Closing health gaps in Southeast Ohio

Sept. 19, 2017
County Health Rankings & Roadmaps
Building a Culture of Health, County by County

Work Together

Evaluate Actions
Assess Needs & Resources
Act on What’s Important
Focus on What’s Important
Choose Effective Policies & Programs
Communicate

Community Members
- Public Health
- Business
- Educators
- Philanthropy & Investors
- Nonprofits
- Community Development
- Government
- Healthcare
Learning objectives

1. Understanding the concepts: health disparities, health inequities and health equity
2. Discussing Ohio’s greatest health challenges, disparities and inequities
3. Identifying the data challenges
What is health equity?
Address avoidable inequalities
Opportunity to achieve
Highest level of health
No one at a disadvantage
Resource allocation
Elimination of disparities
Social Standing
Absence of differences
Injustices
Discrimination
Valuing everyone equally
Health inequities, disparities and equity

*Working definition from the CDC Health Equity Working Group, October 2007*
Health inequities, disparities and equity

Health inequities
Disparities in rates due to differences in the distribution of social, economic, environmental or healthcare resources*

Health disparities
Differences in health status among segments of the population such as by race or ethnicity, education, income or disability status

Health equity

*Working definition from the CDC Health Equity Working Group, October 2007
1. Collect data to assess community health needs – including the needs and strengths of specific population groups
2. Examine root causes of health disparities
3. Advocate for improvement to local and state-level data collection
Understanding health disparities and inequities
A discussion of the data

Health Policy Institute of Ohio
September 2017
What is the state health assessment (SHA)?

A comprehensive and actionable picture of health and wellbeing in Ohio

- Informs identification of priorities for the State Health Improvement Plan
- Provides template for state agencies and local partners (uniform set of categories and metrics)
Top 10 health issues identified in community health assessments/plans, by region: Southeast

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to health care/medical care</td>
<td>75%</td>
</tr>
<tr>
<td>Obesity</td>
<td>75%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>65%</td>
</tr>
<tr>
<td>Cancer</td>
<td>55%</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>50%</td>
</tr>
<tr>
<td>Drug and alcohol abuse</td>
<td>45%</td>
</tr>
<tr>
<td>Physical activity</td>
<td>40%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>40%</td>
</tr>
<tr>
<td>Employment, poverty and income</td>
<td>35%</td>
</tr>
<tr>
<td>Mental health</td>
<td>35%</td>
</tr>
</tbody>
</table>

Source: HPIO review of assessment and planning documents, April 2016
Ohio overall with health issues that were in the top 10 in all five regions

- Obesity: 61%
- Mental health: 58%
- Access to health care/medical care: 55%
- Drug and alcohol abuse: 49%
- Maternal and infant health: 36%
- Cancer: 35%
- Cardiovascular disease: 31%
- Diabetes: 27%
- Tobacco: 25%
- Chronic disease (unspecified): 18%

N=211 local health department CHA/CHIPS and hospital CHNA/ISs covering 2011-2018

Source: HPIO review of assessment and planning documents, April 2016
### Regional forums, ranking of top 10 health issues

<table>
<thead>
<tr>
<th>State total</th>
<th>Southeast</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Obesity</td>
<td>Employment, poverty and income</td>
</tr>
<tr>
<td>2. Access to behavioral health care</td>
<td>Access to behavioral health care ▲</td>
</tr>
<tr>
<td>3. Drug and alcohol abuse</td>
<td>Drug and alcohol abuse ▲</td>
</tr>
<tr>
<td>4. Mental health</td>
<td>Obesity ▲</td>
</tr>
<tr>
<td>5. Employment, poverty and income</td>
<td>Access to health care/medical care</td>
</tr>
<tr>
<td>6. Equity/Disparities</td>
<td>Coverage and affordability</td>
</tr>
<tr>
<td>7. Access to dental care</td>
<td>Transportation ★</td>
</tr>
<tr>
<td>8. Cardiovascular disease*</td>
<td>Mental health ▲</td>
</tr>
<tr>
<td>9. Diabetes*</td>
<td>Diabetes ▲</td>
</tr>
<tr>
<td>10. Nutrition</td>
<td></td>
</tr>
</tbody>
</table>

*Priority ranking tie (values are equal)

**Key**
- ▲ Common across all regions
- ★ Unique to a region
SHA key finding No. 2

Many opportunities exist to decrease health disparities and inequities by:

- Race and ethnicity
- Income and education-level
- Age and gender
- Disability status
- Geography
**Racial and ethnic disparities and inequities**

African-American/black Ohioans’ outcomes compared to U.S. overall rate on metrics included in state health assessment data profile

<table>
<thead>
<tr>
<th>Metric</th>
<th>African-American/black Ohioans worse</th>
<th>U.S. overall rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population health</td>
<td>100% (9 metrics)</td>
<td></td>
</tr>
<tr>
<td>Healthcare system</td>
<td>14.3% (1 metric)</td>
<td>85.7% (6 metrics)</td>
</tr>
<tr>
<td>Access to healthcare</td>
<td>100% (2 metrics)</td>
<td></td>
</tr>
<tr>
<td>Public health and prevention</td>
<td>100% (1 metric)</td>
<td></td>
</tr>
<tr>
<td>Social and economic environment</td>
<td>100% (3 metrics)</td>
<td></td>
</tr>
</tbody>
</table>

African-American/black Ohioans were much more likely than any other racial and ethnic group to experience poor health outcomes.
Disparities by income level

**Adult diabetes, by income.** Percent of adults who have been told by a health professional that they have diabetes (2014)

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Diabetes Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$15,000</td>
<td>18.9%</td>
</tr>
<tr>
<td>$15,000-$24,999</td>
<td>17.2%</td>
</tr>
<tr>
<td>$25,000-$34,999</td>
<td>13.6%</td>
</tr>
<tr>
<td>$35,000-$49,999</td>
<td>10.4%</td>
</tr>
<tr>
<td>$50,000+</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

**Source:** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2014)

Diabetes, obesity, hypertension and tobacco use were all more common among lower-income Ohioans (those with household incomes less than $25,000) than among Ohioans with household incomes at $50,000 or more.
Disparities by age

Diabetes and hypertension prevalence increased with age, greatly impacting those ages 65 and older.

**Hypertension prevalence, by age. (2013)**

- 18-24: 6.6%
- 25-34: 12.1%
- 35-44: 20.9%
- 45-54: 34.9%
- 55-64: 48.7%
- 65+: 63.1%

*Source:* Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2013)
Disparities and inequities by disability status

Adult depression prevalence, by disability status. (2014)

People with disabilities experienced substantial disparities across metrics related to health outcomes and accessing health care.

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2014)
Disparities and inequities by geography

Appalachian counties in southern and eastern Ohio generally had poorer health-related outcomes, such as higher rates of child poverty, although there are counties with significant health challenges in all areas of the state.
Pathway to improved health value: A conceptual framework

World Health Organization definition of health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
## Data in context

<table>
<thead>
<tr>
<th>Rankings</th>
<th>Examples</th>
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</thead>
<tbody>
<tr>
<td><strong>Progress and trends</strong></td>
<td><strong>Greatly improved</strong></td>
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<tr>
<td><strong>Highlighting other states</strong></td>
<td><strong>Most improved state(s)</strong></td>
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<td><strong>Disparities and inequities</strong></td>
<td><strong>Little to no disparity</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Medium disparity</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Large disparity</strong></td>
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How does Ohio do?
Where does Ohio rank?

Population health: 43
Healthcare spending: 31
Health value in Ohio: 46

Health + Spending = Value
Why does Ohio rank so poorly?
Ohio performs poorly on many of the factors that impact health value.
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2017 Health Value Dashboard

Health equity profiles

This section examines health disparities and inequities across a set of 29 metrics by race and ethnicity, income level, education level and disability status through a series of equity profiles. Population groups and metrics examined were selected in partnership with the Dashboard Health Measurement Advisory Group (HMAG) equity工作组. Disparity ratios are used in the equity profiles to compare groups with the worst outcomes to groups with the best outcomes to identify Ohio’s greatest health disparities and inequities.

The equity profiles provide information on disparities and inequities across:
- Population health
- Access to care
- Healthcare system
- Public health and prevention
- Social and economic environment
- Physical environment

Ohio's journey towards health equity

Achieving health equity requires a focus on eliminating health disparities and inequities across population groups. Health disparities are differences in health status among segments of the population, such as by race or ethnicity, education, income or disability status. Health inequities are disparities that are a result of systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity.

Data availability for population groups in the equity profiles

![Graph showing data availability by race and ethnicity, income, education level, and disability status.]

Key:
- Gray: Data not available
- Darker gray: Data available

The HMAG equity工作组 considered the availability of data in the selection of population groups to examine in the equity profiles. However, even among those groups, data is not always consistently collected (e.g., data was available for more metrics by race and ethnicity as compared to groups by education level, income level or disability status). Data collection and monitoring across a wider set of population groups (including geographics, age, gender and sexual orientation) is necessary to establish a foundation for achieving health equity.
Data availability

Data availability for population groups in the equity profiles

- Race and ethnicity
- Income
- Education level
- Disability status

[number of metrics assessed]
Adult smoking by county, 2015

Source: 2017 County Health Rankings & Roadmaps
Food environment index, 2010 and 2014

Source: 2017 County Health Rankings & Roadmaps
Unemployment, 2015

Source: 2017 County Health Rankings & Roadmaps
Key findings: disparities and inequities

Ohioans who are black or have a low income are more likely to experience larger disparities and inequities across metrics.

Percent of metrics with large disparities by population group:

- Income: 64.2%
- Race and ethnicity: 53.6%
- Disability status: 26.7%
- Education level: 12.5%
**Key findings: disparities and inequities**
Disparities and inequities must be addressed to improve health value.

**Largest disparities and inequities across equity profiles**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Group with worst outcomes</th>
<th>Estimated impact if disparity eliminated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children exposed to second-hand smoke</td>
<td>Low-income</td>
<td>126,776 Ohio children</td>
</tr>
<tr>
<td>Adverse childhood experiences</td>
<td>Low-income</td>
<td>207,722 Ohio children</td>
</tr>
<tr>
<td>Child poverty</td>
<td>Black</td>
<td>134,142 Ohio children</td>
</tr>
<tr>
<td>Adult depression</td>
<td>People with a disability</td>
<td>440,990 Ohio adults</td>
</tr>
</tbody>
</table>

**Estimated impact**: This calculation estimates the impact on Ohioans if the group with the worst outcomes on a metric had the same level of performance as the group with the best outcomes.
Ohio children exposed to secondhand smoke, by family income level

22.2%

Estimated impact of eliminating disparity: Nearly 127,000 Ohio children would not be exposed to second-hand smoke if the disparity between Ohioans with low incomes and higher incomes was eliminated.

Source: National Survey of Children’s Health and 2017 Health Value Dashboard analysis
Ohio children living in poverty, by race and ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>Poverty Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>45.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>33.4%</td>
</tr>
<tr>
<td>White</td>
<td>14.5%</td>
</tr>
<tr>
<td>Asian-American</td>
<td>10.9%</td>
</tr>
</tbody>
</table>

**Estimated impact of eliminating disparity:**
More than 130,000 black children in Ohio would not be living in poverty if the racial disparity was eliminated.

**Source:** National Survey of Children’s Health and 2017 Health Value Dashboard analysis

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Ohio adults with depression, by disability status

With a disability: 44.2%
With a disability: 13.2%

Estimated impact of eliminating disparity: More than 440,990 Ohioans would not have depression

Source: 2015 Behavioral Risk Factor Surveillance System
Understanding the problems with the data

Data is not consistently collected across population groups

Aggregated data can mask health disparities and inequities within population groups

Need comprehensive data across all factors that impact health
1. Collect data to assess community health needs – including the needs and strengths of specific population groups
2. Examine root causes of health disparities
3. Advocate for improvement to local and state-level data collection
1. Prioritize health issues with large disparities and inequities
2. Identify priority populations or geographic areas that have worse outcomes for priority health issues
3. Set specific and measurable objectives for priority populations
4. Ensure that targets are aggressive to reduce or eliminate existing disparities and inequities
Equal opportunity?

Social, economic and physical environment

Adapted from Saskatoon Health Region's Public Health Observatory
Equal opportunity

Social, economic and physical environment

Adapted from Saskatoon Health Region's Public Health Observatory
Ohio’s journey toward health equity
Dashboard material

http://www.hpio.net/2017-health-value-dashboard/

• Full Dashboard with sources
• 2-page executive summary
• 8-page snapshot
• Methodology
• Local-level data crosswalk
• FAQ
• Excel with metric descriptions
Closing health gaps in Southeast Ohio

Sept. 19, 2017
Evidence-informed strategies to decrease inequities

Health Policy Institute of Ohio
September 2017
Learning objectives

2. Where to find effective strategies to reduce disparities and inequities
3. Upstream partners
Prioritize selection of policies and programs:
- Likely to reduce disparities
- Address underlying causes of health inequities

Choose Effective Policies & Programs

Community Members

Work Together
- Evaluate Actions
- Assess Needs & Resources
- Act on What’s Important
- Communicate

Focus on What's Important

Public Health
Business
Educators
Philanthropy & Investors
Nonprofits
Community Development
Government
Healthcare
What are we talking about?

promising practice
recommended
best practice
emerging
effective
proven program
evidence-based
Evidence-based strategy
evidence-based strategy
(HPIO definition)

Programs, policies or other strategies that have been evaluated and demonstrated to be effective in improving outcomes based upon the best-available research evidence, rather than upon personal belief or anecdotal evidence.
What criteria would you like a HEALTHCARE PROVIDER to use in deciding how to treat you?

1. Intuition (gut feeling) about what will be effective
2. What they have heard from co-workers is effective
3. Past experience with similar situations
4. Results of controlled experimental studies that show a method is helpful
5. What they know by critically reading the literature in their field

Adapted from: E. Gambrill, Critical Thinking for Helping Professionals
A framework for thinking about evidence

Evidence-based decision making

- Best available research evidence
- Experiential evidence
- Contextual evidence
Local community health improvement plan example

Evidence-based decision making

Best available research evidence

Experiential evidence

Contextual evidence

Recommendations from the 2017-2019 SHIP, What Works for Health and Community Guide

Expertise and experience of planning team

Information about community preferences and readiness, available funding, political will and coordination with relevant stakeholders

Source: Puddy and Wilkens (2011)
Limitations
policy and systems change
Research evidence:
- Overall effectiveness
- Effectiveness for decreasing disparities
- Fidelity to model

Community fit:
- Community member needs & interests
- Community norms, readiness & capacity
- Culture & language of priority populations

Overall effectiveness

Effectiveness for decreasing disparities

Fidelity to model

Community member needs & interests

Community norms, readiness & capacity

Culture & language of priority populations
Evidence helps us to steer resources toward what really works
Where should we look for effective strategies?

- County Health Rankings
- What Works for Health
- Promising Practices Network on Children, Families, and Communities
- NREPP (National Registry of Evidence-based Programs and Practices)
- Blueprints for Healthy Youth Development
- NACCHO (National Association of County & City Health Officials) Model Practice Database
- Accelerating Progress in Obesity Prevention
Navigating sources of evidence
A guide to effective prevention strategies

The HPIO Health Value Dashboard found that Ohioans are living shorter, less healthy lives despite spending more on health care than people in most other states. Specific health challenges facing Ohio include high rates of tobacco use, cardiovascular disease, infant mortality, and drug overdose deaths.

The good news is that there are many evidence-based strategies Ohio can use to prevent these health problems, decrease health disparities, and control healthcare costs. More widespread and strategic implementation of these strategies would help Ohio to better allocate resources toward “what really works” and to enact policy changes based on the best available research findings.

The purpose of this guide is to help policymakers, community health improvement planners, and health care professionals find prevention strategies that have been evaluated carefully. This guide presents the evidence, definitions, and related terms. It describes the landscape of online evidence sources and how to distinguish between different types of sources. It recommends credible and user-friendly sources of evidence for specific policies and programs that address Ohio’s greatest health challenges.

In addition to the guide, HPIO has developed a series of specific tools that are posted on the HPIO website:
- State policy options fact sheet
- State policy options fact sheet
- State policy options fact sheet

Prevention strategies relevant to state policy

- Tobacco products
- Prevent tobacco use and reduce secondhand smoke exposure
- Tobacco products
- Prevent tobacco use and reduce secondhand smoke exposure
- Tobacco products
- Prevent tobacco use and reduce secondhand smoke exposure

Evidence-based strategies relevant to state policy

- School tobacco prevention programs
- Use of evidence and tobacco prevention programs
- Use of evidence and tobacco prevention programs
- Use of evidence and tobacco prevention programs
- Use of evidence and tobacco prevention programs
Recommended sources of evidence-based strategies

- Community Guide (CDC)
- What Works for Health (U of WI)
- Hi-5: Health Impact in 5 Years (CDC)
- 6/18: Accelerating Evidence into Action (CDC)
- WA State Institute for Public Policy
- Community Health Advisor (RWJF)
Recommended sources for what works to decrease disparities

- Community Guide (CDC)
- What Works for Health (U of WI)
- Hi-5: Health Impact in 5 Years (CDC)
- 6/18: Accelerating Evidence into Action (CDC)
- WA State Institute for Public Policy
- Community Health Advisor (RWJF)
Recommended sources for what works to decrease disparities

- What Works for Health disparity ratings
- Community Guide equity systematic reviews
- 2017-2019 state health improvement plan (SHIP)
WHAT WORKS FOR HEALTH

Find effective programs and policies at www.countyhealthrankings.org/what-works-for-health
WHAT WORKS FOR HEALTH EVIDENCE RATINGS

- Scientifically Supported
- Some Evidence
- Expert Opinion
- Insufficient Evidence
- Mixed Evidence
- Evidence of Ineffectiveness
WHAT WORKS FOR HEALTH DISPARITY RATINGS

- Likely to decrease disparities
- No impact on disparities likely
- Likely to increase disparities
- Disparities by
  - Socio-economic status
  - Race or ethnicity
  - Geographic area
EXAMPLE: SCHOOL BREAKFAST PROGRAMS

School breakfast programs offer students a nutritious breakfast, often incorporating healthy and culturally relevant choices. Breakfast can be served in the cafeteria, from grab and go carts in hallways, or in classrooms as the school day begins. Schools that participate in the federal School Breakfast Program (SBP) receive subsidies for each breakfast served. Students from families with income at or below 130% of the federal poverty level (FPL) are eligible for free breakfast and children from families with incomes between 130 and 185% of FPL qualify for reduced-cost breakfasts. Schools are reimbursed at higher rates for free and reduced-cost breakfasts. Participation in the federal program varies by state and region (Bartfeld 2010).

Expected Beneficial Outcomes (Rated)

- Improved cognitive function
- Increased academic achievement
- Increased healthy food consumption

Other Potential Beneficial Outcomes

- Improved nutrition
- Increased food security
Evidence of Effectiveness

There is strong evidence that having access to school breakfast programs improves cognition and scholastic achievement, especially among nutritionally deficient or malnourished children (Frisvold 2015, Hoyland 2009, Meyers 1989, Adolphus 2013). Access to school breakfast programs also increases healthy food consumption and can improve breakfast nutrition (Bhattacharya 2006, Murphy 2011, Ask 2006, ERS-Fox 2004, Frisvold 2015).

School breakfast availability can reduce short-term hunger (Mhurchu 2012), marginal food insecurity, and food-related concerns in low income households (USDA-Bartfeld 2009, Bartfeld

Impact on Disparities

Likely to decrease disparities

Implementation Examples

In the 2013-2014 school year, the federal School Breakfast Program served approximately 11.2 million low income children on a typical day (FRAC-Woo 2015). Low income children participate in the School Breakfast Program much more than higher income children, and schools that serve

Implementation Resources

FRAC-SBP - Food Research and Action Center (FRAC). School breakfast program.
NKU-CPP: School breakfast - No Kid Hungry Center for Best Practices (NKU-CPP). School
School breakfast programs
Columbus and Newark
If targeted to low-income communities, SBHCs are likely to reduce gaps in education and improve health equity.
School-based health centers
Cincinnati and Meigs & Athens counties
### Figure 3.1. Strategies to address all SHIP priority outcomes

- Likely to reduce disparities?

#### Social determinants of health strategies

<table>
<thead>
<tr>
<th>School-based health</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-based health centers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Early childhood supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early childhood education (including center-based early childhood education, preschool education programs, and universal pre-kindergarten)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child care subsidies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early childhood home visiting programs (including early childhood home visitation to prevent child maltreatment and specific evidence-based home visiting models supported by the Ohio Department of Health)</td>
</tr>
</tbody>
</table>

#### Affordable, quality housing

<table>
<thead>
<tr>
<th>State housing subsidy/voucher (operating or rental)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-income housing tax credits</td>
</tr>
</tbody>
</table>

| Home improvement loans and grants (see also: housing rehabilitation loan and grant programs) |
| Service-enriched housing |

#### Employment and income

| Earned income tax credits (including outreach to increase uptake, remove cap and/or make credit refundable) |
| Employment programs, such as vocational training for adults and transitional jobs |

#### Local/regional built environment changes to support active living and social connectedness

| Community-scale urban design land use policies/Street scape design (Complete Streets) |
| Bike and pedestrian master plans |
| Green spaces and parks |
| Public building siting considerations (such as location of school buildings) |

#### 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) |

#### Public health system, prevention and health behaviors strategies

| School-based prevention programs and policies |
| Universal prevention programs linked to school-based health centers (see Figures 4.1, 4.2, 5.1, 5.2 and 6.1 for topic-specific prevention programs) |

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**Earned income tax credits** (including outreach to increase uptake, remove cap and/or make credit refundable)
Evidence-informed strategies to reduce health disparities and inequities

36 policies and programs
Equal opportunity

Social, economic and physical environment

Adapted from Saskatoon Health Region's Public Health Observatory
Strategies likely to increase opportunity & health equity: 8 examples from the SHIP

- School-based health centers
- Tobacco QuitLine
- Healthy food in convenience stores
- Fruit and vegetable SNAP incentives
- School breakfast
- Earned Income Tax Credit
- Housing assistance
- Early childhood education

Lack of healthcare access
Lack of healthy food access
Low wages, low economic mobility and poverty
Ohio Tobacco QuitLine
Healthy food in convenience stores

Shriver’s Pharmacy, Nelsonville
Seaman’s Market, Athens
Foodland (now Piggly Wiggly), The Plains
Fruit and vegetable incentives
Athens County

Shop with SNAP/EBT,
get up to $10 in FREE fruits & vegetables!*

MARKET LOCATIONS
Athens County

1. ATHENS FARMERS MARKET
   Wed, 9am–12pm (Apr-Dec)
   Thurs, 4–7pm (Apr-Dec)
   Sat, 9am–12pm (Year-Round)
   1000 E State St, Athens

2. NELSONVILLE FARMERS MARKET
   Sat, 10am–2pm (May-Oct)
   E Canal St at Rocky Boot Way, Nelsonville

*Receive a dollar-for-dollar match to every dollar you spend (up to $10 total) using an Ohio Direction Card at the market.
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N=211 local health department CHA/CHIs and hospital CHNA/ISs covering 2011-2018

Source: HPIO review of assessment and planning documents, April 2016
Produce Prescriptions
East Cleveland (REACH)
Earned income tax credit outreach
Cleveland and Akron
Service-enriched housing and Rental vouchers
Columbiana County
Subsidized housing
Youngstown

YWCA OF YOUNGSTOWN

YWCA RAYEN APARTMENTS
Located in the downtown area
Subsidized housing for income eligible individuals

YWCA

Newly Renovated Apartments in the historical YWCA building
Subsidized housing for income eligible individuals
26 one-bedroom and 4 efficiency apartments
Handicapped accessible
On the bus-line located in downtown Youngstown
Coming soon! Activity Areas, Fitness Room & Computer Lab

Rayen Avenue, Youngstown, OH 44503

eliminating racism
empowering women
ywca

Rayen Apartments
Early childhood education

Cincinnati and Cleveland

Voters approve Cincinnati Public Schools tax levy to fund district-wide preschool program

By: NCPD Staff
Posted: 11:29 PM, Nov 8, 2016
Updated: 1:00 AM, Nov 9, 2016

Cleveland Plain Dealer
World Health Organization definition of health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
Upstream partners to achieve equity

- Who are they?
- What works to engage upstream partners?
Who are your upstream equity partners?

- People most affected by inequities
- Health leaders
- Leaders from sectors beyond health
- Policymakers
Who are your upstream equity partners?

People most affected by inequities

Health leaders

Leaders from sectors beyond health

Policymakers
Examples of decision makers in sectors beyond health

- School district superintendent or principal
- Police Chief or County Sheriff
- Convenience store owner
- Transitional housing agency director
- CEO of a large employer
- Farmer
### Examples of policymakers

- State legislator (representative or senator)
- State Board of Education member
- Director of Ohio Department of Job and Family Services
- City Council member
- County Commissioner
- Metropolitan Planning Commission board member
Decision maker analysis

- What do you want?
- Who has the decision-making authority to make it happen?
What works to engage cross-sector partners and policymakers?

1. Find out what’s in it for them
2. Use effective messaging
3. Build relationships
4. Use “collective impact” (or similar framework) to sustain common agenda overtime
Prioritize selection of policies and programs:
• Likely to reduce disparities
• Address underlying causes of health inequities
Identify and engage upstream equity partners:
- People most affected by inequities
- Health leaders
- Leaders from sectors beyond health
- Policymakers
Contact

Amy Bush Stevens
astevens@healthpolicyohio.org

Health Policy Institute of Ohio
614.224.4950
Closing health gaps in Southeast Ohio

Sept. 19, 2017
Effective policy strategies are:

- Evidence-informed
- Specific and actionable
- Directed at the decision-making authority that can implement the change
  - Legislative, executive or judicial branch
  - Federal, state or local
  - Public or private
- Realistic within policy landscape
federal

state

local
State government organization

Citizens of Ohio

- Legislative
  - Senate
  - House of Representatives

- Executive
  - Governor
  - State Agencies

- Judicial
  - Ohio Supreme Court
132nd General Assembly

House

Rep. Cliff Rosenberger
Speaker

Rep. Fred Strahorn
Minority Leader

66 Republicans

33 Democrats

Senate

Sen. Larry Obhof
Senate President

Sen. Kenny Yuko
Minority Leader

24 Republicans

9 Democrats
Policy levers
Types of policy levers

• Taxes, fees and disincentives
• Subsidies and incentives
• Budgets, grants, contracts, etc.
• Regulations
  – Setting standards and requirements
  – Monitoring and evaluation
  – Enforcing existing regulations
  – Deregulating
• Information and education
Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visits your organization or speak at a meeting you host
Who represents you?
<table>
<thead>
<tr>
<th>Advocacy</th>
<th>Lobbying</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Education</td>
<td>• Influencing legislation, regulation, funding</td>
</tr>
<tr>
<td>• Facts</td>
<td>• Actions aimed at influencing public officials</td>
</tr>
<tr>
<td>• Bipartisan</td>
<td>to promote or secure passage of specific bill</td>
</tr>
<tr>
<td>• Balanced</td>
<td>or funding</td>
</tr>
<tr>
<td>• No call to action (position not taken)</td>
<td>• A paid representative for a particular organi</td>
</tr>
<tr>
<td>• Activities that defend, support or maintain a cause</td>
<td>onation</td>
</tr>
<tr>
<td>• Usually broad issues</td>
<td></td>
</tr>
</tbody>
</table>
Policymaking basics

https://osupublichealth.catalog.instructure.com
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Sept. 19, 2017