



HPIO Equity Advisory Group

September 6, 2023

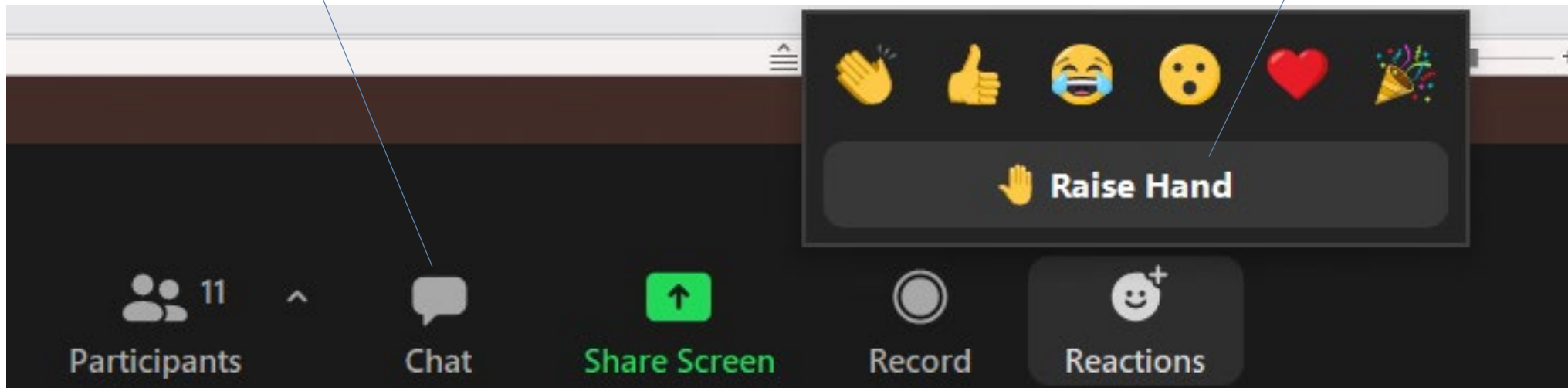
Participating in Zoom

Chat

(found in bottom toolbar)

Raise hand

(found inside reactions button)



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
- HPIO Equity updates
- Discussion: Equity fact sheets
- Discussion: Equity measurement and evaluation toolkit
- Next steps

Meeting objectives

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

- How HPIO's equity work has been used in the policymaking process
- The development of two equity fact sheets and a measurement and evaluation toolkit
- The ideal meeting schedule for the EAG going forward

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 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

Introductions

HPIO Equity updates

Early equity days

April 2014

healthpolicybrief
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.

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.

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

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

Race	Population	Percent below poverty level
White	9,349,894	12% below poverty level
African American	1,338,890	33% below poverty level
Hispanic or Latino (any race)	343,408	29% below poverty level
Native American	20,327	28% below poverty level
Asian	170,773	13% below poverty level
Pacific Islander	22,048	17% below poverty level
Other race	84,988	31% below poverty level
Two or more races	233,522	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

2017 Health Value Dashboard™

hpio
health policy institute of ohio

March 2017

2017

October 2018

hpio
health policy institute of ohio

Health Policy Brief
Closing Ohio's health gaps
Moving towards equity

Ohio has troubling health gaps
There is more than a 29 year gap in life expectancy at birth depending on where a person lives in Ohio. The lowest life expectancy is 60 years in the 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."

2018

Updates from 2023

hpio
health policy institute of ohio

January 2023

HEALTH VALUE DASHBOARD™

A closer look at outdoor air pollution and health

Clean air and water, safe places to walk outside and access to healthy food are examples of physical environment conditions that affect the health and well-being of Ohioans. This policy brief focuses on the importance of clean air and the many effects that air quality has on health throughout a person's life. State and local leaders in Ohio can do more to improve air quality through policy change.

Outdoor air quality is included in the Health Policy Institute of Ohio's (HPIO) Health Value Dashboard™. In the Dashboard, Ohio ranked 46th on this metric, meaning that most other states have cleaner outdoor air.

This policy brief provides additional information on the outdoor air quality metric in the Dashboard, including how:

- Air pollution affects health outcomes
- Recent policy changes may affect air pollution
- Outdoor air quality can be improved in Ohio

3 key findings for policymakers

1. **Improving outdoor air quality** will lead to better maternal and infant health, less chronic disease and other improved outcomes for Ohioans.
2. **Ohio has implemented policies** that both advance and ham efforts to reduce pollution and improve air quality.
3. **Policymakers have opportunities** to improve air quality through policy changes in the transportation, energy and regional planning sectors.

How does outdoor air quality affect health?

Analysis of Dashboard data finds that the physical environment, which includes outdoor air quality, has a much stronger correlation with the overall health of a state than access to care or healthcare system performance. Figure 1 shows the strength of the relationship between domains in the Dashboard and population health, indicating that the physical environment (including outdoor air quality) is strongly connected to a state's overall health, only surpassed by public health and prevention.

Figure 1. The effect of the physical environment on population health
Strength of relationship between state performance on 2021 Health Value Dashboard domains and population health

Key:
Size of circle = Strength of correlation (r refers to correlation coefficient)
● Strong (r > 0.75)
● Moderate (r = 0.5-0.75)
● Weak (r < 0.5)

Source: HPIO 2021 Health Value Dashboard analysis

2023 HEALTH VALUE DASHBOARD™
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

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.

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.

health policy institute of ohio

March 2023

Social Drivers of Infant Mortality

Recommendations for Action and Accountability in Ohio

Why is action needed?

For many years, policymakers and community leaders across Ohio have worked to reduce high rates of infant mortality. Decisionmakers have explored this issue through multiple advisory committees, collaborative efforts, investments, legislation and other policy changes. For example, the Ohio General Assembly passed Senate Bill 322 in 2017, which adopted recommendations from the Ohio Commission on Infant Mortality's 2016 report and required the creation of the 2017 Social Drivers of Infant Mortality (SDOIM) report. A New Approach to Reduce Infant Mortality and Achieve Equity.

3 Key findings for policymakers

1. **Changes beyond health care are needed to ensure that every baby thrives.** While healthcare innovations are necessary, improvements to broader community conditions are needed to decrease widening gaps and reinvigorate Ohio's stalled progress on infant mortality.
2. **Leaders across sectors must work together for meaningful changes.** Public and private partners from the health, housing, transportation, education and employment sectors have many opportunities to change policies and invest in effective solutions to eliminate disparities.
3. **Progress on past recommendations has been mixed.** Policymakers can build upon the bipartisan cooperation, sustained investment and local collaboration that contributed to action on evidence-based recommendations, and more can be done to engage community members and hold leaders accountable for enacting specific changes to support families.

Building on and prioritizing recommendations to reduce infant mortality

A New Approach to Reduce Infant Mortality and Achieve Equity (2017). Specific recommendations to improve housing, transportation, education and employment. Developed by the Health Policy Institute of Ohio (HPIO) for the Ohio Legislative Service Commission.

Final Recommendations of the Eliminating Disparities in Infant Mortality Task Force (2022). General recommendations to improve health care, education, economic stability, neighborhood and built environment and social and community context. Coordinated by the Ohio Department of Health.

This policy brief builds upon these recommendations by prioritizing specific and actionable steps leaders can take to create change in five areas: Housing, transportation, education, employment and racism.

20 years
2003-2023

Unlocking Ohio's economic potential

The impact of eliminating racial disparities on Ohio businesses, governments and communities

Overview
Ohio can grow its economy and preserve public resources by ensuring that every person has the opportunity to live a healthy life and fully participate in the state's economy. When people are healthy and financially stable, their families, businesses and local communities benefit.

However, the 2023 Health Value Dashboard shows that Ohioans face worse health outcomes, including living shorter and less healthy lives, than people in most other states. Contributing factors include rising overdose and suicide deaths and Ohio's long-term decline in labor force participation.

These challenges are especially stark for Black and Hispanic/Latino Ohioans, who often face barriers to health and employment—barriers that are rooted in systemic and historical injustices that continue to this day. This results in disparities, or systematic differences in outcomes, experienced across groups of Ohioans.

Beyond the substantial impacts on people and communities of color across Ohio, disparities in outcomes, such as life expectancy and overall health status, represent missed economic opportunities for Ohio businesses, governments and communities. Allowing these disparities to continue to exist will only result in a more economically unstable and unhealthy Ohio. By eliminating racial disparities, leaders in Ohio can grow the workforce, increase consumer spending, strengthen communities and reduce fiscal pressures on state and local budgets.

This analysis:

- Summarizes the factors that contribute to racial disparities in Ohio
- Provides new data on the economic benefits Ohio could gain by eliminating disparities
- Recommends a series of actions that Ohioans can take to eliminate racism, improve health and increase economic vitality

If Ohio eliminates disparities...

Researchers estimate that by 2050:

- ▶ **Ohio could gain \$79 billion in economic output each year**
- ▶ **\$40 billion more in total income**
- ▶ **\$30 billion more in consumer spending**
- ▶ **\$4 billion more in state and local tax revenues**
- ▶ **\$3 billion in reduced healthcare spending**
- ▶ **\$2 billion in increased employee productivity**
- ▶ **\$821 million in reduced corrections spending**

In addition, Ohio could gain:

- ▶ **100,000 jobs**
- ▶ **100,000 additional workers**
- ▶ **100,000 additional workers**
- ▶ **100,000 additional workers**

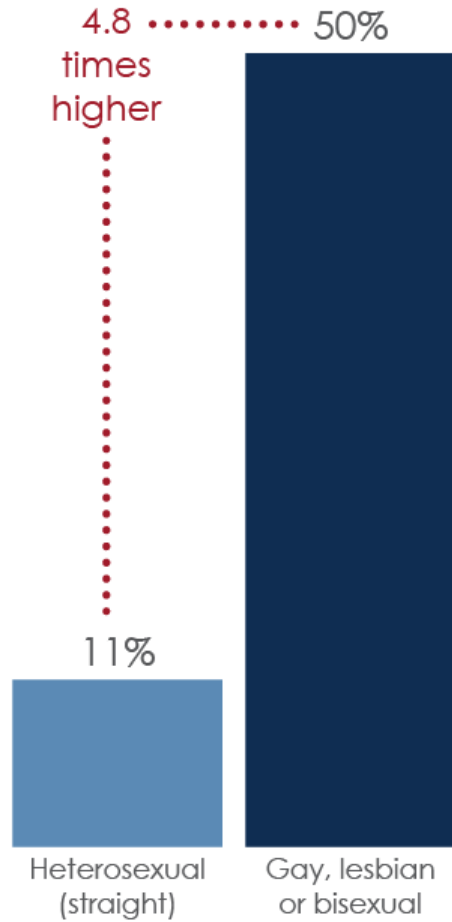


2023 HEALTH VALUE DASHBOARD™

EQUITY PROFILES

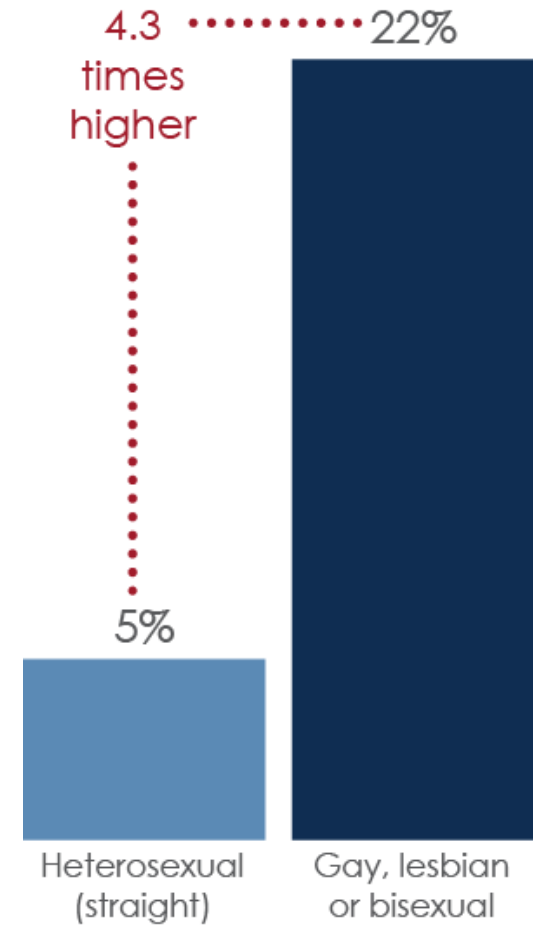
Youth suicide

Youth **considering** suicide, Ohio, 2019



Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey

Youth suicide **attempt**, Ohio, 2019



Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey



Social Drivers of Infant Mortality

Recommendations for Action and Accountability in Ohio

Why is action needed?

For many years, policymakers and community leaders across Ohio have worked to reduce high rates of infant mortality. Decisionmakers have explored this issue through multiple advisory committees, collaborative efforts, investments, legislation and other policy changes.¹ For example, the Ohio General Assembly passed Senate Bill 322 in 2017, which adopted recommendations from the Ohio Commission on Infant Mortality's 2016 report and required the creation of the 2017 Social Drivers of Infant Mortality (SDOIM) report: *A New Approach to Reduce Infant Mortality and Achieve Equity*.

3 Key findings for policymakers

- 1. Changes beyond health care are needed to ensure that every baby thrives.** While healthcare innovations are necessary, improvements to broader community conditions are needed to decrease widening gaps and reinvigorate Ohio's stalled progress on infant mortality.
- 2. Leaders across sectors must work together for meaningful changes.** Public and private partners from the health, housing, transportation, education and employment sectors have many opportunities to change policies and invest in effective solutions to eliminate disparities.
- 3. Progress on past recommendations has been mixed.** Policymakers can build upon the bipartisan cooperation, sustained investment and local collaboration that contributed to action on evidence-based recommendations, and more can be done to engage community members and hold leaders accountable for enacting specific changes to support families.

Building on and prioritizing recommendations to reduce infant mortality



A New Approach to Reduce Infant Mortality and Achieve Equity (2017)
Specific recommendations to improve housing, transportation, education and employment. Developed by the Health Policy Institute of Ohio (HPIO) for the Ohio Legislative Service Commission.



Final Recommendations of the Eliminating Disparities in Infant Mortality Task Force (2022)
General recommendations to improve health care, education, economic stability, neighborhood and built environment and social and community context. Coordinated by the Ohio Department of Health.



This policy brief builds upon these recommendations by prioritizing specific and actionable steps leaders can take to create change in five areas: Housing, transportation, education, employment and racism.



housing



transportation



education



employment



racism

Action Guides



health policy institute of ohio April 2023

Social drivers of infant mortality HOUSING ACTION GUIDE

Why is action needed?
Safe, stable and affordable housing is vital for good health. There are several ways that housing affects overall health and well-being, including:

- Unsafe, overcrowded and/or poorly maintained housing can lead to mental and physical health problems through exposure to hazards like lead and mold.
- High housing costs can contribute to financial instability, including increased risk of eviction and homelessness, and associated stress.
- Residential segregation isolates some communities from needed resources, such as healthcare and employment opportunities, and can create conditions for increased chronic stress, trauma and community violence.

Figure 1. Relationship between housing and infant mortality

Source: HPIO "A New Approach to Reduce Infant Mortality and Achieve Equity: Policy Recommendations to Improve Housing, Transportation, Education and Employment" (2023)

health policy institute of ohio April 2023

Social drivers of infant mortality EDUCATION ACTION GUIDE

Why is action needed?
Education is a vital for good health. Overall, women with higher educational attainment experience lower rates of infant mortality, although the Black-white disparity persists at all educational levels. Education affects overall health and well-being in several ways:

- Getting a higher education makes it more difficult to find employment that offers benefits, health care, job, school, child care, social services, grocery stores, parks, libraries and other destinations.
- Reading, writing and public transit are transportation modes that increase physical activity. More walkable communities with parks and playgrounds promote social connectedness. Land use and zoning policies affect pedestrian safety, motor vehicle crashes and active transportation.
- Vehicle emissions are a major source of air pollution. Air pollution has been linked to several negative health outcomes including asthma, heart disease and lung cancer.
- Education can increase a person's understanding of how to effectively navigate and engage in the healthcare system and make informed decisions about health.
- Stronger social connections and community involvement are more common among people with higher educational attainment and are typically associated with greater levels of social support and other protective health factors.

Figure 1. Relationship between education and infant mortality

Source: HPIO "A New Approach to Reduce Infant Mortality and Achieve Equity: Policy Recommendations to Improve Housing, Transportation, Education and Employment" (2023)

health policy institute of ohio June 2023

Social drivers of infant mortality TRANSPORTATION ACTION GUIDE

Why is action needed?
Safe, accessible and affordable transportation is vital for health and well-being. Transportation affects health and overall well-being in several ways:

- Transportation impacts access to care, health behaviors and health outcomes through the ability to get to health care, job, school, child care, social services, grocery stores, parks, libraries and other destinations.
- Walking, biking and public transit are transportation modes that increase physical activity. More walkable communities with parks and playgrounds promote social connectedness. Land use and zoning policies affect pedestrian safety, motor vehicle crashes and active transportation.
- Vehicle emissions are a major source of air pollution. Air pollution has been linked to several negative health outcomes including asthma, heart disease and lung cancer.

Figure 1. Relationship between transportation and infant mortality

Source: HPIO "A New Approach to Reduce Infant Mortality and Achieve Equity: Policy Recommendations to Improve Housing, Transportation, Education and Employment" (2023)

health policy institute of ohio June 2023

Social drivers of infant mortality EMPLOYMENT ACTION GUIDE

Why is action needed?
Employment that pays a self-sustaining wage and offers health insurance and other benefits can pave the way for good health and positive birth outcomes. Conversely, unemployment during pregnancy is associated with lower birth weight and higher rates of infant mortality. Employment is connected to overall health and well-being in several ways:

- Income generated from employment enables access to healthy food, safe housing, healthcare services and other resources that promote health. Higher income is also associated with better mental health.
- Working conditions, including the physical environment, the type of work performed, the level of flexibility and control employees have to complete their work, and discrimination in the workplace can cause work-related stress and affect health. Work that is physically strenuous may improve health through increased physical activity but can also put workers at increased risk of stress, injury and/or disability, particularly for people with other medical conditions.
- Workplace policies and employment benefits, including health insurance coverage, paid time off, predictable scheduling and breastfeeding support, can influence the health of employees and their family members.

Figure 1. Relationship between employment and infant mortality

Source: HPIO "A New Approach to Reduce Infant Mortality and Achieve Equity: Policy Recommendations to Improve Housing, Transportation, Education and Employment" (2023)

health policy institute of ohio August 2023

Social drivers of infant mortality RACISM ACTION GUIDE

Why is action needed?
Everyone deserves to live a long, healthy and fulfilling life. However, Black infants in Ohio are over 2.5 times more likely to die before their first birthday compared to white infants. Racism (including individual, interpersonal, institutional and structural racism) is all the root of racial health disparities, such as the racial differences in infant mortality rates. Racism contributes to and shapes inequities in the social, economic and physical environment, which drive the increased risk of infant mortality for marginalized communities. For example, African immigrants have significantly lower preterm birth rates compared to U.S.-born, non-Hispanic Black women. However, within one generation, African immigrants in the United States experience the same poor birth outcomes as other non-Hispanic Black populations. This points to the negative impacts of community conditions, including exposure to racism and marginalization in the U.S.

Racism affects overall health and well-being in several ways:


- Racism impacts community conditions including access to housing, transportation, healthy food and quality education. These conditions, in turn, make it more difficult for people to live healthy lives.
- Racism is a form of trauma. Exposure to racism and the resulting community conditions can cause toxic stress, resulting in both physical and mental health challenges.
- Racism can impact the treatment that individuals receive from healthcare providers through both implicit and explicit bias.

Figure 1. Relationship between racism and infant mortality

Source: HPIO "A New Approach to Reduce Infant Mortality and Achieve Equity: Policy Recommendations to Improve Housing, Transportation, Education and Employment" (2023)

Unlocking Ohio's economic potential

July 2023



Unlocking Ohio's economic potential

The impact of eliminating racial disparities on Ohio businesses, governments and communities

Overview

Ohio can grow its economy and preserve public resources by ensuring that every person has the opportunity to live a healthy life and fully participate in the state's economy. When people are healthy and financially stable, their families, businesses and local communities benefit.

However, the *2023 Health Value Dashboard* shows that Ohioans face worse health outcomes, including living shorter and less healthy lives, than people in most other states. Contributing factors include rising overdose and suicide deaths and Ohio's long-term decline in labor force participation.

These challenges are especially stark for Black and Hispanic/Latino Ohioans¹, who often face barriers to health and employment — barriers that are rooted in systemic and historical injustices that continue to this day. This results in disparities, or systematic differences in outcomes, experienced across groups of Ohioans.

Beyond the substantial impacts on people and communities of color across Ohio, disparities in outcomes, such as life expectancy and overall health status, represent missed economic opportunities for Ohio businesses, governments and communities. Allowing these disparities to continue to exist will only result in a more economically unstable and unhealthy Ohio. By eliminating racial disparities, leaders in Ohio can grow the workforce, increase consumer spending, strengthen communities and reduce fiscal pressures on state and local budgets.

This analysis:

- Summarizes the factors that contribute to racial disparities in Ohio
- Provides new data on the economic benefits Ohio could gain by eliminating disparities
- Recommends a series of actions that Ohioans can take to eliminate racism, improve health and increase economic vitality

If Ohio eliminates disparities...

Researchers estimate that by 2050:

- ▶ **Ohio could gain \$79 billion in economic output each year**

In addition, Ohio could gain:

- ▶ **\$40 billion** more in total income
- ▶ **\$30 billion** more in consumer spending
- ▶ **\$4 billion** more in state and local tax revenues
- ▶ **\$3 billion** in reduced healthcare spending
- ▶ **\$2 billion** in increased employee productivity
- ▶ **\$821 million** in reduced corrections spending

1

If Ohio eliminates disparities...

Researchers estimate that by 2050:



▶ **Ohio could gain \$79 billion in economic output each year**

In addition, Ohio could gain:

▶ **\$40 billion** more in total income

▶ **\$30 billion** more in consumer spending

▶ **\$4 billion** more in state and local tax revenues

▶ **\$3 billion** in reduced healthcare spending

▶ **\$2 billion** in increased employee productivity

▶ **\$821 million** in reduced corrections spending

Source: HPIO "Unlocking Ohio's Economic Potential: The Impact of Eliminating Racial Disparities on Ohio Businesses, Governments and Communities" July 2023

Discussion questions

1. How have you used the *Dashboard* and/or other HPIO publications to influence policy or communicate with policymakers?
2. How can HPIO best disseminate these resources?

Upcoming work...

- Two equity fact sheets
- Equity measurement and evaluation toolkit
- Medicaid redetermination fact sheet
- Two criminal justice and health briefs
- Water quality and health brief
- 2024 Health Value Dashboard

HPIO upcoming project:

Equity fact sheets

Fact sheet goals

1. Build off the Social Drivers of Infant Mortality project
2. Pair data with community voices
3. Focus on success stories to catalyze further progress



Social Drivers of Infant Mortality

Recommendations for Action and Accountability in Ohio

Why is action needed?

For many years, policymakers and community leaders across Ohio have worked to reduce high rates of infant mortality. Decisionmakers have explored this issue through multiple advisory committees, collaborative efforts, investments, legislation and other policy changes.¹ For example, the Ohio General Assembly passed Senate Bill 322 in 2017, which adopted recommendations from the Ohio Commission on Infant Mortality's 2016 report and required the creation of the 2017 Social Drivers of Infant Mortality (SDOIM) report: *A New Approach to Reduce Infant Mortality and Achieve Equity*.

3 Key findings for policymakers

- 1. Changes beyond health care are needed to ensure that every baby thrives.** While healthcare innovations are necessary, improvements to broader community conditions are needed to decrease widening gaps and reinvigorate Ohio's stalled progress on infant mortality.
- 2. Leaders across sectors must work together for meaningful changes.** Public and private partners from the health, housing, transportation, education and employment sectors have many opportunities to change policies and invest in effective solutions to eliminate disparities.
- 3. Progress on past recommendations has been mixed.** Policymakers can build upon the bipartisan cooperation, sustained investment and local collaboration that contributed to action on evidence-based recommendations, and more can be done to engage community members and hold leaders accountable for enacting specific changes to support families.

Building on and prioritizing recommendations to reduce infant mortality



A New Approach to Reduce Infant Mortality and Achieve Equity (2017)
Specific recommendations to improve housing, transportation, education and employment. Developed by the Health Policy Institute of Ohio (HPIO) for the Ohio Legislative Service Commission.



Final Recommendations of the Eliminating Disparities in Infant Mortality Task Force (2022)
General recommendations to improve health care, education, economic stability, neighborhood and built environment and social and community context. Coordinated by the Ohio Department of Health.



This policy brief builds upon these recommendations by prioritizing specific and actionable steps leaders can take to create change in five areas: Housing, transportation, education, employment and racism.



housing



transportation



education



employment



racism

Example ways to integrate community voices

- Quotes
- Stories
- Photos
- Other ideas?

Discussion questions

1. Given the current policy landscape, which social drivers of health would be the most salient to focus on for the equity fact sheets?
2. Are there partners that you think we should connect with to uplift community voices?
3. Are there success stories related to a policy change that come to mind that you think should be highlighted?

HPIO upcoming project:

Equity measurement
and evaluation
toolkit

Background and definitions

Key terms

Health equity

All Ohioans have the opportunity to **attain their full health potential**. Equity is the absence of socially unjust or unfair disparities in access to services, quality of services, and health and behavioral health outcomes.

Source: Community Assessment and Plan Pathway to Impact and DACC Strategic Plan 2021-2024, Ohio Department of Mental Health and Addiction Services

Example: 2023-2025 Community Assessment and Plan materials, Ohio Department of Mental Health and Addiction Services

Key terms

Racism and discrimination

Discriminatory systems categorize and rank social groups and differently distribute resources and opportunities to those groups based on their perceived inferior or superior ranking.

- **Racism:** ranking based on race
- **Ableism:** ranking based on disability status
- **Ageism:** ranking based on age
- **Etc.**

Source: Connections between racism and health: Taking action to eliminate racism and advance equity, Health Policy Institute of Ohio

Four levels of racism

Structural racism

is racial bias among institutions and across society

Institutional racism

occurs within institutions and systems of power

Interpersonal racism

occurs between individuals

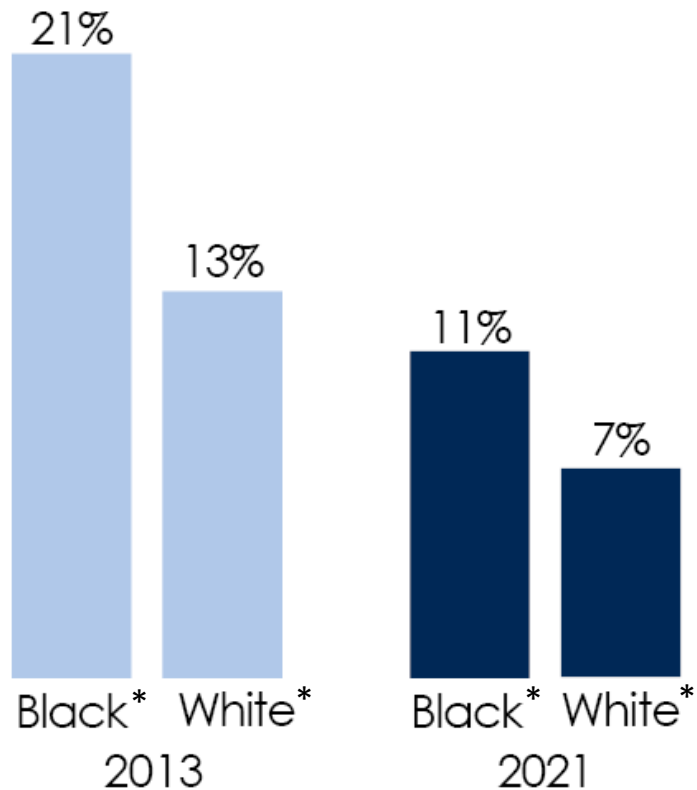
Internalized racism

lies within individuals

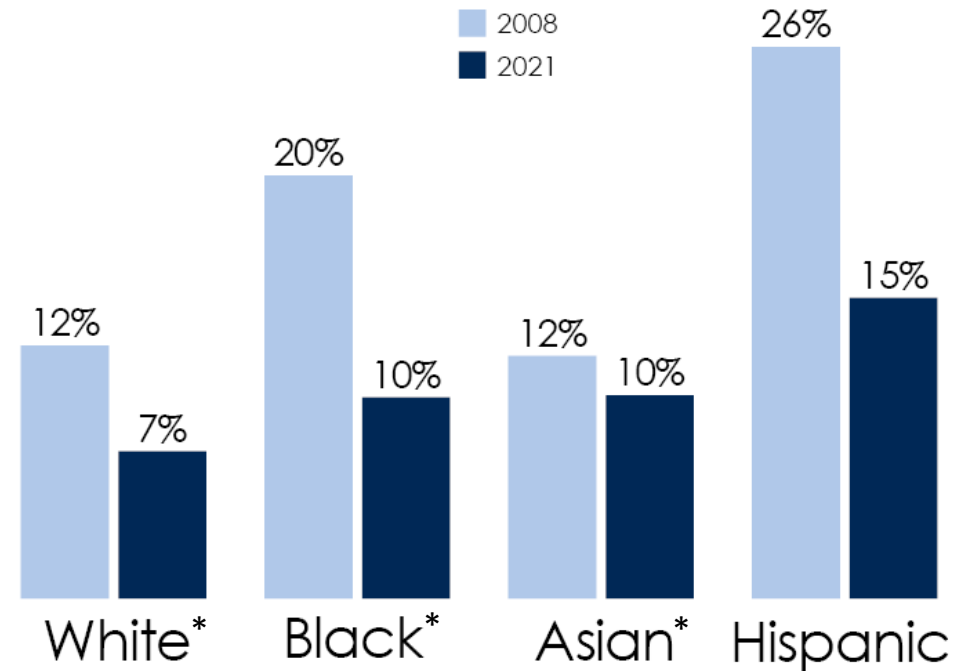
Disaggregated data

Access and coverage

Percent of adult Ohioans who went without health care because of cost in the past year



Percent of Ohioans who are uninsured, ages 0-64



Source: American Community Survey, as compiled by Kaiser Family Foundation State Health Facts

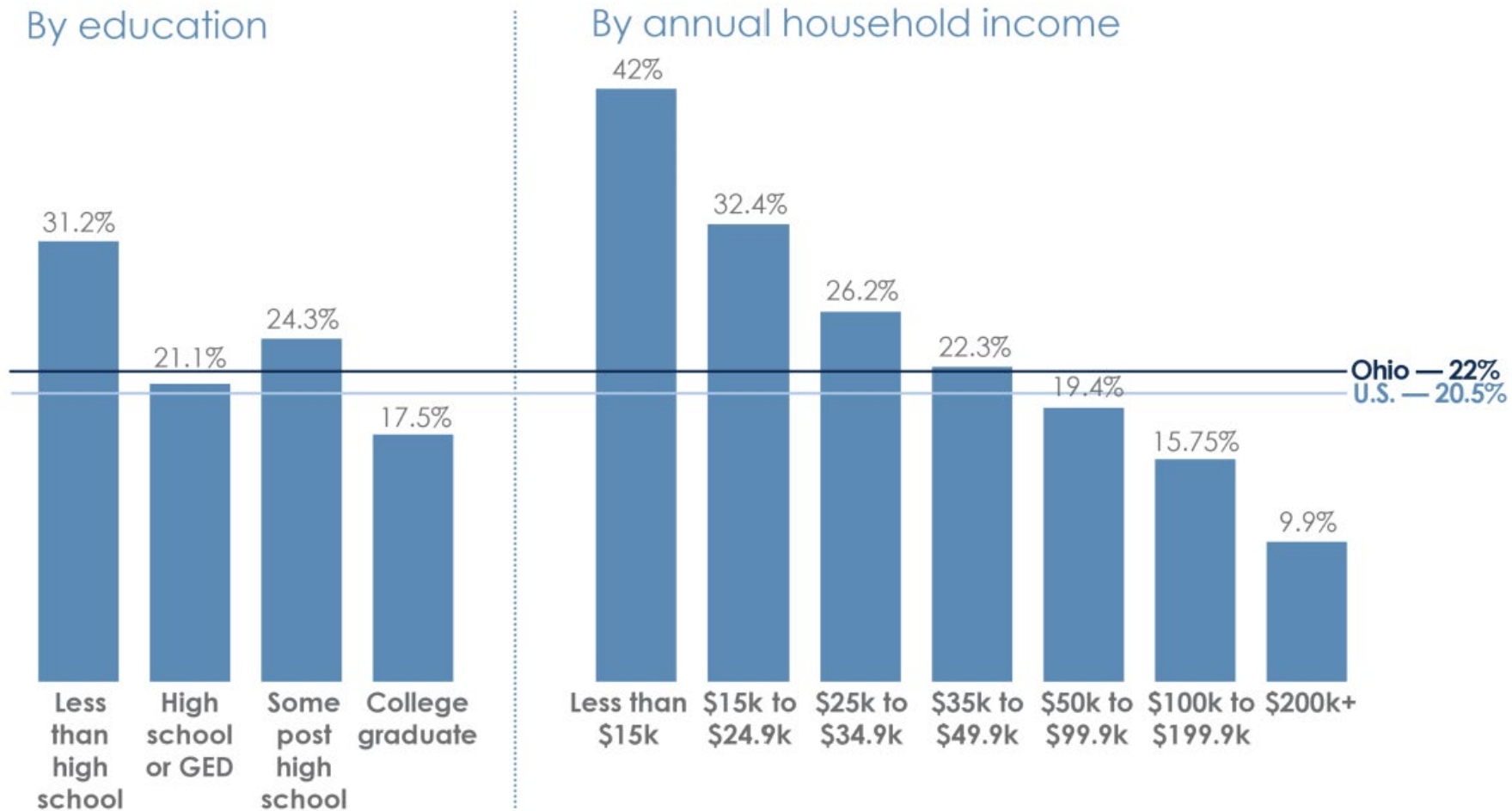
Source: Behavioral Risk Factor Surveillance System

* non-Hispanic

Depression

Percent of Ohio adults who reported ever having been told by a healthcare provider that they have some form of depression, 2021

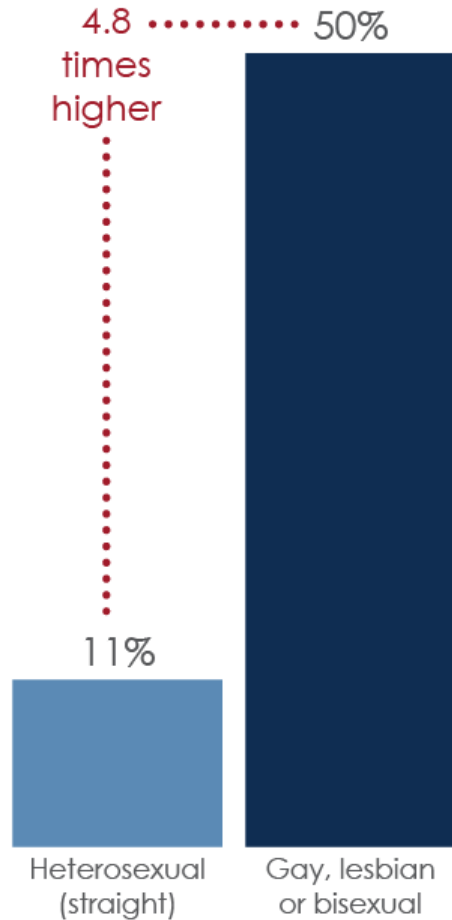
Ohioans who have lower educational attainment or lower incomes are more likely to report having ever been told by a healthcare provider that they have depression.



Source: Health Policy Institute of Ohio data snapshot, "Trends in mental health among Ohioans." Data from Behavioral Risk Factor Surveillance System, 2021

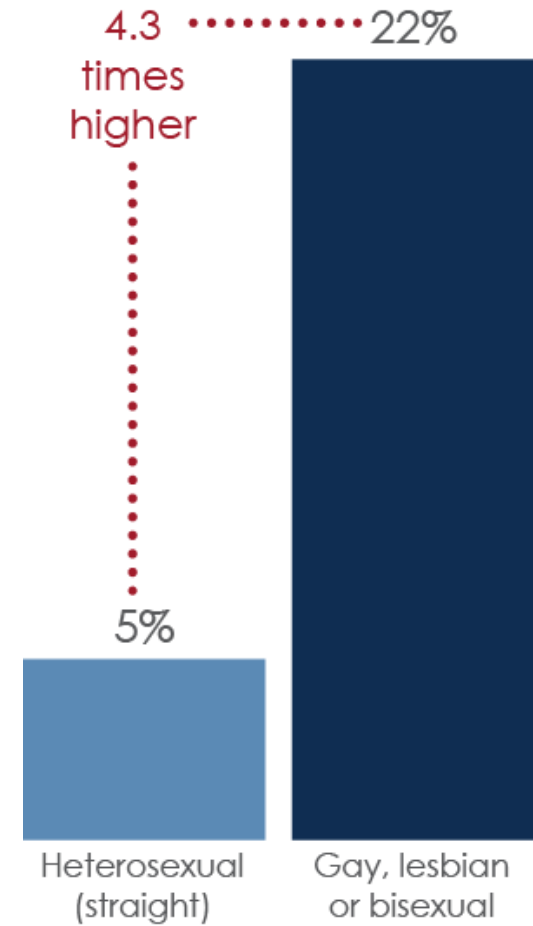
Youth suicide

Youth **considering** suicide, Ohio, 2019



Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey

Youth suicide **attempt**, Ohio, 2019



Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey

Collecting data: Qualitative methods

Survey, oversampling
smaller groups

Focus groups or key
informant interviews

Share results and explore root causes of disparities

Example: 2023-2025 Community Assessment and Plan materials, Ohio Department of Mental Health and Addiction Services

Evaluating equity

Equitable evaluation: Participation from communities

Engage broad range of partners

Inclusive decision making in evaluation process

Share findings with the community; transparency and accountability

Example: 2023-2025 Community Assessment and Plan materials, Ohio Department of Mental Health and Addiction Services

Goal

**All Ohioans live longer, healthier lives with dignity and autonomy.
Disparities and inequities are eliminated.**

- Increased life expectancy
- Reduced premature death
- Improved health status
- Reduced elder abuse and neglect



Vision

**Ohio is the
best place
to age
in the nation**

What factors impact the health and well-being of older Ohioans?

Issues listed are prioritized in the SAPA

Community conditions

Livable communities

- Financial stability
- Quality and affordable housing
- Transportation access

Healthy living

Prevention and self-management

- Nutrition
- Physical activity

Access to care

Services and supports

- Health-care coverage and affordability
- Home and community-based supports
- Home care workforce capacity and caregiver supports



How will we know if the health and well-being of older Ohioans is improving?

Issues listed are prioritized in the SAPA

Social connectedness

- Social inclusion
- Volunteerism

Population health

- Cognitive health
- Cardiovascular health
- Mental health

Preserving independence

- Chronic pain management
- Falls prevention

Principles

Elder justice

Elder justice is achieved by fostering and promoting systems, policies, and beliefs that value aging, dismantle ageism, and create an age-integrated society that supports older Ohioans to live longer, healthier lives with dignity and autonomy.

Equity

Equity requires dismantling ageism and the compounding effects of ageism and other forms of discrimination. To eliminate disparities and inequities, SAPA strategies must be tailored to Ohioans with the greatest need, and coupled with efforts to dismantle ageism, ableism, racism, and other forms of discrimination.

Goal

All Ohioans live longer, healthier lives with dignity and autonomy.
Disparities and inequities are eliminated.

- Increased life expectancy
- Reduced premature death
- Improved health status
- Reduced elder abuse and neglect



Vision

Ohio is the
best place
to age
in the nation

What factors impact the health and well-being of older Ohioans?

Issues listed are prioritized in the SAPA

Community conditions

Livable communities

- Financial stability
- Quality and affordable housing
- Transportation access

Healthy living

Prevention and self-management

- Nutrition
- Physical activity

Access to care

Services and supports

- Health-care coverage and affordability
- Home and community-based supports



How will we know if the health and well-being of older Ohioans is improving?

Issues listed are prioritized in the SAPA

Social connectedness

- Social inclusion
- Volunteerism

Population health

- Cognitive health
- Cardiovascular health
- Mental health

Preserving independence

- Chronic pain management
- Falls prevention

Principles

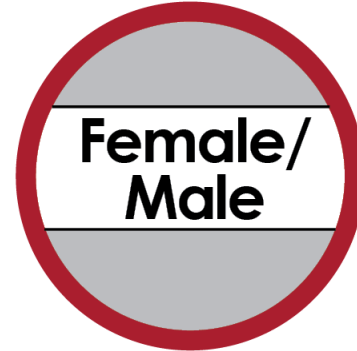
Elder justice

Elder justice is achieved by fostering and promoting systems, policies, and beliefs that value aging, dismantle ageism, and create an age-integrated society that supports older Ohioans to live longer, healthier lives with dignity and autonomy.

Equity

Equity requires dismantling ageism and the compounding effects of ageism and other forms of discrimination. To eliminate disparities and inequities, SAPA strategies must be tailored to Ohioans with the greatest need, and coupled with efforts to dismantle ageism, ableism, racism, and other forms of discrimination.

Elder justice and equity



Creating goals and setting universal targets

SMART objectives

- Specific
 - Measurable
 - Achievable
 - Realistic
 - Time-bound
-
- The diagram uses three large curly braces on the right side to group the SMART criteria. The first brace groups 'Specific' and 'Measurable'. The second brace groups 'Achievable' and 'Realistic'. The third brace groups 'Time-bound'. Each group is associated with a bolded label to its right.
- Indicator and source**
 - Target data value**
 - Baseline and target years**

SMART objective example

General statement about desired result

Specific metric to quantify the outcome

Data source

Most-recent actual data

Targets: Specific numbers that quantify the desired outcome

Desired outcome	Indicator (source)	Previous SHIP baseline (2018)	Short-term target (2022)	Intermediate target (2025)	Long-term target (2028)
Reduce infant mortality	MIH2. Infant mortality. Number of deaths for infants under age 1, per 1,000 live births (ODH Vital Statistics/ODH)	6.9	6.5	6.3	6
	Priority populations				
	Black (non-Hispanic)	14	10.8	8.4	6

Target source: ODH

Indicator number (MIH=Maternal and infant health)

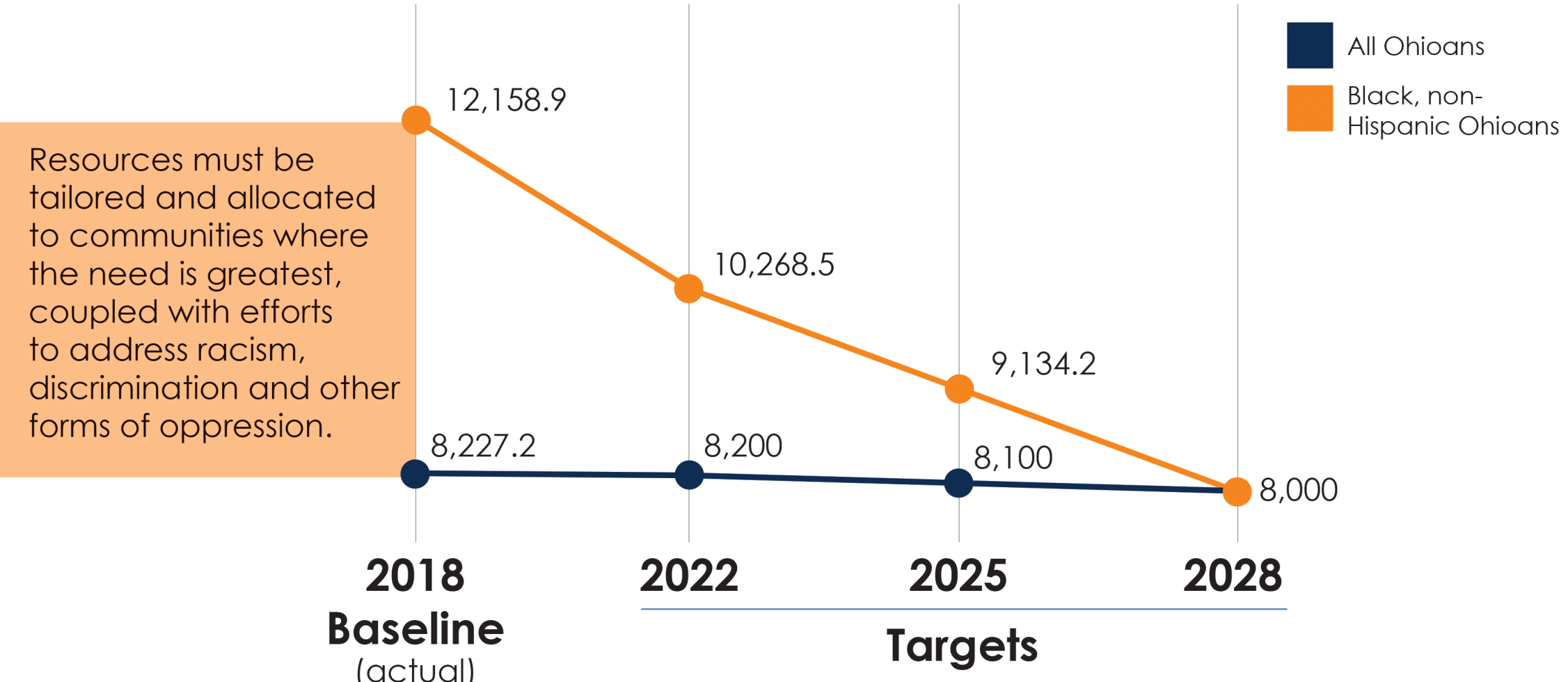
Lead state agency for data monitoring

Groups with outcomes at least 10% worse than Ohio overall

Universal long-term target (equity goal)

Universal target example

Years of potential life lost (YPLL) before age 75, per 100,000 population (age adjusted)



Poll question

Discussion questions

1. Why did you answer the way you did?
2. What other tools or resources should we include?

Toolkit audience

HPIO's main audiences

Primary

State legislators, state agencies, local government, boards and commissions

Secondary

Healthcare providers, health plans/insurers, nonprofits, advocates, public health organizations, researchers, business leaders

Discussion questions

1. What stakeholders(s) do you think would benefit the most from this toolkit?
2. In what ways could this be valuable to your work, your organization, or your sector?

Next steps

Poll question