CENTRAL OHIO
COVID-19
POLICY BRIEFS

Franklin County Public Health

THE CITY OF COLUMBUS CITY COUNCIL

MID-OHIO REGIONAL MORPC PLANNING COMMISSION

PUBLIC HEALTH

Summary

Central Ohio, like the United States overall, has a long history of disparate health outcomes based on class, but especially on race and ethnicity. Social determinants of health include things like access to healthcare or adequate and nutritious food, which leads to a gap in health outcomes based on income. Also, research shows that Black and brown people are often treated differently for medical concerns, which leads to overall poorer health outcomes among people of color, regardless of income. A long history of structural racism has also included disinvestment in Black and brown communities, destabilizing neighborhoods, which has led to greater problems with mental health and substance use, and subsequent problems with violent crime.

The pandemic brought tragedy for all residents who lost a loved one to the virus, and in communities of color, where lives were already lost too early more often, the pandemic exacerbated this trauma. Lives were lost at a greater rate among Black and brown residents, not only due to the virus itself, but also because of the social and economic disruption created by the pandemic, which more severely impacted these communities.

Key Issues

The **COVID-19 virus had disparate impacts**, affecting older residents more severely, as well as Black and Hispanic or Latinx residents at higher rates. Inconsistencies in how these data are reported point to a need for clarification of messaging to better-understand these impacts.

Public health messaging in communities of color presented challenges. Despite great local efforts to reach immigrants, New Americans, and Black residents about the virus and vaccine, there are historical reasons why these communities continue to be difficult to reach.

The social and economic impacts of the pandemic have created **secondary public health concerns** like medical treatment delays, increased substance use, mental health problems, and a sudden increase in homicides. The greater severity of impact in Black and brown neighborhoods has meant a greater increase in these secondary health issues in those communities.

Food insecurity more than doubled in the state of Ohio, despite the volume of resources aimed to ensure out-of-work residents and residents with greater health risks had enough food and food access.

DISPARATE IMPACT OF COVID-19 VIRUS

Poor health outcomes are understood to be impacted by a host of social determinants of health, including disparities in access to community resources and assets, like healthcare facilities. Social and environmental factors have particularly negative impacts for those in low opportunity neighborhoods, which result in poor health outcomes for people of color, and especially Black residents more than white residents—while Black residents make up 15% of the Central Ohio population, they represent 24% of the population in low opportunity neighborhoods, and 48% of the population in very low opportunity neighborhoods.

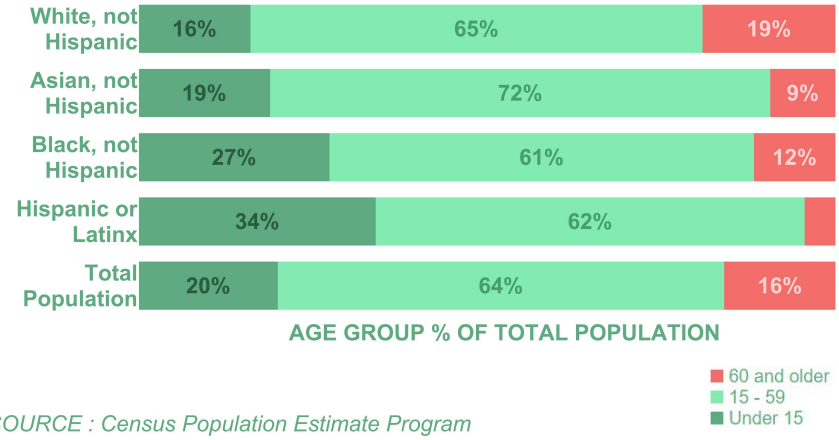
In Franklin County, the most racially and ethnically diverse county in the region, 19% of the white population is 60 or older, only 12% of Black residents are 60 and older, and only 4% of the Hispanic or Latinx community is in this age group (Figure 1).

The reasons for these age distribution differences vary for different groups. Research suggests that Black bodies tend to age more rapidly, a phenomenon called "epigenetic aging", that is caused by chronic stress and leads to shorter overall life expectancies.[1] This is evidenced in Central Ohio neighborhoods where the higher the percentage of Black residents, the lower the average life expectancy (Figure 2). Hispanic and Latinx families tend to be younger and larger overall, which makes older adults a smaller proportion of their age distribution. Hispanic and Latinx people have overall longer life expectancies than white or Black people.[2]

When COVID-19 began spreading through the region, it became clear that the disease was having disproportionately serious impacts on older adults. As of April 2021, Central Ohioans 60 years and older made up only 18% of total COVID-19 cases, but 91% of virus deaths (Figure 3).

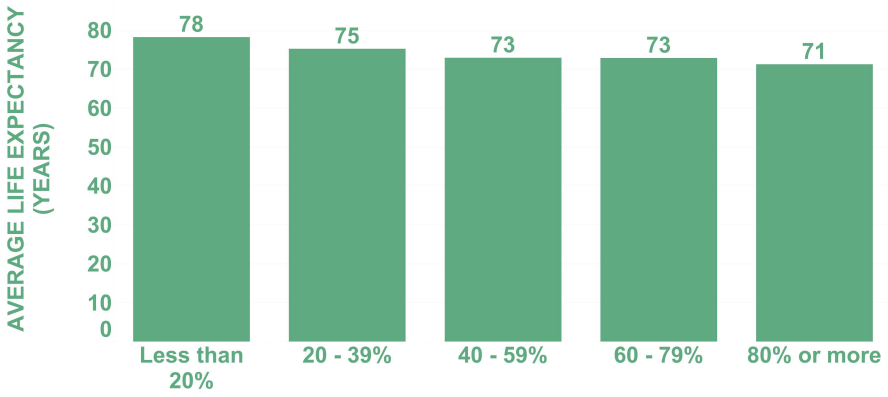
The Centers for Disease Control and Prevention (CDC) suggest that Black or African American residents are not only more likely to become infected with the COVID-19 virus, they are 2.9 times more likely to be hospitalized, and 1.9 times more likely to die from the illness. Hispanic and Latinx people make up 4% of the population in Central Ohio. Nationwide, they are not only more likely to catch the virus, they are 3.1 times more likely to be hospitalized, and 2.3 times more likely to be killed by serious cases of the illness.[3]

Figure 1. Age Distribution by Race & Ethnicity
Franklin County, Ohio, 2019



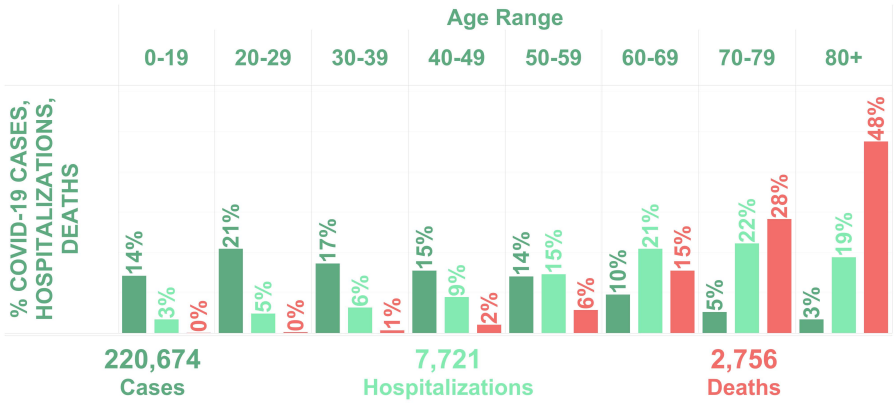
SOURCE : Census Population Estimate Program

Figure 2. Average Life Expectancy by % Black Residents
Central Ohio Census Tracts, 2018



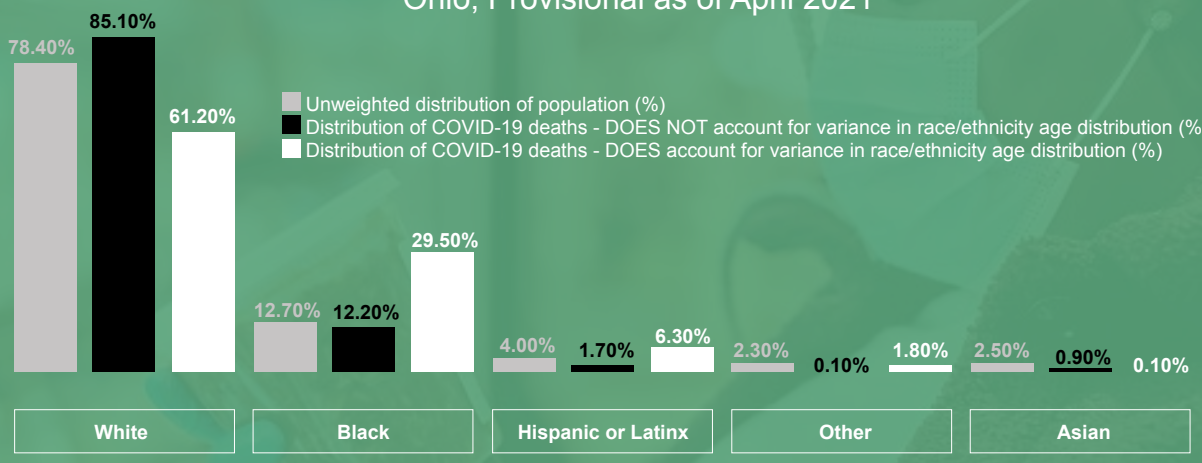
SOURCE : Kirwan Institute for Race and Ethnicity

Figure 3. COVID-19 Cases, Hospitalizations, & Deaths by Age
Central Ohio Counties, As of April 2021



SOURCE : Ohio Department of Health Coronavirus Summary Data, including mortality data by county of residence

Figure 4. COVID-19 Deaths by Race & Ethnicity
Ohio, Provisional as of April 2021



SOURCE: The Centers for Disease Control and Prevention National Center for Health Statistics Provisional Death Counts for Coronavirus Desease 2019 (COVID-19)

In the State of Ohio, raw data on COVID-19 virus-related deaths seems to contradict the national trend toward inequitable impacts by race. COVID-19 deaths among Black residents occurred in proportion with percent of Black residents in the state (12%). Deaths among Hispanic and Latinx residents were less than the proportion of Hispanic and Latinx people living in the state (2% of deaths compared with 4% of population).[4] Statewide, the data on cases overall and hospitalizations caused by the virus has significant gaps in race and ethnicity information so meaningful comparisons cannot be made.

Data from the CDC for the State of Ohio, however, offers an alternative view. They standardize the data for age (a common practice for reporting mortality statistics), which accounts for differences in the percent of population in different age ranges across racial and ethnic groups. This perspective on the severity of COVID-19 by race makes a clear case for the importance of age-adjustment of COVID-19 mortality data to ensure an accurate account of the impact. After applying an age-adjustment, which assumes the extent of deaths if all races and ethnicities had the same age distribution as the population as a whole, Black residents (12% of the population) would have represented 30% of all COVID-19 deaths. Hispanic and Latinx Ohioans (4% of the population) would have represented 6% of deaths (Figure 4).[5]

Local data on race and ethnicity of people who have been sick with, hospitalized by, or killed by COVID-19 are not comprehensive. For example, Ohio data reports comprehensive race or ethnicity among those who died from COVID-19, but classifies nearly 30% of cases and more than 10% of those hospitalized as either “unknown” or “other”, which makes it impossible to track the impact on different populations.[6] While it is not conclusive how racial and ethnic groups are being impacted by all measures in proportion to their percent of the population, there is definitive data to support that Black residents are disproportionately hospitalized by the virus in the City of Columbus, even based on raw counts.[7] Were this data to be age-adjusted, this disparity would be expected to increase as it did in the CDC data.

Gaps in demographic COVID-19 data and inconsistencies in reporting on disparities signal a need for data communication practices to support the identification of health equity issues as a critical step to addressing them. The CDC’s interpretation of the data paints a clear picture of the stark disparities of COVID-19 virus impacts in Ohio. The CDC suggests why this is occurring, stating that, “race and ethnicity are markers for other underlying conditions that effect health, including socioeconomic status, access to healthcare, and exposure to the virus related to occupation, e.g., among frontline, essential, and critical infrastructure workers.”[8]

There was already a life expectancy gap for Black residents, which can be observed locally—the higher the proportion of Black residents in a Central Ohio neighborhood, the lower the life expectancy. Black people die earlier than white people, and national research suggests the pandemic will widen the gap. For Hispanic or Latinx people who have longer life expectancies, COVID-19 will have a greater impact. In 2020, researchers suggest a 0.68-year life expectancy reduction due to COVID-19 for white Americans, compared with a 2.10-year and 3.05-year reduction for Black and Hispanic or Latinx Americans, respectively.[9]

PUBLIC HEALTH MESSAGING IN COMMUNITIES OF COLOR

Some local leaders have suggested barriers in access to public health information among Black and brown communities as another potential source of disparity. Challenges remain despite efforts to address barriers, such as language, lack of continuous healthcare, and medical mistrust among communities of color.

Language barriers are a more tangible challenge to address. Local organizations like US Together and the Center for Refugee and Immigrant Services have produced translated materials of public health guidance related to COVID-19 in common languages spoken in the region, like Spanish and Somali.

Providing translated public health information is one piece of the puzzle; however, the Robert Wood Johnson Foundation conducted research that suggests that immigrants are generally less connected to healthcare providers, and more likely to forgo needed medical treatment for reasons that seem to extend beyond language barriers alone.[10] Some national headlines point to recent concerns, especially among undocumented immigrants, around seeking treatment or receiving the vaccine for COVID-19.[11]

Additional research suggests that persistent discrimination in medical care for Black residents has led to widespread general mistrust of the healthcare system.[12] Locally, leaders from the Central Ohio Area Agency on Aging (COAAA) and the Alcohol, Drug and Mental Health Board of Franklin County (ADAMH) noted this concern among immigrant, New American, and Black residents in the region. These groups are often those employed in residential facilities, and interviewees cited reported concerns among these workers about taking the vaccine or receiving medical treatment. "Vaccine fear is based on a historical lack of trust in the medical profession and on lived experience of Black people," stated an interviewee.

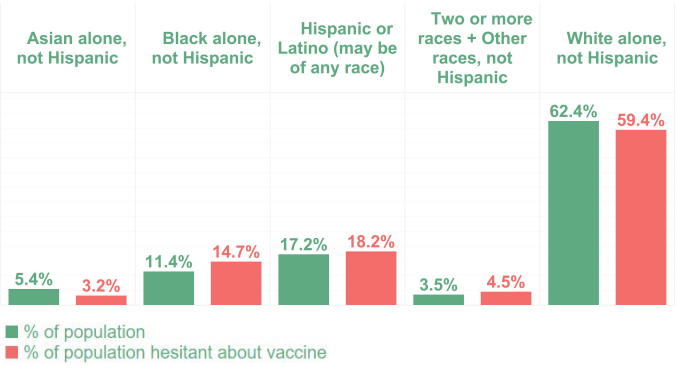
Medical mistrust is a deep-seeded experience rooted in long-standing institutional racism—it cannot be remedied quickly or easily, but it is imperative that policy-makers approach this and other public health matters through this lens of understanding and ensure that diverse perspectives are represented in decision-making about public health messaging and disparities.

An article on the topic from The Commonwealth Fund captures one key perspective on the issue, "When asked if seeing President Obama receive the COVID-19 vaccine on camera would persuade them to get vaccinated, two Black men pointed out to a Washington Post reporter that should the former president experience serious side effects he'd have access to the best doctors and receive care that is unimaginable in their own or other low-income communities."

National survey data suggests that Black, Hispanic or Latinx, and people identifying as two or more races are disproportionatly hesitant about the COVID-19 vaccine (Figure 5). Across the U.S. population, people who are hesitant about the vaccine cite concerns about side effects or plans to wait until they know it is safe as their main reasons for delaying or deciding against the vaccine (Figure 6). Local leaders are working on messaging and communication designed to help residents overcome vaccine safety concerns, like videos created by Columbus Public Health that contain clear information that debunk common vaccine myths and emphasize vaccine safety.

Figure 5. Hesitance About the COVID-19 Vaccine by Race & Ethnicity

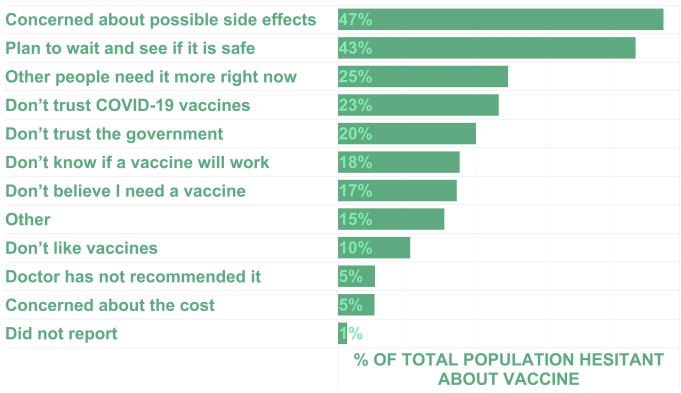
United States, March 17 - March 20, 2021



SOURCE : U.S. Census Bureau Household Pulse Survey
** note these data are available at the state level, but have high error making them unreliable for reporting*

Figure 6. Reasons for Vaccine Hesitancy

United States, March 17 - March 21, 2021



SOURCE : U.S. Census Bureau Household Pulse Survey
Respondents could select multiple answers, does not add to 100%

SECONDARY PUBLIC HEALTH CONCERNS

Before the pandemic, the death rate in Central Ohio had increased from around 2,100 per 100,000 residents in the early 2010s to around 2,400 per 100,000 residents beginning around 2016. This increase in lives lost was partly tied to illness affecting older adults as more of the population moved into the later stage of life, but it was also tied to the opioid epidemic – more people were dying from opioid drug overdoses than ever before.[13]

The COVID-19 pandemic brought even more tragedy for many Central Ohioans. In 2020 alone, the virus took the lives of 2,006 Central Ohio residents, yet the total year over year increase in deaths was 3,054.[14] Clearly the virus itself was not the only source of increased deaths. Even controlling for population growth, the death rate jumped from 2,500 per 100,000 residents in 2019 to 3,000 per 100,000 residents in 2020.

Beyond the lives lost to COVID-19, causes of death with increases in 2020 appear, in some cases, related to lack of access to medical treatment for people with chronic illnesses. A March 2021 survey from the U.S. Census Bureau indicated that 1.5 million Ohioans delayed getting medical treatment because of the coronavirus pandemic.[15] Increased deaths caused by lack of access to or intentional avoidance of medical care may be a contributing factor in increased deaths, especially among older residents. In 2020, there were 2,383 more deaths among residents 65 and older compared to 2019, but deaths attributable to COVID-19 only account for about 70% of the increase.

According to interviews with staff from the Central Ohio Area Agency on Aging (COAAA), one factor impacting health among older residents is the healthcare workforce, specifically, front line workers providing direct care. This workforce was reduced by people contracting COVID-19, the fear of becoming infected, or having to leave their employment to manage their own pandemic-induced personal issues (e.g., remote schooling), an interviewee suggested. The lack of home health aides particularly hampers access to in-home health supports for both seniors and people with disabilities. The interviewee suggested that multi-generational immigrant and New American households often had successful models for senior care. Younger family members were even able to become home health aides and receive paid compensation for caring for their older relatives.

Interviewees also suggested a need for improved infrastructure for back-up care (e.g., nursing homes) for people otherwise aging at home. Because of concerns about COVID-19 spread, seniors have been reluctant to go to residential facilities when home healthcare is unavailable, or if they have an acute condition and need more care.

Older adults were not the only ones experiencing higher death rates for reasons other than the COVID-19 virus itself. Among 15 to 64-year-olds, there were 683 more deaths compared to 2019, of which 44% were attributable to the COVID-19 illness. Other increases were related to substance abuse.[16] In 2020, there were 36% increases each in deaths from alcoholic liver disease (45 more than 2019), and drug overdoses (300 more than 2019).

Substance-related issues appeared in another trend – a surge in state tax revenues for alcohol and tobacco sales. In 2020, Ohio collected $13 million more in alcohol sales tax, and $100 million more in tobacco sales tax revenues than in 2019 (Figure 7). Some residents seem to be coping with the anxiety of the pandemic, social isolation, financial worries, or secondary trauma through increased substance use.

In addition to the increase in causes for mental and emotional distress, the pandemic has also created new barriers to accessing supports. According to interviews with staff from the Alcohol, Drug and Mental Health Board of Franklin County (ADAMH), the delivery method for services has changed during the pandemic. In-person services were still offered when

possible, but alternatives like virtual appointments and phone calls were provided as alternatives. However, communities with already limited access to consistent care and supports, and challenges with digital access likely suffered more from the mental health side-effects of the pandemic.

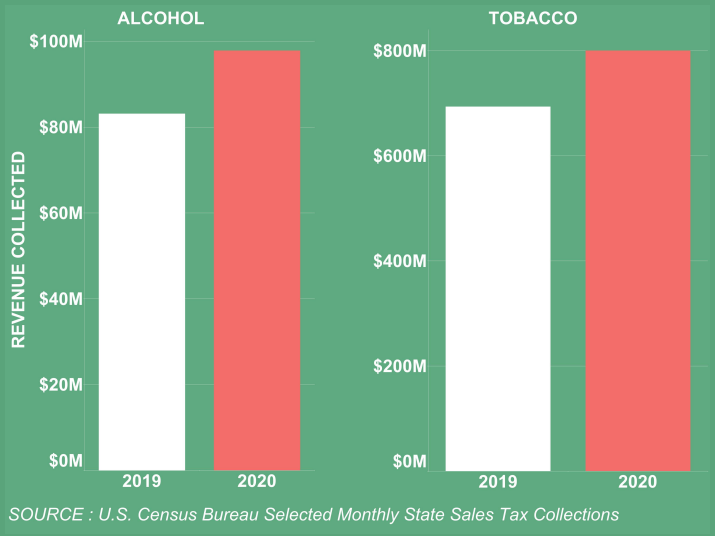
Interviewees from both ADAMH and COAAA mentioned concerns about social isolation amid worries around COVID-19, especially for people in residential facilities, "…with waves of COVID pushing through the facilities where maybe there are staffing shortages... you also have family members who can't even visit their loved ones. So, you have that added isolation on top of all of this fear and anxiety," one interviewee stated.

Another alarming source of increased deaths in 2020 was a 37% increase in homicides (53 more than 2019). Decades of academic research suggests that inequality of resources, a condition experienced by people in poverty and disproportionately includes Black people, causes higher homicide rates.[17] As such, increasing homicides during the pandemic almost entirely affected the Black community. Young Black men, especially, were being killed at a rate 1.6 times higher than the average rate over the previous 13 years in Central Ohio.[18] Black residents experienced more severe economic impacts of the pandemic than other races or ethnicities, which magnified the inequality of resources that already existed.

Despite a reduction in other types of crime, national headlines have remarked on a startling trend of rising homicide deaths in cities across the nation.[19] Bloomberg CityLab discussed possible reasons for the trend including the pandemic's destabilization of neighborhoods and community services, and an increased sense of fear and instability in communities heavily impacted by COVID-19. Separately, experts have suggested food insecurity—which more than doubled in Ohio in 2020—can lead to increased aggression.[20]

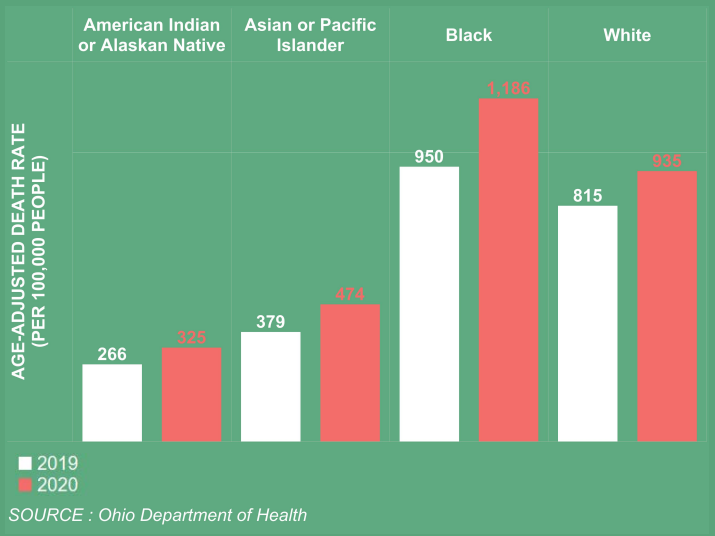
All of the increased loss of life mentioned above impacted the Black community at higher rates (Figure 8). This will leave a mark on our region's communities that will last far beyond the pandemic itself. Challenges created by sustained lack of access or avoidance of medical and mental health care, and the web of people and communities impacted by the trauma of an unimaginable increase in lost lives will have lasting public health challenges and will need continued resources and support.

Figure 7. State Alcohol & Tobacco Sales Tax Revenues
Ohio, 2019 - 2020



SOURCE : U.S. Census Bureau Selected Monthly State Sales Tax Collections

Figure 8. Death Rate by Race and Ethnicity
Central Ohio Counties, 2020 - 2020



SOURCE : Ohio Department of Health

FOOD INSECURITY

Food insecurity is a serious public health concern that research shows can have lifelong social, economic, and health effects on those who experience it. Lack of food contributes to diet-related chronic illness, as well as developmental delays and social and behavioral problems among children.[21] Survey data collected from 2016 to 2018 suggests that 1.5 million households in Ohio were food insecure, which can range from a periodic lack of resources to provide adequate, nutritious meals; to hunger, skipped meals, or not eating for entire days at a time.[22]

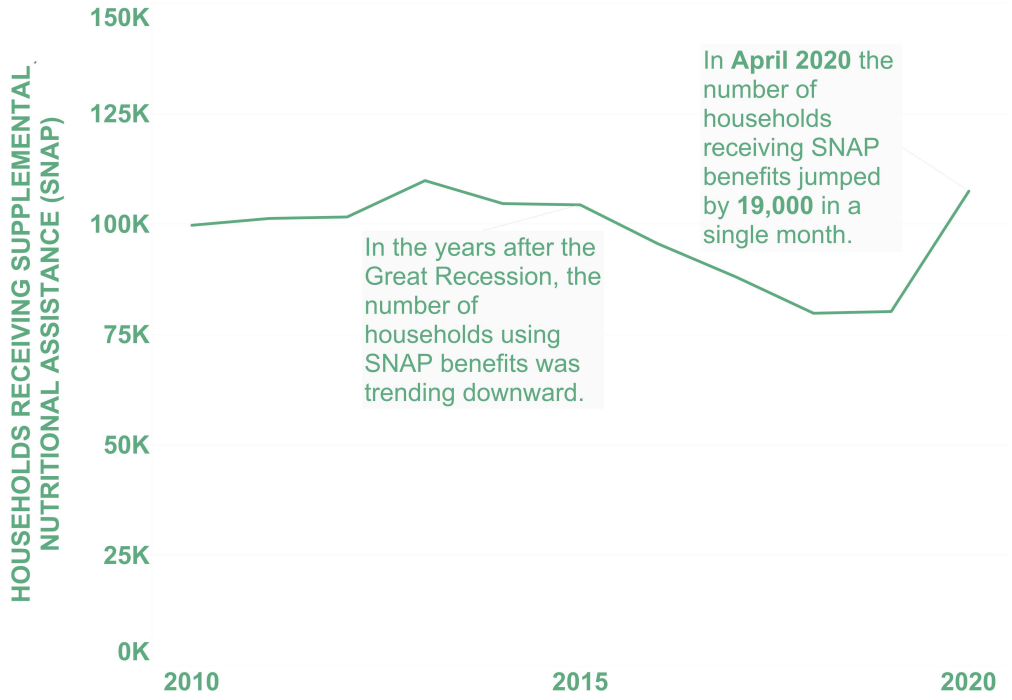
The pandemic shutdowns had devastating effects for many Central Ohioans, including astronomical un- or underemployment (discussed in the Employment & Small Business brief). As a result, more Ohio households were experiencing food insecurity than before the pandemic. Even as recently as March 2021, 3.6 million Ohio households reported food insecurity—1.4 million were households with children.

This, more than doubling households missing meals or going without adequate and nutritious food, has happened despite the incredible state and local efforts to address the issue. Prior to the pandemic, many families relied on school-provided free meals to ensure their children had enough to eat. With school districts conducting remote education, this became more challenging. Efforts were made to offer school meal pickup, but still, numbers of meals provided were down from 2019 in the state.[23] Additionally, families of free or reduced lunch-eligible children who were already using the Supplemental and Nutritional Assistance Program (SNAP) were provided increased food assistance. Electronic Benefit Transfer cards (like debit cards for food assistance) were sent to families who were not enrolled in SNAP. In Central Ohio, 19,000 more households enrolled in SNAP shortly after the start of the pandemic shutdowns (see the Social Sector brief for more detail) (Figure 9).

Food banks and pantries faced initial challenges with safe food distribution. The Mid-Ohio Food Collective, a collective organization of food banks serving Central Ohio, has taken the lead on developing protocols and guidance for operating safe, contactless food pick-up sites throughout the region. Their 2020 annual report states that they served nearly 400,000 individuals and served 25,000 families who had never visited a food pantry before. They distributed over 29 million pounds of food from March to June 2020—30% more than was distributed during the same period in 2019.[24]

Figure 9. Government Food Assistance

Columbus MSA
2010 - 2020, Annual



SOURCE : U.S. Census Bureau American Community Survey; Ohio Department of Job and Family Services (2020 only)

In an interview with a representative of the Central Ohio Area Agency on Aging, unique concerns around food distribution to older residents were discussed. Seniors eligible for Meals-on-Wheels were given increased service, and area agencies on aging tapped into other resources such as volunteer or charity funds to help provide people with some additional food or local food box programs. Home health aides were encouraged to assist with grocery shopping for their clients to help manage the risk of exposure. However, it was noted that some people still experienced challenges, most notably those with low-incomes who may not qualify for Meals-on-Wheels, and those without home health aides.

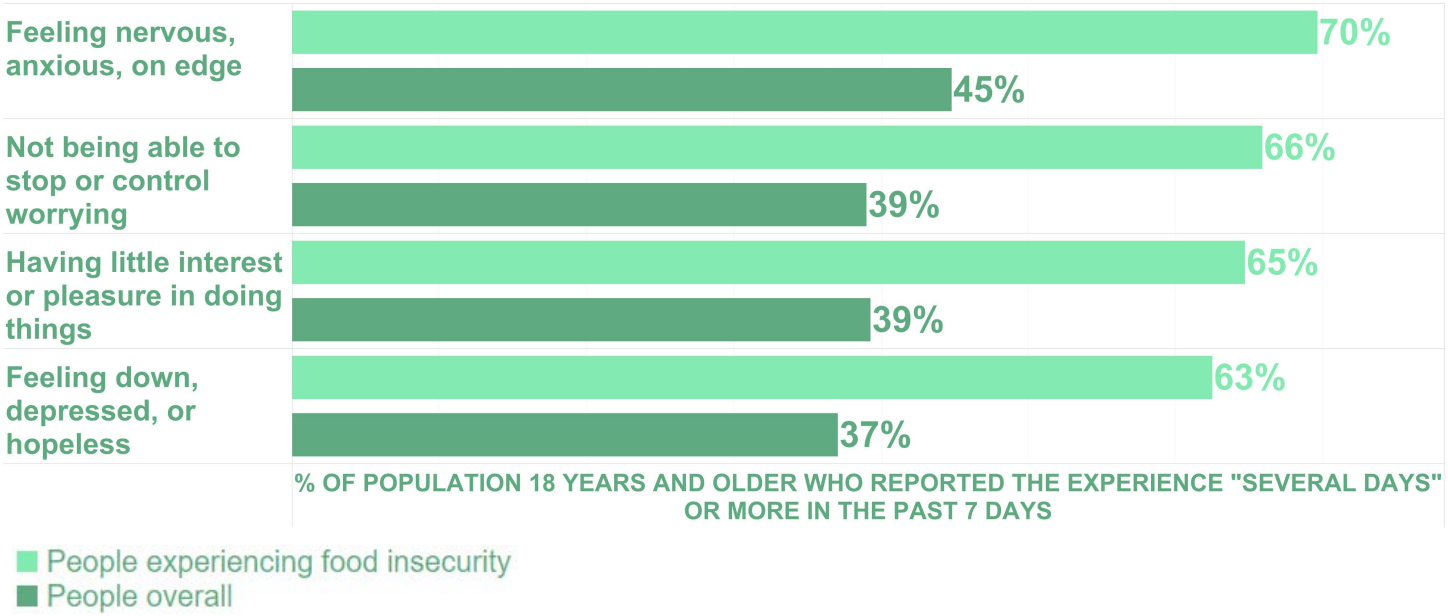
Nationally, surveys conducted by the U.S. Census Bureau in March 2021 suggest that people of color disproportionately experienced food insecurity. Black or African American people make up 11% of the survey respondents but 15% of people who experienced food insufficiency. Similarly Hispanic or Latinx people were 17% of respondents but 25% of people wo experienced food insufficiency. Pre-pandemic data suggests that rural communities experience greater food insecurity as well. According to Feeding America, “rural communities make up 63% of counties in the United States and 87% of counties with the highest rates of overall food insecurity.” [25]

There are lasting concerns about the increase in households experiencing prolonged food insecurity—rises in diet-related disease rates, and more barriers to success for children in school and beyond. Whether prolonged or temporary, the U.S. Census Bureau survey sheds light on less tangible but not less important concerns around the mental health impacts of food insecurity. Nationally, people who were food insecure in a March 2021 survey reported up to twice as often than the overall population that they were experiencing frequent mental and emotional distress (Figure 10).

Food resources and distribution systems are strong in Central Ohio, yet the shock of the pandemic was enough to press those systems beyond their limits. With 2 million more households facing food insecurity in Ohio even a year after the shutdowns began, these limits are clear. The challenges are in part with the historical underinvestment in the social sector (for more detail, see the Social Sector brief), and with a pervasive challenge connecting people to resources, particularly people who have not found themselves needing supports before. The American Rescue Plan includes bolstered supports for food insecurity problems, like increased food benefits for SNAP recipients, greater administrative funds for state run programs to better-handle the increased volume of demand and increased or extended supports for families with children not in school.[26]

Figure 10. Mental Health Distress by Food Insecurity

United States
Mar 17 - Mar 21, 2021



SOURCE : U.S. Census Bureau Household Pulse Survey

** note these data are available at the state level, but have high error making them unreliable for reporting*

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