



Connections between criminal justice and health

Advisory group meeting 1

Feb. 9, 2021

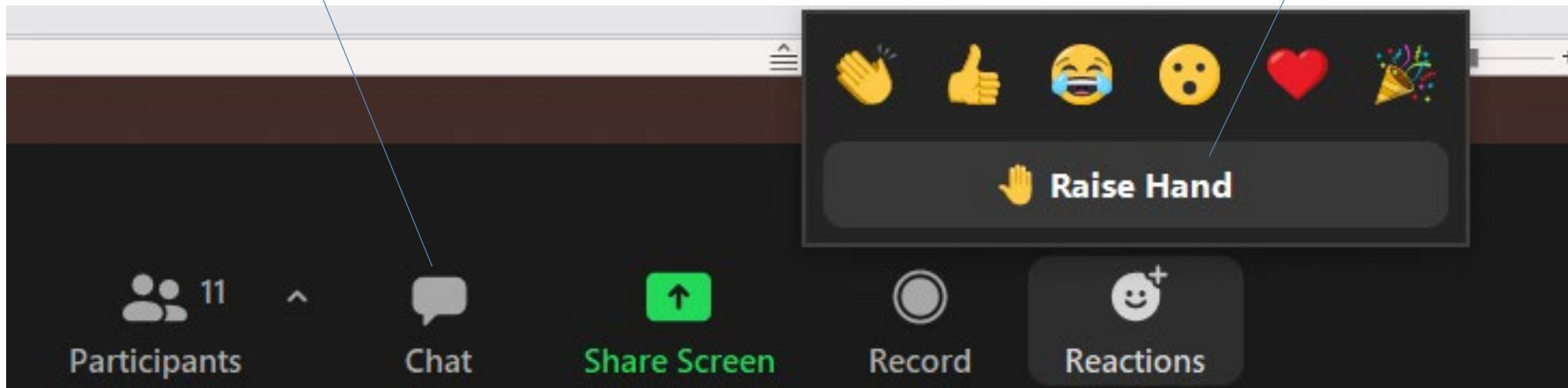
Participating in Zoom

Chat

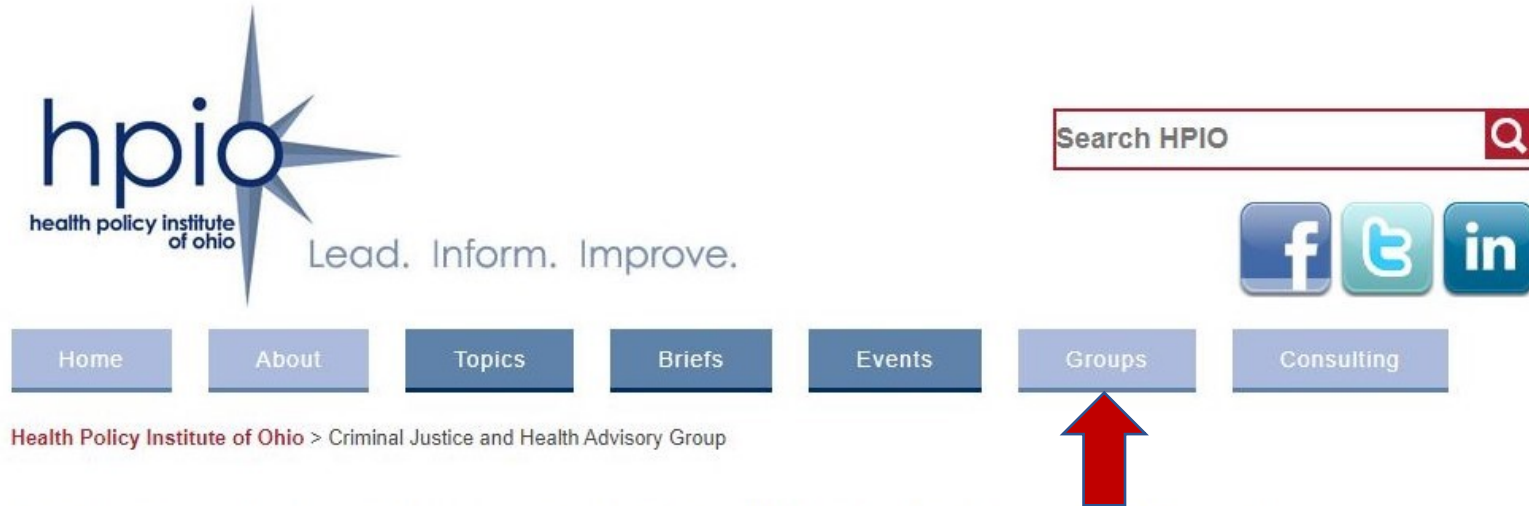
(found in bottom toolbar)

Raise hand

(found inside reactions button)



Criminal justice and health advisory group page



Health Policy Institute of Ohio > Criminal Justice and Health Advisory Group

Criminal Justice and Health Advisory Group

HPIO is facilitating a project, with guidance from a multi-sector advisory group, focused on the connections between the criminal justice system and health. The first policy brief in the series will provide information on the:

- Impacts of criminal justice involvement on health outcomes
- Impacts of poor health on criminal justice involvement
- Impacts of racism and other underlying factors on criminal justice and health outcomes (including poverty, employment, education, housing and neighborhood conditions, and family and community violence)
- Actions state policymakers and other stakeholders can take to improve criminal justice and health outcomes in Ohio (i.e., policy options)

For more information, please contact Hailey Akah, Senior Health Policy Analyst, at hakah@healthpolicyohio.org

Criminal Justice and Health Advisory Group meetings

Meeting one: Tuesday, February 9, 2021, from 2 p.m. – 3:30 p.m (online via Zoom)



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

- bi3
- CareSource Foundation
- The Cleveland Foundation
- The George Gund Foundation
- HealthPath Foundation of Ohio
- Interact for Health
- Mercy Health
- Mt. Sinai Health Care Foundation
- Nord Family Foundation
- North Canton Medical Foundation
- Saint Luke's Foundation of Cleveland
- Sisters of Charity Foundation of Canton
- Sisters of Charity Foundation of Cleveland

Advisory group members (as of Feb. 2021)

Academia/ researcher (4)	Behavioral health (mental health and/or addiction) (6)	Community resident/ advocacy organization (3)
Criminal justice (courts and corrections) (12)	Health insurer (1)	Law enforcement or first responder (6)
Local health department or local government (4)	Philanthropy (1)	State government (9)

Introductions

Today's agenda

- **Presentation:** Research on the connections between racism, criminal justice and health
- **Small group and large group discussion:** Project purpose and goals
- **Conceptual framework review**
- **Next steps**

Today's objectives

As a result of this meeting, **HPIO will have guidance** from the Advisory Group on

- The **goals** of the of the Connections Between Criminal Justice and Health brief
- The **conceptual framework** of the Connections Between Criminal Justice and Health brief

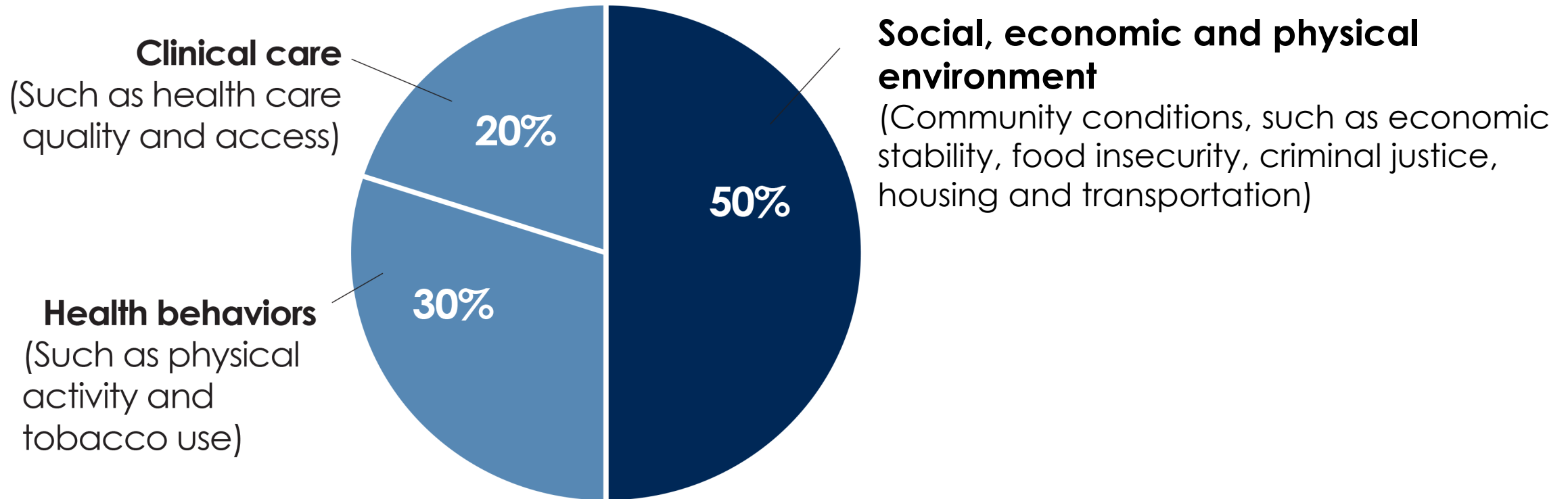
Advisory group role

Provide guidance to HPIO on Criminal Justice and Health project:

- Project goals and conceptual framework
- Considerations for key findings and policy options
- Sharing and dissemination of information

Connections between racism, criminal justice and health

Modifiable factors that impact health



Underlying drivers of inequity
Racism and other forms of discrimination (i.e., ableism, ageism, sexism, xenophobia, homophobia, etc.), trauma, exposure to violence, toxic stress, stigma

Source: Booske, Bridget C. et. Al. *County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health*. University of Wisconsin Public Health Institute, 2010.



A new approach to reduce infant mortality and achieve equity

Policy recommendations to improve housing, transportation, education and employment

Health Policy Brief

Connections between education and health

This brief provides an overview of the relationship between education and health. In 2017, the Health Policy Institute of Ohio will release a series of fact sheets discussing specific policy recommendations to improve health and educational outcomes in Ohio.

Health and education are areas of significant focus for Ohio policymakers, representing the largest shares of Ohio's biennial budget for state fiscal years (SFY) 2016-2017 (See Figure 1). Among the 971 bills introduced in the 131st General Assembly between Jan. 1, 2015 and Nov. 4, 2016, 42 percent were related to health and/or education.²

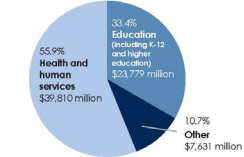
The relationship between education and health

There is widespread agreement that factors outside of the healthcare system influence health. Research consistently shows a strong relationship between educational attainment and health, even after accounting for factors such as income, race, ethnicity and access to health care.³

People with more education live in healthier communities, practice healthier behaviors, have better health outcomes and live longer than those with less education.⁴ At age 25, college graduates in the U.S. can expect to live five years longer than adults without a high school diploma, a gap that has been widening since the 1960s.⁵

Chronic conditions, such as arthritis, diabetes, heart disease, hypertension and lung diseases, are more prevalent and tend to be more severe among individuals with lower levels of education.⁶ Consequently, individuals with less education are more likely to generate higher healthcare spending in the long run.⁷

Figure 1. Ohio biennial budget appropriations (SFY 2016-2017)

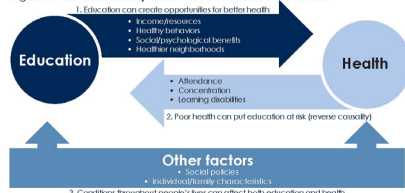


Note: Includes total state and federal general revenue fund appropriations.
Source: Ohio Legislative Service Commission Budget in Brief (House Bill 44 - As Amended)

Researchers have identified three primary ways in which education and health are connected:

1. Education can create opportunities for better health
2. Poor health can hinder educational performance and attainment
3. Other independent factors, such as income, geography, stress and parenting, can influence both health and education⁸

Figure 2. The relationship between education and health



Source: Adapted from Virginia Commonwealth University, Why Education Matters to Health: Exploring the Causes, Feb. 13, 2013



Ohio addiction policy scorecard

4

Children, youth and families

HPIO Addictive Evidence Project

Health Policy Brief

Connections between income and health

More than a century of research has found strong connections between income and health.¹ As a group, people with higher incomes live longer and experience better mental and physical health outcomes. Understanding how income influences health can inform policies, programs and resource allocation to improve both the health and economic well-being of Ohioans.

This brief provides an overview of the relationship between income and health, describes the various factors that impact income and health and outlines relevant policy implications.

The relationship between income and health: Health is influenced by a number of modifiable factors, including a person's social and economic environment, physical environment, health behaviors and clinical care.² Income plays a critical role across each of these factors, for example, by influencing whether a person has access to high-quality education, nutritious food, safe housing and health insurance coverage.³ In addition, toxic and persistent stress experienced by people living with low incomes can negatively impact health.⁴

Researchers have identified three primary ways in which income and health are connected:

1. Higher income contributes to better health
2. Better health supports higher income-earning potential
3. Other factors, including toxic stress, racism, education, housing and neighborhood conditions can influence both health and income

Income-related factors that influence health

The focus of this publication is the connection between income and health. Other factors closely related to income, including wealth, income inequality, debt⁵ and other indicators of economic self-sufficiency have also been shown to impact health. Below is a glossary of common income-related terms.

Assets: Anything that holds economic value (including cash, bank accounts, investments, property and other material items). Assets that can be quickly turned into cash are considered to be liquid. Non-liquid assets, such as a home or car, may take weeks or months to convert to cash.

Debt: Money owed by an individual or household to another entity or individual.

Economic self-sufficiency: The ability to meet basic needs such as housing, food, transportation and medical needs without subsidies or other assistance from government programs directed to people with low incomes.

Income: The total amount of money earned or received by an individual or household during a set time period. Income typically includes wages from employment and other sources such as interest and capital gains. Some methods for counting income also include payments from programs, including food assistance and social security.

Economic mobility: Ability for individuals and households to move up or down the economic ladder within a lifetime and across generations.

Income inequality: A measure of the gap between high and low incomes in a given area.

Wealth: The total value of an individual's or household's assets, minus debts and other liabilities, and income

Figure 1. Ohio health indicators

	Ohio	Year of most recent data	Ohio's rank among 50 states and D.C.*
Overall health status: Percent of adults that report excellent, very good or good health	83.4%	2013	26
Life expectancy: Life expectancy at birth based on current mortality rates	77.2	2010	37
Adult depression: Percent of adults who have ever been told they have depression	19.6%	2013	30
Adult smoking: Percent of population age 18 and older that are current smokers	21.8%	2013	43
Uninsured adults: Percent of 18-64 year olds that are uninsured	11.8%	2014	13
Unable to see doctor due to cost: Percent of adults who went without care because of cost in last year	10.7%	2013	13

*A ranking of 1 is the best and 51 is the worst
Source: 2017 Health Value Dashboard



Ohio addiction policy inventory and scorecard

3

Law enforcement and the criminal justice system

HPIO Addictive Evidence Project

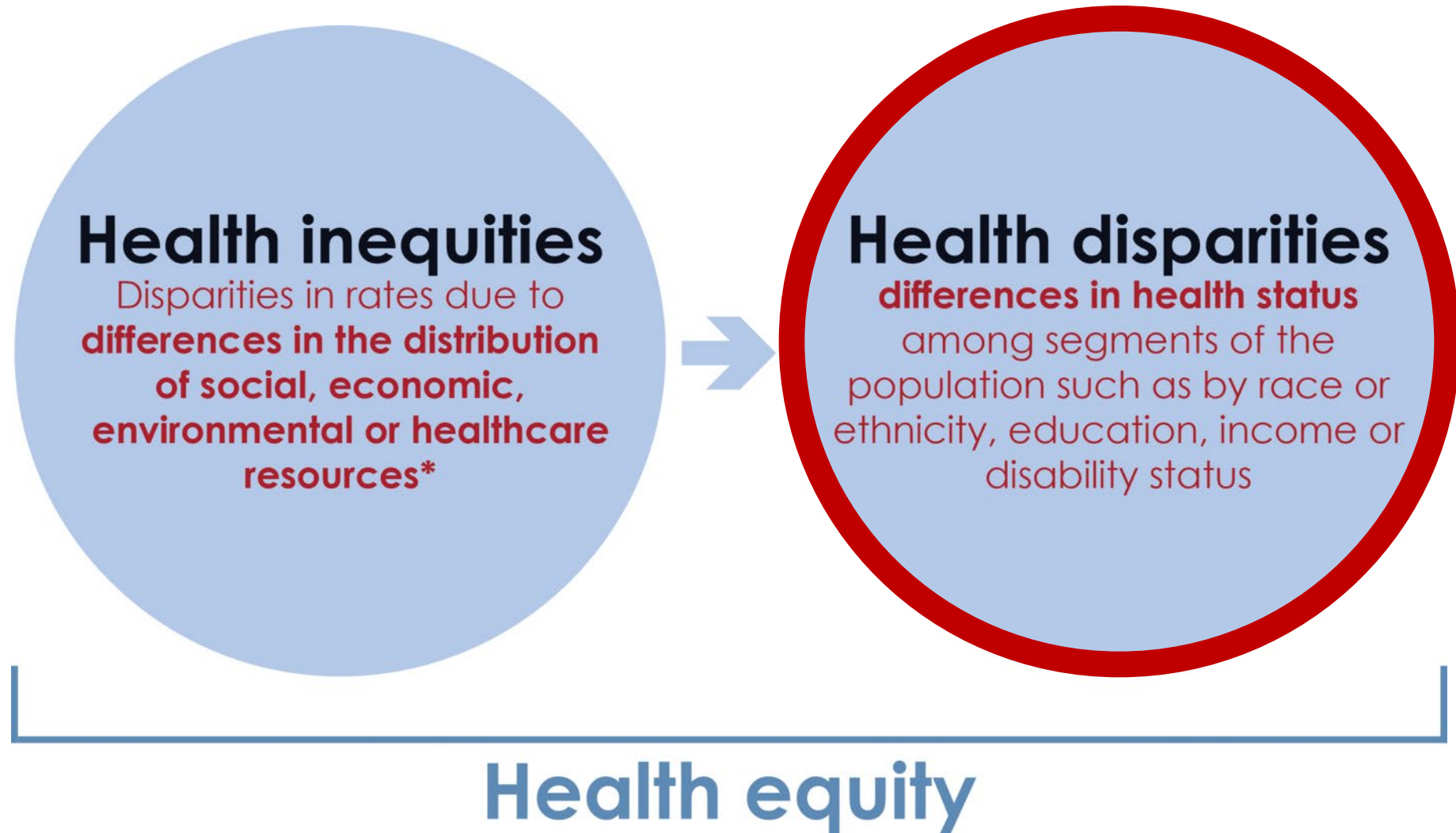


What works to increase self-sufficient employment

August 2018

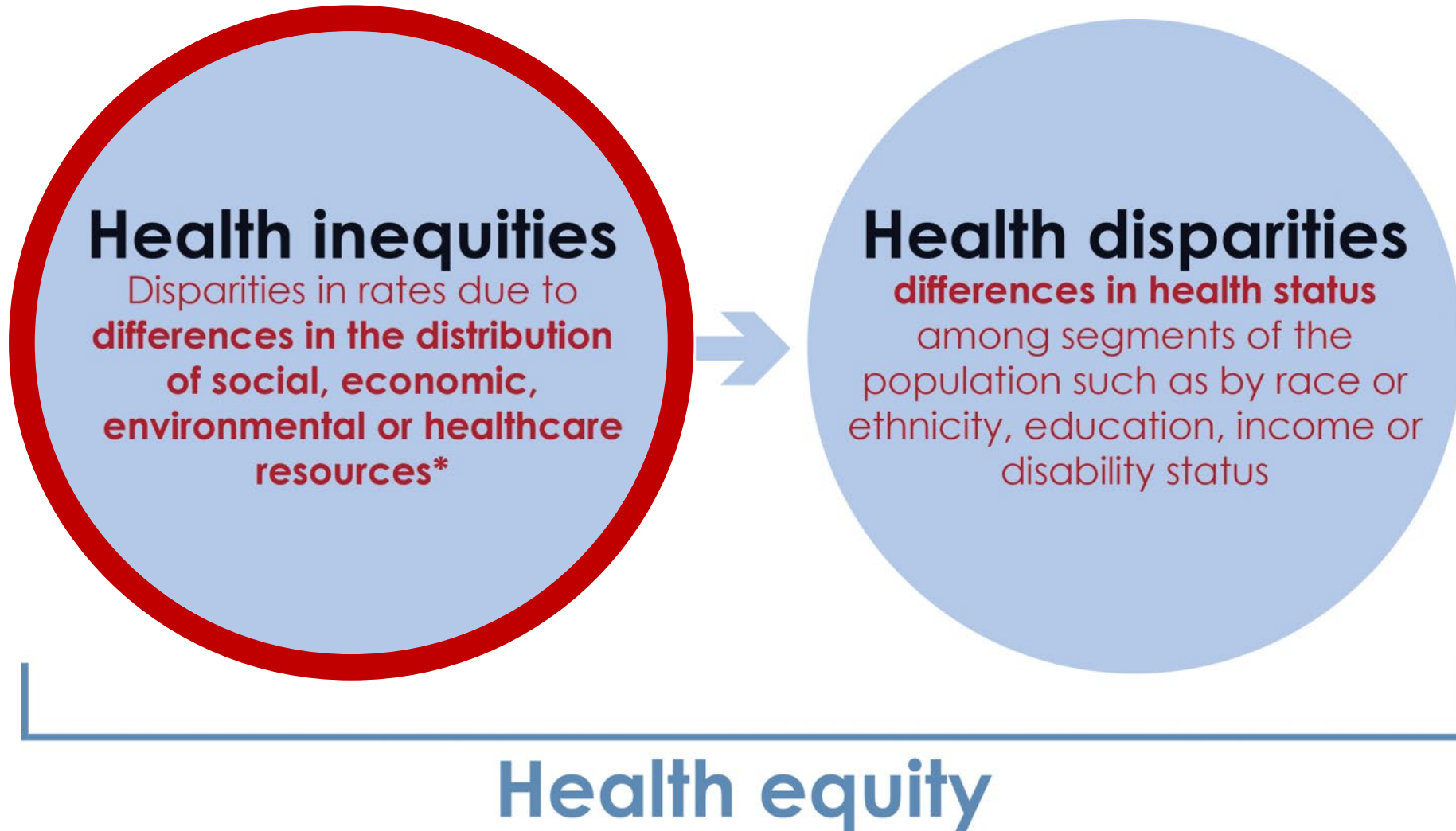


Health inequities, disparities and equity



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

Health inequities, disparities and equity



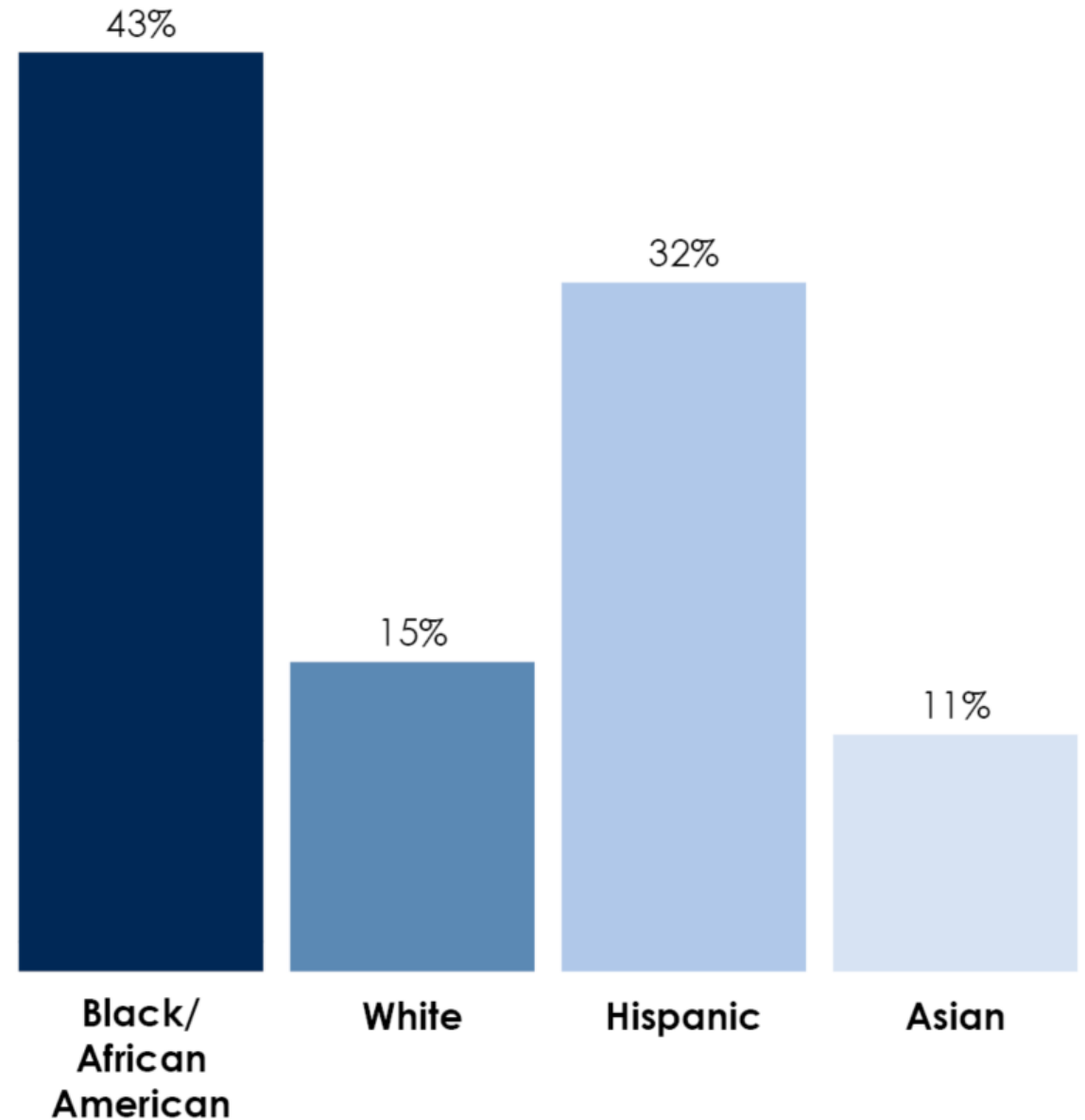
*Working definition from the CDC Health Equity Working Group, October 2007

Health equity

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.

Child poverty

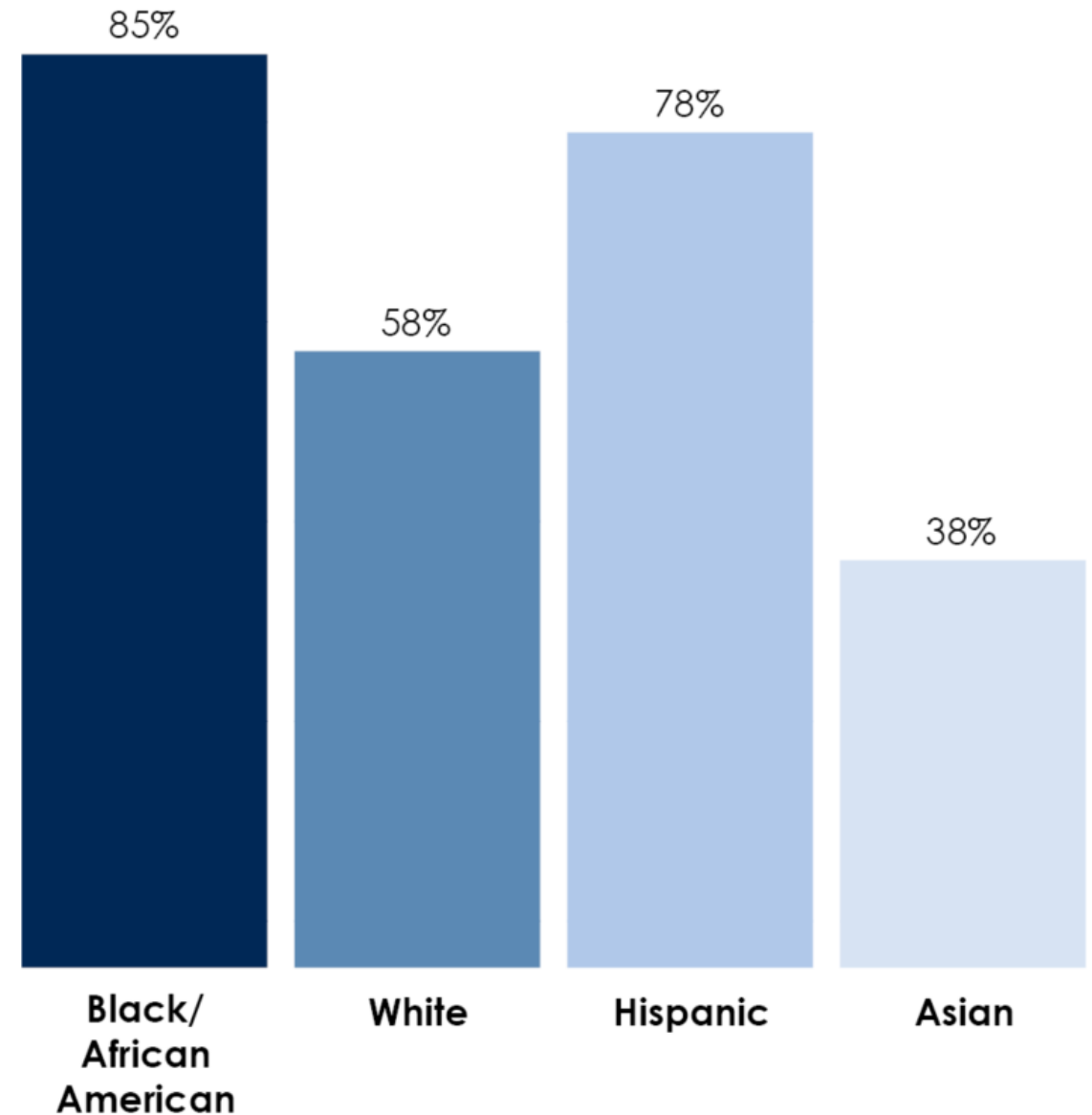
Percent of people under age 18, in households with incomes below the federal poverty level 2015-2019



Source: U.S Census Bureau, 2019 American Community Survey 5-year estimates - Tables C27001A, B, D and I, B18130

Fourth-grade reading

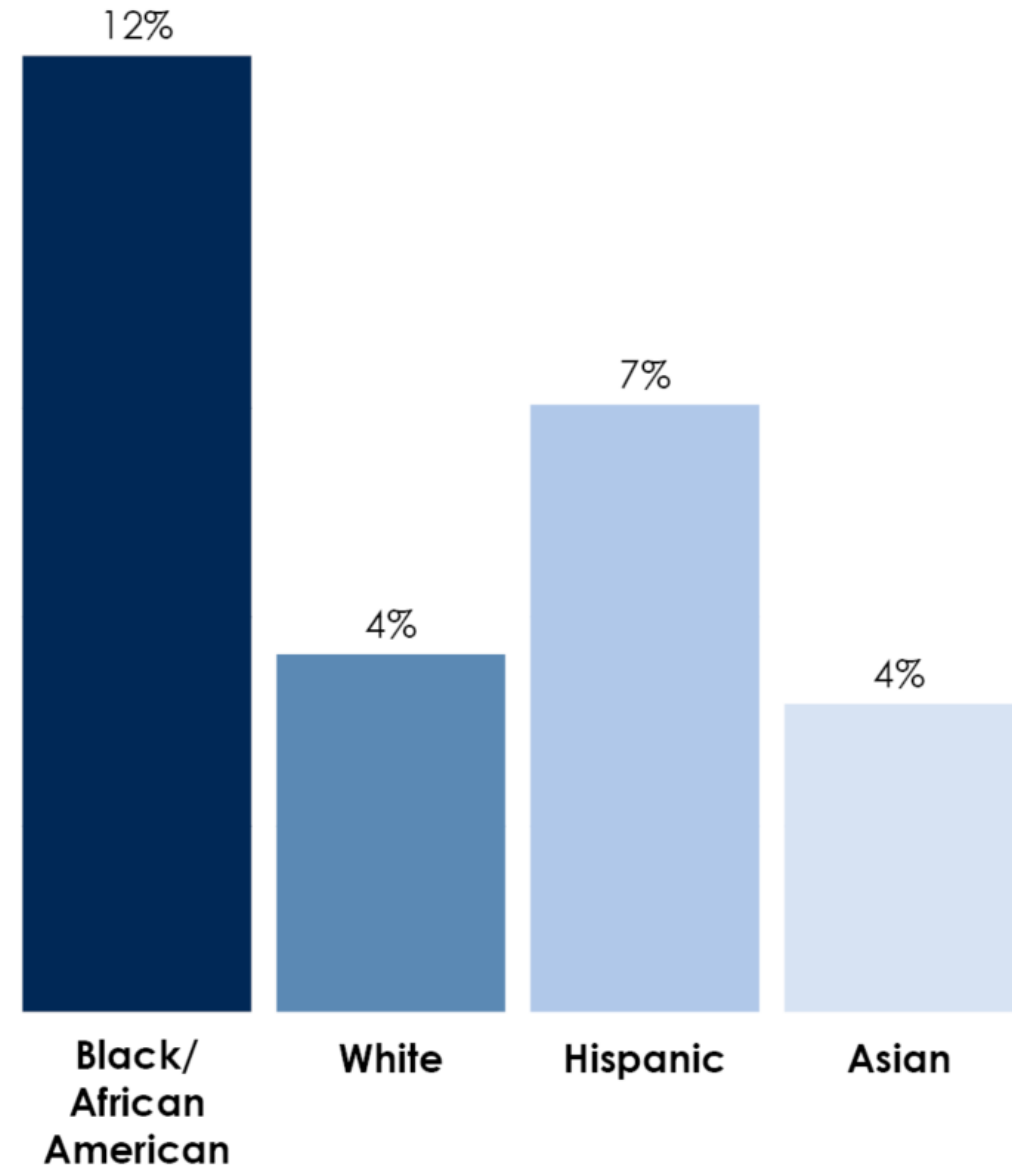
Percent of 4th grade public school students who were not proficient in reading by a national assessment (NAEP) 2019



Source: U.S Department of Education, National Assessment of Educational Progress

Unemployment

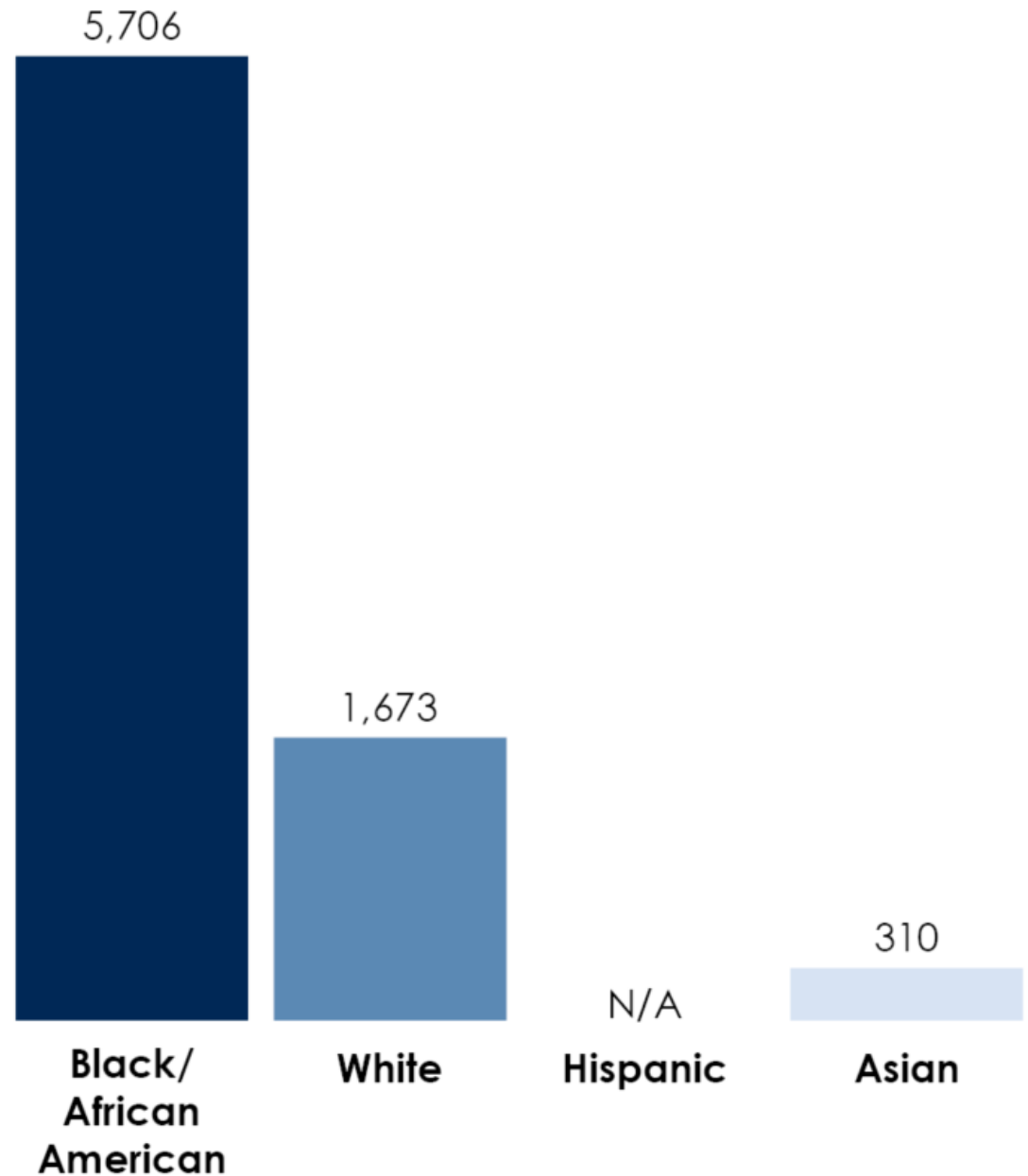
Percent of people who are jobless, looking for a job and available for work 2015-2019



Source: U.S. Census Bureau, 2019 American Community Survey 5-year estimates - Tables S2301 and C18120

Adult arrest rate

Number of people arrested, per 100,000 population 2019

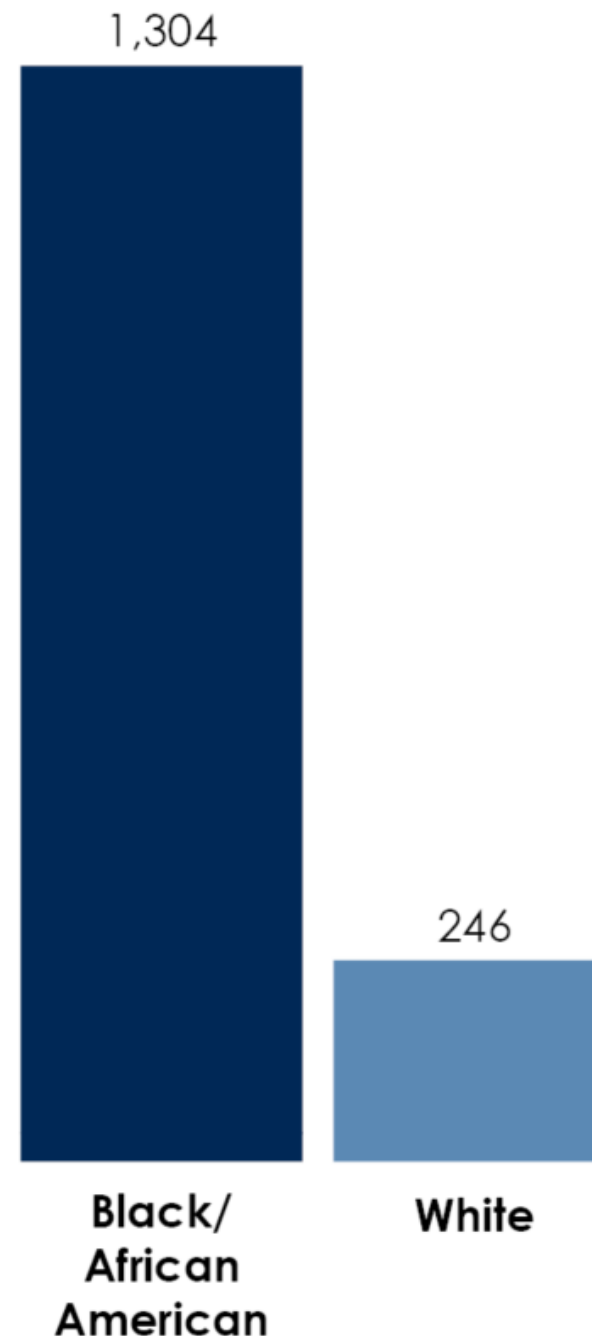


Source: Ohio Incident-Based Reporting System and American Community Survey as compiled by Ohio Department of Rehabilitation and Corrections

Incarceration rate

Number of people incarcerated in Ohio Department of Rehabilitation and Corrections prisons per 100,000 population

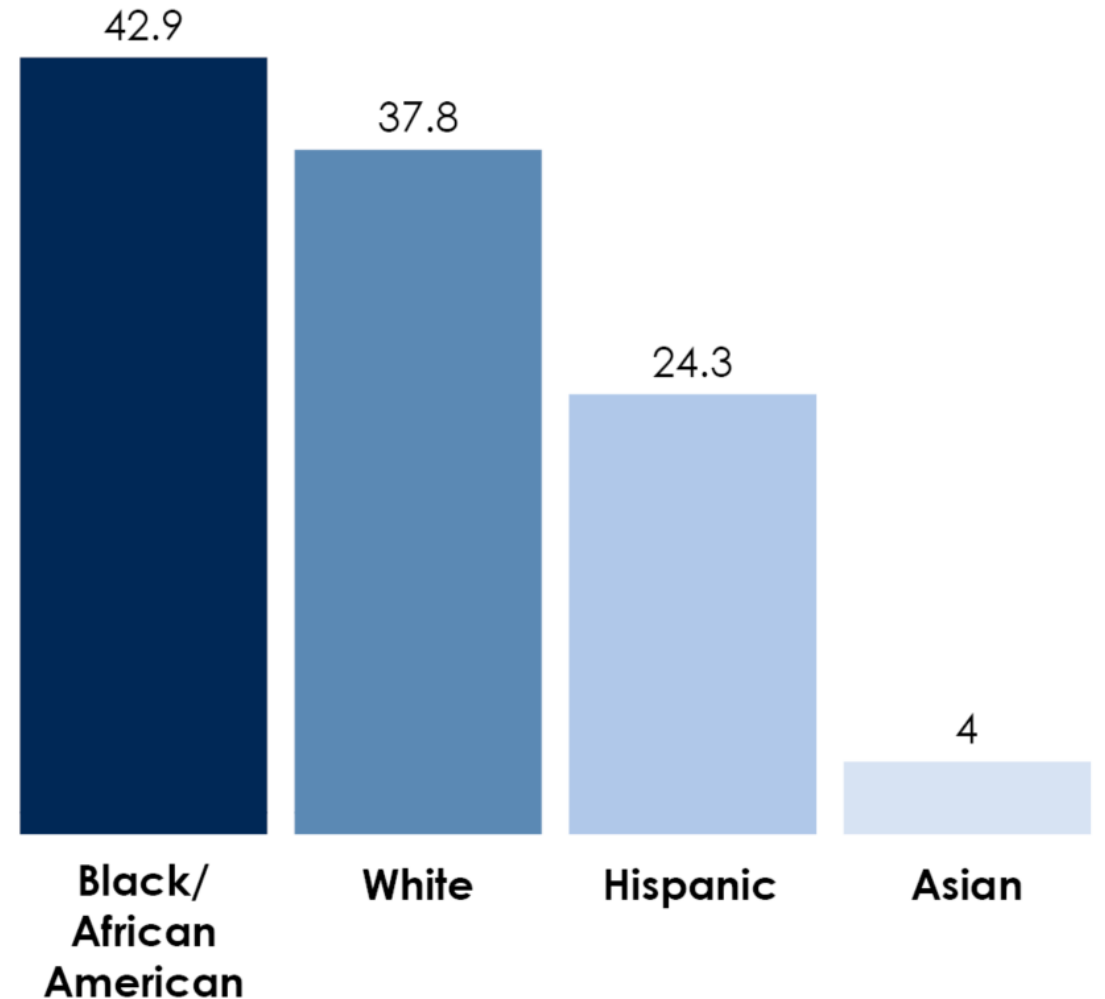
July 2020



Source: HPIO analysis of Ohio Department of Rehabilitation and Corrections annual report and Population Division, U.S. Census Bureau and Corrections

Overdose death

Number of unintentional drug overdose deaths, per 100,000 population 2019



Source: Ohio Department of Health, Bureau of Vital Statistics

Life expectancy

Life expectancy at birth based on current mortality rates 2017



Source: Ohio Department of Health, Online State Health Assessment



Disparities and inequities

Racism and other forms of discrimination

Four levels of racism framework

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 Race Forward's Four Levels of Racism framework.

Four levels of racism framework

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 Race Forward's Four Levels of Racism framework.

Four levels of racism framework

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 Race Forward's Four Levels of Racism framework.

Four levels of racism framework

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 Race Forward's Four Levels of Racism framework.

Four levels of racism framework

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 Race Forward's Four Levels of Racism framework.

Four levels of racism framework

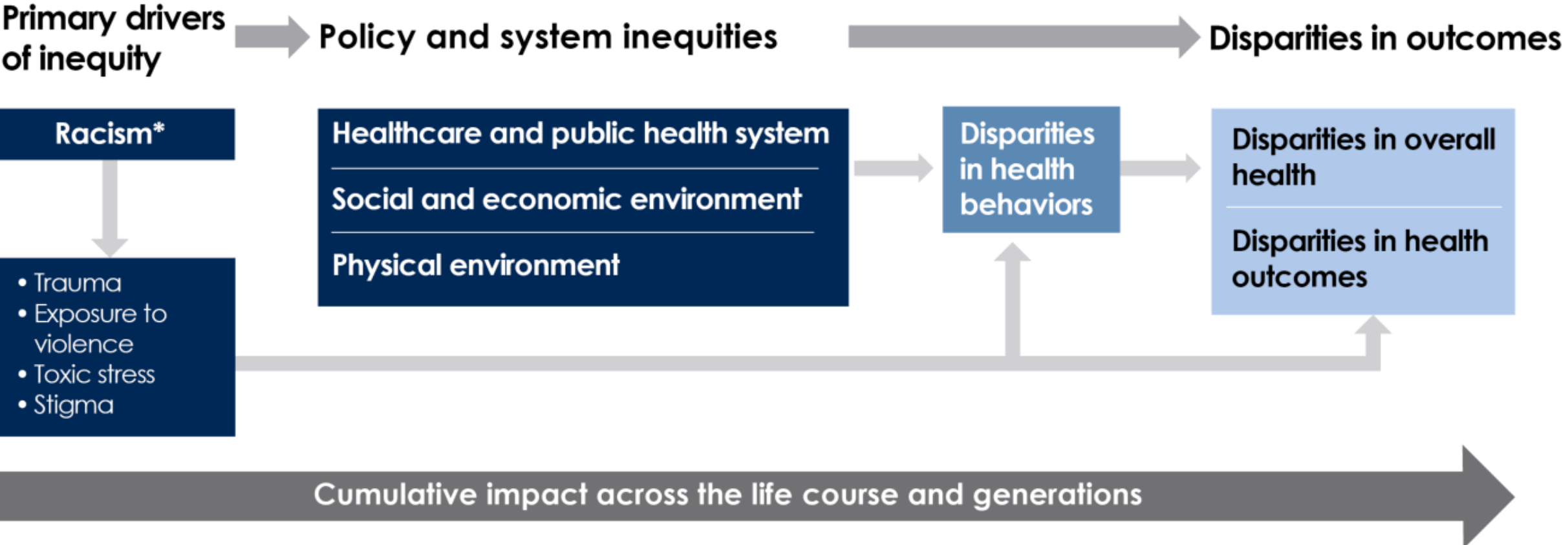


Interpersonal racism
occurs between individuals

Internalized racism
lies within individuals

Source: Adapted from Race Forward's Four Levels of Racism framework.

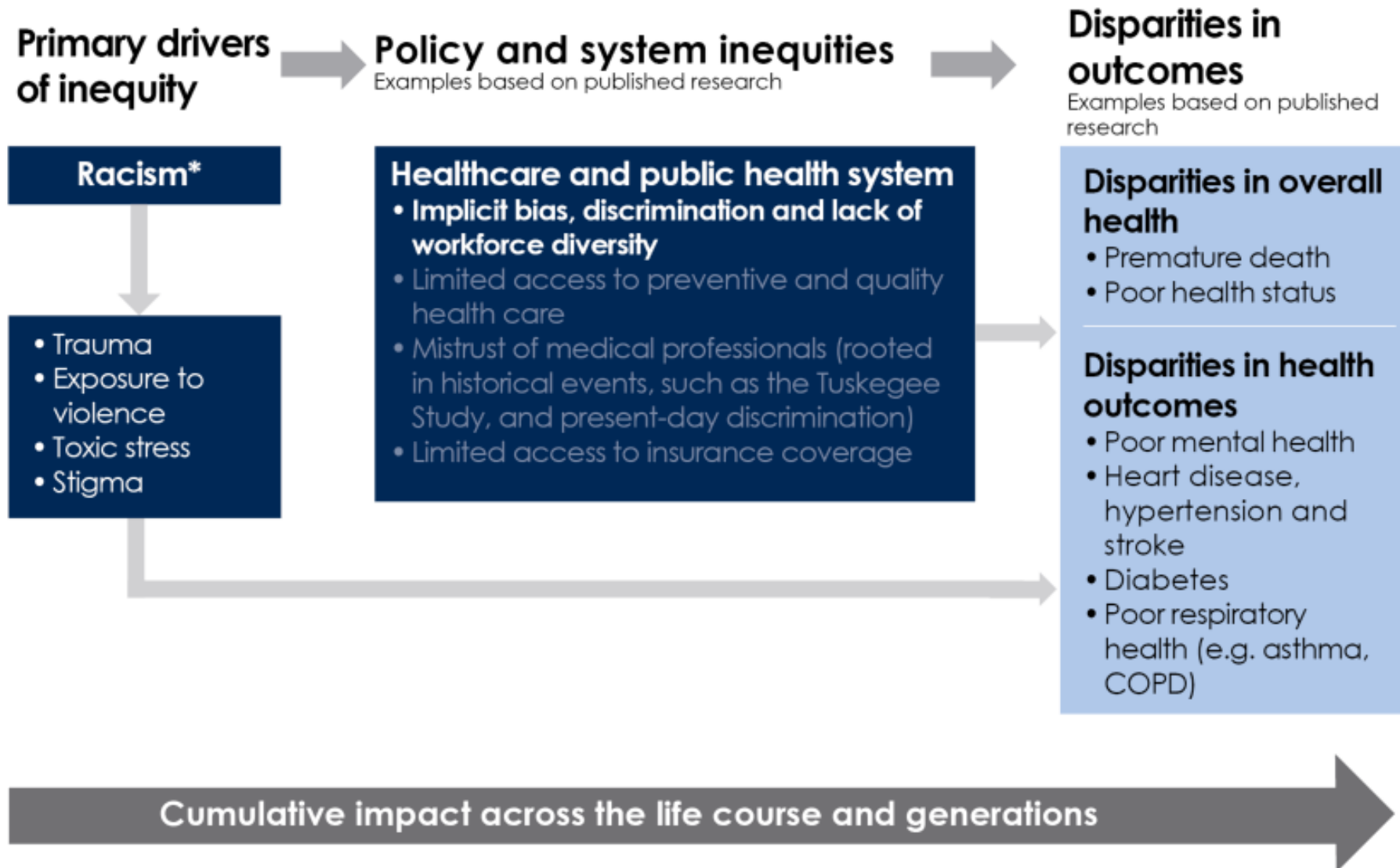
Connection between racism and health



* Structural, institutional, interpersonal and internalized racism

Source: Adapted from a diagram developed in partnership with the COVID-19 Minority Health Strike Force formed under Gov. Mike DeWine

Connection between racism and health



Source: Adapted from a diagram developed in partnership with the COVID-19 Minority Health Strike Force formed under Gov. Mike DeWine

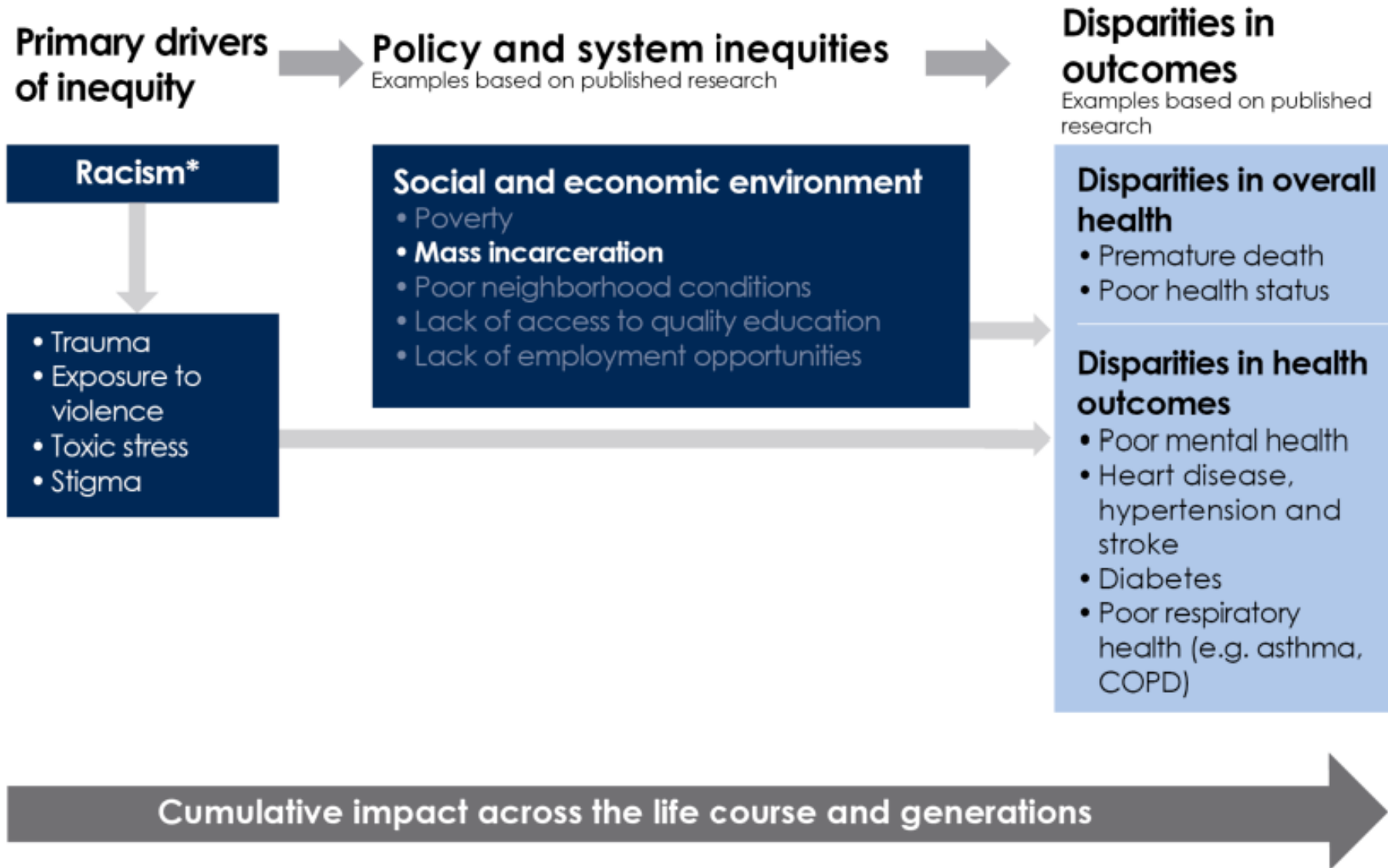
* Structural, institutional, interpersonal and internalized racism



Source: Tuskegee Study, Centers for Disease Control and Prevention

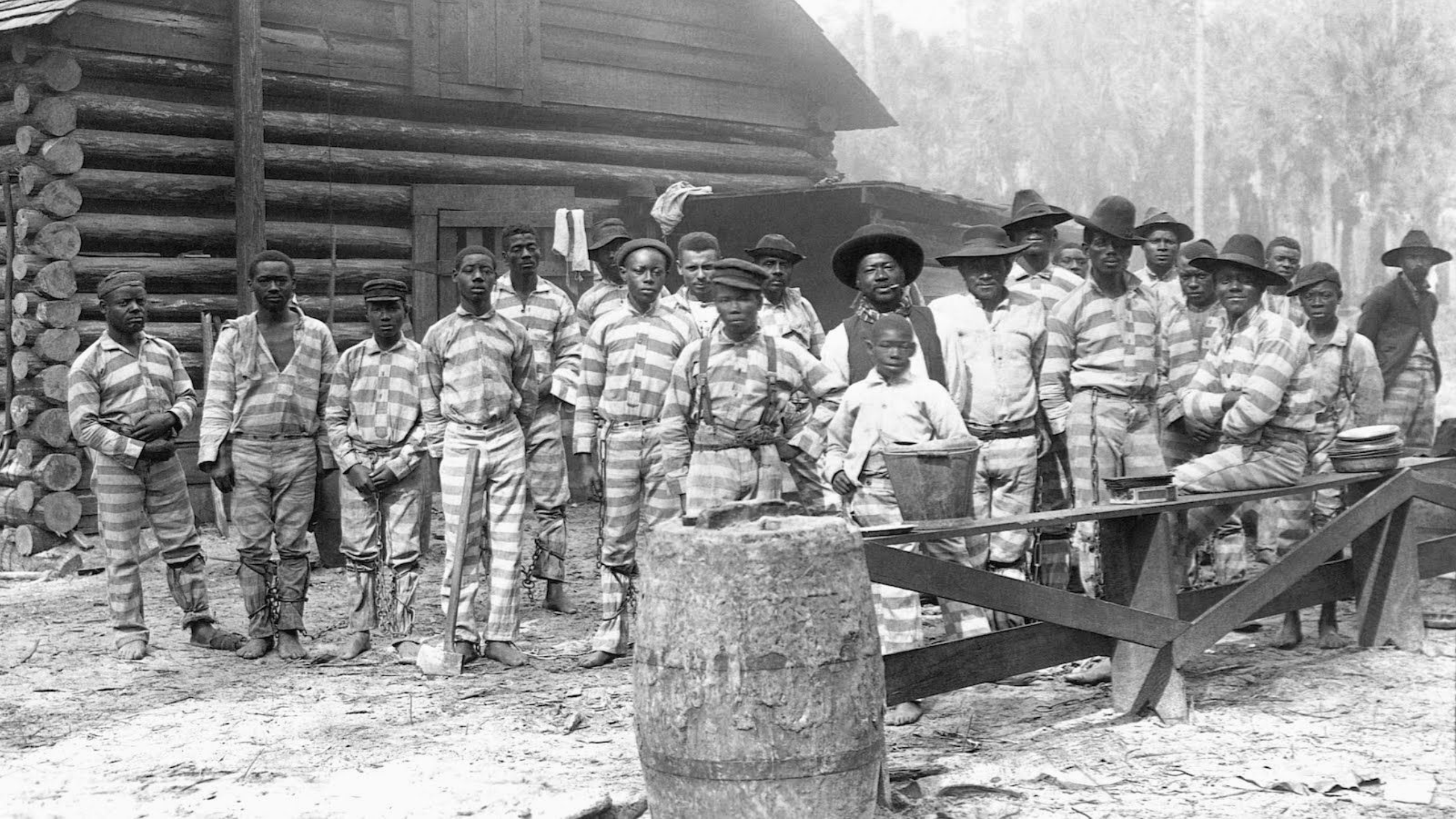
Nearly **six in 10 African Americans** said they trust the nation's health care system only some or almost none of the time to do what is right for their communities.

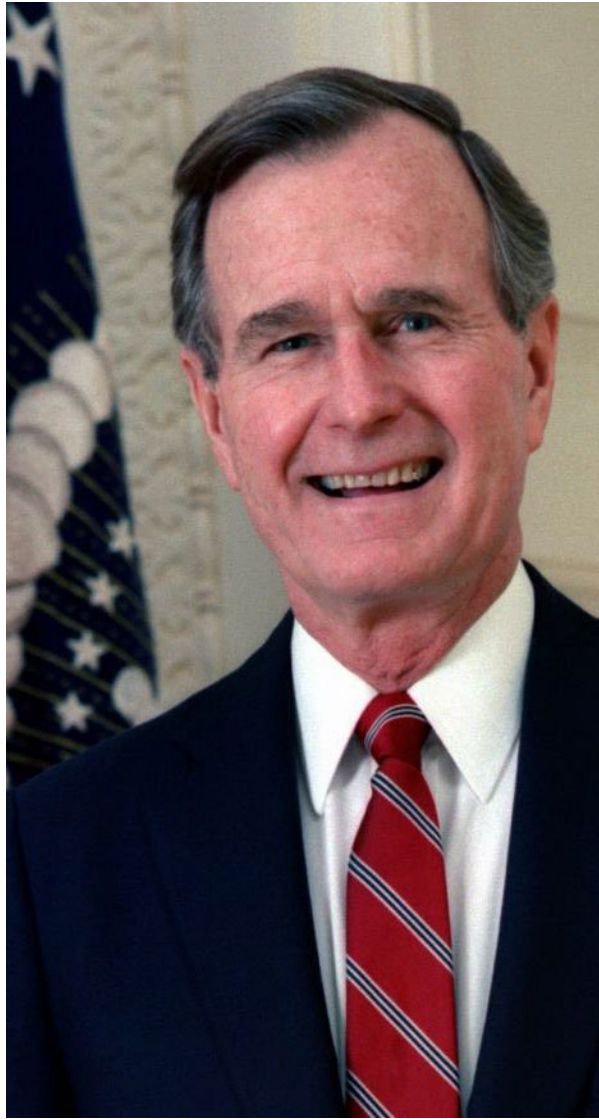
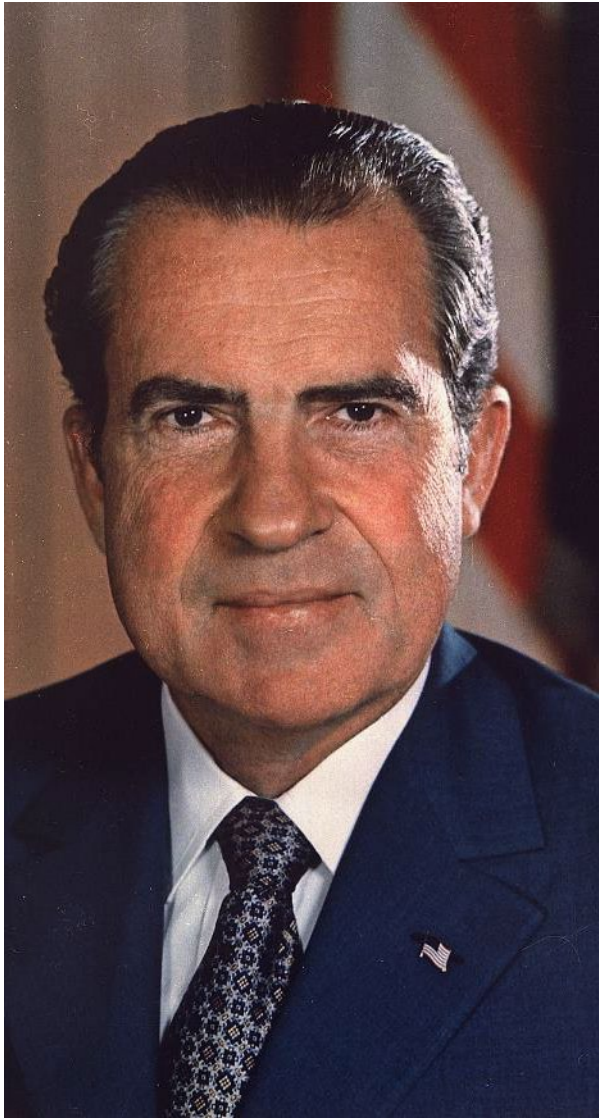
Connection between racism and health



Source: Adapted from a diagram developed in partnership with the COVID-19 Minority Health Strike Force formed under Gov. Mike DeWine

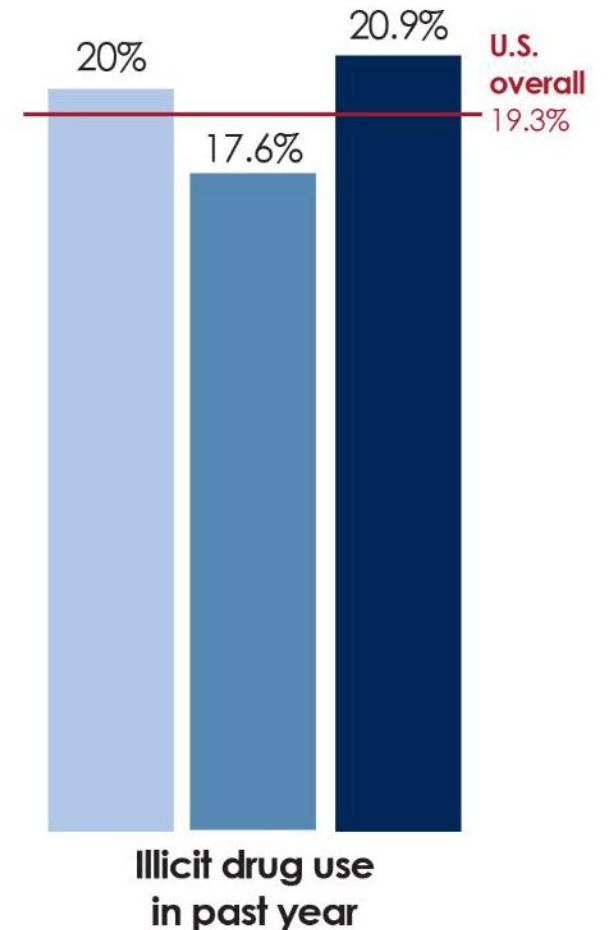
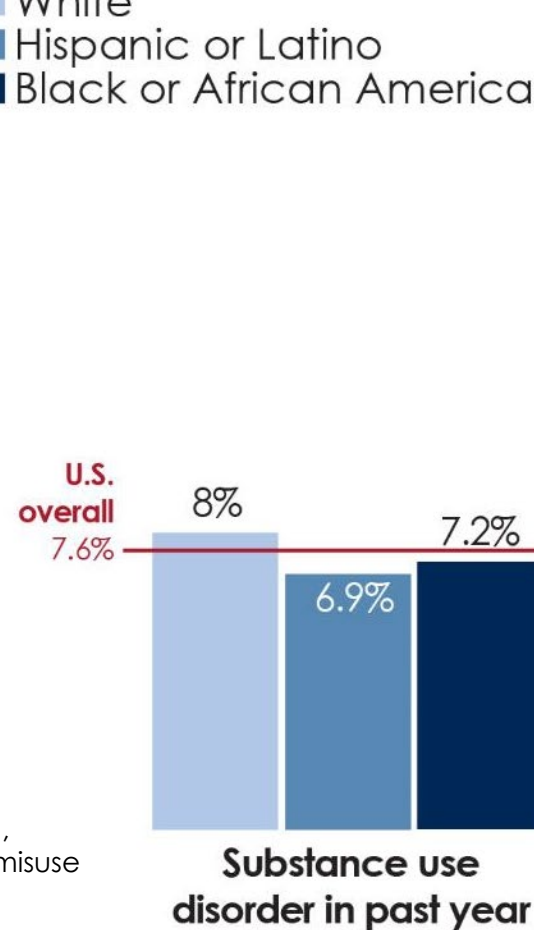
* Structural, institutional, interpersonal and internalized racism





U.S. substance use disorder and illicit drug use in the past year

age 18 and older, by race, 2017



Note: Illicit drug use includes use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription pain relievers, tranquilizers, stimulants and sedatives

Source: National Survey on Drug Use and Health, 2017

Small group discussion

Large group discussion

Project goal

Inform policy changes to eliminate disparities and inequities in criminal justice and health outcomes

Other potential goals

Inform policy changes to:

- Improve health outcomes for people who are justice-involved
- Improve health outcomes for all Ohioans
- Decrease recidivism rates
- Decrease incarceration rates

Conceptual framework review

Conceptual framework: The relationship between criminal justice and health

Racism is a systemic and ongoing crisis with serious consequences for the health and well-being of Ohioans inside and outside of the criminal justice system. Racism and other forms of discrimination drive **disparities** and **inequities** in criminal justice and health outcomes.

Criminal justice

Involvement in the criminal justice system can impact health outcomes, such as:

- Infectious disease
- Chronic disease
- Mental health conditions and addiction
- Health care access and quality

Improving conditions within prisons and jails and strengthening connections to healthcare providers and other resources for people reentering the community improves health for people who are justice-involved.

Community conditions

Community conditions impact outcomes in both criminal justice and health. Examples of community conditions:

- Poverty
- Trauma and violence
- Employment and income
- Education
- Housing
- Neighborhood conditions

Improving prevention, treatment and recovery for mental health and addiction and strengthening community responses to addiction and mental health crises prevents criminal justice involvement.

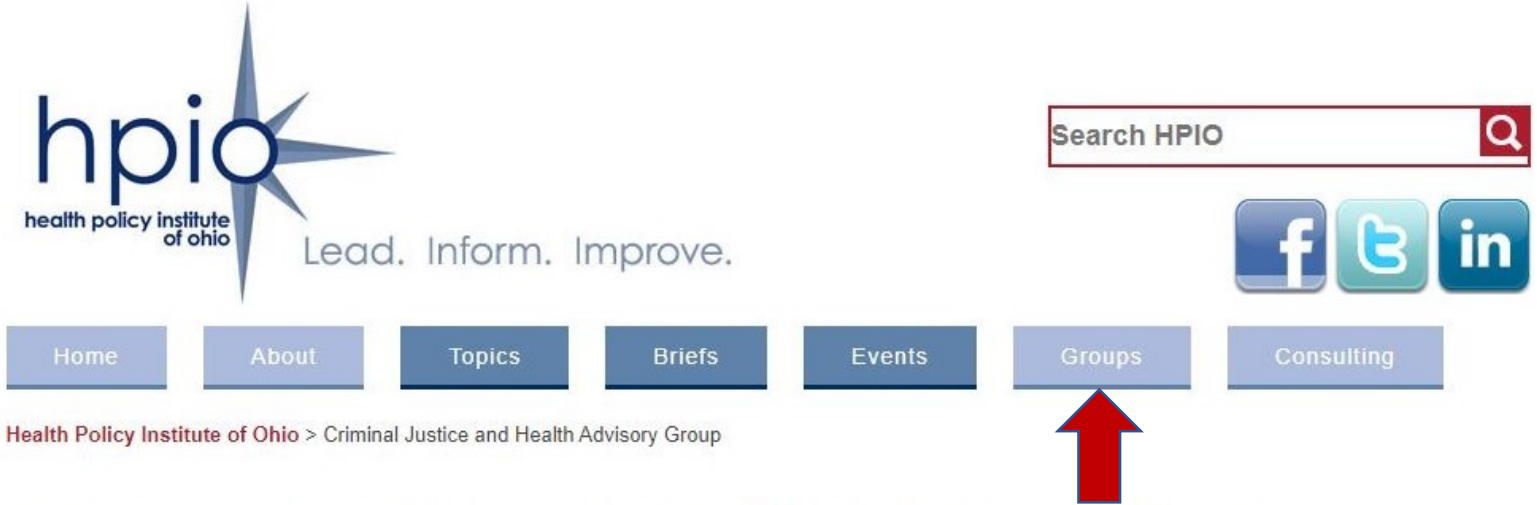
Health

Health, including substance use and mental health, can impact criminal justice outcomes, such as:

- Arrest
- Pretrial detention
- Incarceration
- Community and collateral sanctions

Next steps

Criminal justice and health advisory group page



The screenshot shows the top navigation bar of the Health Policy Institute of Ohio (HPIO) website. The logo on the left features the text 'hpio' in a large, lowercase font, with 'health policy institute of ohio' in smaller text below it, and a blue starburst graphic to the right. The tagline 'Lead. Inform. Improve.' is positioned below the logo. To the right of the logo is a search bar with the placeholder text 'Search HPIO' and a magnifying glass icon. Below the search bar are three social media icons for Facebook, Twitter, and LinkedIn. The navigation menu consists of seven buttons: 'Home', 'About', 'Topics', 'Briefs', 'Events', 'Groups', and 'Consulting'. The 'Groups' button is highlighted with a red arrow pointing upwards.

Health Policy Institute of Ohio > Criminal Justice and Health Advisory Group

Criminal Justice and Health Advisory Group

HPIO is facilitating a project, with guidance from a multi-sector advisory group, focused on the connections between the criminal justice system and health. The first policy brief in the series will provide information on the:

- Impacts of criminal justice involvement on health outcomes
- Impacts of poor health on criminal justice involvement
- Impacts of racism and other underlying factors on criminal justice and health outcomes (including poverty, employment, education, housing and neighborhood conditions, and family and community violence)
- Actions state policymakers and other stakeholders can take to improve criminal justice and health outcomes in Ohio (i.e., policy options)

For more information, please contact Hailey Akah, Senior Health Policy Analyst, at hakah@healthpolicyohio.org

Criminal Justice and Health Advisory Group meetings

Meeting one: Tuesday, February 9, 2021, from 2 p.m. – 3:30 p.m (online via Zoom)

Thank you!