Defining health equity and understanding health disparities in Ohio

Oct. 25, 2018
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Key takeaways

1. Many groups of Ohioans experience troubling gaps in health outcomes.

2. The choices we make are often shaped by the environments in which we live.

3. There are evidence-based approaches to closing Ohio’s health gaps.
What is health equity?
Eliminate inequities
Address avoidable inequalities
Opportunity to achieve
Valuing everyone equally
Highest level of health
No one at a disadvantage
Resource allocation
Discrimination
Injustices
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.
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

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Ohio’s troubling health gaps
Gaps in outcomes by geography

Statewide life expectancy: 77.8 years

- **88.6 years**
  - Census tract: Shaker Heights (Cuyahoga County)
- **89.2 years**
  - Census tract: Slow area (Summit County)
- **61.6 years**
  - Census tract: Pleasant Heights/Downtown, Steubenville (Jefferson County)
- **61.6 years**
  - Census tract: Hilltop, Columbus (Franklin County)
- **60 years**
  - Census tract: Franklinton, Columbus (Franklin County)
- **61.1 years**
  - Census tract: McCook Field, Dayton (Montgomery County)
- **88.2 years**
  - Census tract: Montgomery, Indian Hill, Loveland and Remington (Hamilton County)

Source: Centers for Disease Control and Prevention, U.S. Small-area Life Expectancy Estimates Project

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Gaps in outcomes by race and ethnicity

Infant mortality rate per 1,000 live births in Ohio, 2016

<table>
<thead>
<tr>
<th>Race</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>5.8</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>15.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7.3</td>
</tr>
</tbody>
</table>

Gaps in outcomes by educational attainment

Percent of adult Ohioans reporting fair or poor health, 2016

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>40.4%</td>
</tr>
<tr>
<td>High school or GED</td>
<td>20.9%</td>
</tr>
<tr>
<td>Some post-high school</td>
<td>14.9%</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
Gaps in outcomes by disability status

Percent of adult Ohioans who have ever been told they have depression, 2016

<table>
<thead>
<tr>
<th>Disability Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any disability</td>
<td>42.9%</td>
</tr>
<tr>
<td>No disability</td>
<td>10.6%</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
Why does this matter?
Ohio’s overall performance over time on health and healthcare spending

Source for health ranking: UnitedHealth Foundation, America’s Health Rankings
Source for healthcare spending: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, compiled by the Kaiser Family Foundation

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2017 Health Value Dashboard

43 Population health + 31 Healthcare spending = 46 Health value in Ohio

Health + Spending = Value

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Ohio’s journey towards health equity
Why do we have health gaps?
“Health is about more than health care, and the same is true for health equity.”

-Steven H. Woolf

*Health Affairs, June 2017*
Modifiable factors that influence health

Physical environment
Such as:
- Housing conditions
- Air quality
- Access to green space and parks

Social and economic environment
Such as:
- Education
- Income
- Neighborhood violence
- Racism and discrimination

Clinical care
Such as:
- Access
- Quality
- Care coordination

Health behaviors
Such as:
- Physical activity
- Nutrition
- Tobacco use

Historical and contemporary obstacles to health

Residential redlining, predatory lending, unequal school funding

Slavery, Jim Crow
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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Closing Ohio’s health gaps
Recommended sources for what works to decrease disparities

- What Works for Health
  - disparity ratings

- Community Guide
  - equity systematic reviews
Evidence-based strategies to close health gaps

- School-based health centers
- Tobacco QuitLine

- Housing rehabilitation loan and grant programs
- Green spaces and parks
- Public transportation systems

- Earned Income Tax Credit
- Vocational training
- Early childhood education

Healthcare access | Physical environment | Social and economic environment
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Reem Aly, JD, MHA
Vice President, Healthcare System and Innovation Policy

Health Policy Institute of Ohio
raly@healthpolicyohio.org