



Episode 7: Why does a foodbank association care about health coverage?

Audio Transcript

Joree N. 00:00:20 Welcome to another edition of Just a Bite, the podcast where the Ohio Association of Foodbanks brings you conversations about the issues and topics impacting Ohioans, we serve and ideas for how you can be a part of the solution, all in bite size episodes. I'm, Joree Novotny your host for this episode. As you know, food insecurity does not occur in a vacuum. So this week we're talking to my colleague, Zach Reat about one of the ways in which we address the intersections between food insecurity and health and that's access to affordable health coverage. You know, the cycle of poverty, economic insecurity and poor health outcomes can be challenging to interrupt, but we actually believe the solutions themselves are pretty straight forward. And one key piece for not only avoiding significant medical debt or making impossible trade-offs between food and medicine. Um, but also for promoting better health outcomes is access to affordable coverage. So let's dive into these topics with our resident expert, Zach Reat. Yeah. Welcome to the podcast. Zach.

Zach R. 00:01:41 Thanks. So glad to be here.

Joree N. 00:01:43 You know, I am so excited to have you back on our team at the association. Would you start by just introducing yourself to our listeners? Tell them a little bit about your career path and what brought you back to this work?

Zach R. 00:01:56 Absolutely. And I'm really happy to be back here at the association and working with you again, jury. Um, my name is Zach Reat, so I'm the director of health initiatives here and have been on staff for, I think two and a half months. The go around. Um, my career started as an AmeriCorps VISTA and, um, you know, we're huge fans of AmeriCorps, um, around the association. And I had the honor of working for two years as a VISTA at an organization called the Columbus Coalition for the Homeless. Um, and in that work did a lot of, uh, outreach with people living out on the streets in the city of Columbus. And one of the organizations that we did that work with was Healthcare for the Homeless. So they were an organization that actually went out and provided healthcare services to people living on the land.

Zach R. 00:02:50 And so right then at the beginning of my career, I saw sort of the impact of people going without resources on, on their health. Um, after working with the coalition, I, I came to the Ohio Association of Foodbanks and worked on our Ohio Benefit Bank project. And I'm not sure if your listeners are familiar with that project. Um, but that was in an online service that helped people sign up for benefits, including food assistance, Medicaid, um, help prepare their taxes, apply for the home energy assistance program. Um, and through that work became really familiar with how to connect people with the benefits they needed to fill the holes in their budget. Um, you talked in the intro about the cycle of poverty and one way that we can interrupt at least the impact of that cycle on people's lives is providing resources that help fill the gaps in the monthly budget, through that work

and throughout the process of the passage of the Affordable Care Act, which was passed into law in 2010, it seems like a lifetime ago now.

Zach R. 00:04:04 Um, we started to think about how the association might be well-positioned to, um, help people enroll in new health insurance options available through the Affordable Care Act. Um, and those are insurance through the federal Marketplace as well as through Medicaid expansion. And so we got that grant in 2014. Um, and a part of my story that I didn't talk about is, uh, back in the transition from my VISTA service to working at the Ohio Association of Foodbanks, uh, I got really sick, um, unexpected. I was young and it was actually on the very last day of my AmeriCorps VISTA service that I got my diagnosis. And unfortunately that meant that I was also without health insurance, uh, that next day. So I found myself in a position where I needed access to healthcare life-saving healthcare, and didn't have the insurance to help defray the cost of that.

Zach R. 00:05:12 Um, and I think through that experience while I maybe didn't appreciate it for what it was in the moment I developed a real passion for, um, making sure that people had what they needed when it came to, uh, dealing with, with their health problems, be those small, everyday health problems, like the fever that my seven year old had this morning, or, you know, really serious life threatening stuff. So anyway, that's, that's a personal story that, that drove me to want to do the work on the navigator project, uh, worked on that project for several years and started to see that policy really matters. You, you may remember that there were some hiccups at the beginning of the implementation of the Affordable Care Act, a few hiccups, you know, um, we, we talk about them as glitches, but what I saw was a bad policy in some cases, getting in the way of good people, getting the services that they needed.

Zach R. 00:06:18 And, um, so I started looking for opportunities to, uh, make an impact on the policy level. I went to an organization called the Health Policy Institute of Ohio, uh, for five years, it's a great organization that does independent analysis to inform state health policy. And, um, through that experience learned a lot. Um, it was a great experience. However, I really missed working on programs and being close to, uh, the impact of the work that you're doing on a daily basis. Um, and so when this opportunity to come back to the association and work again on the navigator project, uh, came about, I really jumped at it and I'm excited to be here. So it's a long-winded answer, but that's kinda how I got here.

Joree N. 00:07:09 No, I love hearing about that journey. And, you know, I think for so many of us who work in mission-driven spaces, you have a unique heart for the purpose in, in why you come here each day to do the work. So thank you for being vulnerable and sharing that with us and centering us in the fact that every person tomorrow could wake up with news that they didn't expect today. And when that news comes, if it does, they deserve the peace of mind to know that they can access a care provider, a doctor, a care team within geographic reach of them within their budget, um, and without putting themselves and their families into debt and into that cycle of stress and a variety of insecurities, right? Um, I mean, it's so transformational and it shouldn't be transformational. It should be a right, just like adequate nutritious food is a right that each, each human has, so is access to adequate healthcare.

Joree N. 00:08:16 But unfortunately it is more of a transformational moment to have lived through the expansion of Medicaid here in Ohio to have seen and been part of and witnessed to the implementation of the Patient Protection and Affordable Care Act. I mean, there's so much other transformation that that law had for so many lives that is continuing today for patients in your shoes. Now, if they receive a diagnosis like that, they know that an insurer can't turn them away because of it going forward. So many protections now in place that we didn't have, not that long ago in our

country. So I'm curious if you would talk a little bit about some of the shifts that have happened in coverage and in access to care since the implementation of the ACA.

Zach R. 00:09:04 Yeah. Well, I mean, you hit the nail on the head. The ACA brought about some changes that really, um, closed a lot of gaps in, in America's healthcare system, but they still exist. And I wanna, I wanna make sure that that point is out there. We still have room to improve for sure. But the biggest change that we saw as a result of the implementation of the Affordable Care Act was a decrease in the uninsured rate. Um, here in the state of Ohio, we had an uninsured rate hovering at about 14%. Um, so, you know, what is that one in eight, one in seven Ohioans that did not have that peace of mind that you talked about? Um, that number has gone down to about 8%, um, and that's, that's 8% of people under the age of 65. Um, so that is a huge change primarily brought on through expansion of Medicaid.

Zach R. 00:10:03 Um, so that happened in 2014 here in the state of Ohio, and it closed a gap in coverage mainly for adults, um, and, and particularly adults without children who were not eligible in the state of Ohio, unless they had, um, a serious qualifying disability. Um, and also the opening of the Affordable Care Act Marketplace. Um, and just for our listeners, whenever we talk about the Marketplace, we're talking about healthcare.gov. Um, that's probably what you're hearing about on the radio. And, um, but the, the Marketplace made coverage available to a segment of society that, that didn't have access to employer sponsored health insurance coverage before. Um, think about entrepreneurs who are just starting up a business and don't have the revenue to, uh, afford health insurance coverage. Think about, uh, people who are working for instance, small employers that don't offer that coverage. And then also people who are maybe in between jobs, right?

Zach R. 00:11:11 I mean, uh, some folks work long careers and decide they want to make a change. And, uh, until the Affordable Care Act Marketplaces opened, that often meant going without coverage, uh, for a period of time. Another major change that you talked about is, uh, coverage of pre-existing conditions. So before if I worked for an employer for a period of time and say developed a chronic condition like diabetes, um, if I went out onto the individual Marketplace, insurance companies could deny me coverage because I have that condition or deny me coverage for that condition specifically. And now that's not the case. Um, there are preexisting condition coverage, uh, protections so that people get access to the treatments that they need. Um, a person like me who had a serious medical condition, um, would have been totally in, uh, eligible for health insurance on the Marketplace. Fortunately, I found my way here, um, where we have access to that employer sponsored coverage, and believe me, I didn't take that granted, uh, for a second, uh, another major shift in, um, access to care that happened through the Affordable Care Act was more of a focus on the value of health insurance delivered, uh, rather than the quantity of health insurance delivered.

Zach R. 00:12:40 And there was also some, um, innovation grants that came out as a part of the Affordable Care Act that we really took advantage of here in the state of Ohio to do things like, um, expanding, uh, patient centered medical, home models and other models that connect people more directly with the coordinated care that they need to actually achieve better outcomes.

Joree N. 00:13:07 I think that was worthy of a college level lecture and about five or six minutes there, I learned so much. And as you were speaking, you know, I'm thinking as I'm sure many of our listeners are about those personal stories that we all have about ourselves, our loved ones, people that we care about who have experienced either life changing diagnoses that are unexpected or navigating chronic conditions like so many of us have, who are experiencing pregnancy and the delivery of a newborn. Um, you know, I myself, uh, a couple of years ago now thought for a couple of weeks that I had a fatal diagnosis until I got the good news that it was a false alarm. And I remember

in those days just counting my blessings so closely for having the health insurance that I did while also feeling concerned because that health insurance is provided through my employer and being uncertain about my ability to maintain that coverage.

Joree N. 00:14:06 And it just provides me and, and I think our listeners and so many people, a lot of reassurance to know that there are health insurance products out there on the Marketplace that didn't exist before through political will, you know, we had to, um, get together, you know, a lot of our listeners are policy wonks and we, we know that there has to be a lot of political will to make life changing policy like this move ahead. And to your point, it's not all implemented perfectly every gap hasn't been filled, but just to think about where we were 10 years ago compared to now really is something to thankful for. Um, you know, and we've also experienced a global pandemic over the past year and a half. Would you talk about how COVID-19 specifically has threatened access to health coverage? How have our elected officials in this moment responded to protect access to coverage and to care?

Zach R. 00:15:12 Yeah, I absolutely will address COVID-19, but I also want to address another point you made and that's policy matters, right? When we put attention and, and when we put our political will behind making things better, we do and access to care. And the state of Ohio is absolutely a success story, uh, that we can and should tell about the power of policy, Health Policy Institute of Ohio. So to the heart of the organization I worked for before, uh, they publish a Health Value Dashboard. And unfortunately, Ohio performs very poorly relative to other states on health value, which is population health and healthcare spending. Um, but one of the bright spots here in Ohio is access to care. Um, and you told this story, you know, 10 years ago, uh, the state of Ohio was 25th in our access to care domain this last year when HPIO released, uh, the dashboard, they were seventh.

Zach R. 00:16:17 And that is because of the policy work that we've done here in the state of Ohio to improve access to care. COVID-19 absolutely represents huge challenges to access to care. You know, first of all, we saw access to care threatened through job loss, um, as unemployment spiked, the ability to provide and do certain jobs ceased there for a while and has only come back slowly. So we saw people lose coverage through employers. Um, we also saw healthcare access threatened by restrictions, which were put in place to prevent the spread. Um, one example of that is that in the beginning of the pandemic, we saw a pretty precipitous drop-off in child immunization rates, um, which can have really serious consequences immediately and down the line, depending on what those immunizations are protecting against. So those are some specific examples of how COVID-19 is, uh, threatened access to care.

Zach R. 00:17:24 I think going forward, what we, we have to watch out for is how we come out of this pandemic. Hopefully fingers crossed right, as we're all getting together for the holidays. Um, hoping that we are eventually coming to the other end of this pandemic, uh, recognizing that we don't know exactly what that looks like, but our resources have been, our public health system has been strained. And I think we just need to watch what happens as for example, the public health emergency, which has kept so many people on Medicaid coverage as that unwinds. Um, how are we ensuring that people don't see serious disruptions in their health care that result in even worse problems on down the line,

Joree N. 00:18:18 You bring up so many good points and pain points that we need to be aware of and conscious of and thinking about, and in the same way, the folks that we're talking about are feeling those pain points in real time, every day in their budgets and their decision-making. So, you know, we've talked before on the podcast about, um, some of the challenges, somewhat driven by

the pandemic, but also unfolding for years in our shifting economy, in our gig economy, in the ways in which a lot of people living at or near poverty have to cobble together a couple of part-time jobs. Um, you know, there's a lot of different reasons, uh, and levers behind that. A not insignificant one being that, of course, the ACA mandated that employers provide employers of a certain size provide employer based coverage to full-time workers. And so there is a rub there because workers, again, who are putting together a couple of part-time jobs, have to think about whether they're going to be able to maintain Medicaid eligibility, whether they're going to, they're going to be in a position where they have a little bit more income coming in and all of that extra income and more has to go toward their prescriptions for their child with a debilitating condition.

Joree N. 00:19:40 Uh, so it's a, day-to-day struggle for folks and we haven't solved all those problems. So it's a real rub about, uh, our connection between employment and access to health coverage, and whether that really is an appropriate and humane link.

Zach R. 00:19:59 Um, I'm working with somebody who is 18, 19 years old, just doing everything that they are supposed to do, trying to get a job, get the education. The odds are generally stacked against this person and trying to help that that person has an opportunity for a new job making a higher wage, but they are concerned about exactly what you mentioned, and that is the ability to maintain health coverage for the counseling and the management of their medical conditions without going off of Medicaid. Um, and, and it's just such a, you just wish that this individual could make the decision that they think is best for them and not have to about those other considerations. I do want to say that this is exactly part of the reason that the navigator program is here. We are here to help people understand the implications of their income on their source of health insurance.

Zach R. 00:21:06 We're also here to help people understand how to use their health insurance. So if they are circulating off of Medicaid onto Marketplace, onto employer sponsored coverage, whatever it is, we can help people review their plans, understand what sort of treatments are covered, what that treatment might cost, how they can understand what prescriptions are covered under their plan, if they can't afford all of that coverage, looking for even, you know, uh, prescription discount programs or other resources that are out there to make healthcare coverage more affordable. So, yeah, I don't want people to have to deal with these problems. Um, but while we have these gaps in the healthcare system, this is exactly why our navigators are available to help people.

Joree N. 00:21:57 Yeah, I think you can all hear why we care about this work, the implications related to accessing affordable health coverage, understanding it, you utilizing it, um, and balancing its costs and its trade-offs and, and all the, um, decision-making pieces that go into that with the other basic needs that we have and the dreams and aspirations that we have for ourselves and our kids and our, and our family, um, it's big stuff. And I, you know, I feel really proud to be part of an organization that recognizes that hunger is just a symptom of all this other stuff we're talking about. How would you encapsulate why we are well-suited for this work in particular, and also why our partners in this work and our navigator consortium are well-suited. Yeah.

Zach R. 00:22:47 Uh, I think the number one reason that we're well-suited is, uh, we care, you know, and we've touched on that a lot. So I won't belabor that point. Um, another reason that we're well-suited to this is we have experience navigating programs that help to fill gaps for people with low incomes. I mentioned the benefit bank project that was administered by the Ohio Association of Foodbanks through a network of about 1200, um, community organizations across the state of Ohio. We work with our member food banks, as well as our partners, um, through our navigator consortium to connect people who are in need of services with the services that are available in the community. Um, so for example, uh, we have two of our member food banks that are a part of our navigator

consortium. One, uh, the Freestore Foodbank down in Cincinnati has years and years and years of experience connecting people with benefits and helping them use those benefits effectively, um, to meet their monthly budgets.

Zach R. 00:23:59 Uh, we have some partners up in the Cleveland area. Medworks USA that is, um, primarily focused or their mission is to connect people without health insurance, with the healthcare services that they need. Um, and through this navigator work, they're able to connect many of those individuals with health insurance as well. So those are just two examples of how our partner organizations are already doing this work of connecting people with what they need and are expanding their services or building on their services to make sure that people have the health insurance that they need as well. Because like you mentioned, it's just one piece and the possible.

Joree N. 00:24:47 Absolutely. And as you're sharing a couple of those examples, I know what is true for all of our partners, um, and their larger referral networks and other stakeholders in this work is that it's about trusted messengers, right? We talk about that a lot because people deserve to have trust in the individual. That's sitting across from them, helping them shop for these options, have trust, knowing that they're going to provide unbiased help, that meets that individual's needs, and that they're going to be served well. And fairly, could you, in your role as a trusted messenger, tell our listeners about some of the important dates they should know about how to get help from the get covered Ohio campaign, you know, how can they be a part of spreading the word and being messengers themselves?

Zach R. 00:25:40 Absolutely. Well for individuals who need health insurance, there are some really important dates to know about. Um, the first of those dates is December the 15th of 2021. Uh, if you want to have coverage starting on January 1st, 2022, you need to enroll in Marketplace coverage. Uh, by December the 15th open enrollment is the second important date people need to know, and that, uh, open enrollment ends on January the 15th. Now people with low incomes, um, who might be eligible for Medicaid coverage can enroll at any time throughout the year. And they're all are what's called special enrollment periods. Uh, for people who have life changing events like loss of a job, or, um, maybe a family disruption like an adoption or divorce, um, individuals in situations like that can enroll in Marketplace coverage at other times the year. Um, but December the 15th for coverage by January 1st and open enrollment ins on January the 15th, now, people who want help from a navigator to get through those processes, they can, uh, visit, get covered ohio.org, uh, which is a website for our navigator consortium.

Zach R. 00:27:05 And on that website, they can find more information about navigator services and schedule an appointment with an advocator online. Uh, we use a system called the get covered connector, where you type in your zip code. You tell us what language you'd like to have an appointment in, and you can learn where there are navigators ready to serve, uh, near you. Now there's also an 800 number, um, and that 800 number is 8 3 3 6 2 8 4 4 6 7. Um, and people can call that hotline to get questions answered that they have about health insurance and also to schedule appointments with the navigators. Now, if there's organizations out there listening, you said most of your listeners are policy wonks. If you have email list serves that you send out newsletters that you're sending out to all of your stakeholders, if you work directly with patients who might need health insurance, we also have a role for you to get involved with get covered Ohio.

Zach R. 00:28:15 We have free marketing materials that we could ship out. For example, to distribute to patients who are uninsured. We also have social media tool kits put together by, um, my, my, my brilliant host for today's podcast Joreee, um, which is like super, super easy to use, um, content for posting on social media to raise awareness about health insurance options through the

Marketplace and encourage people to schedule appointments with navigators. Um, and then I can also help you, for example, if you'd like to include something in your newsletter, we have a ready-made content for that. Anybody who wants to partner in any way with this initiative, um, can go to get covered.ohio.org, um, or contact me. And, um, my email is zach@ohiofoodbanks.org. I'll be waiting for your email.

Joree N. 00:29:15 Thank you, Zach. Yeah, we'll make sure to pop all of those relevant links and resources on the show notes for this episode. And we're just really excited about working in tandem with our community partners, just spread the word about access to care and coverage and how we can help folks navigate that space. So in closing, we don't have time to dive into it today in this episode, given that they're bite-size, but, um, you know, I was wondering if you would just give us a little teaser Zach about what is on your radar, beyond the navigator program, in your role as director of health initiatives, you know, what gets you excited about the future of the intersections between addressing hunger and improving health?

Zach R. 00:30:00 Yeah. You know, access to health insurance is important and it's important enough for, to spend a whole bite-sized episode on it. Um, but we know that that is a very small part of actual health, right? Research indicates that that only about 20% of our overall health is accounted for, with what happens in the doctor's office. That's a really important 20%, right? If you're sick, if you're injured, that 20% really matters. Um, but the other 80% of our health is what's happening around us. It's our economic situation. It's our social situation. It's the neighborhood that we live in, the safety that we experience in our everyday lives. And I have an opportunity here at the Ohio Association of Foodbanks to address a really important part of that. And that is access to food and nutrition. Um, so here are our member foodbank, uh, network, and there are 3,600 member charities do exceptionally important work, uh, connecting people with food when they don't have enough, right.

Zach R. 00:31:17 Addressing that gap in the budget for food. Um, we are working with our member food banks to expand access to nutritious foods and also expand, um, partnerships with healthcare providers and insurance companies to make sure that we're not addressing people's health problems in a vacuum, right. It does very little good to connect a person with diabetes or hypertension, uh, with the pill and the advice about how to manage a condition with a healthy diet when they don't have the resources they need, um, to, to, to, to eat, um, by that diet or they don't feel safe in their neighborhood to exercise, right? So, um, we're working closely with our member food banks to, uh, expand those partnerships and make sure that people have real opportunities to be healthy. And that's going to take us a long way to actually improving health in the state of Ohio. So I'm super excited about that work and, um, diving in.

Joree N. 00:32:33 Fantastic. I couldn't be more excited about it as well. And I'm grateful for the time you spent today, our listeners given us some insight about our role in this work, how our partners and listeners can help expand access to coverage and a little teaser about what's to come. We'll absolutely have you back in 2022 to dive further into that. So thanks so much again,

Joree N. 00:33:05 One other thing to keep in mind is that lack of access to coverage is one of several areas in our health system that impacts people of color disproportionately. One of our key goals in the navigator project is to reduce disparities in coverage for racial and ethnic minorities. It's one piece in the much larger puzzle racial disparities in our healthcare landscape greatly impact the health outcomes and economic and financial security for black and brown Ohioans and Americans from higher uninsured rates to implicit bias in healthcare delivery settings, to rates of chronic conditions from asthma to diabetes, to maternal and infant mortality and morbidity a recent story by

Bloomberg business week, highlighted that even the enormous burden of \$140 billion in past due medical bills reported on U S credit files, isn't evenly distributed, but rather borne disproportionately by black Americans with 28% of black households with medical debt compared with just 17% of white households.

Joree N. 00:34:10 So I leave you with this quote from a mom featured in this Bloomberg business week article, who says who's to say that doesn't carry over into that financial piece, that those same implicit or explicit biases don't carry over. If it's disproportionately happening to people of color, there's already a fear of not being treated fairly or receiving good quality treatment. So we just want to keep having these tough conversations so that we're part of the effort to refuse, accepting these disparities as normal or as acceptable for our neighbors and friends. That's why many of our navigators live and work in communities of color and serve communities of color. We look forward to continuing to have the conversations and to bring more solutions to the table for you. So we'll talk to you again soon.