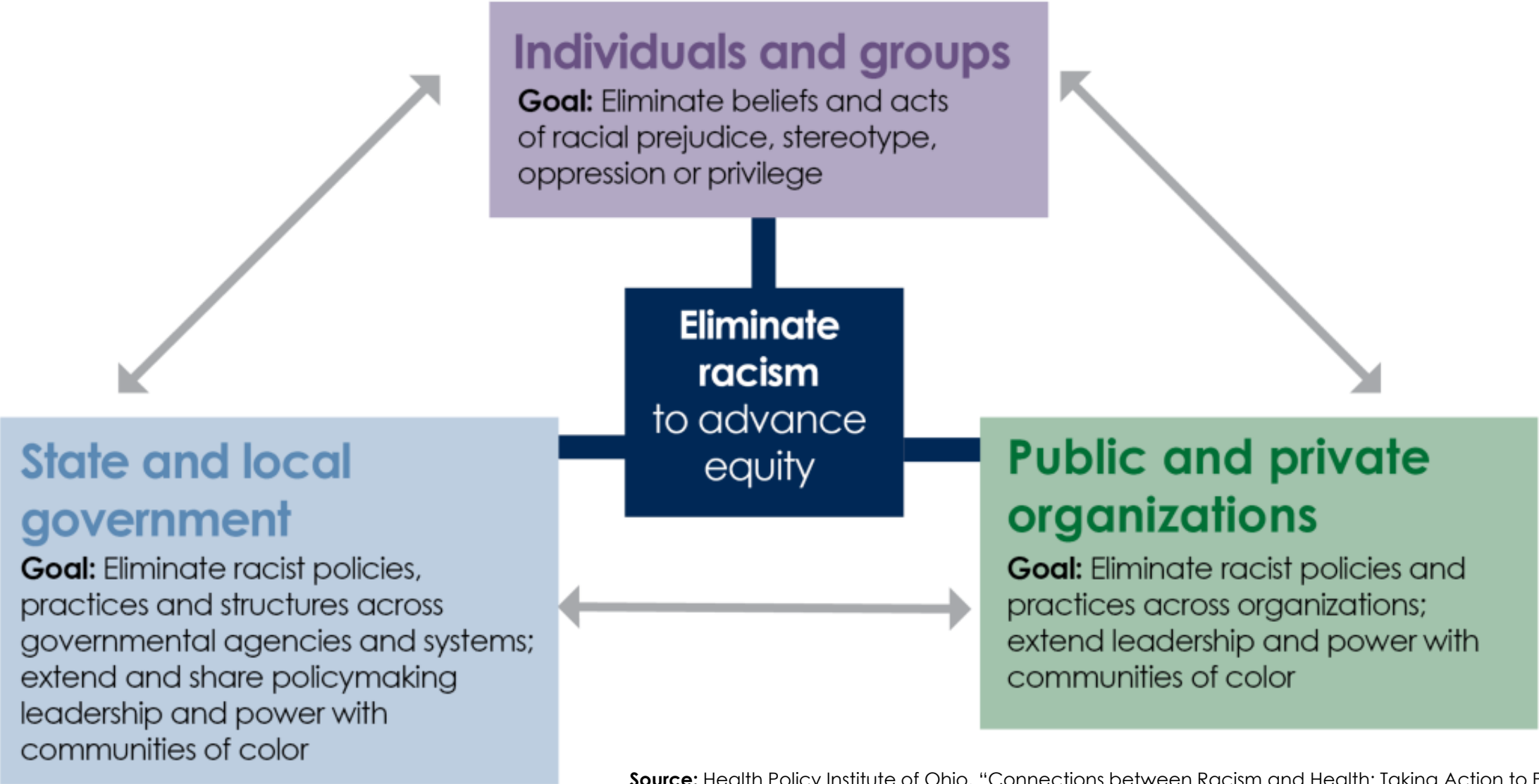
* Structural, institutional, interpersonal and internalized racism



Source: Tuskegee Study, Centers for Disease Control and Prevention

Nearly **six in 10 African Americans** said they trust the nation's health care system only some or almost none of the time to do what is right for their communities.

Action Steps to Eliminate Racism and Advance Equity



Source: Health Policy Institute of Ohio, "Connections between Racism and Health: Taking Action to Eliminate Racism and Advance Equity."



Contact

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Panelists

Lilleana Cavanaugh, MBA, CPM

Executive Director, The Ohio Commission on Latino Affairs

Gregory Lam, MD

Ohio Asian American Health Coalition

Randell McShepard, MS

Chairman and Co-Founder, PolicyBridge

Vice President, Public Affairs, Chief Talent Officer, RPM International Inc.

Denisha Porter, MPH

Director, All-In Cincinnati

Tamiyka Rose, MPA

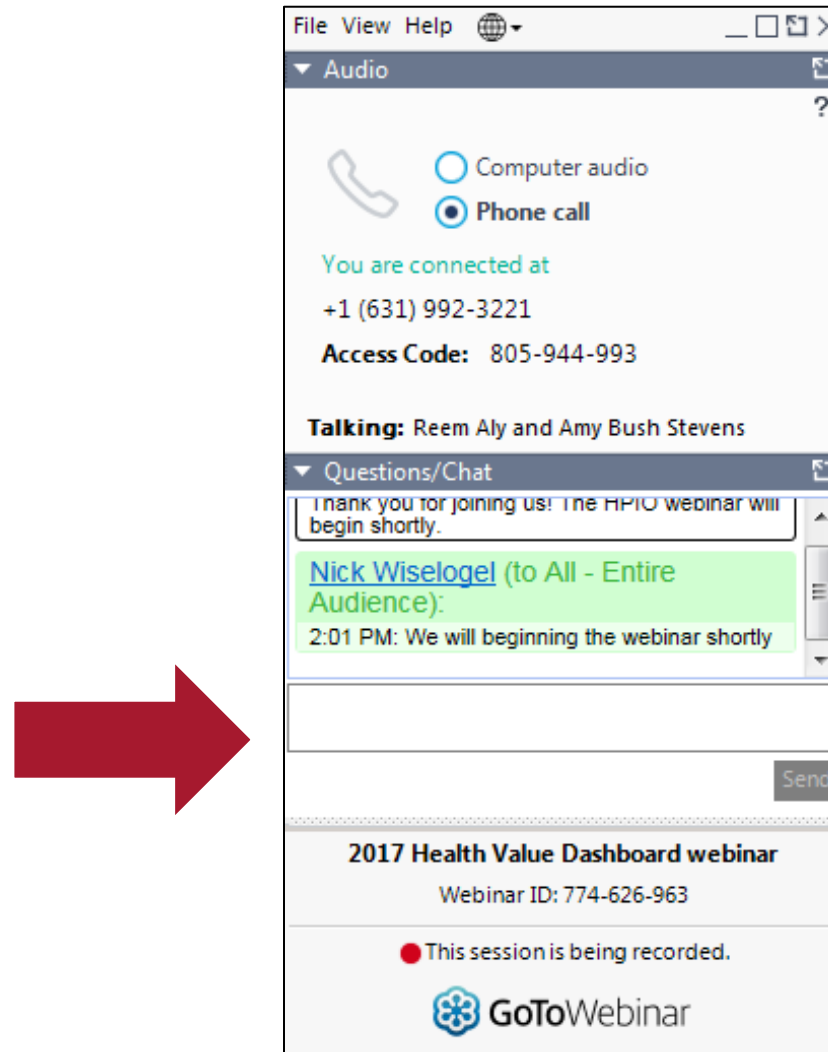
Health Equity Ambassador and Assistant to the Mayor for Public Policy, City of Akron



The future of health equity and racial justice in Ohio

A path forward

Please type questions in the question box



The screenshot displays a GoToWebinar window with the following elements:

- Audio Section:** Includes a telephone icon, radio buttons for "Computer audio" and "Phone call" (selected), and connection details: "You are connected at +1 (631) 992-3221" and "Access Code: 805-944-993".
- Talking:** Reem Aly and Amy Bush Stevens
- Questions/Chat Section:** Contains a message: "Thank you for joining us! The HPIO webinar will begin shortly." and a message from "Nick Wiseloge (to All - Entire Audience)": "2:01 PM: We will beginning the webinar shortly". Below the messages is an empty text input box with a "Send" button to its right.
- Footer:** Displays "2017 Health Value Dashboard webinar", "Webinar ID: 774-626-963", a recording indicator "This session is being recorded.", and the "GoToWebinar" logo.

A large red arrow points from the left towards the empty text input box in the Questions/Chat section.

Questions

Poll Question



Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visits your organization or speak at a meeting you host



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