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
- The Mt. Sinai Health Care Foundation
- Saint Luke's Foundation of Cleveland
- The George Gund Foundation
- The Cleveland Foundation
- Sisters of Charity Foundation, Cleveland
- Sisters of Charity Foundation, Canton
- United Way of Central Ohio
- HealthPath Foundation
- Cardinal Health Foundation
- Mercy Health
- CareSource Foundation
- North Canton Medical Foundation
- The Nord Family Foundation
Reem Aly
Vice President
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Airregrina Clay
Health Policy Analyst
aclay@healthpolicyohio.org
Today’s agenda

Provide guidance to HPIO on equity-related work including advising on:

- Welcome and overview
- Equity Advisory Group timeline and process
- Health Value Dashboard equity profiles
- Equity messaging and communication
- Framework to address racism and discrimination
- Next steps
Meeting objectives

As a result of participating in this meeting, Advisory group members will:

• Provide feedback on the 2019 Health Value Dashboard equity profiles
• Inform development of an equity messaging and communications brief
• Review and discuss development of a framework to address racism, discrimination and other “isms”
Please type questions in the question box
Discussion

Click the icon to raise your hand.

EHI HPIO Equity meeting 3
Advisory Group members

82 members (as of 8.21.19)
## Advisory Group: Sectors
### As of Aug. 20, 2019

<table>
<thead>
<tr>
<th>Sector</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>16</td>
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<tr>
<td>Local health department</td>
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<tr>
<td>State agency</td>
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<td>Housing</td>
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<td>Other</td>
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<tr>
<td>Health plan/private insurer/managed care</td>
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<tr>
<td>Grassroots/consumer group</td>
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<tr>
<td>Community/economic development</td>
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<tr>
<td>Philanthropy</td>
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<tr>
<td>Education/job training</td>
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<tr>
<td>Employment services/income</td>
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</tr>
<tr>
<td>Business</td>
<td>1</td>
</tr>
</tbody>
</table>
Advisory Group: Sectors
As of Aug. 20, 2019

- Advocacy (16)
- Local health department (7)
- State agency (10)
- Housing (4)
- Provider/clinician (5)
- Hospital/health system (8)
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- Other (13)
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- Community/economic development (5)
- Philanthropy (5)
- Education/job training (5)
- Employment services/income (4)
- Business (1)
Advisory group purpose

Provide guidance to HPIO on equity-related work including advising on:

• A consensus definition of health equity
• Policy briefs and resource pages
• Data compilation and collection
• Messaging tools
• Frameworks and guide
Key HPIO equity milestones

- Health Value Dashboard Equity Workgroup meetings (2016-2017)
- Roadmaps to Equity: Opportunities for Closing Health Gaps regional forums

- HPIO Equity Advisory Group meetings (Jan.-May)
- Equity strategic messaging forum and Advisory Group meeting
- HPIO equity resource page release

- Health Value Dashboard Equity Workgroup meetings (Feb.-March)
- 2019 Dashboard equity profile and supplemental equity tools release
- Closing Ohio’s health gaps: Moving towards equity publication release

2016 | 2017 | 2018 | 2019

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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.
Ohio ranks 44 out of 50 states and the District of Columbia on health value, based on the Health Policy Institute of Ohio’s 2019 Health Value Dashboard. The Dashboard found that communities of color, Ohioans with disabilities, Ohioans who have lower incomes or educational attainment, are sexual or gender minorities and/or live in rural or Appalachian counties, experience the worst health outcomes. These groups of Ohioans face many barriers to being healthy throughout their lives. For example, they are more likely to be exposed to adverse childhood experiences, violence, racism and discrimination and unequal access to post-secondary education, a job that pays a self-sufficient income and quality housing. Improving health value in Ohio means closing Ohio’s troubling health gaps and ensuring that all Ohioans have the opportunity to live to their full health potential.

“Health equity means 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.” — Consensus definition of health equity developed by HPIO’s statewide multi-sector Equity Advisory Group
Ohio has troubling health gaps

There is more than a 20-year gap in life expectancy at birth depending on where a person lives in Ohio. The lowest life expectancy is 69 years in the Franklin neighborhood of Columbus (Franklin County) compared to 89.2 years in the 330 area of Summit County." This troubling disparity is attributed to the fact that 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.

As a result, many groups of Ohioans experience large gaps in health outcomes:
• Black infants are nearly three times as likely to die in the first year of life compared to white infants.
• Ohioans with disabilities are four times as likely to experience depression than Ohioans without disabilities.
• 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.

The underlying drivers of these gaps in outcomes are complex and rooted in many factors.

What is health equity?

Health equity is a term widely used in health policy discussions regarding efforts to eliminate health gaps, but the term has many different definitions. To provide a foundation for advancing health equity in Ohio, HPIO convened an Equity Advisory Group to come to consensus on a definition of health equity. The group reviewed existing definitions of health equity and, after a series of discussions, 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."

The definition highlights the what and the how of health equity:
• What does health equity mean? Everyone is able to achieve their full health potential.
• How can we achieve health equity? By addressing historical and contemporary injustices and removing obstacles to health such as poverty, discrimination, and their consequences.

In addition, the Advisory Group identified the following definition for the purposes of measuring Ohio’s progress toward health equity:

"Health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups including but not limited to by demographic, social, economic or geographic factors."
Researchers from the American Health Values Survey, Robert Wood Johnson Foundation and ARCHES
2019 Health Value Dashboard equity profiles
Poll question No. 1
2019 Health Value Dashboard equity profiles
2019 Health Value Dashboard equity profiles

2019 Health Value Dashboard

Equity profiles

April 2019

Race/ethnicity: Black Ohioans

- Race/Ethnicity: Black Ohioans
- Income: Black Ohioans
- Poverty: Black Ohioans
- Employment: Black Ohioans
- Education:
  - High school graduation
  - College graduation
- Housing:
  - Homeownership
  - Homelessness
- Health:
  - Access to care
  - Mortality
  - Morbidity
- Economic:
  - Income inequality
  - Employment-to-population ratio
  - Unemployment rate

View of 2019 Health Value Dashboard material at www.hpio.net/2019-health-value-dashboard

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# 2019 Dashboard components

<table>
<thead>
<tr>
<th>Rankings</th>
<th>46</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress and trends</td>
<td>Greatly improved</td>
</tr>
</tbody>
</table>
| Gaps in outcomes | - Little to no disparity  
- Medium disparity  
- Large disparity |
| Strategies |  
|  
|  
|  |
2019 Dashboard components

- Rankings
- Progress and trends
- Gaps in outcomes
- Strategies

Greatly improved

Little to no disparity
Medium disparity
Large disparity
## 2019 Health Value Dashboard equity profiles

**Socio-economic factors**
- **Child poverty**: 2.9 times worse for black Ohioans
- **Unemployment**: 2.7 times worse for black Ohioans
- **High school graduation**: 2.7 times worse for black Ohioans
- **Adult poverty**: 2.5 times worse for black Ohioans
- **Fourth-grade reading**: 1.5 times worse for black Ohioans

**Community conditions**
- **Attending a high-poverty school**: 4.7 times worse for black Ohioans
- **Housing quality**: 2.3 times worse for black Ohioans
- **Living in a high-homicide county**: 1.7 times worse for black Ohioans
- **Food deserts**: Little or no disparity for black Ohioans

**Health care**
- **Prenatal care**: 1.7 times worse for black Ohioans
- **Unable to see doctor due to cost**: 1.6 times worse for black Ohioans
- **Uninsured, adults**: 1.4 times worse for black Ohioans
- **Without a usual source of care**: 1.3 times worse for black Ohioans

**Health outcomes**
- **Infant mortality**: 2.9 times worse for black Ohioans
- **Premature death**: 1.5 times worse for black Ohioans
- **Adult diabetes**: 1.3 times worse for black Ohioans
- **Overall health status**: 1.3 times worse for black Ohioans
- **Adult overweight and obese**: Little or no disparity for black Ohioans
- **Adult depression**: Little or no disparity for black Ohioans

**Note:** Darker red indicates larger magnitude of difference. Metric information (description, year, source) is in the Dashboard appendix.

*Disparity ratio is less than 1, indicating that outcomes are better for black Ohioans compared to white Ohioans.*

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Why do we rank poorly on health value?

Too many Ohioans are left behind
Too many Ohioans left behind

Without a strong foundation, not all Ohioans have the same opportunity to be healthy

Birth

- Adverse childhood experiences: 38%
- Child poverty: 35%
- Preschool enrollment: 28%
- High school graduation: 29%
- Some college: 31%

Adulthood

- Adult incarceration: 38% (out of 50)
- Unemployment: 43%

- 112,873 black children in Ohio would not be living in poverty if the gap between white and black children in Ohio was eliminated.
- 11,372 Ohioans with low incomes would graduate high school if the gap between low- and high-income Ohioans was eliminated.
- 29,251 Ohioans with disabilities, ages 18-64, would be employed if the gap between Ohioans with and without disabilities was eliminated.

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9 strategies that work to improve health value

<table>
<thead>
<tr>
<th>Create opportunities for all Ohio children to thrive</th>
<th>Invest upstream in employment, housing and transportation</th>
<th>Build and sustain a high-quality addiction prevention, treatment and recovery system</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Home visiting</td>
<td>4. Earned income tax credit</td>
<td>7. Tobacco prevention and cessation</td>
</tr>
</tbody>
</table>
Discussion

How have you used the Dashboard equity profiles to influence policy or communicate with state policymakers?

How have you used the Dashboard equity profiles in your organizational work?
Discussion

Click the icon to raise your hand.

EHII HPIO Equity meeting 3

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Discussion

How have you used the Dashboard equity profiles in your work?

How have you used the Dashboard equity profiles to influence policy or communicate with state policymakers?
Equity messaging and communication work
EQUITY STRATEGIC MESSAGING MEETING

Thursday, October 25, 2018

Researchers from the American Health Values Survey, Robert Wood Johnson Foundation and ARCHES
Equity strategic messaging meeting discussion summary

If you had to prioritize, what are one or two things HPIO and the Equity Advisory Group could focus on to help advance health equity issues with state policymakers in Ohio?

- Serve as bridge between advocates and policymakers
- Provide resources to get stakeholders more comfortable talking about equity
- Continue to engage with the legislature
- Educate policymakers and stakeholders
- Encourage continued data collection around gaps in outcomes, particularly for groups where data is lacking
- Provide information on opportunities and solutions (share best practices)
- Synthesize information into a simplified format
Equity strategic messaging meeting discussion summary

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Scope of research

What are effective strategies or best practices for messaging and communicating health equity to policymakers and other stakeholders?
Equity messaging literature review and inventory

**Broad**
Initial literature review
Research collected based on searches primarily in the academic and scholarly databases

**Streamlined**
Equity messaging literature review article inventory
Grouped according to message type and intended audience

**Concise**
Equity messaging literature research inventory
Concise list of guides, toolkits and national surveys that illustrate message framing and best practices for health equity

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Equity messaging research inventory
Example: **Values-based narrative**

- **Pair of values**
  - Human potential
  - Community

- ** Desired approach and outcome**
  - Targeted universalism
  - Effectiveness

*Source: Health Equity in Public Policy: Messaging Guide for Policy Advocates, Voices for Healthy Kids, 2018*
Example: Values-based narrative

Pair of values
Human potential
Community

Desired approach and outcome
Targeted universalism
Effectiveness

Language
People are able to reach their full health potential
Help communities work together and be stronger
We want everyone to benefit but must start with the communities that have the greatest need
We want policy to be effective so that it has the intended impact and resources are not wasted

Source: Health Equity in Public Policy: Messaging Guide for Policy Advocates, Voices for Healthy Kids, 2018
Example: ACT

Affirm ➔ Counter ➔ Transform

Source: GARE Communications Brief, 2018
Example: **ACT**

**Affirm**

All Ohioans deserve to achieve their full health potential.

**Counter**

Yet, Ohio ranks 46 out of 50 states and the District of Columbia (D.C.) on health value, landing in the bottom quartile. This means that Ohioans are less healthy and spend more on health care than people in most other states.

**Transform**

Without a strong foundation, not all Ohioans have the same opportunity to be healthy. Fortunately, there are policy strategies that can improve health value in Ohio. By creating opportunities for all Ohio children to thrive, investing upstream in employment, housing and transportation and building/sustaining a high-quality addiction prevention, treatment and recovery system, we can achieve improved health outcomes for all Ohioans.
Example: Criteria for equity language in policy

Source: Health Equity in Public Policy: Messaging Guide for Policy Advocates, Voices for Healthy Kids, 2018
Example: **Criteria for equity language in policy**

- Directly benefits groups that are economically disadvantaged
- Directly addresses community conditions of inequity
- Includes measurement for disparities and inequities
- Includes monitoring of implementation and accountability
- Policy monitoring and implementation starts with communities most at risk

**Source:** Health Equity in Public Policy: Messaging Guide for Policy Advocates, Voices for Healthy Kids, 2018
Discussion

Which of these strategies/frameworks resonate most with you and why?
• Provides a summary/synthesis of existing tools and guides
• Provide resources to stakeholders to support effective equity communications and messaging to policymakers
HPIO’s equity messaging guide **provides resources to support effective equity communications and messaging**

**Stakeholders** have access to and use HPIO’s equity messaging guide → **Stakeholder equity communications** with policymakers are clear, cohesive and compelling

**Policymakers** are open to the need to address disparities and inequities → **Policymakers prioritize policy language** to address disparities and inequities → **Policymakers enact and fund policies** that achieve equitable outcomes

Programs and policies implemented support an environment where **all Ohioans can achieve their full health potential**
Discussion

In what ways do you think the stated purpose of the brief would be valuable to your work? How could it be more useful?

What other resources should we include in the equity communications and messaging brief?
Framework
to address, racism, discrimination and other “isms”
Four levels of racism

- **Structural racism**: is racial bias among institutions and across society
- **Institutional racism**: occurs within institutions and systems of power
- **Interpersonal racism**: occurs between individuals
- **Internalized racism**: lies within individuals

*Source: Adapted from “For Levels of Racism” Racing Forward 2015*
Framework to eliminate racism, discrimination and other “isms”

Draft 08.20.2019
Framework to eliminate racism, discrimination and other “isms”

Examples of resources

Draft 08.20.2019

<table>
<thead>
<tr>
<th>Individual/group work</th>
<th>Organizational work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal acknowledgment and self-empowerment</td>
<td>Policies and practices that eliminate inequities</td>
</tr>
<tr>
<td>Educational development (e.g. reading, podcasts, videos)</td>
<td>Educational materials</td>
</tr>
<tr>
<td>Emotional therapy and/or receive coaching</td>
<td>Support services (e.g. therapy and coaching)</td>
</tr>
<tr>
<td>Trainings (e.g. implicit bias, cultural competency, equity, diversity and inclusion)</td>
<td>Equity-based mission and vision statements</td>
</tr>
<tr>
<td>Self advocacy and participation in group advocacy</td>
<td>Board, staff and client training (e.g. implicit bias, cultural competency, equity)</td>
</tr>
</tbody>
</table>
<pre><code>                                                                                  | Diverse hiring and inclusive environments                                           |
                                                                                  | Disaggregation and reporting of data for surveillance and evaluation                |
</code></pre>
<p>| Systemic work                                                                        | Systemic work                                                                        |
| Public policy agenda prioritizes equitable outcomes                                   | Washington State Board of Health: Health Impact Reviews                              |
| Equity impact assessments on proposed policy                                         |                                                                                      |
| Public policy implemented eliminates discriminatory policies and practices across    |                                                                                      |
| institutions and sectors                                                             |                                                                                      |
| Allocation of resources to meet the needs of populations most at-risk for poor        |                                                                                      |
| outcomes (e.g. equitable economic policies)                                          |                                                                                      |
| Disaggregation and reporting of data for surveillance and evaluation                  |                                                                                      |</p>

Example resources:
- The Racial Equity Institute (REI)
- Kirwan Institute for the Study of Race and Ethnicity Implicit Bias Module Series
- AAFP- The EveryONE Project
- The National Day of Racial Healing (NDORH)
- CommonHealth Action equity, diversity and inclusion (EDI) training
- Washington State Board of Health: Health Impact Reviews
- Centers for Disease Control and Prevention (CDC), Sources for Data on Social Determinants of Health
Discussion

How can this framework be useful to your work? Do you have any suggestions for improving?

Are you aware of any sources we can include for addressing racism at any level within the framework?
Next steps