HEALTH EQUITY STUDY

Coming to Consensus

Introduction to Health Equity: Susan Taft, PhD
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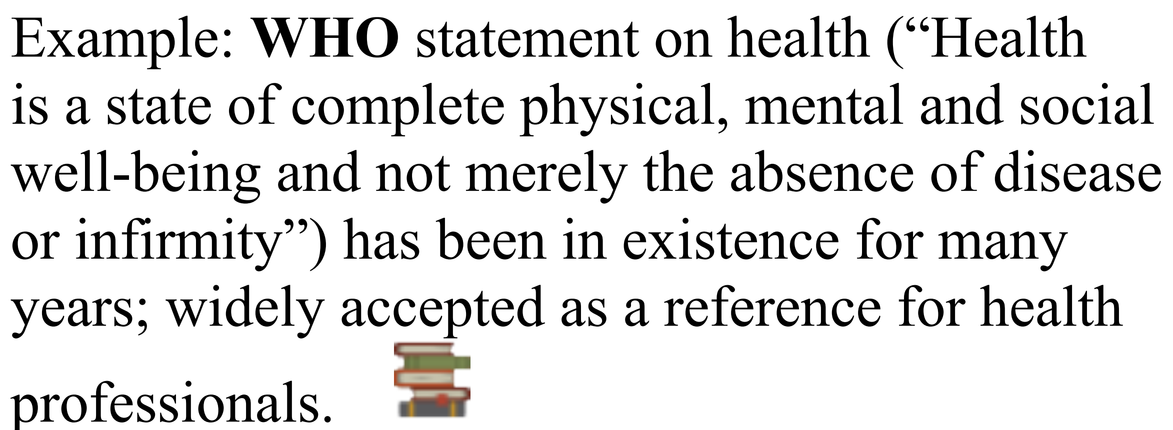
Two observations about our work today

⇒1. Very legitimate and trustworthy sources used to compile the information in the consensus packet – *good background work* by the Study Committee!

Example: **WHO** statement on health (“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”) has been in existence for many years; widely accepted as a reference for health professionals.



⇒2. COVID pandemic an instructive case study in illuminating **health disparities**, with low income and minority communities experiencing much higher incidence of the viral disease.

Question to participants: Why the higher incidence of COVID in low income and/or minority areas?

A few comments on the US health care system

- Historically US has invested heavily in medical science & research focused largely on technological innovation, new treatments & devices, private medical practices ($$ to be made).

- **NIH** (National Institutes of Health) research output = our greatest health contributions to the world.

- Domestic US public health agencies (i.e. city, county, state and federal agencies) exist at all levels of government but they are – and always have been - underfunded & understaffed relative to other developed nations.

- **CDC** (Centers for Disease Control, Atlanta) is the lead US agency; **WHO** (through the UN) leads globally.

  -Both rely on a global networked community of scientists

  -**Public health** is the practice of preventing disease and promoting good health for groups of people, from small communities to entire countries to the globe; they provide health surveillance, interventions, and advance policy development through ongoing research

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-**CDC** statement on **health disparities**: "preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations," aka the **Social Determinates of Health** (SDOH). SDOH are the conditions in which people are born, grow, live, work and age**.**

-SDOH is broad in scope and includes **historical, socio-economic, environmental, political, educational, cultural, geographic, religious, behavioral, gender identity, & social justice factors or other characteristics historically linked to discrimination or exclusion, as well as access to health services.** Certain subgroups systematically experience greater obstacles to achieving optimal well-being.

-Because of the breadth of SDOH, factors cannot all be addressed by the American health system in its current structure and funding (disease & treatment oriented). Changes in public policy (e.g. education & climate equity), a strength-ened public health presence, and greatly expanded social services system are all needed to move the needle on SDOH.

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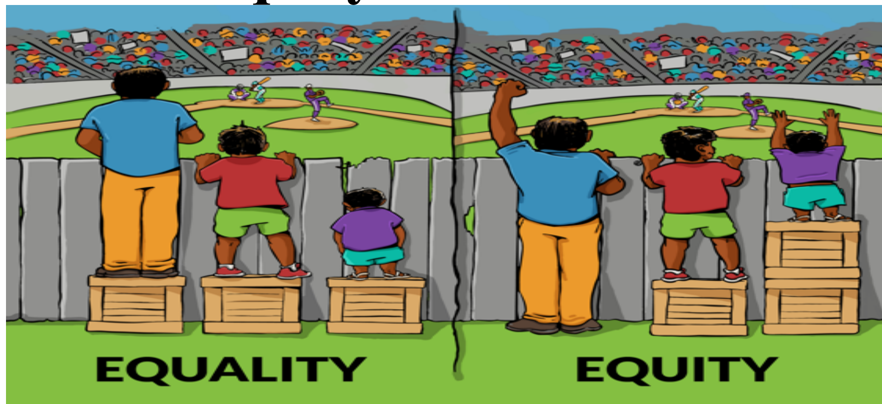
- **Health equity**



Equates to social justice in health: no one is denied the possibility to be healthy for belonging to a group that has historically been economically/ socially disadvantaged

- Research and work on health disparities are typically conducted by health professionals from the full range of health-related disciplines, often but not always within public health agencies and/or universities.

- Public health saves money, improves our quality of life, helps children thrive and reduces human suffering.

Leading US & Ohio Health Issues

- US: Americans overweight and share health issues identified in a sizable portion of adult and child populations: both are obese (% rising); single-parent households & childhood poverty. High prevalence in adults of diabetes, hypertension, heart disease, substance abuse (drugs, alcohol, tobacco use), STDs (sexually-transmitted diseases) in reproductive ages, suicide

- **Ohio ranks 12th in the nation for low health indicators** (pop. 11.7 million)

-Much unhealthy eating. Both adults (34%) and children (19%) are obese

-Rising environmental threats, disasters, and man-made infrastructure issues

-State's public health outcomes lag those of the US (age, economics, educational attainment, child poverty, single-parent households, suicide, crime, and sedentary lifestyles all contribute).

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-Ohio ranks 46th out of 50 (bottom quartile) for health outcomes, with southern (rural) counties worse off; Cuyahoga County (1,250,000 pop.) in the middle.

-Spends less on public health prevention/advocacy and more on "downstream" interventions.

-State does have good health insurance status thanks to Medicaid expansion under **ACA**, and Cuyahoga County has plenty of physicians and health systems.

-On June 10, 2020, the **Ohio Nurses Association** (ONA) testified to the Ohio legislature that racism is a public health crisis. According to the **ODH** (Ohio Department of Health), black Ohioans are more likely to die of heart disease, stroke, diabetes and cancer compared to other racial groups. The resolution would call upon Gov. Mike DeWine to establish a working group to promote racial equity throughout the state and resolve that lawmakers consider legislation through the lens of racial equity.

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Now turning meeting over to Michael Baron and the other leaders on this issue for our consensus discussion.

(I will make a comment or two before each question, and can be called in as needed to provide clarifying health info.)