

## Consensus Questions

### 1. With which statement do you agree:

- a. **Poverty, racism and other forms of discrimination negatively impact health, leading to disparities in the health and well-being of wealthy people compared to people living in poverty, white people compared to underrepresented minority populations (African American, Hispanic, Native, etc.), men versus women, heterosexual versus LGBTQ community, etc.**
- b. **Health inequities often stem from systemic and structural racism or the historical disenfranchisement and discrimination of particular marginalized groups, including racial and ethnic minorities, low-income populations, and members of the LGBTQ community.**
- c. **Health inequities are differences in health status or in the distribution of health resources between different population groups that arise from social conditions where people are born, grow, live, work and age.**
- d. **Inequities are not as broad as racism and discrimination of marginalized groups, but I do acknowledge disparities exist based on factors such as economic stability, education, social and community context, access to healthcare and neighborhood environment.**
- e. **Inequities often stem from personal behavior - people not taking care of their health and well-being as they should.**
- f. **Inequities probably occur, but we don't know what causes them.**

### Comments:

### Study Guide for Question 1:

Related fact sheets: These fact sheets present the information you need for this question.

- [Health Disparities Matter](#)
- [Creating the Healthiest Nation: Environmental Justice for All](#)
- [Creating the Healthiest Nation: Health and Educational Equity](#)

**2. Aside from access to health care, numerous factors have been reported to contribute to the health of an individual. Some of the factors that have been considered are listed below. Please rank them in order of impact, rating them zero if having no impact.**

\_\_\_\_\_ **Income, poverty and financial stress of household**

\_\_\_\_\_ **Education (including early childhood)**

\_\_\_\_\_ **Neighborhood / ZIP Code (areas of concentrated poverty, neighborhood safety, food deserts, community resources, green space and recreation facilities, substandard housing, pollution levels, heavy traffic)**

\_\_\_\_\_ **Transportation (access to employment and training, health care, healthy food sources, social services, etc.)**

\_\_\_\_\_ **Family health history**

\_\_\_\_\_ **Adverse Childhood Experiences**

\_\_\_\_\_ **Employment and job quality**

\_\_\_\_\_ **Personal behavior and life choices (smoking, obesity, alcohol and/or drug abuse)**

**Comments**

### **Study Guide for Question 2:**

In looking at this question, please consider all areas of the state. Imagine living in an area different from your own situation.

Related fact sheets:

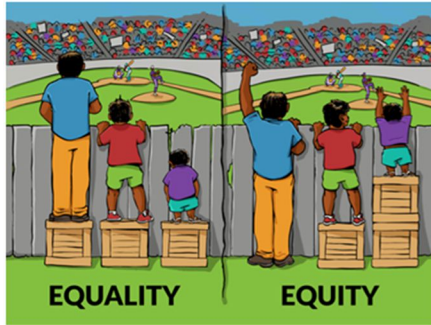
- [2019 County Health Rankings Key Findings Report | County ...](#)
- <https://odh.ohio.gov/wps/portal/gov/odh/about-us/Local-Health-Departments/Population-Health-Plans-Assessments/>

**3. These factors are important for a healthy community.**

<b>Safe, affordable transportation options</b>	<b>Yes</b>	<b>No</b>	<b>No Consensus</b>
<b>Not an area of concentrated poverty</b>	<b>Yes</b>	<b>No</b>	<b>No Consensus</b>
<b>Access to affordable, healthy foods</b>	<b>Yes</b>	<b>No</b>	<b>No Consensus</b>
<b>Safe, affordable options for physical activity</b>	<b>Yes</b>	<b>No</b>	<b>No Consensus</b>
<b>Green and open spaces</b>	<b>Yes</b>	<b>No</b>	<b>No Consensus</b>
<b>Quality, affordable housing free of mold, lead, etc.</b>	<b>Yes</b>	<b>No</b>	<b>No Consensus</b>
<b>Minimal level of pollution</b>	<b>Yes</b>	<b>No</b>	<b>No Consensus</b>
<b>Safe neighborhoods free of violence and crime</b>	<b>Yes</b>	<b>No</b>	<b>No Consensus</b>
<b>Support for healthy development of children</b>	<b>Yes</b>	<b>No</b>	<b>No Consensus</b>
<b>Socially cohesive and supportive relationships</b>	<b>Yes</b>	<b>No</b>	<b>No Consensus</b>
<b>Comments:</b>			

### **Study Guide for Question 3:**

We often take where we live for granted. But how does our environment impact our health? Should healthy community access to Foods that Support healthy eating patterns? Should crime and violence be included? How about adequate and quality housing? Social determinants of health that impact people of all ages include conditions in which people are born, grow, live, work and age. They include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. Equity versus equality needs to be considered. Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically." Therefore health inequities not only involve the lack of equal access to needed resources to maintain or improve health outcomes, they also refer to difficulty when it comes to "inequalities that infringe on fairness and human rights norms."



<https://interactioninstitute.org/illustrating-equality-vs-equity/>

Related fact sheets:

- <https://www.cdc.gov/chinav/index.html>
- [https://www.apha.org/-/media/files/pdf/factsheets/advancing\\_health\\_equity.ashx?la=en&hash=9144021FDA33B4E7E02447CB28CA3F9D4BE5EF18](https://www.apha.org/-/media/files/pdf/factsheets/advancing_health_equity.ashx?la=en&hash=9144021FDA33B4E7E02447CB28CA3F9D4BE5EF18)
- <https://odh.ohio.gov/wps/portal/gov/odh/about-us/Local-Health-Departments/Population-Health-Plans-Assessments/>
- [https://www.healthpolicyohio.org/wp-content/uploads/2016/03/PolicyBrief\\_CHAS\\_CHNAS\\_FINAL.pdf](https://www.healthpolicyohio.org/wp-content/uploads/2016/03/PolicyBrief_CHAS_CHNAS_FINAL.pdf)
- <https://www.who.int/hia/en/>
- <https://www.huduser.gov/healthycommunities/about>
- <https://www.huduser.gov/healthycommunities/node/160058>
- [https://www.cdc.gov/healthypplaces/docs/Healthy\\_Community\\_Design.pdf](https://www.cdc.gov/healthypplaces/docs/Healthy_Community_Design.pdf)
- <https://www.nrpa.org/our-work/Three-Pillars/role-of-parks-and-recreation-on-health-and-wellness/>
- <https://www.ymca.net/community-integrated-health>

4. For state government, with which statement do you most agree?

\_\_\_\_\_ Government policies and laws can help reduce health inequities by promoting income stability, reducing income inequality, breaking the cycle of poverty, targeting state investments into areas of concentrated poverty, and assessing the health and equity impact of proposed laws and rules during the policy-making process, prior to their adoption.

\_\_\_\_\_ Government must take the lead in bringing public, non-profit and private sectors together (creating partnerships, offering incentives to invest in poorer areas).

\_\_\_\_\_ **Government must take the lead in expanding programs that already exist in poor areas.**

\_\_\_\_\_ **Government is only one player among equals. It is a good source of information and is already doing what it should.**

\_\_\_\_\_ **Government has no role in reducing health inequities.**

**Comments:**

Study guide for question 4:

**[Building a healthy Ohio: Overcoming barriers to health stemming from poverty, segregation and racism](#)**

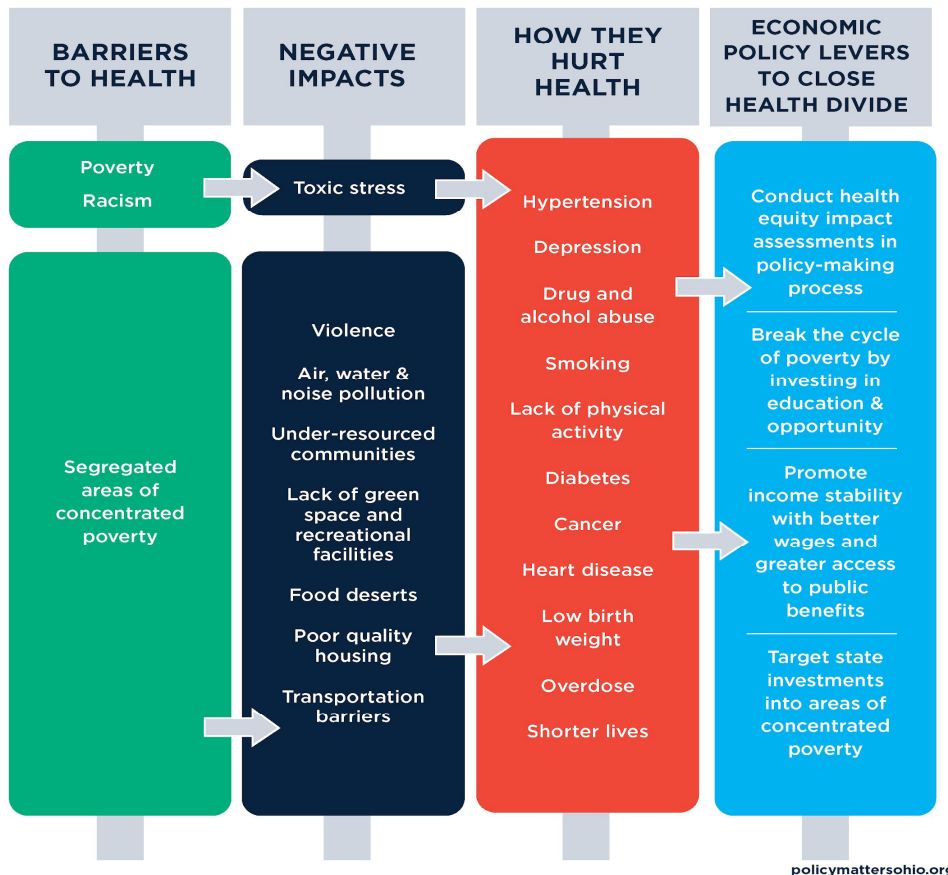
In 2017, Ohio ranked 44th among states for our overall well-being, according to the Gallup Sharecare Well-Being Index. High rates of disease and chronic conditions contribute to low well-being in Ohio, as does financial insecurity, poor community health, low social support and lack of life purpose.

Ohio can be a state where people - whether black, white or brown – or whether they live in a city, a suburb or rural area – can live healthy, happy lives. Ohio's poor health is tied to structural problems that affect all aspects of society, such as poverty, racism and income inequality— problems that can be addressed with policy solutions.

**<https://www.policymattersohio.org/research-policy/overcoming-roadblocks-to-health>**



# CLOSING OHIO'S GREAT HEALTH DIVIDE



**5. With which statement do you most agree:**

\_\_\_\_\_ There is no role for local government and/or county boards of health. Policy must be handled at the state level along with necessary budgets.

\_\_\_\_\_ There is no role for local government, but there is for county boards of health. County boards of health see what is happening and can reach out to other government entities or form necessary partnerships.

\_\_\_\_\_ There is a role for both local government and county boards of health since they are closest to the problem and are most in control of conditions in their counties. These local government entities can best form the needed partnerships and/or alert others to conditions that need to be addressed.

\_\_\_\_\_ There is a role for both local government and county boards of health, but they need resources, technical assistance and other forms of support from the State government.

**Comments:**

Study Guide for Question 5:

Ohio's 113 local health districts help protect and improve the health of their communities by providing quality public health services that Ohioans expect and deserve. Locally, the health department works in cooperation with the Ohio Department of Health, the Ohio Environmental Protection Agency, and other state agencies to insure the health and safety of your community.

The legal authority of boards of health and local health departments is found in the Chapter 378 of the Ohio Revised Code which provides implementation guidelines including creation of the Ohio Department of Health, description of local boards of health, and description of local health districts.

Statewide public health goals include the reduction in infant mortality and improvement in infant health; reduction in morbidity and mortality associated with diseases; reduction in morbidity and mortality associated with environmental conditions; reduction in morbidity and mortality associated with intentional / unintentional injuries, and increased awareness and adoption of healthy behaviors. **Local health departments work with community leaders and service providers to lead, facilitate, catalyze and collaborate on addressing community public health needs.**

- <https://www.oabh.org/>
- <https://odh.ohio.gov/wps/portal/gov/odh/about-us/Local-Health-Departments/Population-Health-Plans-Assessments/>
- [www.aohc.net/aws/AOHC/pt/sp/local\\_health\\_districts](http://www.aohc.net/aws/AOHC/pt/sp/local_health_districts)
- [https://www.networkforphl.org/the\\_network\\_blog/2011/05/04/29/local\\_boards\\_of\\_health\\_and\\_their\\_role\\_in\\_the\\_community](https://www.networkforphl.org/the_network_blog/2011/05/04/29/local_boards_of_health_and_their_role_in_the_community)
- <https://www.oabh.org/resources/>

**6a. Nonprofit/community/faith-based organizations should move ahead in some areas no matter what is happening with government policy.      Yes   no   no consensus**

**6b. Areas where nonprofits and faith-based organizations can take the lead are:**

- **food banks/farmer's markets**      Yes   no   no consensus
- **community gardens**      Yes   no   no consensus

- **health clinics/screening**                Yes   no   no consensus
- **transportation services**              Yes   no   no consensus
- **dental care**                              Yes   no   no consensus
- **educational and preventative care services (American Heart Association, etc)**  
Yes   no   no consensus
- **there is a role for non-profits and faith-based organizations in this work, but they need resources from the state and local governments**  
Yes   no   no consensus

**Comments:**

**Study Guide for Question 6a/b:**

1. What are the most important points to consider?
2. What are the counter arguments?
3. What points will allow for good discussion to bring the group to consensus?

Non-profit and faith based organizations have been identified as providing services to communities for many years. Advantages to faith-based organizations include availability of services when providers and services are limited or do not exist in a community; geographic location if resources or services are too far away or not easily accessed (such as limited transportation); and flexible hours if services only available during normal business hours; welcoming environment in terms of race, culture, and/or language. Disadvantages may include lack of knowledge in developing and executing programs and having the resources to provide services. Initially, there was minimal research in determining the value of faith-based services and specific past issues have brought barriers to light. For instance, in response to Hurricane Katrina in 2009, faith-based, non-profit, and other non-government and volunteer organizations continued to provide essential support to Hurricane Katrina victims, however, faith based and non-governmental agencies were not adequately integrated in the response effort. Much reorganization has occurred and collaboration between many organizations is more evident. Examples of emergency response include Zika and Ebola breakouts, and natural disasters.



The Ohio General Assembly established The Ohio Governor's Office of Faith-Based and Community Initiatives in 2003 to address issues in our state. At the federal level, the Office of Faith-Based and Community Initiatives (OFBCI) was established by President Bush. Currently, federal and state organizations are thoughtfully developing evidence based models and strategies to incorporate faith-based organizations in addressing health needs. In addition to the CDC engaging community and faith-based organizations in public health emergencies, the CDC reached out for assistance in tobacco cessation. The Partnership Circle is working with non-profit and faith based organizations in addressing opioids and mental health

Points for Discussion: Does your community utilize faith based organizations? If so, do the faith based organizations:

- collaborate with government agencies?
- receive support and/or resources to serve needy populations in your community?
- reach populations currently underserved?

Helpful fact sheets:

- <https://www.huduser.gov/portal/publications/faithbased.pdf>
- <https://governor.ohio.gov/wps/portal/gov/governor/priorities/faith-based-initiatives>
- <https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304921>
- <https://ajph.aphapublications.org > doi > AJPH.2019.305275>
- <https://www.ncbi.nlm.nih.gov > pubmed>
- <https://www.hhs.gov/about/agencies/iea/partnerships/index.html>
- <https://www.astho.org/Infectious-Disease/Public-Health-and-Faith-Community-Partnerships-Model-Practices-to-Increase-Influenza-Prevention-Among-Hard-to-Reach-Populations/>
- <https://ajph.aphapublications.org > doi > abs > AJPH.2018.304911>
- <https://ajph.aphapublications.org > doi > AJPH.2018.304920>
- DJ Brand - Journal of Cultural Diversity, 2019 - search.ebscohost.com
- <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uac=t=8&ved=2ahUKEwjIwPnk2tblAhXumeAKHWhjDO8QFjAAegQIAxAB&url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticles%2FPMC3904891%2F&usg=AOvVaw223LKWvSNRNQsrCMIq-i3D>
- [Am J Public Health](#). 2019 Mar;109(3):371-377. doi: 10.2105/AJPH.2018.304826. Epub 2019 Jan 24.

7a. Which of the following can help ensure the health of a community?:

- **Expand Medicaid** Yes No No Consensus
- **Get rid of the newly instituted work requirements for Medicaid**

Yes No No Consensus

- **Incentivize full-service grocery stores to locate in low-income neighborhoods**

Yes No No Consensus

- **Fund school nurses and full-service clinics in schools**

Yes No No Consensus

- **Consider the health impacts of proposed rules and laws as a standard part of Ohio's policy making process, at all levels of government**

Yes No No Consensus

- **Help break the cycle of poverty (universal pre-kindergarten, full day kindergarten, boost eligibility for childcare assistance)**

Yes No No Consensus

- **Promote income security for Ohio families (raise minimum wage, expand cash assistance program from 50 to 100 percent of poverty, expand earned income tax credit, protect supplemental nutrition assistance programs)**

Yes No No Consensus

- **Invest in areas of concentrated poverty (i.e. green space, public transit, restore local government funding)**

Yes No No Consensus

- **Affordable housing in well connected areas ( transportation, food, etc)**

Yes No No Consensus

- **Conduct lead screening – (water and paint)**

Yes No No Consensus

- **Invest in addiction prevention, treatment, and recovery**

Yes No No Consensus

- **Health and nutrition education**

Yes No No Consensus

**7b. From the list above, what would be your two top priorities?**

**Comments:**

Study Guide for Question 7:

- [Creating the Healthiest Nation: Advancing Health Equity](#)
- [Health Policy Brief: Closing Ohio's Health Gaps](#)
- [Building a Healthy Ohio](#) (Policy Matters Ohio)

How you view health inequity and its causes will influence what you see as possible solutions.

7a. 1) Expand Medicaid

Background: In 2014, Medicaid eligibility in Ohio was expanded to adults age 19-64 not previously covered. Approximately 700,000 adults were able to access care, including mental health and substance abuse treatment. Attempts to repeal the ACA threaten this coverage. The health of all Ohioans is improved by access to preventative and ongoing care for chronic conditions.

2) Abolish work requirements for Medicaid

The health care plan proposed in June 2019 by House Republicans would impose work requirements on Medicaid beneficiaries. However, studies show that most people on Medicaid who can work already do so. Many of them work multiple jobs that do not offer affordable health insurance options. The effect of this restriction would be the loss of healthcare coverage for those unable to work. No funds are included for job training, child care assistance or other support services.

3) Incentivize full-service grocery stores to locate in low income neighborhoods

Background: People who live in food “deserts” with no easy access to fresh produce and meat are well-known to have increased incidence of obesity, diabetes and high blood pressure, and other illnesses. For economic reasons, the large grocery chains have few stores in low income areas. Former First Lady Michelle Obama obtained pledges from 600 stores to open up in food deserts in 2014, but the number who have is far lower. There are co-op model stores in some cities; these often require considerable support by non-profits. (Cooperative Grocer Network 2015).

4) Fund school nurses and clinics in schools

School nurses can play a vital role in the health and health education of the students, providing direct care and screening with referral for medical conditions. Unfortunately, only 35% of schools have a full time school nurse, 40% have a part time nurse, and 25% none. This is especially problematic for students with chronic conditions like diabetes and asthma. Some schools also have school-based health clinics, which can be a student's source for primary care, and provide expanded services beyond those of a nurse alone.

5) Consider health impacts of proposed rules and laws as a standard part of Ohio's policy-making process, at all levels of government