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Health Policy Basics

Understanding and influencing state health policy

Cleveland, Ohio

Nov. 18, 2019

Equity basics

Airregina Clay

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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?

Elimination of disparities

Eliminate inequities

Injustices

Address avoidable inequalities

Opportunity to achieve

Discrimination

Valuing everyone equally

Highest level of health

No one at a disadvantage

Social standing

Resource allocation

Absence of differences

Three pillars to build power for change

Organize
people

Organize
narrative

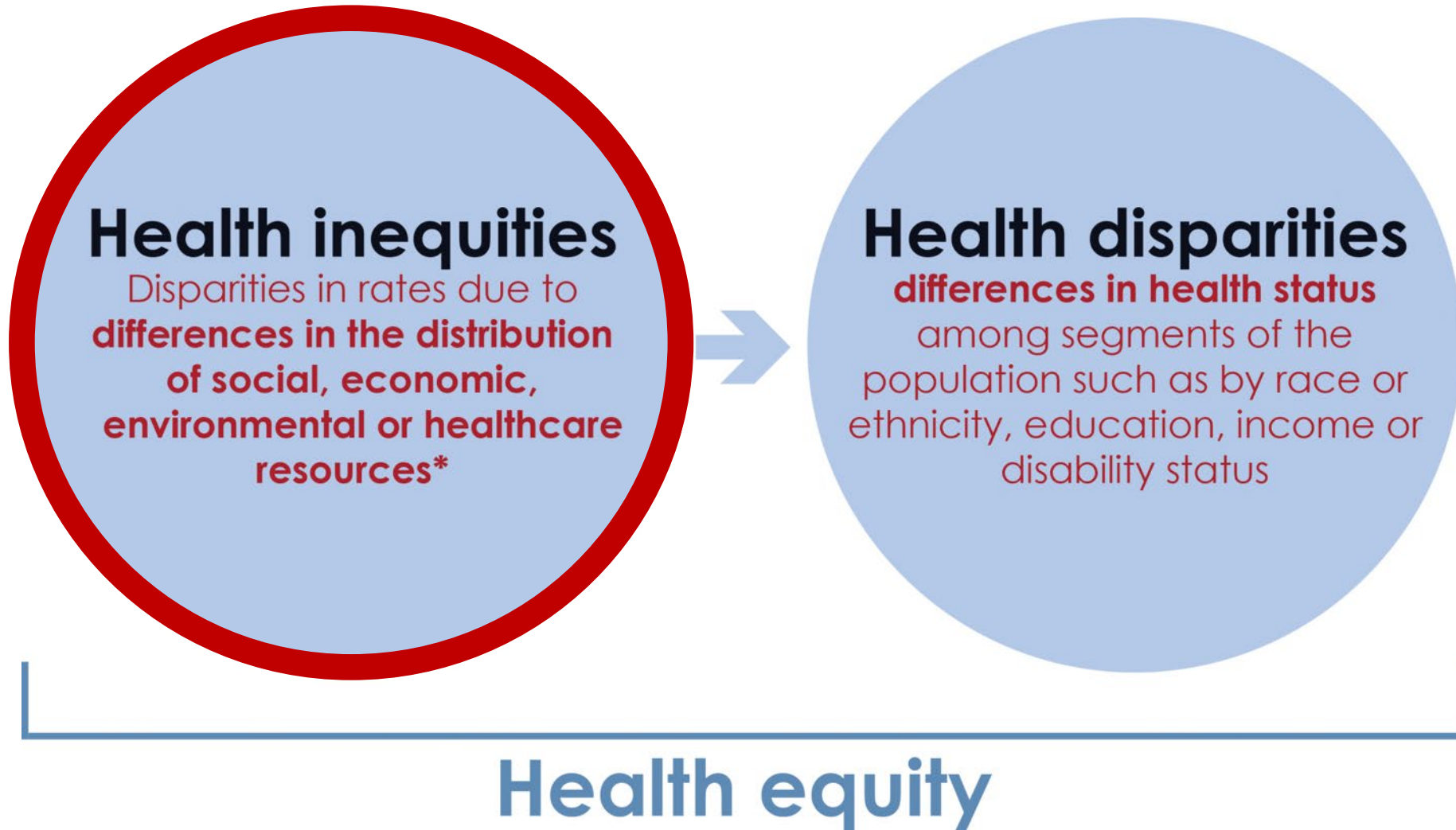
Organize
resources

Consensus

Health equity definition

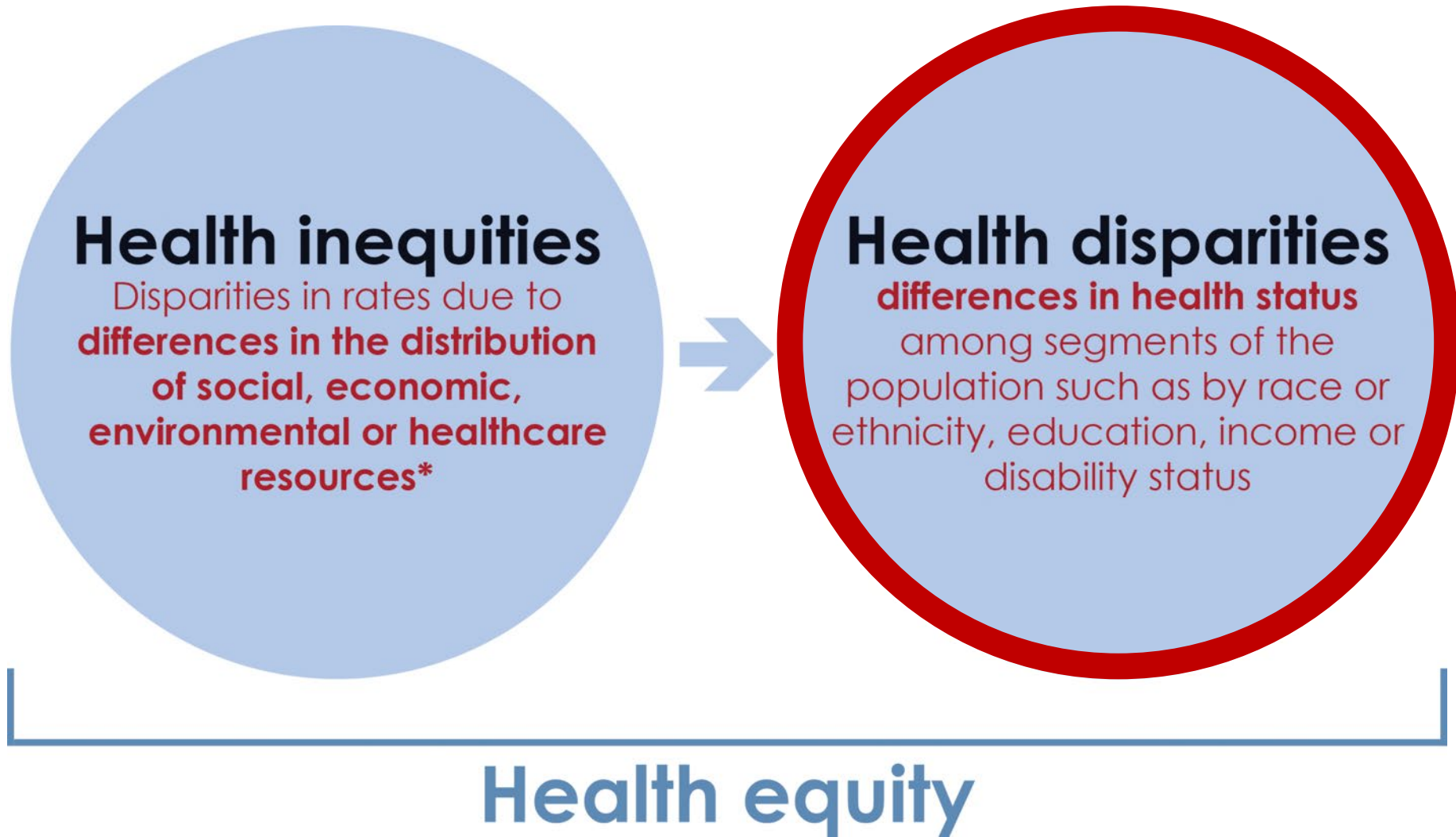
Everyone is able to achieve their **full health potential**. This requires **addressing historical and contemporary injustices and removing obstacles to health** such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.

Health inequities, disparities and equity



*Working definition from the CDC Health Equity Working Group, October 2007

Health inequities, disparities and equity



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Why does this
matter?

Where does Ohio rank?

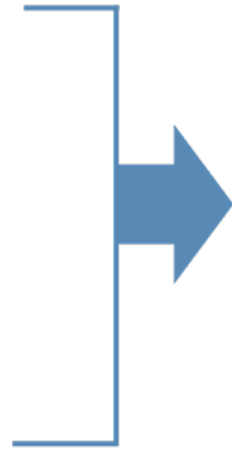


Population
health

+

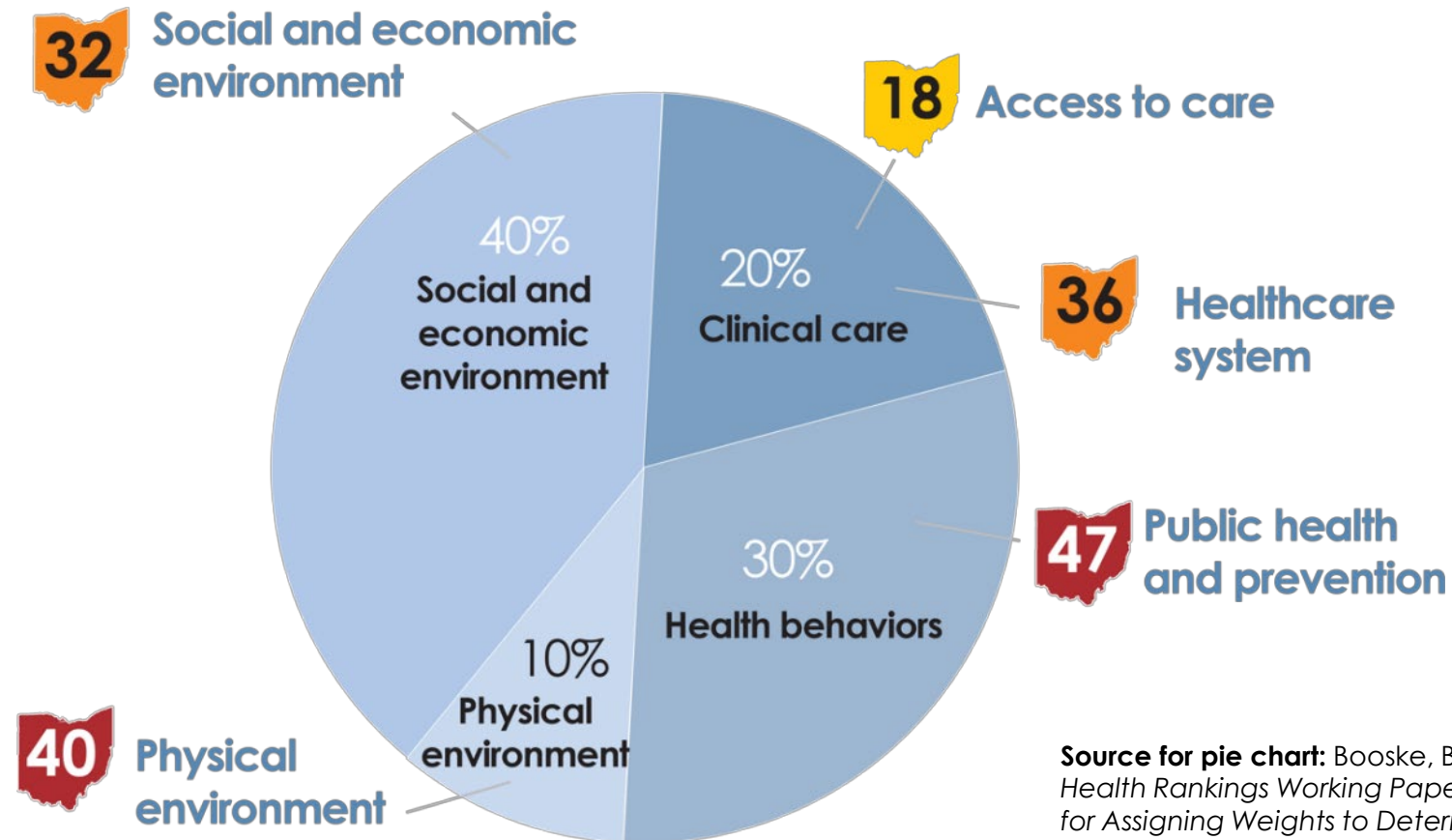


Healthcare
spending



Health value
in Ohio

Modifiable factors that influence health



Source for pie chart: Booske, Bridget C. et. Al. *County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health*. University of Wisconsin Public Health Institute, 2010.

Why do we rank poorly on **health value**?



Too many Ohioans are left behind

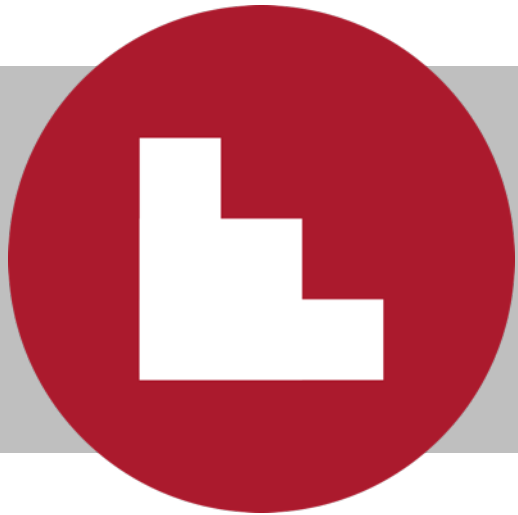


Resources are out of balance



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

Adulthood

Adverse childhood experiences*

38

Child poverty

35

Preschool enrollment

28

High school graduation

29

Some college

31

Adult incarceration

38

(out of 50)

Unemployment

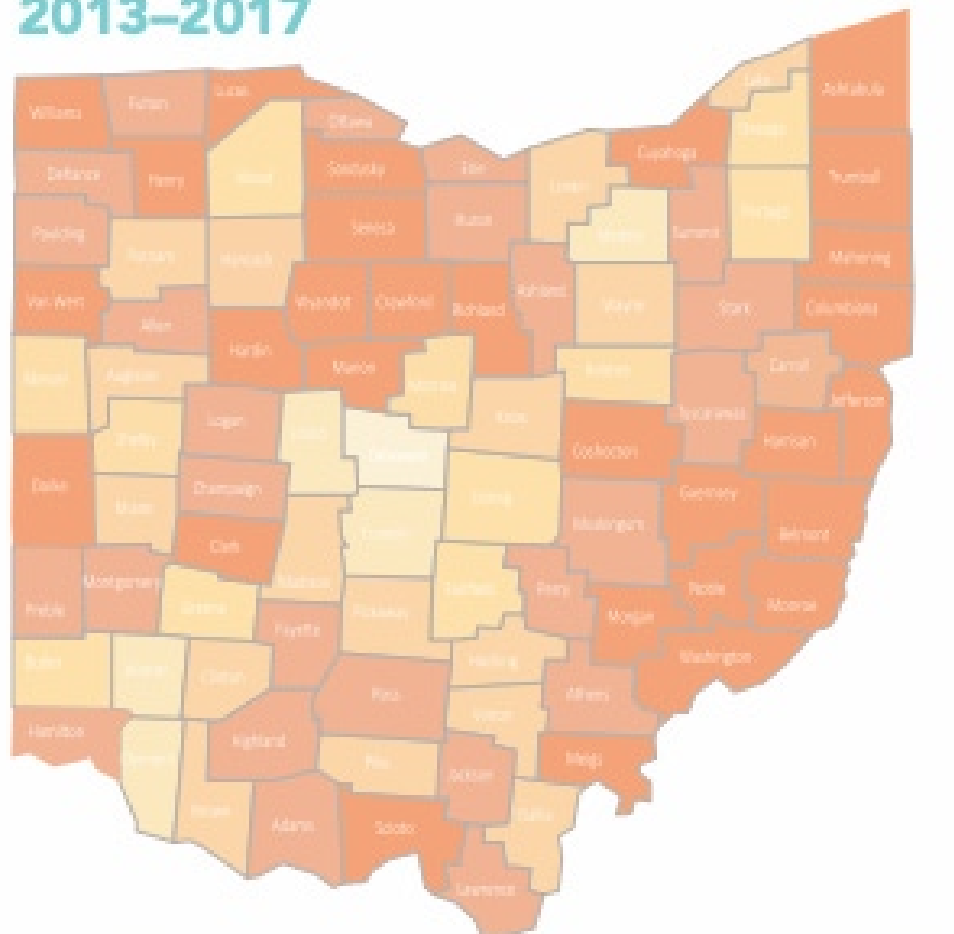
43

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

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



low lead exposure risk

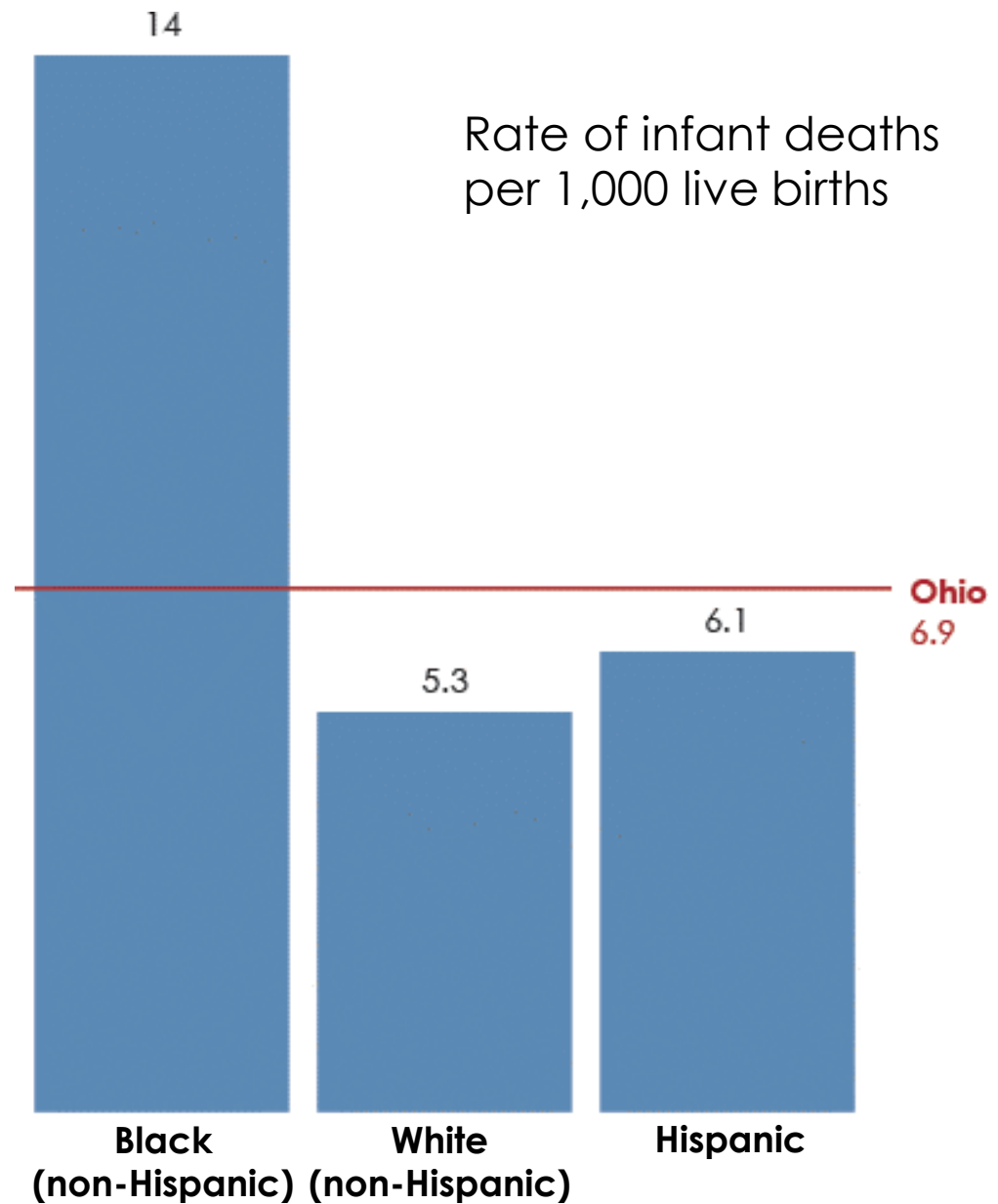
high lead exposure risk



Source: Children's
Defense Fund Ohio and
Groundwork Ohio

Infant mortality

by race and ethnicity, Ohio, 2018



Source: Ohio Department of Health

Ohio's journey towards **health value**



Equity



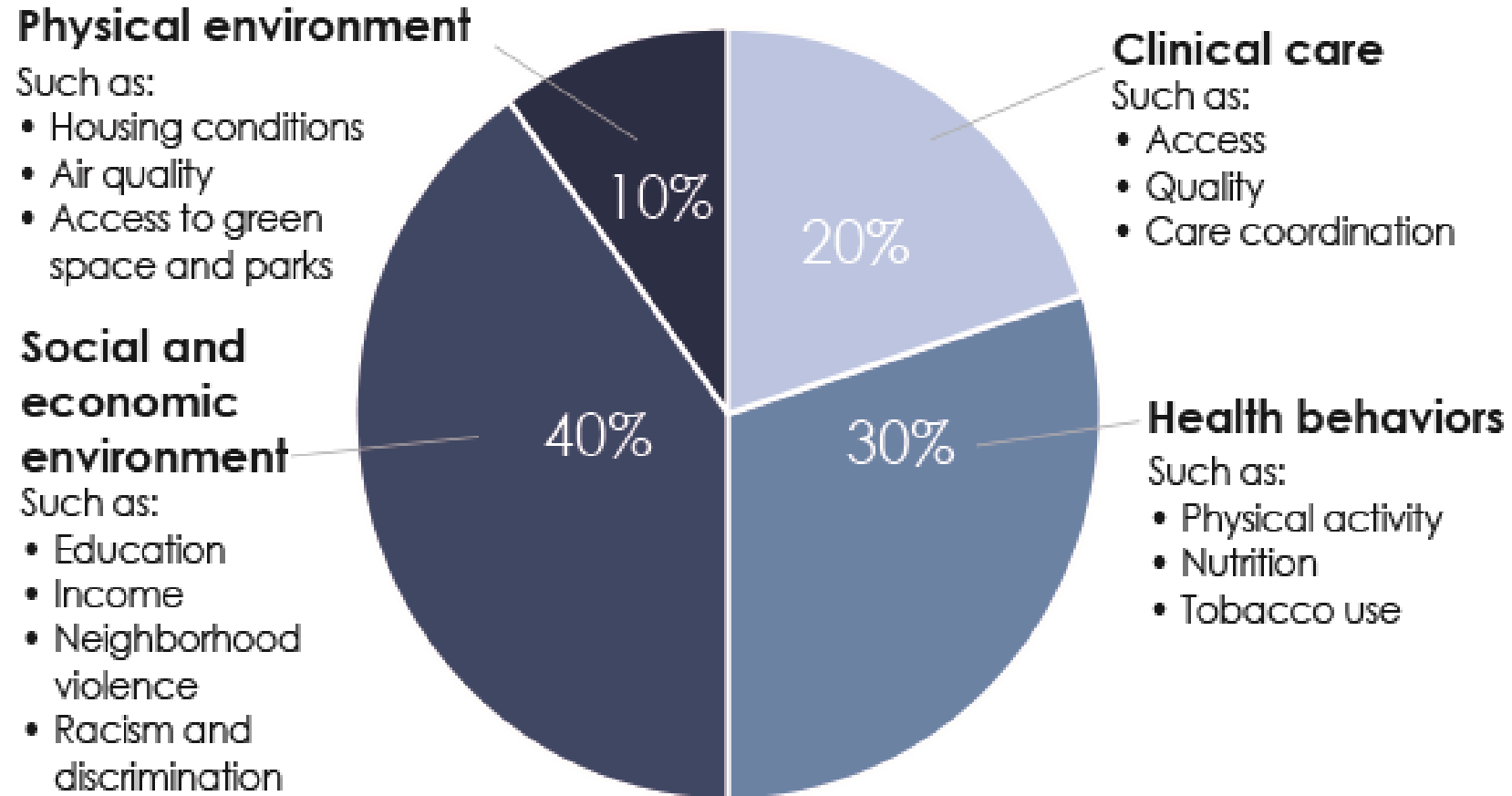
**Improvement is
possible.**



“Health is about more than health care, and the same is true for health equity.”

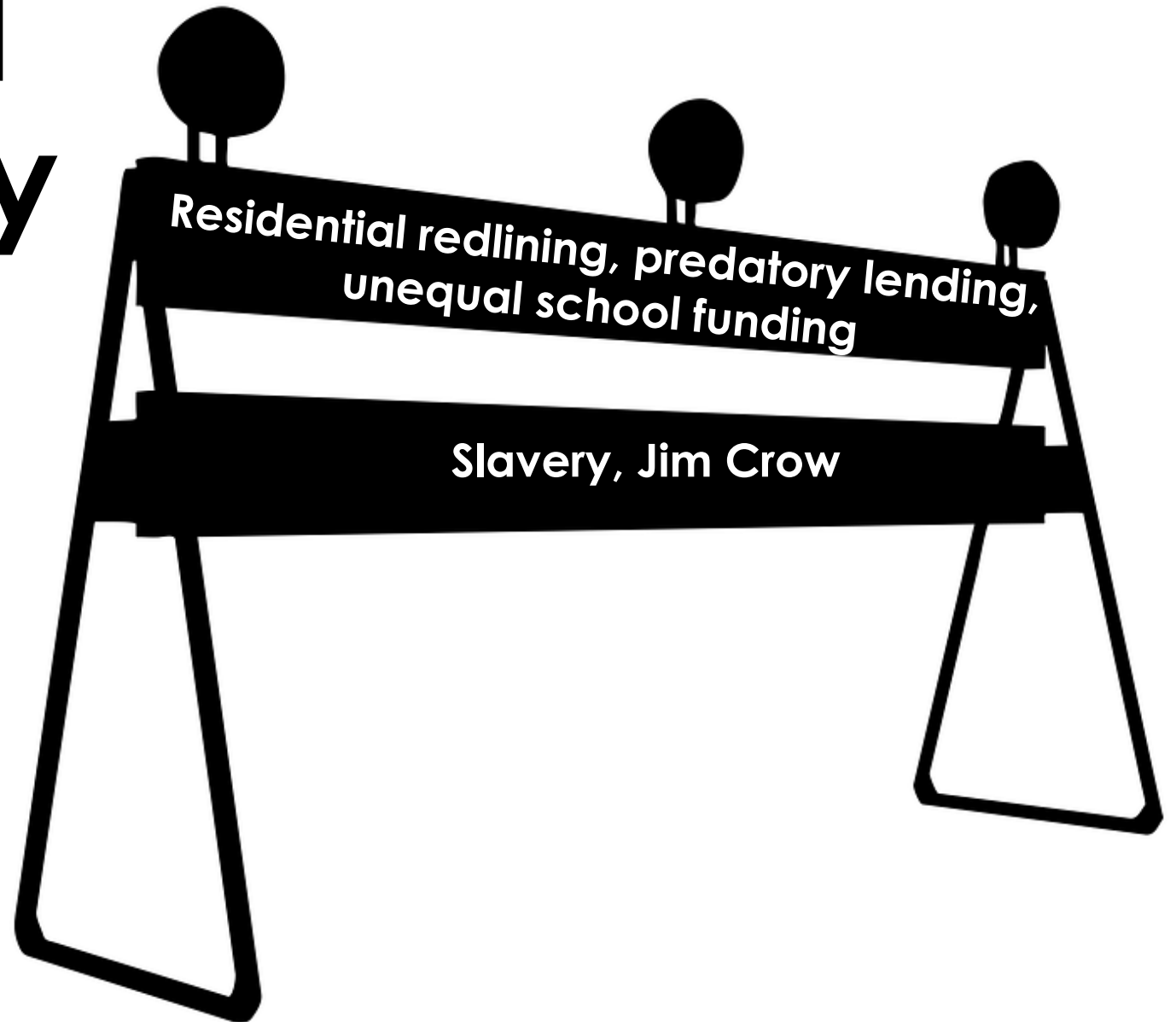
-Steven H. Woolf
Health Affairs, June 2017

Modifiable factors that influence health



Source: Booske, Bridget C. et. al. County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health. University of Wisconsin Public Health Institute. 2010.

Historical and contemporary obstacles to health



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

October 2018

Health Policy Brief

Closing Ohio's health gaps

Moving towards equity

Ohio has troubling health gaps

There is more than a 29-year gap in life expectancy at birth depending on where a person lives in Ohio. The lowest life expectancy is 60 years in the Franklin County neighborhood of Columbus (Franklin County), compared to 89.2 years in the Stow area (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.

3 key findings for policymakers

- Many groups of Ohioans experience large 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.

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2019

Health Value Dashboard



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 historic and contemporary injustices and removing obstacles to health such as poverty, discrimination, and their consequences including powerlessness and lack of good jobs with fair pay, quality education, housing, safe environments and health care."

A new approach to reduce infant mortality and achieve equity

Policy recommendations to improve housing, transportation, education and employment

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Prepared by the Health Policy Institute for the Ohio Legislative Service Commission
Dec. 1, 2017



SHIP

State Health Improvement Plan

Ohio 2020-2022

Recommended sources for what works to decrease disparities

What Works for Health
disparity ratings

Community Guide
equity systematic reviews

Impact on disparities

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)

Impact on disparities

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



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Achieving health equity: Framework for action



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

Questions?