Ohio has troubling health gaps

- There is more than a 29 year gap in life expectancy at birth depending on where a person lives, ranging from a low of 60 years in the Franklinton neighborhood of Columbus (Franklin County) to a high of 89.2 years in the Stow area (Summit County).¹
- Black infants are nearly three times as likely to die in the first year of life (15.2 infant deaths per 1,000 live births) compared to white infants (5.8 infant deaths per 1,000 live births).²
- Ohioans with disabilities are four times more likely to experience depression compared to Ohioans without disabilities.³
- Ohioans with less than a high school education are 2.7 times more likely than Ohioans with some post-high school education to report fair or poor health.⁴

Why does this matter?
Ohio has seen worsening health outcomes and an increase in healthcare spending relative to other states over the past few decades. Ohio ranks 46th out of 50 states and D.C. on health value, based on the Health Policy Institute of Ohio’s 2017 Health Value Dashboard. This means that Ohioans live less healthy lives and spend more on health care than people in most other states.

Improving health value in Ohio means closing Ohio’s troubling health gaps and ensuring that every Ohioan has the same opportunity for a healthy life.

What is health equity?
HPIO convened an Equity Advisory Group to come to consensus on a definition of health equity. The group reviewed existing definitions of health equity² and developed the following:

“Everyone is able to achieve their full health potential. This requires addressing historical and contemporary injustices 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.”

Why do we have health gaps in Ohio?
Making healthy choices (i.e. health behaviors) is critical for good health. These choices are often shaped by the social, economic and physical environments in which a person lives (see figure 1). Because of this, many Ohioans face barriers to being healthy. For example:

- Unequal access to education and employment. Black children in Ohio are more likely to attend high-poverty, under-resourced schools with lower graduation rates.⁴ Lower educational attainment leads to limited job choice and often lower-paying jobs that offer fewer employee benefits, such as health insurance coverage.⁷
- Poor neighborhood safety. Low-income Ohioans often cannot afford to live in high-income neighborhoods. They are more likely to live in neighborhoods that report high rates of crime and violence⁵ and have difficulty finding safe places to exercise and play.
- Lack of public transportation. A family without a car in a city without adequate public transportation may have difficulty getting to the grocery store to

3 key findings for policymakers

- Many groups of Ohioans experience troubling gaps in health outcomes. Not all Ohioans have the same opportunity to live a healthy life based on geography, race and ethnicity, income, education or other social, economic or demographic factors.
- The choices we make are often shaped by the environments in which we live. Because of this, many Ohioans face barriers to being healthy due to, for example, unequal access to high-quality education, a job that pays a self-sufficient income and adequate, stable housing.
- There are evidence-based approaches to closing Ohio’s health gaps. Closing Ohio’s health gaps requires a comprehensive approach that involves public- and private-sector stakeholder collaboration.
Many Ohioans also face the enduring consequences of racist and discriminatory historical and contemporary obstacles to health, such as slavery, Jim Crow, residential redlining and predatory lending.

How can we close Ohio’s health gaps?
Closing Ohio’s health gaps requires a comprehensive approach with public- and private-sector stakeholder collaboration. Figure ES.1 provides a five-step framework for action to achieve health equity at the community level. See full brief for examples of evidence-based strategies and partners to achieve equity.

Figure ES.1 Achieving health equity: Framework for action

Source: HPIO adaptation of County Health Rankings and Roadmaps Action Cycle

Notes
4. Ibid.
5. See meeting material packet listed under Meeting One and Meeting Two for definitions reviewed on the HPIO Equity Advisory Group page: https://www.healthpolicyohio.org/hpio-equity-advisory-group/