August 26 • Lewis Center, Ohio

How Ohio's Health Policy Leaders Will Win the Fight for Equity in Community Health

O. N. Ray Bignall II, MD, FAAP, FASN

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Nationwide Children's Hospital

Associate Clinical Professor of Pediatrics
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The Ohio State University College of Medicine

NATIONWIDE CHILDREN'S

Closing Keynote Presentation
2026 Ohio Health Policy Summit
Health Policy Institute of Ohio
August 26, 2026

Objectives

- **Define Health Equity** and identify its immutable connection to excellence in community health.
- Analyze **the threat posed by health inequities** on the journey to best outcomes for the communities we serve.
- Discuss **specific and replicable strategies to effectively leverage health equity** as a tool to pursue excellence in public health.

Disclosures

I have no relevant financial relationships to disclose

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These are my observations alone, supported as I see it by the evidence of history, scientific inquiry, and our present reality…

Health Equity

NATIONWIDE CHILDREN'S

Health Equity:

Ensuring every child has a fair and just opportunity to be as healthy as possible.

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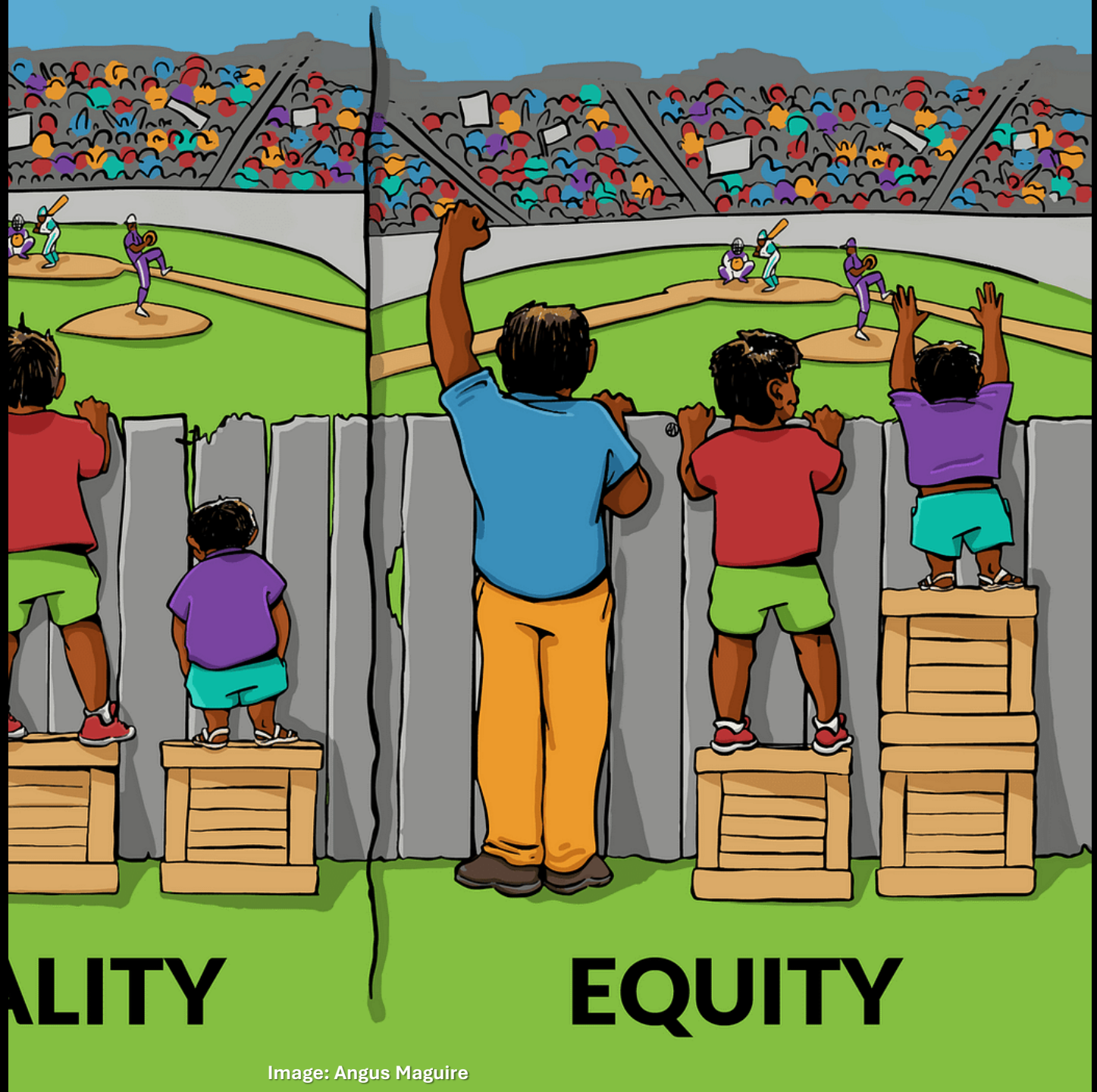

Image: Angus Maguire

Nationwide Children's

Remember: this is not often where those with privilege find ourselves…

Image: Angus Maguire

Nationwide Children's

Instead, this is often where many with privilege (and some without!) see ourselves…

So how else can we accurately illustrate health equity in society?

Image: Angus Maguire

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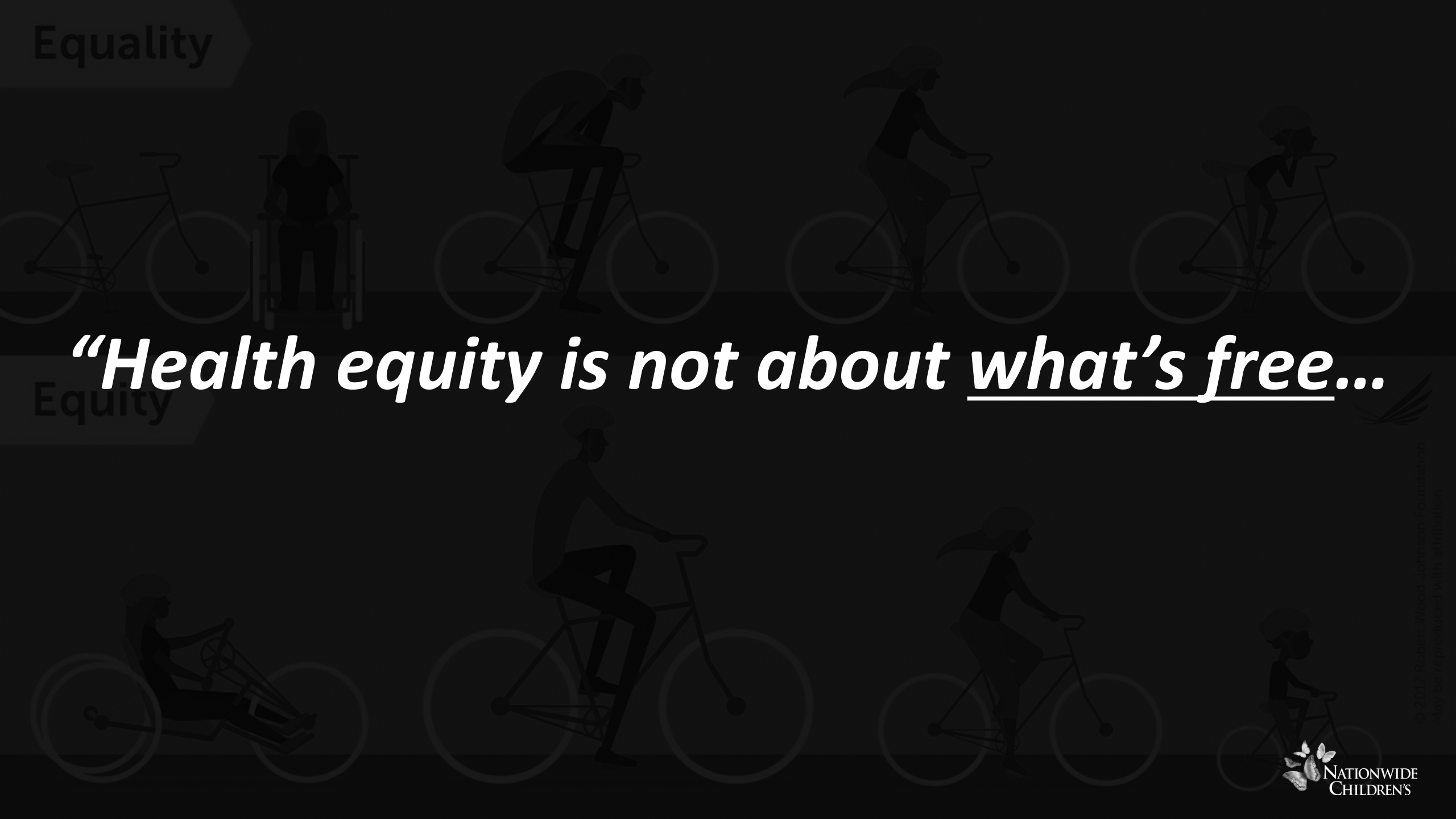
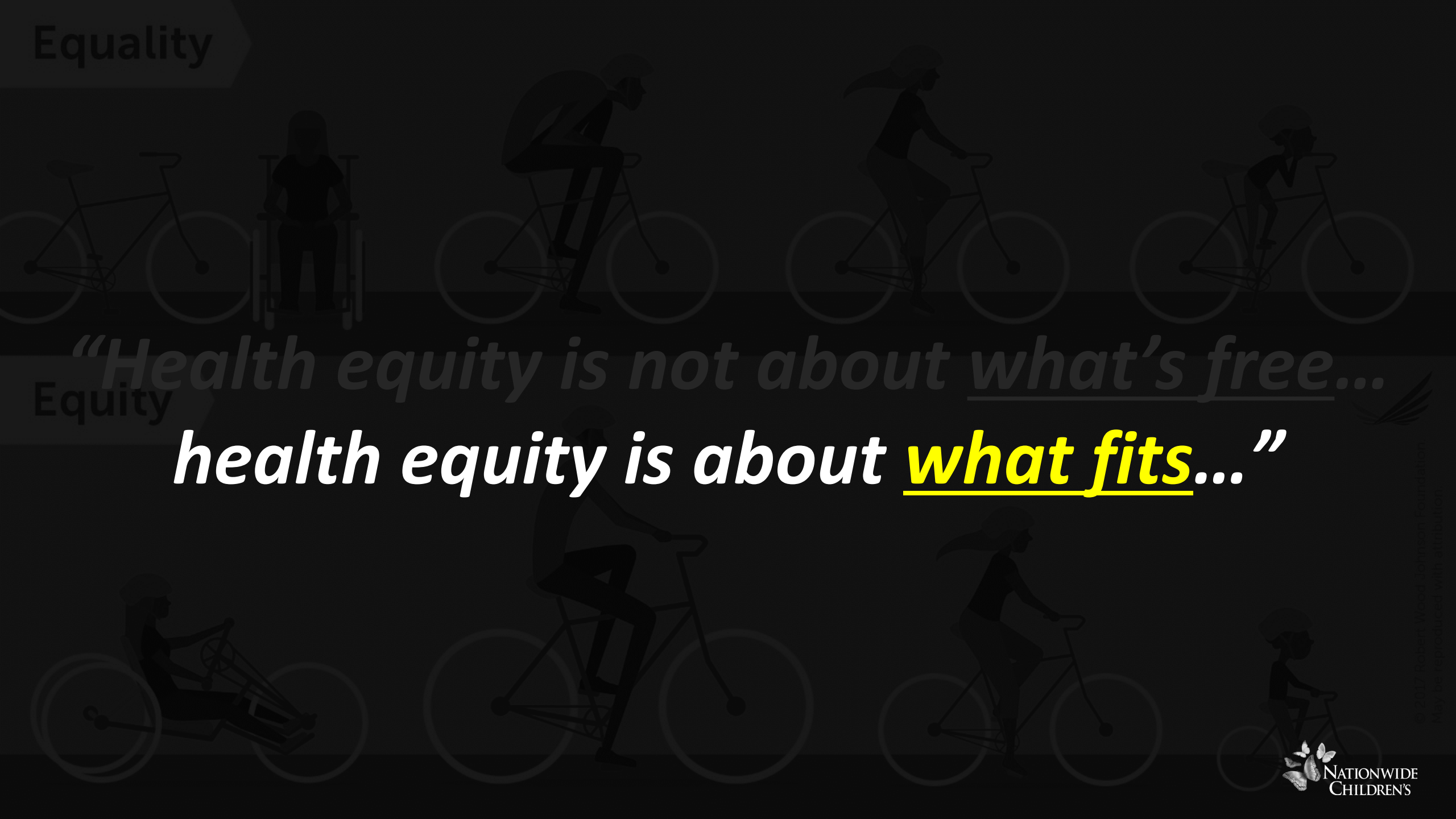
Equality

Equity



"Health equity is not about <u>what's free</u>…

Nationwide Children's



"Health equity is not about what's free…

health equity is about what fits…"

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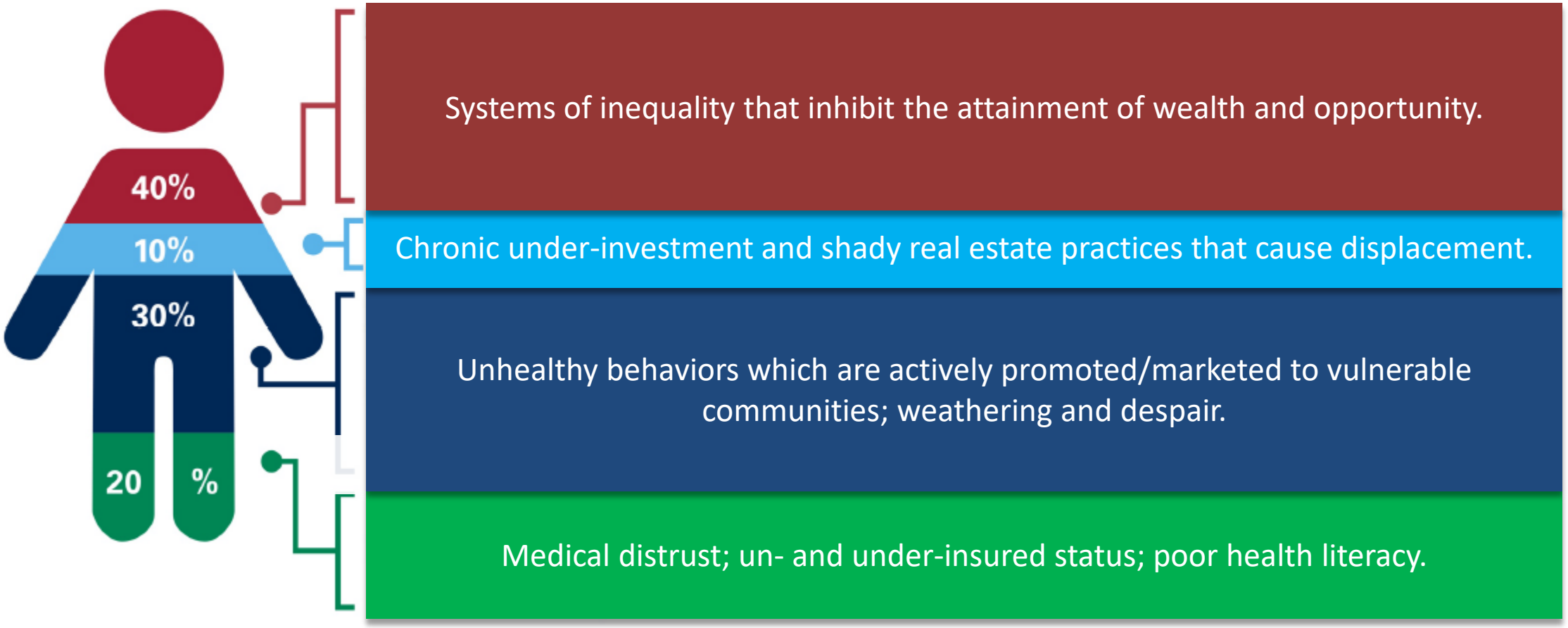
IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have tremendous affect on an individual's health regardless of age, race, or ethnicity.



Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014 Graphic designed by ProMedica.

What we need are strategies that effectively leverage health equity as a tool to pursue excellence in community health.

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@DrRayMD

Strategies to Pursue Excellence through Equity

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@DrRayMD

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Strategy #1

Inclusive excellence should be broadly representative, unquestionably genuine, routine, and unspectacular…

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@DrRayMD

Inclusive Excellence

"The business case is clear: **When women are at the table, the discussion is richer,** the decision-making process is better, and the organization is stronger."

"The business case has been made to **demonstrate the value a diverse board brings to the company** and its constituents."

"The case for establishing a truly diverse workforce, at all organizational levels, grows more compelling each year.... **The financial impact—as proven by multiple studies—makes this a no-brainer.**"

Ely, R. J., & Thomas, D. A. (2020). Getting serious about diversity: Enough already with the business case. *Harvard Business Review*.

Strategy #1: Inclusive Excellence

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@DrRayMD

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Inclusive Excellence

"Increasing diversity does not, by itself, increase effectiveness; what matters is how an organization harnesses diversity, and whether it's willing to reshape its power structure."

Ely, R. J., & Thomas, D. A. (2020). Getting serious about diversity: Enough already with the business case. *Harvard Business Review*.

Strategy #1: Inclusive Excellence

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Inclusive Excellence

- **The "business case" for diversity is perilous:**
  - Little evidence for causal link between increased diversity and consistent economic productivity
  - Can leave underrepresented groups with **reduced sense of belonging,** or a sense that belonging is tied to financial success
  - Encourages superficial **efforts that change pictures, not culture**
- **A better approach:**
  - Leverage culturally varied knowledge as a resource for **improving core work** and **building trust**
  - Spur the creation of inclusive environments by actively **mitigating bias and centering those at the margins**
  - Foster an environment in which **all team members have real influence**

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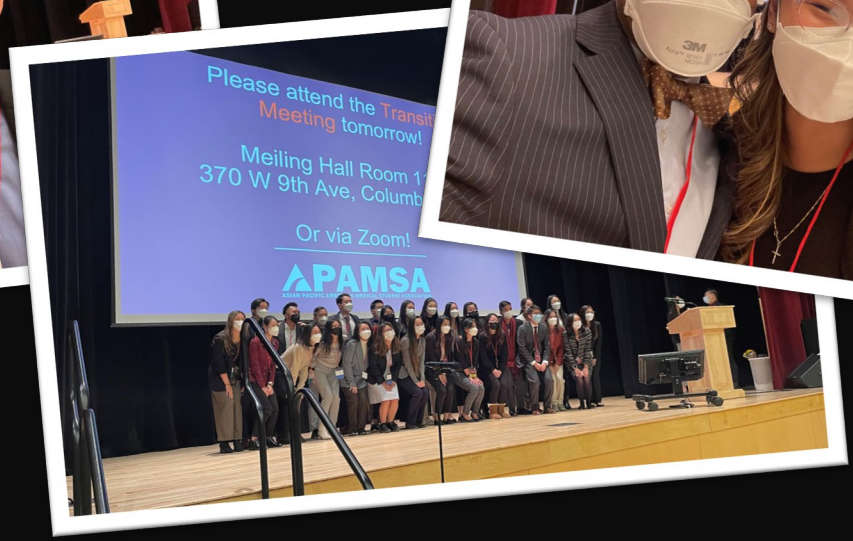
APAMSA

ASIAN PACIFIC AMERICAN MEDICAL STUDENT ASSOCIATION



Strategy #1: Inclusive Excellence

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NATIONWIDE CHILDREN'S

Strategy #1

Inclusive excellence should be broadly representative, unquestionably genuine, routine, and unspectacular…

- **Enough with the "pretty pictures" on the covers of our brochures**
- **Be unafraid to seek out and leverage the diverse perspectives of team members to improve core work**
- **Foster an environment where all team members have real influence**
- **Dispense with the notion that inclusive excellence is about "political correctness" – this is about building the next generation of leadership in child and community health.**

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Strategy #2

Our Words matter.

Our Work matters more.

Our Work matters now more than ever before!

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@DrRayMD

Words Matter … Work Matters More

Source: Yourish et al. *The New York Times*

Strategy #2: Words Matter, Work Matters More

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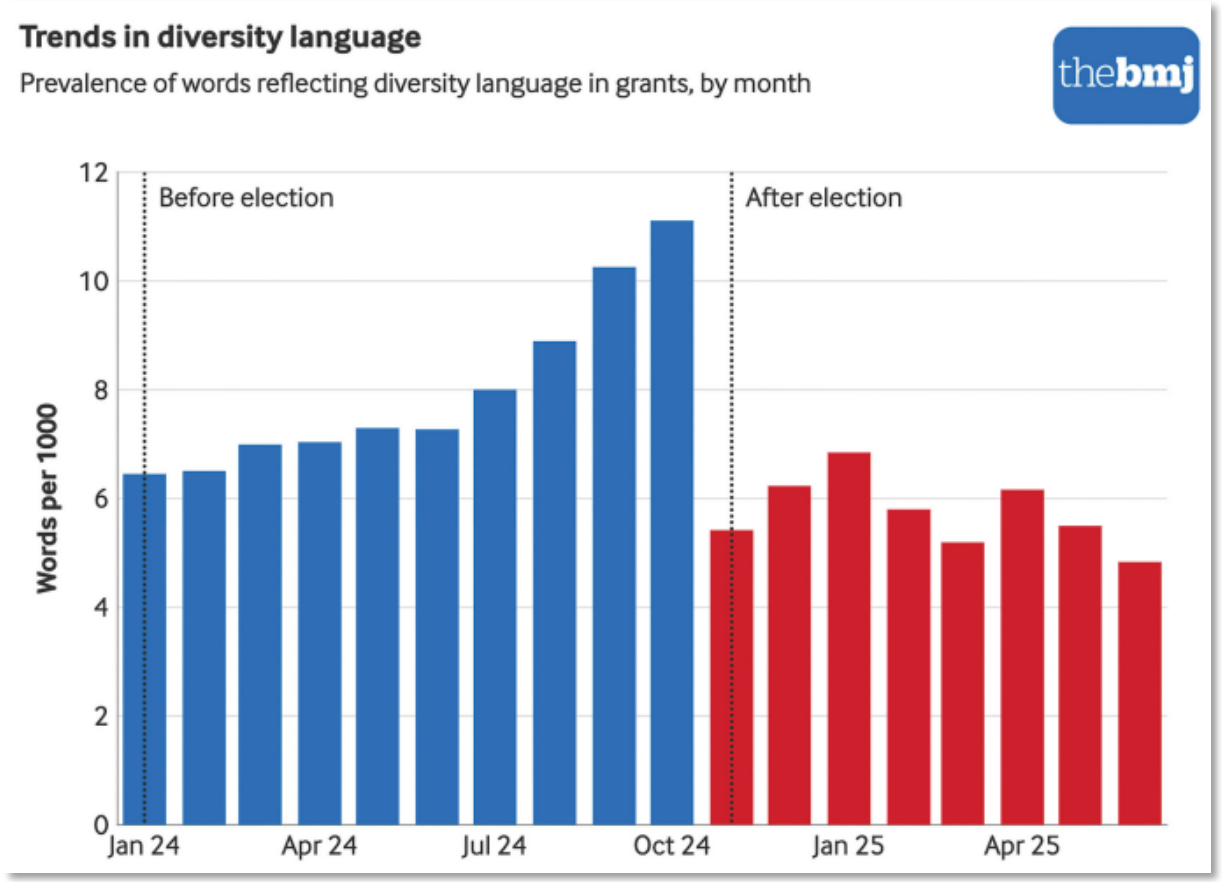
Words Matter … Work Matters More

- The words we choose as an academic community have **resonance and meaning**.
  - With intention, they are how we communicate our mission and our values
  - We can hold space for the heavy-lifting these words do in our scholarship and practice
  - As a community of child health professionals and advocates, we must have the courage to **fight for academic freedom** to do our work and follow the science wherever it leads
- When those words lose resonance, we should never hesitate to **choose new words** to describe our important work.



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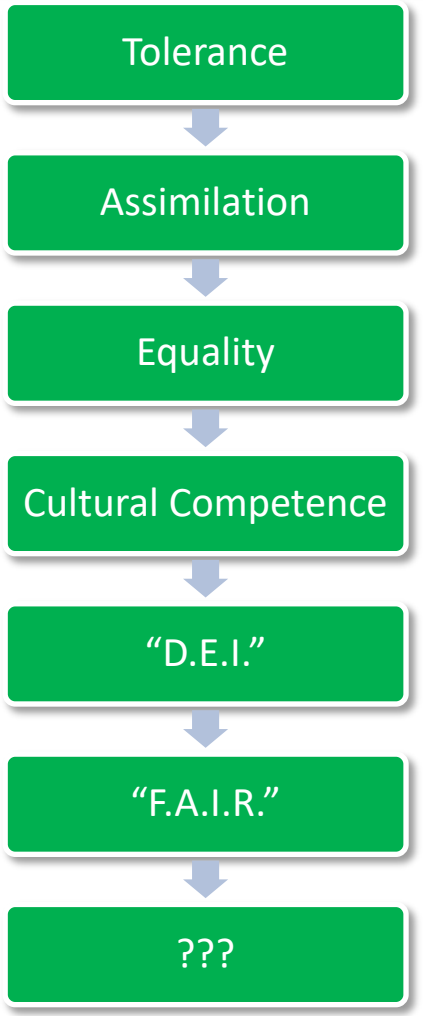

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Words Matter … Work Matters More

- Academic descriptions of equity work may have contextual meaning, but may not resonate with broader audiences
- A better approach:
  - Be **direct**
  - Use **allegory and metaphor**
  - Use examples from **community, society, and popular culture**
  - **Write your stories down!**

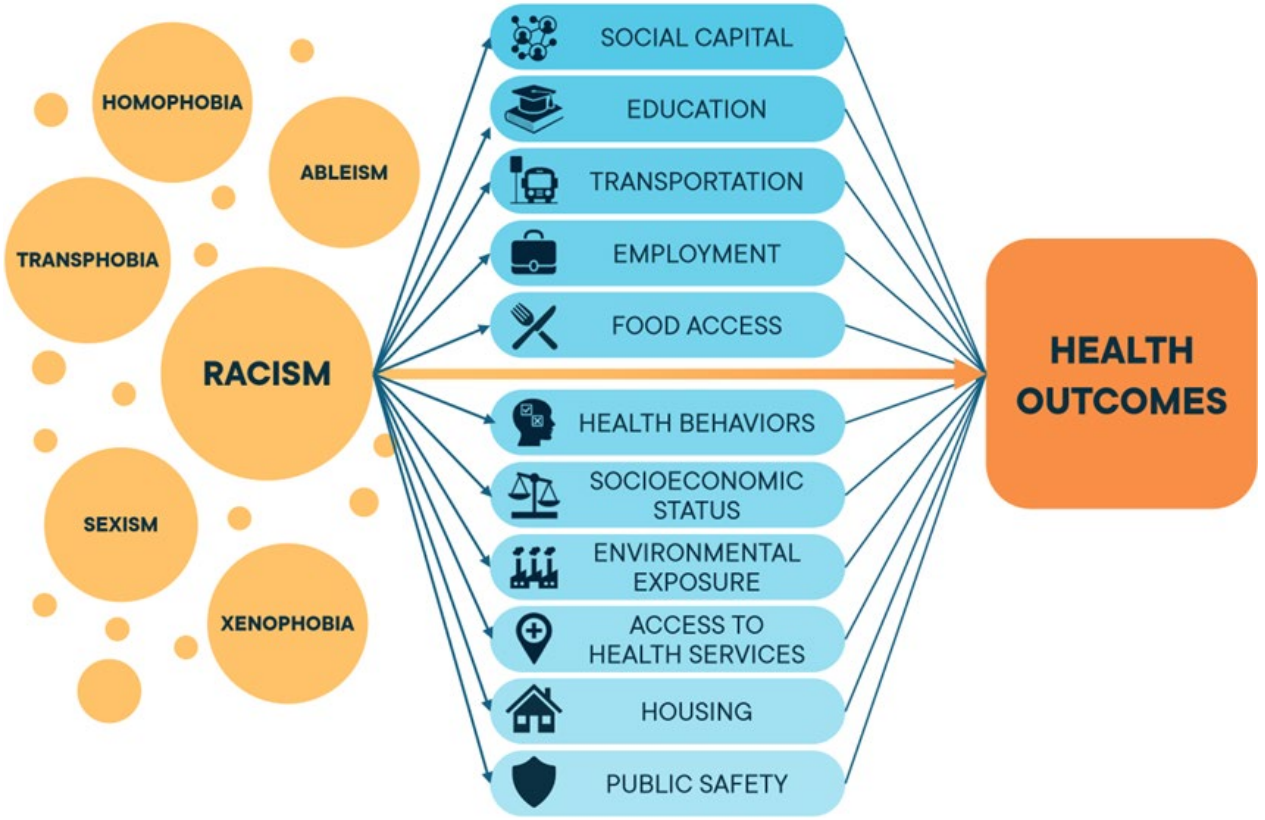

Image: Massachusetts Health Policy Commission and Boston Public Health Commission

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Image: Wikipedia

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Image: Stacy Revere/Getty Images

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Strategy #2

Our words matter… our work matters more… now more than ever.

- **The words matter.**
- **The work matters more.**
- **Use words that accurately describe your work to provide excellent and equitable care to all communities.**
- **Our approach may evolve, but our mission and our values should not.**
- **Do not abandon your values out of fear of those who do not share your values!**

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Strategy #3

Data is fuel: without it, the movement for health equity is not sustainable.

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Data Powers the Movement for Health Equity

Racial and ethnic inequities in the quality of paediatric care in the USA: a review of quantitative evidence

Natalie Slopen, Andrew R Chang, Tiffani J Johnson, Ashaunta T Anderson, Aleha M Bate, Shawnese Clark, Alyssa Cohen, Monique Jindal, J'Mag Karbeah, Lee M Pachter, Naomi Priest, Shakira F Suglia, Nessa Bryce, Andrea Fawcett, Nia Heard-Garris

Annual Review of Public Health

Breaking Barriers with Data Equity: The Essential Role of Data Disaggregation in Achieving Health Equity

Ninez A. Ponce,[1,2] Tara Becker,[1] and Riti Shimkhada[1]

Creating Data Systems to Promote Health Equity

Yuen Lie Tjoeng, MD, MS,[1,2] Mjaye Mazwi, MBChB,[1,2] Andrew Goodwin,[3] Melissa D. McCradden, MHSc, PhD,[4,5,6] Titus Chan, MD, MS, MPP[1,2]

- We are in real need of higher quality data to track progress in **community health equity:**
  - Poor standardization
  - Lack of disaggregation
  - Lack of longitudinal and intersectional data
  - Small and underrepresented sample sizes
  - Incomplete and inconsistent data collection (including demographics and social drivers of health)
  - Insufficient dedicated resources and personnel
  - Limited capabilities to identify, monitor, and act on disparities in care
  - Failure to engage communities in the collection and analysis of these data

Slopen N, Chang AR, Johnson TJ, et al. (2024) The Lancet. Child & Adolescent Health; Ponce NA, Becker T, & Shimkhada R. (2025) Annual Review of Public Health; Tjoeng YL, Mazwi M, Goodwin A, McCradden MD, & Chan T. (2025) Pediatrics

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Data Powers the Movement for Health Equity


Racism: The Discipline of Pediatrics and Pediatric Health Care

Equity in Pediatric Hospital-Based Safety and Quality Improvement

Gabrina L. Dixon MD, MEd [a], Michelle-Marie Peña MD [b], Angela M. Ellison MD, MSc [c], Tiffani J. Johnson MD, MSc [d]

- Quality improvement science represents **one of the most natural and potent frameworks** through which to address structural inequities in public health
- However, **challenges** exist to proper QIS equity metric implementation:
  - Inconsistent and outright **poor data collection**
  - **Lack of policies** around data collection
  - Hesitation in addressing provider bias and practice-related factors (e.g. communication, patient experience)

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Data Powers the Movement for Health Equity


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Data Powers the Movement for Health Equity


Racism: The Discipline of Pediatrics and Pediatric Health Care

Equity in Pediatric Hospital-Based Safety and Quality Improvement

Gabrina L. Dixon MD, MEd [a], Michelle-Marie Peña MD [b], Angela M. Ellison MD, MSc [c], Tiffani J. Johnson MD, MSc [d]

- Recommendations:
  - Make health equity a strategic priority
  - Develop structure and processes to support health equity work
  - Financially and administratively support health equity team members
  - Stratify data based on sociodemographic variables (e.g. race, ethnicity, language, and location)
  - Embed equity-related prompts in root cause analyses
  - Robust community partnerships

Dixon GL et al. (2024). Equity in Pediatric Hospital-Based Safety and Quality Improvement. *Academic Pediatrics*.

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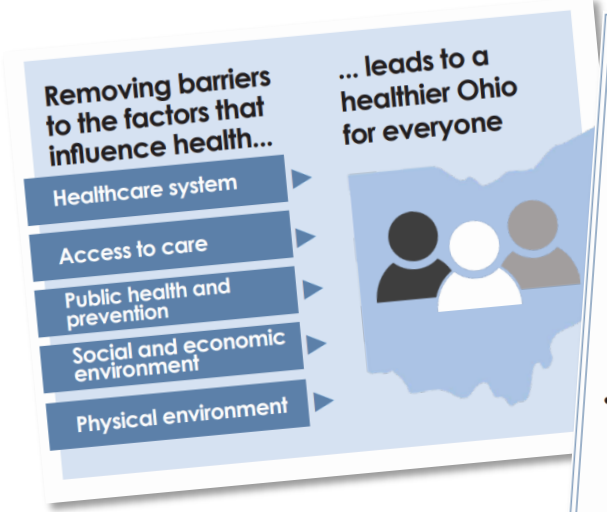
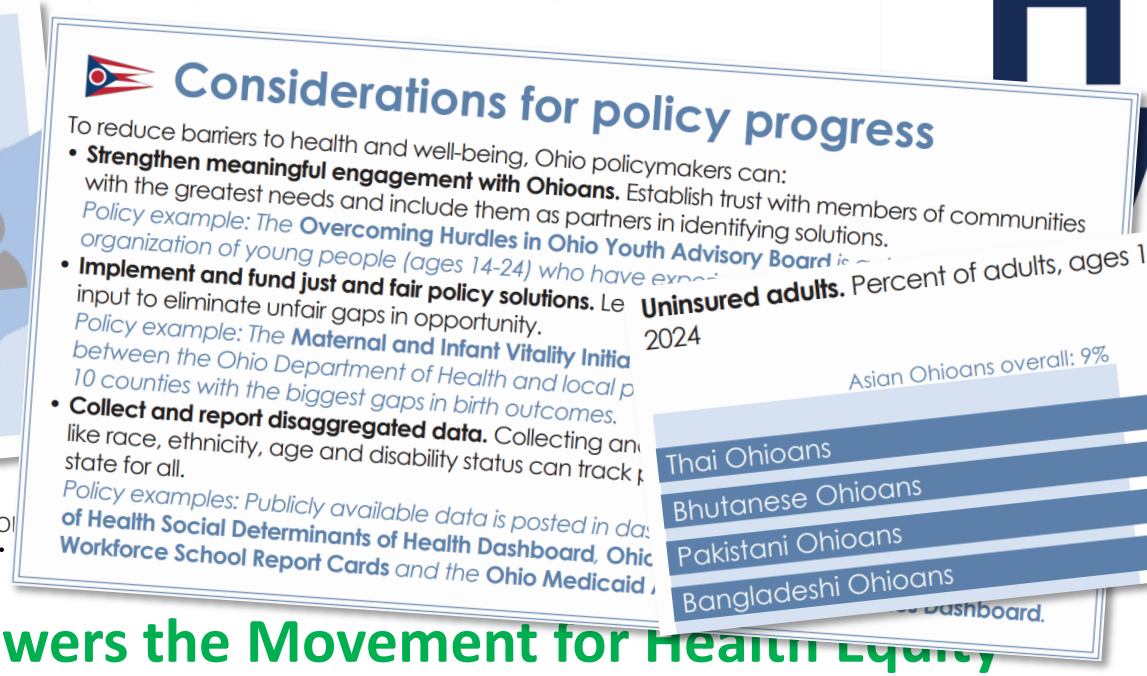
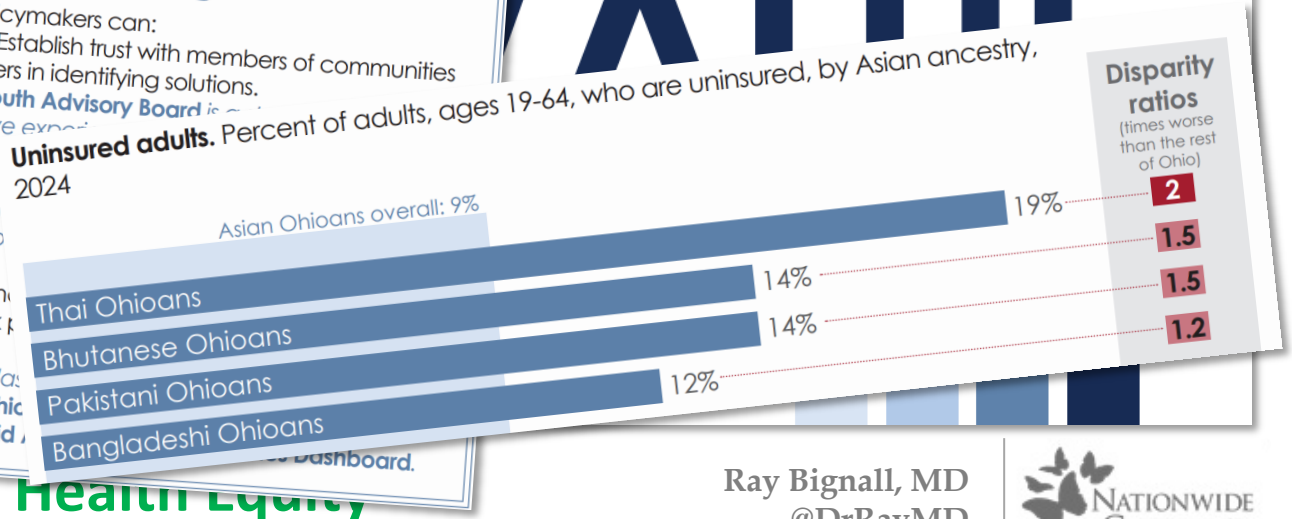
Data Powers the Movement for Health Equity

- **Putting the "value" in Health Value:**
  - We are SPOILED by HPIO!
  - Key findings that are summarized, indexed, and relevant to our local population.
  - Data that is unbiased and properly contextualized for public health, health policy, and community leaders.



2026 Health Value Dashboard, Health Policy Institute of O





Strategy #3: Data Powers the Movement for Health Equity

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NATIONWIDE CHILDREN'S

Strategy #3

Data powers the movement for health equity

- **Health equity work is only as durable as the strength of the data the field generates in service of improved child and community health outcomes.**
- **More focus on quality improvement science as a key strategy for narrowing inequities!**
- **Compelling data is not always numerical!**
  - We should partner with qualitative data scientists to learn how to capture experiences beyond numbers that can help you make the case for health equity
- **We should resist the urge to "colonize" the communities that we serve, and instead partner with them to advance health equity objectives**
  - Seek to build the broadest possible base of support for health equity work

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Strategy #4

Health disparities are not the problem …

the lack of commitment to eliminate them is!

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Too Much Talk, Too Little Action

- The truth: there's **nothing "special"** about finding disparities in a system
  - Any system designed by human beings will have unintended consequences
  - In American health care: some of the consequences were not "unintended"
- Our embrace of **quality and business process improvement science** should leave us with very few qualms about quickly identifying disparities, engineering improvements, and yielding better results
  - **So what's preventing us from intervening when we identify problems?**

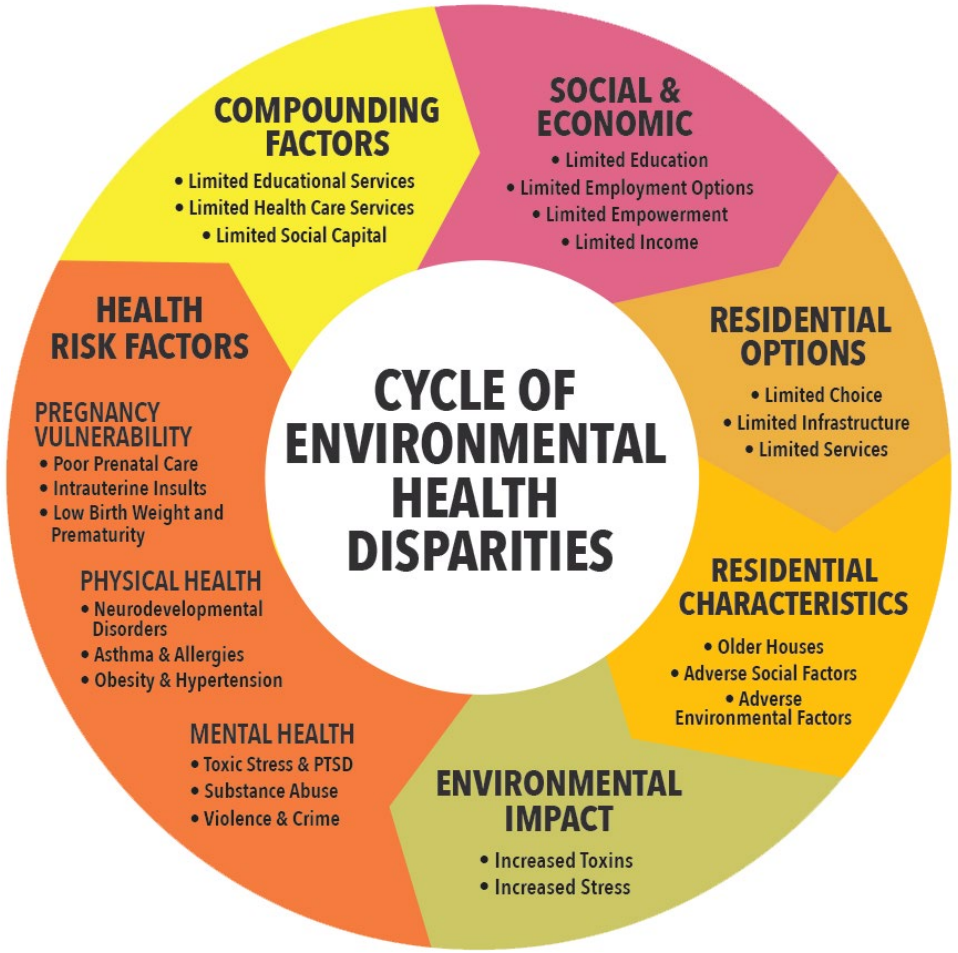

Image: National Health Corp and Science Georgia

Strategy #4: Less Despair, More Courage to Eliminate Disparities!

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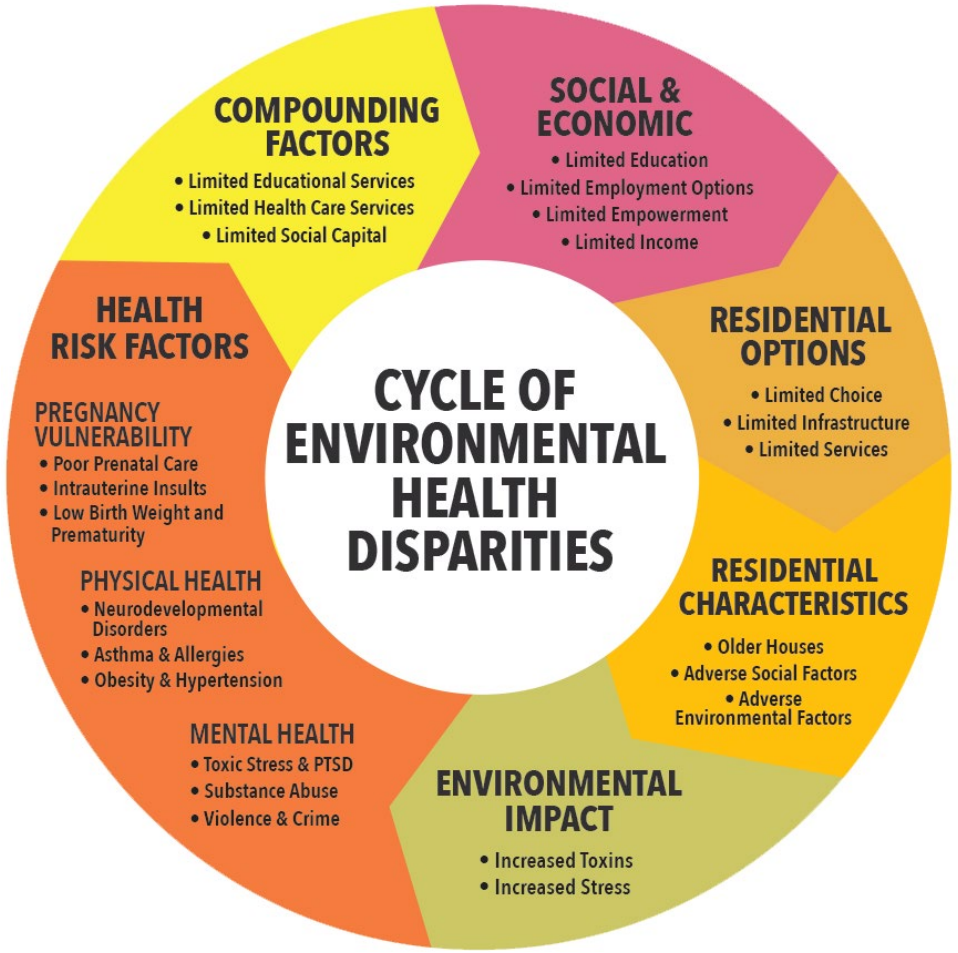

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Too Much Talk, Too Little Action

- **Myth: "We have great outcomes, and we take great care of our community … I assure you: there are no disparities here…"**
  - All systems of care delivery work better for some people than for others…

FACT: all systems of care delivery are biased.
So if you think your care is equitable, prove it!

Racial and ethnic inequities in the quality of paediatric care in the USA: a review of quantitative evidence

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THE LANCET
Child & Adolescent Health

Strategy #4: Less Despair, More Courage to Eliminate Disparities!

Too Much Talk, Too Little Action

- **Myth: "If we find disparities, and we publish our findings, doesn't that make us a racist* hospital?"**
  - (Or sexist, homophobic, anti-immigrant, anti-Appalachian, etc.)

FACT: "Finding disparities is not a problem, choosing not to act is!"

Health Equity Beyond Data

Health Care Worker Perceptions of Race, Ethnicity, and Language Data Collection in Electronic Health Records

Cruz, Taylor M. PhD; Smith, Sheridan A. BA

Strategy #4: Less Despair, More Courage to Eliminate Disparities!

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NATIONWIDE CHILDREN'S

Too Much Talk, Too Little Action

- **Myth: "It's really too bad, but there's just nothing we can do…"**
  - ***FACT: well that's just silly … the expertise is quite LITERALLY in the room!***

JAMA Pediatrics

Association of an Asthma Improvement Collaborative With Health Care Utilization in Medicaid-Insured Pediatric Patients in an Urban Community

Carolyn M. Kercsmar, MD, MS[1,2]; Andrew F. Beck, MD, MPH[1,2]; Hadley Sauers-Ford, MPH[1]; Jeffrey Simmons, MD[1,2]; Brandy Wiener, MSW, LISW-S, AE-C[1]; Lisa Crosby, DNP, CNP, PMHS[1]; Susan Wade-Murphy, RN[1]; Pamela J. Schoettker, MS[1]; Pavan K. Chundi, MS[1]; Zeina Samaan, MD[1,2]; Mona Mansour, MD, MS[1,2]

Strategy #4

Less Despair, More Courage to Eliminate Disparities!

- **Every hospital … every clinic … every community has disparities.**
- **Stop worrying about finding disparities … and start worrying about finding the COURAGE to do something about them!**
  - The only reason to be ashamed of the disparities you find is if you choose NOT to act to mitigate them.
- **You have world-class expertise literally IN THE ROOM with you now!**

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Strategy #5

Advocacy is now the standard of care!

Ray Bignall, MD
@DrRayMD

Dereck Paul, MD
CEO & Co-Founder, Glass Health
@dereckwpaul

Strategy #5: Advocacy Is Now the Standard of Care

Advocacy Is the Standard of Care

- **Practice what you preach** with patience and partnership
  - That means **action and accountability!** (i.e. FTEs, grand rounds, basic/translational research, P&T, etc.)
  - Now is the time to **forge new partnerships** (incl. community, philanthropy, industry, and government)
- Advocacy is now an **essential function** for public health practitioners
  - This is a skill that **everyone must learn…**
  - **Be selective about when/where to use your voice**… it's about ***advocacy***, not ***activism***!
  - The best time to advocate was yesterday… the next best time is **right now!**
- **Curate (and deploy!) stories that are as powerful as your data**
  - You cannot rely purely on empiric evidence to move people in the "attention economy"

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PEDIATRICS
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Health Care Use Among Latinx Children After 2017 Executive Actions on Immigration

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BACKGROUND: US immigration policy changes may affect health care use among Latinx children. We hypothesized that January 2017 restrictive immigration executive actions would lead to decreased health care use among Latinx children.

METHODS: We used controlled interrupted time series to estimate the effect of executive actions on outpatient cancellation or no-show rates from October 2016 to March 2017 ("immigration action period") among Latinx children in 4 health care systems in North Carolina. We included control groups of (1) non-Latinx children and (2) Latinx children from the same period in the previous year ("control period") to account for natural trends such as seasonality.

RESULTS: In the immigration action period, 114 627 children contributed 314 092 appointments. In the control period, 107 657 children contributed 295 993 appointments. Relative to the control period, there was an immediate 5.7% (95% confidence interval [CI]: 0.40%–10.9%) decrease in cancellation rates among all Latinx children, but no sustained change in trend of cancellations and no change in no-show rates after executive immigration actions. Among uninsured Latinx children, there was an immediate 12.7% (95% CI: 2.3%–23.1%) decrease in cancellations; however, cancellations then increased by 2.4% (95% CI: 0.89%–3.9%) per week after immigration actions, an absolute increase of 15.5 cancellations per 100 appointments made.

CONCLUSIONS: There was a sustained increase in cancellations among uninsured Latinx children after immigration actions, suggesting decreased health care use among uninsured Latinx children. Continued monitoring of effects of immigration policy on child health is needed, along with measures to ensure that all children receive necessary health care.

Quantitiatve data is just part of the story.

Generating objective data that demonstrates the impact of social pressures on equitable outcomes is essential, but often lacks the impact necessary for broader, systemic change.

American Academy of Pediatrics

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Ohio Chapter

The 100 Words Project

100 Word Child Health Stories
Collected by Health Care Providers from across Ohio

#100Words

Physician

General Pediatrics &
Hospital Medicine

A pregnant woman in a local area building stopped feeling her baby kick. She had not yet connected with prenatal care because she was concerned about an outstanding misdemeanor charge that was trailing her. She had little trust in the system and was worried that seeking care would lead to her arrest. A neighbor tried to encourage her to seek care. By the time she relented and went to an obstetrician, the baby had died.

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THE LANCET

"Acknowledging every aspect of the barriers for Black Americans to enrollment in clinical trials is critical to moving forward.

We are not simply untrusting—we remember. …"

Kimberly Manning, MD, MACP, FAAP
Professor of Medicine
Emory University School of Medicine
@gradydoctor

Manning, K. D. (2020). More than medical mistrust. *Lancet*, 396(10261), 1481-1482.

Strategy #5: Advocacy Is Now the Standard of Care

Strategy #5

Advocacy is now the standard of care!

- **Advocacy is an inescapable component of the essential work of public health.**
- **What our patients, colleagues, and communities need most from us right now is courage!**
  - Less gate-keeping; work to assume positive intent and win with progress.
- **Indeed, it is our job to stand up for our communities by informing, educating, and serving them … because if we don't, no one else will.**

Ray Bignall, MD
@DrRayMD

Strategy #1

Inclusive excellence should be authentic, representative, routine, and unspectacular.

Strategy #2

Our words matter… our work matters more… now more than ever.

Strategy #3

Data powers the movement for health equity.

Strategy #4

Less despair for disparities … more commitment to eliminate them!

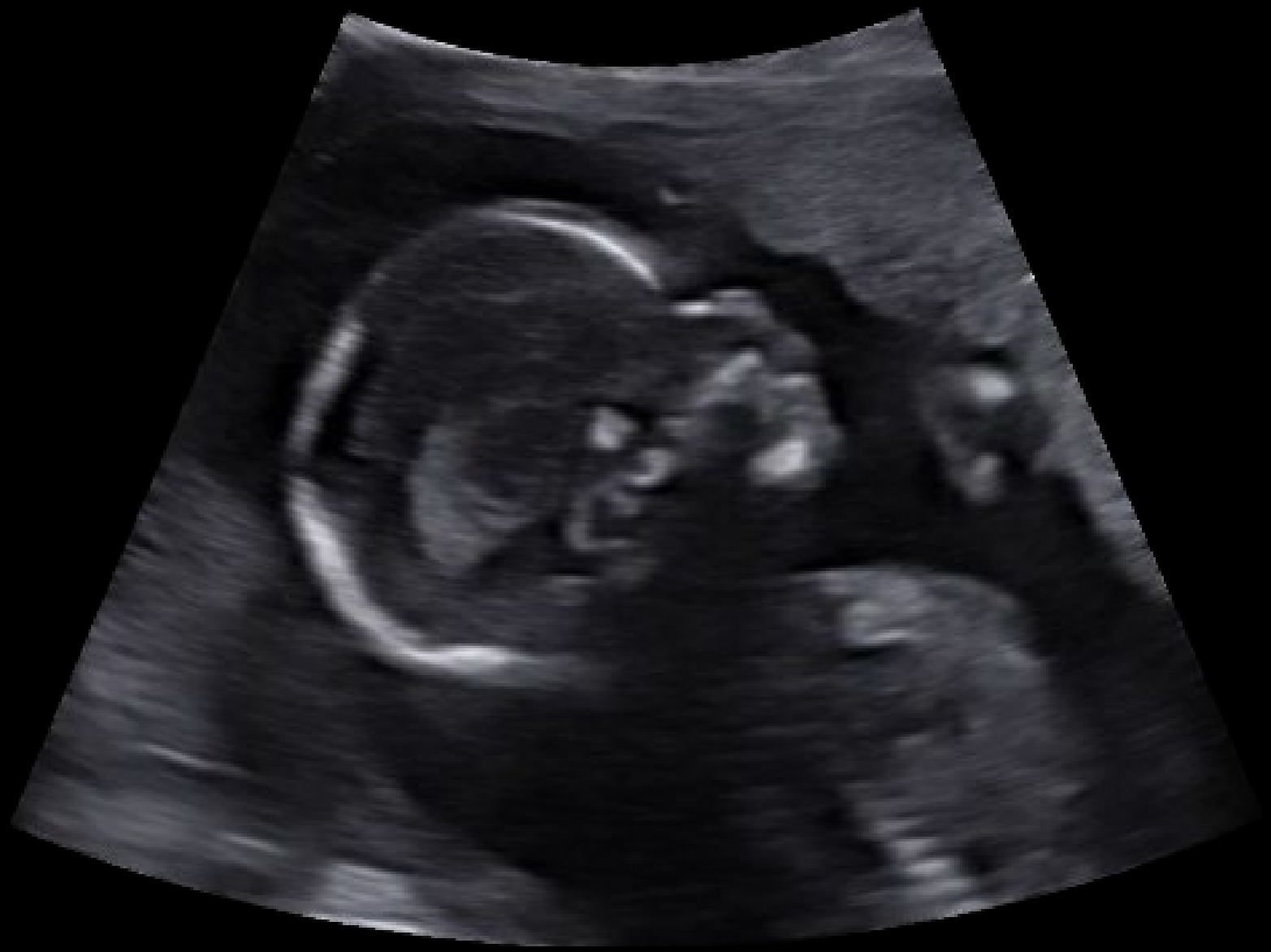
Strategy #5

Advocacy is now the standard of care!

Ray Bignall, MD
@DrRayMD

Who really cares about “equity” …?

NATIONWIDE CHILDREN'S

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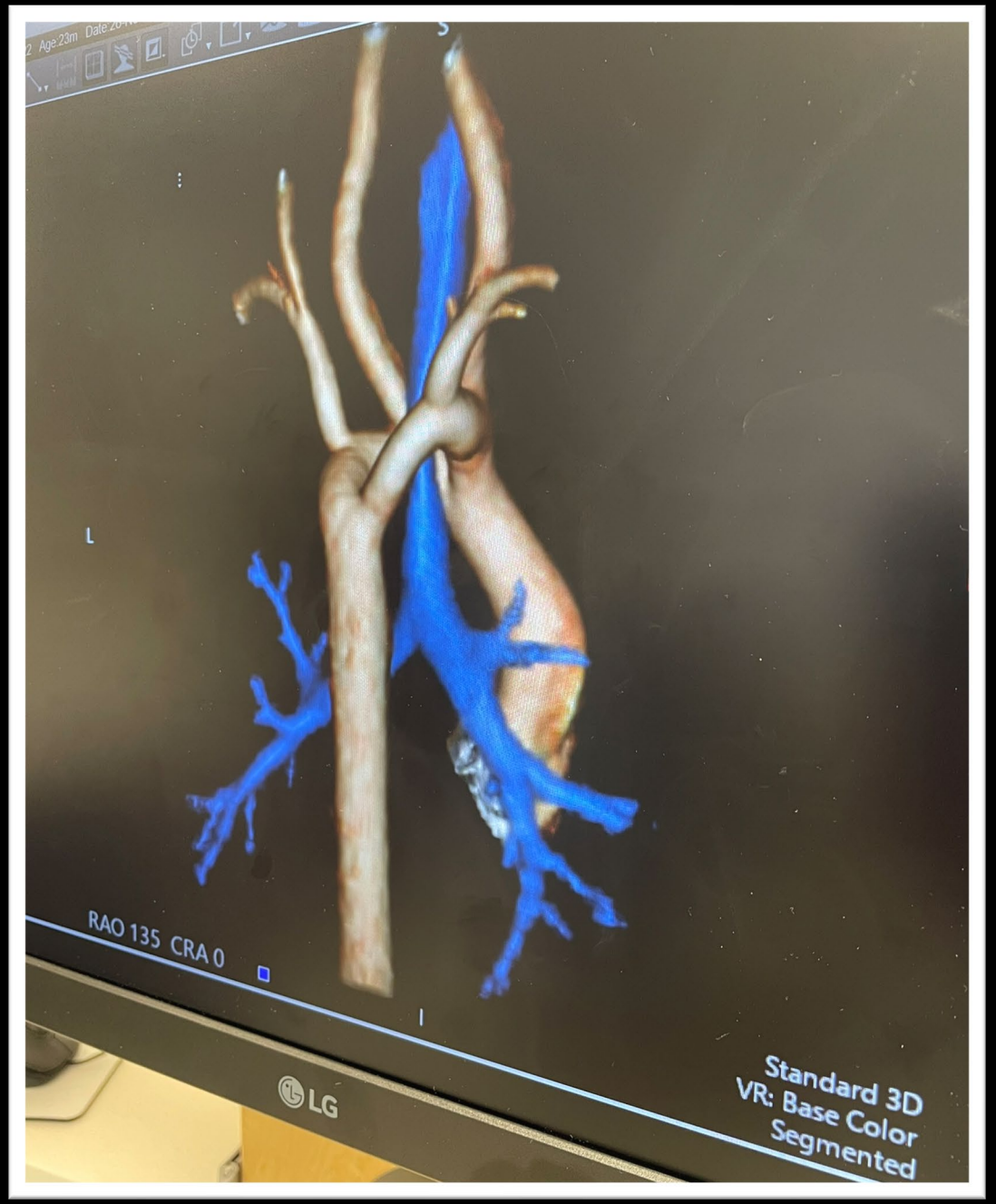
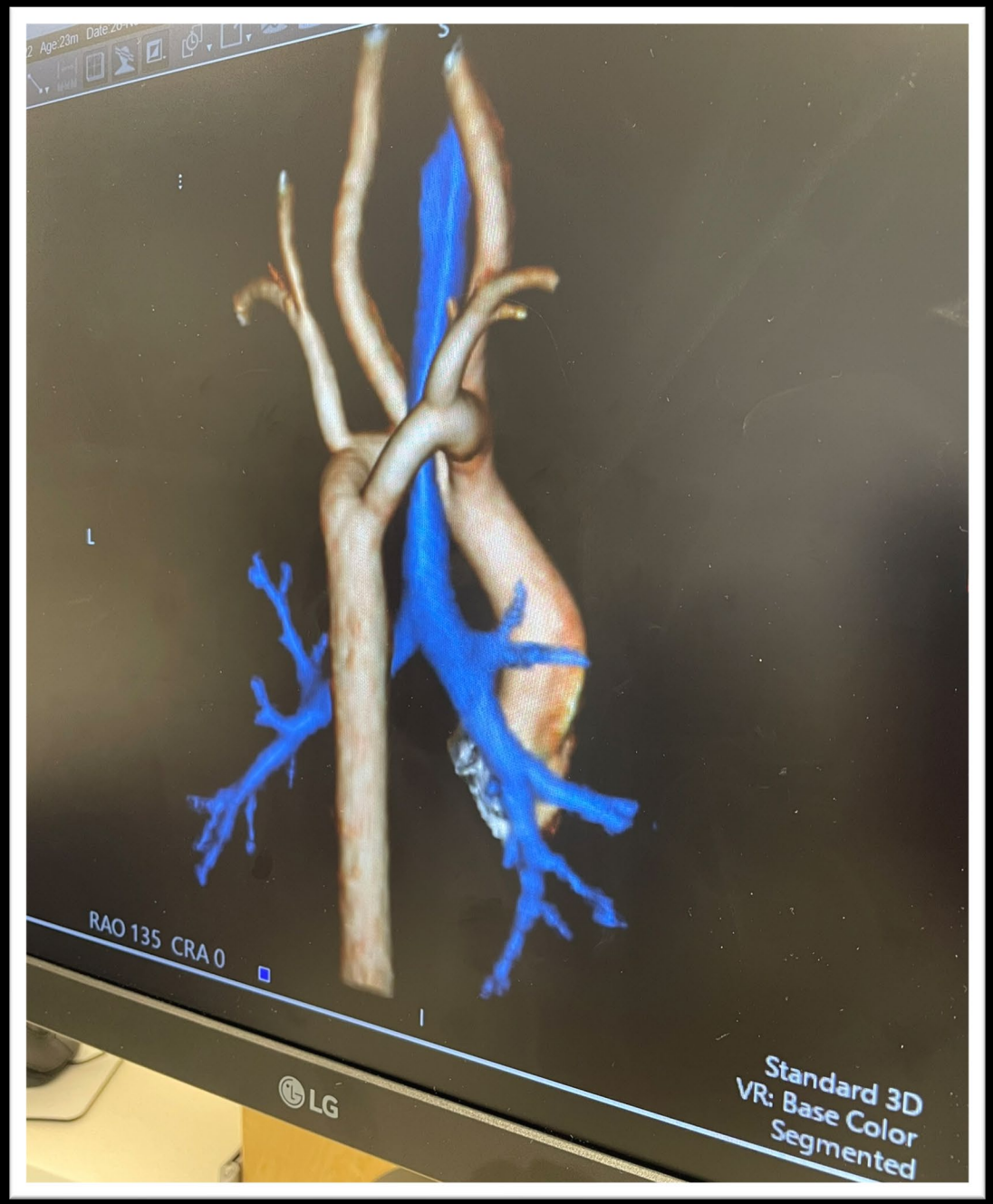


Nationwide Children's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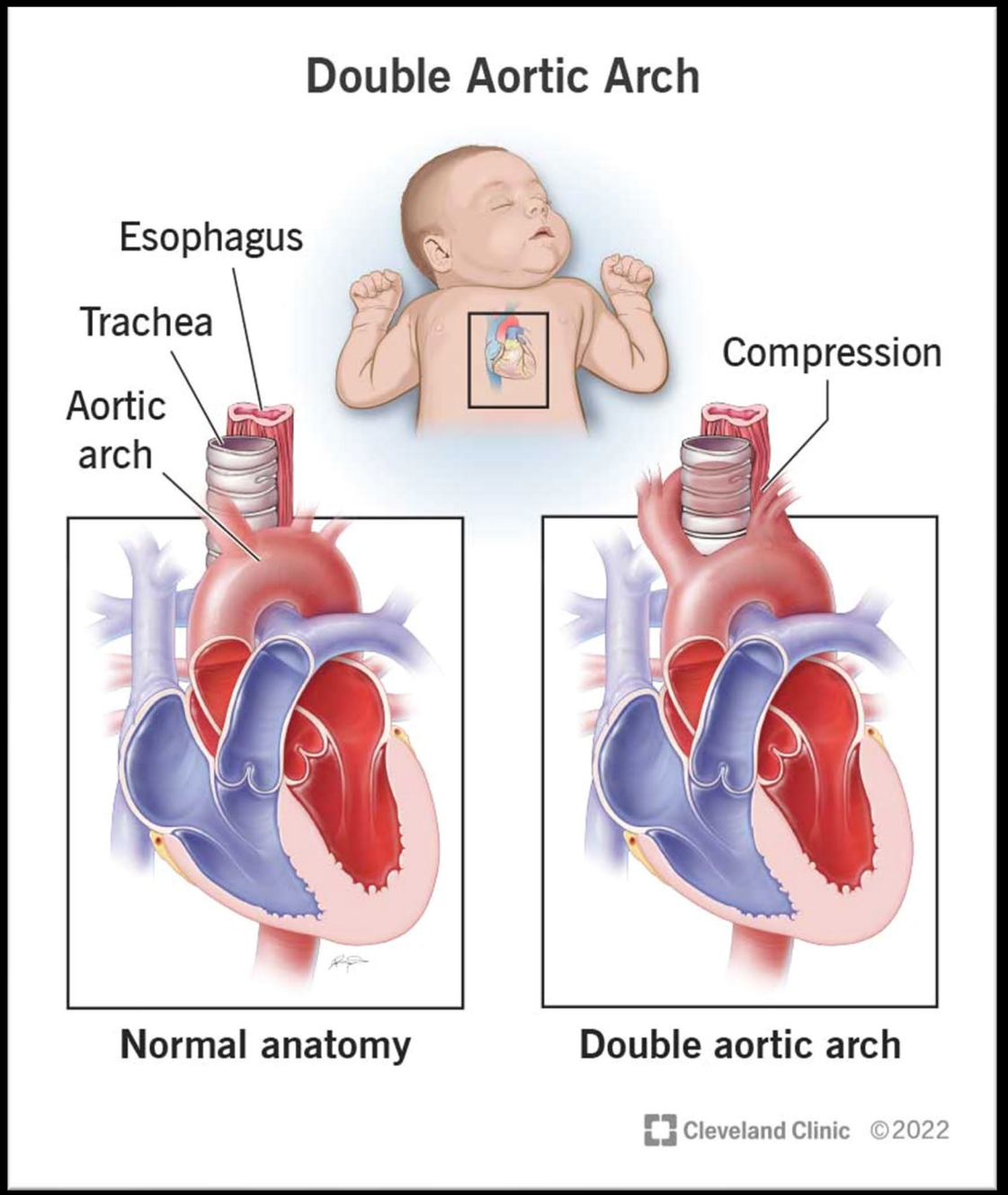
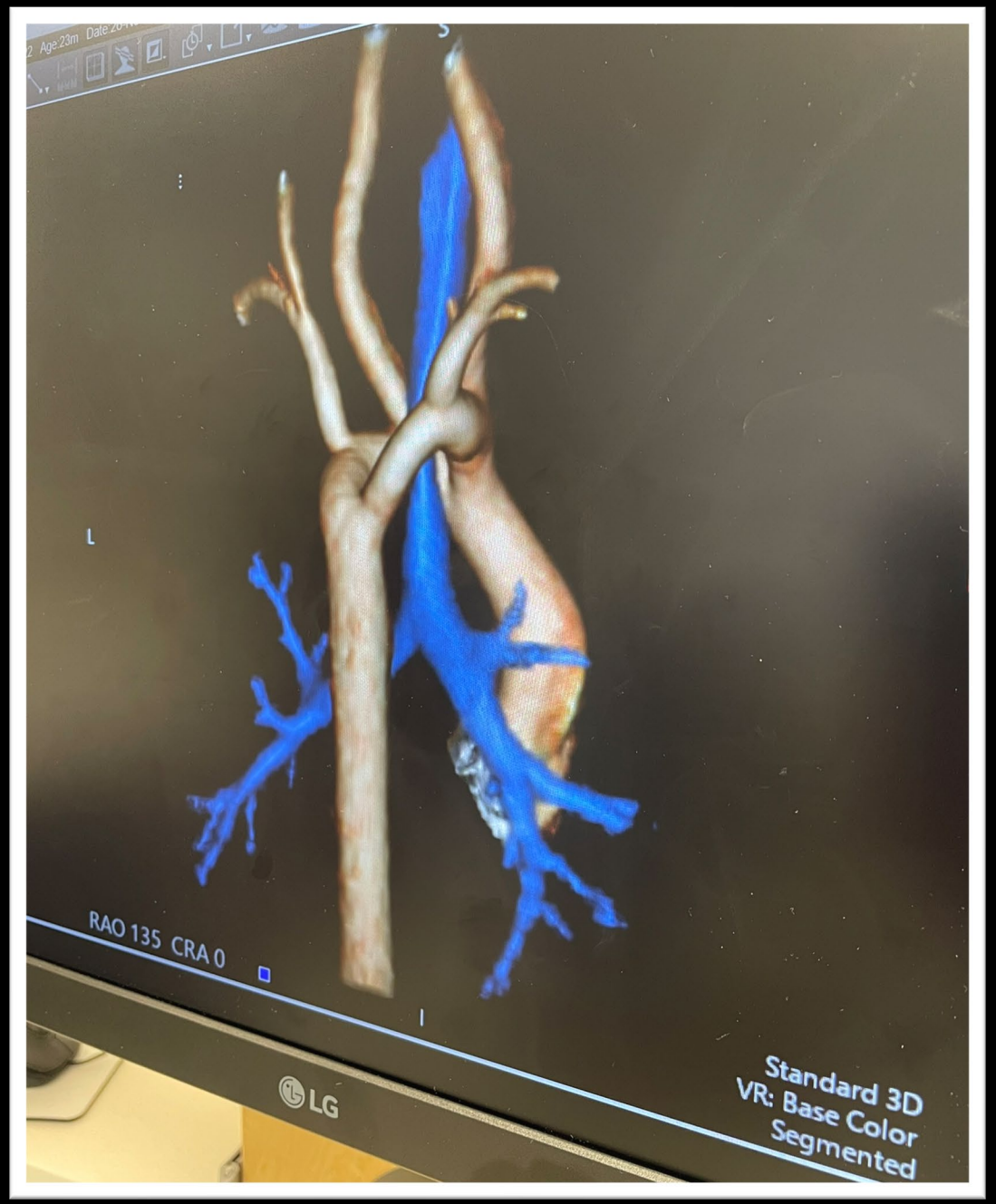

Double Aortic Arch
Esophagus
Trachea
Aortic arch
Compression
Normal anatomy
Double aortic arch
Cleveland Clinic ©2022



Disparities in surgical outcomes of neonates with congenital heart disease across regions, centers, and populations

Flora Nuñez Gallegos[a], Joyce L. Woo[b], Brett R. Anderson[c], and Keila N. Lopez[d,*]

Neighborhood Childhood Opportunity, Race/Ethnicity, and Surgical Outcomes in Children With Congenital Heart Disease

Son Q. Duong, MD, MS,[a,b] Mahmud O. Elfituri, MBBCH,[c] Isabella Zaniletti, PhD,[d] Robert W. Ressler, PhD,[e] Clemens Noelke, PhD,[e] Bruce D. Gelb, MD,[a,b,f] Robert H. Pass, MD,[a] Carol R. Horowitz, MD, MPH,[g,h] Howard S. Seiden, MD,[a] Brett R. Anderson, MD, MBA, MS[i]

Addressing Disparities in Pediatric Congenital Heart Disease: A Call for Equitable Health Care

Devyani Chowdhury, MD, MHA; Pietro A. Elliott, BS; S. Yukiko Asaki, MD; Shahnawaz Amdani, MD; Quang-Tuyen Nguyen, MD; Christina Ronai, MD; Seda Tierney, MD; Victor Y. Levy, MD, MSPH; Kriti Puri, MBBS; Carolyn A. Altman, MD; Jonathan N. Johnson, MD; Julie S. Glickstein, MD

Valentine’s Day 2025

Before

After


Dr. O. N. Ray Bignall II
Pediatric Nephrology
NATIONWIDE CHILDREN'S

Who really cares about “equity” …?

NATIONWIDE CHILDREN'S

Do YOU ~~Who~~ really care~~s~~ about "equity" …?

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For my family – and for all our families – health equity is personal!

Be encouraged!

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NATIONWIDE CHILDREN'S

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