



# THE STATE OF OHIO'S HEALTH

**2021 HEALTH VALUE DASHBOARD RELEASE**



APRIL 7, 2021



# VISION

Ohio is a model of health, well-being and economic vitality

# MISSION

To provide independent and nonpartisan analysis  
needed to create evidence-informed state health policy  
that improves health value

# HPIO CORE FUNDERS





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# 2021 HEALTH VALUE DASHBOARD



APRIL 2021



health  
action  
council

The HPIO *Health Value Dashboard* was funded in part by Health Action Council.

# Share your thoughts on twitter throughout the presentation



Follow @HealthPolicyOH  
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The screenshot shows a web browser window with a menu bar containing 'File', 'View', 'Help', and a globe icon. On the left, a vertical sidebar contains several icons: a red arrow, a microphone, a document, and a hand with a green arrow. The main content area has a dark blue header with the following items: 'Audio', 'Attendees: 119 of 501 (max)', 'Handouts: 3', and 'Questions'. Below this is a large white text input field with the placeholder text '[Enter a question for staff]'. To the right of the input field is a 'Send' button. At the bottom of the main content area, there is a footer section with the text 'State Health Improvement Plan (SHIP) Advi...', 'Webinar ID: 464-864-707', a red dot icon followed by 'This session is being recorded.', and the 'GoToWebinar' logo.

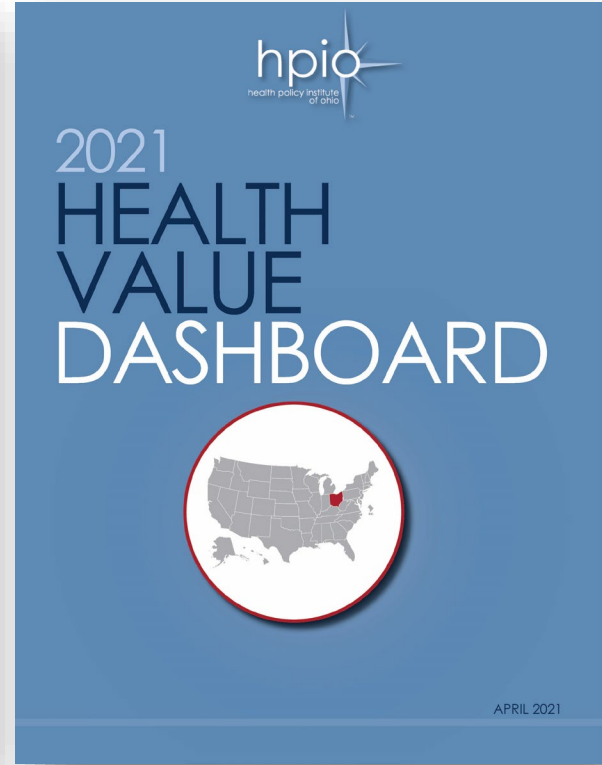
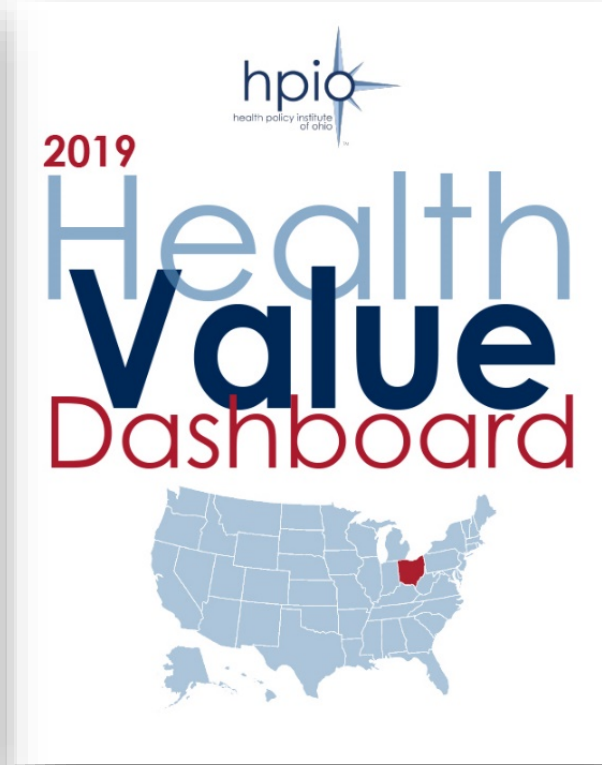
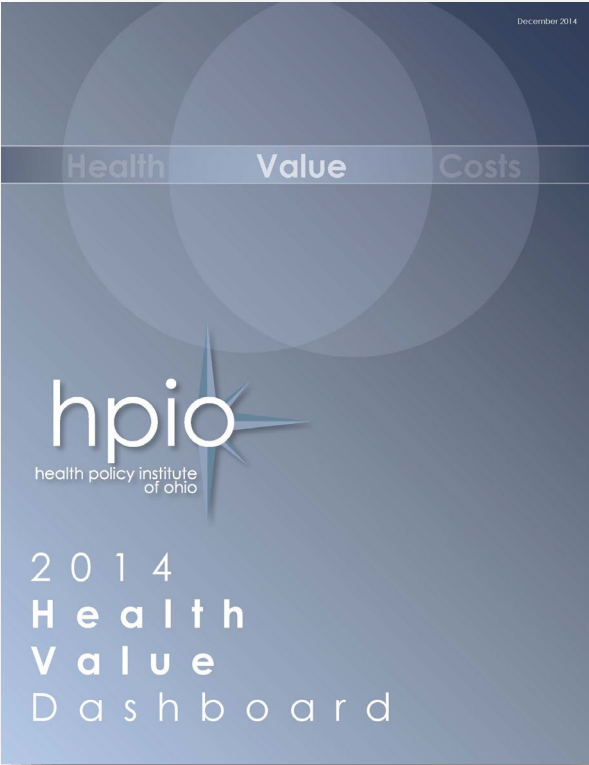
← Type questions



Download slides and resources from today's forum  
on the event page at

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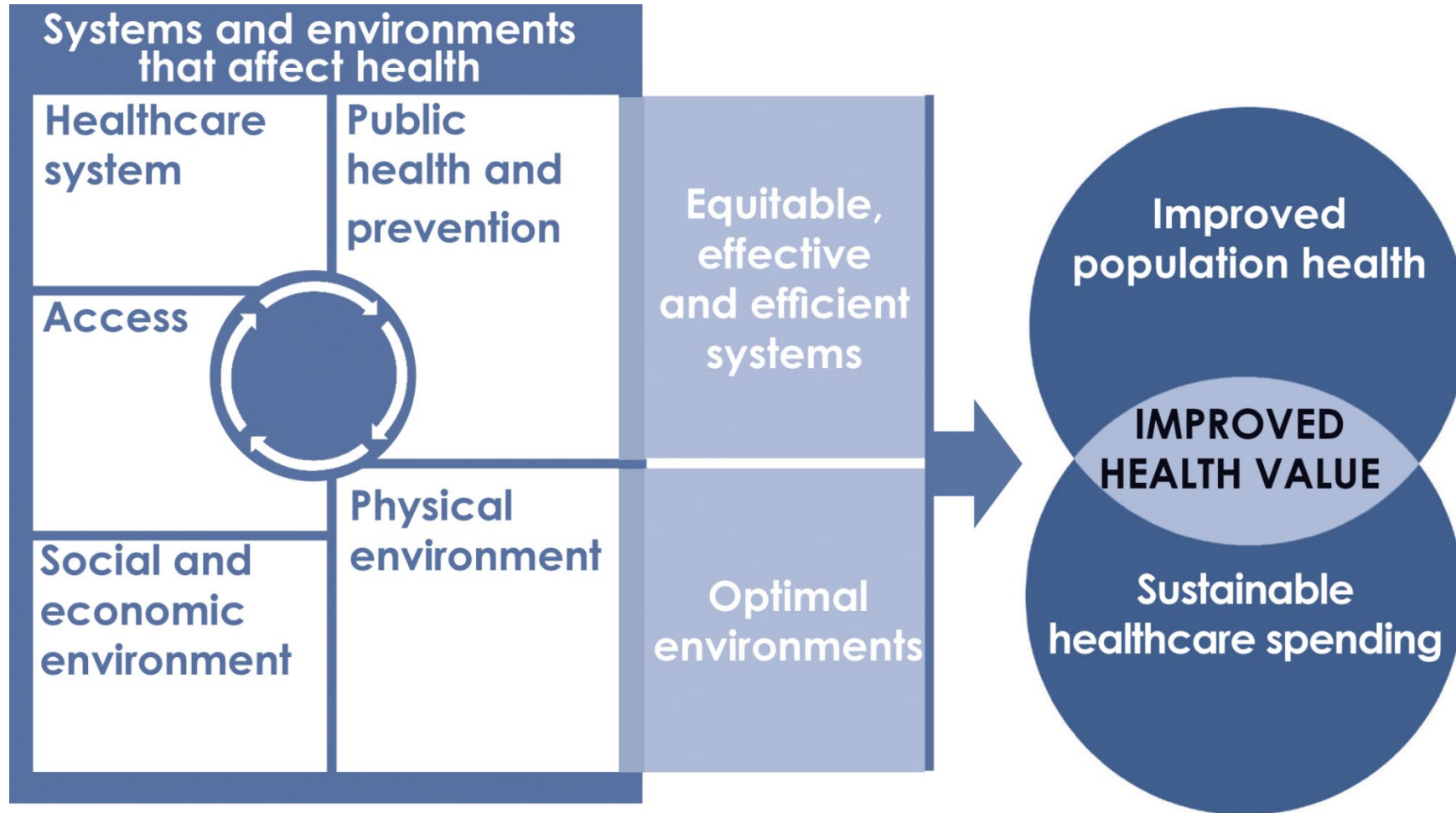




Public

Private

# Pathway to improved health value



**World Health Organization definition of health:** Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

# POLL QUESTION

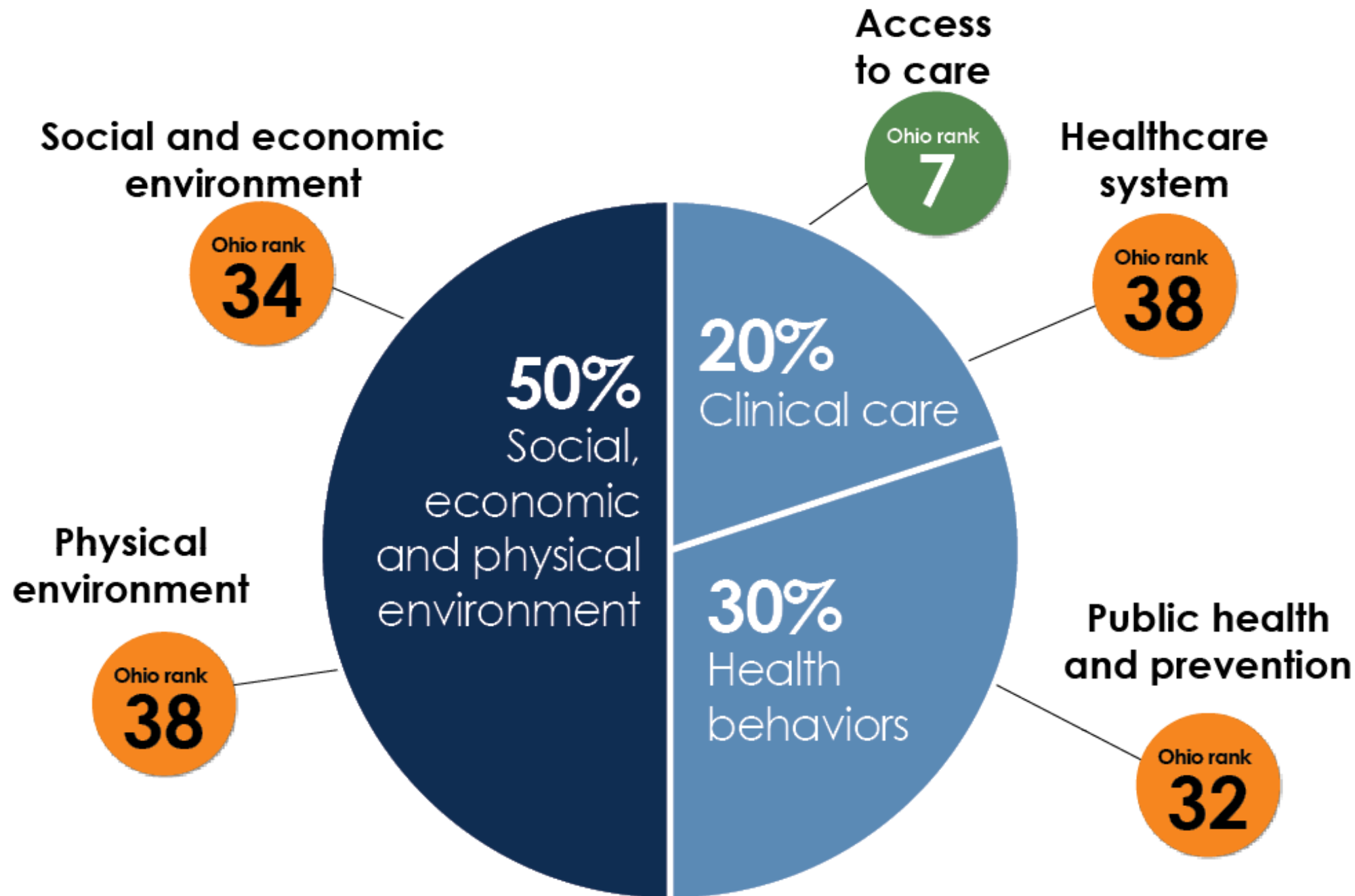
# Health value in Ohio



Population health



Healthcare spending





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2021

# HEALTH VALUE DASHBOARD



## KEY FINDINGS



# 2021 *Health Value Dashboard*

55

**Total Health  
Measurement Advisory  
Group members**

85

**Total Equity Advisory  
Group members**



OHIO  
UNIVERSITY

**Voinovich School of  
Leadership and Public Affairs**

# Dashboard evolution



2014



2017



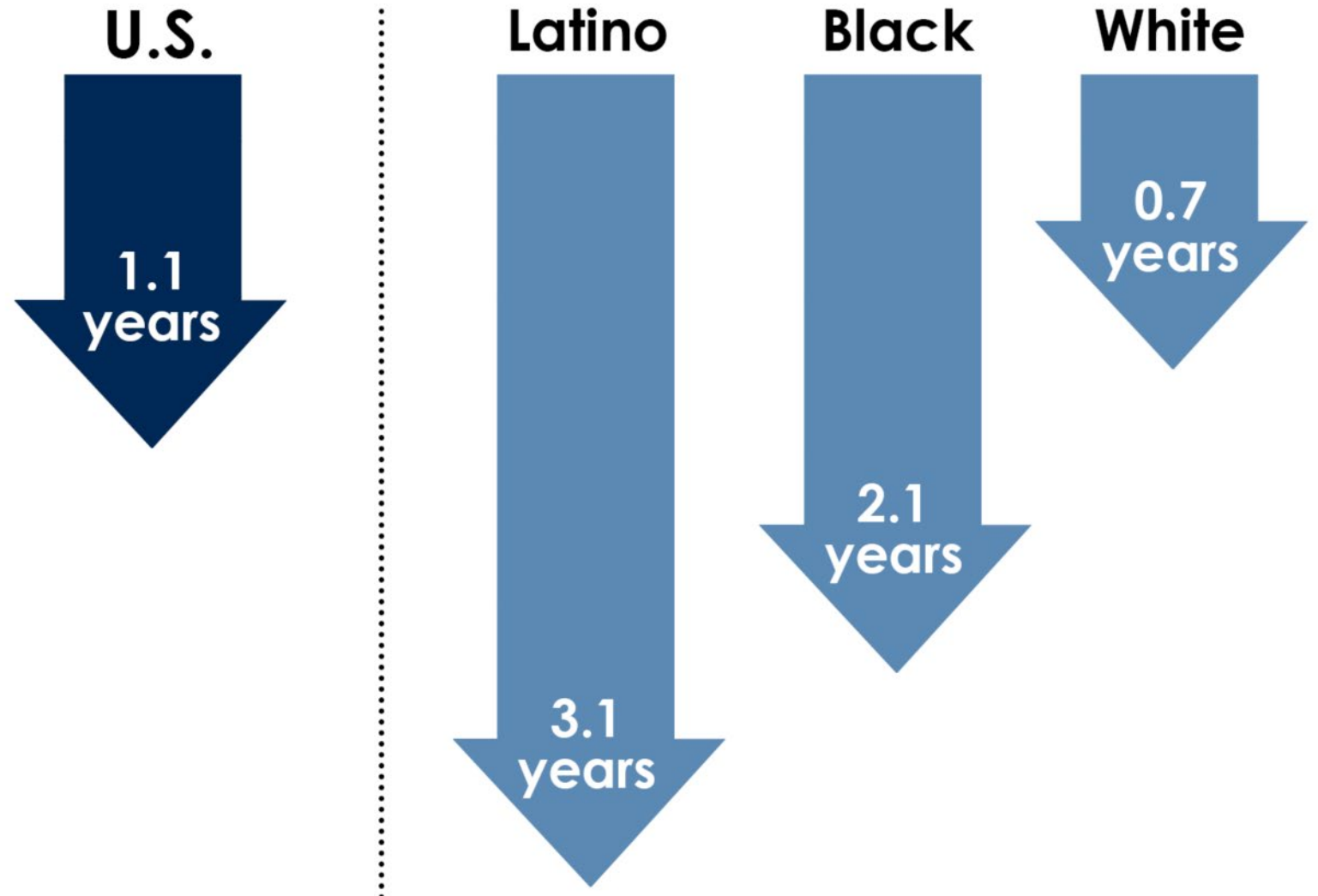
2019



2021

# COVID-19

Decline in life expectancy from 2019 to 2020

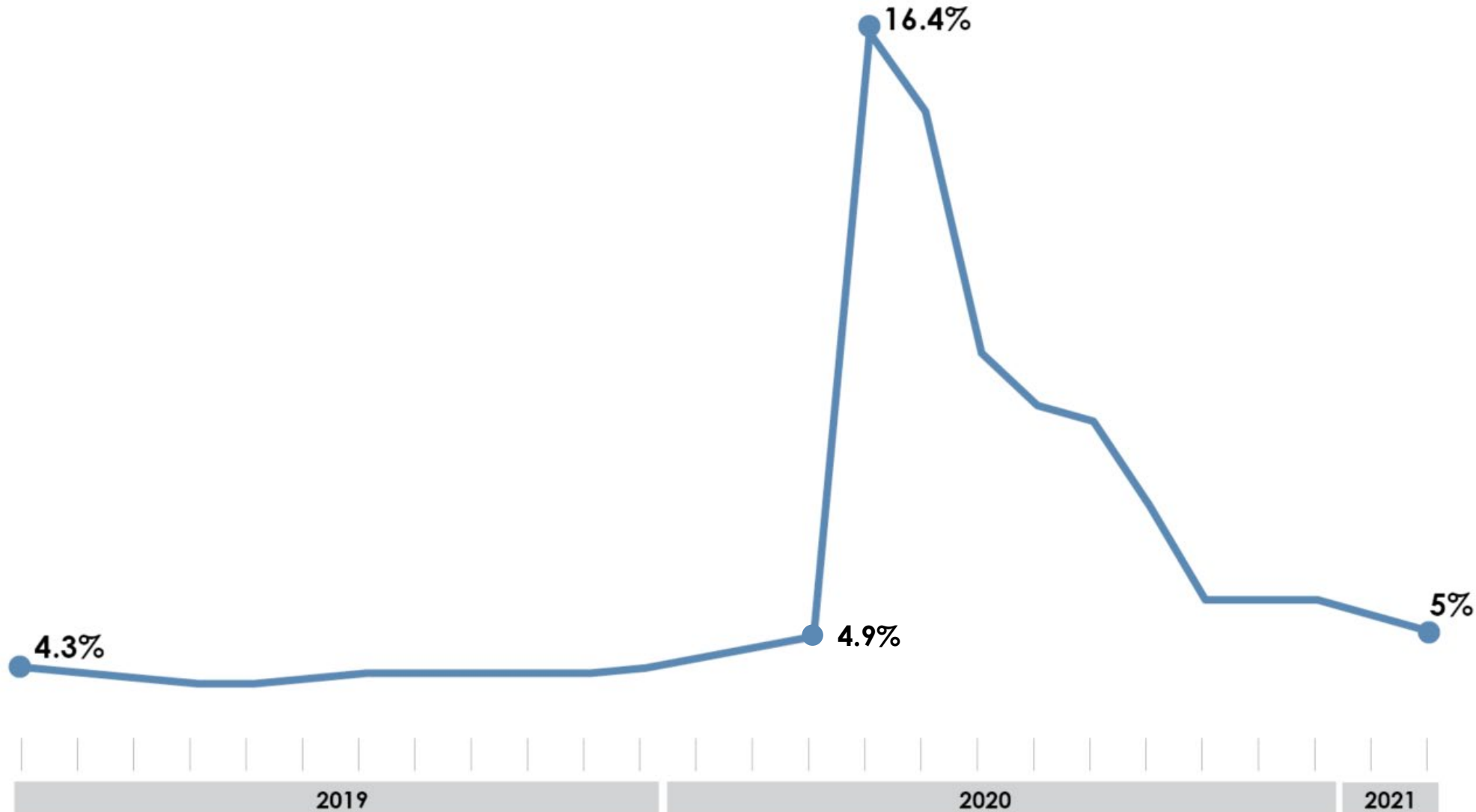


**Source:** "Reductions in 2020 U.S. life expectancy due to COVID-19 and the disproportionate impact on the Black and Latino populations." Proceedings of the National Academy of Sciences

# Impacts of COVID-19

- Education
- Unemployment
- Immunizations
- Early cancer diagnosis
- Healthcare spending
- Drug overdose deaths

# Unemployment rate in Ohio



**Source:** U.S. Bureau of Labor Statistics, Unemployment Rate in Ohio, retrieved from FRED, Federal Reserve Bank of St. Louis

# Access to care: Ohio's success

Ohio's rank  
on access  
to care



2014



2017



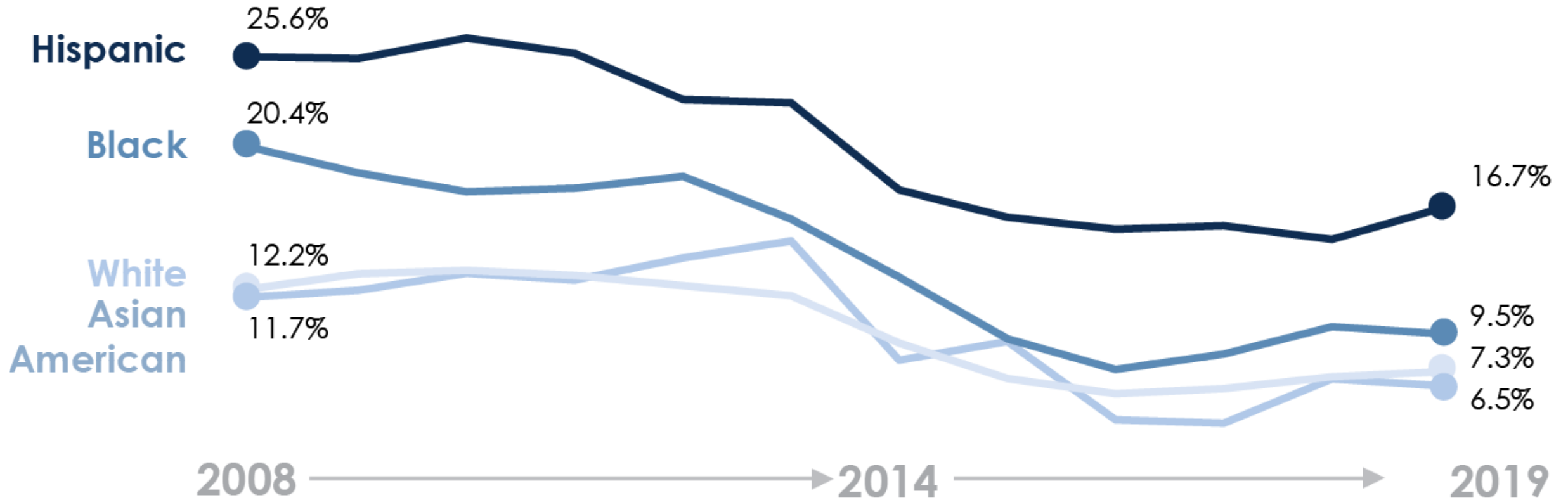
2019



2021

# Access to care: Ohio's success

Percent of non-elderly Ohioans who are uninsured, ages 0-64, 2008-2019

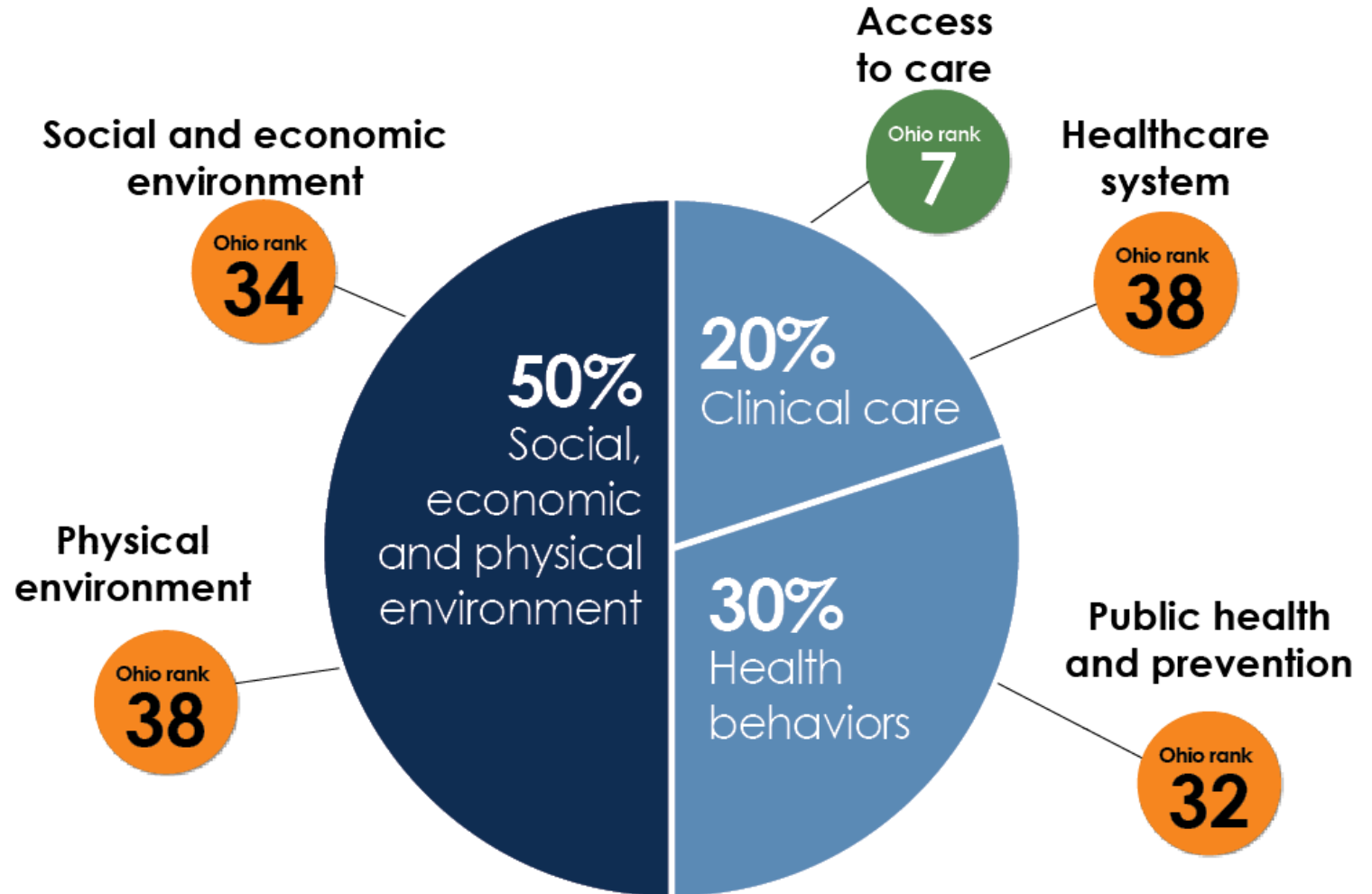




# Access to care: Ohio's success

## Ohio's strong performance is necessary but not sufficient

Modifiable factors that influence health and Ohio's rank in 2021  
*Health Value Dashboard*



**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?

**1** Childhood adversity and trauma have long-term consequences

**2** Ohioans with the worst outcomes face systemic disadvantages

**3** Sparse public health workforce leads to missed opportunities for prevention

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# Ohio ranks



**21.9%** of children in Ohio have been exposed to two or more ACEs

**Source:** National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau (2017-2018)

# Risk factors for ACEs

Ohio ranks in the bottom half of states on measures that increase risk of exposure to ACEs

Ohio's rank compared to other states and D.C.

**29** **Adult depression**

**47** **Drug overdose deaths**

**39**  
(out of 50) **Incarceration**

**27** **Excessive drinking**

**Source:** Health Policy Institute of Ohio, 2021 *Health Value Dashboard*

# Impacts of childhood adversity persist

**Birth**

**Adulthood**



Adverse childhood experiences

# Potential economic impact of preventing ACEs



If **adverse childhood experiences** were eliminated...

**more than \$10 billion a year**

in healthcare spending could be **saved** in Ohio

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**\$319 million in lost wages**

could be **eliminated** each year in Ohio

**Source:** Health Policy Institute of Ohio analysis

# WHY DO WE RANK POORLY ON HEALTH VALUE?

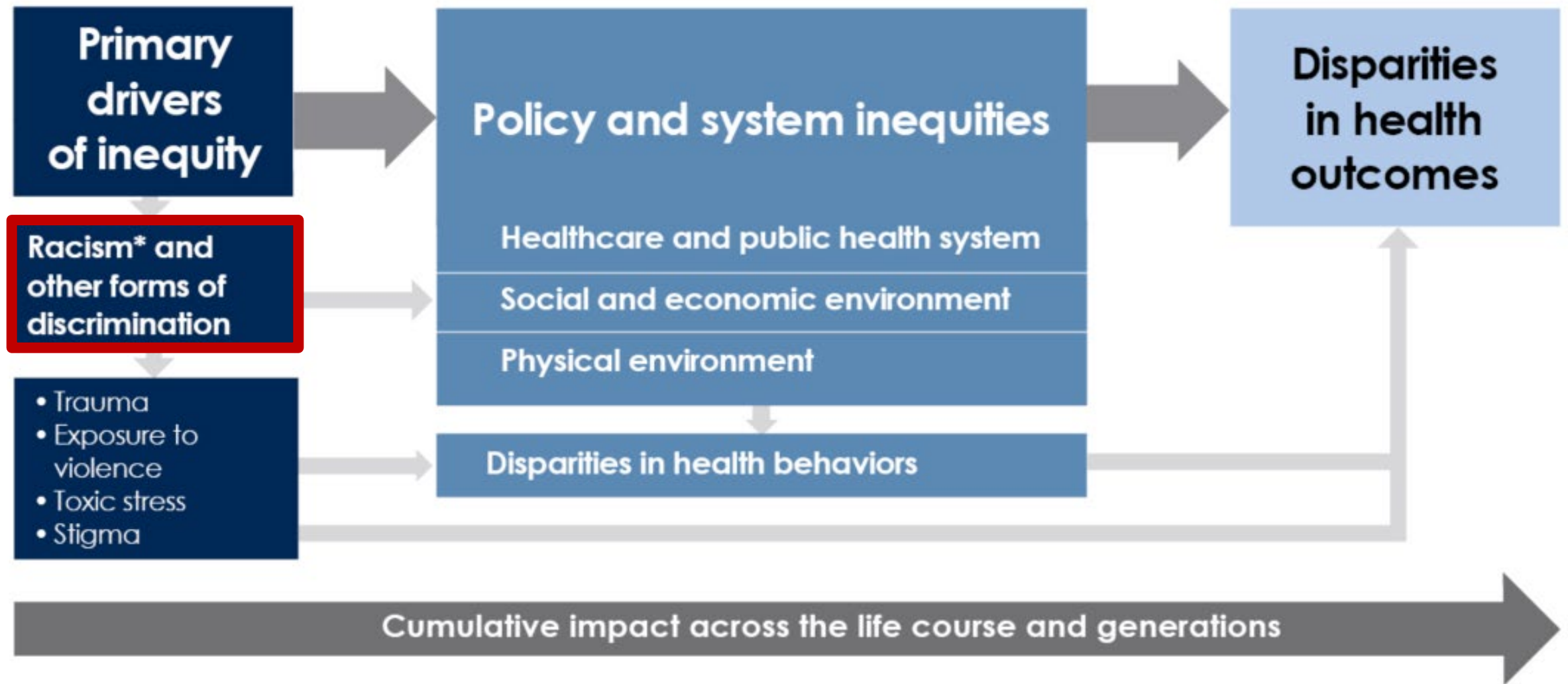
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# Racism and discrimination drive disparities

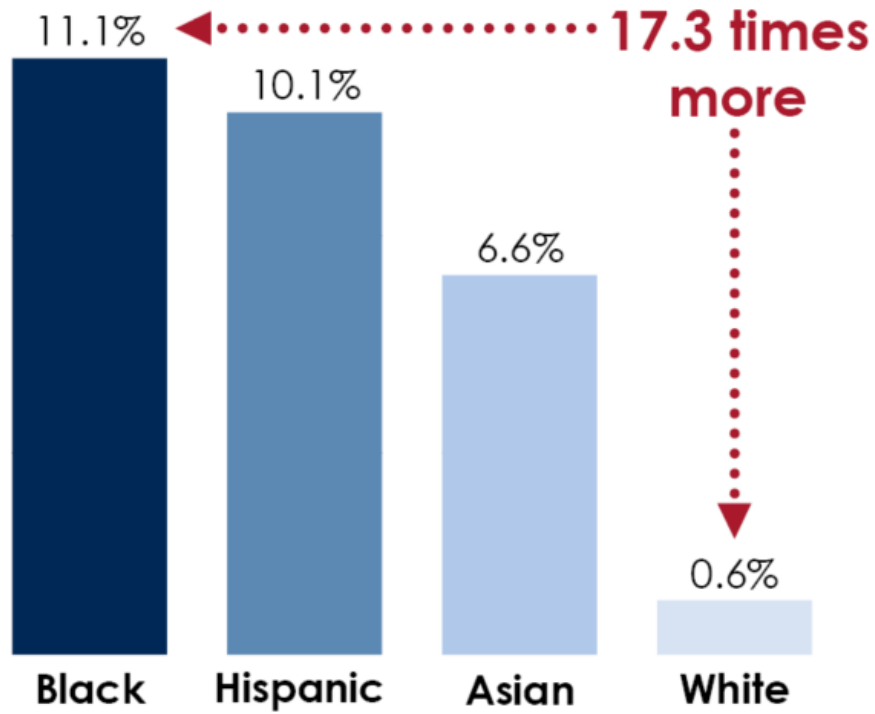


\* Structural, institutional, interpersonal and internalized racism and discrimination

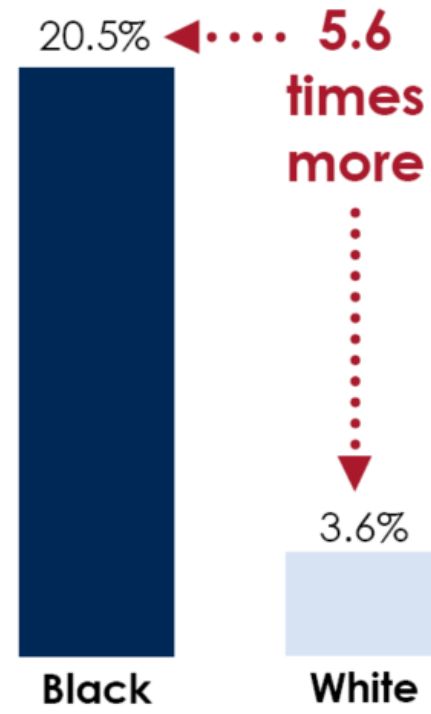
**Source:** Adapted from a diagram developed in partnership with the COVID-19 Minority Health Strike Force formed under Gov. Mike DeWine

# Experiences of racism

## Unfair treatment due to race/ethnicity for children Ohio, 2016-2019



## Physical or emotional symptoms experienced due to treatment based on race Ohio, 2011



**Source:** Analysis of Health Resources and Services Administration, National Survey of Children's Health by Ani Ruhil, The Voinovich School of Leadership & Public Affairs, Ohio University

**Source:** HPIO analysis of Behavioral Risk Factor Surveillance System. Data provided by the Ohio Department of Health upon request.

# Our systems, policies and beliefs unfairly favor some Ohioans over others



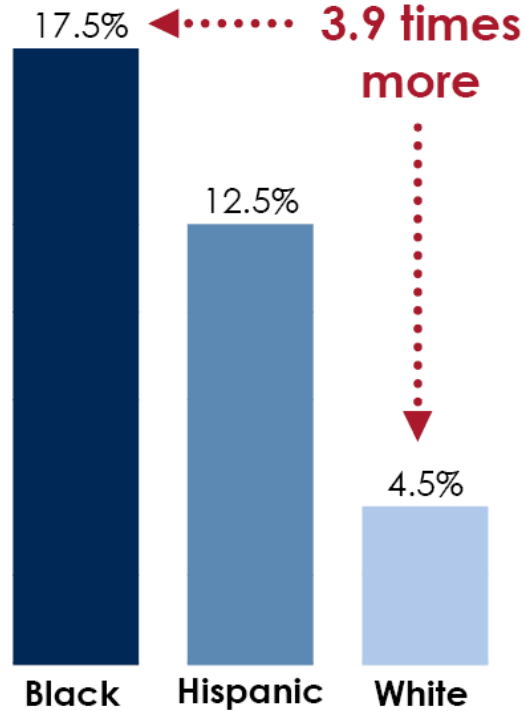
\* Structural, institutional, interpersonal and internalized racism and discrimination

Source: Adapted from a diagram developed in partnership with the COVID-19 Minority Health Strike Force formed under Gov. Mike DeWine

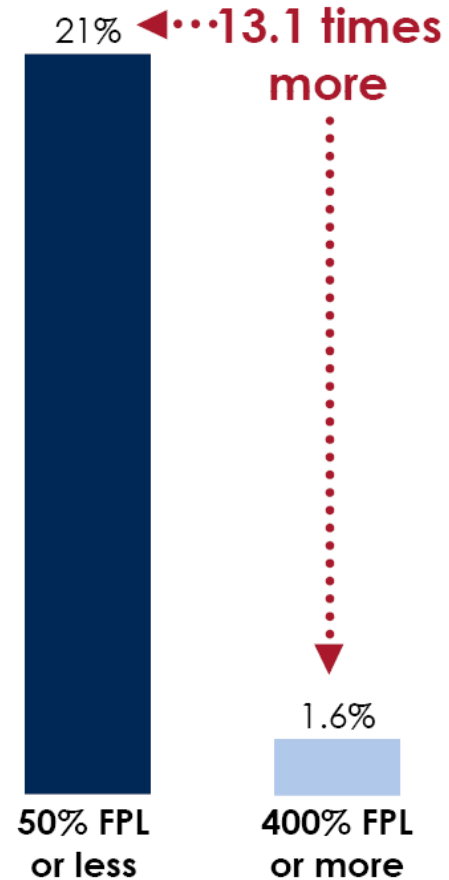
# Food insecurity

Families that "sometimes" or "often" cannot afford enough to eat, Ohio, 2016-2019

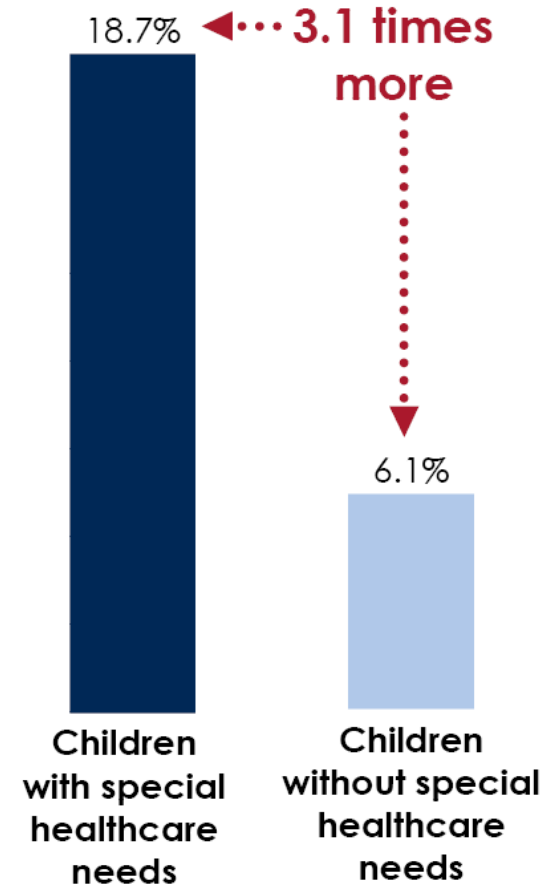
By race/ethnicity



By income



By disability status

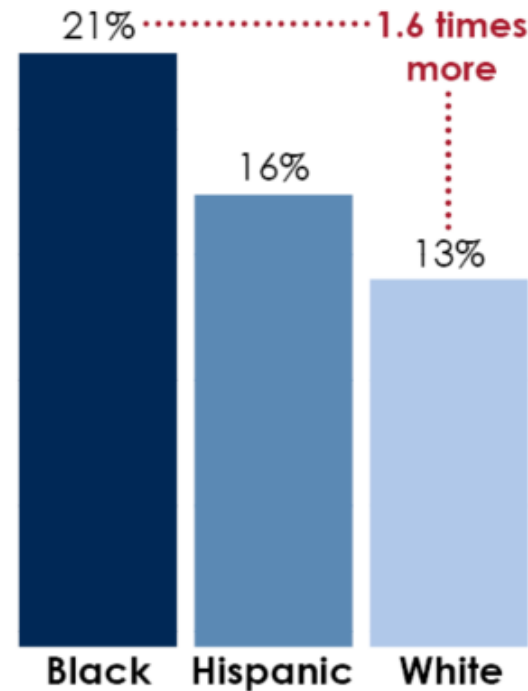


**Source:** Analysis of Health Resources and Services Administration, National Survey of Children's Health by Ani Ruhil, The Voinovich School of Leadership & Public Affairs, Ohio University

# Broadband access

Percent of people who **do not have broadband internet access**, by race, ethnicity and educational attainment, 2015-2019

Source: U.S. Census Bureau, American Community Survey 5-year estimates - Table S2802



# WHY DO WE RANK POORLY ON HEALTH VALUE?

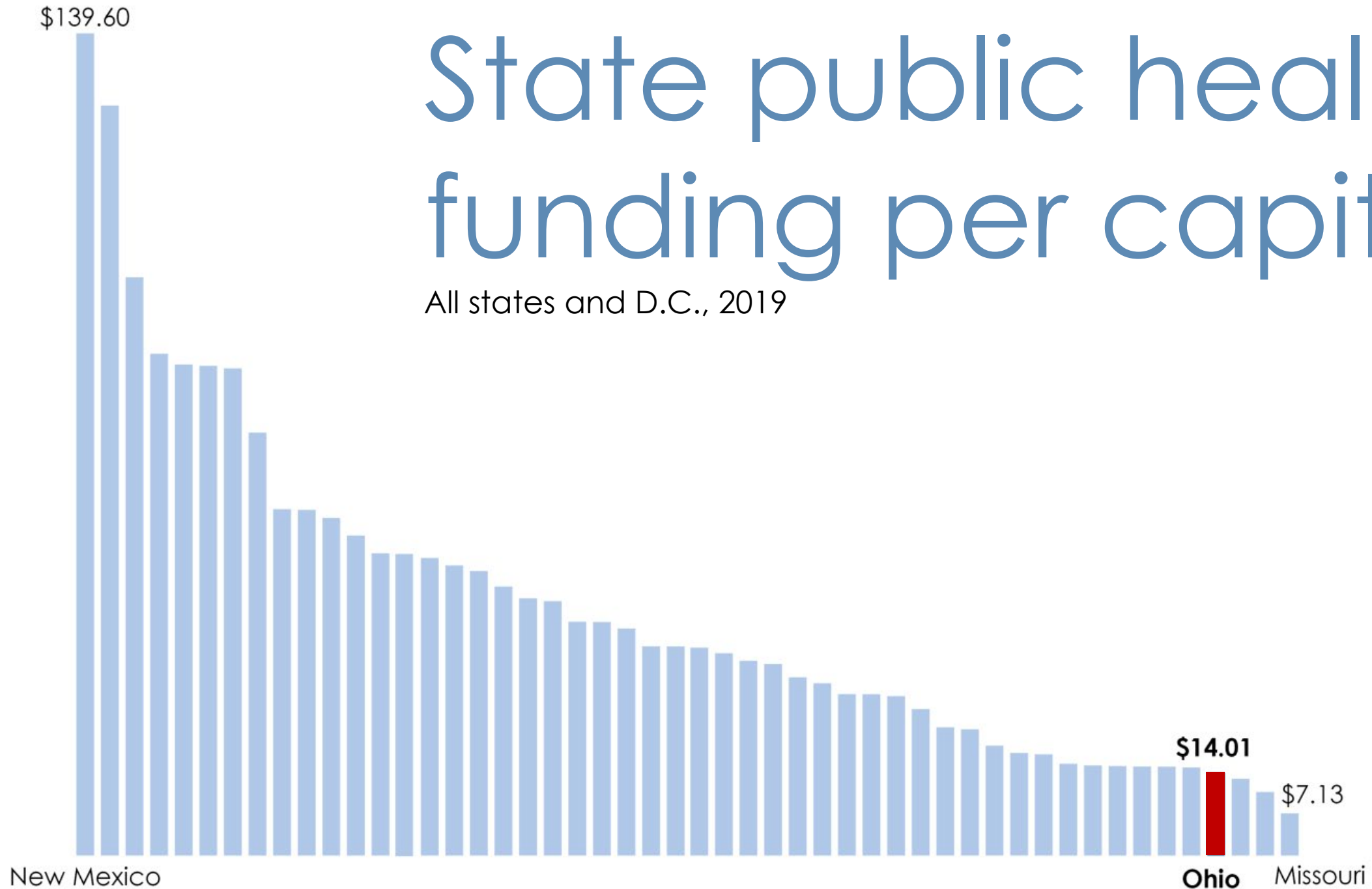
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**3** Sparse public health workforce leads to missed opportunities for prevention

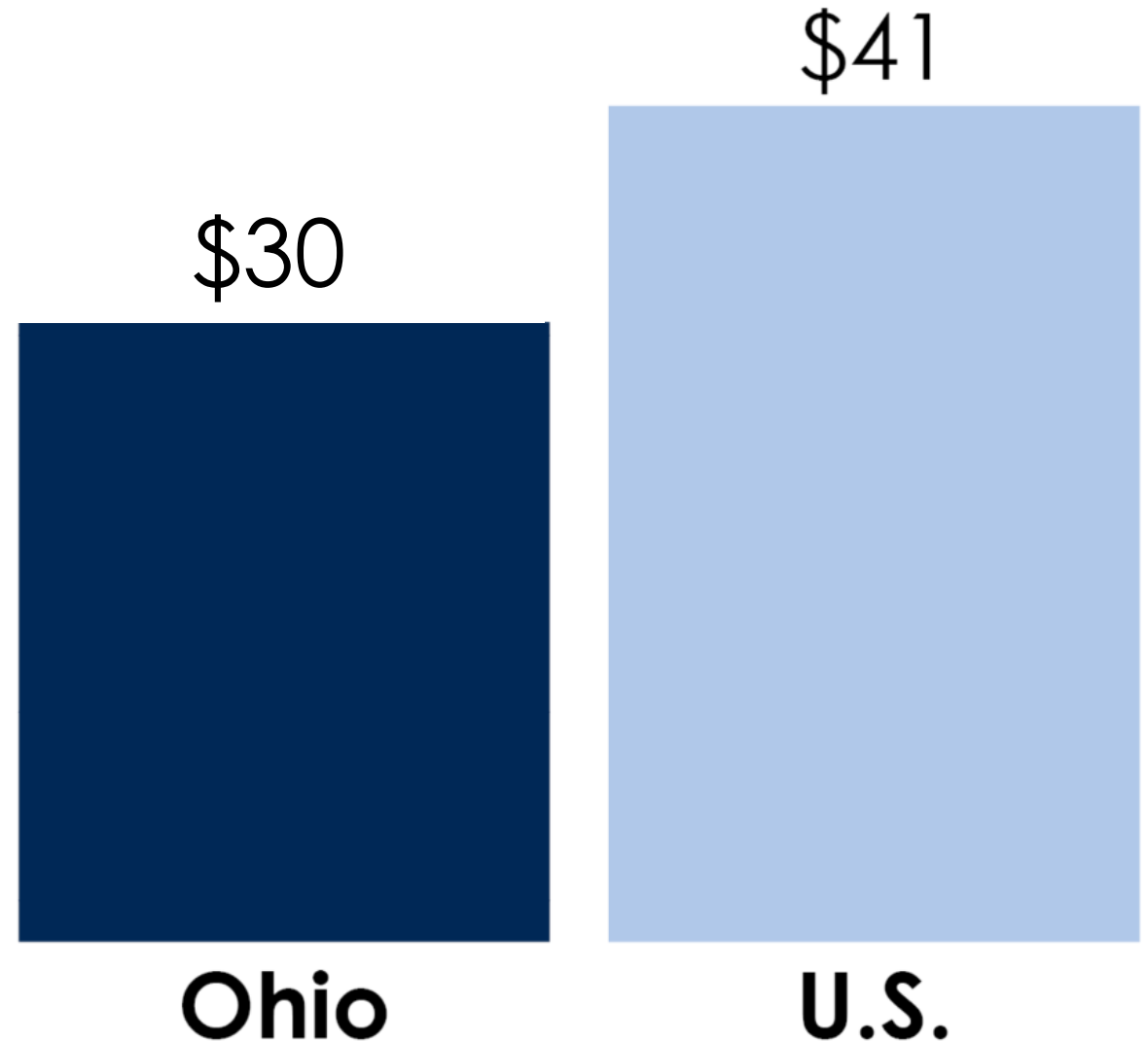
# State public health funding per capita

All states and D.C., 2019



Source:  
State Health  
Compare,  
SHADAC

# Median per capita local health department spending



**Source for Ohio:** Data are for SFY 2018. Ohio Public Health Partnership, Costing the Foundational Public Health Services, 2019.

**Source for U.S.:** 2019 National Profile of Local Health Departments, National Association of County and City Health Officials



# Missed opportunities for prevention

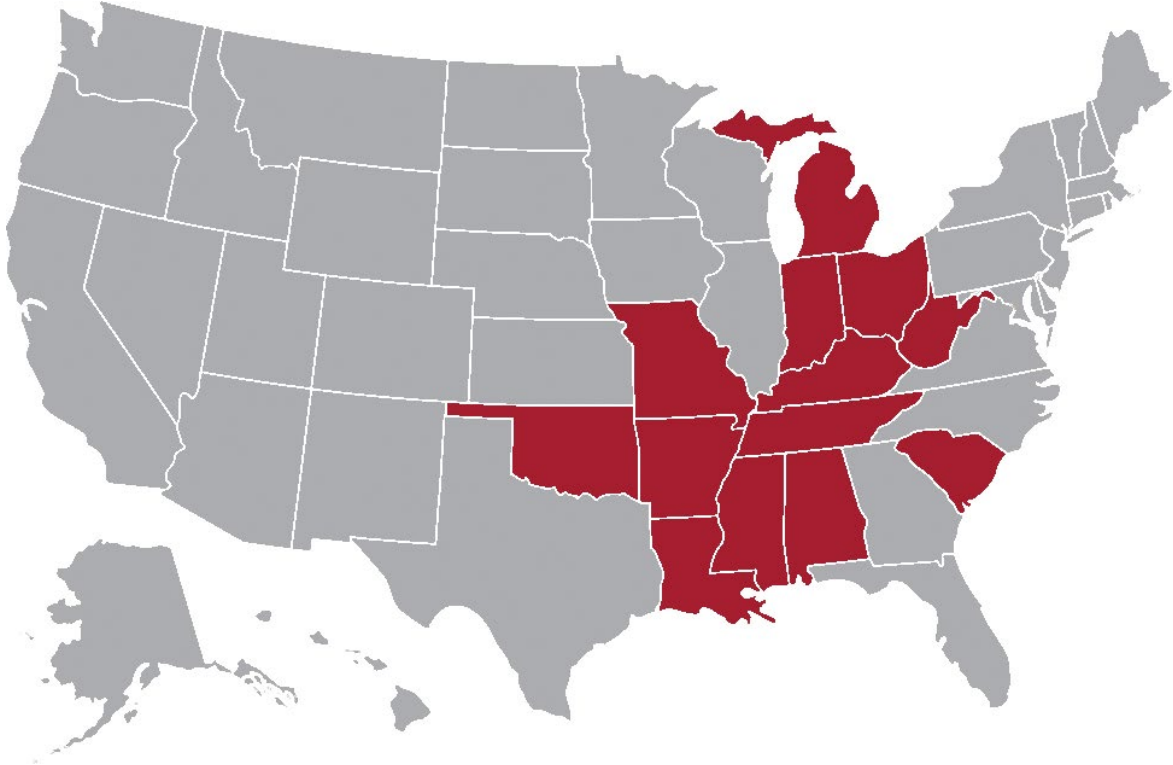
## Addiction

- |           |                              |
|-----------|------------------------------|
| <b>27</b> | <b>Excessive drinking</b>    |
| <b>40</b> | <b>Youth all-tobacco use</b> |
| <b>47</b> | <b>Drug overdose deaths</b>  |
| <b>48</b> | <b>Adult smoking</b>         |

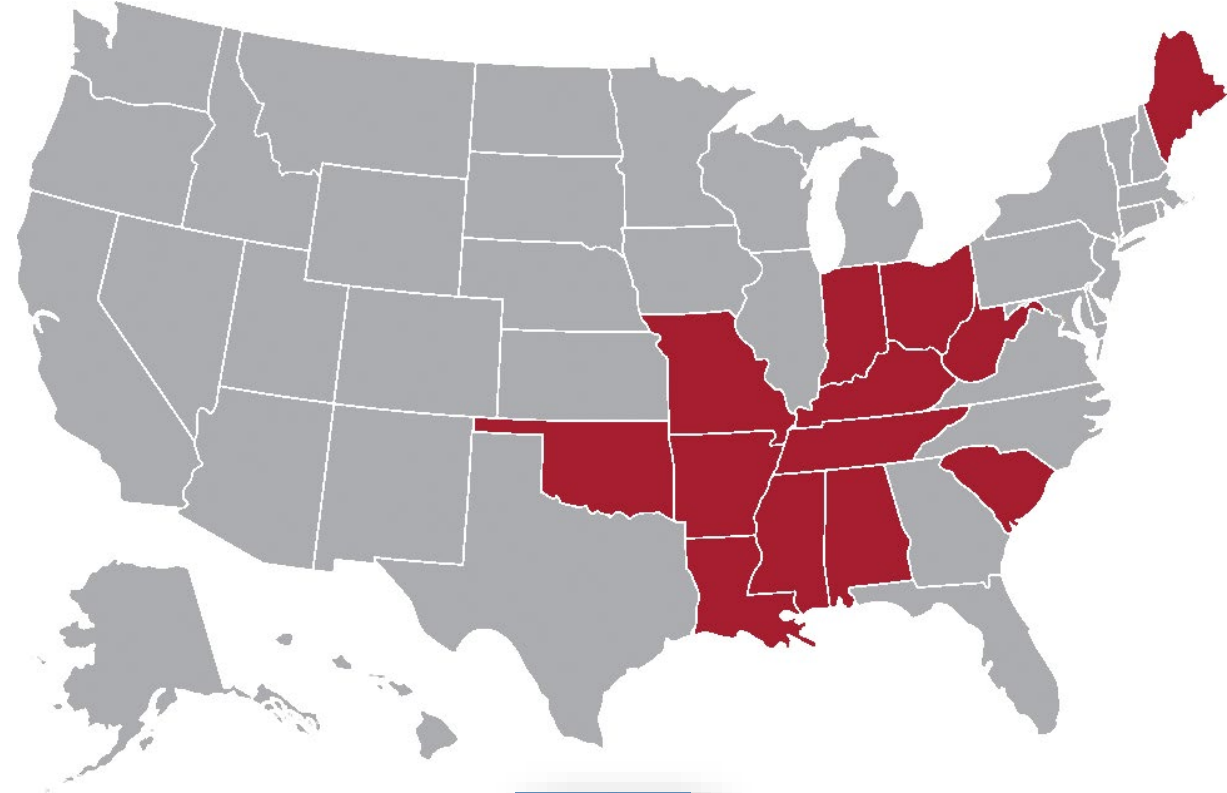
## Chronic disease

- |           |   |
|-----------|---|
| <b>39</b> | <b>Food insecurity</b>                  |
| <b>48</b> | <b>Cardiovascular disease mortality</b> |

# “Tobacco Nation”



# Bottom quartile states for population health



# WHY DO WE RANK POORLY ON HEALTH VALUE?

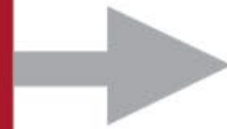
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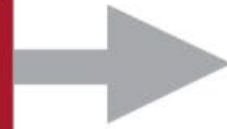
# Dashboard analysis led to 3 policy goals

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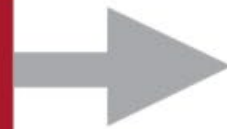
Prioritize Ohio's children and build family resilience

**2** Ohioans with the worst outcomes face systemic disadvantages



Eliminate discrimination and bolster resources, representation and opportunity for systematically disadvantaged groups

**3** Sparse public health workforce leads to missed opportunities for prevention



Strengthen Ohio's public health infrastructure and enact effective prevention policies

# Nine policies that work to improve health value

## 1 CHILDREN

- Close widening academic gaps
- Strengthen K-12 student wellness
- Expand access to quality early childhood care and education

## 2 EQUITY

- Advance anti-racist and anti-discriminatory policies
- Level the playing field, starting with affordable housing
- Identify gaps in outcomes and evaluate policy impacts

## 3 PREVENTION

- Strengthen the public health workforce and data systems
- Prevent addiction and overdose deaths
- Prevent chronic disease through improved access to healthy food

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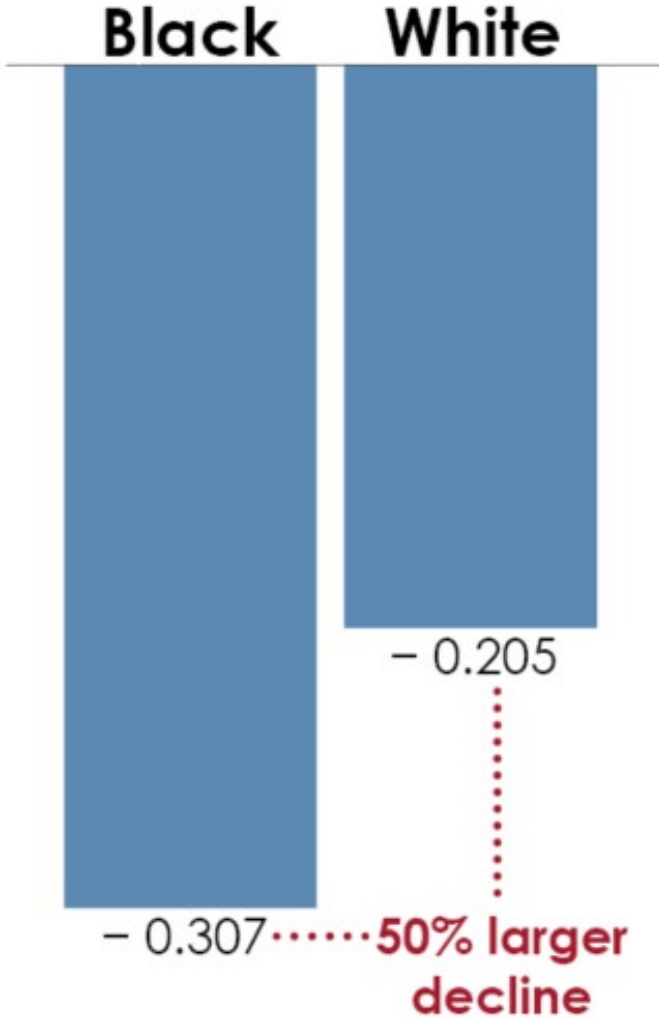
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# Changes in third-grade reading, fall 2019 to fall 2020\*



\*Average differences in normalized test scores in standard deviation units. One year's worth of learning between grade 2 and 3 is approximately 0.60 standard deviations.  
**Source:** The Ohio State University, 2021

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# Four levels of racism framework

## 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:** Health Policy Institute of Ohio, "Connections between Racism and Health: Taking Action to Eliminate Racism and Advance Equity." Adapted from Race Forward's Four Levels of Racism framework.

# Unlevel playing field for housing

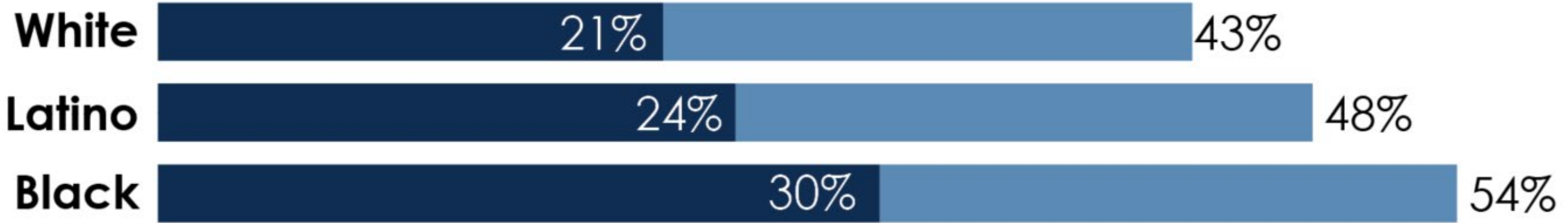


- Redlining
- Racial covenants
- Divestment
- “Slum clearance”
- “Urban renewal”
- Eviction practices
- Landlord discrimination
- Predatory lending
- Collateral sanctions

# Housing cost burden

Percent of renter-occupied households that are:

- Severely burdened (spending over 50% on housing)
- Burdened (spending over 30% on housing)



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**30%** of Black Ohioans spend more than half of their income on housing

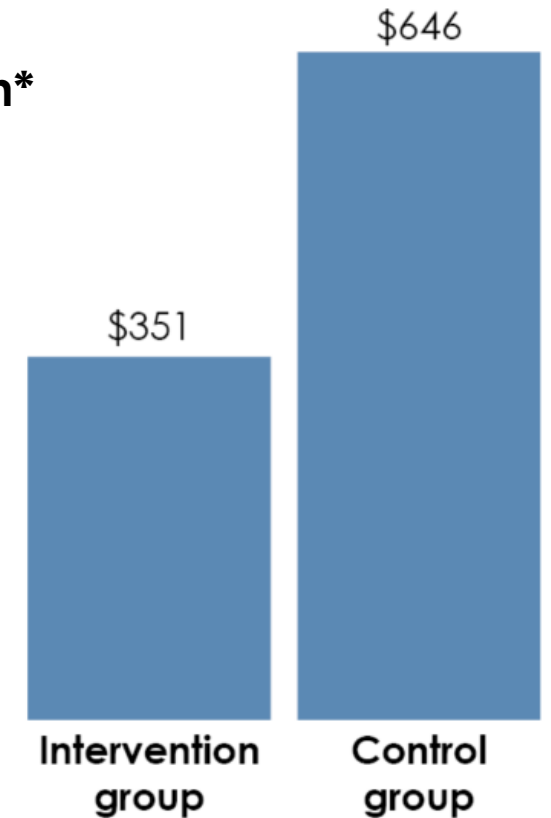
# The power of rental assistance to improve health value

*“Housing is the key. I kept trying and failing to save. But [Health Beginnings at Home] gave you this opportunity to start fresh. That was a blessing.”*

-- Healthy Beginnings at Home participant, Columbus

## CareSource spending results

**Total medical spend,  
Per member per month\***



\*Excluding outliers. Includes all household clinical claims for baby's first year.  
**Source:** CareSource, HBAH Recommendation for Model Replication, Nov. 2020.

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## IMMUNIZATIONS

### FCPH Immunization Program

We offer vaccine clinics and education throughout Franklin County for children and adults.

Our program provides:



Immunizations to  
Franklin County  
residents



Vaccine records for  
current/past clients



Vaccine information to  
the public



Resources/Referrals

### :: UPDATE ::

All of our regular childhood and adult immunization clinics are cancelled indefinitely so we can focus on distributing the COVID-19 vaccine to those who need it most.

If you need a vaccine, please contact your health care provider, federally qualified health center or retail pharmacy.

## Portion of future revenue

- Tobacco and alcohol taxes
- Opioid settlements
- Pandemic relief



Tobacco prevent and cessation



Addiction treatment and recovery



Overdose reversal and other forms of harm reduction

# Nine policies that work to improve health value

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Ohioans are living less healthy lives and spending more on health care than people in most other states

# Dashboard analysis led to 3 policy goals

**1** Childhood adversity and trauma have long-term consequences



Prioritize Ohio's children and build family resilience

**2** Ohioans with the worst outcomes face systemic disadvantages



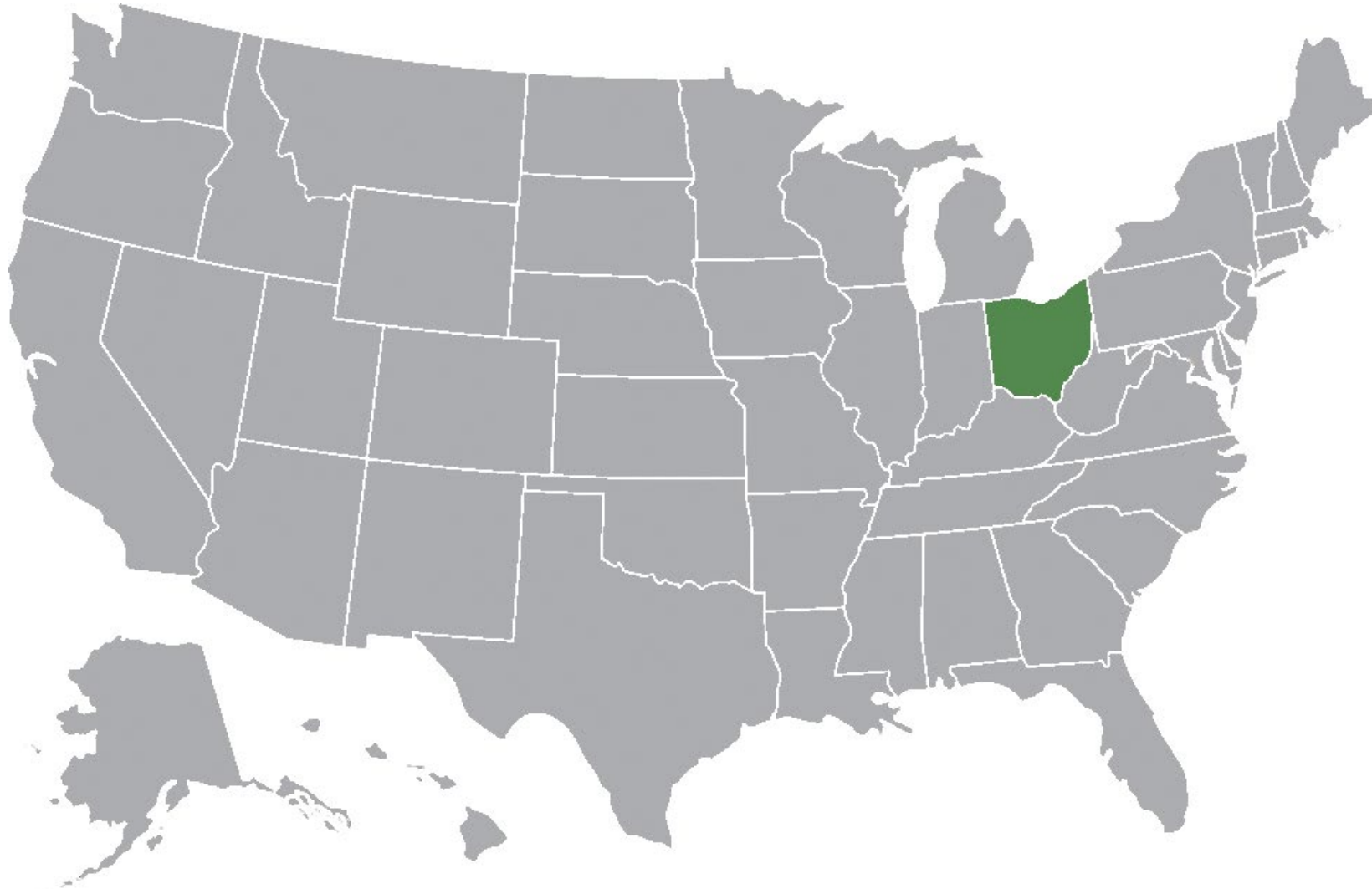
Eliminate discrimination and bolster resources, representation and opportunity for systematically disadvantaged groups

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Strengthen Ohio's public health infrastructure and enact effective prevention policies

# Improvement is possible



# Questions

# CONTACT

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[zreat@hpio.net](mailto:zreat@hpio.net)



# Sara R. Collins, PhD

Vice President, Health Care  
Coverage and Access  
The Commonwealth Fund

# U.S. Health Insurance Coverage in 2021: Progress and Potential

The State of Ohio's Health: *2021 Health Value Dashboard* Release

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Sara R. Collins, Ph.D., Vice President  
Health Care Coverage and Access  
Tracking Health System Performance

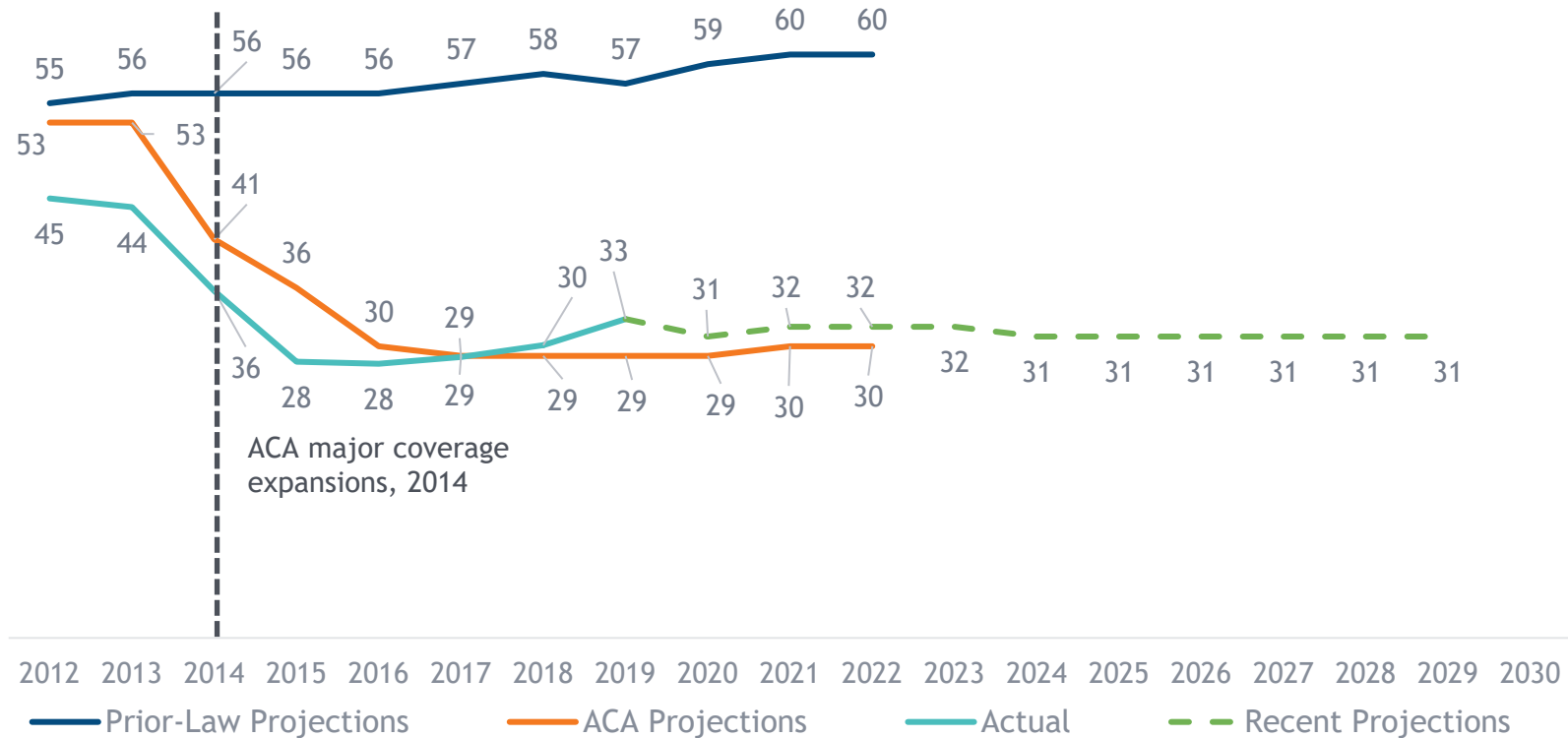
April 7, 2021



The  
Commonwealth  
Fund

# Nearly 30 million fewer people are uninsured than pre-ACA projections, but gains have stalled

CBO projections and NHIS actual number (in millions) of uninsured nonelderly individuals, 2012-2030



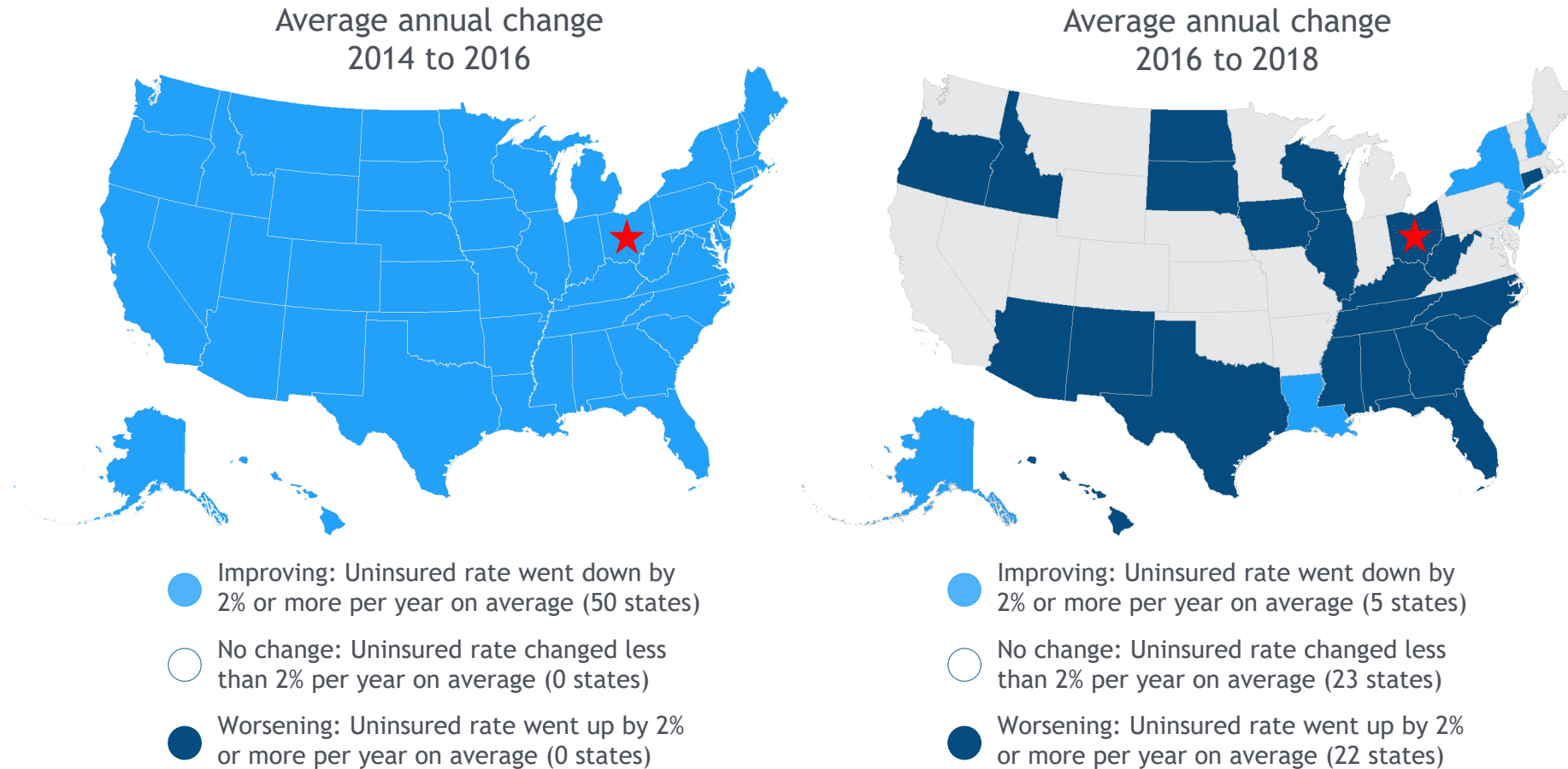
Notes: Prior-Law and ACA Projections: Congressional Budget Office. [Estimates for the Insurance Coverage Provisions of the Affordable Care Act Updated for the Recent Supreme Court Decision](#) (July 2012).

Recent Projections: Congressional Budget Office. [Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2020-2030](#) (Sept. 2020).

Actual and Children: National Center for Health Statistics. [Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2019](#) (Sept. 2020) and [Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2018](#) (May 2019).

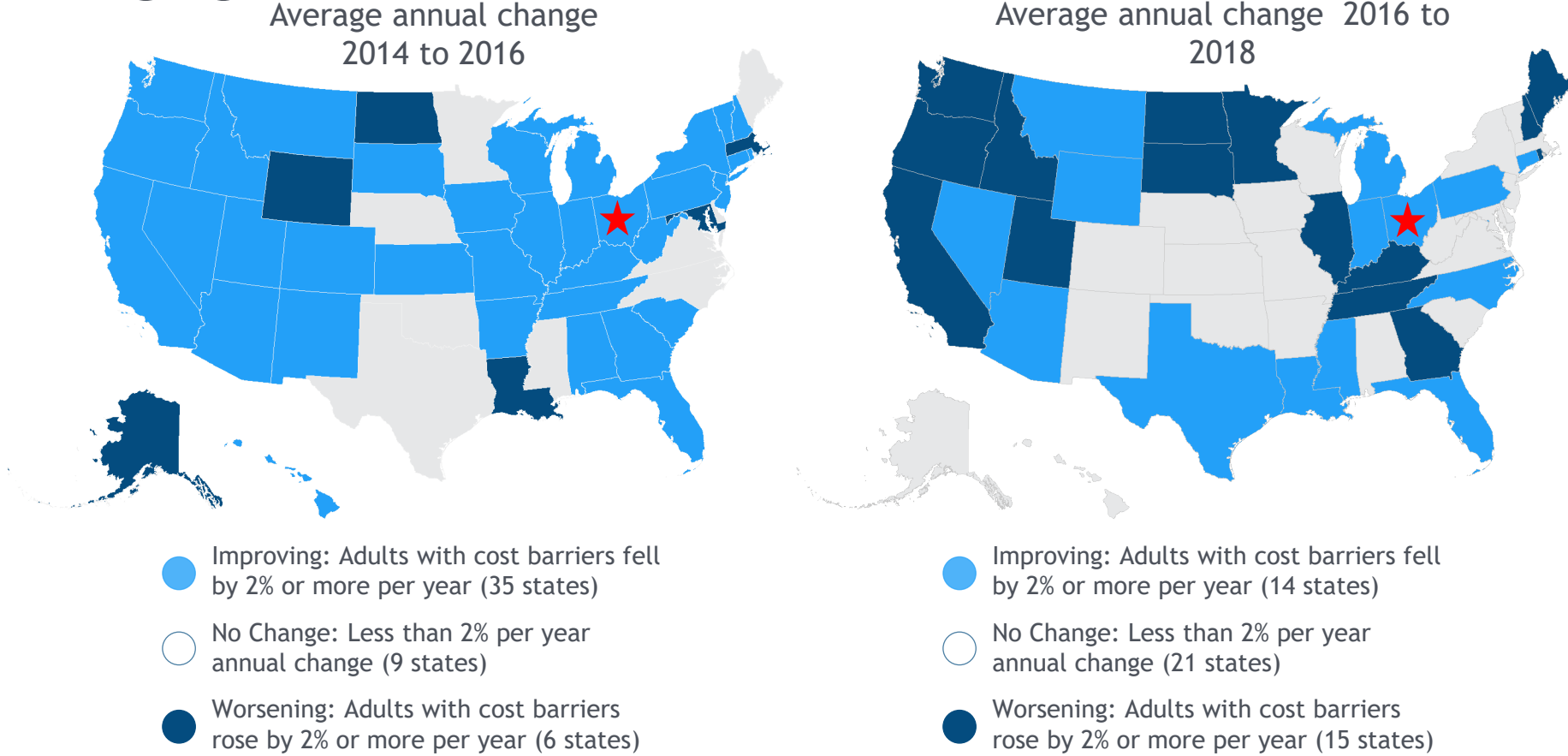


# Gains in uninsured rates flattened, and even changed direction, after 2016



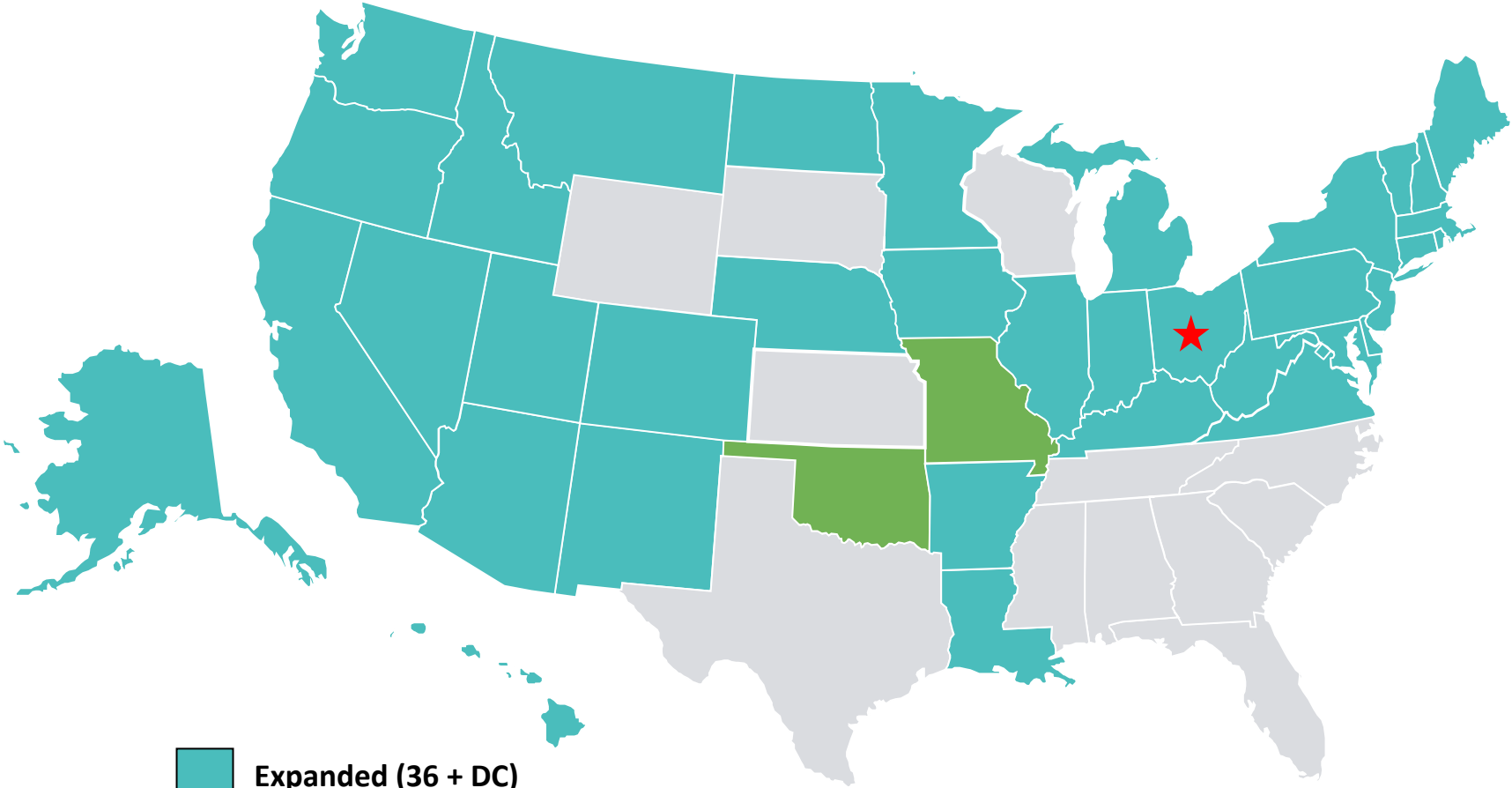
Source: David C. Radley, Sara R. Collins, and Jesse C. Baumgartner, "2020 Scorecard on State Health System Performance," Commonwealth Fund, Sept. 11, 2020.




# Adults in 15 states were more likely to avoid care because of cost concerns after 2016



Source: David C. Radley, Sara R. Collins, and Jesse C. Baumgartner, "2020 Scorecard on State Health System Performance," Commonwealth Fund, Sept. 11, 2020.

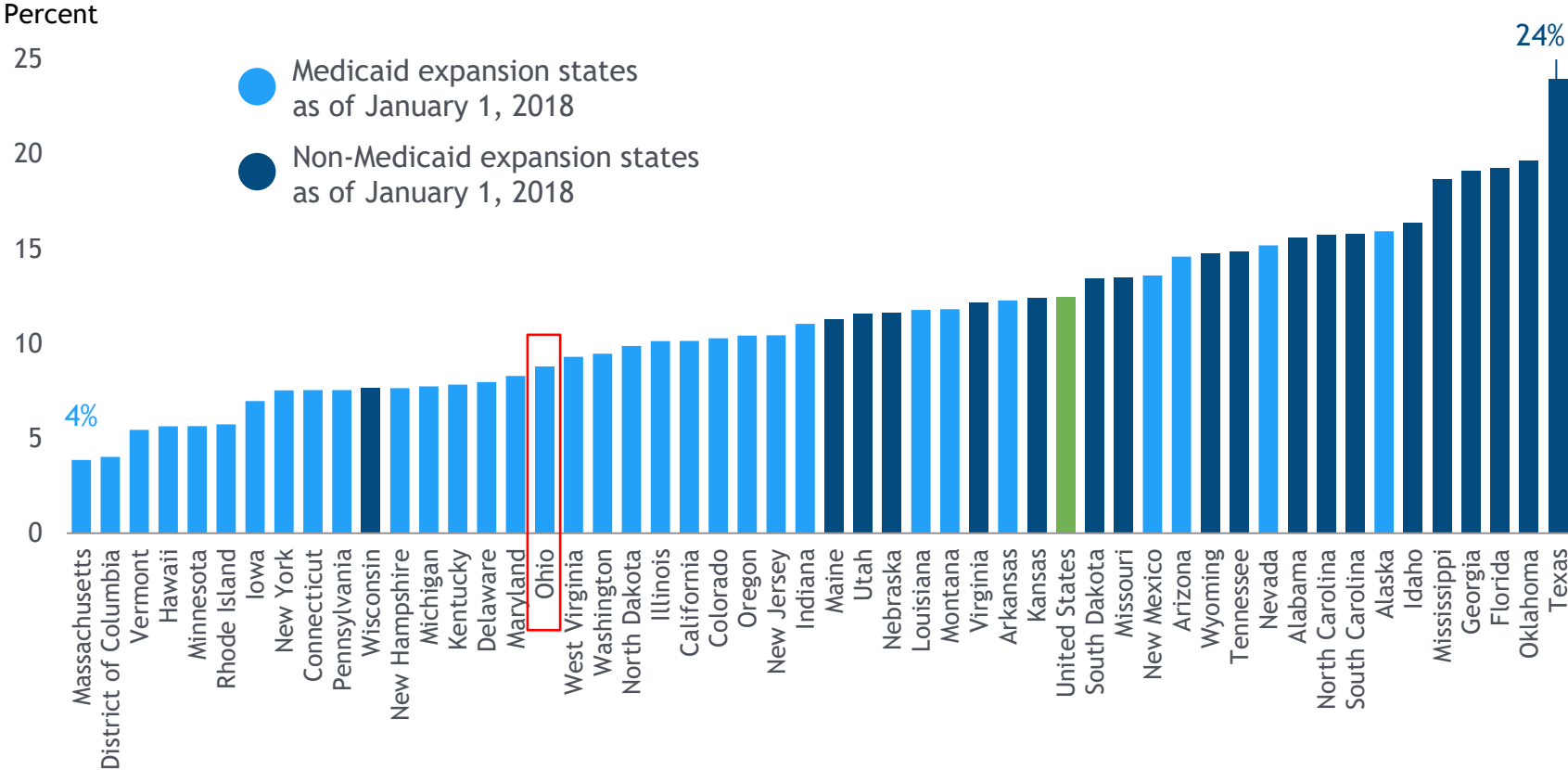
# Status of Medicaid Expansion



-  Expanded (36 + DC)
-  Not yet expanded (12)
-  Ballot initiative to expand Medicaid passed, state has not yet implemented (2)

Notes: Adults in Wisconsin with incomes up to 100% of the federal poverty level are eligible for Medicaid.  
Source: "Status of Medicaid Expansion and Work Requirements Map," Commonwealth Fund.

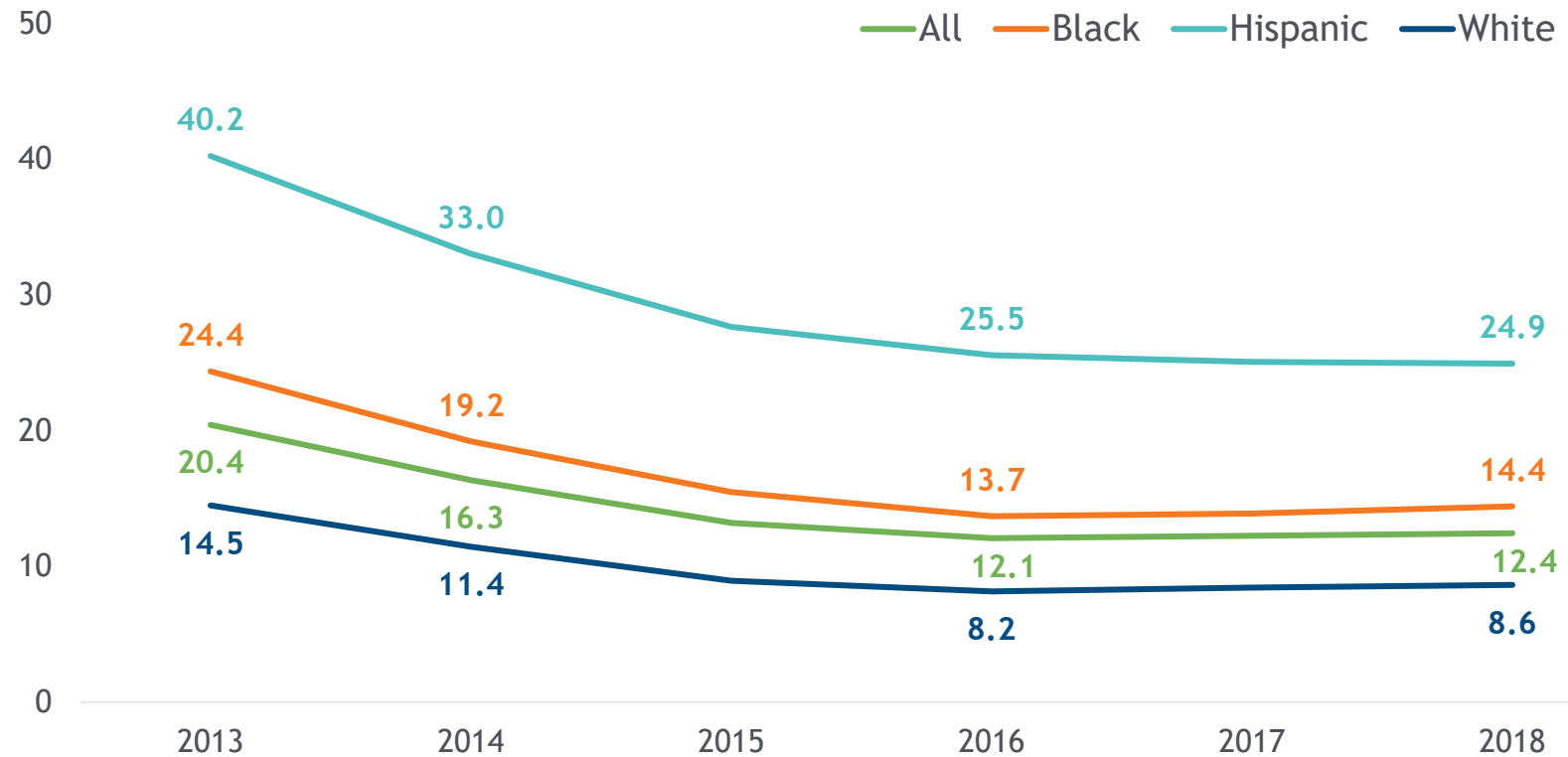
# Four of the 12 states that have yet to expand Medicaid had among the highest adult uninsured rates in 2018



Source: David C. Radley, Sara R. Collins, and Jesse C. Baumgartner, "2020 Scorecard on State Health System Performance," Commonwealth Fund, Sept. 11, 2020.

# Disparities in uninsured rates have narrowed significantly between whites, blacks and Hispanics, but differences remain

Percentage of uninsured adults ages 19 to 64, by race and ethnicity



Source: Jesse C. Baumgartner et al., *How the Affordable Care Act Has Narrowed Racial and Ethnic Disparities in Access to Health Care* (Commonwealth Fund, Jan. 2020).

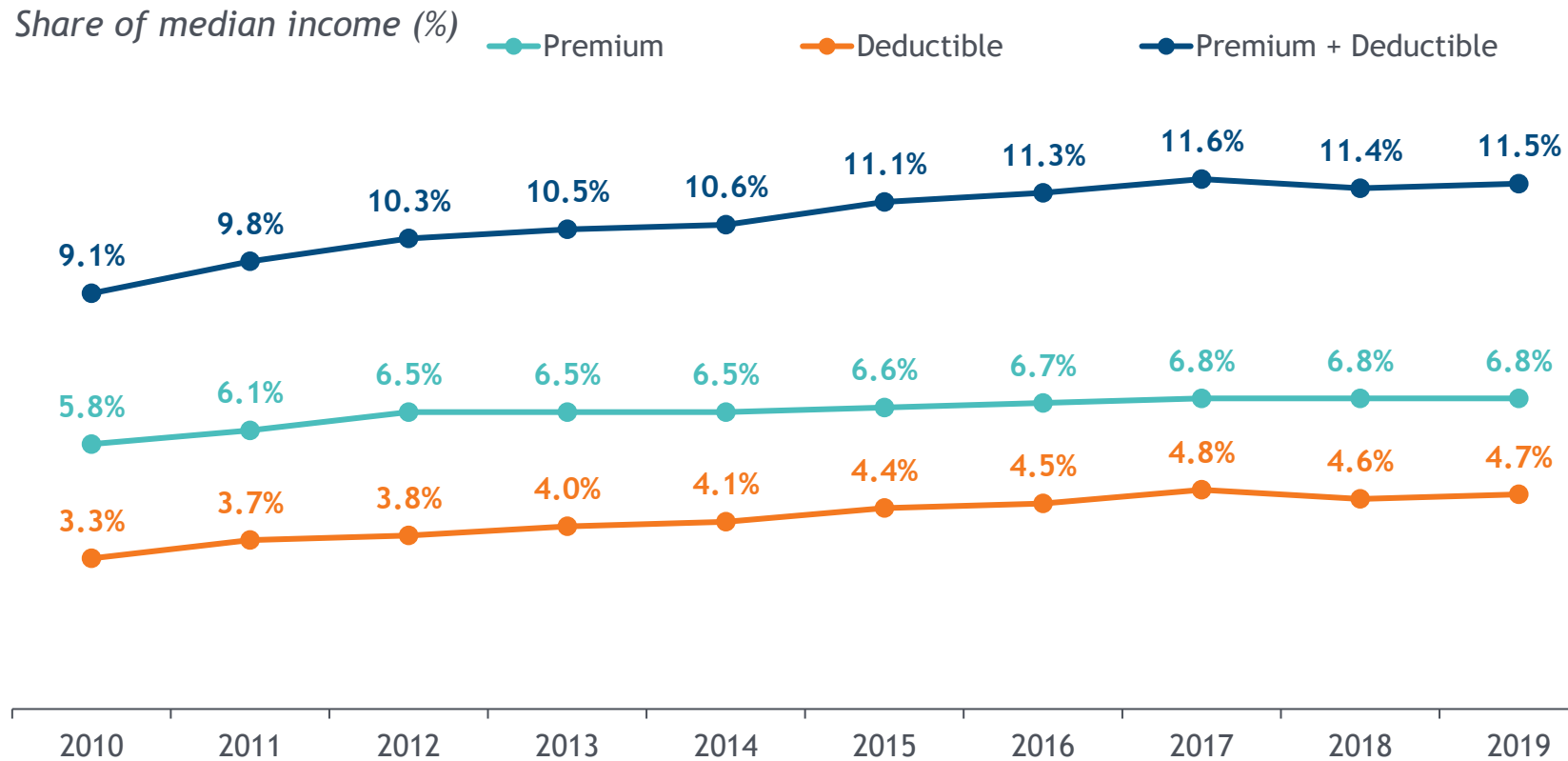
EXHIBIT 7

# In 17 states, there was at least a five-point disparity in the adult uninsured rate between white and both Black and Hispanic adults



Source: David C. Radley, Sara R. Collins, and Jesse C. Baumgartner, "2020 Scorecard on State Health System Performance," Commonwealth Fund, Sept. 11, 2020.

# Worker premium contributions and deductibles in employer plans added up to more than 11 percent of median income in 2019

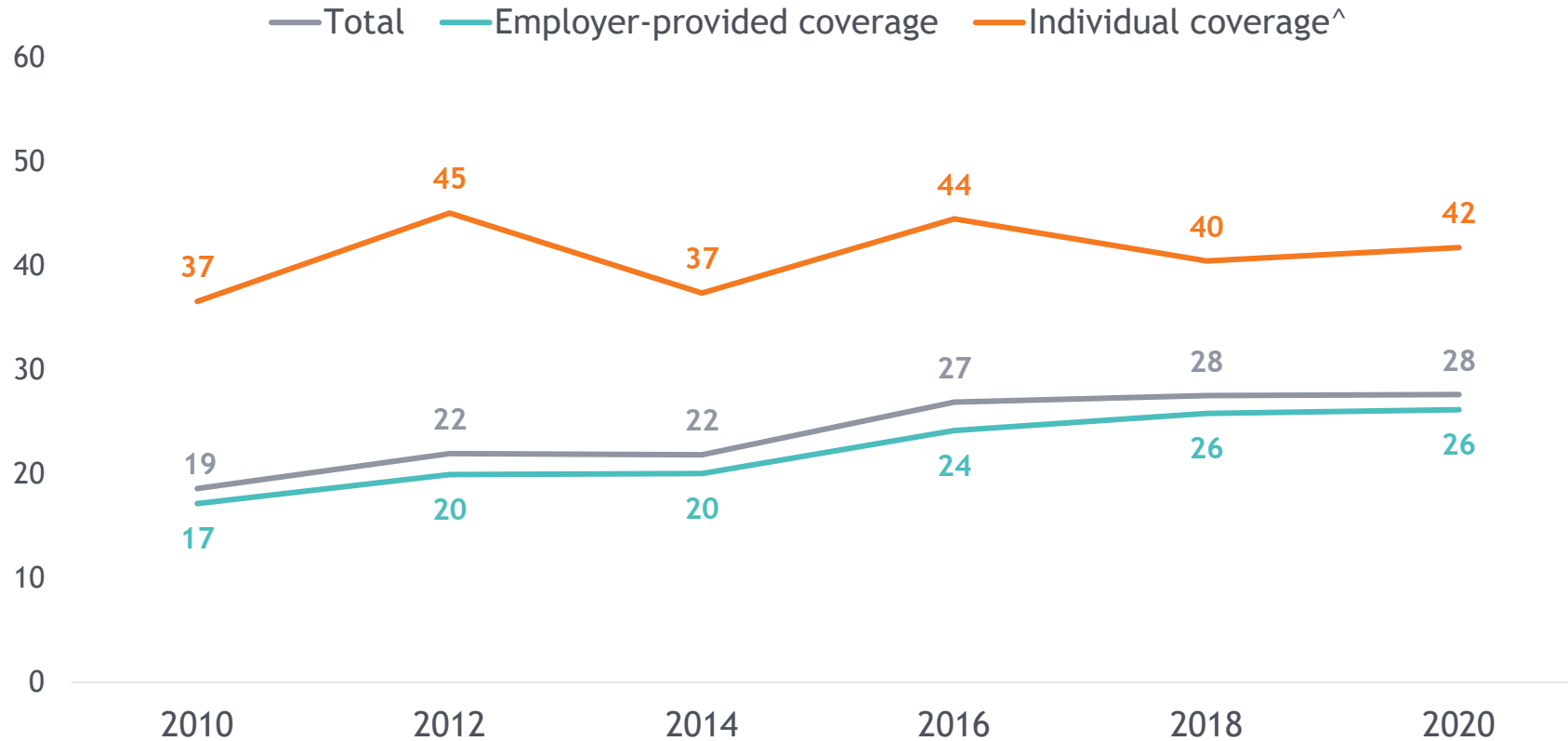


Note: Single and family premium contributions, deductibles, and combined estimates are weighted for the distribution of single-person and family households in the state.

Source: Sara R. Collins et al., *Trends in Employer Health Care Coverage, 2010-2019* (Commonwealth Fund, Dec. 2020).

# One-quarter of adults in employer plans are underinsured; individual market continues to be challenging

Percent of adults ages 19-64 insured all year who were underinsured

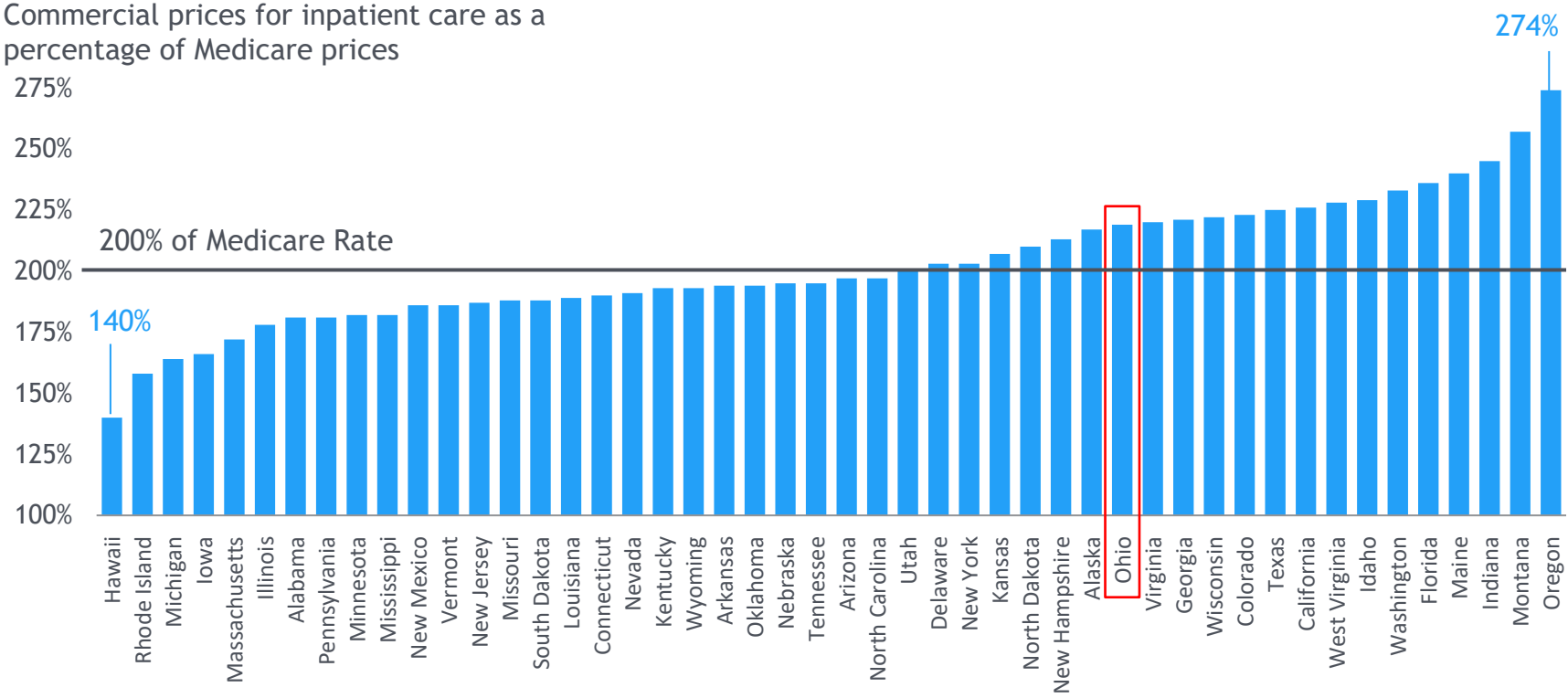


Notes: “Underinsured” refers to adults who were insured all year but experienced one of the following: out-of-pocket costs, excluding premiums, equaled 10% or more of income; out-of-pocket costs, excluding premiums, equaled 5% or more of income if low-income (<200% of poverty); or deductibles equaled 5% or more of income. Respondents may have had another type of coverage at some point during the year, but had coverage for the entire previous 12 months. <sup>^</sup>For 2014-2020, individual coverage includes adults who got coverage in the individual market and the marketplaces.

Data: Commonwealth Fund Biennial Health Insurance Surveys (2010, 2012, 2014, 2016, 2018, 2020).



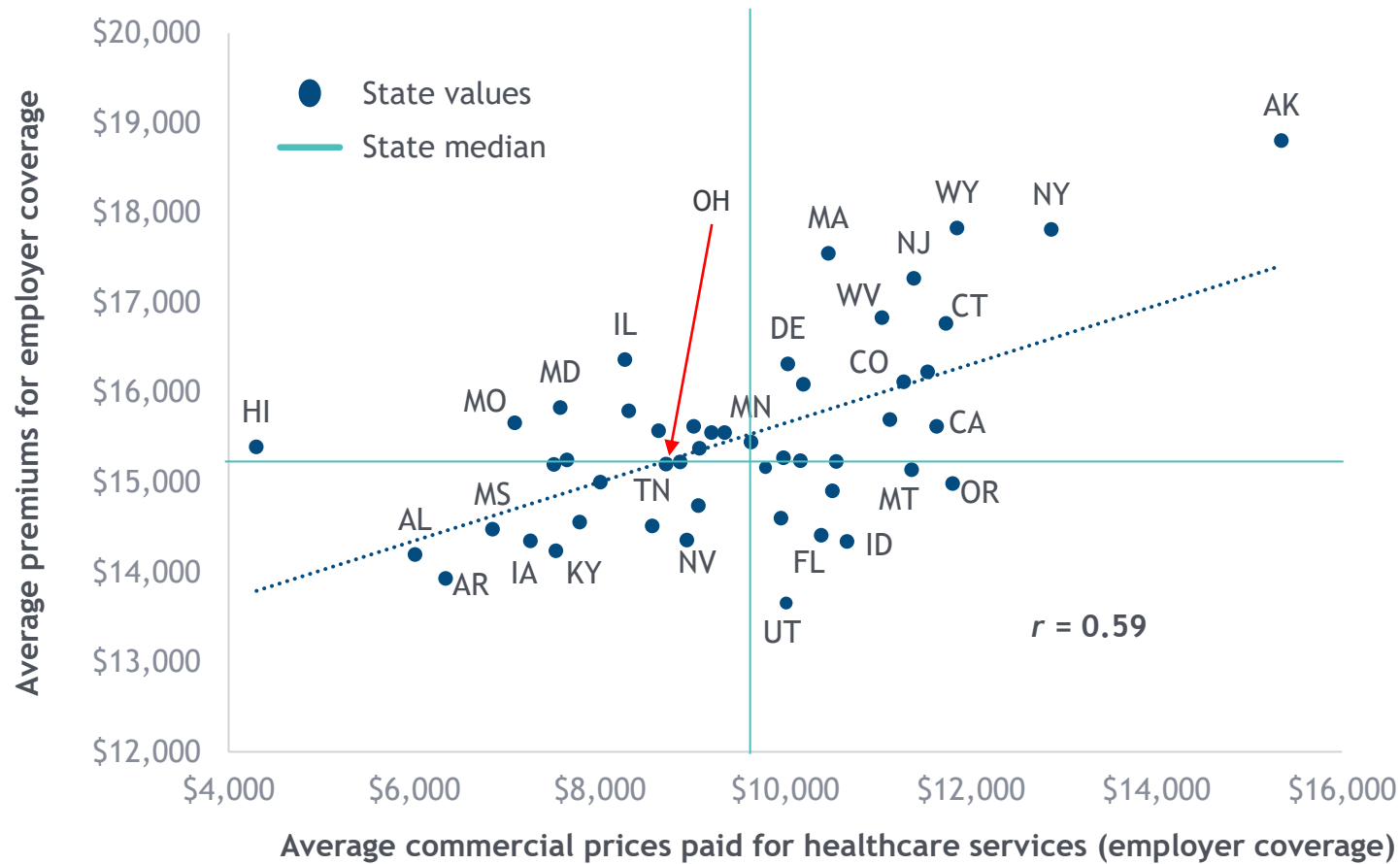
# Prices for hospital inpatient care paid by commercial insurers are higher than Medicare prices in every state



Source: David C. Radley, Sara R. Collins, and Jesse C. Baumgartner, "2020 Scorecard on State Health System Performance," Commonwealth Fund, Sept. 11, 2020.

EXHIBIT 11

# Higher premiums for employer coverage are associated with higher commercial prices for health care services (2017)

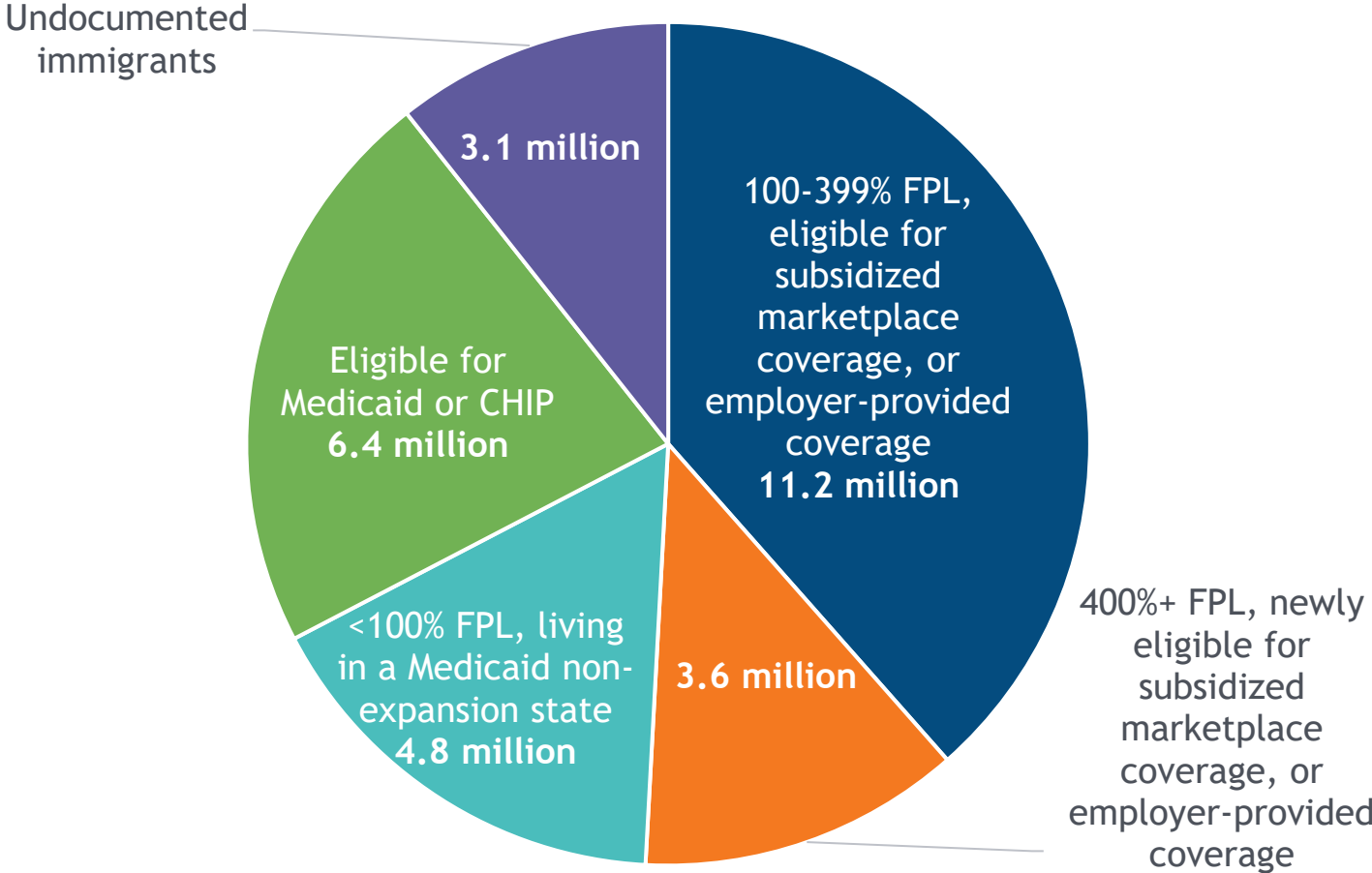


Notes: X- and Y-axes do not start at \$0. Abbreviations left off some states clustered near the U.S. average for legibility.

Source: David C. Radley, Sara R. Collins, and Jesse C. Baumgartner, "2020 Scorecard on State Health System Performance," Commonwealth Fund, Sept. 11, 2020.

# Who are the remaining uninsured?

29.2 million uninsured, under age 65, 2019



Source: Sara R. Collins and Gabriella N. Aboulafia, "Will the American Rescue Plan Reduce the Number of Uninsured Americans?," *To the Point (blog)*, Commonwealth Fund, Mar. 22, 2021.

# Biden Administration actions to increase coverage

The Biden administration has taken several actions to encourage more enrollment in the marketplaces including:

- Reopening HealthCare.gov for a second enrollment period this year through August 15;
- Allocating \$100m for marketplace advertising, which the Trump Administration had mostly ended;
- Reinstating \$2.3m for navigators who help people enroll in marketplace plans; the Trump Administration had cut more than \$50m from the program;
- Issued executive order directing federal agencies to reverse Trump era rules that had undermined the marketplaces and other fixes.

# The American Rescue Plan

There are several ways the ARP will help the uninsured get coverage:

- The ARP temporarily enhances marketplace subsidies including:
  - Zero-premium plans for people up to 150% FPL
  - Capped premiums for people with incomes 400% FPL and above at 8.5 percent of income
- Temporary insurance subsidies for people who lose jobs
  - Zero-premium marketplace plans for people who file for unemployment insurance
  - Free premiums for COBRA coverage for workers who lose their job-based coverage through September 2021
- Providing significantly more federal funding to the 14 non-expansion states to encourage them to expand their programs

# Premium Assistance and Cost Sharing Protections: ACA and ARP

FPL	Premium contribution as a share of income ACA	Premium contribution as a share of income ARP and Shaheen bill	Actuarial value: Silver plan ACA and ARP	Actuarial value: Gold plan Shaheen bill
100%- <138%	2.07%	0.0%	94%	95%
138%- 150%	3.10%-4.14%		94%	95%
150%- 200%	4.14%-6.52%	0.0%-2.0%	87%	95%
200%- 250%	6.52%-8.33%	2.0%-4.0%	73%	90%
250%- 300%	8.33%-9.83%	4.0%-6.0%	70%	90%
300%- 400%	9.83%	6.0%-8.5%	70%	85%
400%+	-	8.5%	-	-

# What additional policy changes are needed?

- Making the ARP premium subsidies permanent and improving the cost-protection of marketplace plans
- Allowing people with incomes below poverty in Medicaid nonexpansion states to enroll in marketplace plans
- Fixing the so-called family coverage glitch
- Fully reinstating funding for navigators and further expanding advertising and outreach efforts
- Encouraging enrollment in marketplace coverage and Medicaid by lifting enrollment barriers, simplifying plan choices, and letting eligible people enrolled in other public programs like food assistance automatically enroll in Medicaid
- Offering a choice of a government-operated “public plan” through the marketplaces and creating a mechanism that would automatically enroll uninsured people
- Allowing people with offers of employer coverage to enroll in the public plan.

# Thank you!



Gabriella Aboulaflia  
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# Questions



# Katherine Robb, MSPH

Senior Program Manager,  
Environmental Health

Center for Public Health Policy, APHA

# Power of policy: Looking forward to achieve health equity

**APRIL 7, 2021**

KATE ROBB, MSPH

Senior Program Manager

Environmental Health

Center for Public Health Policy



AMERICAN PUBLIC HEALTH ASSOCIATION

*For science. For action. For health.*

# American Public Health Association

**Vision-** Create the healthiest nation in one generation

**Mission-** Improve the health of the public and achieve equity in health status



# Equality



# Equity



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# Health Equity

- Ensures opportunities for everyone to attain their highest level of health
- Obstacles to health must be removed and their consequences

Creating the Healthiest Nation: Advancing Health Equity. <https://apha.org/Topics-and-Issues/Health-Equity>



# Social Determinants of Health



Source: Let's Get Healthy California, <https://letsgethealthy.ca.gov/sdoh/>

# Political Determinants of Health

- Involve the systematic processes of structuring relationships, distributing resources, and administering power
- Operates simultaneously in ways that mutually reinforce one another to shape opportunities that advance health equity or create, perpetuate, and exacerbate health inequities.

The Political Determinants of Health, Daniel E. Dawes



# Five Fundamental Drivers of Health Inequity

## 5 FUNDAMENTAL DRIVERS OF HEALTH INEQUITY



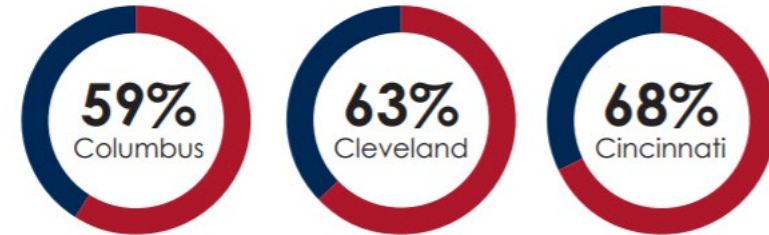
A Blueprint for Changemakers: Achieving Health Equity Through Law & Policy, ChangeLab Solutions.  
<https://www.changelabsolutions.org/product/blueprint-changemakers>

# Transportation

- Provides access to jobs, healthcare, grocery stores, and connects us with communities. Public transit reduces air pollution, vehicle crashes and increases physical activity.
- Communities of color and low-income communities experience transportation inequities:
  - Higher transportation costs and commutes
  - More likely to live near major roadways
  - Higher risk of health impacts of traffic-related pollutants



Percent of jobs that take **more than 90 minutes** to reach from low-income neighborhoods via transit, 2009-2011



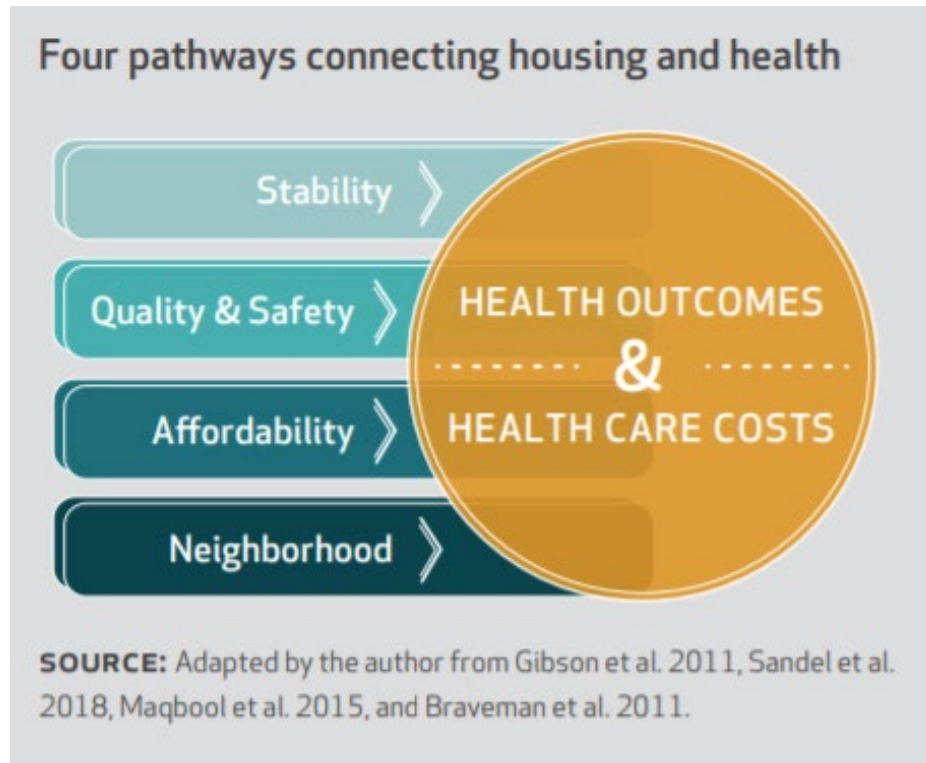
**Note:** Low-income is defined as under 80% Area Median Income.  
**Source:** Brookings Institution. Missed Opportunity: Transit and Jobs in Metropolitan America. 2011. (As cited in the Ohio Department of Transportation Transit Needs Study)

Image source: [https://www.healthpolicyohio.org/wp-content/uploads/2021/03/BudgetFactSheet\\_Transportation.pdf](https://www.healthpolicyohio.org/wp-content/uploads/2021/03/BudgetFactSheet_Transportation.pdf)

Healthy, Equitable Transportation Policy: Recommendations and Research, PolicyLink. <https://www.policylink.org/resources-tools/healthy-equitable-transportation-policy-recommendations-and-research>

Public Transportation System: Introduction or Expansion, CDC. <https://www.cdc.gov/policy/hst/hi5/publictransportation/index.html>

# Housing



Low-income communities and communities of color experience greater risk of mental and physical health issues as a result of their housing and neighborhood conditions.

Housing and Health: An Overview of the Literature. [https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/full/HPB\\_2018\\_RWJF\\_01\\_W.pdf](https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/full/HPB_2018_RWJF_01_W.pdf)

Creating the Healthiest Nation: Health and Housing Equity. <https://apha.org/Topics-and-Issues/Health-Equity>

# Education



- Strongly linked with life expectancy, healthy behaviors, and employment.
- Access to quality early childhood education increases likelihood to graduate from high school. Yet access to high-quality preschool varies by race, income and geography.
- Unmet need for subsidized preschools and disparities in access are most evident among BIPOC children.

Creating the Healthiest Nation: Advancing Health Equity. <https://apha.org/Topics-and-Issues/Health-Equity>

Public Health and Early Childhood Education: Support for Universal Preschool in the United States. APHA Policy Statement.  
<https://apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2018/01/18/Support-for-Universal-Preschool>

# Approaches to Advancing Health Equity

- Multisector, place-based partnerships addressing the drivers of health equity through policy change
- Health In All Policies
- Equity Impact Assessments
- Involve community residents in policy process
- Apply a racial equity lens

## Approaches to Advancing Equity

# Racial Equity Lens

- The process of paying disciplined attention to race and ethnicity while analyzing problems, looking for solutions, and defining success.
- Rejects a “color blind” approach
- Helps illuminate disparate outcomes, patterns of disadvantage, and root cause.

Grantcraft (2017). Grantmaking with a Racial Equity Lens. <http://grantcraft.org/content/guides/grantmaking-with-a-racial-equity-lens/>

U.S. Climate Action Network. Justice Equity Diversity and Inclusion Glossary  
[https://www.usclimatenetwork.org/justice\\_equity\\_diversity\\_and\\_inclusion](https://www.usclimatenetwork.org/justice_equity_diversity_and_inclusion)

# Racial Equity

The original guide describes four important features of a **racial equity lens**:

Analyzes data and information about race and ethnicity

Understands disparities and the reasons they exist

Looks at structural root causes of problems

Names race explicitly when talking about problems and solutions

# Racial Justice

A **racial justice lens** adds four more critical elements:

Understands and acknowledges racial history

Creates a shared affirmative vision of a fair and inclusive society

Focuses explicitly on building civic, cultural, and political power by those most impacted

Emphasizes transformative solutions that impact multiple systems

Source: <https://racialequity.org/grantmaking-with-a-racial-justice-lens/>

# Transportation Equity

- Adopt policies promoting multi-modal options (example-Safe Routes to School, Complete Streets)
- Prioritize transportation investments in low-income communities and communities of color
- Expand public transportation and equitable transit-oriented development

Healthy, Equitable Transportation Policy: Recommendations and Research, PolicyLink. <https://www.policylink.org/resources-tools/healthy-equitable-transportation-policy-recommendations-and-research>

Public Transportation System: Introduction or Expansion, CDC. <https://www.cdc.gov/policy/hst/hi5/publictransportation/index.html>



# Housing Equity

- Eliminate racist restrictive covenants in housing and property deeds
- Advocate for healthcare financing for healthy homes initiatives
- Implement proactive housing inspections
- Advocate for better tenant protection, such as just-cause eviction laws, free legal assistance for tenants in housing court or rent control policies
- Establish Community Land Trusts

# Educational Equity

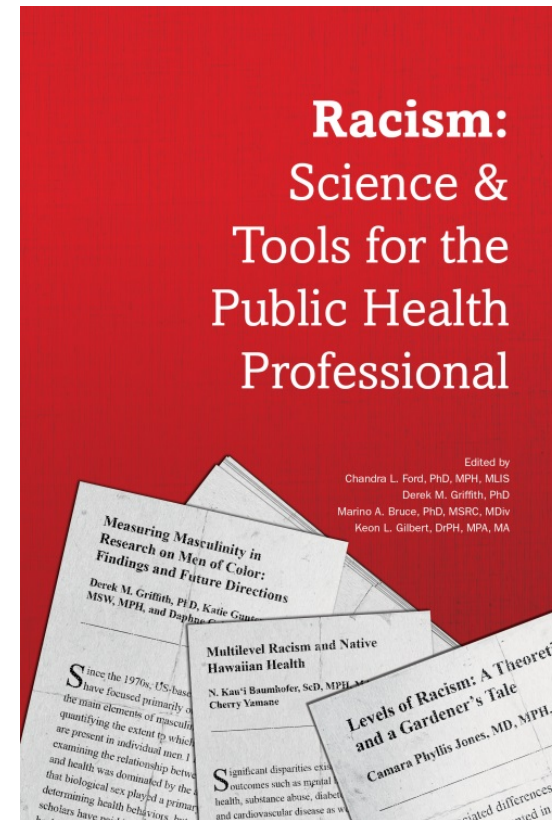
	 Structural Discrimination	 Wealth & Income	 Opportunity	 Power	 Governance
Child care subsidies	●	●	●		
Dropout prevention	●		●	●	
Equitable school discipline	●		●	●	
Trauma-informed social-emotional learning	●		●		
Universal preschool	●	●	●		

A Blueprint for Changemakers: Achieving Health Equity Through Law & Policy, ChangeLab Solutions.  
<https://www.changelabsolutions.org/product/blueprint-changemakers>

Helping Young Children Who Have Experienced Trauma: Policies and Strategies for Early Care and Education, Child Trends 2017

# APHA resources

- Racism: Science & Tools for the Public Health Professional
- Advancing Racial Equity Webinar Series
- Health Equity factsheet series
- APHA Affiliates- Equity, Diversity and Inclusion Self-Assessment Toolkit



[www.apha.org](http://www.apha.org)

## ACKNOWLEDGMENTS

Tia Taylor Williams, Director, Center for Public Health Policy and Center for School, Health and Education



## About APHA

The American Public Health Association champions the health of all people and all communities. We strengthen the public health profession, promote best practices and share the latest public health research and information. We are the only organization that combines a nearly 150-year perspective, a broad-based member community and the ability to influence policy to improve the public's health. Learn more at [www.apha.org](http://www.apha.org).



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# Questions



**Melinda J. Dutton, JD**

Partner

Manatt Health

# Investing in Health: Seven Strategies for States Looking to Buy Health, Not Just Health Care

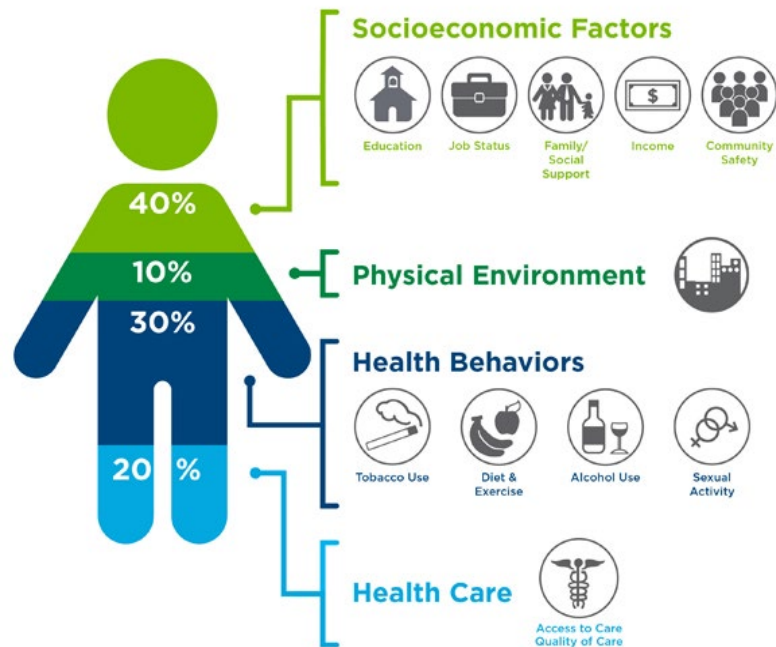
Health Policy Institute of Ohio

April 7, 2021



# Improvement in *Health Care* is Not Enough to Improve *Health*

Drivers of health, also called the social determinants of health (SDOH), are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

The Bridgespan Group



Socioeconomic factors, physical environments, and health behaviors drive health outcomes more than medical care.



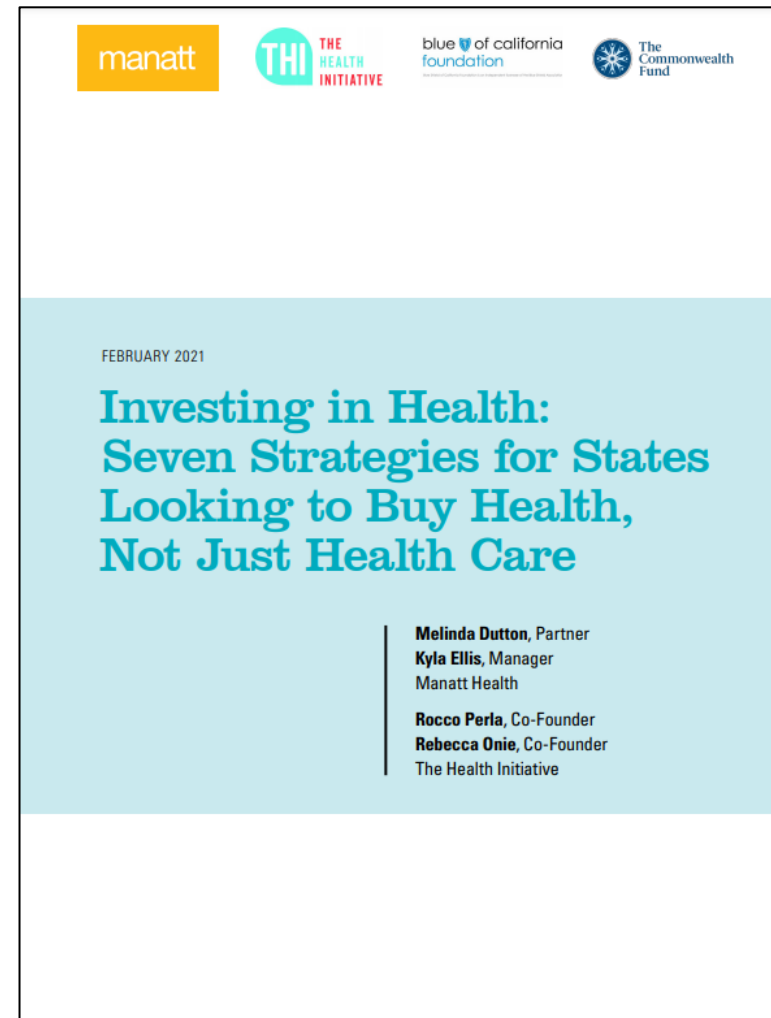
Having at least one unmet social need is associated with increased rates of depression, diabetes, hypertension, ED overuse, and clinic “no-shows.”



States and countries with higher ratios of social-to-health spending have statistically better health outcomes

(1) Booske, B.C., Athens, J.K., Kindig, D. A., et al. *Different Perspectives for Assigning Weights to Determinants of Health*. University of Wisconsin Population Health Institute. February 2010.  
(2) Bachrach, D., Pfister, H., Wallis, K. and Lipson, M. *Addressing Patients’ Social Needs: An Emerging Case for Provider Investment*. Commonwealth Fund. May 2014.  
(3) Blendon, R.J., Donelan K., Hill C., Scheck A., Carter W., Beatrice D., Altman, D. “Medicaid beneficiaries and health reform.” *Health Affairs*, 12, no.1 (1993): 132-143.

- **In the wake of a pandemic** we are faced with both the opportunity and the imperative for states to rethink their role in protecting and improving health.
- By making Investing in Health a central organizing principle, states can **leverage their purchasing power, regulatory authority, interagency partnerships and bully pulpit** to help change the paradigm of what the health system can and should achieve.
- States control a **large share of the health care spend** within their geographic markets. On average, one in five people are covered under Medicaid—making up 16% of national health expenditures
- **A recent report identifies** seven strategies that can help states bring scalable, sustainable integration of DOH into their state health care systems



## 1 Address DOH in combating COVID-19

*Examples:* **Michigan and Oregon** have provided DOH-related supports for quarantine and isolation—including housing supports and meal delivery

## 2 Integrate DOH into payment policy for providers and payors

*Examples:* **Massachusetts and Minnesota** have pursued risk adjustment models that include social risk factors

## 3 Develop shared assets and resources to enable interventions addressing DOH

*Examples:*

- **New Jersey** recently created Regional Health Hubs within the state's Office of Medicaid Innovation
- **Michigan and New Mexico** require community health workers as part of integrated care teams

## 4 Maximize participation in public programs that address DOH

*Example:* **North Carolina** seeks to maximize enrollment in existing key benefit programs, including SNAP and WIC

## 5 Create new standards for DOH quality, utilization and outcomes measurement

*Examples:* **Rhode Island** requires DOH screening as part of state quality reporting requirements

## 6 Make DOH central to states' innovation agendas addressing DOH

*Examples:* **North Carolina** focuses on a defined set of DOH domains and interventions that address the most prevalent individual and community DOH needs, promote health equity, and demonstrated efficacy.

## 7 Incentivize community accountability and stewardship

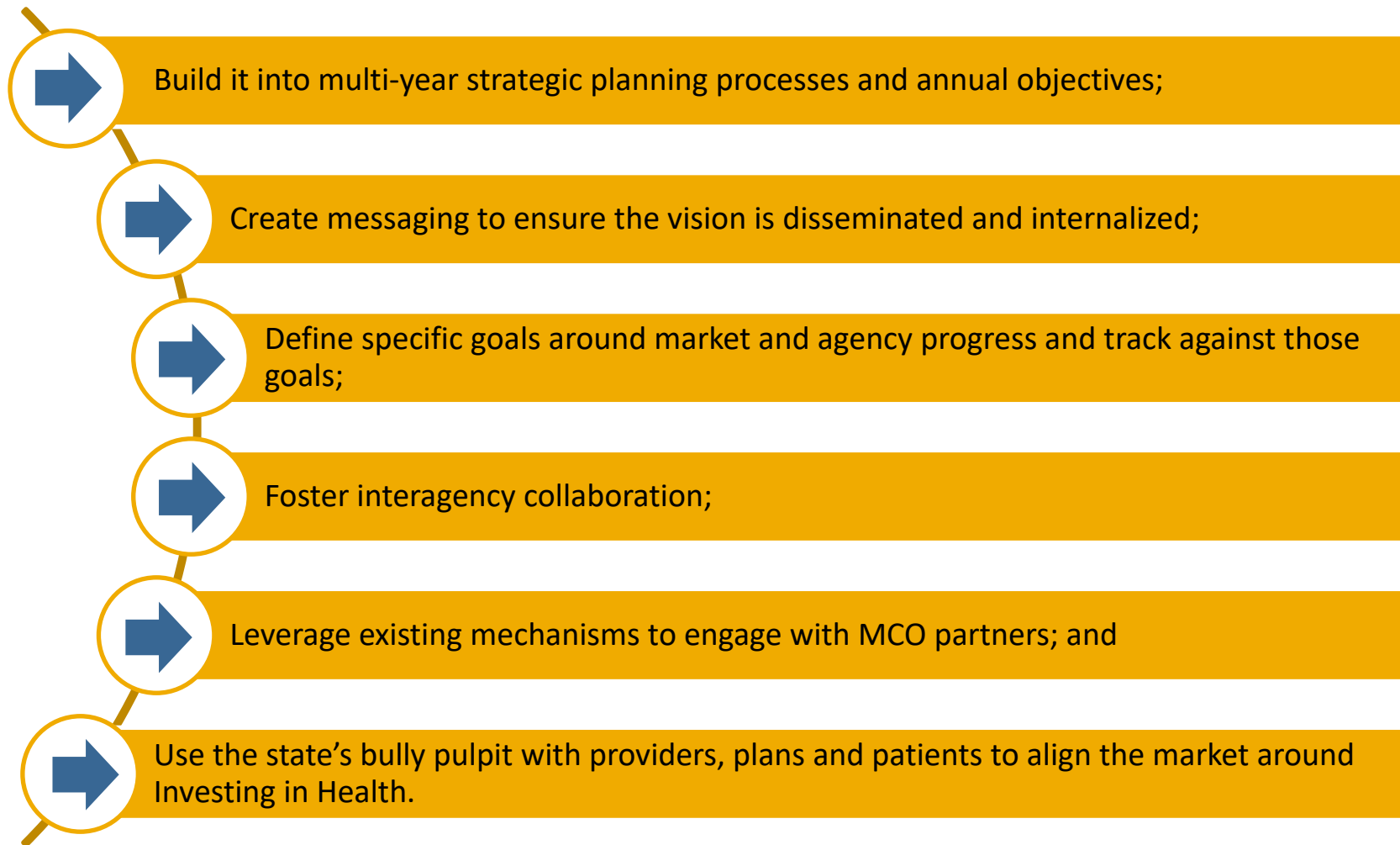
*Examples:* **Arizona** requires MCOs to contribute 6% of annual profits to community reinvestment and **Oregon** requires MCOs to reinvest a portion of excess net income or reserves to address DOH and health disparities



North Carolina has developed multiple shared assets to address DOH across all populations and payors while developing targeted requirements within Medicaid

- To identify and address DOH needs, North Carolina has developed a **standardized screening tool**; built a **statewide coordinated care network** to connect people with needs identified through screening with community resources; and created an **interactive statewide map of DOH indicators** to guide community investment.
- These efforts have focused on four priority domains—**housing** instability, lack of **transportation** and **food insecurity**, and addressing **adverse childhood experiences** and **toxic stress**—based on evidence linking them to health outcomes

Housing Services	Food/Nutrition Services	Services to Address Adverse Childhood Experiences (ACEs)/Toxic Stress
<ul style="list-style-type: none"> <li>• Housing navigation, support and sustaining wraparound services</li> <li>• Essential utility setup</li> <li>• Home remediation services</li> <li>• Short-term post-hospitalization housing</li> <li>• One-time payment for security deposit and/or first month's rent</li> </ul>	<ul style="list-style-type: none"> <li>• Food and nutrition access case management services</li> <li>• Group nutrition classes</li> <li>• Healthy food boxes</li> <li>• Food pantry prescription</li> <li>• Medically tailored home-delivered meals</li> </ul>	<ul style="list-style-type: none"> <li>• Dyadic/family therapy</li> <li>• Evidence-based parenting curriculum</li> <li>• Home visiting services</li> <li>• Violence intervention services</li> <li>• Intimate partner violence (IPV) case management services</li> </ul>



# Thank you!

111



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***[Investing in Health: Seven Strategies for States Looking to Buy Health, Not Just Health Care](#)** was written by Melinda Dutton and Kyla Ellis of Manatt Health, and Rocco Perla and Rebecca Onie of The Health Initiative, with significant contributions from Secretary Mandy Cohen of the North Carolina Department of Health and Human Services, Debbie I. Chang and Richard Thomason of Blue Shield of California Foundation, Melinda K. Abrams of the Commonwealth Fund, and subject matter experts from Manatt Health.*

*Support for this research was provided by Blue Shield of California Foundation and the Commonwealth Fund. The views presented here are those of the authors and not necessarily those of Blue Shield of California Foundation or the Commonwealth Fund or their directors, officers, or staff.*

# Questions



# POLL QUESTION



# Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visit your organization or speak at a meeting you host

# POLL QUESTION



Download slides and resources from today's forum  
on the event page at

<http://bit.ly/HPIOevents>



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