In the last century, the United States embraced policies that helped more Americans share in the nation’s prosperity, giving our economy much of its unparalleled strength after World War II. Not all communities shared in the wealth: Black people were often excluded from the benefits of programs their tax dollars and labor supported.

Due to housing segregation, barriers to and biased delivery of health care and an excessive exposure to pollution, the health of Black and brown Ohioans is, on average, poorer than that of white Ohioans. The Health Policy Institute of Ohio finds Black Ohioans are 1.3 times more likely to have worse health status than white Ohioans; Black babies are 2.9 times more likely to die before their first birthday; Black Ohioans are 1.3 times more likely to suffer diabetes as adults and 1.5 times more likely to have a premature death as white Ohioans. Because of inequitable school funding, the schools Black children are more likely to attend are also more likely to have fewer resources to provide an excellent education.

The pandemic hit Black and brown Ohioans harder than others. By January 6, 2021, Black Ohioans made up 14% of the population but 18.8% of the COVID hospitalizations. About 2,900 fewer would have suffered such serious illness had impact been the same as among white Ohioans. This increased risk is, in part, due to labor market segregation: Black Ohioans’ employment is concentrated in the “essential job” categories that exposed them to the virus when others were sheltering in place. The virus had a head start with these workers, their families and communities.

In August 2020, the governor’s Minority Health Strike Force released a blueprint with 34 recommendations to serve as a roadmap for combatting disparities and inequities in Ohio communities of color that were spotlighted by the pandemic. Policy Matters Ohio made 16 budget recommendations based on the blueprint; lawmakers addressed seven of them at least in part. They provided funding to collect sentencing data, a first step toward solving the problem of mass incarceration. They restored and increased some funding to combat infant mortality. They boosted funds to mitigate lead poisoning, albeit not enough. They expanded eligibility for public child care assistance, but not to the level promised by the DeWine...
campaign. They provided $250 million to address broadband access. They fixed the unconstitutional way Ohio funds schools by enacting the Fair School Funding Plan – although they did not commit to phasing it in. There is an improvement in the financial aid grant for college students, although overall funding remains well below originally targeted dollars.

The Policy Matters Ohio recommendations for the 2022-23 budget based on the recommendations in the Minority Health Strike Force Blueprint are described below.

1. Acknowledge racism as a public health crisis and commit to swift action to dismantle racism, which is a driving force of the social determinants of health. **Not addressed in the budget.**

2. **Apply a health equity lens to policy.** Prioritize equitable outcomes in policy agendas for communities of color; conduct impact assessments of proposed policy to ensure equitable outcomes for communities of color, tailoring policies to meet the needs of communities of color, and strategically allocating resources and funds to advance equity. **These requests were not systematically addressed in the budget.**

3. **Recruit and retain Ohioans of color in health care jobs.** Lawmakers should expand the Department of Health’s loan forgiveness programs and target Black and brown medical students in primary care, nursing, psychology, psychiatry and other specialty areas. **An amendment crafted by the minority caucus in the House was not included in the budget.**

4. **Provide sustainable funding to create health providers in communities of color.** Four awards of $650,000 each to programs offering culturally appropriate health care services in historically underserved communities of color would allow new local health centers to establish roots and develop a client base. **Not in the budget.**

5. **Lower Black infant mortality.** Ohio’s rate of infant mortality among Black babies rose to 14.3 deaths per 1,000 births in 2019, as the white infant mortality rate fell to 5.1. This is caused by:

Disparities across race continue to be prevalent in several areas that impact health. Without committed, coordinated state action, Ohio cannot improve. The many areas of inequity in Ohio include:

**Vaccine Access:** In Ohio, only 9 percent of the vaccinated population is Black, while 14.3 percent of Ohio’s overall population is Black.

**Infant Mortality:** In Ohio, infant mortality rates for Black babies are 2.8 times higher than infant mortality rates for white babies.

**Racism impacts care:** Black Ohioans are 5.6 times more likely to be treated worse in health care settings and treatment due to their race.

**Life Expectancy:** In 2020, life expectancy nationwide for Black Americans declined 2.1 years, and life expectancy for Latinx Americans declined 3.1 years, compared to a 0.7 year decline for white Americans. This exacerbates the already distinct inequity among life expectancies. In 2017, life expectancy for white Ohioans was 5.8 years longer than Black Ohioans, at 77.3 years and 71.5 years respectively.

**Child Poverty:** Child poverty is 3 times higher for Black Ohioans and 2.2 times higher for Hispanic Ohioans than for white Ohioans.

**Food insecurity:** Food insecurity is 3.9 times worse for Black Ohioans and 2.8 times worse for Hispanic Ohioans than for white Ohioans.

**E-mailed information from Advocates for Ohio’s Future, August 26, 2021**
by many factors, including the social determinants of health – access to adequate and nutritious food, safe and decent housing, education and employment opportunities. Too many Black families are blocked from these basics by years of policies that have stripped them of wealth, held down their wages and forced them into polluted areas.

We called on the General Assembly to restore cuts to the programs designed to reduce infant mortality and boost funding for the Ohio Commission on Minority Health’s infant mortality grant program to $6 million a year. The 2022-23 budget restores and boosts funding to the Help Me Grow and Early Intervention home visiting programs. Public services provided under the Minority Health Commission’s infant mortality health grant program were restored and overall funding increased. The Ohio Department of Medicaid increased funding that will improve the health of mothers and babies from $12.8 million in 2021 to $64.3 million in 2023.

6. Better funding for safe, decent and affordable housing. The Minority Health Strike Force emphasized the need for more safe, decent and affordable housing. In 2018, Ohio had 44 affordable rental units available for every 100 households with extremely low incomes. The Housing Trust Fund supports the development of affordable housing across the state; it has remained flat-funded since it was created in 2003. No additional funding for the Ohio Housing Trust Fund in the budget.

7. Monitoring progress. The Minority Health Strike Force blueprint called for data collection and analysis to monitor progress on recommendations to improve the social determinants of health and quality of life for Black and brown Ohioans. We called on lawmakers to establish an office to develop the blueprint operations plan to implement at both the state and local levels, funded at $8 million in the first two years of start-up operations. Not in the budget.

8. Ending mass incarceration. The Minority Health Strikeforce decried the mass incarceration of Black Ohioans, but there has been no uniform data collection on sentencing that could inform a solution. Chief Justice Maureen O’Connor, the Ohio Criminal Sentencing Commission, state judges, and the legal community identified key steps to move Ohio toward greater fairness and justice through uniform reporting to a centralized data platform. The estimated cost of moving forward in the 2022-23 biennium is $1 million; Lawmakers provided funding in the 2022-23 budget.

9. College completion: The Minority Health Strike Force recommended investment to increase the number of Ohioans of color completing their college degrees. We advocated for redirection of funding from private schools to public institutions, boosting investment in the state share of instruction (SSI) and financial aid, and allowing a broader use of state financial aid grants. Little progress made. SSI will be eroded by inflation. Legislators held funding for need-based aid – the Ohio College Opportunity Grant – flat. Funding will keep up with inflation but will not be expanded – although individual grants will be boosted by $500, a needed change.
10. Early education and preschool. The Minority Health Strike Force emphasized the need for more quality childcare. *The budget expands eligibility for state aid to help parents pay for quality childcare, but far more needs to be done.*

12. Eliminate lead poisoning. The Minority Health Strike Force points out that the 2020-22 “State Health Improvement Plan” prioritizes reduction of chronic diseases including lead poisoning, which comes from lead paint in older homes and from water lines that contain lead. Realtors estimated it could cost $128 million to abate lead to acceptable levels in rental units in Cleveland alone. Ohio’s operating budget for 2020-21 included up to $8 million in state funds to address lead poisoning with outreach, treatment, new policies, regulations and partnerships; overall funding was $20 million. It’s $25 million in 2022-23. *Lawmakers increased investment; Much more progress is needed.*

13. Improve access to public transportation. The Ohio Department of Transportation’s Transit Needs Study (2015) suggested that the state should provide 10% of Ohio’s $1.84 billion transportation budget to transit. *The budget maintained the $70 million annual investment but did not increase it.*

14. Decrease the digital divide. The Minority Health Strikeforce Blueprint called for options to ensure that Ohioans of color have sufficient internet access and bandwidth for education and telehealth activities. *The budget allocated $250 million to increase broadband access. This is a good start, but by itself is not enough for the places where many struggle with access and affordability in urban centers of the state, where communities of color are concentrated.*

15. Improve access to high quality K-12 education. Ohio’s school funding system relies too heavily on local property taxes, so in places property values are low schools struggle and underserved students start out behind the curve. *Lawmakers passed the Fair School Funding Plan which would start to address equity in school funding, assuring an excellent public school in every zip code – but did not fully fund it nor commit to phasing it in.*

16. Protect the paychecks of working Ohioans from wage theft. The Minority Health Strike Force recommended Ohio lawmakers enhance workplace protections for essential workers. Wage theft is a pervasive problem in Ohio, hurting an estimated 217,000 Ohio workers each year through minimum wage violations. Ohio’s Bureau of Wage and Hour Administration (funded at $1.2 million through the Department of Commerce) has just five investigators and a supervisor to protect more than five million Ohio workers. *Lawmakers failed to increase funding to expand the division to provide better protection.*

The Minority Health Strike Force Blueprint provides policymakers with a guide for better health and better lives for all Ohioans, and a path forward to addressing racism as a public health crisis in Ohio. There is much need for better progress in all areas of recommendations. Lawmakers made some progress in the budget for 2022-23. They will need to keep working on it. Ohioans will need to keep calling for it.