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
- North Canton Medical Foundation
- Mercy Health
- CareSource Foundation
- United Way of Central Ohio
Agenda

• Welcome and overview
• 2018 PolicyLink Equity Summit
• Coming to consensus on a definition
• Health Equity in All Policies update
• Key messaging update
• Next steps
Meeting objectives

• Come to consensus on a final definition of health equity
• Reflect on how the 2018 PolicyLink Equity Summit can inform the work of this Equity Advisory Group
• Be familiar with the American Health Values Survey
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

Advisory group materials

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

Click for meeting materials

Meeting two: February 22, 2018 (10 am-12:30 pm, in-person meeting at HPIO)

Click for meeting materials

Meeting three: May 3, 2018 (10 am-12:30 pm, call-in/webinar)
Questions about meeting logistics?

Alana Clark-Kirk

Phone: 614.545.0755

E-mail: aclarkkirk@healthpolicyohio.org
Advisory Group members

75 members (as of 5.1.18)
# Advisory Group: Sectors

As of May 1, 2018

<table>
<thead>
<tr>
<th>Sector</th>
<th>Count</th>
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<tbody>
<tr>
<td>Advocacy</td>
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<tr>
<td>Grassroots/consumer group</td>
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<td>Community/economic development</td>
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<td>Philanthropy</td>
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## Advisory Group: Sectors
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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
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Timeline and deliverables
Deliverables

- **Equity resource page** (released in February)
- **Equity publication** (Early summer release)
- **Equity key messages factsheet** (Q4 release)
2018 PolicyLink Equity Summit
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
Reflections

• What were the top 3 key takeaways you had from the Equity Summit?
• How are your learnings from the Summit going to impact the work of your organization?
• In what ways could we use learnings from the Summit to inform this Equity Advisory Group?
HPIO Reflections

• You can set the policies but also need to change the culture and norms

• “Mutuality is BS”

• “Those closest to the pain are closest to the solution”

• Need a shift in power and leadership
HPIO Reflections

In what ways could we use learnings from the summit to inform this Equity Advisory Group?

- Important to be inclusive in addressing equity
- Emphasize that policy solutions need to be directed towards the most vulnerable populations
- Balance authenticity with strategy
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
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
## Top three equity definitions
(based on first meeting poll results)

<table>
<thead>
<tr>
<th>Source</th>
<th>Definition</th>
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<tbody>
<tr>
<td>A. World Health Organization</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>
</tr>
<tr>
<td>B. 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>C. 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)
Criteria to guide consensus

1. Actionable
2. Measurable
3. Compelling
4. Unambiguous
5. Concise
Focus is on policymakers
Coming to consensus
Meeting two recap

• Individual definition
  – Select an existing definition
  – Modify or combine an existing definition
  – Create a new definition

• Group definition
  – Share individual definition and identify consensus definition
Definition results: individual overall
(n=41)

- Adopted a definition: 12
- Modified a definition: 27
- Created a new definition: 2

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Definition results: individual breakdown

Adopted a definition (n=12)

Modified an existing definition

(Existing definition modified or combined with another existing definition)
Group element/wording themes

• Emphasis on providing examples of obstacles to health: 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.

• Inclusion of measurement definition: reducing and ultimately eliminating disparities in health and its determinants.

• Full health potential vs. attainment of the highest level of health.

• Historical and contemporary injustices.
Overall equity definition options

Option 1 (Group 1 and 4, C +B)
Achieving the highest level of health for all people. This means valuing everyone equally and removing historical and contemporary injustices and 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.

Option 2 (Group 2, C +A+B)
Everyone has a fair and just opportunity to achieve their full health potential. This requires addressing historical and contemporary injustices by 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.

Option 3 (Group 3, C +A+B)
The fair and just opportunity to achieve optimal health outcomes. Achieving health equity requires that no one is disadvantaged by historical or contemporary injustices, and social or economic circumstances.
Overall equity definition options

**Option 4 (C +A+B)**
Everyone has a fair and just opportunity to achieve their **full health potential** and **no one is disadvantaged from achieving this potential**. This requires addressing **historical and contemporary injustices** by **providing supports** and 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.

**Option 5 (C)**
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.
Measurement definition options

Option 1(C)
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.

Option 2 (C +A)
For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect groups excluded or marginalized based upon social, economic, demographic or geographic factors.
Voting
Option 1 (Group 1 and 4, C+B)
Achieving the highest level of health for all people. This means valuing everyone equally and removing historical and contemporary injustices and 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.

Option 2 (Group 2, C+A+B)
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Option 3 (Group 3, C+A+B)
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Overall equity definition options

Option 4 (C +A +B)
Everyone has a fair and just opportunity to achieve their **full health potential** and **no one is disadvantaged from achieving this potential**. This requires addressing **historical and contemporary injustices** by providing **supports** and 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.

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Poll question
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
Option 1(C)
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.

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Poll question
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HPIO Equity meeting 3
Health Equity in All Policies
Ohio Public Health Association
Health and Equity in All Policies: The Crossroads of Policy and Public Health
Key Components of the Health and Equity in All Policies Legislation

Incorporate HEiAP Review into Current Legislative Service Commission Process:
Establishment of a Health and Equity in All Policies Review Process, under the authority of the Legislative Service Commission (LSC). The review shall determine if the proposed legislation will have a positive, adverse or neutral impact on the health of Ohioans and on the attainment of health equity in this state.

Addition of a JCARR Review Process:
Each state agency will be required to provide the Joint Commission on Agency Rule Review a health and equity impact statement on all proposed (new), reviewed and amended rules submitted to the Commission for review.

Establishment of HEiAP Advisory Board:
Create a Health and Equity in All Policies Advisory board for the purpose of providing guidance, analysis and reporting with recommendations on the impact and effectiveness of the intent of this health and equity review.
How Can You Help?

• Agree to be a sponsor and/or supporter of the bill

• Inform your internal organizations and constituency groups about the proposed legislation

• Talk with legislators and community leaders

• Be prepared to attend the legislative hearings

• If interested, provide your contact information to OPHA
Key messaging
America Health Values Survey

Typology

Committed activists
Equity advocates
Disinterested skeptics
Health egalitarians
Self-reliant individualists
Private-sector champions
America Health Values Survey

Dimension variation

- Big Gov’t Role
  - Equity Advocates
  - Committed Activists
  - Health Egalitarians

- Low Personal Health Importance
  - Disinterested Skeptics

- High Personal Health Importance
  - Private-Sector Champions
  - Self-Reliant Individualists

No Gov’t Role

Source: Robert Wood Johnson Foundation
America Health Values Survey

Size of typology

- Health egalitarians: 23%
- Committed activists: 18%
- Disinterested skeptics: 17%
- Equity advocates: 16%
- Private-sector champions: 14%
- Self-reliant individualists: 12%

Source: Robert Wood Johnson Foundation
Save the date

Strategic messaging meeting

Thursday, October 25, 2018

Researchers from the America Health Values Survey and Robert Wood Johnson Foundation
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

• Draft of publication (June)

• Save the date! Strategic messaging
  • Thursday, October 25, 2018
Questions?

Click the icon to raise your hand.

HPIO Equity meeting 3
Contact

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