Equity basics

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Objectives

1. Understand what health equity is and drivers of health disparities and inequities.

2. Learn about evidenced-informed policies that can be implemented at the state and local levels to close Ohio’s health outcome gaps.
Key takeaways

1. Many communities in Ohio 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

Valuing everyone equally

Address avoidable inequalities

Opportunity to achieve

Elimination of disparities

Discrimination

Injustices

Valuing everyone equally

Absence of differences

Highest level of health

No one at a disadvantage

Resource allocation

Social standing
Three pillars to build power for change

Organize people

Organize narrative

Organize resources
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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Why does this matter?
Where does Ohio rank?

Population health: 43
Healthcare spending: 28
Health value in Ohio: 46
Modifiable factors that influence health

- **Social and economic environment:** 32%
- **Access to care:** 18%
- **Healthcare system:** 36%
- **Public health and prevention:** 47%
- **Health behaviors:** 30%
- **Clinical care:** 20%

Why do we rank poorly on health value?

- Too many Ohioans are left behind
- Resources are out of balance
- Addiction is holding Ohioans back
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 gap between white and black children in Ohio was eliminated

11,372 Ohioans with low incomes would graduate high school if gap between low- and high-income Ohioans was eliminated

29,251 Ohioans with disabilities, ages 18-64, would be employed if gap between Ohioans with and without disabilities was eliminated
Gaps in outcomes by geography

Source: Children’s Defense Fund Ohio and Groundwork Ohio

Lead Exposure Risk by County Using Poverty and Housing Data, 2013-2017
Lead Exposure Risk by County Using Poverty and Housing Data, 2013–2017

Cuyahoga

Source: Children’s Defense Fund Ohio and Groundwork Ohio
Infant mortality by race and ethnicity, Ohio, 2018

Rate of infant deaths per 1,000 live births

- Black (non-Hispanic): 14
- White (non-Hispanic): 5.3
- Hispanic: 6.1

Source: Ohio Department of Health

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Ohio’s journey towards health value
Improvement is possible.
“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 (10%)
  - Housing conditions
  - Air quality
  - Access to green space and parks

- Social and economic environment (40%)
  - Education
  - Income
  - Neighborhood violence
  - Racism and discrimination

- Clinical care (20%)
  - Access
  - Quality
  - Care coordination

- Health behaviors (30%)
  - Physical activity
  - Nutrition
  - Tobacco use

Historical and contemporary obstacles to health

Residential redlining, predatory lending, unequal school funding

Slavery, Jim Crow
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 “Four Levels of Racism” Racing Forward 2015
Recommended sources for what works to decrease disparities

What Works for Health

disparity ratings

Community Guide

equity systematic reviews
What Works for Health
Rates each strategy’s likely effect on racial/ethnic, socioeconomic, geographic or other disparities

Example: Earned income tax credit rated “likely to decrease disparities” (e.g., decreases low birthweight births, particularly among black mothers)
Community Guide

Recommends health equity strategies, based on systematic reviews of evidence

Example: Recommends center-based early childhood education as an effective health equity strategy if targeted to low-income or racial and ethnic minority communities
9 strategies that work to improve health value

Create opportunities for all Ohio children to thrive
1. Home visiting
2. Quality early childhood education and child care subsidies
3. Lead screening and abatement

Invest upstream in employment, housing and transportation
4. Earned income tax credit
5. Safe, accessible and affordable housing
6. Public transportation

Build and sustain a high-quality addiction prevention, treatment and recovery system
7. Tobacco prevention and cessation
8. K-12 drug prevention and social-emotional learning
9. Behavioral health workforce
9 strategies that work to improve health value

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Achieving health equity: Framework for action

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

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Questions?