



Defining health equity and understanding health disparities in Ohio

Oct. 25, 2018



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Key takeaways



1. Many groups of Ohioans experience troubling gaps in health outcomes.
2. The choices we make are often shaped by the environments in which we live.
3. There are evidence-based approaches to closing Ohio's health gaps.

What is health equity?

Elimination of disparities

Eliminate inequities

Address avoidable inequalities

Opportunity to achieve

SOCIAL STANDING Injustices

Valuing everyone equally

Highest level of health

No one at a disadvantage

Resource allocation Discrimination

Absence of differences

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.

Health inequities, disparities and equity

Health inequities

Disparities in rates due to **differences in the distribution of social, economic, environmental or healthcare resources***



Health disparities

differences in health status among segments of the population such as by race or ethnicity, education, income or disability status

Health equity

*Working definition from the CDC Health Equity Working Group, October 2007

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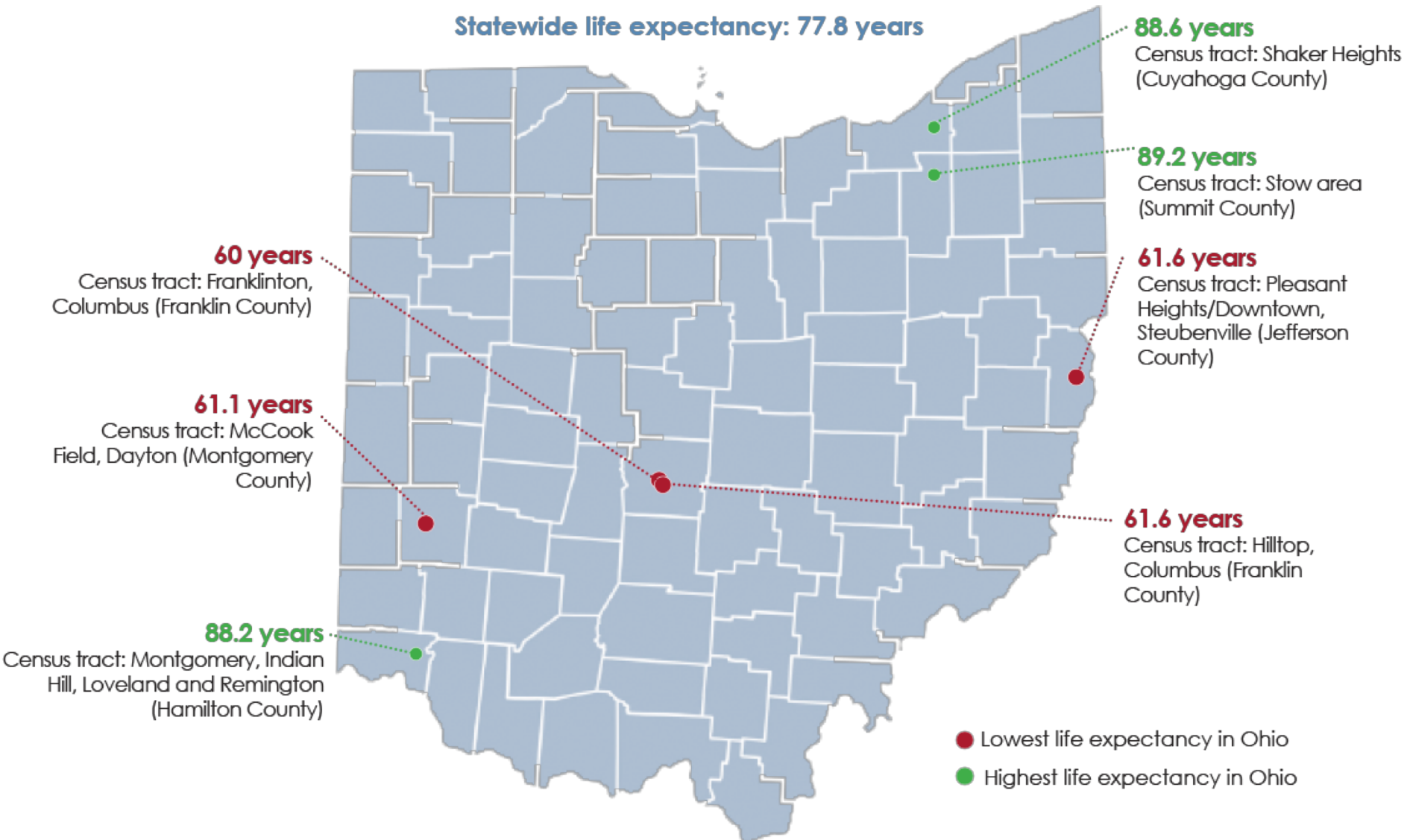
Health equity

*Working definition from the CDC Health Equity Working Group, October 2007

Ohio's troubling health gaps

Gaps in outcomes by geography

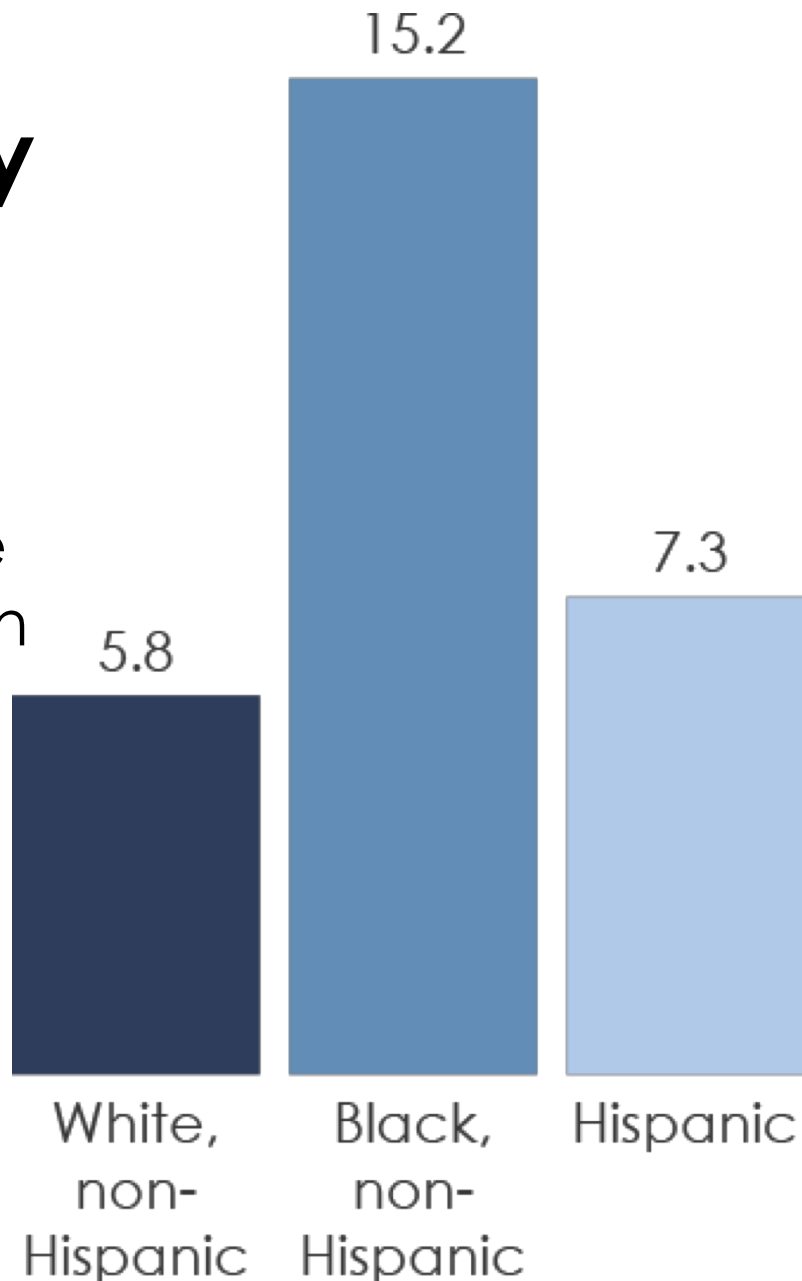
Statewide life expectancy: 77.8 years



Source: Centers for Disease Control and Prevention, U.S. Small-area Life Expectancy Estimates Project

Gaps in outcomes by race and ethnicity

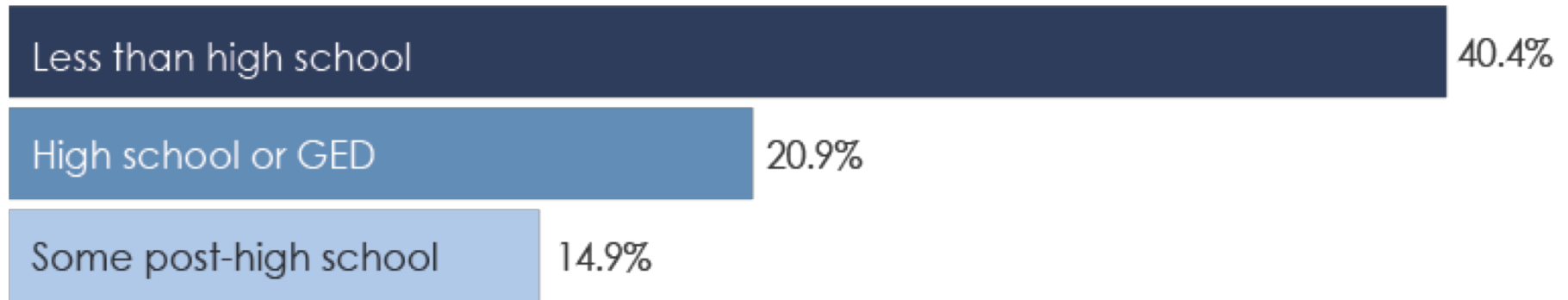
Infant mortality rate per 1,000 live births in Ohio, 2016



Source: Ohio Department of Health (ODH), Vital Statistics. 2016 Ohio Infant Mortality Data: General Findings

Gaps in outcomes by educational attainment

Percent of adult Ohioans reporting fair or poor health, 2016



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Gaps in outcomes by disability status

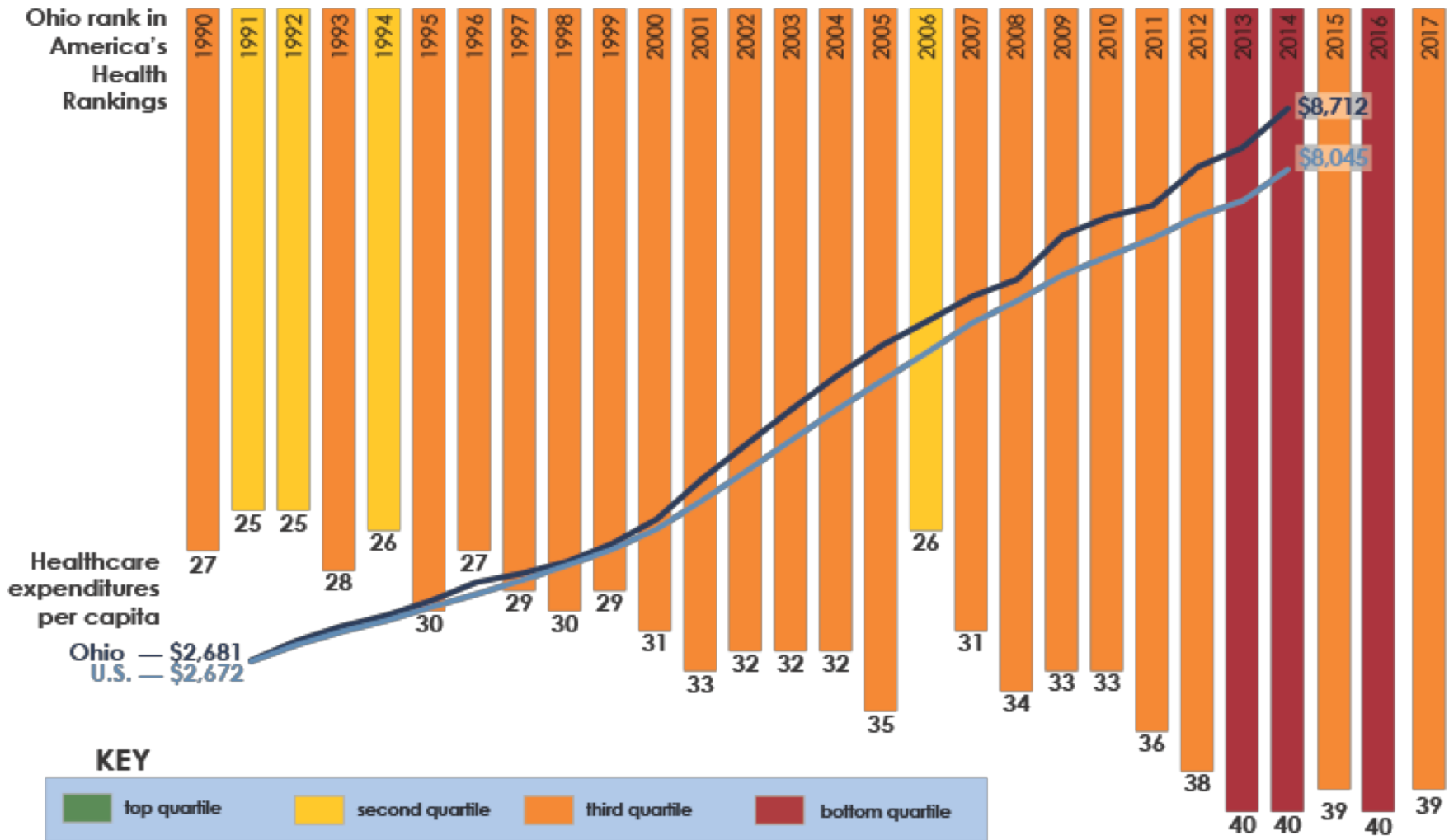
Percent of adult Ohioans who have ever been told they have depression, 2016



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Why does this matter?

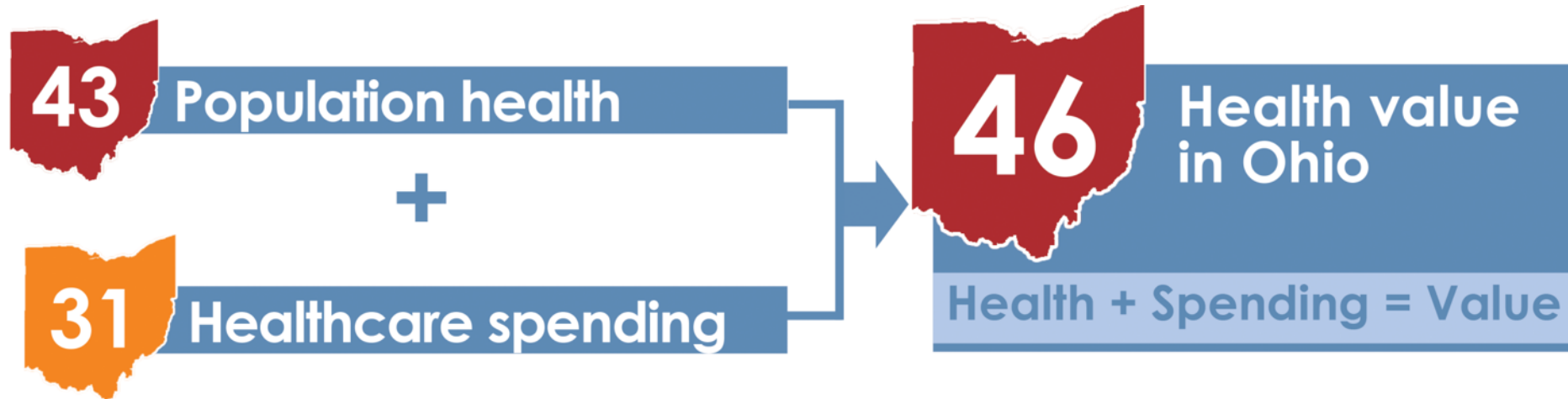
Ohio's overall performance over time on health and healthcare spending



Source for health ranking: UnitedHealth Foundation, America's Health Rankings

Source for healthcare spending: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, compiled by the Kaiser Family Foundation

2017 Health Value Dashboard



Ohio's journey towards health equity

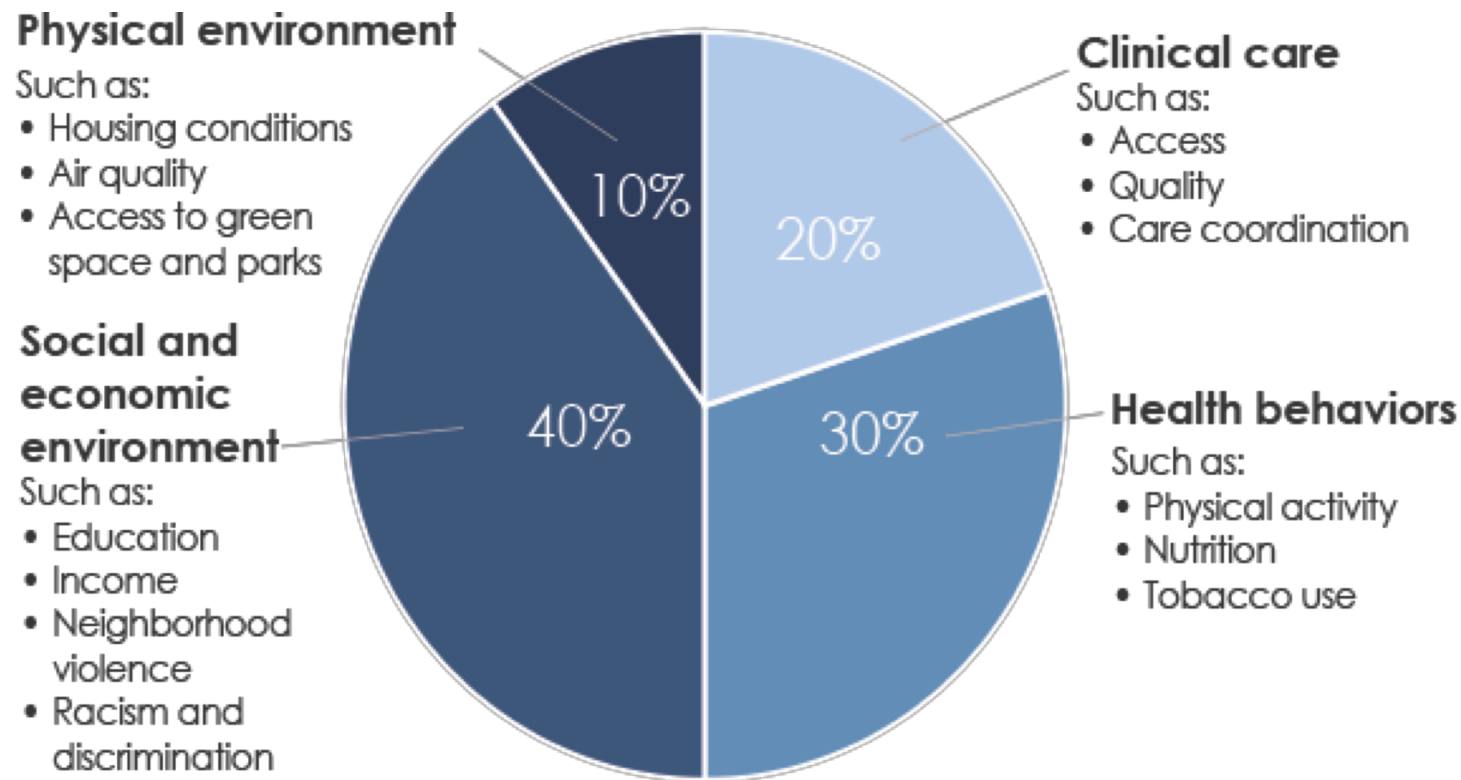


Why do we have health gaps?

“Health is about more than health care, and the same is true for health equity.”

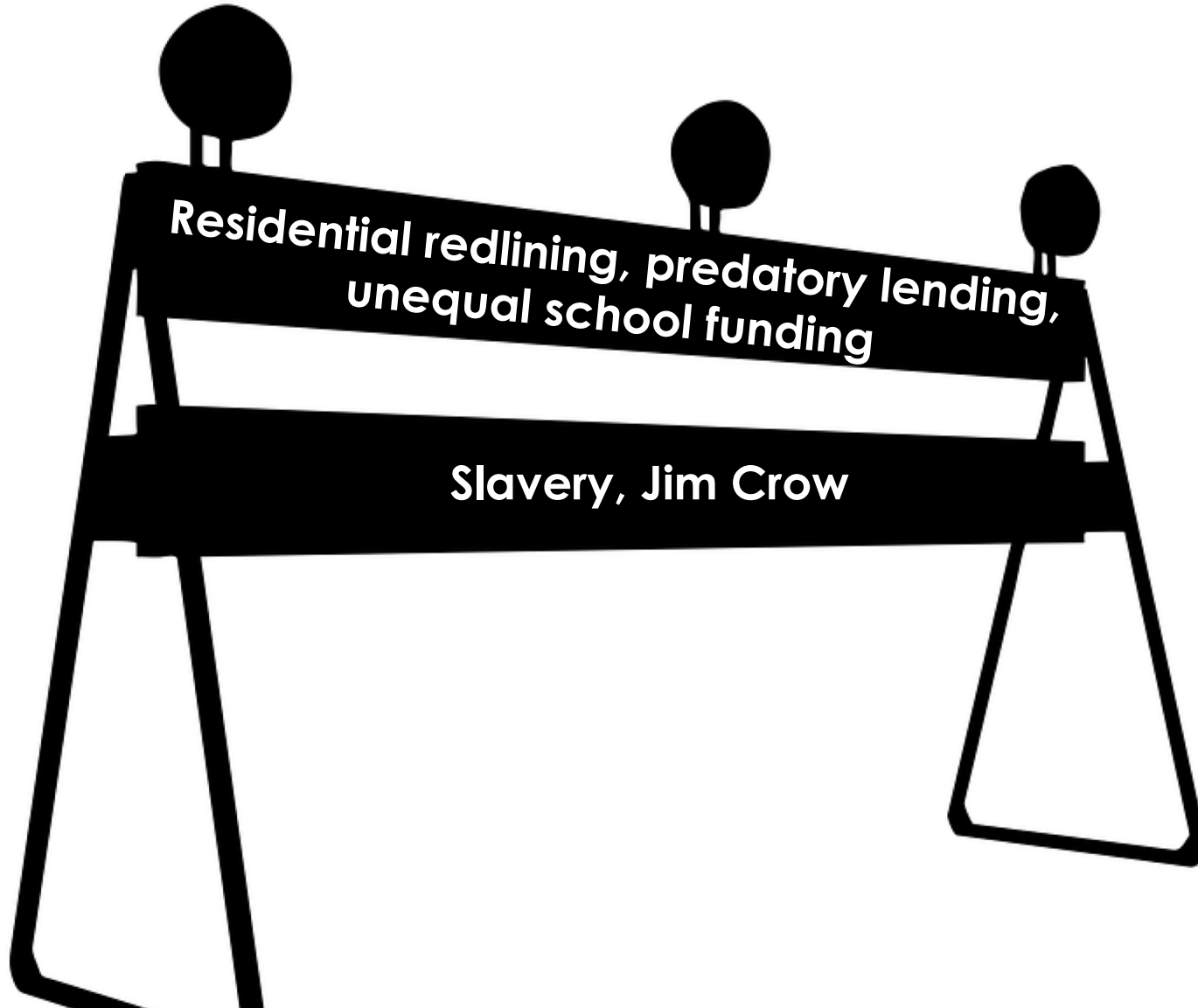
-Steven H. Woolf
Health Affairs, June 2017

Modifiable factors that influence health



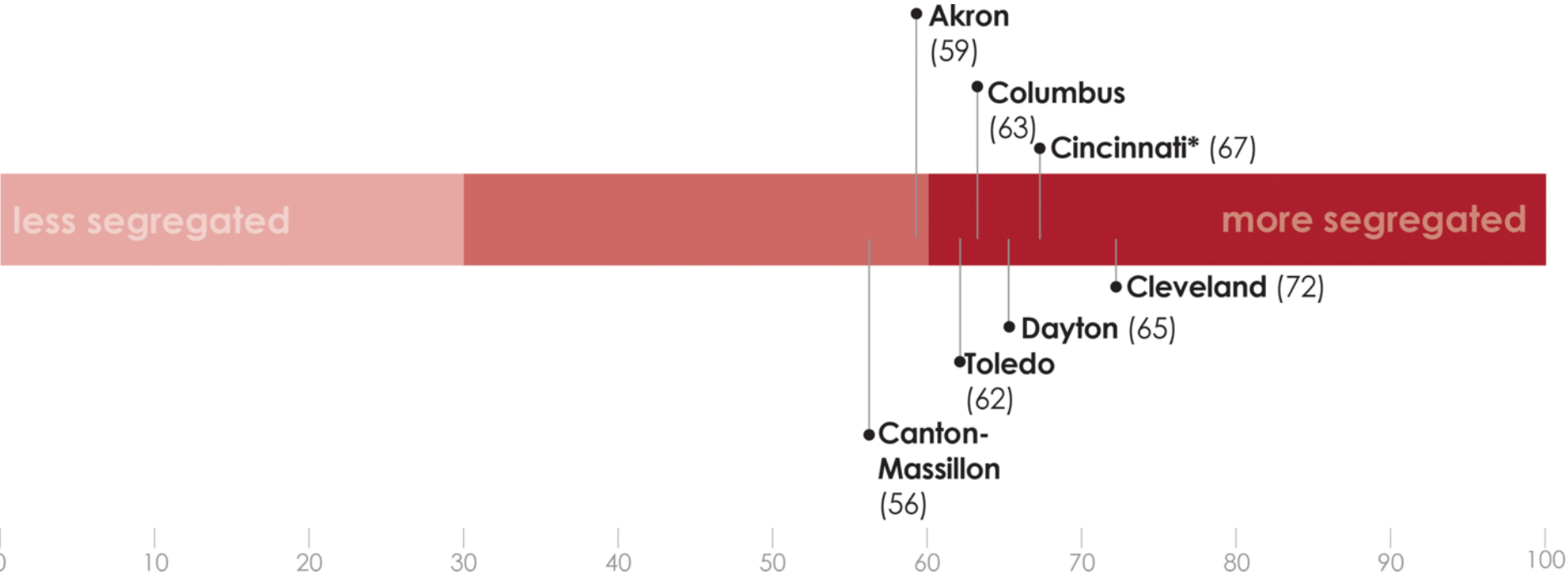
Source: Booske, Bridget C. et. al. County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health. University of Wisconsin Public Health Institute. 2010.

Historical and contemporary obstacles to health



Residential segregation

Black/white dissimilarity index, 2010-2014



*Cincinnati dissimilarity index is calculated from Ohio census tracts only.

Source: American Community Survey, 5-Year Census Tract Estimates. Calculations by the Kirwan Institute for the Study of Race and Ethnicity

Closing Ohio's health gaps

Recommended sources for what works to decrease disparities

**What Works for
Health**

disparity ratings

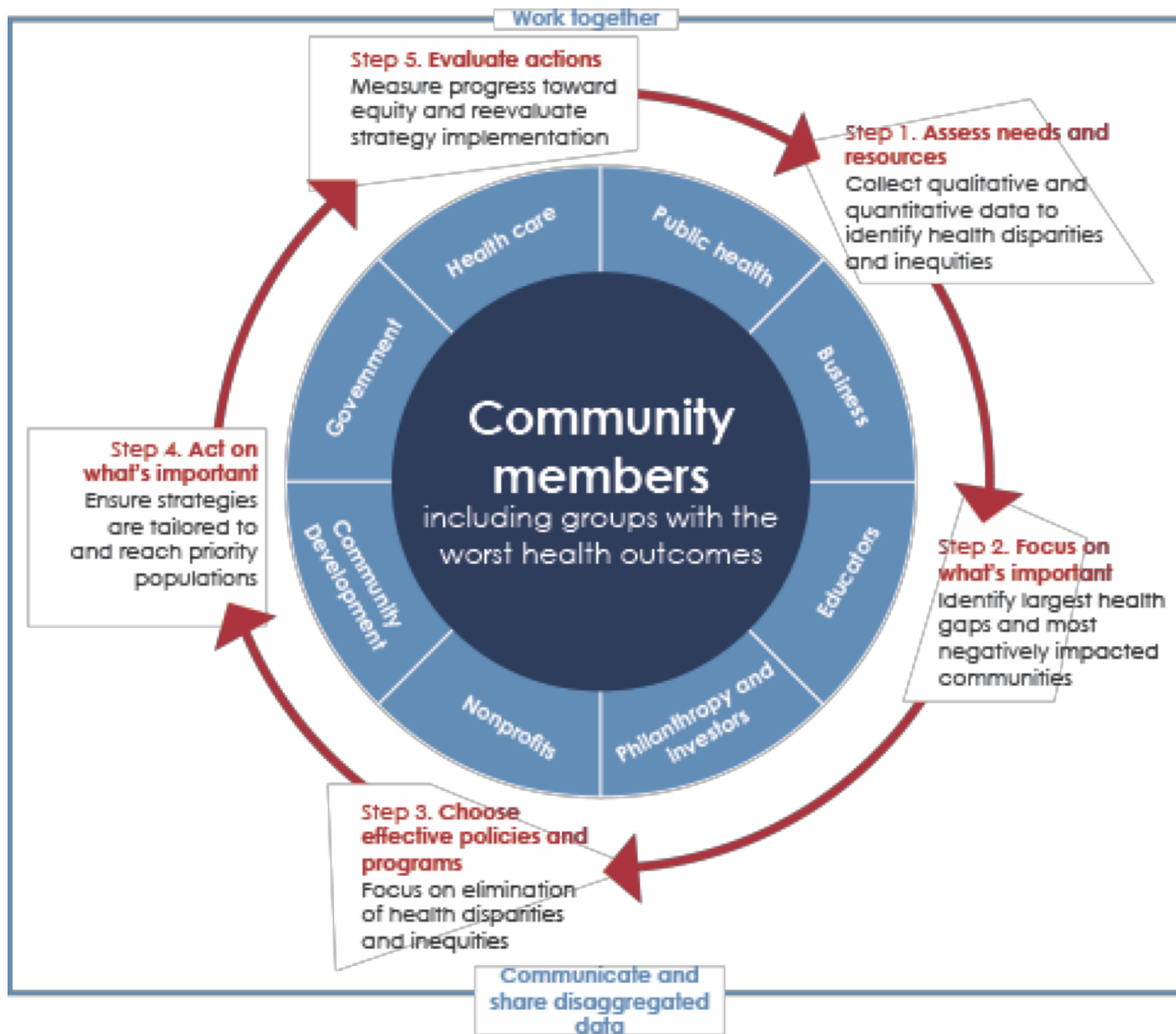
**Community
Guide**

*equity systematic
reviews*

Evidence-based strategies to close health gaps



Framework for action



Source: HPIO adaptation of County Health Rankings and Roadmaps Action Cycle

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Questions?



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