



Strategies likely to decrease health disparities and inequities

From the **Ohio 2017-2019 state health improvement plan (SHIP)**

Strategies included in this list have been rated by **What Works for Health** as “likely to decrease disparities” and/or recommended by the **Community Guide** as effective strategies for achieving health equity. These sources consider potential impacts on disparities and inequities by racial/ethnic, socioeconomic, geographic or other characteristics.

It is important to note that the evidence base on what works to decrease disparities is limited and evolving. Some strategies not identified as “likely to decrease disparities” in the SHIP may in fact be effective if culturally adapted and tailored to meet the needs of priority populations. Local partners are encouraged to use the approaches to achieving health equity listed on page 6 to identify and implement strategies that meet the specific needs of their community.

Additional information about the SHIP is posted on the Ohio Department of Health website: <https://www.odh.ohio.gov/en/odhprograms/chss/HealthPolicy/ship/State-Health-Improvement-Plan>

Strategy	Description	Maternal and infant health	Mental health and addiction	Chronic disease
Social Determinants of Health				
School-based health				
School-based health centers	Provide primary health care either within the school or in an off-site, school-linked arrangement. Mental health care, social services, dentistry and health education may also be provided.	x	x	x
Early childhood supports				
Early childhood education (includes center-based early childhood education, preschool education programs and universal pre-kindergarten)	Early childhood education (ECE) aims to improve the cognitive and social development of children ages 3 or 4 years. ECE programs seek to prevent gaps in school readiness between children of different economic backgrounds.	x	x	x
Child care subsidies	Provide financial assistance to working parents to cover the costs of certified in-home or center-based child care. Child care subsidies may have income eligibility requirements and can be designed to specifically help low income families.	x	x	x
Early childhood home visiting programs (includes: Early childhood home visitation to prevent child maltreatment and specific evidence-based home visiting models supported by the Ohio Department of Health)	Trained personnel visit parents and children in their homes and provide parents with information, support and/or training regarding child health, development and care. The length of the program and profession of the visitor vary by program.	x	x	x
Healthy home environment assessments for asthma triggers (as part of Early childhood home visiting)	Home visitors assess and remediate environmental health risks within the home. Programs typically focus on improving asthma management via low cost changes (e.g., improved ventilation, pest management, other allergen control, etc.).			x

Strategy	Description	Maternal and infant health	Mental health and addiction	Chronic disease
Social Determinants of Health (cont.)				
Affordable, quality housing				
State housing subsidy/voucher (operating or rental)	Tenant-based rental assistance programs provide eligible low and very low income families with vouchers to help cover the costs of rental housing. The federal housing choice voucher program is referred to as "Section 8."	x	x	x
Low-income housing tax credits	Provide a federal tax credit equal to most of the cost incurred for developing or rehabilitating low income rental housing. States distribute funds through a competitive process that prioritize projects that will serve the lowest income families and remain affordable for the longest period of time.	x	x	x
Home improvement loans and grants (see also: housing rehabilitation loan and grant programs)	Provide funding for low-income families to repair their homes, make improvements and remove health and safety hazards.	x	x	x
Removal of asthma triggers (as part of Home improvement loans)	Home improvement loans can be focused on specific issues such as heating and insulation, lead or mold. (Indoor exposure to mold is linked to asthma.)			x
Service-enriched housing for people with behavioral health or other conditions	Permanent, basic rental housing in which social services are available onsite or by referral through a supportive services program or service coordinator.	x	x	x
Employment and income				
Earned income tax credits (including outreach to increase uptake, remove cap and/or make credit refundable)	A refundable income tax credit that can be levied at the federal, state, or local level in order to reduce the tax burden for low to moderate income working people. As a refundable credit, the EITC can also provide an additional source of income.	x	x	x
Employment programs, such as vocational training for adults and transitional jobs	Vocational training supports the acquisition of job-specific skills through education or on-the-job training. Transitional jobs are time-limited, subsidized, paid jobs intended to provide a bridge to unsubsidized employment.	x	x	x
Local/regional built environment changes to support active living and social connectedness				
Green spaces and parks	Communities can increase green space and parks by creating new parks or open spaces, renovating or enhancing under-used recreation areas or rehabilitating vacant lots, abandoned infrastructure or brownfields.	x	x	x

Strategy	Description	Maternal and infant health	Mental health and addiction	Chronic disease
Social Determinants of Health (cont.)				
Smoke-free environments				
Smoke-free policies (including maintenance of smoke-free workplace law and increased policy adoption for multi-unit housing, schools and other settings) (See also: smoke-free policies for indoor areas , smoke-free policies for outdoor areas and smoke-free policies for multi-unit housing)	Ohio has a comprehensive smoke-free workplace law. Additional approaches include smoke-free policies for multi-unit housing, schools, parks and other settings.	x	x	x
Public health, prevention and health behaviors				
Breastfeeding				
Breastfeeding promotion programs	Breastfeeding promotion programs aim to increase breastfeeding initiation, exclusive breastfeeding and duration of breastfeeding through education, one-on-one support, baby-friendly hospital initiatives, supportive work environment policies and other activities.	x		
School-based health prevention programs				
School-based health centers	Provide primary health care either within the school or in an off-site, school-linked arrangement. Mental health care, social services, dentistry and health education may also be provided.	x	x	x
Multi-tiered Systems of Support (MTSS) that include universal prevention programs to promote mental wellbeing (listed below)	MTSS is a framework designed to provide a comprehensive, proactive and unified system of education to meet the needs of, and improve results for, all students.		x	
Positive Behavioral Interventions and Supports (PBIS Tier 1)	In participating schools, staff teams establish three to five positively stated behavior expectations. These expectations are taught to all students and staff and reinforced through verbal praise and student rewards.		x	
Evidence-based asthma management services (including screening, education and medication administration)	Health care delivery, support and payment strategies that align with the 2007 National Asthma Education and Prevention Program guidelines.			x
Home visits to improve self-management education and reduce home asthma triggers (linked to School-based health centers)	Home visits by licensed professionals or qualified lay health workers to improve self-management education and reduce home asthma triggers for individuals whose asthma is not well-controlled.			x
School breakfast programs	Breakfast can be served in the cafeteria before school starts, from grab and go carts in hallways, or in classrooms as the school day begins. Schools that participate in the federal School Breakfast Program receive subsidies for serving breakfast to low-income students.	x		x

Strategy	Description	Maternal and infant health	Mental health and addiction	Chronic disease
Public health, prevention and health behaviors (cont.)				
Community-based active living and healthy eating support				
Community healthy food access: Healthy food initiatives in food banks; Healthy food in convenience stores; Competitive pricing—fruit and vegetable incentive programs; WIC and senior farmers’ market nutrition programs, SNAP infrastructure at farmers’ markets/EBT payment at farmers’ markets	Community-based strategies designed to increase access to and consumption of nutritious foods, including a focus on increasing access to fruits and vegetables for low-income communities.	x	x	x
Healthcare system and access				
Medicaid modernization and access to coverage				
Health insurance enrollment and outreach	Assist individuals whose employers do not offer affordable coverage, who are self-employed or unemployed with health insurance needs. Programs can be offered by a variety of organizations, including government agencies, schools, community-based or non-profit organizations, health care organizations, and religious congregations.	x	x	x
Monitor implementation of behavioral health parity legislation (While federal law, MHPAEA, mandated parity, consumer awareness of the law and question/complaint processes should be strengthened).	Legislation regulates mental health insurance to increase access to mental health services, including treatment for substance use disorders. Parity stipulates that insurance plans have no greater restrictions for mental health coverage than for physical health coverage.		x	
Care coordination				
Community health workers (CHWs) (including workers in community-based settings to address social determinants of health)	CHWs serve a variety of functions including providing outreach, education, referral and follow-up, case management, advocacy and home visiting services.	x	x	x
Behavioral health primary care integration , including incentives to “maturing” and “transformed” CPC practices to integrate primary care and behavioral health services	Brings mental health and/or substance abuse screenings and treatments into a primary care setting, including coordination between primary care providers, case managers or behavioral health consultants and mental health specialists.		x	
Standardized screening and evidence-based treatment services				
Progesterone treatment (including screening for high-risk women)	Reduces the likelihood of recurring preterm birth for women with a history of preterm birth.	x		
Provider counseling with patients about preconception health and reproductive life plans	Preconception education provides information about the risks and benefits of behaviors that affect a woman’s health before, during, and after pregnancy. Reproductive life plans provide a format for women and men to think about their desires related to having or not having children and establish goals based on those desires.	x		

Strategy	Description	Maternal and infant health	Mental health and addiction	Chronic disease
Healthcare system and access (cont.)				
Standardized screening and evidence-based treatment services (cont.)				
Increase breastfeeding support at birth facilities	Policies and programs within hospitals and other birthing facilities designed to increase breastfeeding initiation, exclusive breastfeeding and duration of breastfeeding.	x		
Home visiting (programs that begin prenatally)	Trained personnel visit parents and children in their homes and provide parents with information, support and/or training regarding child health, development and care.	x		
Healthcare workforce to increase access to services				
Higher education financial incentives for health professionals serving underserved areas (such as tuition reimbursement and loan repayment programs)	Financial incentives such as scholarships and loans with service requirements, educational loans with a service option, and loan repayment or forgiveness programs encourage health care providers to serve in rural or other underserved areas.	x	x	x
Cultural competence training for healthcare professionals	Focuses on skills and knowledge to value diversity, understand and respond to cultural differences and increase awareness of providers' and care organization's cultural norms.	x	x	x
Health career recruitment for minority students (can also include rural/Appalachian regions of the state and other underrepresented population groups)	Programs include academic support and professional experiences for high school, college or post-baccalaureate students, and may also offer financial support.	x	x	x
Educate providers on the value of integrating community health workers into a healthcare practice setting	CHWs may work as part of a multi-disciplinary team in primary or specialty care; training varies widely with intended role and location.	x		
Incorporate community health workers into health career recruitment for minority students and higher education financial incentives for health professionals serving in underserved areas (including healthcare professions pipeline programs)	CHWs can be included in strategies to increase the diversity of the healthcare workforce.	x		
Tobacco cessation				
Tobacco quitline	Quitlines provide behavioral counseling to tobacco users who want to quit. The Ohio Tobacco Quit Line provides counseling and medications to eligible residents, including uninsured Ohioans, Medicaid and Medicare enrollees and pregnant women.	x	x	x

Approaches to achieve health equity within the Action Cycle

Local communities can reduce health disparities and inequities, and achieve health equity by including the following steps in the community health improvement process:

Assess needs and resources

- Collect data to assess the health needs of the community, including the needs and strengths of specific groups (such as by race/ethnicity, age, gender, income level, disability status, sexual orientation, immigration status, zip code, etc.). Qualitative methods, such as key informant interviews or focus groups, can be a useful way to collect this information with groups that may not be well represented in secondary data.
- When data are not available for some groups, advocate for improvements to local and state-level data collection.
- Examine root causes of health disparities.

Focus on what's important

- Prioritize health issues with large disparities and inequities, and include reduction or elimination of disparities and inequities as a goal for the community.
- Identify priority populations or geographic areas that have worse outcomes for the priority health issues. For example, if reducing diabetes prevalence is selected as a priority outcome, identify the groups with higher rates of diabetes, such as African Americans or low-income adults.
- When data are available, set specific and measurable objectives for priority populations (such as an objective to reduce the black infant mortality rate, rather than only the overall infant mortality rate).
- Ensure that objective targets are aggressive enough to reduce or eliminate existing disparities and inequities.

Choose effective policies and programs

- Prioritize selection of strategies likely to decrease disparities and inequities.
- Prioritize selection of social determinants of health strategies that address the underlying causes of health inequities, such as uneven access to employment, education and housing.

Act on what's important

- Ensure that delivery of selected strategies is designed to reach your community's priority populations and high-need geographic areas.
- Ensure that programs and services are delivered by culturally-competent providers and are culturally-adapted and tailored to reach and meet the needs of priority populations.

Evaluate actions

- Evaluate the impact of implemented strategies on health disparities and inequities.
- Use evaluation findings to improve reach and effectiveness of equity strategies.

County Health Rankings and Roadmaps Action Cycle

The **County Health Rankings and Roadmaps Action Center** provides free resources for each step of the Action Cycle (below), as well as tailored coaching assistance to local communities. Additional community health improvement resources with specific guidance for reducing disparities and inequities include:

- **Ohio State Health Gaps Report:** Highlights health challenges and offers suggestions for policies and programs communities can use to close gaps between groups. (County Health Rankings and Roadmaps)
- **A practitioner's guide for advancing health equity:** Provides steps for incorporating equity into health planning, including specific examples for chronic disease prevention. (U.S. Centers for Disease Control and Prevention)



The **2016 state health assessment** and full **2017-2019 SHIP** are available at
www.odh.ohio.gov/sha-ship



www.hprio.net