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
Agenda

• Welcome and introductions
• Health Equity resource page
• Guiding consensus on a definition of health equity
• Coming to consensus: individual and small group work
• Next steps
Group introductions
Advisory Group members

69 members (as of 2/21/18)
## Advisory Group: Sectors

As of Feb. 21, 2018

<table>
<thead>
<tr>
<th>Sector</th>
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<tbody>
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# Advisory Group: Sectors

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Thank you for your participation in the Advisory Group.
## 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 |
Timeline and deliverables
Deliverables

- Equity resource page *(February release)*
- Equity publication *(May release)*
- Equity “key messages” factsheet *(May/June release)*
HPIO equity resource page

Throughout 2018, HPIO is producing a series of health equity-related products that serve as actionable resources to share with state policymakers and others working to advance health equity in Ohio. HPIO is convening an Equity Advisory Group to inform development of these health equity-related products.

This resource page is one product in this series that highlights:

- Sources for data on disparities and inequities
- Ohio-based and national organizations working on health equity-related issues
- Publications and reports that provide data and information on health equity, health disparities and health inequities, as well as policies, practices or other approaches to achieving health equity

Information from this resource page can be shared with state policymakers and other stakeholders to inform work to advance health equity in the state.

To suggest adding resources to this page or to find out more about HPIO’s Health Equity Advisory Group, please contact Reem Aly, Vice President of Healthcare System and Innovation Policy, at raly@hpio.net.

Data on disparities and inequities

*Read more*

Strategies to achieve health equity in Ohio

*Read more*

Statewide and community-based organizations
Statewide and community-based organizations

To suggest adding your organization to the list of statewide and community-based organizations below, please fill out this brief survey here.

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 improvement, as well as identify and share best practices by examining trends over time to catalyze intervention.

Birthing Beautiful Communities (BBC)

BBC is made up of a team of community members from mothers. The organization was formed to address very communities, specifically targeting residents of the mother.

Center for Cancer Health Equity at the Ohio State University

The Center for Cancer Health Equity works on cancer clinical trials and research studies.

Center for Reducing Health Disparities

The Center for Reducing Health Disparities helps to design and implement policies for reducing cancer among underserved populations.

The Center for Closing the Health Gap

The Center for Closing the Health Gap is a non-profit organization that uses advocacy, community outreach, and education to improve health equity.

Statewide and community-based organizations focused on health equity

Thank you for your interest in adding to HPIO’s health equity resource page. Please fill out the survey below. Note that HPIO may adjust the description provided in question #3 to conform with our style requirements. HPIO also reserves final determination regarding whether listing the organization aligns with the purposes of the resource page.

1. Contact information:

   * First name: 
   * Last name: 
   * Title: 
   * Organization: 
   * Email address: 

2. Name of the organization that you would like to add to the list:

   

3. Please provide a description of the organization, similar to the descriptions that appear on the HPIO equity resource page above. (Please limit the description to 75 words).

   

What is the purpose of a consensus definition?
Three pillars to build power for change

Organize people

Organize narrative

Organize resources
Three pillars to build power for change

Organize people

Organize narrative

Organize resources
Focus is on policymakers
Health equity

Source: Paul Wallace, Institute of Medicine, presentation at 2013 Ohio Public Health Combined Conference
Health equity
**Purpose**

The emergence of “population health” as a significant component of healthcare reform reflects widespread recognition that factors outside of the healthcare system, such as the social, economic, and physical environment, must be addressed in order to improve the health of the overall population. While there is growing agreement on the importance of population health, there is a lack of consensus on a single, actionable definition of the term. Healthcare system and public health stakeholders tend to define population health differently, which has hampered efforts to work across sectors to improve population health.

In 2014, with support from the National Network of Public Health Institutes (NNPHI) through a Robert Wood Johnson Foundation-funded project, the Health Policy Institute of Ohio convened a group of healthcare and public health stakeholders to develop a consensus definition of population health for Ohio. The purpose of this work is to operationalize the concept of population health in a way that is useful to Ohio’s health leaders in designing population health improvement strategies, such as state-level health improvement plans and local improvement plans led by nonprofit hospitals, local health departments, United Ways, and others.

This brief describes the consensus understanding of population health that resulted from discussions among members of the HPIO Population Health Definition Workgroup.

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**Population health in the Triple Aim and State Innovation Models (SIM)**

Population health is one of the components of the Institute for Healthcare Improvement’s (IHI) widely-used Triple Aim framework (see figure 1). Reflecting the Triple Aim, the US Centers for Medicare and Medicaid Services (CMS) includes population health as one of the four focus areas for the Innovation Center State Innovation Models (SIM) initiative which provides funding for states to design and test new payment and healthcare delivery models. Ohio was one of 16 states to receive a design grant in 2013 for Round One of the SIM. In July 2014, the Ohio Governor’s Office of Health Transformation (OHT) applied for SIM Round Two funding to accelerate health system transformation in Ohio. SIM Round Two requires grantee states to develop a statewide Population Health Improvement Plan. Funding decisions for SIM Round Two are expected by the end of 2014.

Figure 1. Triple Aim and State Innovation Model (SIM) focus areas

<table>
<thead>
<tr>
<th>Triple Aim</th>
<th>SIM focus areas</th>
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<tbody>
<tr>
<td>Improve population health</td>
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</tr>
<tr>
<td>Transform healthcare delivery</td>
<td>Transform healthcare delivery</td>
</tr>
<tr>
<td>Improve value based payment model</td>
<td>Improve value based payment model</td>
</tr>
</tbody>
</table>

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**Institute of Medicine (IOM)**

"It is no longer sufficient to expect that reforms in the medical care delivery system (for example, changes in payment, access, and quality) alone will improve the public’s health."

— Institute of Medicine (IOM)
HPIO Definition

Population health is the distribution of health outcomes across a geographically-defined group which result from the interaction between individual biology and behavior;

the social, familial, cultural, economic and physical environments that support or hinder wellbeing;

and the effectiveness of the public health and healthcare systems.
Definition common elements

1. Multiple determinants of health, including factors outside the healthcare system

2. The distribution of outcomes or health disparities and health equity;

3. Population defined as groups of people and geographic areas; and

Key characteristics of population health strategies

- Beyond the patient population
- Beyond medical care
- Measuring outcomes
- Reducing disparities and promoting health equity
- Shared accountability
Health equity definition is foundational.
<table>
<thead>
<tr>
<th>Section</th>
<th>Content</th>
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<tr>
<td><strong>Definition</strong></td>
<td>of health equity and related terms</td>
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Equity publication

- Definition of health equity and related terms
- Data on disparities and inequities
- Key characteristics of policies, programs and strategies that advance health equity
- Examples of 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
What type of health equity definition would be most useful in your work?

50% concise
50% comprehensive
What type of health equity definition would be most useful for a policymaker?

- 87% concise
- 13% comprehensive
Top three definitions based on HPIO Equity Advisory Group meeting one poll results

- Robert Wood Johnson Foundation
- World Health Organization
- U.S. Office of Minority Health
- Prevention Institute
- Centers for Disease Control and Prevention
- National Academies of Health
- Health Equity Institute
- 2017-2019 State Health Improvement Plan (Ohio)
# Top three equity definitions
*(based on first meeting poll results)*

<table>
<thead>
<tr>
<th>World Health Organization</th>
<th>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.</th>
</tr>
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<tr>
<td>U.S. Department of Health and Human Services, Office of Minority Health</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.</td>
</tr>
<tr>
<td>Robert Wood Johnson Foundation</td>
<td>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.</td>
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# Common elements

- **Highest level of health**
- **Fair and just opportunity**
- **Fair distribution of resources**
- **Eliminate obstacles to health** *(e.g. inequities such as poverty, discrimination, lack of access to resources)*
- **Eliminate disparities** *(absence of avoidable differences)*
Which elements are most important to emphasize when discussing health equity (select up to two)?

- Remove obstacles/inequalities: 74%
- Fair and just opportunities: 52%
- Highest level of health: 26%
- Eliminate disparities: 17%
- Fair distribution of resources: 10%
Criteria to guide consensus

1. Actionable
2. Measurable
3. Compelling
4. Unambiguous
5. Concise
Actionable
Direct resource allocation
Role for everyone
Accountability
Sustain political will
Measurable

Prevalence
Incidence
Magnitude and severity
Disparity
Compelling

Motivates

Call for action

Appeal across political spectrum
Unambiguous

Avoid subjective terms

Clear term definition

Specific
Concise
Not lengthy
Spoken with ease
Intuitive
Actionable
Measurable
Compelling
Unambiguous
Concise

Additional considerations?
Evaluating definitions

Robert Wood Johnson Foundation

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.

Strengths?

Weaknesses?
Individual work
Group work
Next steps

• Health equity definition follow-up survey

• 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

• **Meeting three: March. 29, 10am-12:30pm:** In-person meeting, HPIO
Additional considerations

• Consideration 1:
• Consideration 2:
• Consideration 3:
Contact

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raly@healthpolicyohio.org