Closing Ohio’s health gaps
Moving towards equity

Health Educators’ Institute: Navigating Health Equity

Oct. 17, 2019
Vision
To influence the improvement of health and well-being for all Ohioans.

Mission
To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy.
HPIO core funders

- Interact for Health
- The Mt. Sinai Health Care Foundation
- Saint Luke's Foundation of Cleveland
- The George Gund Foundation
- The Cleveland Foundation
- Sisters of Charity Foundation, Cleveland
- Sisters of Charity Foundation, Canton
- United Way of Central Ohio
- HealthPath Foundation
- Cardinal Health Foundation
- Mercy Health
- CareSource Foundation
- North Canton Medical Foundation
- The Nord Family Foundation
Join the conversation

Share your thoughts on twitter throughout the presentation

@HealthPolicyOH
@GinaClayHPIO
Objectives

1. Understand what health equity is and drivers of health disparities and inequities.

2. Provide data on Ohio’s largest disparities and inequities.

3. Provide examples of evidenced-informed policies that can be implemented at the state and local levels to close Ohio’s health outcome gaps.
1. Many communities in Ohio experience troubling gaps in health outcomes.

2. The choices we make are often shaped by the environments in which we live.

3. There are evidence-based approaches to closing Ohio’s health gaps.
What is health equity?
Eliminate inequities

Address avoidable inequalities

Opportunity to achieve

Valuing everyone equally

Discrimination

Injustices

Highest level of health

No one at a disadvantage

Social standing

Resource allocation

Absence of differences

Elimination of disparities
Key HPIO equity milestones

- **Health Value Dashboard Equity Workgroup meetings** (2016-2017)
- **Roadmaps to Equity: Opportunities for Closing Health Gaps regional forums**
- **HPIO Equity Advisory Group meetings** (Jan.-May)
- **Equity strategic messaging forum and Advisory Group meeting**
- **HPIO equity resource page release**
- **Health Value Dashboard Equity Workgroup meetings** (Feb.-March)
- **2019 Dashboard equity profile and supplemental equity tools release**
- **Closing Ohio’s health gaps: Moving towards equity publication release**
Three pillars to build power for change

Organize people

Organize narrative

Organize resources
Consensus

Health equity definition

Everyone is able to achieve their full health potential. This requires addressing historical and contemporary injustices and removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.
Health inequities
Disparities in rates due to differences in the distribution of social, economic, environmental or healthcare resources*

Health disparities
Differences in health status among segments of the population such as by race or ethnicity, education, income or disability status

Health equity

*Working definition from the CDC Health Equity Working Group, October 2007
Health inequities, disparities and equity

**Health inequities**
Disparities in rates due to differences in the distribution of social, economic, environmental or healthcare resources*

**Health disparities**
Differences in health status among segments of the population such as by race or ethnicity, education, income or disability status

**Health equity**

*Working definition from the CDC Health Equity Working Group, October 2007

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Ohio has troubling health gaps

There is more than a 29-year gap in life expectancy at birth depending on where a person lives in Ohio. The lowest life expectancy is 60 years in the Franklin neighborhood of Columbus (Franklin County) compared to 89.2 years in the Stokes area (Summit County). This troubling disparity is attributed to the fact that not all Ohioans have the same opportunity to live a healthy life based on geography, race and ethnicity, income, education, or other social, economic or demographic factors.

As a result, many groups of Ohioans experience large gaps in health outcomes:
- Black infants are nearly three times as likely to die in the first year of life compared to white infants.
- Ohioans with disabilities are four times as likely to experience depression than Ohioans without disabilities.
- Ohioans with less than a high school education are 2.7 times more likely than Ohioans with some post-high school education to report fair or poor health.

The underlying drivers of these gaps in outcomes are complex and rooted in many factors.

What is health equity?

Health equity is a term widely used in health policy discussions regarding efforts to eliminate health gaps, but the term has many different definitions. To provide a foundation for advancing health equity in Ohio, HPIO convened an Equity Advisory Group to come to consensus on a definition of health equity. The group reviewed existing definitions of health equity and, after a series of discussions, developed the following:

"Everyone is able to achieve their full health potential. This requires addressing historical and contemporary injustices and removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care."
Why does this matter?
Where does Ohio rank?

Population health: 43
Healthcare spending: 28

Health value in Ohio: 46

Top quartile  Second quartile  Third quartile  Bottom quartile
Of the 50 states and D.C.

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Ohio ranks in the bottom quartile on nearly 30 percent of metrics.
Factors that impact health

- Social and economic environment: 40%
- Clinical care: 20%
- Health behaviors: 30%
- Physical environment: 10%

Modifiable factors that influence health

- Social and economic environment: 32%
- Access to care: 18%
- Healthcare system: 36%
- Public health and prevention: 47%
- Clinical care: 20%
- Health behaviors: 10%
- Physical environment: 40%

Why do we rank poorly on health value?

- Too many Ohioans are left behind
- Resources are out of balance
- Addiction is holding Ohioans back
Too many Ohioans left behind

Without a strong foundation, not all Ohioans have the same opportunity to be healthy

Birth
- Adverse childhood experiences*: 38%
- Child poverty: 35%
- Preschool enrollment: 28%
- High school graduation: 29%
- Some college: 31%

Adulthood
- Adult incarceration: 38% (out of 50)
- Unemployment: 43%

112,873 black children in Ohio would not be living in poverty if gap between white and black children in Ohio was eliminated.

11,372 Ohioans with low incomes would graduate high school if gap between low- and high-income Ohioans was eliminated.

29,251 Ohioans with disabilities, ages 18-64, would be employed if gap between Ohioans with and without disabilities was eliminated.

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2019 Health Value Dashboard

equity profiles
## 2019 Dashboard components

<table>
<thead>
<tr>
<th>Rankings</th>
<th>Progress and trends</th>
<th>Gaps in outcomes</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Greatly improved</td>
<td>Little to no disparity</td>
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<td></td>
<td></td>
<td></td>
<td>Medium disparity</td>
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<td></td>
<td></td>
<td></td>
<td>Large disparity</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Little to no disparity</th>
<th>Disparity ratio between group with the worst outcomes and group with the best outcomes is less than 1.10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium disparity</td>
<td>Disparity ratio between group with the worst outcomes and group with the best outcomes is between 1.10 and 2</td>
</tr>
<tr>
<td>Large disparity</td>
<td>Disparity ratio between group with the worst outcomes and group with the best outcomes is greater than 2</td>
</tr>
</tbody>
</table>
## 2019 Health Value Dashboard

### Equity Profiles

- **Socio-economic factors**
  - Child poverty: 2.9 times worse for black Ohioans
  - Unemployment: 2.7 times worse for black Ohioans
  - High school graduation: 2.7 times worse for black Ohioans
  - Adult poverty: 2.5 times worse for black Ohioans
  - Fourth-grade reading: 1.5 times worse for black Ohioans

- **Community conditions**
  - Attending a high-poverty school: 4.7 times worse for black Ohioans
  - Housing quality: 2.3 times worse for black Ohioans
  - Living in a high-homicide county: 1.7 times worse for black Ohioans
  - Food deserts: Little or no disparity for black Ohioans*

- **Health care**
  - Prenatal care: 1.7 times worse for black Ohioans
  - Unable to see doctor due to cost: 1.6 times worse for black Ohioans
  - Uninsured, adults: 1.4 times worse for black Ohioans
  - Without a usual source of care: 1.3 times worse for black Ohioans

- **Health outcomes**
  - Infant mortality: 2.9 times worse for black Ohioans
  - Premature death: 1.5 times worse for black Ohioans
  - Adult diabetes: 1.3 times worse for black Ohioans
  - Overall health status: 1.3 times worse for black Ohioans
  - Adult overweight and obese: Little or no disparity for black Ohioans
  - Adult depression: Little or no disparity for black Ohioans*

*Disparity ratio is less than 1, indicating that outcomes are better for black Ohioans compared to white Ohioans.

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**Note:** Darker red indicates larger magnitude of difference. Metric information (description, year, source) is in the Dashboard appendix.
### Health inequities
Disparities in rates due to differences in the distribution of social, economic, environmental or healthcare resources*

- Black children in Ohio are 4.7 times more likely to attend a high poverty school than white Ohioans, which often have lower graduation rates.

- Lacking a sufficient education makes it more difficult to provide basic needs, such as quality housing. If the gap in quality housing between black and white Ohioans was eliminated, more than 79,000 black Ohioans would live in higher quality housing.

These differences have led to poorer health outcomes for black Ohioans. For example, black infants are dying at nearly three times the rate of white infants in Ohio.

### Socio-economic factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Disparity for Black Ohioans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child poverty</td>
<td>2.9 times worse</td>
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<td>Adult poverty</td>
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<tr>
<td>Fourth-grade reading</td>
<td>1.5 times worse</td>
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</table>

### Community conditions

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<th>Condition</th>
<th>Disparity for Black Ohioans</th>
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<tr>
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<td>Food deserts</td>
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### Health care

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<th>Service</th>
<th>Disparity for Black Ohioans</th>
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<td>Prenatal care</td>
<td>1.7 times worse</td>
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### Health outcomes

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<th>Outcome</th>
<th>Disparity for Black Ohioans</th>
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<tr>
<td>Infant mortality</td>
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Gaps in outcomes by educational attainment

Percent of adult Ohioans reporting fair or poor health, 2016

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>40.4%</td>
</tr>
<tr>
<td>High school or GED</td>
<td>20.9%</td>
</tr>
<tr>
<td>Some post-high school</td>
<td>14.9%</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
### Gaps in outcomes by disability status

Percent of adult Ohioans who have ever been told they have depression, 2016

<table>
<thead>
<tr>
<th>Disability</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any disability</td>
<td>42.9%</td>
</tr>
<tr>
<td>No disability</td>
<td>10.6%</td>
</tr>
</tbody>
</table>

**Source:** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
Gaps in outcomes by race and ethnicity

Infant mortality rate per 1,000 live births in Ohio, 2017

- Black: 15.6
- White: 5.3

Ohio overall: 7.2

Source: Ohio Department of Health (ODH), Vital Statistics. 2017 Ohio Infant Mortality Data: General Findings

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Gaps in outcomes by geography

Statewide life expectancy: 77.8 years

- 88.6 years
  - Census tract: Shaker Heights (Cuyahoga County)

- 89.2 years
  - Census tract: Stow area (Summit County)

- 88.2 years
  - Census tract: Montgomery, Indian Hill, Loveland and Remington (Hamilton County)

- 60 years
  - Census tract: Franklin, Columbus (Franklin County)

- 61.1 years
  - Census tract: McCook Field, Dayton (Montgomery County)

- 61.6 years
  - Census tract: Pleasant Heights/Downtown, Steubenville (Jefferson County)

- 61.6 years
  - Census tract: Hilltop, Columbus (Franklin County)

Source: Centers for Disease Control and Prevention, U.S. Small-area Life Expectancy Estimates Project

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Gaps in outcomes by geography

Lead Exposure Risk by County Using Poverty and Housing Data, 2013-2017

Source: Children’s Defense Fund Ohio and Groundwork Ohio

Low lead exposure risk  High lead exposure risk

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Why do we have health gaps?
“Health is about more than health care, and the same is true for health equity.”

- Steven H. Woolf

Health Affairs, June 2017
Factors that impact health

- Social and economic environment: 40%
- Clinical care: 20%
- Health behaviors: 30%
- Physical environment: 10%

Historical and contemporary obstacles to health

Residential redlining, predatory lending, unequal school funding

Slavery, Jim Crow
Residential segregation
Black/white dissimilarity index, 2010-2014

*Cincinnati dissimilarity index is calculated from Ohio census tracts only.

Source: American Community Survey, 5-Year Census Tract Estimates. Calculations by the Kirwan Institute for the Study of Race and Ethnicity
Four levels of racism

Structural racism
is racial bias among institutions and across society

Institutional racism
occurs within institutions and systems of power

Interpersonal racism
occurs between individuals

Internalized racism
lies within individuals

Source: Adapted from “Four Levels of Racism” Racing Forward 2015
Framework for Action
Ohio’s journey towards health equity
Achieving health equity: Framework for action

Source: HPIO adaptation of County Health Rankings and Roadmaps Action Cycle
Equal opportunity?

Social, economic and physical environment

Adapted from Saskatoon Health Region's Public Health Observatory
Equitable opportunity

Social, economic and physical environment

Adapted from Saskatoon Health Region's Public Health Observatory
Infant mortality rate per 1,000 live births in Ohio, 2017

Source: Ohio Department of Health (ODH), Vital Statistics. 2017 Ohio Infant Mortality Data: General Findings
Reducing infant mortality disparity

- Resources must be:
  - Targeted and tailored to communities where the need is greatest
  - Coupled with efforts to address racism, discrimination and other forms of oppression
Improvement is possible.
Recommended sources for what works to decrease disparities

What Works for Health

disparity ratings

Community Guide

equity systematic reviews
What Works for Health

Rates each strategy’s likely effect on racial/ethnic, socioeconomic, geographic or other disparities

Example: Earned income tax credit rated “likely to decrease disparities” (e.g., decreases low birthweight births, particularly among black mothers)
Community Guide
Recommends health equity strategies, based on systematic reviews of evidence

Example: Recommends center-based early childhood education as an effective health equity strategy if targeted to low-income or racial and ethnic minority communities.
### 9 strategies that work to improve health value

<table>
<thead>
<tr>
<th>Create opportunities for all Ohio children to thrive</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Home visiting</td>
</tr>
<tr>
<td>2. Quality early childhood education and child care subsidies</td>
</tr>
<tr>
<td>3. Lead screening and abatement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Invest upstream in employment, housing and transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Earned income tax credit</td>
</tr>
<tr>
<td>5. Safe, accessible and affordable housing</td>
</tr>
<tr>
<td>6. Public transportation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Build and sustain a high-quality addiction prevention, treatment and recovery system</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Tobacco prevention and cessation</td>
</tr>
<tr>
<td>8. K-12 drug prevention and social-emotional learning</td>
</tr>
<tr>
<td>9. Behavioral health workforce</td>
</tr>
</tbody>
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2020-2022 State Health Improvement Plan (SHIP) framework

**Equity**

To ensure all Ohioans achieve their full health potential, SHIP strategies must be targeted and tailored to communities where the need is greatest and coupled with efforts to address racism, discrimination and other forms of oppression.

**Priorities**

The SHIP identifies three priority factors and three priority health outcomes that affect the overall health and wellbeing of children, families and adults of all ages.

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**What shapes our health and wellbeing?**

Many factors, including these SHIP priority factors:

- **Community conditions**
  - Housing affordability and quality
  - Poverty
  - K-12 student success
  - Adverse childhood experiences

- **Health behaviors**
  - Tobacco/nicotine use
  - Nutrition
  - Physical activity

- **Access to care**
  - Health insurance coverage
  - Local access to healthcare providers
  - Unmet need for mental health care

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**How will we know if health is improving in Ohio?**

The SHIP is designed to track and improve these priority health outcomes:

- **Mental health and addiction**
  - Depression
  - Suicide
  - Youth drug use
  - Drug overdose deaths

- **Chronic disease**
  - Heart disease
  - Diabetes
  - Childhood conditions (asthma, lead)

- **Maternal and infant health**
  - Preterm births
  - Infant mortality
  - Maternal morbidity

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**Strategies**

The SHIP provides state and local partners with a menu of effective policies and programs to improve Ohio’s performance on these priorities.

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* These factors are sometimes referred to as the social determinants of health or the social drivers of health

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How does the SHIP address equity?

- Priority populations
- Universal targets
- Strategy selection
- Strategy implementation
What can you do?
Who represents you?

How to Contact Your Elected Officials

Learn how to contact your federal, state, and local elected leaders.

Federal Elected Officials

- Contact President Donald Trump online, or call the White House switchboard at 202-456-1414 or the comments line at 202-456-1111 during business hours.
- Locate your U.S. senators' contact information.
- Find your U.S. representative’s website and contact information.

State Elected Officials

- Get in touch with your state governor.
- Find the names and current activities of your state legislators.

Local Elected Officials

- Locate your mayor by name, city, or population size.

https://www.usa.gov/elected-officials
Identify upstream equity partners?

People most affected by inequities

Health leaders

Leaders from sectors beyond health

Policymakers
Effective advocacy

Building relationships

Crafting and communicating messages

Following up with Policymakers and stakeholders
Ways to **influence** policy and **motivate** action

Organize community partners around a common policy interest

- Real-life stories
- Op-ed or letter to the editor
- Meet with your legislators
- Invite your legislators to an event
- Incorporate policy recommendations into RFPs or grant proposals
- Provide testimony at a legislative hearing
Ohio ranks 44 out of 50 states and the District of Columbia on health value, based on the Health Policy Institute of Ohio’s **2019 Health Value Dashboard**. The Dashboard found that communities of color, Ohioans with disabilities, Ohioans who have lower incomes or educational attainment, are sexual or gender minorities and/or live in rural or Appalachian counties, experience the worst health outcomes. These groups of Ohioans face many barriers to being healthy throughout their lives. For example, they are more likely to be exposed to adverse childhood experiences, violence, racism and discrimination and unequal access to post-secondary education, a job that pays a self-sufficient income and quality housing. Improving health value in Ohio means closing Ohio’s troubling health gaps and ensuring that all Ohioans have the opportunity to live to their full health potential.

“Health equity means everyone is able to achieve their full health potential. This requires addressing historical and contemporary injustices and removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.” — Consensus definition of health equity developed by HPIO’s statewide multi-sector Equity Advisory Group
Key takeaways

1. Many communities in Ohio experience troubling gaps in health outcomes.

2. The choices we make are often shaped by the environments in which we live.

3. There are evidence-based approaches to closing Ohio’s health gaps.
Improvement is possible.
Questions?
Contact

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