



HPIO Equity Advisory Group

December 7, 2023

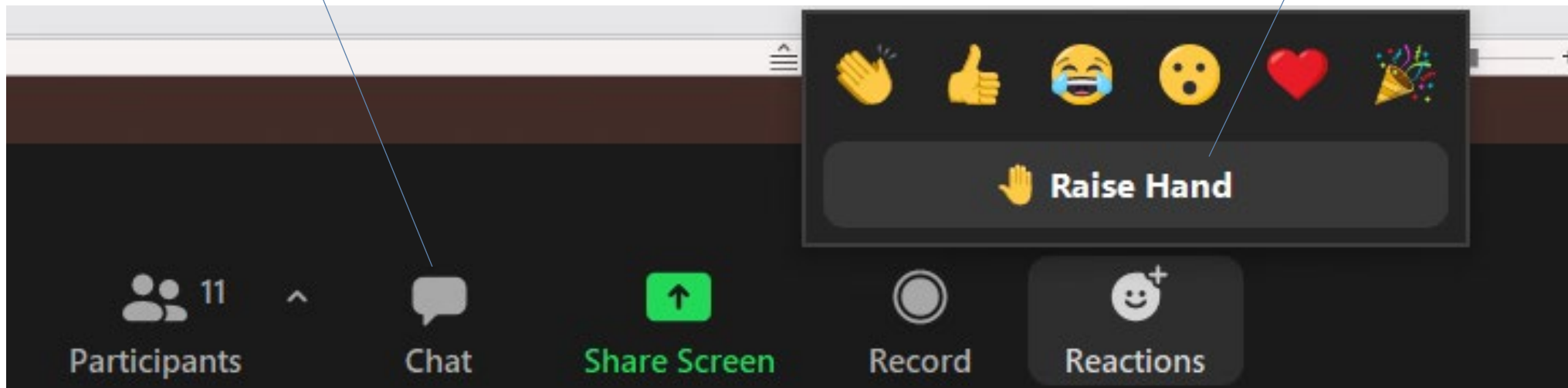
Participating in Zoom

Chat

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Raise hand

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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.



VISION

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

MISSION

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.

Today's agenda

- Welcome and overview
- **Discussion:** Layout and framing for the 2024 equity profiles
- **Discussion:** Long-term vision for 2026 and beyond
- **Update and discussion:** Criminal justice and health
- Next steps

Advisory group purpose

1. Provide guidance to HPIO on equity-related work
2. Facilitate a common understanding and awareness of equity issues
3. Develop a network of equity stakeholders across the state

HPIO 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

Overview:

Health Value

Dashboard and equity

profiles



THE STATE OF OHIO'S HEALTH

2023 HEALTH VALUE DASHBOARD™



How is health value determined?

Contributing factors

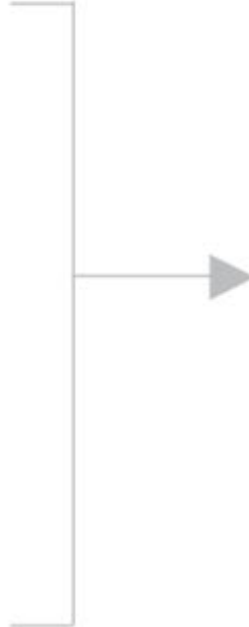
Access to care

Healthcare system

Public health and prevention

Social and economic environment

Physical environment



Value factors

Population health

Healthcare spending



Health value rank

Value factors

43 Population health

40 Healthcare spending



Health value rank

44

Top quartile (best)

Second quartile

Third quartile

Bottom quartile (worst)

Policies that drive improvement



Strengthen the workforce

- Career technical education (CTE)
- Childcare subsidies
- Paid family leave



Foster mental well-being

- Mental health and addiction workforce recruitment and retention
- Integration of mental and physical health
- Recovery housing



Improve healthcare effectiveness

- Primary care workforce training
- School-based health services
- Cost containment



2023 HEALTH VALUE DASHBOARD™

EQUITY PROFILES

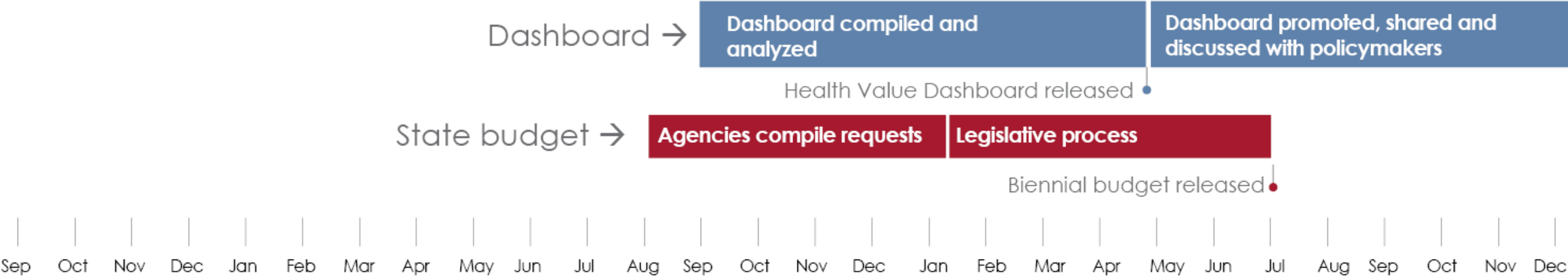
2023 Equity profiles:

- ▶ Black Ohioans
- ▶ Hispanic/Latino Ohioans
- ▶ Ohioans with disabilities
- ▶ Ohioans with lower incomes and/or less education
- ▶ LGBTQ+ Ohioans

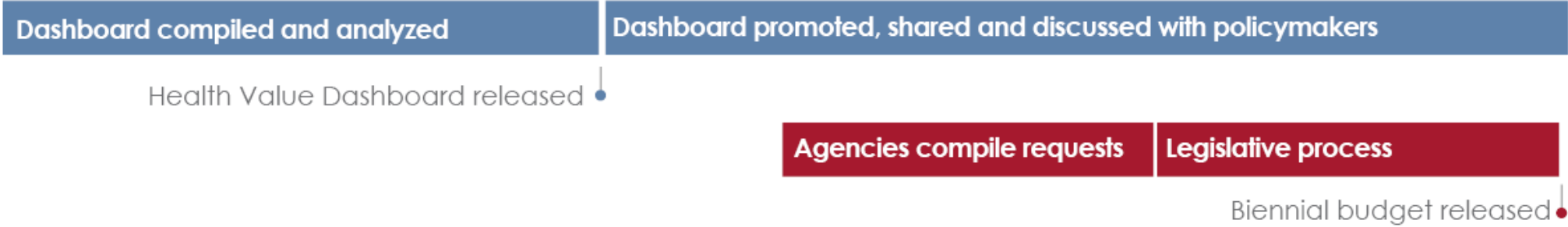
Health Value Dashboard

2024

Current timeline



Updated timeline



Discussion:

Layout and framing of
the 2024 equity
profiles



What are the equity profiles?

Every Ohioan should have the opportunity to live a long and healthy life, free from environments and experiences that expose them to harm. However, many Ohioans continue to face unhealthy conditions and barriers to health in their homes, schools, workplaces and communities.

The *Health Value Dashboard* equity profiles explore gaps in outcomes among groups of Ohioans and analyze the barriers to health that contribute to these gaps. The profiles display data for:

- Black Ohioans
- Hispanic/Latino Ohioans
- Ohioans with disabilities
- Ohioans with low incomes and/or low educational attainment
- New for 2023: LGBTQ+ Ohioans

How do experiences and environments shape health over time?

Ohioans' experiences throughout their lives can lay the foundation for good health and well-being as they age. Challenging life circumstances can overburden individuals and families, limiting their ability to build those strong foundations. For example, financial strain and poverty can lead to hunger and housing instability, and a lack of transportation can keep people from accessing jobs and physical, mental and oral health care. These harmful conditions and stressful experiences can accumulate over a person's lifetime and contribute to health problems and even early death.

In addition, experiencing racism and other forms of discrimination can add to the load that Ohioans of color, Ohioans with disabilities, LGBTQ+ Ohioans and others bear. Therefore, improving the health, well-being and economic vitality of Ohio involves ending racism and discrimination and their harmful effects, so that all Ohioans, regardless of race, ethnicity, education, disability status, income, sexual orientation or gender identity, have the opportunity to reach their full health potential.

How can Ohio close gaps in outcomes?

Despite these challenges, Ohioans are resilient, and barriers to good health and well-being can be overcome. Ohio's leaders in the public and private sectors can improve health by enacting programs and policies that eliminate racism and discrimination; support safe, stable and strong communities; and provide opportunities for every Ohioan to thrive.

Why prioritize equity?

Equity is when every Ohioan has the opportunity to reach their full potential. Gaps in health outcomes among groups of Ohioans indicate that resources, experiences and environments that support health are not available to everyone.

To ensure Ohio is a model of health, well-being and economic vitality, it is critical to eliminate systems, policies and beliefs that unfairly favor some Ohioans over others and create obstacles to good health.

Top five most improved Equity Profile metrics, 2017-2023

Metric (metric years)	Extent of improvement
Unemployment (2012-2016, 2017-2021 5-year estimates)	<ul style="list-style-type: none">• Black Ohioans 33% decrease• Ohioans with less than a high school education 28% decrease• Hispanic Ohioans 26% decrease• Ohioans with low incomes 22% decrease• Ohioans with disabilities 20% decrease
Heart disease mortality (2015, 2020)	Black Ohioans 28% decrease
Unable to see a doctor due to cost (2015, 2021)	<ul style="list-style-type: none">• Ohioans with less than a high school education 26% decrease• Hispanic Ohioans 22% decrease• Black Ohioans 20% decrease• Ohioans with low incomes 13% decrease
High school graduation (2017-2018, 2021-2022 school years)	<ul style="list-style-type: none">• Black Ohioans 24% increase• Hispanic Ohioans 13% increase
Child poverty (2015, 2021)	<ul style="list-style-type: none">• Hispanic Ohioans 17% decrease• Black Ohioans 16% decrease• Ohioans with disabilities 16% decrease

2023 Health Value Dashboard

EQUITY PROFILES

BLACK OHIOANS

Racism is a primary driver of poor outcomes experienced by Black Ohioans.¹ Racism is a system, built from policies, practices and beliefs, that unfairly distributes resources, power and opportunity. Consequently, **Black Ohioans often experience worse outcomes than white Ohioans** across measures of health, healthcare access and the social, economic and physical environment.

Examples of policies and systems that contribute to gaps in outcomes include discrimination in employment and lending, disinvestment in public transportation and the legacy of redlining and zoning policies. By identifying and replacing these policies and systems, Ohio can become a place where everyone can thrive.

This profile describes the magnitude of differences in outcomes between Black Ohioans and white Ohioans.

Times worse
for Black
Ohioans



Experiences of racism	
Treated worse in healthcare due to race	10.3
Treated worse at work due to race	9.6
Unfair treatment due to race, children	9.4
Physical or emotional symptoms due to treatment due to race	6.1
Physical environment	
Food insecurity, children	3.5
Zero-vehicle households	3.5
Severe housing cost burden	2.2
Air pollution	1.4

If disparities were eliminated...



Mental well-being

238,122 fewer Black Ohioans would experience physical or emotional symptoms due to experiences of racism



Other Ohioans who experience barriers to health and well-being

Other groups of Ohioans who often experience barriers to health, or systematic disadvantage, include:

Asian American Ohioans

In 2018-2021, Asian American children in Ohio were 9.4 times more likely than their white peers to be treated or judged unfairly because of their race or ethnicity.

Ohioans who are immigrants or refugees

Despite being more likely to have an advanced degree and participate in the labor force, Ohioans who were born outside of the United States were more likely to live in poverty than their U.S. born peers in 2021.⁸

Ohioans who live in rural or Appalachian areas

More youth living in Appalachian regions (17.2%) seriously considered attempting suicide during the past year than Ohio youth overall (15.8%) in 2020-2021.⁹

Older Ohioans

There were 33,396 reports of abuse, neglect or exploitation of Ohioans, ages 60 and older, in state fiscal year 2021.¹⁰

Data challenges

While public and private partners have worked to improve data availability and quality in recent years, several challenges remain, such as:

- **Inconsistent data collection.** Data on race/ethnicity, income, geography, disability status and other factors is often not collected or is collected inconsistently across data sources and years.
- **Limited ability to analyze data on multiple levels.** Many Ohioans are part of more than one systematically disadvantaged group, and as a result, experience overlapping challenges that often are not captured in data. Disaggregated data for Ohioans who are part of more than one systematically disadvantaged group is very limited (e.g., Ohioans of color with disabilities).
- **Small sample size.** Measuring disparities can be hindered by small sample sizes for specific groups of Ohioans, which results in:
 - Limited ability to measure outcomes because of suppressed data and unreliable estimates
 - Limited ability to analyze data on multiple levels for Ohioans who are part of more than one systematically disadvantaged group (e.g., Ohioans of color with disabilities)
 - Limited ability to measure disparities when populations are grouped together (e.g., Asian Americans, as a group, tend to perform well on many indicators; however, **existing data** on those from Southeast Asia and Bhutanese and Nepali refugees suggest that these communities experience poorer outcomes).
- **Lack of local data.** Disaggregated data often is not available at county, zip code or census tract levels.
- **Non-response and missing data.** Inadequate training on how to collect demographic data, including lack of explanation on why data is being collected, can lead to high “no response” rates.

Discussion questions

1. What is your favorite part of the equity profiles?
2. What did/didn't you like about how the profiles were laid out in 2023?
3. Is there anything about the profiles that is difficult to understand or navigate?
4. What could we do in terms of graphics or layout to make this information more easily digestible?

Discussion:

Long-term vision for
2026 and beyond

Discussion questions

1. How do you use the profiles in your work?
2. What types of data should the profiles measure?
Should the focus be further up or downstream?
3. What other features would you like to see (trend, regional comparison, state rank, community voice, etc.)?
4. What is one potential use or audience for the profiles that we may not have thought of?

Update and discussion:

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.

June 2021

hpio Health Policy Brief

health policy institute of ohio

Connections between criminal justice and health

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

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

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11.19.2021

hpio Health Policy Brief

health policy institute of ohio

Connections between criminal justice and health

Insights on justice and race

Public and private leaders across Ohio work to build and support safe, just and healthy communities where every Ohioan can thrive. Criminal justice partners, including law enforcement, courts and corrections, play an important role in that effort. Goals of the criminal justice system include preventing crime and improving community safety. However, these worthy goals are not achieved under current criminal justice policies.

Involvement with the criminal justice system has wide-ranging, negative effects on physical and mental health for Ohioans. At the same time, justice involvement creates trauma, barriers to employment, education and housing, and may increase a person's likelihood of re-offending.¹ Communities of color in particular have been disproportionately impacted by our criminal justice system.

Building upon HPIO's policy brief, *Connections Between Criminal Justice and Health*, this brief takes a closer look at the role of race within criminal justice policy. The two-way relationship between criminal justice and health is influenced by racism and other forms of discrimination, which can drive poor outcomes in both sectors (see in figure 2). Ohioans of color are often negatively impacted by unjust biases, policies and structures in the criminal justice system. This results in stark racial disparities in criminal justice outcomes, such as incarceration (see figure 1). Improvements within the criminal justice system can lead to safer, healthier and more vibrant communities in Ohio.

3 key findings for policymakers

- Disparities in the criminal justice system are not inevitable, and although unjust biases, policies and structures exist, improvement is possible.
- Ohioans of color experience barriers to justice stemming from a long history of racism in the criminal justice system that casts a shadow over modern policymaking.
- Public and private stakeholders can take meaningful action to eliminate racism in the criminal justice system and improve health, safety and well-being for every Ohioan.

Figure 1. Ohio incarcerations in state prison per 100,000 population, by race, July 2021

Race	Incarcerations per 100,000 population
Black	1,247
White	234

Source: HPIO analysis of Ohio Department of Rehabilitation and Correction annual report and Population Division, U.S. Census Bureau

This brief explores:

- The relationship between the criminal justice system and race
- Barriers to justice at the individual, institutional and structural levels that lead to poor outcomes for people of color
- Resources and resources for public and private stakeholders to promote safe and healthy communities across Ohio

9.9.2022

hpio Health Policy Brief

health policy institute of ohio

Connections between criminal justice and health

Pretrial incarceration and the bail system

Every Ohioan wants to live in a community that is safe, provides opportunities for good health and where their families can flourish. The policy brief examines the impact of pretrial incarceration and the money bail system on the health, safety and well-being of Ohioans and their communities.

For several years, policymakers across Ohio have been engaged in bipartisan efforts to reform the money bail system with the goal of increasing safety and justice in Ohio communities. Because of the many connections between criminal justice and health, research indicates that bail reform will have positive impacts on the health and well-being of Ohioans. However, the path to policy change has been difficult and thousands of people continue to be incarcerated before being convicted of a crime.

Figure 1 shows the scope of the problem and the significant costs of the current pretrial system. Ohio must now look to research evidence and promising practices in other states to illuminate a clear path forward for effective policy change. By implementing evidence-based reforms to the money bail system, policymakers can improve health, advance equity and reduce healthcare and criminal justice spending in Ohio.

3 key findings for policymakers

- Pretrial incarceration leads to negative outcomes. Incarceration before conviction often harms individual and community health, safety, family well-being and financial stability.
- Ohio's current bail system is unfair and inequitable. Money bail which incarcerates people pretrial based on their ability to pay for release, is a barrier to justice for many Ohioans, especially Black Ohioans and those with low incomes.
- Evidence-based reforms exist. State and local governments across the country have made changes to their pretrial systems, and research shows promising results.

Figure 1. Snapshot on pretrial incarceration and bail in Ohio, 2018

How many Ohioans are affected?
12,592 Ohioans were incarcerated pretrial on June 30, 2018!

What is the cost?
More than 61% of people in Ohio jails are being held pretrial!
On average, the cost of bail for Black defendants in the U.S. is \$7,281 higher than for white defendants!
Pretrial incarceration costs Ohio taxpayers \$266 million annually!

Note: Unjust biases, policies and structures, including bias in criminal justice data, result in bail amounts for Black defendants that are often higher than bail amounts for white defendants.

This brief:

- Documents the impact of pretrial incarceration on individuals and communities
- Describes the current state of pretrial policy in Ohio and promising bail alternatives in other states
- Provides state and local policy options to reform the money bail system

December 2023

hpio Health Policy Brief

health policy institute of ohio

Connections between criminal justice and health

Impacts on children and families

Safe, stable environments and nurturing relationships are essential for healthy child development. Criminal justice involvement disrupts family stability and strains relationships, exposing children to adversity and trauma at no fault of their own.

Incarceration of a household member is an adverse childhood experience (ACE) that can cause serious and long-lasting health and economic harms across generations and for individuals, families and communities. These harms include an increased likelihood of children becoming involved in the justice system (displayed in figure 1).

At the same time, children need to grow up in safe communities, free from crime and violence, requiring a balance between community safety, family stability and child well-being in Ohio's criminal justice policies.

Though Ohio ranked near the bottom (40th out of 50 states) on incarceration in HPIO's 2023 Health Value Dashboard, Ohioans are resilient and have a strong framework to support children whose family members are justice involved. Policymakers and other leaders can build upon this framework to prevent future involvement with the justice system and mitigate harm.

3 key findings for policymakers

- Parental justice involvement negatively impacts the health, well-being and stability of children and families and increases the likelihood that children will become incarcerated later in life.
- Ohio has a strong foundation for supporting children and families, including several policies, programs and practices that connect parents with their children during re-entry from incarceration. Still, more can be done to prevent and mitigate the impacts of parental justice involvement.
- There are evidence-informed policy and program solutions to prevent and break generational cycles of justice involvement, support children and families who have an incarcerated parent, and improve community health and safety.

Figure 1. Generational cycle of justice involvement

Generational effects
Exposure to parental justice involvement, and resulting negative outcomes and trauma, increases risk of future justice involvement for children throughout their lives, including juvenile justice involvement.

Involvement in the criminal justice system
(police, arrest, sentencing to serve time in a correctional facility, probation, parole, re-entry)

Negative effects on the health and well-being of children and family members

- Increased risk of poverty
- Reduced family stability
- Increased exposure to ACEs
- Worsened educational outcomes
- Increased housing instability
- Worsened physical and mental health
- Increased substance use
- Increased risk of delayed child development
- Increased risk of children services involvement

Foundational drivers of criminal justice involvement
Poor community conditions (e.g., limited economic and educational opportunities, inadequate housing) and exposure to racism and discrimination increase the risk of criminal justice involvement, drive poor health outcomes and create disparities and inequities in both.



Health Policy Brief

Connections between criminal justice and health

Impacts on children and families

December 2023

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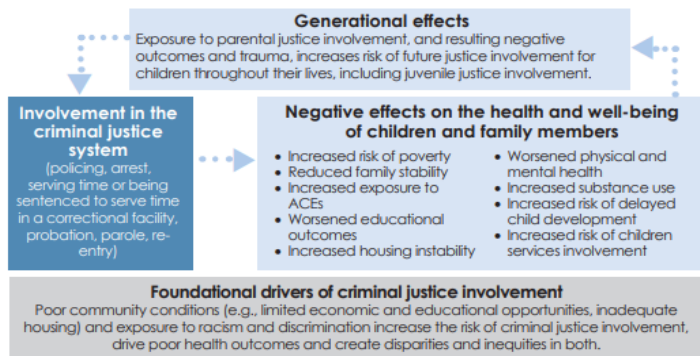
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3 key findings for policymakers

- **Parental justice involvement negatively impacts the health, well-being and stability of children and families** and increases the likelihood that children will become incarcerated later in life.
- **Ohio has a strong foundation for supporting children and families**, including several policies, programs and practices that connect parents with their children during re-entry from incarceration. Still, more can be done to prevent and mitigate the impacts of parental justice involvement.
- **There are evidence-informed policy and program solutions** to prevent and break generational cycles of justice-involvement, support children and families who have an incarcerated parent, and improve community health and safety.

Figure 1. **Generational cycle of justice involvement**



Impact on children and families

Statewide priority: Children and families



**Priority of Gov.
Mike DeWine**

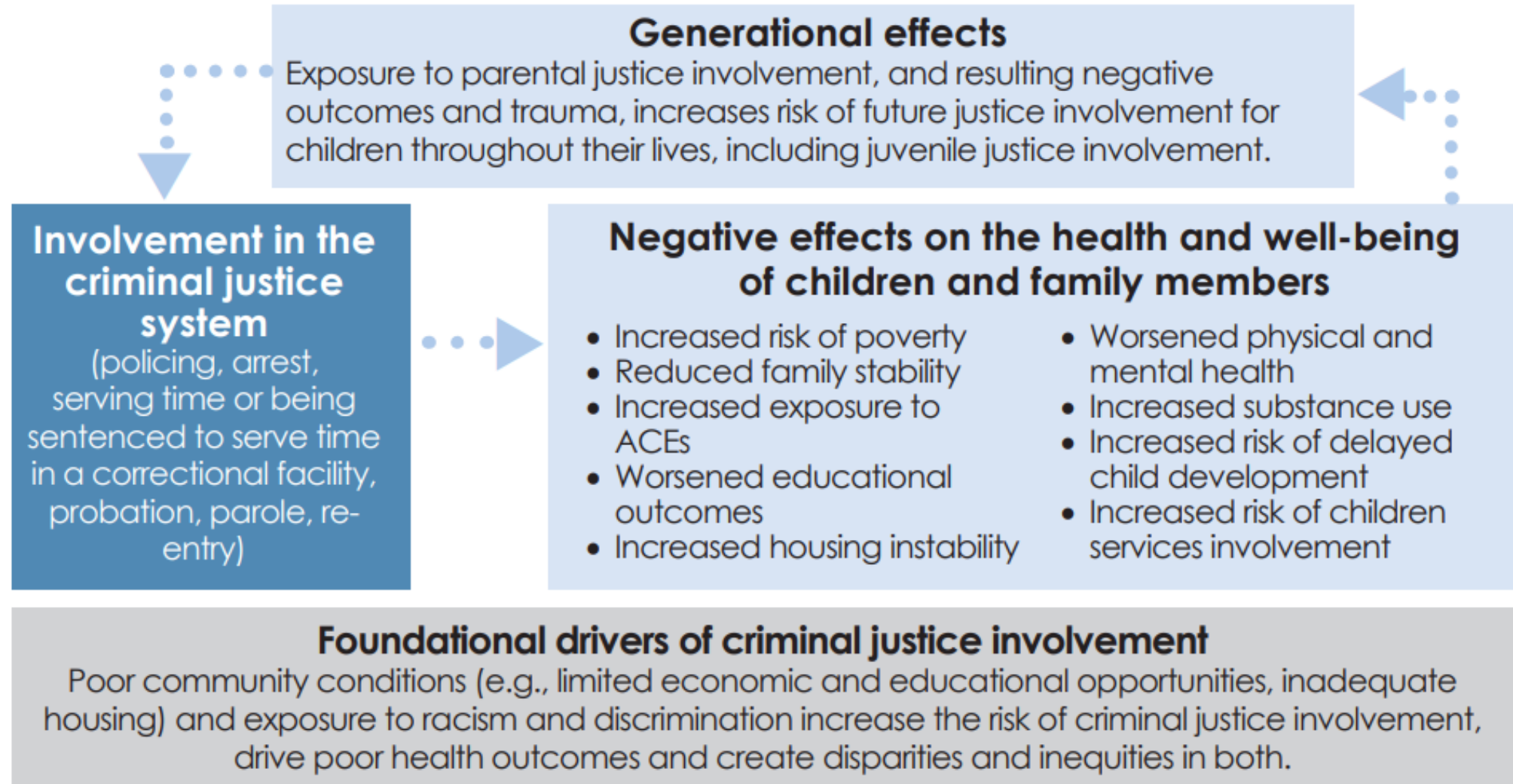


**Priority of the
General
Assembly**



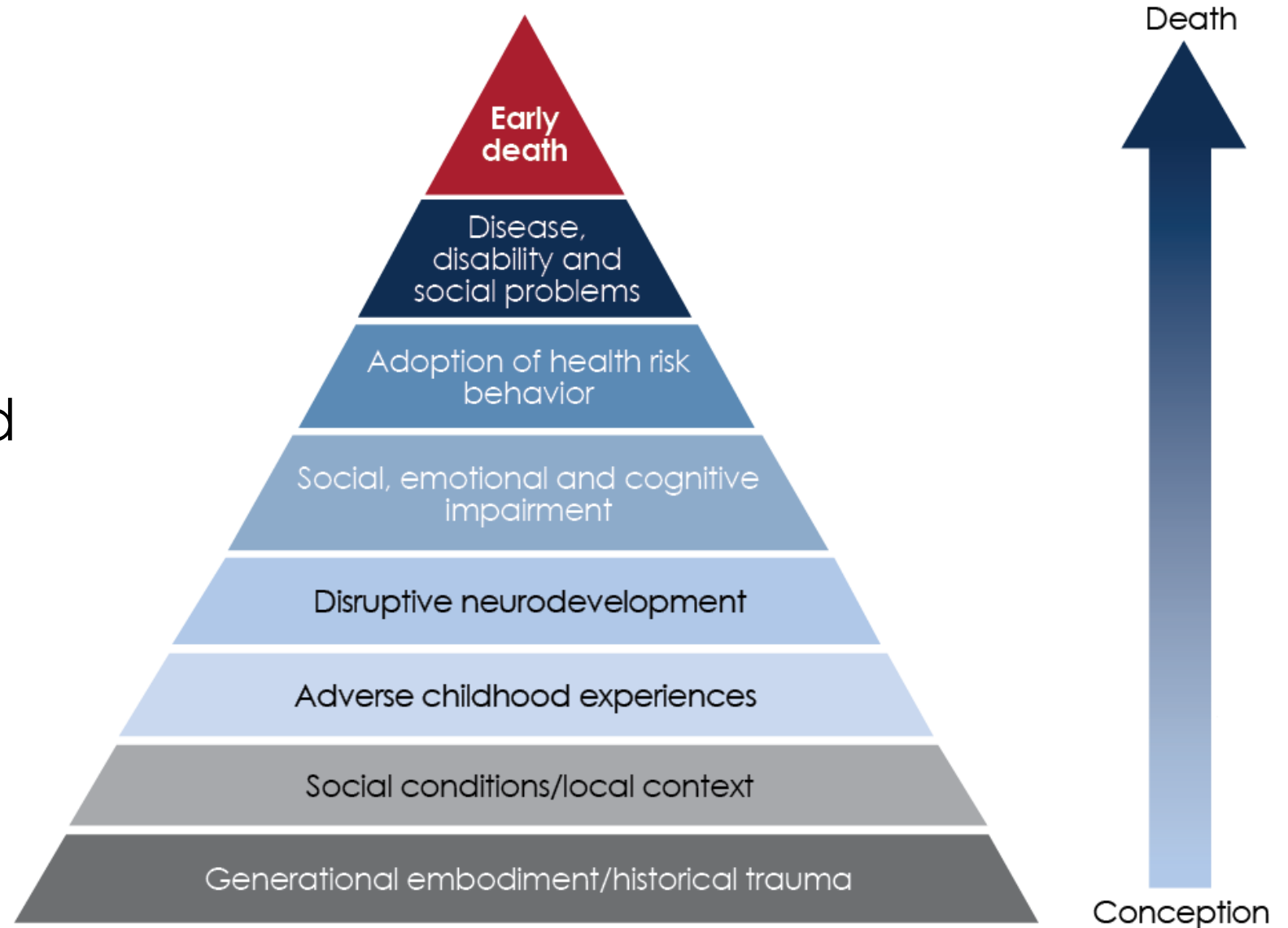
**Children's
hospital
reports**

Generational cycle of justice involvement



The ACE Pyramid

Mechanism by which ACEs influence health and well-being throughout the lifespan



Source: Adapted from the CDC-Kaiser ACE Study." Centers for Disease Control and Prevention. Accessed July 13, 2020.

3 key findings for policymakers

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- **Ohio has a strong foundation for supporting children and families**, including several policies, programs and practices that connect parents with their children during re-entry from incarceration. Still, more can be done to prevent and mitigate the impacts of parental justice involvement.
- **There are evidence-informed policy and program solutions** to prevent and break generational cycles of justice involvement, support children and families who have an incarcerated parent, and improve community health and safety.

Key finding #1

Parental justice
involvement negatively
impacts child health and
well-being

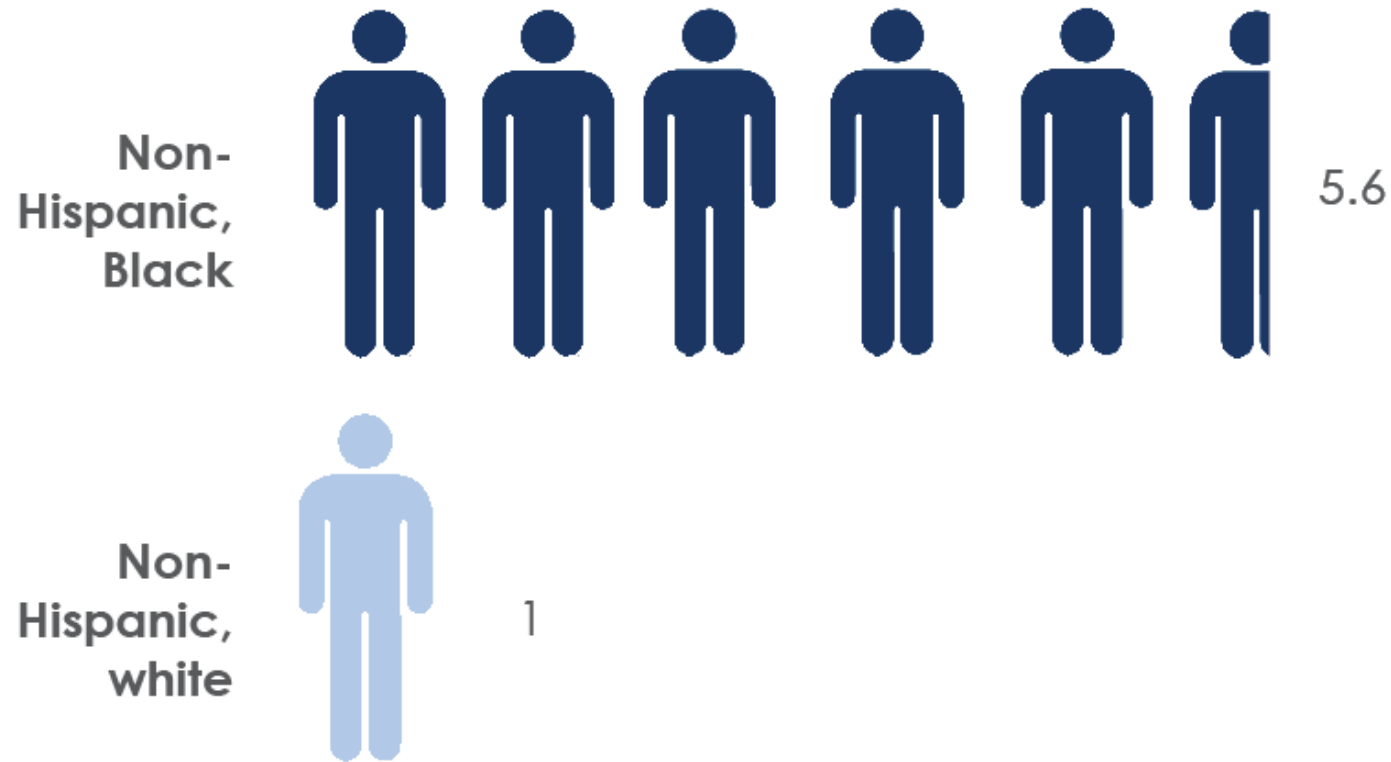


Foundational drivers of justice involvement

Community conditions and safety

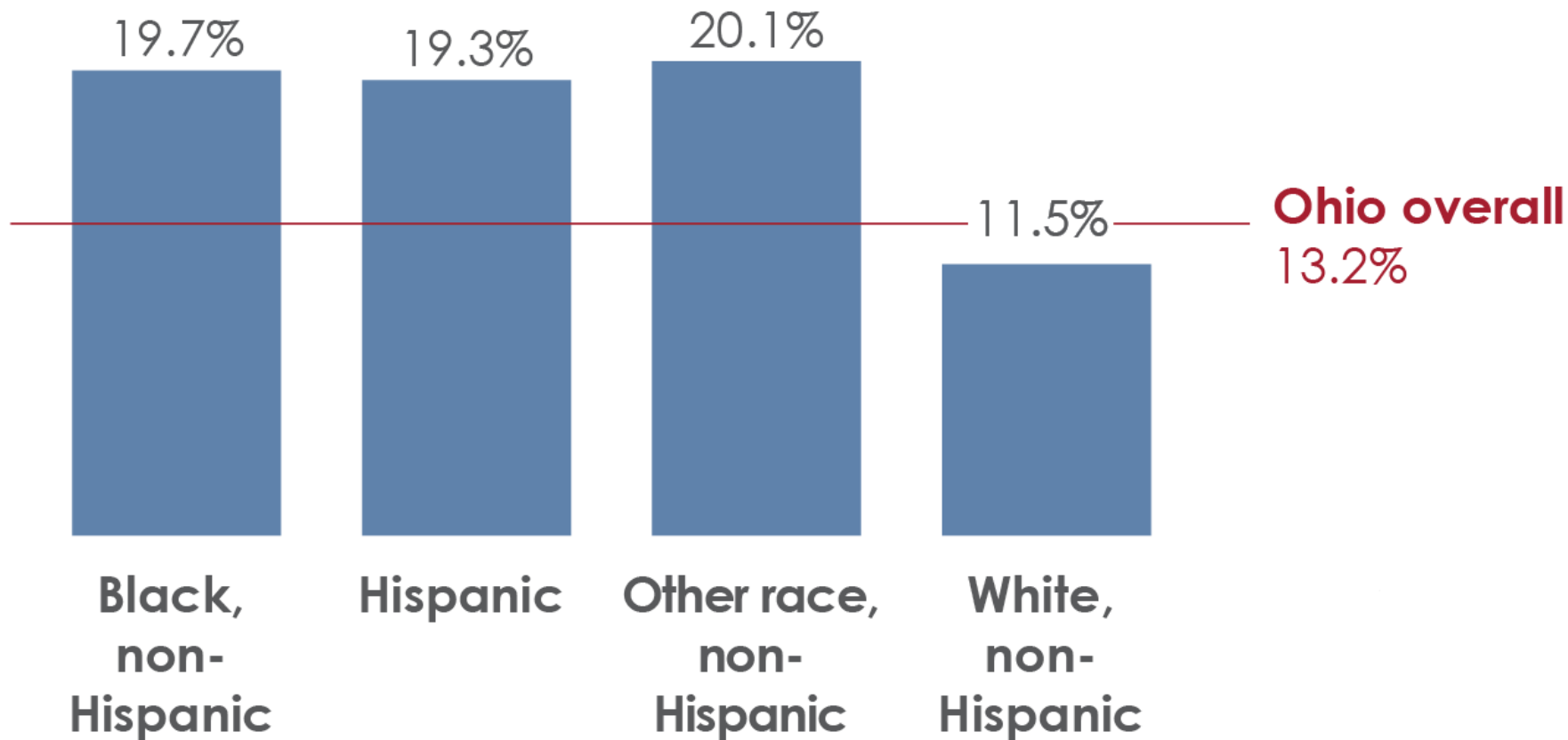


Ratio of people incarcerated in ODRC prisons, Per 100,000 population by race, 2021



Source: Health Policy Institute of Ohio policy brief, "Connections between Criminal Justice and Health: Impacts on children and families." Data from the Ohio Department of Rehabilitation and Correction annual report and U.S. Census Bureau, American Community Survey, 1-year estimates

Percent of adults who report having a parent or guardian serve time in jail after they were born, Ohio by race, 2021



Source: Data from the Ohio Medicaid Assessment Survey.

\$638M

If racial disparities were eliminated, 40% fewer Ohioans would be incarcerated, with a savings of \$638 million per year in corrections spending per year.

Source: Health Policy Institute of Ohio. "Unlocking Ohio's Economic Potential," July 2023.



Policing and community surveillance

18%

394,852 (18%) of the 2.2 million investigated reports to child welfare agencies in 2015 originated through police surveillance

Source: Edwards, Frank. "Family Surveillance: Police and the Reporting of Child Abuse and Neglect." RSF: The Russell Sage Foundation Journal of the Social Sciences 5, no. 1 (2019): 50. doi: 10.7758/rsf.2019.5.1.03



Prison and jail incarceration

Examples of upstream factors affected by parental incarceration

Child educational outcomes

Poverty and healthcare access

Family stability

Housing instability and homelessness

12%

If household member incarceration (an ACE) was prevented, 12% fewer Ohioans would have limited healthcare access due to cost.

Source: HPIO, "Health Impacts of ACEs in Ohio," August 2020.

5,397

In 2022, 5,397 Ohio children were removed from the home due to parent/family issues, including parental incarceration.

Source: Foster Care and Adult Protective Services Dashboard, Ohio Department of Job and Family Services

Examples of child health outcomes affected by parental incarceration

Mental health

Physical and
behavioral
development

Physical health

Substance use

Youth residing in juvenile detention, correctional and/or residential facilities, Ohio vs. United States

rate per 100,000, 2019



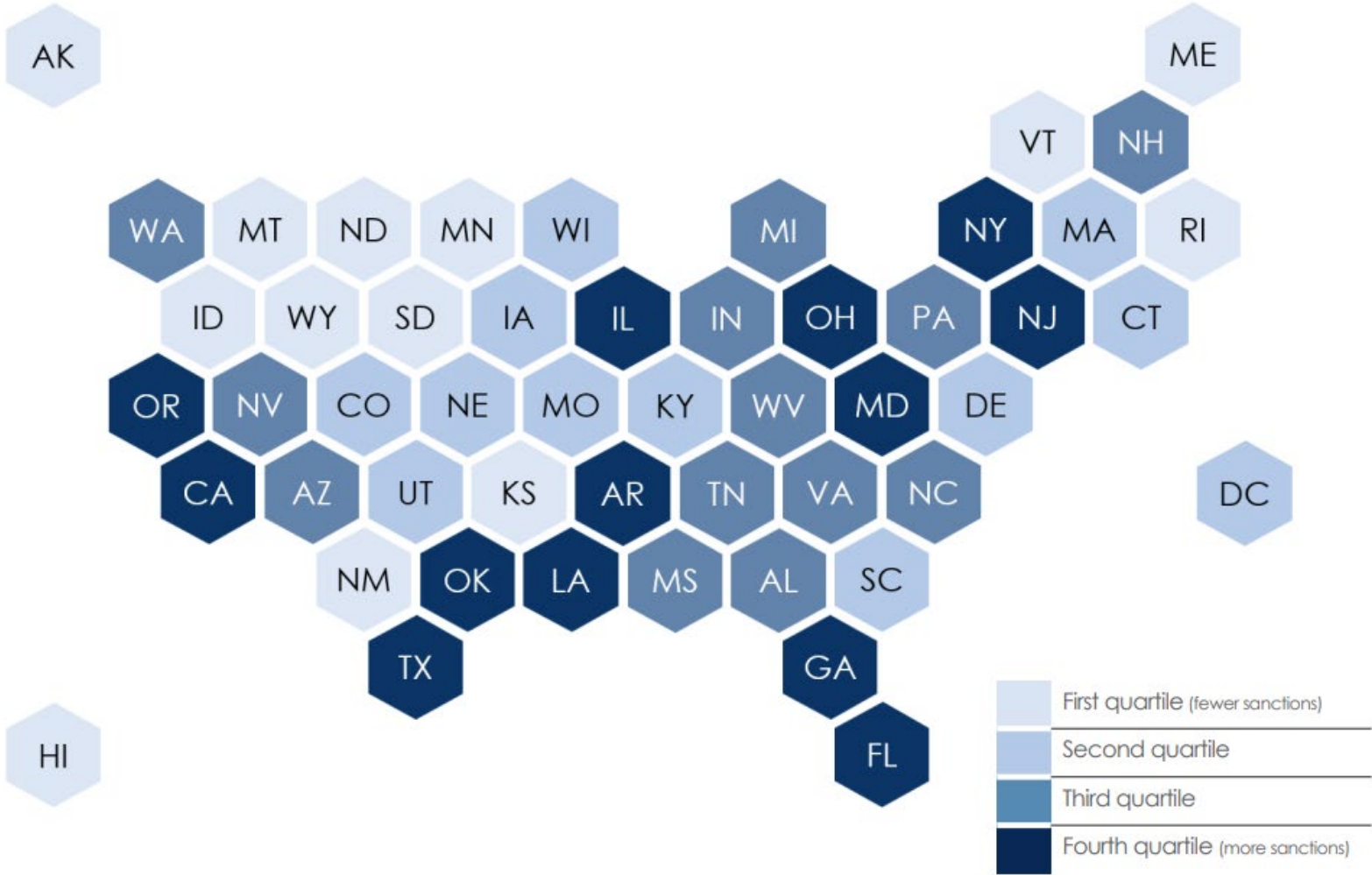
Source: Data from the Annie E. Casey Foundation Kids Count Data Center.



Re-entry and collateral sanctions

Number of collateral sanctions

by state, 2021



Source: Data from the National Inventory of Collateral Consequences of Conviction, Collateral Consequences Inventory.

Key finding #2

Ohio has a strong
foundation for supporting
children and families



Statewide priority: Children and families

What works example:

Family health and well-being

Evidence-informed
best practice

Trauma-informed schools.

Provide students with tiered trauma-informed programs for all students, and are beneficial for students with an incarcerated parent.

Ohio example

Student Wellness and Success Funds and **Disadvantaged Pupil Impact Aid** can be used by schools to mitigate the impacts of ACEs and trauma by supporting student mental health.

What works example: Alternative to incarceration and justice diversion

Evidence-informed best practice

Pre-arrest diversion programs. Connect individuals accused of low-level crimes with treatment in lieu of detention, aiming to divert people away from the criminal justice system.

Ohio example

Northeast Ohio Medical University received a state grant to develop a **training and technical assistance program** for local communities to implement pre-arrest diversion programs.

What works example: Re-entry supports and collateral sanctions

Evidence-informed best practice

Re-entry programs. Support individuals re-integrating into their community after incarceration.

Ohio example

The Ohio Department of Rehabilitation and Correction issued **guidance on local re-entry coalitions**, which promote successful re-entry.

Other policy change examples

- Fresh Start Act (133rd General Assembly)
- Senate Bill 288 (134th General Assembly)
- Second Chance Initiative

Key finding #3

There are evidence-informed policy and program solutions

Foundational drivers of criminal justice involvement

Prioritize strategies that reduce disparities

Engage and listen to communities at risk

Prioritize strategies that address foundational drivers

Example policy option:
Family health and
well-being



State and local policymakers and other stakeholders can **expand and support local implementation of Ohio Handle with Care**, which notifies schools when a child has experienced an ACE

Example policy option:

Policing practice



Ohio Department of Public Safety can **develop guidance for local law enforcement to implement policies and procedures for protecting children** who are present at a parent's arrest

Example policy option:
Alternatives to
incarceration and
Criminal justice diversion



State and local policymakers,
including courts, can
**implement recommendations
on Intervention in Lieu of
Conviction** from the Supreme
Court of Ohio's HB 1 Impact
Study Report

Example policy option:
Incarceration



The Ohio Children of Incarcerated Parents Initiative can **leverage state and philanthropic funding for the evaluation and expansion of Creating Lasting Family Connections and the Second Chance Initiative**

Example policy option:
Re-entry and
collateral sanctions



The Ohio Department of
Rehabilitation and
Correction and local
governments can **foster the
development of local re-
entry coalitions**

QUESTIONS?

Discussion question

1. What suggestions do you have for disseminating this brief to organizations that will use it? Who should we meet with to share it?

Upcoming brief:

Social Drivers of Violent Crime

Discussion questions

1. What comes to mind when you hear the “social drivers of violent crime?”
2. Are there any topics that you think should be especially highlighted when addressing the social drivers of violent crime?
3. Are there any relevant policies or programs that you think we should be aware of?

Next steps