

# HPIO Wellness & Prevention Network



**hio wellness & prevention**  
network

**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

 Mute All

 Unmute All

Invite Others

- Chat



All - Entire Audience

Send

HPIO Health Value Dashboard Webinar

Meeting ID: 968-463-613

GoToMeeting

# beyond medical care

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

hpio

# 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**

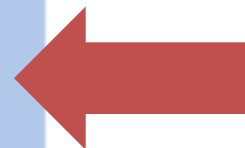
**Change incentives within healthcare system**

**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 Johnson

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



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# 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

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

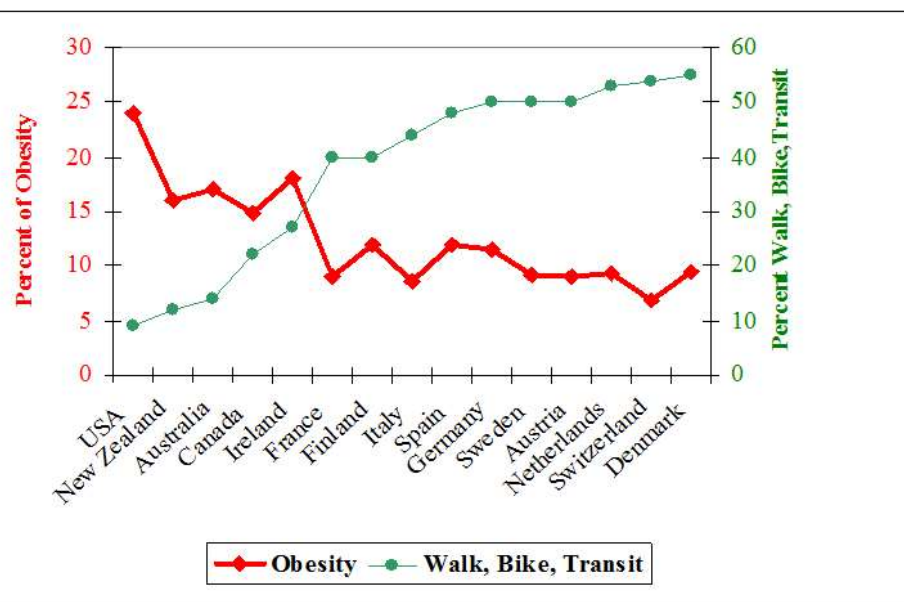
....

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





# Health and Safety



Countries with high cycling rates also have low rates of fatalities per distance biked. Graph: International Transport Forum (ITF) via Amsterdamize



# Education, Infrastructure, Policy, Data



**Strategy 1:** Improve and maintain accommodation for bicycles and pedestrians in Ohio.

**Timeline:** Varies by strategy



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

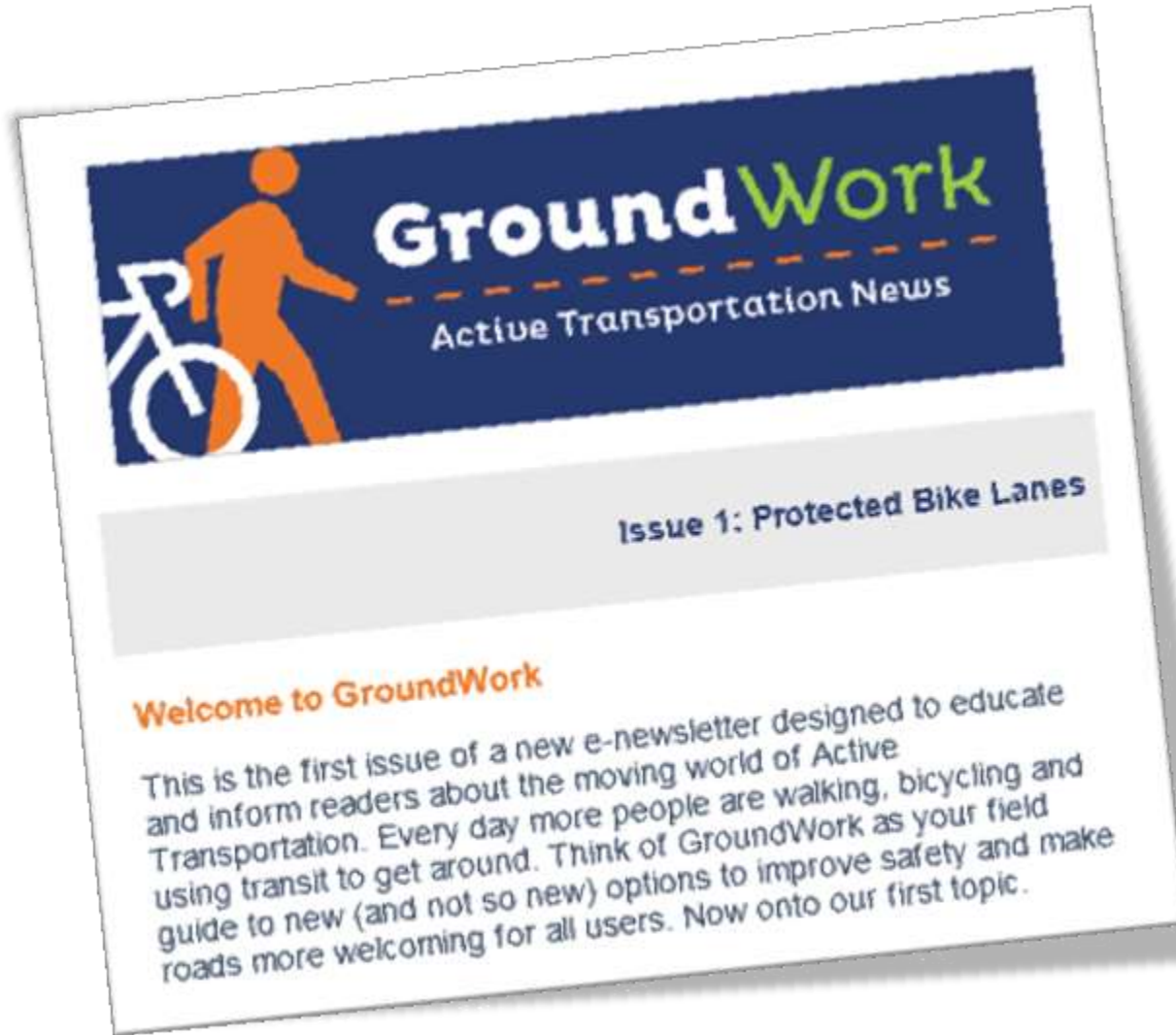
**Strategy 2:** Incorporate active transportation related health metrics into all transportation funding decisions.

**Timeline:** Varies by strategy



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





Caitlin Harley

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# STRESS ON THE STREETS (SOS)

RACE, POLICING, HEALTH, AND  
INCREASING TRUST NOT TRAUMA

*Executive Summary*



Stephen JohnsonGrove  
Ohio Justice & Policy Center

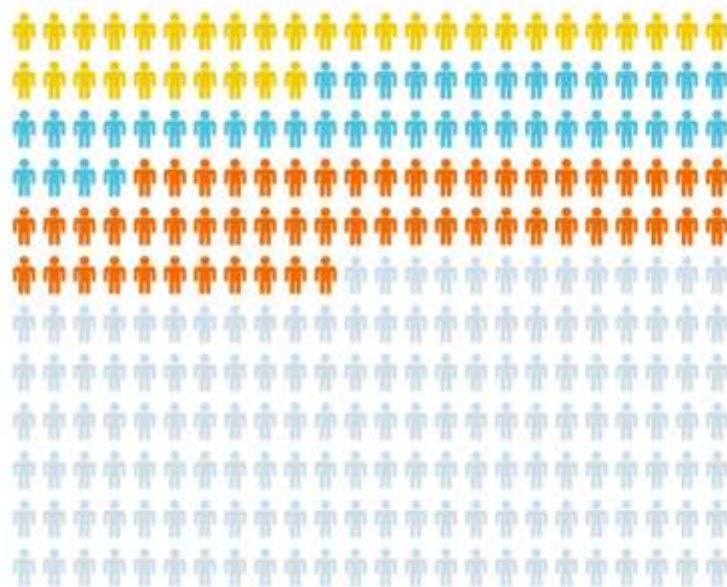
[www.trustnottrauma.org](http://www.trustnottrauma.org)  
#TrustNotTrauma



# 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.

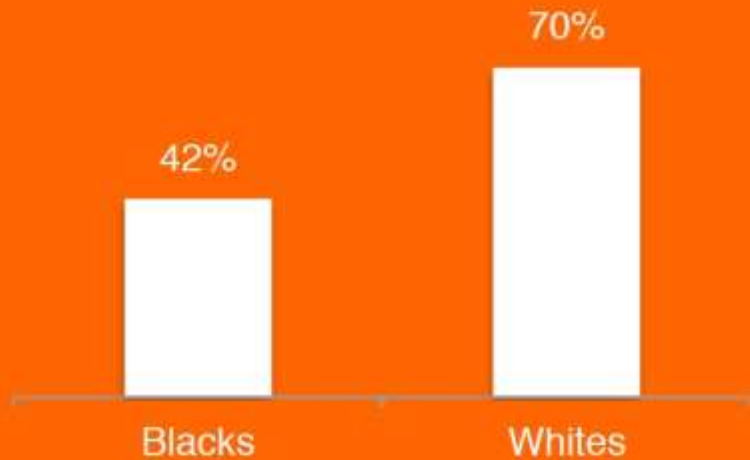


● one or two times a day ● one or two times a week  
● one or two times a month ● none

*\*Includes samples in Akron and Cincinnati*

# Findings: Trust, Fear, & Stress Differ By Race

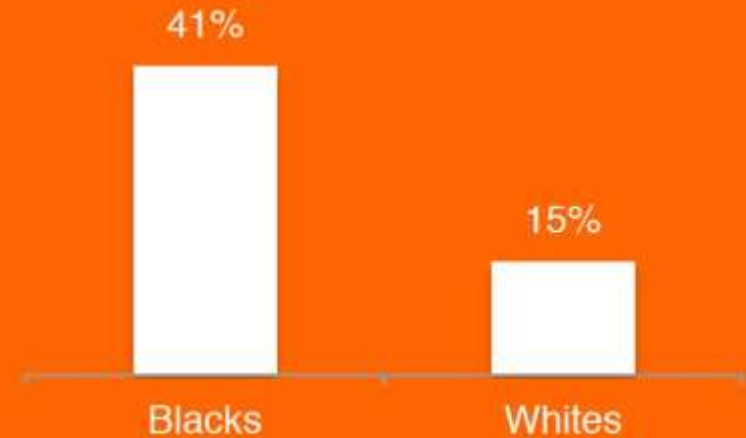
**SURVEY:** Trust police in their community  
"somewhat" or "a lot":



*\*Includes samples in Akron and Cincinnati  
(n=135 for black respondents, n=67 for white  
respondents)*

Source: [www.TrustNotTrauma.org](http://www.TrustNotTrauma.org)

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

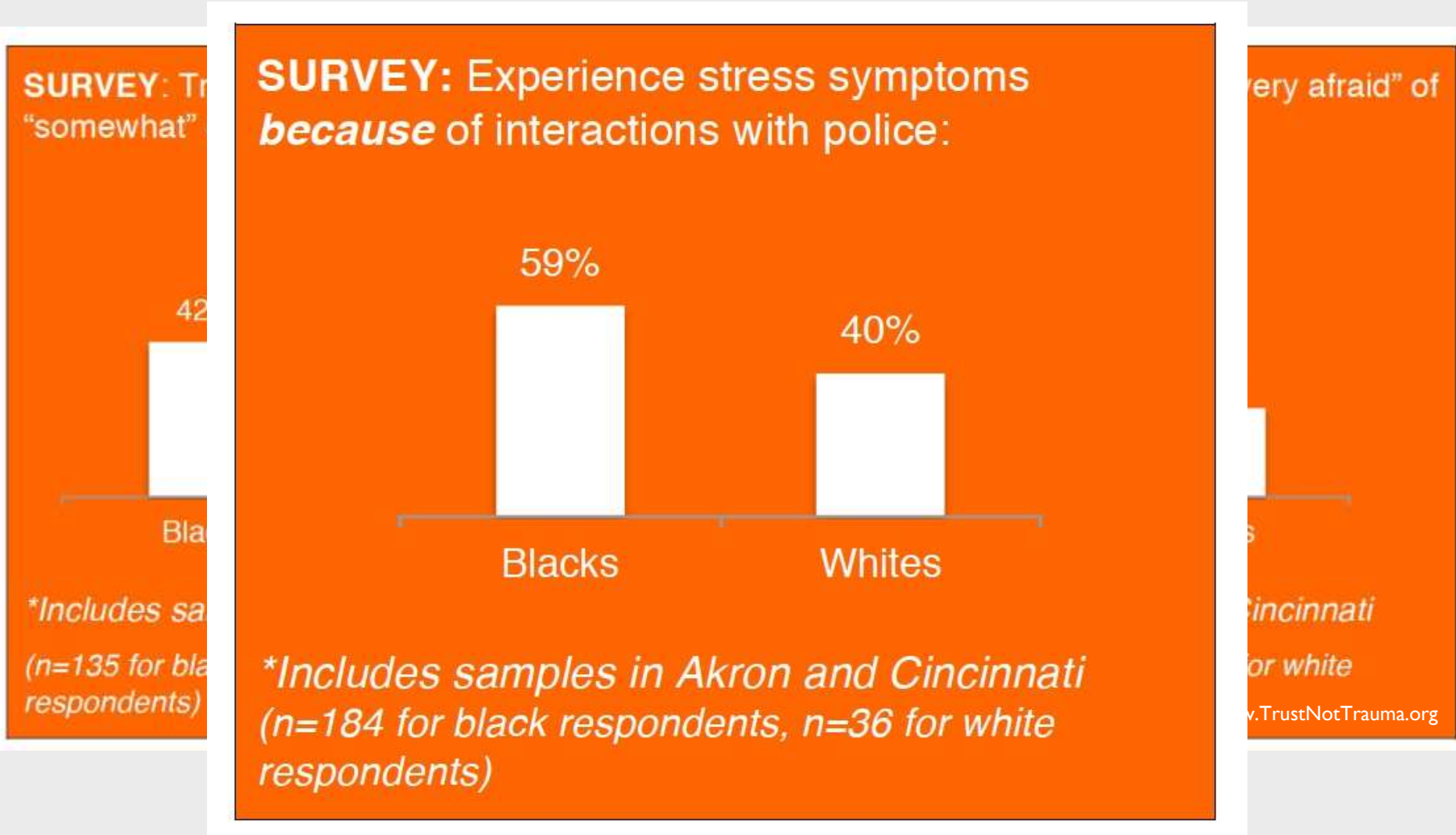


*\*Includes samples in Akron and Cincinnati  
(n=131 for black respondents, n=14 for white  
respondents)*

Source: [www.TrustNotTrauma.org](http://www.TrustNotTrauma.org)



# Findings: Trust, Fear, & Stress Differ By Race



# 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*

# Recommendations for Police

**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](http://www.TrustNotTrauma.org)



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# Health and Equity in All Policies: The Crossroads of Policy and Public Health



Robert Jennings  
Ohio Public Health Association



# Ohio

RANK: 39



2014 Rank: 40  
Improved: 1

2015 EDITION

TOP FIVE HEALTHIEST STATES:

1. Hawaii
2. Vermont
3. Massachusetts
4. Minnesota
5. New Hampshire



## Smoking

21.0%

of people in Ohio smoke  
compared with 18.1% nationally

Healthy People 2020 Goal: 12.0% of adults

## Physical Inactivity

25.0% or about

1 in 4

adults in Ohio are physically  
inactive compared with  
22.6% nationally

## 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.

## 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

## 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

## Immunizations—Children

68.1%

of children in Ohio received vaccinations  
compared with 71.6% nationally

Healthy People 2020 Goal: 80.0% of children

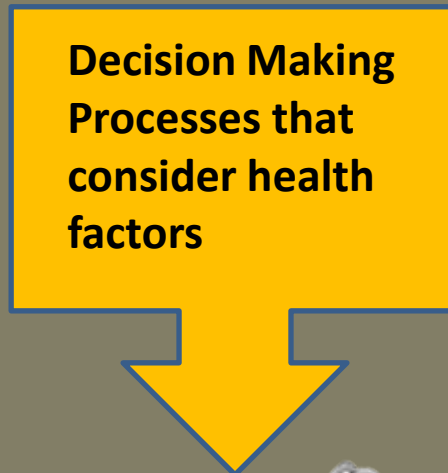


## What is HiAP

- 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



# 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.





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