Vision

To influence the improvement of health and well-being for all Ohioans.

Mission

To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy.
HPIO core funders

- Interact for Health
- Mt. Sinai Health Care Foundation
- The George Gund Foundation
- Saint Luke's Foundation of Cleveland
- The Cleveland Foundation
- HealthPath Foundation of Ohio
- Sisters of Charity Foundation of Canton
- Sisters of Charity Foundation of Cleveland
- Cardinal Health Foundation
- United Way of Greater Cincinnati
- Mercy Health
- CareSource Foundation
- SC Ministry Foundation
- United Way of Central Ohio
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Amy Bush Stevens
Vice President, Prevention and Public Health Policy
aastevens@hpio.net
Agenda

• Background and purpose
• Equity resource page and publication
• Current definitions of health equity
• Moving forward on a definition
• Next steps
HPIO Equity Advisory Group

HPIO is convening stakeholders across sectors in Ohio to bridge the gap in knowledge and understanding around health equity. HPIO’s Equity Advisory Group will provide a forum for developing more consistent and persuasive messaging to policymakers to advance health equity through policy. For more information, please email Reem Aly, Vice President of Healthcare System and Innovation Policy at raly@hpio.net.

Click here to see stakeholder group members (Coming soon)

Advisory group materials

Meeting one: January 18, 2018 (10am -11:30am, call-in/webinar)

Click for meeting materials

Meeting two: February 22, 2018 (10am-1pm, in-person meeting at HPIO)

Meeting three: March 29, 2018 (10am-1pm, in-person meeting at HPIO)

Meeting four: TBD
Questions about meeting logistics?

Alana Clark-Kirk

Phone: 614.545.0755

E-mail: aclarkkirk@healthpolicyohio.org
Roadmaps to equity
Opportunities for closing health gaps
Advisory Group members

65 members (as of 1/17/18)
## Advisory Group: Sectors

As of Jan. 17, 2018

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number</th>
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<tbody>
<tr>
<td>Advocacy</td>
<td>17</td>
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### Advisory Group: Sectors

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<td>Inform development of a health equity resource web page and publication</td>
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Timeline and deliverables
Future meetings

• **Meeting two:** Feb. 22, 10am-1pm: In-person meeting, HPIO

• **Meeting three:** March 29, 10am-1pm: In-person meeting, HPIO

• **Meeting four:** TBD
Equity Summit 2018

April 11-13, Chicago

Equity Summit 2018:

A call to activists, organizers, and leaders to step into our power, activate our imaginations, and set the national agenda.

That agenda will build on what’s been learned about advancing equity and justice and push to achieve the scale required for all to reach our full potential.

Collectively, we know what works. We recognize that the antidote to fear, hate, and twisted nostalgia is to dismantle structural racism, design systems of inclusion, and accept that our
Deliverables

• **Equity resource page** *(February release)*
• **Equity publication** *(May release)*
• **Equity key messages factsheet** *(May/June release)*
Why is this important?
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
Ohio infant mortality rate, by race and ethnicity (2016)
Number of infant deaths, per 1,000 live births

* Rate based on fewer than 20 infant deaths and should be interpreted with caution.

Source: 2016 Ohio Infant Mortality Data: General Findings. Ohio Department of Health
Ohio children exposed to secondhand smoke, by family income level

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
**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>Percentage</th>
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<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>
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<tr>
<td>$50,000+</td>
<td>7.7%</td>
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</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.
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
Ohio children living in poverty, by race and ethnicity

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
Residential segregation
Black/white dissimilarity index, 2010-2014

*Cincinnati dissimilarity index is calculated from Ohio census tracts only.
Source: American Community Survey, 5-Year Census Tract Estimates. Calculations by the Kirwan Institute for the Study of Race and Ethnicity

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Where does Ohio rank?

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

Health + Spending = Value
Ohio’s journey towards health equity
“Health is about more than health care, and the same is true for health equity.”

- Steven H. Woolf

Health Affairs, June 2017
Factors that impact health

- Social and economic environment: 40%
- Clinical care: 20%
- Health behaviors: 30%
- Physical environment: 10%

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
Key objectives

Come to consensus on a shared definition of health equity

Inform development of a health equity resource web page and publication

Advise development of a “key messages” fact sheet that provides more consistent and persuasive messaging to policymakers related to health equity work
HPIO equity resource page draft outline
Updated January 16, 2018. Please note that information below is not complete and is still in draft form.

Ohio data on disparities and inequities
State sources
- Health disparities and inequities in Ohio: Findings from the 2016 Ohio state health assessment (SHA)
- 2017 Health Value Dashboard: Ohio equity profiles for racial and ethnic groups
- 2017 Health Value Dashboard: Health equity profiles

National sources
- County Health Rankings & Roadmaps — Ohio State Health Gaps Report (County-level)
- Add additional sources

Strategies to achieve health equity
- Strategies likely to decrease health disparities and inequities from the Ohio 2017-2019 state health improvement plan (SHIP)

Statewide and community-based organizations
- Asian Services in Action (ASIA)
  ASIA works to provide Asian Americans and Pacific Islanders and other communities with access to quality, culturally and linguistically appropriate information, health and social services.
- Better Health Partnership
  Better Health provides comprehensive health-related performance measurement and public reporting on data from electronic health records to improve provider performance, as well as identify and share best practices. Better Health works to identify and address achievement gaps among patient subgroups by examining trends over time to catalyze interventions to narrow the gaps.
What other information/resources would be helpful to share on the health equity webpage?
Type feedback in the chatbox

Or

Email Reem at raly@hpio.net
Equity publication

Definition of health equity and related terms

Data on disparities and inequities

Evidence-informed policies, programs and strategies to advance health equity
Key objectives

- Come to consensus on a shared definition of health equity
- Inform development of a health equity resource web page and publication
- Advise development of a “key messages” fact sheet that provides more consistent and persuasive messaging to policymakers related to health equity work
Focus is on policymakers
Health equity

Source: Paul Wallace, Institute of Medicine, presentation at 2013 Ohio Public Health Combined Conference
Source: Adapted from Paul Wallace, Institute of Medicine, presentation at 2013 Ohio Public Health Combined Conference
# Health Policy Institute of Ohio

A starting place: health equity definitions and related terms

HPIO Equity Advisory Group
January 18, 2018

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<thead>
<tr>
<th>Definitions of health equity</th>
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<td><strong>Source</strong></td>
<td><strong>Definition</strong></td>
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<td>World Health Organization, Health Equity, Accessed January 2018.</td>
<td>The absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. &quot;Health equity&quot; or &quot;equity in health&quot; implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.</td>
</tr>
<tr>
<td>Working definition from the Centers for Disease Control Health Equity Working Group, Defining and measuring disparities, inequities and inequalities in the Healthy People Initiative, October 2007.</td>
<td>The fair distribution of health determinants, outcomes and resources within and between segments of the population, regardless of social standing.</td>
</tr>
<tr>
<td>U.S. Department of Health and Human Services, Office of Minority Health, National Partnership for Action to End Health Disparities, The National Stakeholder Strategy for Achieving Health Equity, Section 1, April 2011.</td>
<td>Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities. This definition is also used by HealthyPeople2030, the Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion, Division of Community Health and the Public Health Accreditation Board.</td>
</tr>
<tr>
<td>National Academies of Health, Communities in Action: Pathways to Health Equity, Key Terms, January 2017.</td>
<td>The state in which everyone has the opportunity to attain full health potential and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance.</td>
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<tr>
<td>Prevention Institute, Countering the Productions of Health Inequalities: A Framework of Emerging Systems to Achieve an Equitable Culture of Health, December 2016.</td>
<td>Everyone has a fair and just opportunity to be healthy. This requires removing obstacles to health such as poverty, discrimination and their consequences— including powerlessness and lack of access to good jobs, education, housing,</td>
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Equity definitions

Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities. U.S. Department of Health and Human Services, Office of Minority Health

Everyone has a fair and just opportunity to be healthy. This requires removing obstacles to health such as poverty, discrimination and their consequences— including powerlessness and lack of access to good jobs, education, housing, environments, and healthcare. Fairness requires dedicated efforts to remove these obstacles to health. The concept of health equity focuses attention on the distribution of resources and other processes that drive a particular kind of health inequality—that is, a systematic inequality in health (or in its social determinants) between more and less advantaged social groups, in other words, a health inequality that is unjust or unfair. Prevention Institute

The absence of differences in health that are caused by social and economic factors. Achieving health equity means that all people have the opportunity to achieve their full health potential, with no one at a disadvantage because of social or economic circumstances. 2017-2019 State Health Improvement Plan
Poll question
What is health equity?
Address avoidable inequalities
Opportunity to achieve
Valuing everyone equally
Highest level of health
No one at a disadvantage
Resource allocation
Discrimination

Elimination of disparities
Absence of differences

Social standing
Injustices

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Common elements

- Highest level of health
- Fair and just opportunity
- Fair distribution of resources
- Remove obstacles to health/inequalities (poverty, discrimination, lack of access to resources)
- Eliminate disparities (absence of avoidable differences)
Poll question
Poll question
Next steps

• Email examples of effective programs currently being implemented throughout the state to reduce disparities, inequities and move toward achieving health equity – including examples of program evaluations

• Email additional health equity resources/information to share on the health equity web page and to inform the publication

• **Meeting two: Feb. 22, 10am-1pm:** In-person meeting, HPIO
Questions?
Contact

Reem Aly
Health Policy Institute of Ohio
raaly@healthpolicyohio.org