Ohio

State and Local Health Equity Policy Checklist

July 2021

KEY

- = state requires/mandates
- = some local and/or state policies, but there is room for improvement
- = no state/local requirements
- = n/a

Legislative Reform

POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.	✗	
Expand Health Impact Assessments attached to state and local legislation to include equity considerations.	✗	In 2020, legislators introduced (but did not pass) **HB 620**, which would require health impact statements to be issued for bills being considered by the legislature.[1] Health impact statements would analyze whether a bill might have a positive, negative, or neutral impact on: • the health of Ohioans; • the accomplishment of health equity in the state; • the health or health equity of specific populations or persons residing in specific geographic areas in the state; or • the social determinants of health for the most vulnerable populations in the state. The legislation **would also create** the Health and Equity Interagency Team to work across the state government to coordinate resources and implement strategies to address health and health equity factors impacted by social determinants of health.[2]

State Health Planning & Programs

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it.	⊖ *One or more cities/ counties within a state has declared racism a public health crisis and has implemented steps to address it, but this has not been done at the state level.*	The mayor and City Council of Akron **declared racism a public health crisis** and called for the formation of a Special Taskforce on Racial Equity and Social Justice, as well as the development of a five-year Equity and Social Justice Strategic Plan.[3] Once formally approved by the City Council, the taskforce will **produce policy recommendations** to be outlined in a five-year Strategic Plan, which will be finalized by December 2021.[4]

Summary and scoring methodology reports are available at **www.HealthValueHub.org/Health-Equity-Checklist**.

If you know of a policy we overlooked, please contact **hubinfo@altarum.org**.

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State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it. *(continued)*		The City Council of Cincinnati also **declared racism a public health crisis** and resolved to establish a **Racial Equity Task Force** made up of community leaders and health professionals to determine how to promote racial equity throughout the city and to provide guidance to the City Council on health equity-focused policy proposals.[5,6] Other local jurisdictions, such as **Montgomery County,** have also declared racism a public health crisis.[7] While Ohio's Governor has **publicly stated that racism is a public health crisis** and vowed to create a Governor's Equity Advisory Board to establish a permanent group to address racial disparities, the state had not formally declared racism to be a public health crisis as of May 2021.[8]
Develop a 'Health in All Policies' strategy at the state or local level.	 *One or more cities/ counties within a state have adopted a 'Health in All Policies' strategy.*	The **Kent City Council passed a resolution** in 2020 to adopt a "Health Equity in All Policies" approach as part of the council's standard operating procedure for considering all proposed legislation and ensuring that the health department institutionalizes health equity into all programs, policies, services and interventions.[9] In 2019, the **Dayton & Montgomery County Board of Health** adopted a "Health Equity in All Policies" approach to incorporate health and equity considerations into decision-making on policies, programs and services and develop its 2020-2022 Community Health Improvement Plan.[10] The following year, the Montgomery County Board of Commissioners resolved to promote equity in all of the policies it approves. Additionally, the Board of Commissioners **called upon** the Governor, the Speaker of the Ohio House and the Ohio Senate President to enact equity in all policies of the state.[11] According to the **Summit Coalition for Community Health Improvement**, seven Summit County governmental jurisdictions–including **Summit County**, Akron, **Bath Township**, Copley Township, **Richfield Village**, Sagamore Hills Township and Tallmadge–have passed "Health in All Policies" legislation requiring decisionmakers to consider legislative initiatives' impact on health.[12,13,14,15]
Establish Health Equity Zones to better address social determinants of health.		

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.	✓	The COVID-19 Minority Health Strike Force, created by the Governor in 2020, **issued a report** providing actionable recommendations to eliminate racial and ethnic disparities in COVID-19 and other health outcomes and improve overall well-being for communities of color in Ohio.[16] The document outlines 34 strategies to dismantle racism; remove barriers to achieving equitable health; improve social, physical and economic opportunities for people of color; and improve data collection strategies to better track health disparities and outcomes. In conjunction, the Governor's administration released "**A Plan of Action to Advance Equity**," which provides an overview of Ohio's strategies and recommendations for how sectors can address racial disparities and achieve health equity.[17] Additionally, in 2012, the **Ohio Commission on Minority Health** sponsored 19 local conversations on minority health to define, refine and collaborate on a plan to eliminate health disparities through cooperative and strategic actions.[18] The **Cuyahoga County Board of Health's 2016-2020 Strategic Plan** places emphasis on achieving health equity and overcoming structural racism.[19]
Fund community-driven health equity action plans.	✗	While governmental bodies in Ohio do not appear to fund community-driven health equity actions plans, pursuing opportunities to support community-based research and community-originated intervention strategies to end health disparities and achieve health equality is a goal of the Ohio Commission on Minority Health's **2020-2025 Strategic Plan**.[20]
Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.	✗	
Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans	✓	Ohio's **2019 State Health Assessment** highlights the importance of health equity, as well as the prominence of health equity and disparities as concerns that residents surfaced during State Health Assessment regional forums.[21] Ohio's **2020-2022 State Health Improvement Plan** builds upon this assessment and identifies health equity as one of four main components.[22] The plan also highlights strategies likely to reduce disparities and inequities within 10 years.

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.	✓	The Ohio Department of Health funds numerous programs that provide grants to organizations, including community-based organizations, to **prevent drug overdoses**, **prevent and treat** sexually transmitted infections and **implement innovative and culturally humble initiatives** to address health disparities related to maternal health in Ohio.[23,24,25] Each of these grant opportunities either focuses explicitly on eliminating health disparities or requires grantee organizations to provide detailed updates on progress related to reducing health disparities and inequities, supported by data.
Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.	✓	The Ohio Department of Health's **Breast & Cervical Cancer Project** offers no-cost breast and cervical cancer screenings and diagnostic testing to individuals with household incomes at or below 300% of the Federal Poverty Level who are un- or under-insured.[26] The **Diabetes and Heart Disease Prevention and Management** Program, also overseen by Ohio's Department of Health, implements and evaluates strategies to prevent and manage cardiovascular disease and diabetes in high-burden areas.[27] The state also developed a **Diabetes Action Plan** to assess current data, programs and efforts, and to propose recommendations to reduce the burden and impact of diabetes in the state, with an emphasis on reducing disparities and increasing equity.[28] In December 2020, Ohio's Governor announced the creation of the **Eliminating Racial Disparities in Infant Mortality Task Force**, which will produce recommendations for interventions, performance and quality improvement, data collection and policies to reduce infant mortality rates and racial disparities by 2030.[29] Greater Akron's **Full Term First Birthday** program was established in 2017 by the City Mayor to advocate for policies and inform citizens of programs to promote healthy full-term pregnancies.[30] The program's **2019-2022 Strategic Plan** emphasizes solutions to address social determinants of health that impact maternal and infant health, and aims to address structural racism by advancing evidence and research-based cultural responsiveness and implicit bias curricula across all service sectors of the community.[31]
Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.	✓	The City of Akron and the City of Maumee **participate in GARE**.[32]

Data & Reporting

POLICY	SCORE	NOTES
Create equity reporting requirements for state and local government agencies.	✓	**Ohio requires** general and city health districts to collect and report public health quality indicator information, including communicable disease data, by age, race, ethnicity and gender.[33] Districts must also report on infant mortality/preterm birth prevention, measured by the infant mortality rate, by race. Ohio's Department of Health was required to submit a **report to the governor and general assembly** evaluating the state's Patient-centered Medical Home (PCMH) program by 2016.[34] The report was required to include information on income, race, ethnicity and languages spoken, to the extent possible, as well as a discussion of the estimated effect of PCMHs on health disparities. In 2007, the Ohio Commission on Minority Health moved to create infrastructure and a presence at the local level through the establishment of the **Local Offices on Minority Health** within urban areas in Ohio.[35] The Commission also spearheaded the creation of performance standards/core competencies for Local Offices on Minority Health in collaboration with the National Association of State Offices of Minority Health.
Use the state's Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.	✓	While Ohio's Commission on Minority Health does not appear to analyze or report on existing health disparities or equity concerns, **local Offices on Minority Health** are charged with monitoring and reporting the health status of minority populations, among other responsibilities.[36] For example, the **Columbus' Office of Minority Health** has released briefing papers detailing the health disparities in the communities it serves.[37] The Ohio Health Department's **Ohio Equity Institute 2.0**, which strives to eliminate disparities in birth outcomes within the state, **annually reports** on infant mortality-related health equity concerns.[38,39] Other programs within the Department of Health have reported on equity and disparities related to their specific programs, such as **asthma disparities**, **racial disparities in pregnancy-related deaths** and **disparities in oral health**.[40,41]
Require nonprofit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of non-profit hospitals' Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.	✗	

Data & Reporting *(contiued)*

POLICY	SCORE	NOTES
Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.	⊖	**Ohio's Executive Response: A Plan of Action to Advance Equity** commits to collecting state-level healthcare quality information stratified by race, ethnicity and languages spoken.[42] The plan also commits state agencies to adopting standards to help normalize data using the same categorization methods. Standardizing race and ethnicity categories across state and local agency databases is also a goal of the Ohio Commission on Minority Health's **2020-2025 Strategic Plan**.[43]
Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.	···	

Health Reform – Coverage

POLICY	SCORE	NOTES
Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.	✓	Ohio implemented **Medicaid expansion** beginning Jan. 1, 2014. The state planned to mandate work requirements for able-bodied adults up to age 50 beginning Jan. 1, 2021; however, as of June 2021, the Centers for Medicare & Medicaid Services was **considering** whether to **withdraw the waivers**.[44,45]
Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.	✗	
Provide one-year continuous eligibility for Medicaid and CHIP.	⊖	Ohio provides continuous eligibility for children **under age 19** on Medicaid/CHIP, but **not for adults**.[46,47]
Provide coverage options to undocumented and recent immigrants.	✓	Lawfully residing pregnant women and children **without a five-year wait**, but there are **no coverage options for undocumented immigrants** outside of Emergency Medicaid.[48,49]

Health Reform – Delivery

POLICY	SCORE	NOTES
Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.	✓	**Ohio requires** the state's Medicaid program to implement systems that improve the health of Medicaid participants and reduce health disparities, including, but not limited to, racial health disparities.[50] As part of this work, the state's Medicaid Director must incorporate **strategies to address social determinants of health**–including employment, housing, transportation, food, interpersonal safety and toxic stress–within the state's Medicaid program.[51]

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities. *(continued)*		Managed care plans (MCPs) **contracting with Ohio Medicaid** must meet program requirements and expectations related to developing and implementing population health management programs.[52] Requirements specified in the **Medical Assistance Provider Agreement for MCPs** include:[53] • requiring senior leadership team to prioritize optimizing health outcomes and reducing disparities through performance improvement projects; • analyzing data to identify disparities in services and/or care; • tailoring interventions to specific populations to reduce identified disparities; • participating in the Ohio Department of Health's efforts to eliminate health disparities by collecting and using race, ethnicity, language and social determinants of health data to identify and reduce disparities in healthcare access, services and outcomes; and • employing health equity representatives to be actively involved in disparities-focused improvement initiatives. A new iteration of the **MCO contract**, updated in June 2021, places even more focus on SDoH and health equity through quality improvement and population health improvement strategies.[54]
Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.		Ohio does not have **ACOs or CCOs in the Medicaid program**, as of 2019.[55]
Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.		Ohio **requires the state's Medicaid Director** to incorporate strategies to address social determinants of health (SDoH)–including employment, housing, transportation, food, interpersonal safety and toxic stress–within the state's Medicaid program.[56] In addition, Ohio uses 1915(c) waivers, such as the Home Care Waiver and the **Individual Options Waiver**, to provide SDoH-related services, including employment and educational assistance, transportation, home delivered meals and case management.[55] Ohio also uses its **1115 Substance Use Disorder Waiver** to re-evaluate care coordination strategies and develop tailored care coordination models for individuals with substance use disorders, including Opioid Use Disorder.[58]

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health. *(continued)*		Ohio received permission from the Trump administration in 2019 to implement Medicaid work requirements. The demonstration program was intended to begin January 2021, but was delayed by the COVID-19 pandemic and the Biden administration has signaled that they intend to block this plan. The negative impact Medicaid work requirements have on consumers and their SDoH has been reflected in this score.
Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.		Managed care plans (MCPs) contracting with Ohio's Medicaid program **are required to evaluate** the impact and effectiveness of each effort within their Quality Improvement programs, including efforts to reduce health disparities.[59] MCPs are also **required to submit data** for Ohio Department of Medicaid-sanctioned improvement efforts involving infant mortality in priority communities to the Ohio Equity Institute.[60]
Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.		MCPs in Ohio's Medicaid program **are required to evaluate** the impact and effectiveness of each effort within their Quality Improvement programs, including efforts to reduce health disparities.[61] A new iteration of the **MCO contract**, updated in June 2021, places even more focus on SDoH and health equity through quality improvement and population health improvement strategies.[62] MCPs' **response to the public health threats** posed by COVID-19 will be used to evaluate performance in the Quality Withhold Program.[63] The performance evaluation will include population health management and quality improvement activities, including assessment of member and provider perspectives to inform intervention design and modifications, particularly with respect to disparities and high-risk populations.
Create or expand Accountable Communities for Health with a focus on increasing health equity.		The Health Collaborative Cincinnati and the United Way of Greater Cleveland participate in the Center for Medicare and Medicaid's **Accountable Health Communities Model**.[64] The **United Way initiative** screens patients for health-related social needs, such as housing, food, utilities, transportation and violence.[65] Additionally, patients receive referrals to appropriate community resources and a customized plan for follow-up.

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.	✓	Ohio's Governor created **BroadbandOhio,** an office dedicated to improving access to high-speed internet for un- and under-served communities, in 2020. The office will implement the **Ohio Broadband Strategy**, a comprehensive plan to expand broadband access.[66] The plan includes a telehealth pilot to deliver mental health services in un- and under-served areas of the state. In addition, the state legislature passed a bill (**HB 2)** in 2021 to create the Ohio Residential Broadband Expansion Grant Program, allowing internet service providers to apply for grants to fund the infrastructure needed to provide faster internet access in underserved Ohio communities.[67]
Subsidize internet access to expand opportunities for telehealth.	✗	Although Ohio does not subsidize internet access, **BroadbandOhio worked with internet providers** to find public Wi-Fi hotspot locations for Ohioans who may not otherwise have access to the internet from home during the COVID-19 state of emergency.[68]
Expand coverage for telehealth services.	–	Ohio law **requires private insurance plans** to provide coverage for telemedicine services on the same basis and to the same extent as the benefits provided for in-person services.[69] Plans may not exclude coverage for a service solely because it is provided as via telemedicine. Though Ohio does not require telehealth coverage parity for Medicaid, the state's Department of Medicaid **successfully petitioned to make permanent** telehealth coverage expansions resulting from the COVID-19 pandemic.[70] This includes expanding the definition of telehealth to include more modalities, expanding the types of practitioners who are eligible to provide telehealth services, reducing restrictions on patient and practitioner site locations, and expanding the types of telehealth services that may be covered by Medicaid, including virtual check-ins by physicians or other qualified healthcare professionals, remote patient monitoring, physical therapy and more.
Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.	✗	

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Establish cost-sharing parity for telehealth services.	⊖	Ohio law **does not prohibit** a health benefit plan from establishing cost-sharing requirements for telehealth services, provided that such cost-sharing for telehealth services does not exceed cost-sharing for comparable in-person services.[71] The Ohio Department of Medicaid and Medicaid Managed Care Plans **increased the scope and scale** of reimbursement for telehealth services for Medicaid recipients during COVID-19 public health emergency.[72] This included the elimination of co-pays and other cost-sharing for care delivered via telehealth.
Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.	☒	
Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.	⊖	During the 2019 legislative session, Ohio considered legislation (**SB 88) to** require healthcare professionals to complete cultural competency instruction or continuing education to be eligible to renew a license, certificate or registration issued by a state licensing board, but the legislation did not pass.[73] Nevertheless, **Ohio requires** provider licensing boards to provide licensees/certificate holders with a list of continuing education courses and experimental learning opportunities addressing cultural competency in healthcare treatment.[74]
Require workplace-based cultural competency and implicit-bias training for clinicians and other providers. *(continued)*		Some practitioners–such as **chemical dependency counselor clinical supervisors** and **behavior analysts**–must complete cultural competency training/coursework as a part of their education at an accredited institution for licensure or re-certification.[75,76] The Ohio Department of Mental Health and Addiction Services has a **Disparities and Cultural Competence Advisory Committee**, which aims to eliminate disparities and advance health equity.[77] The committee's **2020 Strategic Vision** includes an objective to create a cultural and linguistic competence plan for all human services in the state.[78] **House Bill 327**, introduced in the Ohio General Assembly 2021-2022 Regular Session, would prohibit state agencies, among other organizations from teaching, advocating or promoting "divisive concepts." This bill has the potential to restrict or eliminate cultural competency and implicit bias training for state employees or contractors.[79]

COVID-Specific Reforms		
POLICY	**SCORE**	**NOTES**
Collect racial equity data to better understand the disparate impact of COVID-19.	✓	Ohio **reports COVID-19 data** by race/ethnicity for cases, mortality, hospitalizations and vaccines, but not for testing or recoveries.[80]
Implement changes to Medicaid enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.	✓	Ohio **expanded presumptive eligibility**, allowed self-attestation and suspended copays for fee-for-service (**MCOs** already did not charge copays).[81]
Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.	✗	Ohio **does not cover** COVID-19 testing or treatment through Emergency Medicaid.[82]
Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.	✗	
Provide COVID-19 testing to residents free of charge.	✓	Ohio provides **state-sponsored testing sites** that offer COVID-19 tests free of charge.[83]

Notes

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12. *Policy Initiatives: Health in All Policies*, Summit Coalition for Community Health Improvement, Summit County Public Health, (Accessed July 16, 2021). https://www.scph.org/summit-coalition-community-health-improvement/policy-initiatives

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