

# Agenda and overview of pre-read materials for October 17 Advisory Group meeting

HPIO 10/12/17

## Meeting time and location

Tuesday, October 17

Registration: 8:45 to 9:00 am

Meeting: 9:00 am to 12:00 pm

Ohio Child Care Resource and Referral Association (OCCRRA)

2760 Airport Dr. Suite 160, Columbus OH 43219

## Meeting objectives

As a result of this meeting and a follow-up survey, we will have a draft list of policy recommendations that address housing, transportation, education and employment challenges and inequities that contribute to infant mortality in Ohio.

More specifically, the Advisory Group will:

- Refine existing policy recommendations, as needed
- Add new policy recommendations for consideration, as needed
- Discuss prioritization of the most important policy goals and recommendations to emphasize in the final report

HPIO will use this guidance from the Advisory Group to finalize the recommendations to include in the report. HPIO and the Steering Committee may develop additional recommendations, or further refine recommendations developed by the Advisory Group, based upon the results of the case studies with other states, state-level data analysis, and ongoing consultation with subject matter experts.

## Agenda

1. Welcome and meeting overview
2. Project update and re-cap from August meeting
3. Policy recommendations overview
4. Small groups, Round One
  - a. Discuss and revise draft recommendations
  - b. Prioritization discussion
  - c. Break
5. Small groups, Round Two
  - a. Discuss and revise draft recommendations
  - b. Prioritization discussion

You will have the opportunity to participate in two rounds of small group discussions, and can therefore **select two topics** that best align with your expertise and interests (pick two):

- Housing
- Transportation
- Education
- Employment

### Pre-read materials

Before the meeting, please review the packets (pathway diagrams, evidence inventories and draft recommendations) for your two topics. The packets are posted on the [project website](#).

Background information about how these materials were developed is provided below.

### Post-meeting prioritization survey

After the meeting, you will receive links to prioritization surveys for each topic. You will be invited to complete surveys for the 1-2 topics for which you have the most expertise.

## Pathway diagrams for housing, transportation, education and employment

### Purpose

Pathway diagrams are commonly used in Health Impact Assessments to explore, describe and prioritize the direct and indirect ways that non-health factors affect health outcomes and equity<sup>1</sup>. For this project, the purpose of these diagrams is to illustrate the complex connections between each social determinant of health topic (housing, transportation, education and employment) and the leading causes of infant mortality.

The dark blue boxes along the left side of each diagram provide general categories for the ways that housing characteristics, for example, affect health. The dark blue boxes generally align with the *public policy* and *community* levels of the social-ecological framework, including underlying factors that cause inequities such as structural racism.

The light blue boxes represent intermediate outcomes that are risk factors for the leading causes of infant mortality, including access to care, health behaviors and exposure to toxins. These boxes generally align with the *community*, *organizational*, *interpersonal* and *individual* levels of the social-ecological framework. The relationships between these factors are complex and multi-directional; poverty and persistent stress are consistent elements across all four diagrams.

The red boxes represent the leading causes of infant mortality: poor birth outcomes, sudden unexplained infant death and accidents and injuries. The red arrows indicate that the literature review identified credible research connecting an intermediate outcome to a leading cause of infant mortality.

## Process

These diagrams were informed by HPIO's draft literature review and will accompany the literature review narratives in the final report. The Housing and Transportation diagrams build upon previous work by HPIO sponsored by the Ohio Commission on Minority Health. The research citations are included in the literature review narratives.

HPIO staff consulted peer-reviewed studies (journal articles) and grey literature (e.g. reports from government agencies, policy organizations, etc.). Some articles and reports described results of quantitative research studies, while others described qualitative studies, practice-based research, theoretical models, conceptual frameworks or historical context of inequities. In addition to topic-specific search terms (such as "housing affordability"), HPIO used the following search terms: infant mortality, low birth weight, pre-term birth, premature birth, birth outcomes, sudden infant death, sleep-related death, birth defects, SIDS and SUID. HPIO used PubMed to identify journal articles (search tool from the U.S. National Library of Medicine, National Institutes of Health).

In order to be eligible for inclusion in the review, HPIO prioritized the following types of literature:

- Systematic reviews and meta-analyses, when available
- Research done in the U.S. (although systematic reviews may include international studies) and articles published in English
- Literature published from 2010 to 2017, when possible
- Literature that addresses disparities or inequities, including findings specific to African American/Black women or other women of color

## Feedback from the Advisory group

HPIO revised the four topic-specific pathway diagrams based on feedback from the Advisory Group at the August meeting, as well as created a summary pathway diagram that includes three cross-cutting factors that impact housing, transportation, education and employment:

- Poverty
- Racism and discrimination
- Toxic and persistent stress, trauma and violence

## Evidence inventories

### Purpose

HPIO used the evidence inventories—along with feedback from Advisory Group members and other subject matter experts—to develop the draft policy recommendations that will be reviewed at the October 17 meeting.

The evidence inventories compile credible research findings on the effectiveness of policies and programs that address relevant social determinants of health highlighted in the pathway diagrams and literature reviews. The inventories describe the strength of the evidence of effectiveness, as rated by an existing systematic review or evidence registry. They also provide links to descriptions and evidence reviews for each policy and program.

### Process

HPIO comprehensively searched the following sources for relevant strategies using social determinant of health search terms identified through the literature reviews. Each of these sources uses specific criteria to assess the extent to which research has proven a strategy to be effective in meeting intended outcomes, and how rigorously the strategy has been evaluated (e.g., number of experimental studies, strong research designs, etc.).

Systematic review or evidence registry	Recommendation level(s)/Evidence ratings
<p><b>What Works for Health (WWFH):</b> Evidence registry from County Health Rankings and Roadmaps, a project of the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation</p>	<p>Inventories include policies/programs rated as:</p> <ul style="list-style-type: none"> <li>• Scientifically supported</li> <li>• Some evidence</li> </ul> <p>Not included in inventories:</p> <ul style="list-style-type: none"> <li>• Expert opinion</li> <li>• Insufficient evidence</li> <li>• Mixed evidence</li> <li>• Evidence of ineffectiveness</li> </ul>
<p><b>The Guide to Community Preventive Services (Community Guide):</b> Systematic reviews from the U.S. Centers for Disease Control and Prevention (CDC)</p>	<p>Inventories include policies/programs rated as:</p> <ul style="list-style-type: none"> <li>• Recommended</li> </ul> <p>Not included in inventories:</p> <ul style="list-style-type: none"> <li>• Recommend against</li> <li>• Insufficient evidence</li> </ul>
<p><b>Hi-5 (Health Impact in 5 Years):</b> Recommendations from CDC</p>	<p>Hi-5 only lists strategies that are recommended</p>

<p><b>Top Tier Evidence:</b> Evidence review sponsored by the Coalition for Evidence-Based Policy and the Laura and John Arnold Foundation</p>	<p>Inventories include policies/programs rated as:</p> <ul style="list-style-type: none"> <li>• Top tier</li> <li>• Near top tier</li> </ul>
<p><b>What Works Clearinghouse:</b> Evidence registry from the U.S. Department of Education</p>	<p>Inventories include policies/programs rated as:</p> <ul style="list-style-type: none"> <li>• Positive</li> <li>• Potentially positive</li> </ul> <p><i>Not included in inventories:</i></p> <ul style="list-style-type: none"> <li>• Mixed evidence</li> <li>• No discernible effect</li> <li>• Potentially negative</li> <li>• Negative</li> </ul>

In addition, HPIO consulted Washington State Institute for Public Policy Benefit-Cost Results, Campbell Library of Systematic Reviews, and National Academies of Sciences, Engineering and Medicine Consensus Study Reports, as needed.

### Effectiveness to reduce disparities

The “effectiveness to reduce inequities” column indicates strategies that 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 and inequities is limited and evolving. Some programs not identified as “likely to decrease inequities” may in fact be effective if culturally adapted well and tailored to meet the needs of priority populations.

### Draft policy recommendations

HPIO drew upon the following sources to develop the draft policy goals and recommendations:

- Evidence inventories (evidence-based policy/program, plus specific policy lever needed to implement or expand the policy/program in Ohio)
- Suggestions from Advisory Group members shared at the August meeting
- Suggestions from the Housing Subcommittee members shared via email
- Input from subject matter experts

These recommendations will be refined, keeping in mind the following **characteristics of effective policy recommendations:**

1. Specific and actionable
2. Directed at the decision-making authority that can implement the change
  - a. Legislative, executive or judicial branch

- b. Federal, state or local
- c. Public or private
- 3. Evidence-informed
- 4. Realistic within policy landscape

The Advisory Group will prioritize the recommendations based on the following **criteria**:

<b>1. Strength of evidence of effectiveness</b>	<ul style="list-style-type: none"> <li>• Extent to which research has proven the recommended strategy to be effective in meeting the intended outcomes</li> <li>• How rigorously the strategy has been evaluated</li> </ul> <i>Refer to the evidence inventory</i>
<b>2. Relevance to the priority populations for infant mortality</b>	<p>Relevance to the strengths and needs of groups of Ohioans most at risk for infant mortality and related risk factors:</p> <ul style="list-style-type: none"> <li>• African American/Black Ohioans</li> <li>• People with low levels of educational attainment</li> <li>• People with low income</li> <li>• Residents of infant mortality “hot spot” communities</li> </ul> <p>Pregnant women and parents of infants are particularly at risk, although the needs of people of childbearing age in general are relevant given the importance of the life-course perspective and the social-ecological model.</p>
<b>3. Potential size of impact on overall infant mortality rate and risk factors</b>	<p>Estimated magnitude of impact on factors that contribute to infant mortality</p>
<b>4. Potential size of impact on inequities and disparities</b>	<p>Estimated magnitude of impact on decreasing inequities and disparities, including estimated impact of reducing the black-white disparity gap in infant mortality</p>
<b>5. Opportunities given current landscape and awareness of the problem in Ohio</b>	<p>Extent to which:</p> <ul style="list-style-type: none"> <li>• There are stakeholders in Ohio already working toward this goal</li> <li>• The recommendation addresses a widely-acknowledged unmet need in Ohio</li> </ul>
<b>6. Short-term political feasibility (2 years)*</b>	<p>Likelihood that the current state legislature, state agency leadership, and other relevant decision makers would consider acting on the recommendation</p>

\*The report will emphasize policy recommendations that are most feasible within the short term, but will also include additional policy recommendations for future consideration.

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<sup>1</sup> A Health Impact Assessment Toolkit: A handbook to conducting Health Impact Assessments, 3<sup>rd</sup> Edition. Human Impact Partners, 2011.