Welcome to the webinar!
We will begin at 12:00 pm EDT
Lunch & Learn:
Health and Equity in All Policies, Ohio Update

June 9, 2016
Amy Bush Stevens
Vice President, Prevention and Public Health Policy

Sarah Bollig Dorn
Manager, Health Policy and Education
beyond medical care

Emerging policy opportunities to advance prevention and improve health value in Ohio
Emerging opportunities to advance prevention

Goal: Improve health value and health equity in Ohio

Stable investments in evidence-based upstream prevention
Community-based, primary prevention that addresses the social, economic and physical environments that shape our health

1. Change incentives within healthcare system
2. Leverage potential new sources of funding
3. Nurture cross-sector partnerships and perspectives

Inside the healthcare system | Balanced portfolio of strategies and financing mechanisms | Outside the healthcare system
Health and Equity in All Policies

Community integrators & backbone organizations
Caitlin Harley
Ohio Department of Health
Active Transportation Emphasis Area Team

Stephen JohnsonGrove
Ohio Justice and Policy Center
Stress on the streets: Race, policing and increasing trust not trauma

Robert Jennings
Ohio Public Health Association
Health and Equity in All Policies Committee
Troy Jackson
The Amos Projects
Preschool Promise

Marie Curry
Community Legal Aid Services
Summit County Health in All Policies initiative

James Sonnhalter
Cuyahoga County Planning Department

Ann Stahlheber
Cuyahoga County Board of Health
Eastside Greenway Health Impact Assessment
By the end of this webinar...:

- Increased awareness of Health and Equity in All Policies activities happening in Ohio
- Motivation to follow up on at least one of the initiatives presented to learn more
- Have at least one new insight, recommendation or resource to use in your work
Caitlin Harley
Ohio Department of Health
Active Transportation Emphasis Area Team

Stephen JohnsonGrove
Ohio Justice and Policy Center
Stress on the streets: Race, policing and increasing trust not trauma

Robert Jennings
Ohio Public Health Association
Health and Equity in All Policies Committee
Active Transportation Emphasis Area Team
Emphasis Areas

**SERIOUS CRASH TYPES**
- Roadway Departure
- Intersection
- Rear End Collisions
- Highway/Railroad Crossings

**SPECIAL VEHICLES AND ROADWAY USERS**
- Bicyclists
- Pedestrians
- Motorcyclists
- Commercial Vehicles

**HIGH RISK DRIVERS AND BEHAVIORS**
- Impaired Drivers
- Seat Belts
- Speed
- Young and Older Drivers
- Distracted Drivers

**DATA**
Stakeholder Engagement
Purposes and Goals

1. Improve active transportation safety
2. Increase the number of Ohioans choosing active forms of transportation

1. Decrease injury and fatality
2. Increase physical activity to improve health
Health and Safety

Graph showing the relationship between obesity and walking, biking, and transit in various countries. The graph indicates a decrease in obesity rates alongside increased cycling and walking.

Another graph illustrates the correlation between cycling rates and the number of cyclists killed per billion kilometers of bicycle travel. Countries with high cycling rates also have lower rates of fatalities per distance biked. Graph: International Transport Forum (IPDF) via Amsterdamize.
**Strategy 1:** Improve and maintain accommodation for bicycles and pedestrians in Ohio.  
**Timeline:** Varies by strategy

<table>
<thead>
<tr>
<th>Leaders</th>
<th>Description</th>
<th>Performance Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>ODOT/ Safety Office</td>
<td>Develop complete streets policy/update accommodation policy. 0-2 years</td>
<td>Policy adopted</td>
</tr>
<tr>
<td>Greater Ohio Policy Center</td>
<td>Increase AT funding over the next five years. 3-5 years.</td>
<td>Funding programmed for AT</td>
</tr>
<tr>
<td>ODOT</td>
<td>Review best practices and adopt and recommend maintenance policies (including snow removal) and enforcement. 0-1 year</td>
<td>Number of policies in place in Ohio. Quantifying maintenance enforcement activities</td>
</tr>
</tbody>
</table>

**Strategy 2:** Incorporate active transportation related health metrics into all transportation funding decisions.  
**Timeline:** Varies by strategy

<table>
<thead>
<tr>
<th>Leaders</th>
<th>Description</th>
<th>Performance Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>ODOT, ODH</td>
<td>Determine what a meaningful health measure is for each program (equity: health, income, HH without cars, minorities, etc.). 0-1 year</td>
<td>Finalization of health metric</td>
</tr>
<tr>
<td>ODOT</td>
<td>Work with ODOT management and funding managers on policy to incorporate meaningful health metrics in all transportation funding scoring. 0-2 years</td>
<td>Increase in low income population, minority population impacted. Increase in communities with high rates of chronic disease impacted</td>
</tr>
</tbody>
</table>
Welcome to GroundWork

This is the first issue of a new e-newsletter designed to educate and inform readers about the moving world of Active Transportation. Every day more people are walking, bicycling and using transit to get around. Think of GroundWork as your field guide to new (and not so new) options to improve safety and make roads more welcoming for all users. Now onto our first topic.

To sign up for newsletter:
Julie Walcoff
Julie.Walcoff@dot ohio.gov
Caitlin Harley
Ohio Department of Health
Active Transportation Emphasis Area Team

Stephen JohnsonGrove
Ohio Justice and Policy Center
Stress on the streets: Race, policing and increasing trust not trauma

Robert Jennings
Ohio Public Health Association
Health and Equity in All Policies Committee
People of Different Races Stopped, Arrested…

Average Times Stopped or Arrested for All Races

Approximately 19% of survey respondents reported being stopped or arrested once or twice a month on average in their community; 14% report that it happens once or twice a week, and 12% report it happens once or twice a day.

*Includes samples in Akron and Cincinnati

Source: www.TrustNotTrauma.org
Findings: Trust, Fear, & Stress Differ By Race

**SURVEY:** Trust police in their community “somewhat” or “a lot”:

- **Blacks:** 42%
- **Whites:** 70%

**SURVEY:** “Somewhat afraid” or “very afraid” of police in their community:

- **Blacks:** 41%
- **Whites:** 15%

*Includes samples in Akron and Cincinnati
(n=135 for black respondents, n=67 for white respondents)
Findings: Trust, Fear, & Stress Differ By Race

SURVEY: Experience stress symptoms because of interactions with police:

- **Blacks**: 59%
- **Whites**: 40%

*Includes samples in Akron and Cincinnati (n=184 for black respondents, n=36 for white respondents)*
Officer Health Affected, Too

Being a police officer associated with PTSD, domestic problems, substance abuse, suicide, decreased life expectancy compared to general population

FOCUS GROUP: “This is a not a job that everyone can do. You realize, that not everyone should see this. It’s absolutely heartbreaking. You have to put a wall around your skull to handle what you’re going to see.”

– Officer in the Cincinnati Police Department and focus group participant
Publicly recognize the historical contexts that have shaped current relationships between the public and police, using methods such as facilitated dialogues to understand each other’s experiences.

Implement community-oriented and problem-oriented policing according to promising practices, with primary aims of improving public safety and building trust.

Fully implement the four specific actions described in this report – body cameras; civilian review boards or mediation; ongoing training, supervision, and evaluation of officers; and expanded department-wide performance measures.

Issue an annual statewide State of Police report that identifies, regularly collects, and publicly reports department-level measures that include and go beyond crime statistics, and report these statistics by race or ethnicity.

Create MOUs between community-based organizations and police to build trust and strengthen community response to specific safety problems, e.g. PIVOT (Place-based Investigations of Violent Offender Territories) + Community-Police Partnering Center in Cincinnati.
Recommendations for Public Health

**Public health departments:** Support police departments with standardized data collection and analysis about the health of officers.

**Research** the direct links between policing and the health of the public and police officers, including individual- and community-level impacts, as well as relevant racial inequities in health.

**Ohio Dept. of Health:** Disaggregate by race the data about intentional injury and fatality due to police intervention that is reported as part of the Ohio Violent Death Reporting System, which draws information from death certificates, coroner/medical examiner reports, and law enforcement. Provide data to Ohio Attorney General.

www.TrustNotTrauma.org
Stress on the streets: Race, policing and increasing trust not trauma

Robert Jennings
Ohio Public Health Association
Health and Equity in All Policies Committee
Health and Equity in All Policies: The Crossroads of Policy and Public Health

Robert Jennings
Ohio Public Health Association
Ohio
RANK: 39  
Improved from 2014: 1

**Smoking**
21.0%  
of people in Ohio smoke compared with 16.1% nationally
Healthy People 2020 Goal: 12.0% of adults

**Drug Deaths**
18.9  
Deaths per 100,000 people in Ohio from drug overdose compared with 13.5 deaths per 100,000 nationally
Healthy People 2020 Goal: 11.3 deaths per 100,000

**Physical Inactivity**
25.0% or about 1 in 4  
Adults in Ohio are physically inactive compared with 22.8% nationally

**Infant Mortality**
7.4  
Deaths per 1,000 live births in Ohio compared with 6.0 deaths per 1,000 nationally
Healthy People 2020 Goal: 6.0 Infant deaths per 1,000 live births

**Obesity/Diabetes**
32.6%  
of adults in Ohio are obese
11.7%  
of adults in Ohio have diabetes
Nationally, 29.6% of adults are obese, and 10.0% have diabetes.

**Immunizations—Children**
68.1%  
of children in Ohio received vaccinations compared with 71.6% nationally
Healthy People 2020 Goal: 80.0% of children
What is HiAP

• Innovative approach to creating policies that consider health

• Emphasizes cross-sector collaboration to achieve common health goals

• Ensure policies have neutral or beneficial impact on the determinants of health
Making a Difference for Everyone

Policies & Programs

Decision Making Processes that consider health factors

Healthy Public Policies
OPHA’s Legislative Initiative

OPHA’s proposal to incorporate HEiAP into Ohio’s legislative process would help to ensure that all of the state’s rules and laws would have a neutral or beneficial impact on the determinates of health and be viewed through a health and equity lens.

- Health and Equity in All Policies (HEiAP) – *Emphasis on Equity*
- Similar to Ohio’s Common Sense Initiative – *Business Friendly*
- Development of an Assessment Tool – *Health Lens*
- Codified in Statute – *Legislative Oversight*
- Robust Monitoring & Evaluation Process – *Sustainability*
- Cross-sectional stakeholder collaboration – *Shared Responsibility*
Assessment tool for consideration of the impact of proposed legislation and rules on the determinants of health.

Health Lens

Draft Legislation/Rule Intent:

1. Please briefly describe the draft legislation (include the key provisions of the legislation /rule (as well as proposed amendments).

2. Identify geographical areas impacted by proposed legislation/rule by zip code or census tract and neighborhood.

3. Does the proposed legislation/rule respond to or implement a federal requirement?
How will the draft legislation/rule impact health?

- Level and security of employment?
- Proportion of the population living in relative or absolute poverty?
- Housing affordability?
- Quality or safety of housing?
- Residential racial/ethnic or income segregation?
- Supply or cost of food?
- Food safety?
- Access to healthy food resources for economically vulnerable populations?
- Level of hazardous chemical or biological pollutants in outdoor air, soil, or drinking water?
- Risk and response to fire hazards and other emergencies (medical, legal etc.)
- Proximity to jobs, goods, services and quality educational resources?
- Vehicle volume or speeds?
- Availability and proximity of public transportation?
- Quality and proximity of child care services?
- Quality, access or capacity of schools for children?
- Quality, proximity or access to parks and public spaces?
- Quality and proximity of health services?
HEiAP Research Underway in Ohio

**Case Studies:** Examples of what other states are doing

**Literature Reviews:** State health documents and relevant literature on health impacts

**ROI Study:** Potential costs and cost savings as a result of avoiding poor health outcomes; costs associated with the establishment of an HEiAP operational structure

**Initial Costs:** What are the costs associated with setting up the initiative and what model is used

**Structure and Ongoing Budget Considerations:** Who will review the laws and provide oversight (Legislative Services, others)

**Opposition:** Who is likely to oppose and what are their arguments
Initiatives in other States

**California:** In 2010 Gov. Arnold Schwarzenegger issued an Executive Order creating the California Health in All Policies Task Force to promote health and equity and to complement key statewide efforts to address climate change.

**Washington:** A 2006 law authorized state legislators and the governor to request that the state board of health review legislative or budgetary proposals to consider how they would affect social determinants of health and health disparities.

**Massachusetts:** Massachusetts has established a process for assessing the impact of transportation projects on “public health and vulnerable populations.”

**Maryland:** Its legislature is currently considering Senate Bill 304, which would establish a Health in All Policies Commission in the state.
Contact:
Robert Jennings
Jennings.RobertL@gmail.com
614.354.5342