On April 20, 2020, Ohio Governor Mike DeWine launched the COVID-19 Minority Health Strike Force. This group of advisers has worked with state leadership to provide feedback on the immediate action necessary to address COVID-19 and its disproportionate impact on people of color across Ohio.

The coronavirus pandemic has emphasized deep-seated inequities in health care for communities of color and amplified social and economic factors that contribute to poor health outcomes. These disparities in health and health care are intertwined with social and economic conditions, as well as race, ethnic background, age, and even geography. There has been heightened recognition across the country that communities of color, in particular the African American community, have been disproportionately affected by COVID-19 and the illness it causes.

The COVID-19 Minority Health Strike Force recognizes that it must support the needs of all Ohioans who represent a variety of racial and ethnic groups. Ohio is a diverse state, and based on data from the Ohio Development Services Agency, minorities make up 21% of the population.

Based on the data reported to the Ohio Department of Health, all minority communities have felt the impact of the virus. As of May 20, 2020, case data from the Ohio Department of Health showed that in COVID-19 cases where race was specified, blacks, who comprise about 14% of Ohio’s population, made up 25% of COVID-19 cases; Latinos, who make up 3.9% of the population, accounted for 6% of COVID-19 cases. The Ohio Department of Health data also shows the impact on Asian Americans, Hawaiian Native – Pacific Islanders, American Indian – Alaskan Natives, and other multiracial individuals.

The state, supported by the Ohio Department of Health’s Office of Health Equity, the Ohio Commission on Minority Health, the Ohio Commission of Hispanic-Latino Affairs and others, has put in a lot of work addressing these challenges, yet the COVID-19 Minority Health Strike Force recognizes there is still much to do to correct public health disparities.

The COVID-19 Minority Health Strike Force has included recommendations within this report asking that state, local, and community officials start taking steps now to:

- Stop the progression of the disease.
- Evaluate and document the impact of the disease.
- Remedy factors that contribute to the spread.
- Procure resources to prevent a resurgence of COVID-19.

To tackle the breadth of needs to address Ohio’s health inequities and disparities across the state, the COVID-19 Minority Health Strike Force met several times and divided into four subcommittees: Health Care; Education and Outreach; Data and Research; and Resources.

The recommendations included in this report were created using feedback from the four subcommittees.
Due to social and economic factors that have been studied and are well-known by the members of the COVID-19 Minority Health Strike Force, communities of color are more likely to have underlying health conditions, have less access to care, and experience discrimination when accessing health care services. They may also be at greater risk for experiencing bias in the clinical setting, particularly around decisions about care, care rationing, and lifesaving treatment.

Studies show, communities of color are also more likely to have less income and live in densely populated areas with concentrated poverty and multi-generational households. Moreover, they are more likely to use public transportation and continue to work outside of their homes, despite increased risk of COVID-19 infection, to meet the needs of their families.

The Health Care Subcommittee focused its efforts on developing recommendations to address disparities in testing, virus tracing, treatment, and supports needed to decrease disproportionate COVID-19 effects and ensure best possible health outcomes.

The recommendations:

1. Increase culturally appropriate and accessible virus tracing and exposure notification services for communities of color.

Exposure notification workers trace potential virus exposure by interviewing someone with an expected or confirmed case to see who else the virus may have infected. By informing others of potential exposure, quarantining and monitoring may take place to limit the spread of COVID-19.

Due to the personal nature of this work, it is critical that exposure notification workers are from, and represent, the people in, the community in which they are working, or at the very least should possess cultural knowledge. Cultural competence training should be provided when necessary. Accommodations should also be made for people with disabilities.

To provide support for individuals and families impacted by COVID-19, state and local health and human service organizations should also consider:
• Providing documentation of the recommended course of action (i.e. quarantine, isolate, etc.)
• Identifying existing community and social wellness services to support individuals and families who are at risk of financial or health complications due to work or social disruptions caused by COVID-19.
• Encouraging coordination across local health districts and community partners to meet community and health-related needs to maximize limited resources.


Individuals in underserved communities are concerned that they may be treated disparately when seeking testing and/or treatment for COVID-19. As it relates to testing, they would like to know where, when, and how they can access testing in a reliable and timely fashion. With regard to treatment, they would like to feel they are receiving equitable treatment and distribution of resources, in comparison to any other patient with similar symptoms and conditions. An advocacy and ombudsman process would not only give individuals a place to turn for questions, but also provide accountability and oversight to the process. It would also restore public faith and trust in the efforts being made to protect communities of color.

To address these concerns, a COVID-19 Patient Protection Advocacy Process could be implemented to provide support for underserved communities.

This advocacy process should include:
• A designated group of community contacts/trusted leaders who would receive concerns from citizens and provide advocacy.
• A central point of contact or designee to work with community contacts to capture and address concerns (i.e., central phone number/database).
• The use of an “ombudsman approach,” where the designee will contact any health care provider or caregiver where concerns have been identified.
• A method for the designee to investigate and elevate these concerns; coordinate partners and identify solutions; and work toward appropriate outcomes in a timely fashion.

3. Consider the use of screening tools, or other techniques, and balanced clinical judgement to promote access to COVID-19 diagnostic testing.

Communities of color have not benefited fully or equitably from available scientific knowledge on the diagnosis and treatment of disease, according to a New York medical school study on racial and ethnic disparities. Which suggests, even with the guidelines and priorities set by the State of Ohio, communities of color with compromised immune systems may not be being prioritized for testing and treatment.

In addition, Limited English Proficient (LEP) and ethnic communities may not fully understand the directions or ask questions for clarity. The State of Ohio should continue to promote and refine guidelines and directives to assist health care systems, clinicians, and practices on testing high risk populations with multiple medical problems to ensure fair, equitable, and necessary treatment for better health outcomes.

4. Expand testing capacity and access for minority and high-risk populations.

Widespread access to quality testing and timely results is critical to containment and treatment. If hot spots are identified, those who are ill must be isolated and medical care must be delivered to ensure timely, quality treatment of all affected persons and their families, colleagues, and caregivers. To do this, testing capacity, availability, and access must be expanded.

To do so, we recommend greater access to community-based, mobile testing and support. Trusted, neighborhood-based testing locations, including mobile units that can quickly move into communities or specific hot spots of contagion, must be enabled and aligned. Testing locations should include Federally Qualified Health Centers, churches, and community centers, in addition to current facilities.

The oversight and guidance of testing would be best orchestrated under a dedicated medical directorship. The plan must include culturally competent communications; service and health care providers with adequate personal protective equipment, for themselves and those being tested; interpreters, as needed; and the support of a network of contact tracers. Following up with communications of test results should include wraparound services and supplies to enable individuals to shelter at home or have immediate access to appropriate medical care. A dedicated group of individuals coordinating communication and care will be necessary for consistency and proper follow-up. The special needs of individuals living with disabilities should be addressed as part of this recommendation.

5. Monitor the number of residents in congregate living settings.

People of color living in nursing homes and congregate living centers, including correctional facilities and group homes, also have risk of being disproportionately impacted by COVID-19. The State of Ohio, local governments and community-based organizations must work to find ways to mitigate the spread of infection. Consideration should also be made to mental health and wellness of the individual and their family.
The goal of the Education and Outreach Subcommittee is to develop a COVID-19 action-oriented educational communications strategy and implementation plan that targets communities of color in Ohio.

This subcommittee will embark upon a campaign-style approach to optimally disseminate COVID-19 messaging to target populations. Messaging will encourage those in communities of color to stay in the fight of COVID-19. The campaign messaging will inform, involve and inspire its audiences.

The recommendations:

- **6. Advance critical health messaging that communities of color need to know to prevent the spread of COVID-19.**

Using health data from reputable sources, communities of color will receive the most important, relevant, reliable, and trustworthy information on COVID-19.

- **7. Identify best practices within the state for engaging communities of color in preventive health screenings, important health messaging, and promoting increased access to care.**

- **8. Identify and involve influential individuals and community organizations in the dissemination of messaging into communities of color.**

Trust is the first step necessary to be able to effectively engage communities of color. Working with influential, trusted individuals and organizations will enhance the delivery success of messaging.

- **9. Develop and launch a statewide, culturally sensitive, outreach campaign that educates communities of color on COVID-19, health disparities, and social determinants of health.**

- **10. Measure the impact of the education and outreach interventions deployed during COVID-19 and adapt the campaigns based on the findings.**
The Data and Research Subcommittee has a mission to provide recommendations that improve statewide COVID-19 response and recovery efforts for vulnerable populations, including people of color including:

- Identifying solutions to overcome gaps in data, which negatively influence statewide disaster response and recovery efforts and exacerbate existing health inequities.
- Creating ongoing opportunities that document data-driven decisions to effectively respond to health inequities and improve health outcomes related to COVID-19.
- Documenting the formulation of data-driven policies to improve clinical management and health outcomes and to guide equitable resource allocation for COVID-19.

The recommendations:

- **11. Improve staff training on how to collect and report data including race, ethnicity, and primary language for all COVID-19 patients.**

  Missing data limits Ohio’s ability to recognize and respond to disparity. While individuals cannot be required to report their race, systems can be put in place to encourage better reporting through enhanced training of reporting staff. Possible approaches include identifying state-level staff to follow up on incomplete case reports and providing training to the provider-level staff.

- **12. Ensure that COVID-19 prevalence studies include sufficient testing of minority populations to allow for reliable estimates of prevalence and exposure in each sub-population.**

  Random sampling will not generate sufficient sample sizes in minority populations to estimate prevalence by demographic group. Approaches to oversample should be data driven including the use of data/insights on COVID-19 response and recovery with data provided by the Ohio Department of Health.

A cohort study, including collection of baseline data and regular follow-up surveys, would allow a more thorough understanding of the health and social consequences of infections. Data collected could include barriers to social distancing, work-related outcomes, access to care, use of care services, depression and anxiety, and other topics.

14. Ensure that the needs and perspectives of communities disproportionately impacted by COVID-19 are reflected in all phases of response and recovery activities.

- Identify and actively engage an interdisciplinary team of health equity subject-matter experts and data scientists in strategy and decision-making discussions.
- Ensure the immediate availability, compilation, and analysis of all relevant data sources.
- Conduct an unintentional harm analysis for all proposed interventions.

Solutions that are developed to protect the general population from harm during a disaster, such as a pandemic, must consider vulnerable populations. Emerging health emergencies nearly always impact vulnerable populations most acutely. Earlier recognition of issues specific to these populations could reduce disparate outcomes.
The goal of the Resources Subcommittee is to support communities of color by recognizing the emergent needs during the COVID-19 pandemic including access to business assistance, employment, food, transportation, housing, and other supports.

The recommendations:

15. Collaborate with community influencers to raise awareness of the resources available to minority-owned businesses and communities of color.

Recognizing the influence of stakeholders in the minority community, it is important to collaborate with influencers to provide and communicate information about available resources. Influencers and stakeholders in the minority community are made up of faith leaders, elected officials, small-business owners, (i.e. local barbershops, hair salons, restaurant owners), nonprofit agencies, civic engagement organizations, and community advocates.

16. Use data to prioritize resources in the communities that have the highest need.

Resources should be data-driven and start with the communities that have the greatest need. The data should be used to determine where and how resources should be distributed.

Use health data being collected by the local Ohio Commission on Minority Health to prevent unintentional barriers to resources. Efforts should also be made to make sure resources are accessible by considering the proximity of resources to public transportation.

17. Develop job loss and business support strategies experienced by communities of color as a result of the COVID-19 pandemic and work to eliminate barriers to reemployment.

18. Develop culturally competent resources to meet the needs of racial and ethnic minorities and consider racism as a public health issue.

Systemic racism and overt oppression in systems should not be a barrier to being able to access resources on any level. To mitigate the health disparities experienced by minorities in health care, there is a need to provide training to health and wellness practitioners to ensure the level of service provided is culturally competent.

In addition, resources need to be provided to help community and stakeholders reduce stigma among minorities by encouraging conversations around behavioral health and overall wellness.