Advancing health equity and creating lasting health impacts

Health Policy Institute of Ohio
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What is a Culture of Health?
Equality vs. equity

Equality

Equity

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Canton, OH: redlining → community disinvestment → health inequities

Home Owners Loan Corporation
- Refinanced mortgages based on racial composition of neighborhoods

Federal Housing Administration
- Insured mortgages in suburbs only for whites

Department of Housing and Urban Development
- Segregated public housing

Red = “hazardous”
Yellow = “declining”
Philadelphia, PA: redlining in the 1930s and premature mortality in the 2010s
Wealth inequity

Average Family Wealth by Race/Ethnicity, 1963–2013


Notes: 2013 dollars. No comparable data are available between 1963 and 1983. African American/Hispanic distinction within nonwhite population available only in 1983 and later.
Why does policy matter?

• It helped to create inequities so is essential to reversing them
• It affects entire jurisdictions and, therefore, has broad reach
• It is long-lasting and self-sustaining with appropriate enforcement
• It changes norms, expectations, and cultural understandings of key societal issues (though sometimes these are a pre-requisite for policy change to occur)
• It was critical to each of the 10 greatest public health achievements of the 20th century
HI-5
HEALTH IMPACT IN 5 YEARS
www.cdc.gov/hi5

Office of the Associate Director for Policy
Centers for Disease Control and Prevention

Robert Wood Johnson Foundation
The “Buckets” of Prevention Framework

1. Traditional Clinical Prevention
   - Increase the use of evidence-based services

2. Innovative Clinical Prevention
   - Provide services outside the clinical setting

3. Total Population or Community-Wide Prevention
   - Implement interventions that reach whole populations

Health Care

Public Health
Social Determinants of Health

HI-5

HEALTH IMPACT IN 5 YEARS

→ School-Based Programs to Increase Physical Activity
→ School-Based Violence Prevention
→ Safe Routes to School
→ Motorcycle Injury Prevention
→ Tobacco Control Interventions
→ Access to Clean Syringes
→ Pricing Strategies for Alcohol Products
→ Multi-Component Worksite Obesity Prevention

Changing the Context
Making the healthy choice the easy choice

Counseling and Education
Clinical Interventions
Long Lasting Protective Interventions

→ Early Childhood Education
→ Clean Diesel Bus Fleets
→ Public Transportation System
→ Home Improvement Loans and Grants
→ Earned Income Tax Credits
→ Water Fluoridation
HI-5 Health Outcomes Addressed

- Anxiety and Depression
- Asthma
- Blood Pressure
- Bronchitis
- Cancer
- Cardiovascular Disease
- Child Abuse and Neglect
- Cognitive Development
- Infant Mortality
- Liver Cirrhosis
- Motor Vehicle Injuries

- Obesity
- Dental Caries
- Pneumonia
- Sexually Transmittable Infections
- Sexual Violence
- Teenage Pregnancy
- Traumatic Brain Injury
- Type II Diabetes
- Youth Violence
HI-5: Collaboration between RWJF, CDC, and CDC Foundation

- Assess how leading states and cities have advanced three HI-5 strategies: EITC, early childhood education, and public transportation expansions

- Identify and fill gaps in research and technical assistance

- Develop a plan to connect states and cities to technical assistance and other resources to advance their strategies

- Guided by a national advisory group representing experts from public health, public policy, economic opportunity, education, and transportation
Earned Income Tax Credit (EITC)

• A refundable tax credit for low-income workers
• Average annual credit is $2400
• 27 million households received credit for $65 billion in income support
• Nearly two-thirds of recipients use EITC for 1 to 2 years at a time, particularly during times of reduced income
The Earned Income Tax Credit, Poverty, And Health, " Health Affairs Health Policy Brief, October 4, 2018.
$1000 EITC increase associated with

**Parents/caregivers**
- 7.3 percentage point increase in employment
- 9.4 percentage point decrease in poverty

**Children**
- 6% of standard deviation increase in math and reading scores
- 2.1 percentage point increase in high school graduation

**Children as adults**
- 1.4 percentage point increase in completion of one year of college
- More than $1000 increase in real value of child’s future earnings

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Birth outcomes

• Consistent effects on birthweight and gestational age
  • $1000 increase in EITC → 6% decrease in low birthweight births (8% among black women)

• All EITC-health pathways are likely at play
  • Possible neighborhood level effects

• Generosity (and refundability) of credit matters
The state of EITCs

Twenty-Nine States and D.C. Have Enacted Earned Income Tax Credits (EITCs), 2018

<table>
<thead>
<tr>
<th>State</th>
<th>Amount</th>
<th>Refundable</th>
</tr>
</thead>
<tbody>
<tr>
<td>OH</td>
<td>30%</td>
<td>no</td>
</tr>
<tr>
<td>IL</td>
<td>18%</td>
<td>yes</td>
</tr>
<tr>
<td>IN</td>
<td>9%</td>
<td>yes</td>
</tr>
<tr>
<td>KY</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>MI</td>
<td>6%</td>
<td>yes</td>
</tr>
<tr>
<td>PA</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>WV</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>WI</td>
<td>4-34%</td>
<td>yes</td>
</tr>
</tbody>
</table>

*Refundable EITCs give working households the full value of the credit they earn even if it exceeds their income tax liability.

Source: CBPP analysis
Early childhood education – impacts

Educational impacts
- Improved social, emotional, and cognitive development
- Improved academic achievement and reductions in disparities

Social impacts
- Increases in maternal employment and income
- Reductions in crime, welfare dependency, and child abuse and neglect
- Better jobs and higher earnings throughout employment years

Health impacts
- Long-term improvements in health with greater educational attainment
- Long-term savings in health care costs (along with savings in remedial education, dependency services)
- May improve weight status
- May increase diagnosis of and treatment for hearing and vision problems

## The state of ECE

<table>
<thead>
<tr>
<th>% 3 year olds</th>
<th>% 4 year olds</th>
<th>Per child spending</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio</td>
<td>1%</td>
<td>11%</td>
<td>$4001</td>
</tr>
<tr>
<td>Illinois</td>
<td>22%</td>
<td>27%</td>
<td>$4606</td>
</tr>
<tr>
<td>Indiana</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Kentucky</td>
<td>10%</td>
<td>29%</td>
<td>$4514</td>
</tr>
<tr>
<td>Michigan</td>
<td>0%</td>
<td>32%</td>
<td>$6534</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>7%</td>
<td>14%</td>
<td>$7865</td>
</tr>
<tr>
<td>West Virginia</td>
<td>5%</td>
<td>67%</td>
<td>$6508</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>1%</td>
<td>68%</td>
<td>$3920</td>
</tr>
<tr>
<td>U.S.</td>
<td>6%</td>
<td>33%</td>
<td>$5170</td>
</tr>
</tbody>
</table>
Early childhood education - challenges

• How do you fund at scale to reach all children starting with children who can benefit the most?

• How do you balance program reach and quality?

• How do you prevent “fade-out” in which children make academic gains in early education but then regress in K-3 systems that may be of lower quality or not well aligned with early education systems?

• How do you link early education programs to health and social service programs?
The state of tobacco control

<table>
<thead>
<tr>
<th>State</th>
<th>Cig tax</th>
<th>Tobacco control funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio</td>
<td>$1.60</td>
<td>11%</td>
</tr>
<tr>
<td>Illinois</td>
<td>$1.98</td>
<td>9%</td>
</tr>
<tr>
<td>Indiana</td>
<td>$0.995</td>
<td>13%</td>
</tr>
<tr>
<td>Kentucky</td>
<td>$1.10</td>
<td>10%</td>
</tr>
<tr>
<td>Michigan</td>
<td>$2.00</td>
<td>5%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>$2.60</td>
<td>13%</td>
</tr>
<tr>
<td>West Virginia</td>
<td>$1.20</td>
<td>7%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>$2.52</td>
<td>14%</td>
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</table>
How do we engage in policy?

The Policy Cycle

- Agenda Setting
- Formulation
- Adoption
- Implementation
- Evaluation
- Support / Maintenance
Thank you!

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