



HPIO Equity Advisory Group

July 27, 2021



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



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

Meeting objectives

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

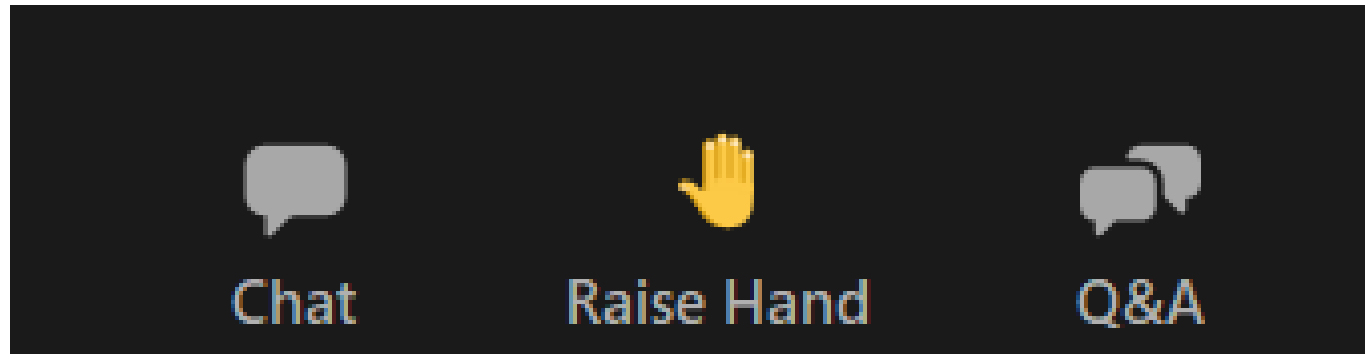
- Have information on recent and upcoming HPIO and advisory group member equity work
- Provide feedback on HPIO's approach to community engagement
- Be aware of House Bill 322 and House Bill 327

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



HPIO Equity Advisory Group

[Home](#) > [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 raly@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

Advocacy	Local health department	State agency	Housing
Provider/clinician	Education	Research/academia	Social service provider
Coalition or group supporting at-risk population	Health plan/private insurer/managed care	Grassroots community organizing	Community/economic development
Education/job training	Philanthropy	Employment services/income	Business

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

Poll question

HPIO's equity work

Early equity days

health policy institute of ohio

Ohio public health basics

January 2013

What is public health?

The World Health Organization defines public health as "the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society."¹ To accomplish its mission of assuring that people live in healthy conditions, the public health system:

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and supports healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services²

Populations and groups of residents, rather than individual patients (see Figure 1)

Prevention of health problems before they occur, rather than treatment of existing diseases or conditions

All factors that affect health, including social and economic factors, the physical environment, health behaviors, access to health care and health equity

The public health system is made up of both public and private organizations that work to advance the overall health of the population, including local, state, and federal government agencies and nonprofit, community-based groups. This publication focuses on **state and local governmental public health**, which is charged with the responsibility of leading the public health system within Ohio and assuring that public health functions are provided in local communities.

Although it works closely with the medical care and social service systems, the field of public health is distinct from other approaches to improving health because of its primary focus on:

Figure 1. Medical care and public health

Medical care	Public health
patient	population
disease, condition	health priority
causative agent	behavioral, environmental, social condition
Practitioner or specialist	Public health system
Clinical diagnosis	Epidemiological investigation
Treatment plan	Program, policy, service
Follow-up care	Evaluation, monitoring

Source: Public Health 101: A Short Course, The Center for Public Health Practice, The Ohio State University College of Public Health, 2012.

2013

November 2014

health policy brief

What is "population health"?

"It is no longer sufficient to expect that reforms in the medical care delivery system (for example, changes in payment, access and quality) alone will improve the public's health."
— Institute of Medicine (IOM)¹

Purpose

The emergence of "population health" as a significant component of healthcare reform reflects widespread recognition that factors outside of the healthcare system, such as the social, economic and physical environment, must be addressed in order to improve the health of the overall population. While there is growing agreement on the importance of population health, there is a lack of consensus on a single, actionable definition of the term. Healthcare system and public health stakeholders tend to define population health differently, which has hampered efforts to work across sectors to improve population health.

Population health in the Triple Aim and State Innovation Models (SIM)

Population health is one of the components of the Institute for Healthcare Improvement's (IHI) widely-used Triple Aim framework (see Figure 1). Echoing the Triple Aim, the US Centers for Medicare and Medicaid Services (CMS) includes population health as one of the three focus areas for the Innovation Center State Innovation Models (SIM) initiative which provides funding for states to design and test new payment and healthcare delivery models. Ohio was one of 16 states to receive a design grant in 2013 for Round One of the SIM. In July 2014, the Ohio Governor's Office of Health Transformation (OHT) applied for SIM Round Two funding to accelerate health system transformation in Ohio. SIM Round Two requires grantee states to develop a statewide Population Health Improvement Plan. Funding decisions for SIM Round Two are expected by the end of 2014.

Figure 1. Triple Aim and State Innovation Model (SIM) focus areas

In 2014, with support from the National Network of Public Health Institutes (NNPHI) through a Robert Wood Johnson Foundation-funded project, the Health Policy Institute of Ohio convened a group of healthcare and public health stakeholders to develop a consensus definition of population health for Ohio. The purpose of this work is to operationalize the concept of population health in a way that is useful to Ohio's health leaders in designing population health improvement strategies, such as state-level health improvement plans and local improvement plans led by nonprofit hospitals, local health departments, United Ways and others.

This brief describes the consensus understanding of population health that resulted from discussions among members of the HPIO Population Health Definition Workgroup.

2014

April 2014

health policy brief

The role of diversity in Ohio's health workforce

Introduction

Ohio's health workforce plays a key role in ensuring that Ohioans have access to high quality health services that are appropriate, comprehensive and integrated. Driven by a rapidly aging population and the expansion of subsidized health coverage through the Affordable Care Act (ACA), the demand for health services is expected to increase substantially in the coming years. This increased demand for health services, coupled with an expected demographic shift toward a more racially, ethnically and culturally diverse population, has intensified the demands on Ohio's health workforce.

What is a diverse health workforce?

A diverse health workforce ensures that the characteristics and distribution of health workers is reflective of the characteristics and distribution of the patient population.

Across a number of health professions, data demonstrates that individuals from racial and ethnic minorities are underrepresented in the health workforce (referred to as underrepresented minorities).¹ Data also suggests the same for individuals coming from rural or Appalachian regions and poor socio-economic backgrounds.²

This policy brief highlights how diversifying Ohio's health workforce, by increasing the presence of racially and ethnically diverse populations, individuals from poor socio-economic backgrounds and rural or Appalachian Ohio (referred to as underrepresented populations)

can contribute to a number of benefits, including increased access to health services for Ohio's most underserved populations. This brief also discusses a number of strategies that can be implemented to diversify Ohio's health workforce.

A snapshot of Ohio's population, all ages, 2012

Race/Ethnicity	Percentage	Below poverty level
White	83%	12% below poverty level
African American	12%	33% below poverty level
Hispanic or Latino	3%	29% below poverty level
Native American	0.2%	28% below poverty level
Asian	2%	13% below poverty level
Pacific Islander	0.02%	17% below poverty level
Other race	0.8%	31% below poverty level
Two or more races	2%	30% below poverty level

Note: Percent below poverty level is within past 12 months.
Source: U.S. Census Bureau, "2008-2012 ACS 5-Year Narrative Profiles," http://www.census.gov/acs/www/data_documentation/2012_narrative_profiles/.

2014

Key HPIO equity milestones



Health Value Dashboard™ Equity Workgroup meetings
(2015 and 2017)



HPIO Equity Advisory
Group meetings
(January 2018-present)



Roadmaps
to Equity:
Opportunities
for Closing
Health Gaps
regional forums



Inaugural 2017
Dashboard™
equity profiles



HPIO equity
resource page
release



Equity strategic
messaging forum



Closing Ohio's
health gaps:
Moving towards
equity brief

2015

2016

2017

2018

Equity consensus 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.

Closing Ohio's health gaps



Health Policy Brief

Closing Ohio's health gaps Moving towards equity

October 2018

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 Franklinton neighborhood of Columbus (Franklin County) compared to 89.2 years in the Stow area (Summit County).¹ 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.²
- Ohioans with disabilities are four times as likely to experience depression than Ohioans without disabilities.³
- 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.⁴

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 equity⁵ 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."

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.

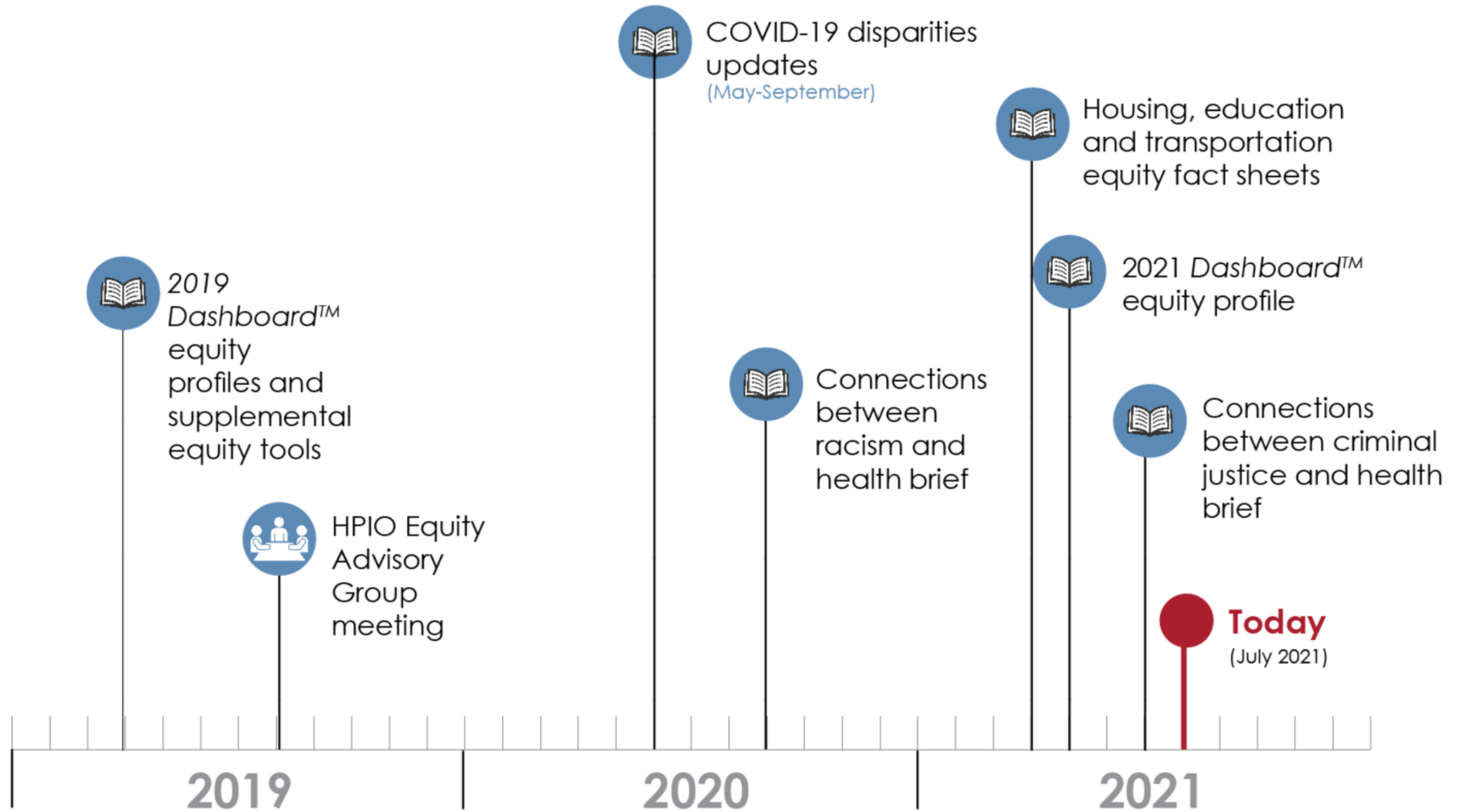
The definition highlights the *what* and the *how* of health equity:

- *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."

Key HPIO equity milestones continued...



Recent publications

Health Data Brief

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

08.14.2020

The disproportionate impacts of COVID-19 on communities of color across the U.S. and in Ohio, particularly within the Black/African American community, have become increasingly apparent over the past several months.

As of Aug. 29, 2020, 771 Black/African American, 12 Hispanic/Latino and 52 Asian American/Chicanos died with COVID-19. To put existing information into context, this brief provides Ohio-specific data on:

- COVID-19 cases, hospitalizations and deaths among Black/African American and white Ohioans relative to their respective proportions of the state population
- COVID-19 deaths in 2020 compared to leading causes of death in 2018 among Black/African American Ohioans
- The percentage of cases with unknown race and ethnicity data in Ohio counties

As of Aug. 29, 2020, there have been 27,637 COVID-19 cases, 4,070 hospitalizations and 771 deaths among Black/African American Ohioans.

Figure 1 compares COVID-19 deaths for Black and white Ohioans relative to their proportions of the state's total population. Black/African American Ohioans are overrepresented in COVID-19 cases (22.8%), hospitalizations (30.6%) and deaths (18.7%) compared to their respective percent of the state population (13.1%). In contrast, white Ohioans comprise 81.7% of Ohio's population.

Figure 1. COVID-19 cases, hospitalizations and deaths through Aug. 29, 2020 compared to population estimates, by race

Race	Population %	Cases %	Hospitalizations %	Deaths %
Black/African American	13.1%	22.8%	30.6%	18.7%
White	81.7%	53.1%	56.9%	77.5%

Why does Ohio rank poorly?

2 Ohioans with the worst outcomes face systemic disadvantages

- Racism and other forms of discrimination drive troubling differences in outcomes across Ohio. This includes racial and discriminatory beliefs and interactions among Ohioans and structural racism and discrimination embedded within systems and across sectors, rooted in religion, classism, xenophobia, homophobia and other "isms" or "phobias."
- Ohioans experiencing the worst health outcomes are also more likely to be exposed to risk factors for poor health. These include trauma and adversity, toxic stress, violence and stigma, and inequitable access to resources.

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

One in 10 Black children in Ohio is treated unfairly due to their race, 17 times higher than the rate for white children

If these inequities were eliminated:

- 58,507 fewer Black children and 13,370 fewer Hispanic children would experience food insecurity
- 362,917 fewer low-income households would be burdened for housing
- 238,174 more Ohioans with less than a high school diploma would have broadband internet access
- 181,488 Ohioans with disabilities would not have to delay health care due to cost

How can we improve through state policy?

- Advance anti-racial and anti-discriminatory policies by promoting diversity, equity and inclusion in leadership, engaging in training on racism, discrimination and its impacts, and improving access to culturally and linguistically competent information and services
- Level the playing field, starting with increasing funding and/or allocating one-time federal COVID-19 relief funding to reach hazard mitigation, construction of accessible, affordable, quality housing for people with very low income, mental substance initiatives and election prevention
- Identify gaps in outcomes and evaluate policy impacts by building systems and capacity across the public and private sectors to collect and track out-comes on systematically disadvantaged Ohioans (e.g., race and ethnicity, disability status, education and income)

APRIL 2021

For all HPIO Health Value Dashboard material, visit www.hpio.net/2021-health-value-dashboard

Health Policy Brief

Connections between racism and health

Taking action to eliminate racism and advance equity

08.14.2020

Overview

Data and research evidence are clear that racism is a systemic and ongoing crisis with serious consequences for the health and wellbeing of Ohioans.

In recent months, the link between racism and health has come to the forefront of public discussion. COVID-19 infections, hospitalizations and deaths have disproportionately affected Ohioans of color. At the same time, Ohio and the rest of the nation are grappling with waves of protests and public calls to address racism in light of the disparate and excessive use of police force against communities of color. These issues have exposed the many obstacles communities of color face, including higher rates of poverty, exposure to environmental hazards and overall poor health outcomes.

As state and local leaders commit to address racism as a public health crisis, this publication outlines action steps that can be taken to eliminate racism and advance equity. This brief provides:

- A definition and explanation of racism
- A brief summary of research on the connections between racism and health
- Action steps that individuals, groups, public and private organizations and state and local government leaders can take to eliminate racism and advance equity

Why should we focus on racism?

Ohio consistently ranks among the bottom half of states on measures of health and wellbeing. For example, Ohio's America's Health Policy Institute Dashboard, Ohio D.C. on health and population health ranking in the top Ohioans are less healthy care than

3 key findings for policymakers

- Racism is a health crisis. The research is clear that racism is an ongoing crisis resulting in inequities and disparities that have led to serious consequences for the health and wellbeing of Ohioans of color.
- Racism manifests directly and indirectly across all levels of society. Most conversations on racism focus on the individual level (internalized or interpersonal racism). However, systemic racism (institutional or structural) is an even more pervasive driver of the poor outcomes faced by communities of color.
- Many opportunities to dismantle racism exist. While addressing the impact of hundreds of years of racism in our country is daunting, progress is possible and there are multiple opportunities for action.

A key reason for Ohio's poor performance is that many Ohioans, particularly communities of color, face barriers to health. Ohio is in the bottom quartile (42 out of 50 states) for African American child wellbeing based on the Annie E. Casey Foundation 2017 Index for Health. Research indicates that Black/African American children in

2021 HEALTH VALUE DASHBOARD EQUITY PROFILES

APRIL 2021

For all HPIO Health Value Dashboard material, visit www.hpio.net/2021-health-value-dashboard

Health Policy Fact Sheet

K-12 student wellness and health equity

03.26.2021

Why is K-12 student wellness important?

Students with untreated physical or mental health conditions often struggle academically and are more likely to be absent from school than their healthier peers. Many Ohio children experience serious health issues, including depression, anxiety, loneliness and trouble accessing care. Research has shown that schools can positively impact academic success and educational attainment through student wellness and health improvement efforts, such as school-based health care, drug and violence prevention and social-emotional learning programs.¹

Common health issues among school-age children in Ohio, 2018-2019

Health Issue	Percentage
Mental, emotional, developmental or behavioral problems	25%
Asthma	11%
Decayed teeth or cavities	18%
Did not receive needed care or coordination	24%

How does K-12 student wellness affect health equity?

K-12 student wellness can improve educational attainment and close troubling gaps in outcomes for Ohio children who are at the greatest risk for experiencing poor health. This includes closing gaps in:

Attendance

Healthy one-quarter of Black children in Ohio (23%) were chronically absent during the 2019-2020 school year, compared to 15% of white children in Ohio.²

Chronic absenteeism, Ohio, 2019-2020 school year

Race	Percentage
Black	23%
Hispanic/Latino	15%
White	8%

High school graduation

The percent of high school students in Ohio who did not graduate in four years was 3.7 times higher for students with low incomes compared to peers with higher incomes.³

Percent who do not graduate high school in four years, Ohio, 2018-2019 school year

Income Level	Percentage
Low income	15%
High income	4%

Care coordination

Among children in Ohio with special healthcare needs who needed care coordination, 41% did not receive needed care coordination in 2018-2019.⁴

Suicide

The suicide rate for youth, ages 8-17, in Appalachian counties in Ohio was 1.3 times higher than the overall youth suicide rate in 2018.⁵

Residents of Appalachian counties

Location	Rate
Ohio	8.7
Appalachian counties	11.5

Health Policy Brief

Connections between criminal justice and health

03.26.2021

Overview

According to the HPIO Health Value Dashboard, Ohio ranks 47 out of 50 states and D.C. on health value — a composite measure of population health outcomes and healthcare spending, incarceration, arrest and crime contribute to Ohio's poor health value rank.

The brief summarizes research on the complex connections between criminal justice and health (see figure 1), with a focus on the impact of criminal justice involvement on health and well-being. The brief also outlines policy options that state policymakers and other community leaders can take to reduce incarceration and improve the health of Ohioans at highest risk of criminal justice involvement.

The research evidence is clear that poor mental health and addiction are risk factors for criminal justice involvement and that incarceration is detrimental to health. Changes to health and well-being are particularly striking for Ohioans who are at highest risk of criminal justice involvement (described in the following sections).

3 key findings for policymakers

- There is a two-way relationship between criminal justice and health. Mental health and addiction challenges can lead to arrest and incarceration, and incarceration contributes to poor behavioral and physical health for many Ohioans.
- Racism and community conditions contribute to criminal justice involvement and poor health. Racial and discriminatory policies and practices and community conditions, such as poverty, housing instability and exposure to trauma, lead to increased criminal justice involvement and drive poor health outcomes.
- Improvement is possible. There are evidence-informed policy solutions to combat the drivers of criminal justice involvement and poor health outcomes.

Figure 1. The relationship between criminal justice and health

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

Communities

Individuals

Criminal justice

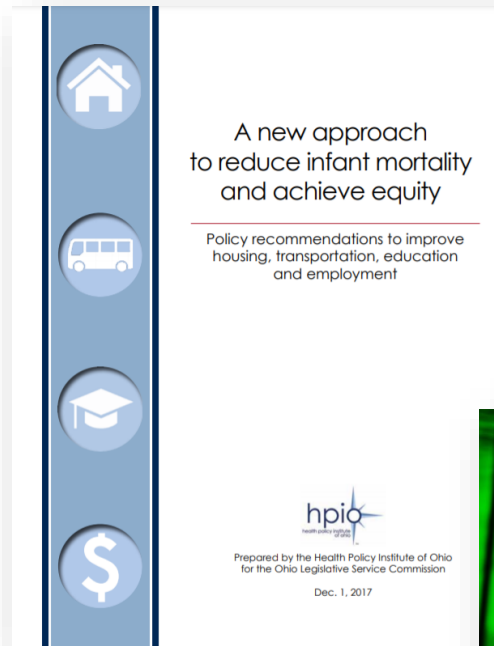
Involvement in the criminal justice system can impact health outcomes, such as:

- Chronic disease
- Mental health conditions and addiction

Racism is a systemic and ongoing crisis with serious consequences for the health and wellbeing of Ohioans inside and outside of the criminal justice system. Racism, 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.

Equity and state policy



A new approach
to reduce infant mortality
and achieve equity

Policy recommendations to improve
housing, transportation, education
and employment



hpio
Health Policy Institute of Ohio

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



Population health
status report on
**maternal and
child health in
Ohio**



Component of Ohio's 2020 State-wide Five-Year
Maternal and Child Health Needs Assessment

September 2019



**COVID-19 OHIO
MINORITY HEALTH
STRIKE FORCE
BLUEPRINT**

**MORE
THAN A
MASK**



Ohio | Department of
Aging

2020-2022
**Strategic Action
Plan on Aging**



February 2021



SHIP

Health Improvement Plan
2022

April 2020

HPIO's internal equity work

Board and staff equity trainings

2019-2020

HPIO statement on racism and health

[Home](#) > HPIO statement on racism and health

June 4, 2020

The data and research evidence are clear that racism is a systemic and ongoing public health crisis with serious consequences for the health of Ohioans. It is also clear that racism is a crisis with profound and pervasive impacts across all the factors that shape our health. This includes our healthcare, education, housing, food, economic, criminal justice and political systems, among others.

Racist policies such as slavery, Jim Crow laws and redlining were eliminated years ago, but the long-term impacts of these policies persist. The perpetuation of racism within our society is ongoing and its impact has accumulated and compounded over time. As a result, communities of color, particularly Black/African-American Ohioans, experience deeply troubling inequities that lead to large disparities in health outcomes.

We are encouraged that many Ohioans, including state and local leaders, are committing to address racism as a public health crisis. There are evidence-informed actions each of us can take to eliminate racism and other prejudices within ourselves and our communities. There are also many evidence-informed policies that can be implemented by state and local policymakers and other leaders to eliminate health disparities and inequities.

The following HPIO resources provide data on disparities and inequities in Ohio and information on how to advance equity:

- **All of HPIO's equity-related work**
- **HPIO equity resource page**
- **Ohio COVID-19 Disparities by Race** – HPIO data brief (May 2020)
- **2019 Health Value Dashboard equity profiles** (and full Dashboard) (April 2019)
- **Closing Ohio's Health Gaps: Moving Towards Equity** – HPIO policy brief (October 2018)
- **A New Approach to Reduce Infant Mortality and Achieve Equity: Policy Recommendations to Improve Housing, Transportation, Education and Employment** – Report written by HPIO, under contract with the Legislative Services Commission (December 2017)

June 4, 2020

Equity statement

[Home](#) > Equity statement

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

HPIO is committed to advancing equity to ensure all Ohioans achieve their full health potential. We understand that achieving equity requires eliminating injustices and fostering a diverse, inclusive and accessible culture and environment.

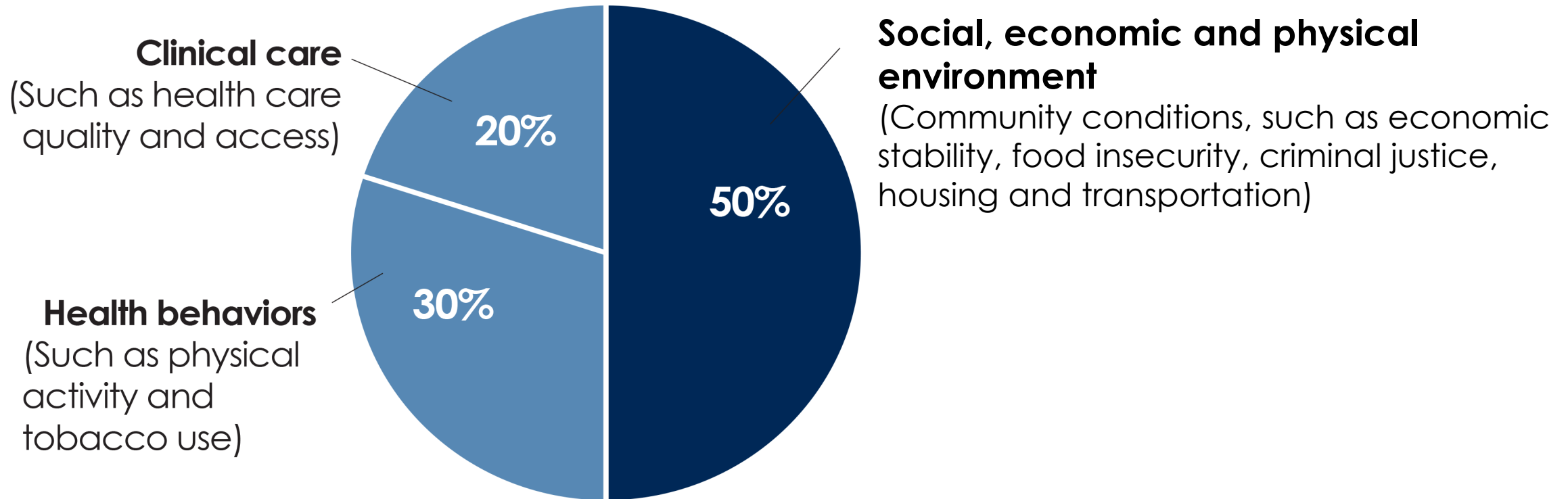
HPIO's commitment is rooted in an understanding that:

- Systems, policies and beliefs unfairly favor some Ohioans over others.
- Systematically disadvantaged communities face historical and contemporary obstacles to good health driven by racism, ageism, ableism, sexism, classism, xenophobia, homophobia, transphobia, and religious, geographic, and other forms of discrimination.
- Individuals can be further negatively impacted when their identities intersect across systematically disadvantaged groups (e.g., Ohioan of color with a disability).
- Diversity across perspectives, lived experiences and identities strengthens organizational culture and performance.

April 26, 2021

Spotlight:
Connections
between criminal
justice and health

Modifiable factors that impact health

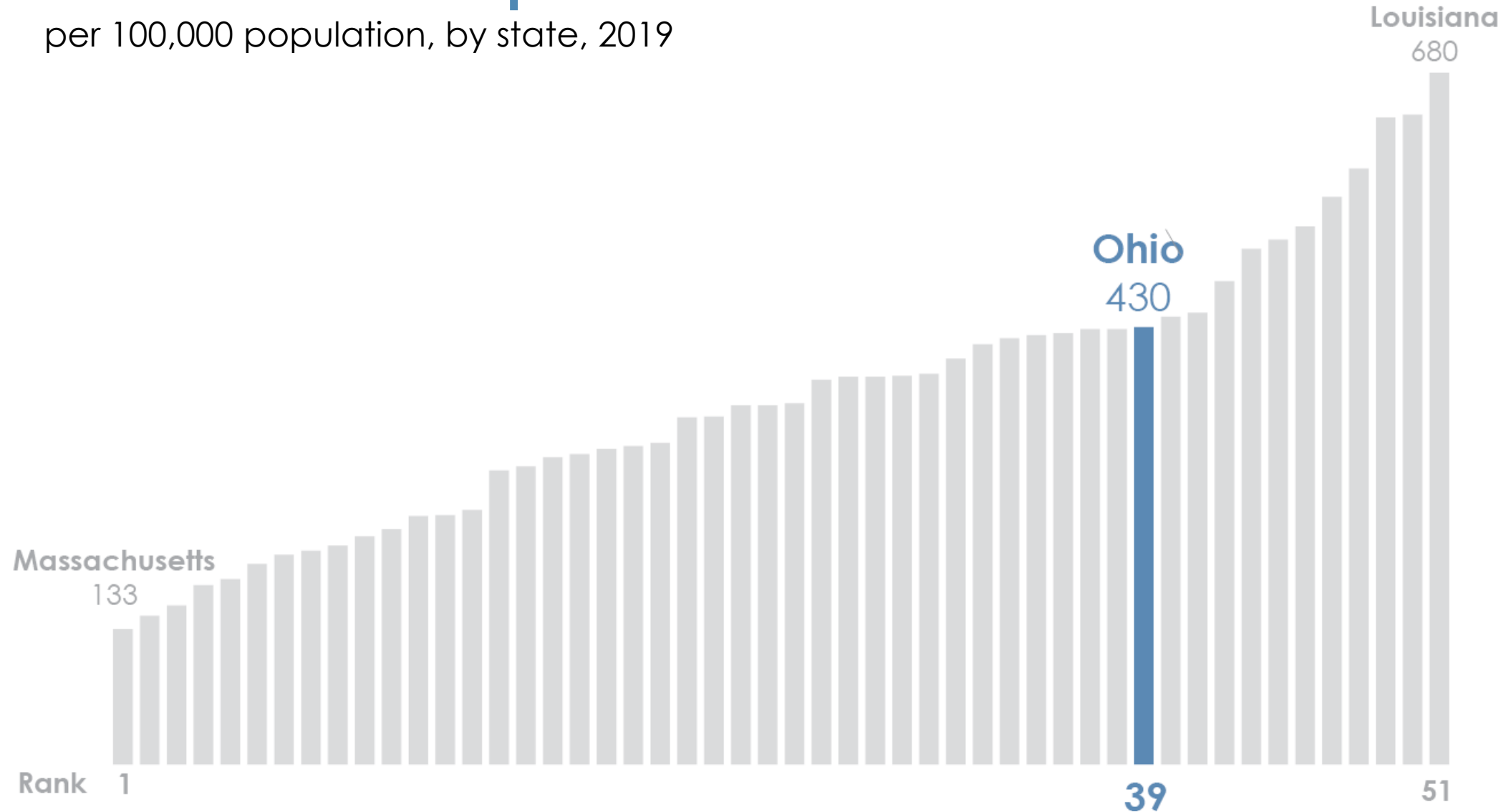


Underlying drivers of inequity
Racism and other forms of discrimination (i.e., ableism, ageism, sexism, xenophobia, homophobia, etc.), trauma, exposure to violence, toxic stress, stigma

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.

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

Communities

Families

Individuals

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

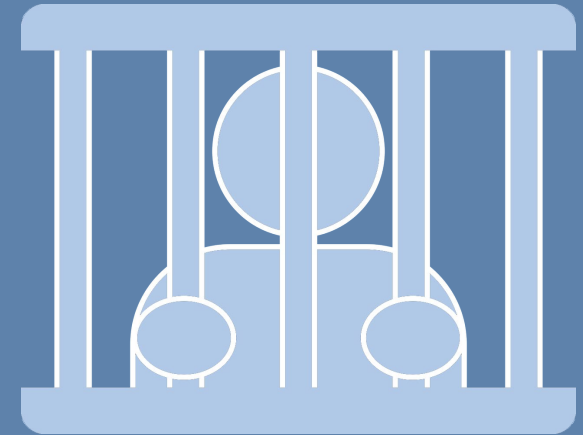
What is the
criminal justice
system?



Law
enforcement



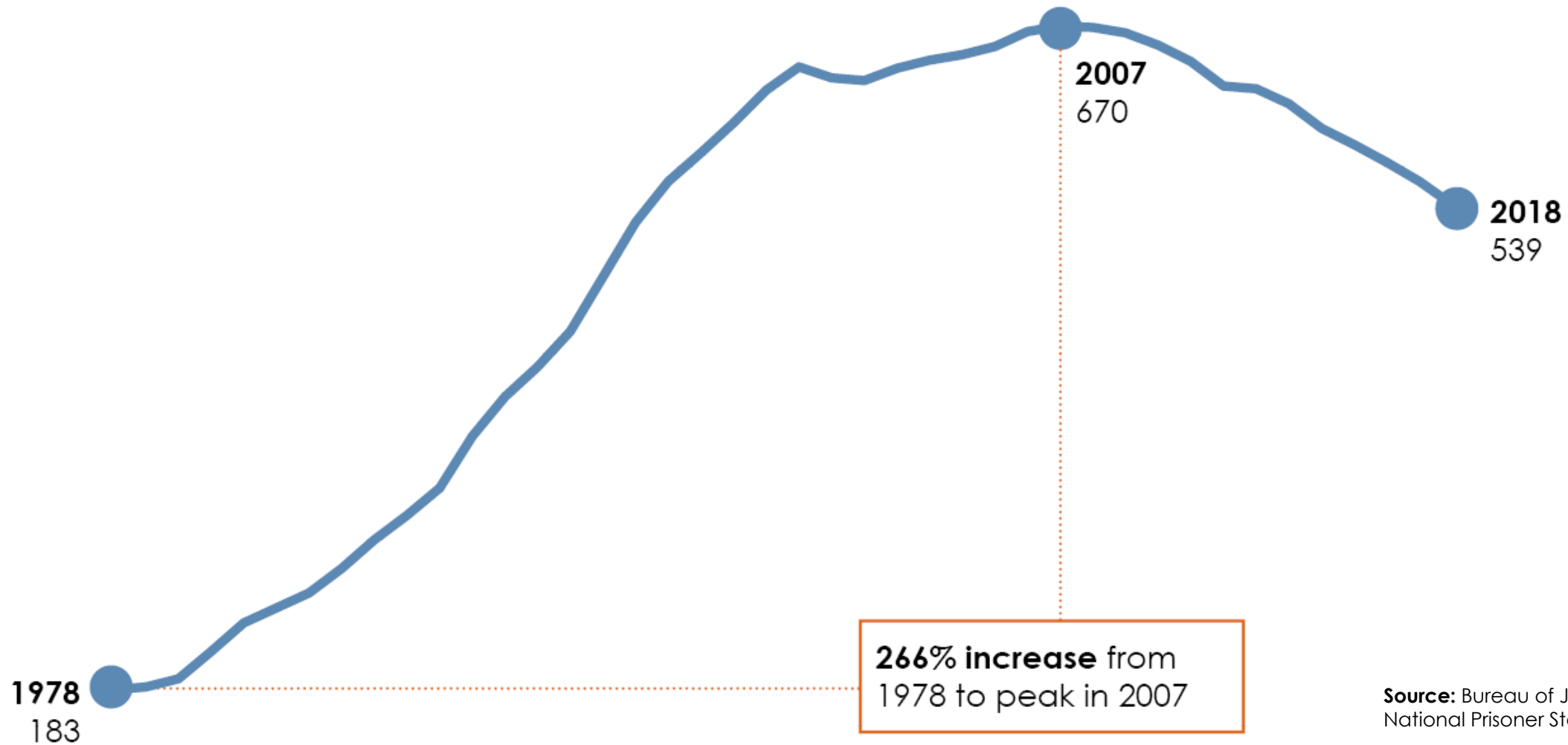
Courts



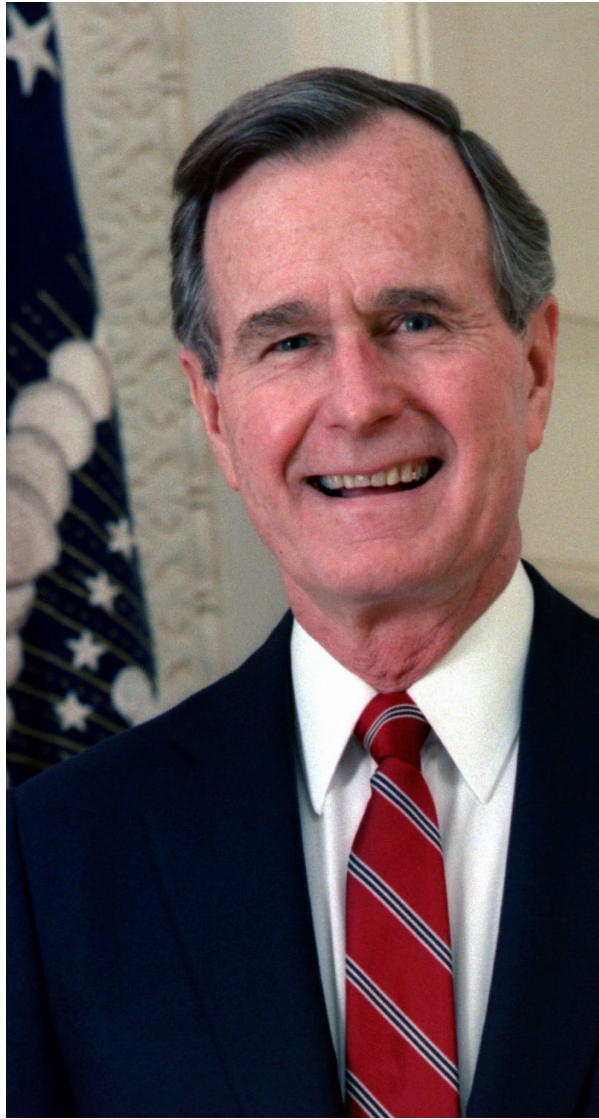
Corrections

Adult imprisonment rate

per 100,000 population, U.S., 1978-2019



Source: Bureau of Justice Statistics, National Prisoner Statistics, 1978-2019



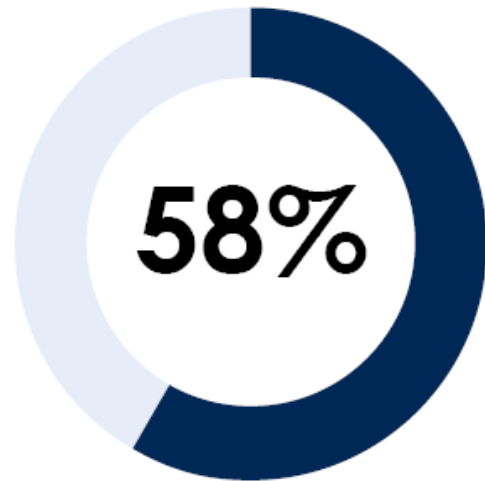
Policy decisions contributing to high incarceration rates

- Drug control policies
- The money bail system
- Charges brought by prosecutors

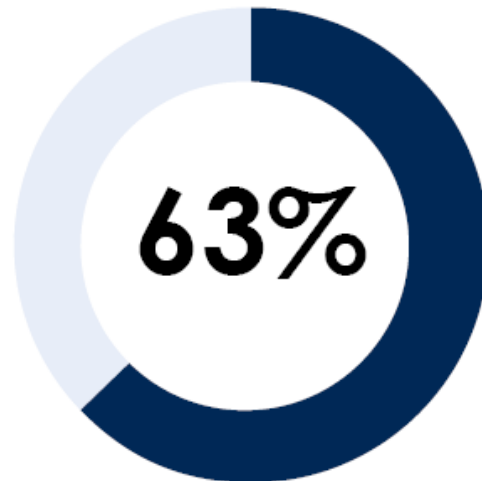
How does health
impact criminal justice
involvement?

Drug dependence among incarcerated people in the U.S.

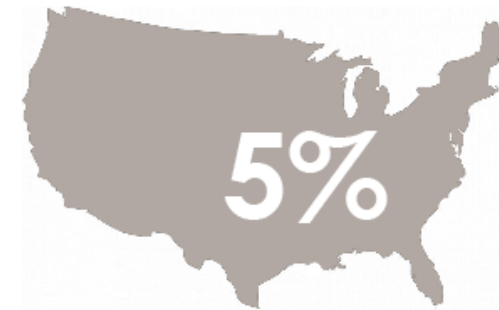
Prison



Jail



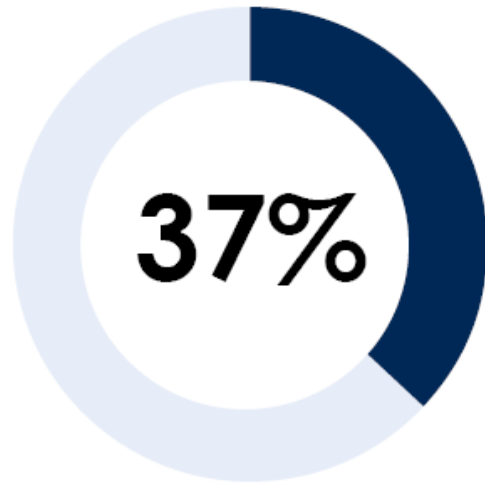
Overall population



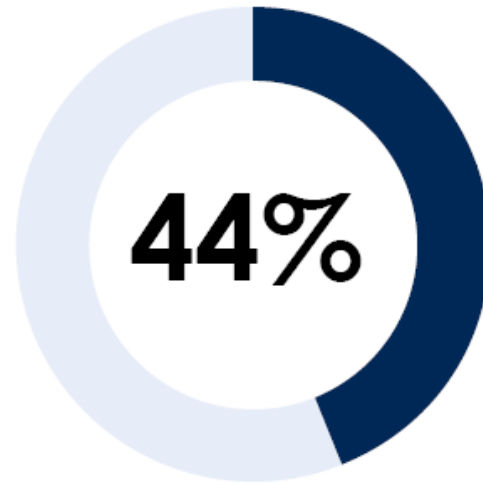
Source: U.S. Department of Justice, Bureau of Justice Statistics, Special report: Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2017 (data from 2007-2009)

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

Prison



Jail



Overall population



History of
depression

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.

Source: Wilper, Andrew P, et al. “The Health and Health Care of US Prisoners: Results of a Nationwide Survey.” *American Journal of Public Health* 99, no. 4 (April 2009): 666–72.
doi: 10.2105/AJPH.2008.144279

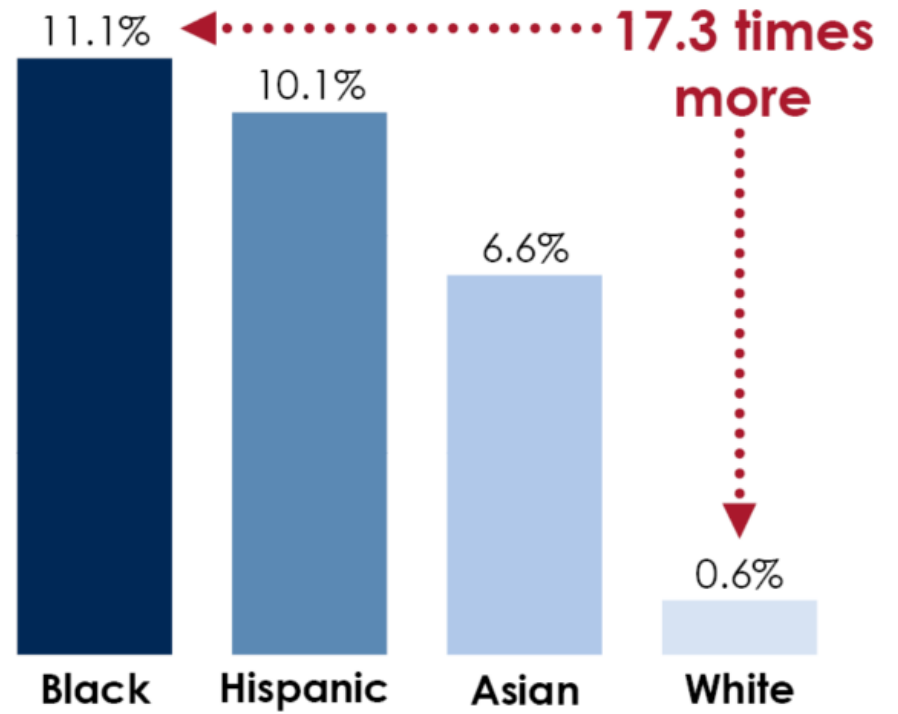
What drives both
criminal justice and
health outcomes?

What drives both criminal justice
and health outcomes?

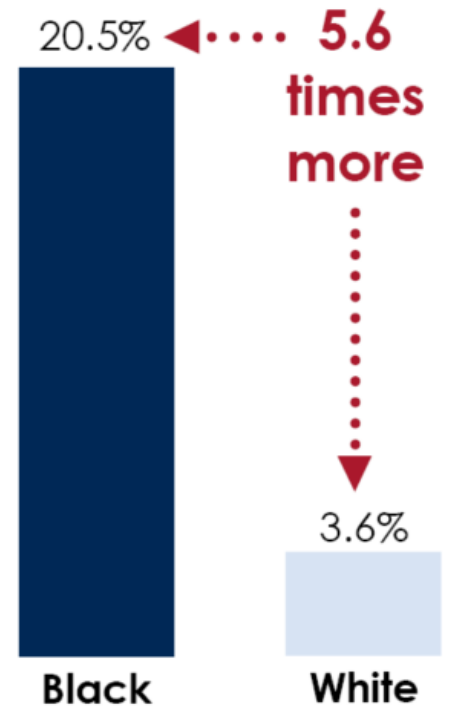
Racism

Experiences of racism

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



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

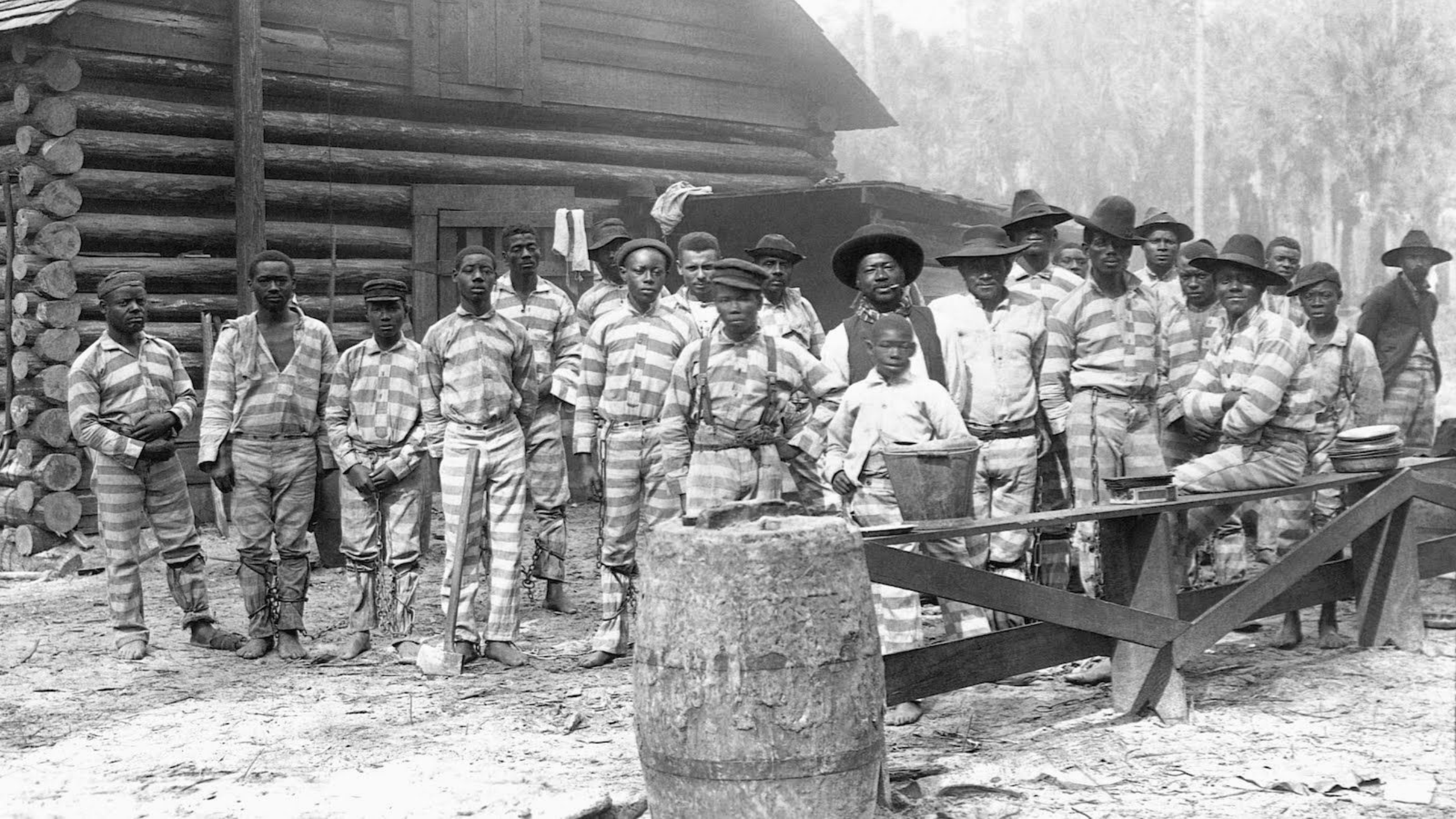
Source: HPIO analysis of Behavioral Risk Factor Surveillance System. Data provided by the Ohio Department of Health upon request.

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



**BAIL
BONDS**

TURNER
BAIL BOND
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TURNER
BONDING
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12

What drives both criminal justice
and health outcomes?

**Income,
employment and
education**

Income and incarceration

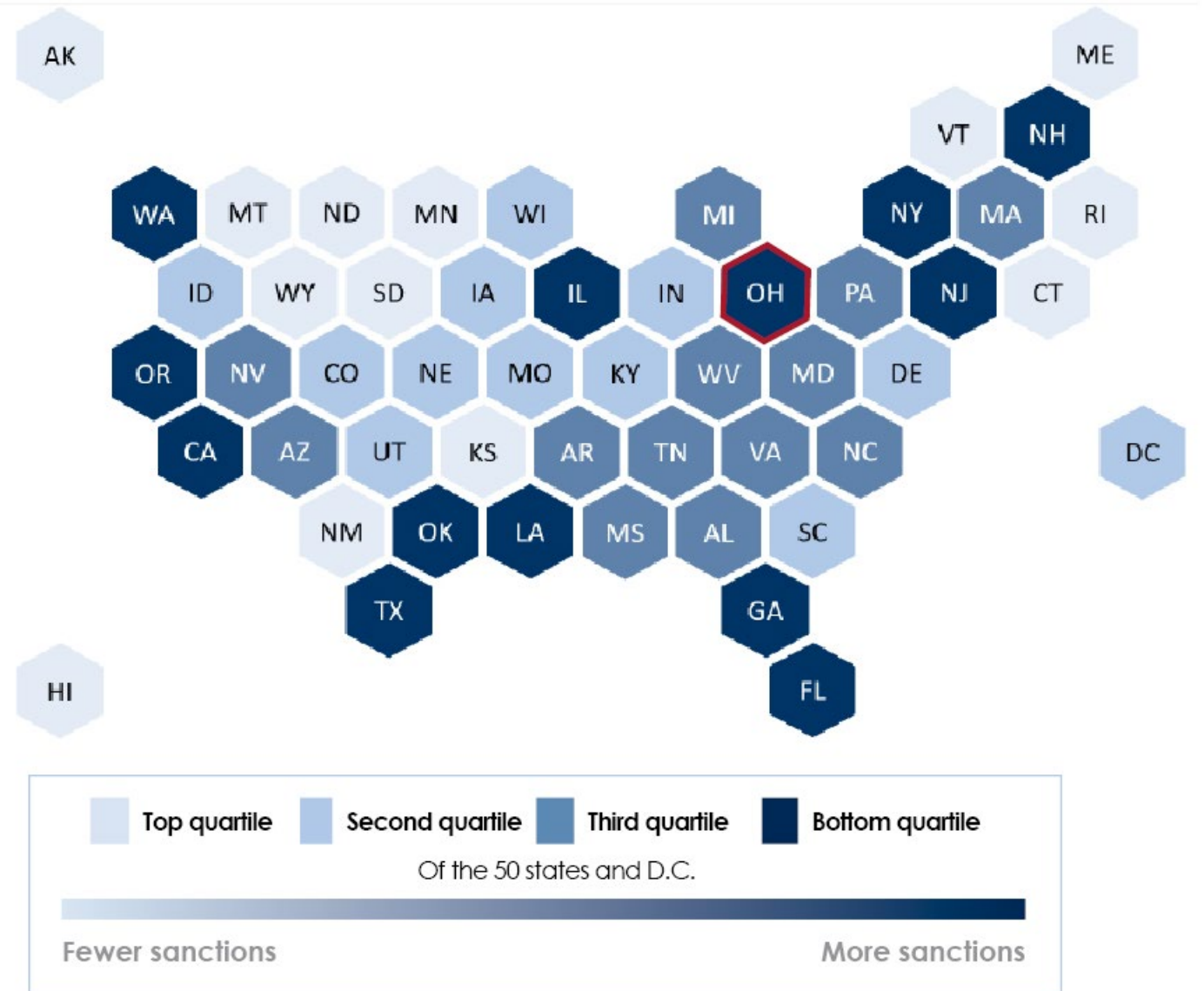


The pre-incarceration median income for justice-involved people is 41% lower than the median income of other Americans of similar ages

Source: Rabuy, Bernadette and Daniel Kopf. *Prisons of Poverty: Uncovering the Pre-Incarceration Incomes of the Imprisoned*. Prison Policy Initiative, 2015.

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

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

Questions?

Criminal justice and health advisory group page

[HOME](#)[ABOUT](#) ▾[TOPICS](#) ▾[PUBLICATIONS](#)[EVENTS](#)[ADVISORY GROUPS](#) ▾[CONSULTING](#) ▾

Criminal Justice and Health Advisory Group

[Home](#) > Criminal Justice and Health Advisory Group

Criminal Justice and Health Advisory Group

HPIO 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 Hailev Akah, Senior Health Policy Analyst, at hakah@healthpolicyohio.org

Criminal Justice and Health

Thursday, July 29, 2021

1:30 pm-2:00 pm

For details or to register, visit

<https://www.hprio.net/category/events>



Health Policy Brief

Connections between criminal justice and health

June 2021

Overview

According to the HPIO *Health Value Dashboard*, Ohio ranks 47 out of 50 states and D.C. on health value — a composite measure of population health outcomes and healthcare spending. Incarceration, arrest and crime contribute to Ohio's poor health value rank.

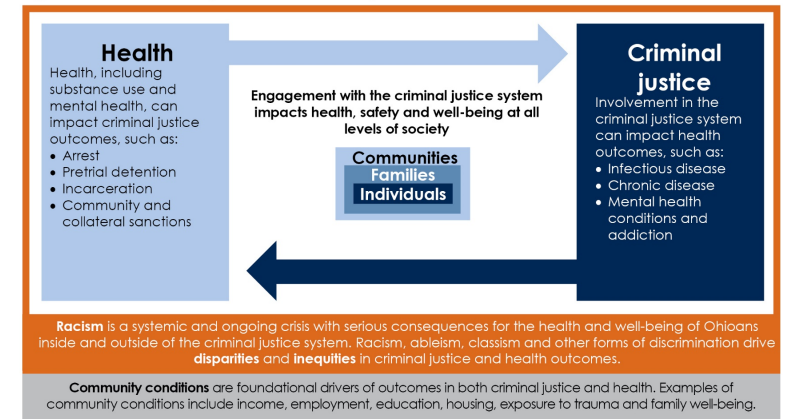
This brief summarizes research on the complex connections between criminal justice and health (see figure 1), with a focus on the impact of criminal justice involvement on health and well-being. The brief also outlines policy options that state policymakers and other community leaders can take to reduce incarceration and improve the health of Ohioans at highest risk for criminal justice involvement.

The research evidence is clear that poor mental health and addiction are risk factors for criminal justice involvement and that incarceration is detrimental to health. Obstacles to health and well-being are particularly striking for Ohioans who are at highest risk of criminal justice involvement.

3 key findings for policymakers

- **There is a two-way relationship between criminal justice and health.** Mental health and addiction challenges can lead to arrest and incarceration, and incarceration contributes to poor behavioral and physical health for many Ohioans.
- **Racism and community conditions contribute to criminal justice involvement and poor health.** Racist and discriminatory policies and practices and community conditions, such as poverty, housing instability and exposure to trauma, lead to increased criminal justice involvement and drive poor health outcomes.
- **Improvement is possible.** There are evidence-informed policy solutions to combat the drivers of criminal justice involvement and poor health outcomes.

Figure 1. The relationship between criminal justice and health



HPIO and advisory
group member
equity work

Breakout Discussion

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?

Equity advisory group **survey results**

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)**

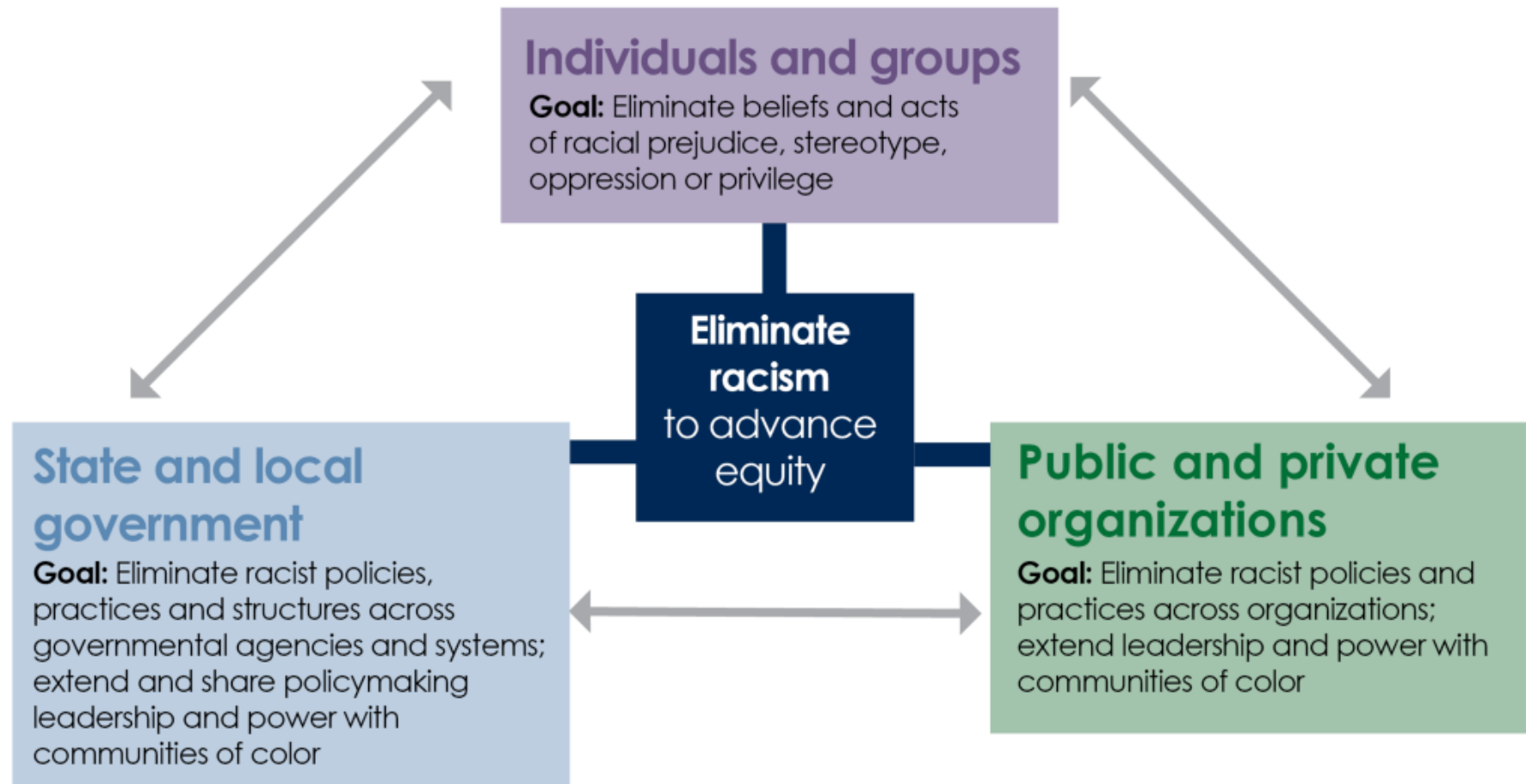
Survey results: **Feedback on HPIO priorities**

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



Planned equity work

June 2021

hpio
health policy institute
of ohio

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Figure 1. The relationship between criminal justice and health

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

Communities
Families
Individuals

Criminal justice
Involvement in the criminal justice system can impact health outcomes, such as:

- Infectious disease
- Chronic disease
- Mental health conditions and addiction

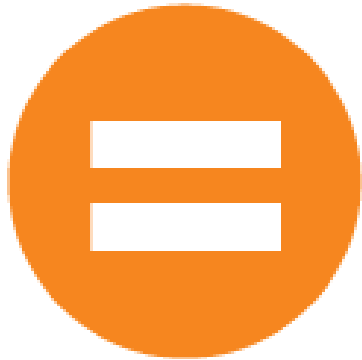
Racism is a systemic and ongoing crisis with serious consequences for the health and well-being of Ohioans inside and outside of the criminal justice system. Racism, ableism, classism and other forms of discrimination drive **disparities and inequities** in criminal justice and health outcomes.

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.

1

Criminal justice and racism

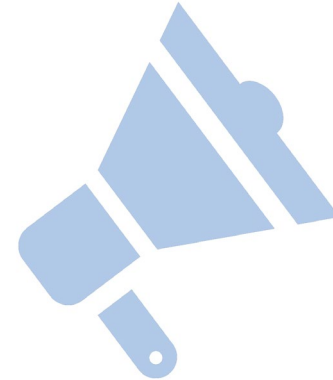
Potential equity work



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

Increasing community involvement, impact, trust and communication

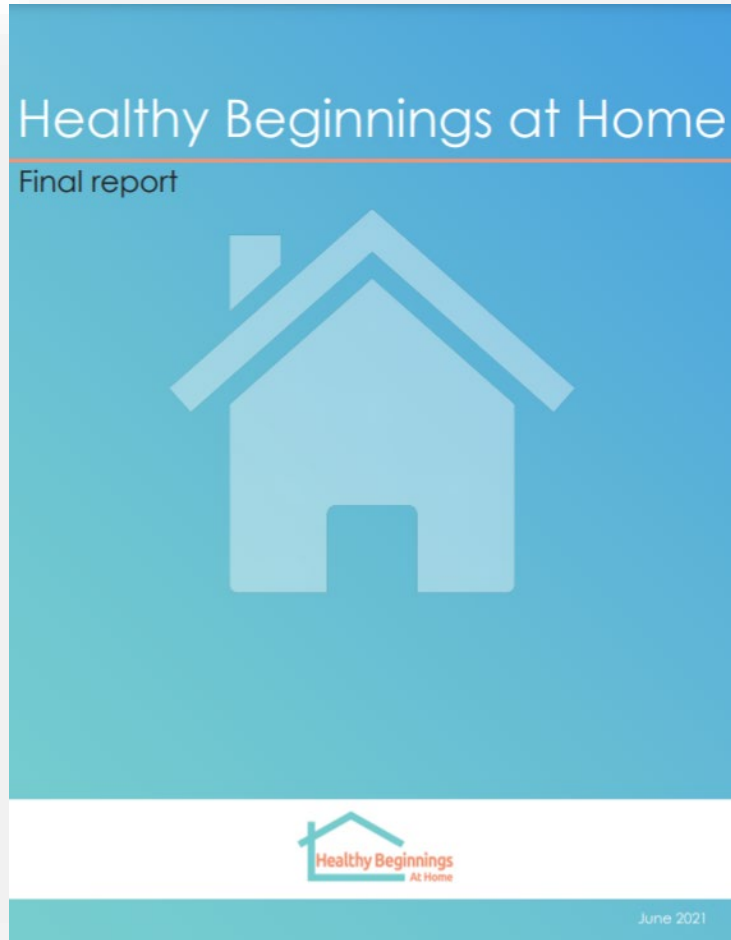


Modified from *Principles of Community Engagement, Second Edition*. Atlanta, GA: Centers for Disease Control and Prevention, 2011 and "Spectrum of Public Participation." International Association for Public Participation, 2018. <https://www.iap2.org/page/pillars>

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



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Figure 1. The relationship between criminal justice and health



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