Contact

Zach Reat
Director, Data Management and Analysis
Health Policy Institute of Ohio
zreat@hpio.net
@ZachReatHPIO
Vision
To improve the health and well-being of all Ohioans.

Mission
To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy.
HPIO core funders

- Interact for Health
- The Mt. Sinai Health Care Foundation
- Saint Luke’s Foundation of Cleveland
- The George Gund Foundation
- The Cleveland Foundation
- Sisters of Charity Foundation, Cleveland
- Sisters of Charity Foundation, Canton
- United Way of Central Ohio
- HealthPath Foundation
- Cardinal Health Foundation
- Mercy Health
- CareSource Foundation
- North Canton Medical Foundation
- The Nord Family Foundation
Key takeaways

1. Health inequity, health disparity and health equity are separate and related concepts
2. Policies both contribute to health inequities and disparities and can advance health equity
3. HPIO provides tools for engaging policymakers to advance health equity
Modifiable factors that influence health

- **Physical environment**: Such as:
  - Housing conditions
  - Air quality
  - Access to green space and parks
  - 10%

- **Clinical care**: Such as:
  - Access
  - Quality
  - Care coordination
  - 20%

- **Social and economic environment**: Such as:
  - Education
  - Income
  - Neighborhood violence
  - Racism and discrimination
  - 40%

- **Health behaviors**: Such as:
  - Physical activity
  - Nutrition
  - Tobacco use
  - 30%

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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Consensus

Health equity 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.
Historical and contemporary obstacles to health

Residential redlining, predatory lending, unequal school funding

Slavery, Jim Crow
Legacies of redlining: Housing instability

Evictions per 100 renters by 1940 HOLC security grade, Cleveland, 2002-2016

<table>
<thead>
<tr>
<th>Grade</th>
<th>Evictions per 100 Renters</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1.66</td>
</tr>
<tr>
<td>B</td>
<td>3.25</td>
</tr>
<tr>
<td>C</td>
<td>5.41</td>
</tr>
<tr>
<td>D</td>
<td>6.32</td>
</tr>
</tbody>
</table>

Source: Ohio Housing Finance Agency, “Predicting evictions: A look back on redlining in Ohio”
Health inequities: Housing instability

People who experience housing instability are:

• 1.9 times more likely to report fair or poor health status
• 2.3 times more likely to report 14 days or more of poor health per month
• 2 times more likely to report poor health limiting daily activities

- Stahre, Mandy et al. “Housing Insecurity and the Association With Health Outcomes and Unhealthy Behaviors, Preventing Chronic Disease, 2015.
Redlining

- Disinvestment
- Housing decline
- Predatory lending
- Property value loss

- Forclosure and vacancy

- Crime and safety, health problems
- Asset wealth loss, dwindling tax base

Source: The Kirwan Institute for the Study of Race and Ethnicity
Improvement is possible.
Recommended sources for what works to decrease disparities

What Works for Health
disparity ratings

Community Guide
equity systematic reviews
Where does Ohio rank?

Population health: 43
Healthcare spending: 28

46

Health value in Ohio
Where do Kentucky and Indiana rank?

- **Population health**
  - Kentucky: 50
  - Indiana: 42

- **Healthcare spending**
  - Kentucky: 22
  - Indiana: 29

**Health value in Kentucky**
- Health + Spending = Value

**Health value in Indiana**
- Health + Spending = Value

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Why do we rank poorly on health value?

- Too many Ohioans are left behind
- Resources are out of balance
- Addiction is holding Ohioans back
### 2019 Health Value Dashboard
#### Equity profiles

**Race/ethnicity: Black Ohioans**

- Black children in Ohio are 3.7 times more likely to attend a high poverty school than with Ohioans, which often have lower graduation rates.

- Lacking a sufficient education makes it more difficult to provide basic needs, such as quality housing. If the gap in quality housing between black and white Ohioans was eliminated, more than 75,000 black Ohioans would live in higher quality housing.

- These differences have led to poorer health outcomes for black Ohioans. For example, black infants are dying at nearly three times the rate of white infants in Ohio.

**2019 Health Value Dashboard**

#### Equity profiles

**Education and income**

- Post-secondary education lays the foundation for positive employment outcomes and higher earnings over a person’s lifetime.
- Having a sufficient income is critical for covering basic needs, such as housing, food, transportation, child care and health care. Because of this, Ohioans with less than a high school degree do not have the same opportunity to provide for their families or live healthy lives as Ohioans with a college degree.

This profile describes the magnitude of difference in outcomes between Ohioans with less than a high school education and Ohioans with college degrees. When educational attainment data is not available, the difference in outcomes between low-income and high-income Ohioans is displayed.

<table>
<thead>
<tr>
<th>Socio-economic factors</th>
<th>2 times worse for people with less than high school education</th>
<th>6 times worse for people with less than high school education</th>
<th>6 times worse for people with less than high school education</th>
<th>6 times worse for people with less than high school education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult poverty</td>
<td>8.5 times worse for people with less than high school education</td>
<td>3.5 times worse for people with low incomes</td>
<td>3.5 times worse for people with low incomes</td>
<td>3.5 times worse for people with low incomes</td>
</tr>
<tr>
<td>Unemployment</td>
<td>2.5 times worse for people with less than high school education</td>
<td>2 times worse for people with less than high school education</td>
<td>2 times worse for people with less than high school education</td>
<td>2 times worse for people with less than high school education</td>
</tr>
<tr>
<td>High school graduation</td>
<td>3.5 times worse for people with low incomes</td>
<td>3.5 times worse for people with low incomes</td>
<td>3.5 times worse for people with low incomes</td>
<td>3.5 times worse for people with low incomes</td>
</tr>
<tr>
<td>Fourth-grade reading</td>
<td>7.7 times worse for people with low incomes</td>
<td>7.7 times worse for people with low incomes</td>
<td>7.7 times worse for people with low incomes</td>
<td>7.7 times worse for people with low incomes</td>
</tr>
<tr>
<td>Community context</td>
<td>3.7 times worse for people with less than high school education</td>
<td>3.7 times worse for people with less than high school education</td>
<td>3.7 times worse for people with less than high school education</td>
<td>3.7 times worse for people with less than high school education</td>
</tr>
<tr>
<td>Housing quality</td>
<td>3.5 times worse for people with less than high school education</td>
<td>3.5 times worse for people with less than high school education</td>
<td>3.5 times worse for people with less than high school education</td>
<td>3.5 times worse for people with less than high school education</td>
</tr>
<tr>
<td>Food deserts</td>
<td>3.5 times worse for people with less than high school education</td>
<td>3.5 times worse for people with less than high school education</td>
<td>3.5 times worse for people with less than high school education</td>
<td>3.5 times worse for people with less than high school education</td>
</tr>
</tbody>
</table>

**Health outcomes**

| Overall health status                   | 6 times worse for people with less than high school education | 6 times worse for people with less than high school education | 6 times worse for people with less than high school education | 6 times worse for people with less than high school education |
| Infant mortality                        | 2.5 times worse for people with less than high school education | 2 times worse for people with less than high school education | 2 times worse for people with less than high school education | 2 times worse for people with less than high school education |
| Adult diabetes                          | 3 times worse for people with less than high school education | 3 times worse for people with less than high school education | 3 times worse for people with less than high school education | 3 times worse for people with less than high school education |
| Adult depression                        | 3 times worse for people with less than high school education | 3 times worse for people with less than high school education | 3 times worse for people with less than high school education | 3 times worse for people with less than high school education |
| Adult overweight and obesity            | 3 times worse for people with less than high school education | 3 times worse for people with less than high school education | 3 times worse for people with less than high school education | 3 times worse for people with less than high school education |

*Note: Darker red indicates larger magnitude of difference. Lighter information description, very similar to the Dashboard appendix. Shading based on unweighted data.*

If the gap in outcomes between Ohioans with less than a high school degree and those with a college degree was eliminated, more than 100,000 Ohioans would report having better overall health status.
Create opportunities for all Ohio children to thrive

1. Home visiting
2. Quality early childhood education and child care subsidies
3. Lead screening and abatement

Invest upstream in employment, housing and transportation

4. Earned income tax credit
5. Safe, accessible and affordable housing
6. Public transportation

Build and sustain a high-quality addiction prevention, treatment and recovery system

7. Tobacco prevention and cessation
8. K-12 drug prevention and social-emotional learning
9. Behavioral health workforce
Ohio has troubling health gaps

There is more than a 2½ year gap in life expectancy at birth depending on where a person lives in Ohio. The lowest life expectancy is 40 years in the Franklin neighborhood of Columbus (Franklin County), compared to 89.2 years in the Stark area (Summit County). This troubling disparity is attributed to the fact that not all Ohioans have the same opportunity to live a healthy life based on geographic, race and ethnicity, income, education or other social, economic or demographic factors.

As a result, many groups of Ohioans experience large gaps in health outcomes:
• Black infants are nearly three times as likely to die in the first year of life compared to white infants.
• Ohioans with disabilities are four times as likely to experience depression than Ohioans without disabilities.
• Ohioans with less than a high school education are 2.7 times more likely than Ohioans with some post-high school education to report fair or poor health.

The underlying drivers of these gaps in outcomes are complex and rooted in many factors.

What is health equity?

Health equity is a term widely used in health policy discussions regarding efforts to eliminate health gaps, but the term has many different definitions.

To provide a foundation for advancing health equity in Ohio, HPIO convened an Equity Advisory Group to come to consensus on a definition of health equity. The group reviewed existing definitions of health equity and, after a series of discussions, developed the following:

“Everyone is able to achieve their full health potential. This requires addressing historical and contemporary injustices and removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.”

The definition highlights the what and the how of health equity:
• What does health equity mean? Everyone is able to achieve their full health potential.
• How can we achieve health equity? By addressing historical and contemporary injustices and removing obstacles to health such as poverty, discrimination, and their consequences.

In addition, the Advisory Group identified the following definition for the purposes of measuring Ohio’s progress toward health equity:

“Health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups including but not limited to by demographic, social, economic or geographic factors.”
Closing Ohio’s health gaps: Moving toward equity

- Data on health inequities and disparities
- Explores policies that created and perpetuate inequities and disparities
- Framework for achieving health equity and examples from Ohio
Achieving health equity: Framework for action

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

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