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.
Today’s agenda

• Welcome and overview
• HPIO’s recent equity work
• Spotlight: Connections between criminal justice and health
• Discuss HPIO and advisory group member equity work
• Elevating community voice
• Discuss HB 322 and HB 327
• Next steps
As a result of participating in this meeting, Advisory group members will:

- Have information on recent and upcoming HPIO and advisory group member equity work
- Provide feedback on HPIO’s approach to community engagement
- Be aware of House Bill 322 and House Bill 327
Meeting objectives

As a result of this meeting, HPIO will have guidance on:

• Priorities for upcoming equity work
• Ways to engage and elevate community voices
Participating in Zoom

Chat  Raise Hand  Q&A
HPIO Equity Advisory Group

HPIO is convening stakeholders across sectors in Ohio to bridge the gap in knowledge and understanding around health equity. HPIO’s Equity Advisory Group will provide a forum for developing more consistent and persuasive messaging to policymakers to advance health equity through policy. For more information, please email Reem Aly, Vice President, at rally@hpio.net.

Click here to see a list of Advisory Group members

Equity Advisory Group meeting materials 2021

[Next] Tuesday, July 27, 2021 from 1 p.m. – 3 p.m. (online via Zoom; log-in details provided in email invitation)

[Past] Tuesday, March 2, 2021 from 2 p.m. – 4 p.m (online via GoToWebinar)

This was a joint meeting with the Health Measurement Advisory Group. The purpose of the meeting was to prepare for the release of the 2021 Health Value Dashboard. Stakeholders provided feedback to help strengthen the impact of the Dashboard with policymakers and heard important information about using the Dashboard to influence the policymaking process and advance equity.
Advisory Group members
92 members (as of 7.22.2021)
### 2021 Equity Advisory Group

#### Sectors represented

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<thead>
<tr>
<th>Advocacy</th>
<th>Local health department</th>
<th>State agency</th>
<th>Housing</th>
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<tr>
<td>Provider/clinician</td>
<td>Education</td>
<td>Research/academia</td>
<td>Social service provider</td>
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<tr>
<td>Coalition or group supporting at-risk population</td>
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Advisory group purpose

- Provide guidance to HPIO on equity-related work
- Facilitate a common understanding and awareness of equity issues
- Develop a network of equity stakeholders across the state
HPIO’s equity work
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.
Closing Ohio’s health gaps

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 89.3 years in the Tow 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 3.7 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.”

3 key findings for policymakers
- Many groups of Ohioans experience troubling 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.
- The choices we make are often shaped by the environments in which we live. Because of this, many Ohioans face barriers to being healthy due to, for example, unequal access to high-quality education, a job that pays a self-sufficient income and adequate, stable housing.
- There are evidence-based approaches to closing Ohio’s health gaps. Closing Ohio’s health gaps requires a comprehensive approach that involves multi-sector, public- and private-sector stakeholder collaboration.

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Key HPIO equity milestones continued...

- **2019**
  - *Dashboard™* equity profiles and supplemental equity tools
  - HPIO Equity Advisory Group meeting

- **2020**
  - COVID-19 disparities updates (May-September)
  - Connections between racism and health brief

- **2021**
  - Housing, education and transportation equity fact sheets
  - *Dashboard™* equity profile
  - Connections between criminal justice and health brief
  - **Today** (July 2021)
Recent publications

Health Data Brief
Ohio COVID-19 disparities by race and ethnicity: September update

Health Policy Brief
Connections between racism and health equity: insights from Ohio's experience

Health Policy Fact Sheet
8-12 student wellness and health equity

Why does Ohio rank poorly?
Citizens with the worst outcomes face systemic issues

2021 HEALTH VALUE DASHBOARD
EQUITY PROFILES

Health Policy Brief
Connections between criminal justice and health

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HPIO’s internal equity work

Board and staff equity trainings

2019-2020

HPIO statement on racism and health

June 4, 2020

We are encouraged that many organizations, including ours at HPIO, are committing to address racism as a public health issue. There are evidence-based actions each of us can take to identify racial and other disparities in our systems and our communities. These are also early evidence that systemic racism can be improved by state and local policy makers and other leaders to ultimately improve health disparities and outcomes.

Equity statement

Approved by the HPIO Board of Directors, April 26, 2021

HPIO is committed to advocating equity to ensure all Ohioans achieve their full health potential. We understand that achieving equity requires eliminating racism and fostering a climate that values and supports culture and environment.

Equity statement

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Spotlight:
Connections between criminal justice and health
Modifiable factors that impact health

Social, economic and physical environment
(Community conditions, such as economic stability, food insecurity, criminal justice, housing and transportation)

Health behaviors
(Such as physical activity and tobacco use)

Clinical care
(Such as health care quality and access)

Underlying drivers of inequity
Racism and other forms of discrimination (i.e., ableism, ageism, sexism, xenophobia, homophobia, etc.), trauma, exposure to violence, toxic stress, stigma

Adult imprisonment rate per 100,000 population, by state, 2019

Source: Bureau of Justice Statistics
Health
Health, including substance use and mental health, can impact criminal justice outcomes, such as:
- Arrest
- Pretrial detention
- Incarceration
- Community and collateral sanctions

Engagement with the criminal justice system impacts health, safety and well-being at all levels of society

Criminal justice
Involvement in the criminal justice system can impact health outcomes, such as:
- Infectious disease
- Chronic disease
- Mental health conditions and addiction

Racism is a systemic and ongoing crisis with serious consequences for the health and well-being of Ohioans inside and outside of the criminal justice system. Racism, ableism, classism and other forms of discrimination drive disparities and inequities in criminal justice and health outcomes.

Community conditions are foundational drivers of outcomes in both criminal justice and health. Examples of community conditions include income, employment, education, housing, exposure to trauma and family well-being.
3 key findings for policymakers

- There is a two-way relationship between criminal justice and health
- Racism and community conditions contribute to criminal justice involvement and poor health
- There are evidence-informed policy solutions to combat the drivers of criminal justice involvement and poor health outcomes
What is the criminal justice system?
Law enforcement

Courts

Corrections
Adult imprisonment rate
per 100,000 population, U.S., 1978-2019

266% increase from 1978 to peak in 2007

Policy decisions contributing to high incarceration rates

• Drug control policies
• The money bail system
• Charges brought by prosecutors
How does health impact criminal justice involvement?
Drug dependence among incarcerated people in the U.S.

Prison: 58%
Jail: 63%
Overall population: 5%

Mental health problems among incarcerated people in the U.S.

Prison: 37%
Jail: 44%
Overall population: 20%

Source: U.S. Department of Justice, Bureau of Justice Statistics, Special report: Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2017 (data from 2011-2012)
Behavioral health crises
Access to behavioral health treatment
How does criminal justice involvement impact health?
Incarceration and health concerns

Examples:
- **Infectious diseases.** HIV, hep C, COVID-19
- **Chronic diseases.** Hypertension, diabetes, asthma
- **Behavioral health conditions.** Depression, PTSD, substance use disorder
Healthcare access and incarceration
For incarcerated people with "persistent medical problems", 20% in state prisons and 68% in local jails did not receive a medical examination.

What drives both criminal justice and health outcomes?
What drives both criminal justice and health outcomes?

Racism
Experiences of racism

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

- Black: 11.1%
- Hispanic: 10.1%
- Asian: 6.6%
- White: 0.6%

The rate for Black children is 17.3 times more than White children.

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

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

- Black: 20.5%
- White: 3.6%

The rate for Black children is 5.6 times more than White children.

Source: HPIO analysis of Behavioral Risk Factor Surveillance System. Data provided by the Ohio Department of Health upon request.
Ohio incarcerations in state prison per 100,000 population, by race, July 2020

Source: HPIO analysis of Ohio Department of Rehabilitation and Corrections annual report and Population Division, U.S. Census Bureau
What drives both criminal justice and health outcomes?

Income, employment and education
The pre-incarceration median income for justice-involved people is 41% lower than the median income of other Americans of similar ages.

Collateral sanctions in state law

2021

Source: HPIO analysis, National Inventory of Collateral Consequences of Conviction
What drives both criminal justice and health outcomes?

Trauma and family well-being
What drives both criminal justice and health outcomes?

Housing and homelessness
Taking action
To improve criminal justice and health outcomes:

• Support mental well-being and improve crisis response
• Reduce the number of people incarcerated
• Improve health for people who are currently or formerly incarcerated
• Improve community conditions
Improve crisis response
Reduce collateral sanctions
Who is at higher risk of criminal justice involvement?

- Black Ohioans and other people of color
- People with low incomes
- People with behavioral health and/or disabling conditions
- People who were formerly incarcerated
There is a two-way relationship between criminal justice and health.

Racism and community conditions contribute to criminal justice involvement and poor health.

There are evidence-informed policy solutions to combat the drivers of criminal justice involvement and poor health outcomes.
Questions?
Criminal Justice and Health Advisory Group

HFIO is facilitating a project, with guidance from a multi-sector advisory group, focused on the connections between the criminal justice system and health. The foundational policy brief for the project provides information on the:

- Impacts of criminal justice involvement on health outcomes
- Impacts of poor health on criminal justice involvement
- Impacts of racism and other underlying factors on criminal justice and health outcomes (including poverty, employment, education, housing and neighborhood conditions, and family and community violence)
- Actions state policymakers and other stakeholders can take to improve criminal justice and health outcomes in Ohio (i.e., policy options)

Click here to see a list of Advisory Group members

For more information, please contact Hailey Akoh, Senior Health Policy Analyst, at hakoh@healthpolicyohio.org.
Criminal Justice and Health

Thursday, July 29, 2021
1:30 pm-2:00 pm

For details or to register, visit https://www.hpio.net/category/events
HPIO and advisory group member equity work
1. What conversations on equity have you been having within your organization?
2. Have those discussions sparked any changes to your mission or how you do your work?
3. What equity-related work are you engaged in?
Survey results

Objective: To gather feedback on
1) HPIO’s planned and potential equity work for 2021 and 2022
2) How HPIO can better engage and elevate the voices of community members

Response: 31 respondents (34% response rate)
Survey results: EAG member equity priorities

• Authentically engaging and/or tailoring policies and practices to support systematically disadvantaged communities: 71% (22)

• Focusing on internal processes and procedures: 68% (21)
Survey results: Feedback on HPIO priorities

• Toolkit of resources to advance equity through data and target setting: 74% (23)

• Publication focused on gaps in the collection of disaggregated data: 55% (17)

• Develop a publication on the connections between the racial wealth gap and health outcomes 52% (16)
Survey results: Feedback on HPIO priorities

Other suggestions:
• Health equity and disparities in rural/Appalachian regions of Ohio (2)
• Elevate HPIO’s internal equity journey
• Housing instability and health
• Impact of intersectionality on health
• Bipartisan efforts to advance health equity
Planned equity work
Acting to advance equity and eliminate racism fact sheets

- **Individuals and groups**
  - **Goal:** Eliminate beliefs and acts of racial prejudice, stereotype, oppression or privilege

- **State and local government**
  - **Goal:** Eliminate racist policies, practices and structures across governmental agencies and systems; extend and share policymaking leadership and power with communities of color

- **Public and private organizations**
  - **Goal:** Eliminate racist policies and practices across organizations; extend leadership and power with communities of color

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Planned equity work

Criminal justice and racism
Potential equity work

Equity data tools
Equity economic impact analysis
Elevating community voice
Discussion

1. What thoughts do you have on HPIO’s planned or potential equity work?
2. Are there other issues that you think HPIO should be focusing on?
Elevating Community Voice
Community engagement

A process of ongoing collaboration with community members, based on a foundation of partnership and trust, to address issues affecting the community and improve health and well-being.
Community engagement continuum


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Best practices

• Build relationships early in the process
• Recognize current and historical community context
• Resolve barriers to engagement
• Value both lived and technical experience
• Create an engagement plan
Elevating community voice
Survey results

Would it be valuable for HPIO to more directly engage community members?
• Yes, it would be extremely valuable: 90% (28)
• Yes, it would be moderately valuable: 6% (2)
• Unsure about the value for HPIO’s purposes: 3% (1)
Survey results

Most frequently engaged communities by advisory group members:

- Ohioans of color: 85% (23)
- Ohioans with low incomes or educational attainment: 70% (19)
- Immigrants or refugees: 44% (12)
- Ohioans living in rural or Appalachian regions: 44% (12)
Survey results

Ability to support HPIO’s efforts to connect with and elevate the voices of community members:

- Yes: 89% (24)
- Other (depends on organization): 11% (3)
Discussion

1. What thoughts do you have on HPIO’s approach?
2. What ways can HPIO work with partners to elevate community voice?
3. Are there organizations or individuals that HPIO could be working with?
H.B. 322

and

H.B. 327
Discussion

1. What conversations have you had about this legislation, if any?
2. Has your organization discussed taking any action on this legislation? What has been discussed?
Next steps