HPIO Equity Advisory Group  
Agenda - Meeting one  
Webinar/Call-in (information in outlook invite)  
10am-11:30am

Prior to the meeting, please review these materials and resources:
- Equity definitions and related terms
- HPIO Equity resource page outline

Meeting one objectives
By the end of this meeting, we will:
- Review objectives of the HPIO Equity Advisory Group
- Identify various perspectives on health equity
- Identify elements of existing definitions that we want to include in our consensus definition
- Identify additional health equity resources/information to share on the health equity web page and to inform the publication
- Identify additional information or meeting materials needed to come to a consensus on a definition during our next meeting

Welcome and introductions

Purpose of the HPIO Equity Advisory Group

Review equity resource page and publication outline

Review current definitions of health equity

Moving forward on a definition

Group member 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
- Review meeting two pre-meeting materials

Next meeting is in-person at HPIO on Feb. 22, 2018 from 10am-1pm.
# Definitions of health equity

<table>
<thead>
<tr>
<th>Source</th>
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<tr>
<td><strong>World Health Organization.</strong> 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. “Health equity” or “equity in health” 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>
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<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>
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<td><strong>U.S. Department of Health and Human Services, Office of Minority Health.</strong> 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 HealthyPeople 2020, 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>
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<td><strong>National Academies of Health.</strong> 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><strong>Prevention Institute.</strong> Countering The Productions of Health Inequities: 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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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.


Everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.

**Health Equity Institute.** *Defining Health Equity.* Accessed January 2018.

Attainment of the highest level of health for all people. Health Equity means efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.


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.
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<td></td>
<td>Centers for Disease Control and Prevention. NCHHSTP Social Determinants of Health: Definitions. 2014.</td>
<td>A state of complete physical, mental, and social well-being and not just the absence of sickness or frailty.</td>
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<td>Social determinants of health</td>
<td>World Health Organization. About Social Determinants of Health. Accessed January 2018.</td>
<td>The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.</td>
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<td></td>
<td>Centers for Disease Control and Prevention. NCHHSTP Social Determinants of Health: Definitions. 2014.</td>
<td>The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.</td>
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|                                  | National Academies of Health. Communities in Action: Pathways to Health Equity, Key Terms. January 2017. | The conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-
of-life outcomes and risks. For the purposes of this report, the social determinants of health are education; employment; health systems and services; housing; income and wealth; the physical environment; public safety; the social environment; and transportation.

R**obert Wood Johnson Foundation. What is Health Equity? And What Difference Does a Definition Make? May 2017.**

Nonmedical factors such as employment, income, housing, transportation, child care, education, discrimination, and the quality of the places where people live, work, learn, and play, which influence health. They are “social” in the sense that they are shaped by social policies.

**Health disparity**

C**enters for Disease Control and Prevention. NCHHSTP Social Determinants of Health: Definitions. 2014.**

A type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation, or geographic location. Other characteristics include cognitive, sensory, or physical disability.


A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial and/or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.


A particular type of health difference that is closely linked with social,
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<td><strong>Health Equity Institute. Defining Health Equity.</strong> Accessed January 2018.</td>
<td>Differences in health outcomes among groups of people</td>
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<td><strong>National Academies of Health. Communities in Action: Pathways to Health Equity.</strong> January 2017.</td>
<td>Differences that exist among specific population groups in the United States in the attainment of full health potential that can be measured by differences in incidence, prevalence, mortality, burden of disease, and other adverse health conditions.</td>
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<tr>
<td><strong>Prevention Institute. Countering The Productions of Health Inequities: A Framework of Emerging Systems to Achieve an Equitable Culture of Health.</strong> December 2016.</td>
<td>The differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.</td>
<td></td>
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<tr>
<td><strong>Centers for Disease Control and Prevention. NCHHSTP Social Determinants of Health: Definitions.</strong> 2014.</td>
<td>Differences, variations, and disparities in the health achievements of individuals and groups of people.</td>
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<tr>
<td><strong>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.</strong> April 2011.</td>
<td>The difference in health status or in the distribution of health determinants between different population groups.</td>
<td></td>
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<tr>
<td><strong>Centers for Disease Control and Prevention. NCHHSTP Social Determinants of Health: Definitions.</strong> 2014.</td>
<td>A difference or disparity in health outcomes that is systematic, avoidable, and unjust.</td>
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<tr>
<td><strong>Prevention Institute. Countering The Productions of Health</strong></td>
<td>The “differences in health which are not only unnecessary and avoidable but, in</td>
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- Economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

<table>
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<th>Inequity Type</th>
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<tr>
<td>Differences in health that are avoidable, unfair, and unjust. Health inequities are affected by social, economic, and environmental conditions</td>
<td>Health Equity Institute. Defining Health Equity. Accessed January 2018.</td>
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effects even when no individual currently intends to discriminate. Racial residential segregation is an excellent example; it has tracked people of color into residential areas where opportunities to be healthier and to escape from poverty are limited.

**Implicit bias**

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<tr>
<td>Kirwan Institute for the Study of Race and Ethnicity</td>
<td>Implicit Bias, 2015</td>
<td>The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual’s awareness or intentional control.</td>
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**Unconscious bias**

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<tr>
<td>University of California, San Francisco Office of Diversity and Outreach</td>
<td>Unconscious Bias, Accessed January 2018</td>
<td>Social stereotypes about certain groups of people that individuals form outside their own conscious awareness. Everyone holds unconscious beliefs about various social and identity groups, and these biases stem from one’s tendency to organize social worlds by categorizing.</td>
</tr>
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</table>
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 community-wide 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.
**Birthing Beautiful Communities (BBC)**
BBC is made up of a team of community members trained as doulas and perinatal support people who provide education and support to expecting mothers. The organization was formed to address very high infant mortality rates and inadequate prenatal care among African American urban communities, specifically targeting residents of the most affected neighborhoods in Cleveland.

**Center for Reducing Health Disparities**
The Center helps to direct the Community Research Partnership Core of the Clinical and Translational Science Collaborative involving Case Western Reserve University, MetroHealth Medical Center, University Hospitals of Cleveland, and the Cleveland Clinic. The aims of this Core are to facilitate community based research among faculty, students, community organizations, and community residents.

**The Center for Closing the Health Gap**
The Center for Closing the Health Gap is a non-profit organization focused on eliminating health disparities in the Greater Cincinnati area. The Center uses advocacy, community outreach, and education to raise awareness about racial and ethnic health disparities and the social determinants of health. Their programs and initiatives focus on healthy eating, free health screenings, and health leadership.

**Columbus Public Health**
Columbus Public Health addresses health equity by providing equity trainings for all employees and sending educational news blasts to the department. Their Health Equity Section also includes publications and resources for community members to utilize towards achieving an understanding of equity versus disparity and guides for action.

**Dayton Council on Health Equity**
The Dayton Council on Health equity serves as the Office of Minority Health in Montgomery County. The Council is being funded by the Ohio Commission on Minority Health and Public Health – Dayton & Montgomery County to improve the health status of minority groups and to provide the community with resources on addressing health equity. Target populations include Asians, African-Americans, Latinos, and Native Americans.
**Equitas Health Institute of LGBTQ Health Equity**

Equitas Health’s efforts are aimed towards increasing health equity for LGBTQ populations. The organization provides cultural competency training and education online and in person, supports individuals and organizations conducting LGBTQ health research, and works closely with community organizations that interact with LGBTQ and HIV+ patients. Equitas also hosts the annual Transforming Care Conference as an opportunity for people to share research, best practices, and health and safety initiatives.

**Greater University Circle Health Initiative (GUCI)**

Through a coalition of anchor institutions, the Initiative addresses specific challenges of some of Cleveland’s most disinvested neighborhoods and advocates for a socially responsive redevelopment strategy.

**Health Improvement Partnership – Cuyahoga**

**Kirwan Institute for the Study of Race and Ethnicity**

The Kirwan Institute is an interdisciplinary research institute at The Ohio State University. The executive Director launched the Health Equity Program in 2012 with the goal of partnering with government agencies, organizations, and individuals to promote healthy public policy. Researchers have since worked to conduct health equity research in various communities. For example, an Environmental Justice Analysis conducted by the Institute and community organizers and attorneys in Toledo revealed the negative health impact of lead exposure to African-American children. The Institute works locally and nationally on similar equity research projects.

**Ohio Commission on Minority Health**

The Ohio Commission on Minority Health addresses health inequities through research, talks, and grants. The Commission focuses on cardiovascular diseases, cancers, diabetes, infant mortality, substance abuse and violence. It has released two whitepapers on achieving health equity for minorities: the first one was focused on eliminating infant mortality disparities and the second focused on obesity and diabetes disparities. Additionally, the Commission distributes grants to community-based health groups that conduct health promotion and disease prevention in minority communities.

**Ohio Department of Health (ODH)**

ODH defines health equity as “the ability of marginalized groups to achieve optimal health.” ODH addresses health inequities through the Office of Healthy Ohio. Programs and initiatives under the Office of Healthy Ohio aim to increase awareness of inequities and to encourage actions to eliminate them.
Ohio Federation for Health Equity and Social Justice
The Ohio Federation for Health Equity and Social Justice is a non-profit organization consisting of various government agencies, Ohio organizations, and individuals. Members of the Federation are committed to improving health equity, eliminating health disparities, and securing social justice for minority populations. They employ an approach consisting of community empowerment, capacity building, research, and advocacy. The Federation is unique in its focus on and commitment to eliminating the disproportionality in child welfare and juvenile justice.

Ohio Health Office of Healthy Equity
The Office of Health Equity, created by the Ohio Health Research and Innovation Institute, conducts health equity research. Areas of focus include teen pregnancy, cancer health disparities, the Latina Breast Cancer Project, skin cancer in Appalachia, and food insecurity. The Office develops solutions and resources based on research findings, and disseminates this knowledge to clinical staff at OhioHealth.

Ohio Latino Affairs Commission
The Ohio Latino Affairs Commission advises state government on issues affecting Hispanic Ohioans, serves as a liaison between government and the Hispanic/Latino community in Ohio, and advocates for the development and implementation of policies and programs to address Hispanic/Latino needs.

Ohio Statewide Health Disparities Collaborative (OSHDC)
The OSHDC aims to improve health equity and decrease health disparities by collaborating with individuals and health organizations from across Ohio. OSHDC has developed multiple materials on equity, such as population-specific fact sheets on health disparities and a socioecological model on infant mortality. They’ve also developed an OSHDC Workforce Development Committee Strategic Plan and an Ohio Plan for Action to End Health Disparities.

Add a survey link to include other organizations

National organizations and resources

American Hospital Association (AHA)
Equity of Care: A Toolkit for Eliminating Health Care Disparities, January 2015

American Public Health Association (APHA)

Article, White House panel: How to achieve health equity in our lifetime
Centers for Disease Control and Prevention (CDC)
Reaching for Health Equity infographic


Promoting Health Equity, A Resource to Help Communities Address Social Determinants of Health

A Practitioner’s Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease

Community Commons
Community Commons: data, tools and stories to improve communities and inspire change

County Health Rankings and Roadmaps
Ohio State Health Gaps Report
Advancing Health Equity Through Strategic Partnerships
Action Toolkit: To Advance Health Equity

Diversitydata.org
Diversity Data: Data for Diverse and Equitable Metropolitan Populations

Health Affairs article
Promoting Health Equity And Population Health: How Americans’ Views Differ (log-in required)

National Academies of Sciences, Engineering, Medicine
Communities in Action Pathways to Health Equity

National Association of County and City Health Officials (NACHHO)
Roots of Health Inequity: A Web-Based Course for the Public Health Workforce

National Equity Atlas
Equity Reports and Analyses
National Data Resources

The Community Guide
What Works - Promoting Health Equity: Evidence-Based Interventions for Your Community
The Opportunity Index: How Opportunity Measures Up in Your Community

Prevention Institute
Health Equity and Prevention Primer
Communities Taking Action: Profiles of Health Equity
A Practitioner’s Guide for Advancing Health Equity
Countering the Production of Health Inequities through Systems and Sectors

Robert Wood Johnson Foundation
What is Health Equity?