Consensus Packet for Health Equity Study

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Other Organizations: Policy Matters Ohio, Health Policy Institute of Ohio

The Study Committee hopes that every League will find the time between January 1 and May 1 to have a consensus meeting on health equity. We are the first state working toward such an important position. The questions have been proposed in such a way to help us develop a comprehensive position, which, combined with other positions, will help at all levels in strongly advocating for health equity as well as considering how our other decisions impact such.

It might be helpful to send out the definitions and fact sheets to all your members before the consensus meeting. It will allow them to have background information before the discussion. Some Leagues might want to form a small committee whereby each person takes one or two questions to study ahead of the meeting. that person will then lead the discussion of the question.

Discussion time should have limits so that the meeting is no longer than 2 hours. It is okay to say no consensus was obtained, but do tell us about the discussion and the stumbling blocks in the comment section.

The Consensus Meeting

A successful consensus meeting is well prepared and well run. The purpose of the meeting is to present the results of the study to the members, to stimulate and guide their discussion and to record their responses to the consensus questions.

Members should have received and read all written material in advance. **With this study, we recommend sending out the terms, links to the short articles, and the consensus questions in advance. The full bibliography is a reference piece if needed by the resource person.** A member of the study committee, acting as resource person, introduces the subject by giving a brief summary of the committee's findings before the start of the discussion and supplies factual information as needed. **This information is provided under each consensus question.**

The **discussion leader** should have a discussion outline based on the consensus questions **and the meeting's timeline.** Discussion should be open and free-flowing but kept strictly on track so that all consensus questions can be given equal consideration.

A **recorder**, appointed in advance of the meeting, is responsible for noting salient points of the debate and responses to consensus questions, including all minority points of view. It is important that the recorder read these notes to the members before the meeting is adjourned.

Prior to the consensus meeting(s) a briefing meeting should be held as a rehearsal for resource persons and discussion leaders. This is especially useful if a number of unit meetings are held to reach consensus: every unit should benefit from the same discussion plan.

The resource person is a well-informed member of the study committee, who attends a consensus meeting to act as a resource, i.e., to answer members' questions about background material, facts, statistics, etc. during the discussion. The resource person introduces the topic and its principal issues and may also distribute a handout with helpful data relevant to the consensus questions. There must be no perception of bias on the part of the resource person at any time during this meeting.

The discussion leader is the key to a smooth and productive meeting, whose job is to:

• Remind those present that only League members may participate in the consensus process;

• Pick up from the resource person's introduction of the material and start off the discussion;

• Be inclusive of every member present;

• Allow dissent to be heard fully;

• Diplomatically keep the discussion focused on the consensus questions;

• Keep members from arguing with one another;

• Keep track of time and move the discussion on as soon as no more new points of view emerge;

• Recognize when consensus cannot be reached and move on;

• Recognize when consensus is achieved and recapitulate the agreement before moving on;

• Make sure the members hear and agree with the recorder's summary of the discussion results before they leave the meeting.

The recorder has the responsibility of understanding the gist of the members' discussion and of noting their conclusions as accurately as possible. The notes taken will help determine if consensus has been reached and can be useful when writing the position statement.

A recorder's notes should include:

• The group's responses to the consensus questions;.

• Areas of agreement and disagreement;

• Minority views and their strength;

• Areas in which the group was undecided or needed more information;

• The number of participants.

The recorder should be free to ask for clarifications whenever necessary so that there will be no doubt as to what the members have concluded.

The consensus meeting has achieved its goal when it has educated League members on the many facets of the topics they chose to study, sparked lively debate around the consensus questions posed to the, and allowed them to reach well-informed, well thought-out “citizen decisions” on the issues discussed.

The final report should be approved by the local board before being sent in to be compiled by the study committee.

LWVO Health Equity Study:
Definitions:

Health (from **Constitution of WHO: principles - World Health Organization)**
https://www.who.int/about/mission/en/
Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Health Disparities (From the CDC https://www.cdc.gov/healthyyouth/disparities/index.htm)
Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.[1] Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), or sexual orientation. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.
Health disparities result from multiple factors, including

- Poverty
- Environmental threats
- Inadequate access to health care
- Individual and behavioral factors
- Educational inequalities

From Public Health Rep. 2014 Jan-Feb; 129(Suppl 2): 5–8.
Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic -status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

Health Equity (From Public Health Rep. 2014 Jan-Feb; 129(Suppl 2): 5–8.)
Health equity means social justice in health (i.e., no one is denied the possibility to be healthy for belonging to a group that has historically been economically/socially disadvantaged). Health disparities are the metric we use to measure progress toward achieving health equity.

Population Health (from the Health Policy Institute of Ohio November 2014, https://www.healthpolicyohio.org/what-is-population-health/)
Population health is the distribution of health outcomes across a geographically-defined group which result from the interaction between individual biology and behaviors; the social, familial, cultural, economic and physical environments that support or hinder wellbeing; and the effectiveness of the public health and healthcare systems

Public Health (from The American Public Health Association https://www.apha.org/what-is-public-health)

Public health promotes and protects the health of people and the communities where they live, learn, work and play. Public health works to track disease outbreaks, prevent injuries and shed light on why some of us are more likely to suffer from poor health than others. The many facets of public health include speaking out for laws that promote smoke-free indoor air and seatbelts, spreading the word about ways to stay healthy and giving science-based solutions to problems. Public health saves money, improves our quality of life, helps children thrive and reduces human suffering.

Social Determinants of Health or SDOH(from https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/)
Social determinants of health are the 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

Faith-based organizations (FBO)(from Sharing a Legacy of Caring - https://nccc.georgetown.edu/documents/faith.pdf

- Faith-based organizations are any groups/organizations created by or for a religious or spiritual group including, but not limited to, individual places of worship, groups of community or tribal elders/spiritual leaders, intra- or interdenominational community coalitions, faith connected health and human service agencies, denominational hierarchies/governance bodies, religious orders and schools of divinity. FBOs may be categorized in 3 groups (1) congregations; (2) national networks, which include national denominations, their social service arms (e.g., Catholic Charities, Lutheran Social Services), and networks of related organizations (such as YMCA and YWCA); and (3) freestanding religious organizations.
  https://www.huduser.gov/portal/publications/faithbased.pdf

Health Equity Study Fact Sheets

These are shorter forms of the information in the longer bibliography and might be more helpful in conducting a League meeting for consensus.

GENERAL INFORMATION

- What is Public Health?
- Health Impact Assessment-A Tool to Benefit Health in all Policies
- What is population health?

HEALTH EQUITY

- Health Disparities Matter
- Creating the Healthiest Nation: Advancing Health Equity
- Creating the Healthiest Nation: Environmental Justice for All
- Creating the Healthiest Nation: Health and Educational Equity

ENVIRONMENTAL HEALTH

- The Value of Environmental Health Services
- Investing in a Robust Environmental Health System

PUBLIC HEALTH LAW

- What is Public Health Law

INFORMATION BY COUNTY

- https://www.countyhealthrankings.org/reports/state-reports/2019-ohio-report

STATE PROFILE

- https://www.tfah.org/states/ (Ohio ranks 46 out of 50 for health outcomes)

POPULATION (2017): 11.66 MILLION: Ohio's public health outcomes generally lag those of the United States, and it has not taken several steps that would strengthen its preparedness for public health emergencies. Deaths owed to drug misuse, alcohol, or suicide outpace the country as a whole. Its rates of obesity and related conditions indicate an area of concern, with the percentage of adults with obesity higher than the U.S. median, as rates of diabetes and hypertension rank high. Finally, the state achieved a score of three out of a possible 10 measures of public health preparedness for diseases, disasters, and bioterrorism.

2019 HEALTH VALUE DASHBOARD FROM HEALTH POLICY OHIO

- https://www.healthpolicyohio.org/2019-health-value-dashboard/

CLOSING OHIO'S HEALTH GAPS

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

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/**

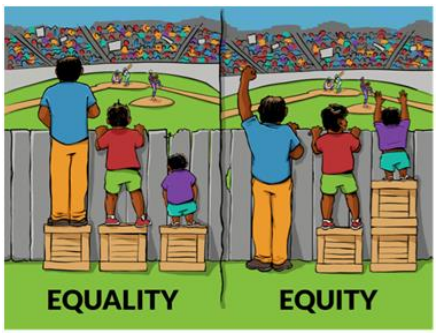
3. These factors are important for a healthy community.

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

Comments:

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://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.who.int/hia/en/
- https://www.huduser.gov/healthycommunities/about
- https://www.huduser.gov/healthycommunities/node/160058
- https://www.cdc.gov/healthyplaces/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:

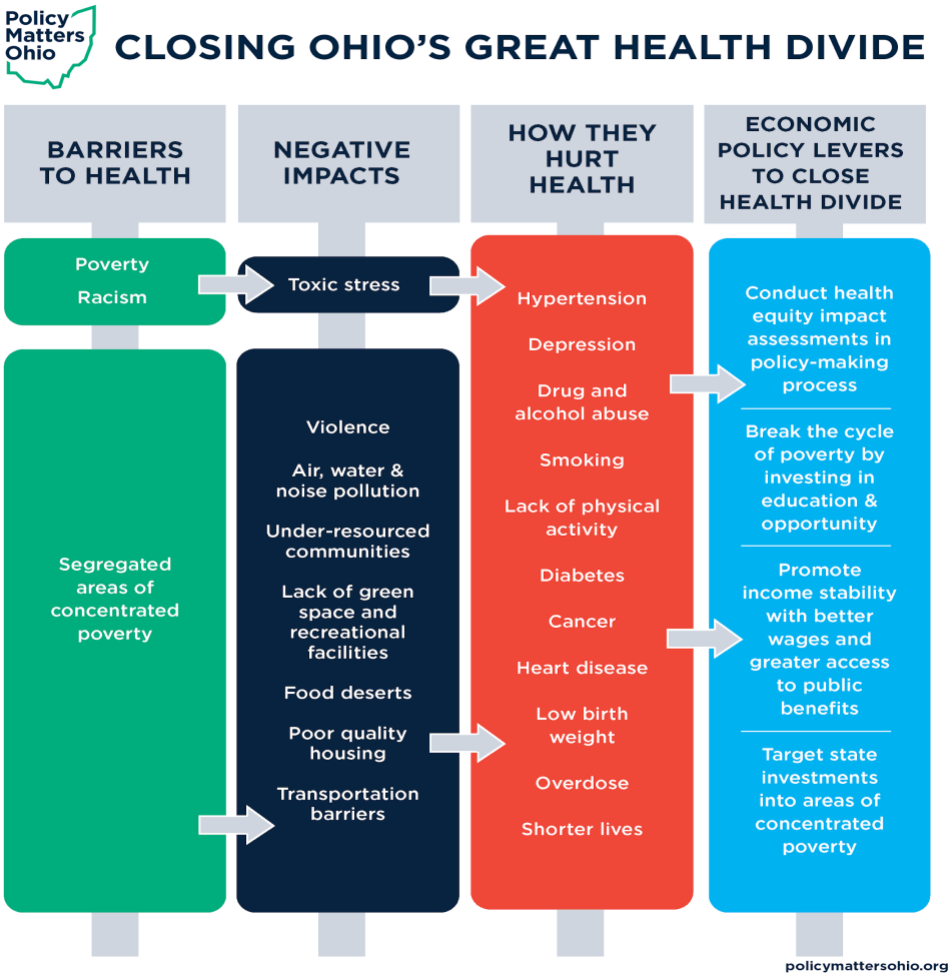
Study guide for question 4:

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



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
- 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 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&uact=8&ved=2ahUKEwjIwPnk2tblAhXumeAKHWhjDO8QFjAAegQIAxAB&url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2Farticles%2FPMC3904891%2F&usg=AOvVaw223LKWvSNRNQSrCMlq-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 stored 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

Bibliography

Health Policy Institute of Ohio (hpio): https://www.healthpolicyohio.org/health-equity/
HPIO's research and analysis on health equity focuses on policy options that eliminate health disparities and inequities across population groups. Health disparities are differences in health status among segments of the population such as by race or ethnicity, education, income or disability status. Health inequities are disparities that are a result of systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity.HPIO's research and analysis on health equity focuses on policy options that eliminate health disparities and inequities across population groups. Health disparities are differences in health status among segments of the population such as by race or ethnicity, education, income or disability status. Health inequities are disparities that are a result of systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity.

American Public Health Association (APHA): https://apha.org/
APHA champions the health of all people and all communities. We strengthen the public health profession. We speak out for public health issues and policies backed by science. We are the only organization that combines a nearly 150-year perspective, a broad-based member community and the ability to influence federal policy to improve the public's health.
Our Mission: Improve the health of the public and achieve equity in health status

GENERAL INFORMATION

- What is Public Health?
- **Health Value Dashboard Snapshot**

HEALTH EQUITY

- Creating the Healthiest Nation: Advancing Health Equity
- Creating the Healthiest Nation: Environmental Justice for All
- Creating the Healthiest Nation: Health and Educational Equity
- **Achieving Health Equity in the United States**
- Reducing Income Inequality to Advance Health

PUBLIC HEALTH LAW

- What is Public Health Law

National Environmental Health Partnership Council 2016: https://www.apha.org/topics-and-issues/environmental-health/partners/national-environmental-health-partnership-council
The **Council** strives to support **healthy** people by working for healthier environments. And the **Council** brings together diverse stakeholders to help expand and sustain awareness, education, policies and practices related to **environmental health**.

Investing in a Robust Environmental Health System

Ohio 2017-2019 State Health Improvement Plan: Updated May 2017: the mission is to improve the health of Ohioans by implementing a strategic set of evidence-based population health activities at the scale needed to measurably improve population health outcomes and achieve health equity,

Health in All Policies: A Guide for State and Local Government:
http://www.phi.org/resources/?resource=hiapguide
Health in All Policies: A Guide for State and Local Governments was created by the Public Health Institute, the California Department of Public Health, and the American Public Health Association in response to growing interest in using collaborative approaches to improve population health by embedding health considerations into decision-making processes across a broad array of sectors. The Guide draws heavily on the experiences of the California Health in All Policies Task Force and incorporates information from the published and gray literature and interviews with people across the country.
The guide was developed through funding from the American Public Health Association and The California Endowment.

Health and Equity in All Policies (HEiAP) Enacting HEiAP: Literature Review and Case Studies: https://ohiopha.org/sections-and-subjects/heiap/
Health and Equity in All Policies (HEiAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas by breaking down the silos that historically separate government agencies. Determinants of Health, outside of health care and health behaviors, including access to transportation, education attainment, access to healthy food, economic opportunities, safe environments, and affordable housing, have a major impact on the health of a population.
The goal of a Health and Equity in All Policies approach is to view proposed legislation and policies through a public health lens, evaluating the potential health impacts, and allowing legislators and officials to make informed decisions about the health, equity, and sustainability consequences of various policy options
HEiAP Resources
Enacting HEiAP: Literature Review and Case Studies – May 2018
Health in All Policies-A Guide for State and Local Governments (4 Page Summary)
Ohio Public Health Association's Health and Equity in All Policies (HEiAP) Initiative: a chart

Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity, Samantha Artiga and Elizabeth Hinton, Published: May 10, 2018

National Prevention Strategy : https://www.pcpcc.org/resource/national-prevention-strategy-elimination-health-disparities
The National Prevention Strategy provides evidence-based Recommendations for the Elimination of Health Disparities. The Strategy also identifies actions that partners including governments, businesses, health care systems, schools, community organizations and individuals can take to implement these recommendations across multiple settings.

National Prevention Council America benefits when everyone has the opportunity to live a long, **healthy**, and productive life, yet **health disparities** persist. A **health disparity** is a difference in **health outcomes** across subgroups of the population, often linked to social, economic, or environmental disadvantages
ELIMINATION of HEALTH DISPARITIES: http://www.astho.org/NPS/Toolkit/Elimination-of-Health-Disparities/

Kirwan Institute: www.KirwanInstitute.osu.edu
The Kirwan Institute for the Study of Race and Ethnicity is an interdisciplinary engaged research institute at The Ohio State University established in May 2003. It was named for former university president William E. "Brit" Kirwan in recognition of his efforts to champion diversity at OSU.
Our goal is to connect individuals and communities with opportunities needed for thriving by educating the public, building the capacity of allied social justice organizations, and investing in efforts that support equity and inclusion. Here at the Kirwan Institute we do this through research, engagement, and communication. ***Our mission is simple:*** *we work to create a just and inclusive society where all people and communities have opportunity to succeed.*
Health Disparities Matter! *Kirwan Institute Issues Brief February 2014*

Dimensionality and R4P: A Health Equity Framework for Research Planning and Evaluation in African American Populations, Vijaya Hogan, Diane L. Rowley, Stephanie Baker White, Yanica Faustin, Published online: 1 February 2018

Healthy People (www.healthypeople.gov) 2020 is based on the accomplishments of 4 previous Healthy People initiatives:

- 1979 Surgeon General's Report: *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*
- *Healthy People 1990: Promoting Health/Preventing Disease: Objectives for the Nation*
- *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*
- ***Healthy People 2010: Objectives for Improving Health***

Measures of Local Segregation for Monitoring Health Inequities by Local Health Departments, Nancy Krieger, Pamala D. Waterman, Neelesh Batra, Johnna S. Murphy, Daniel P. Dooley, and Snehal N. Shah, AJPH Methods, June 2017.
CONCLUSIONS: The ICE, a **measure** of **social spatial polarization**, may be useful for analyzing health inequities at the local level. **Public Health Implications**. **Local health departments** in US cities can meaningfully use the **ICE to monitor health inequities** associated with **racialized economic segregation**.

The World Health Organization:

https://www.who.int/social_determinants/sdh_definition/en/ The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

Center for Disease Control: https://www.cdc.gov/socialdeterminants/index.htm

Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes.[1] These conditions are known as social determinants of health (SDOH). We know that poverty limits access to healthy foods and safe neighborhoods and that more education is a predictor of better health.[2,3,4] We also know that differences in health are striking in communities with poor SDOH such as unstable housing, low income, unsafe neighborhoods, or substandard education.[5,6] By applying what we know about SDOH, we can not only improve individual and population health but also advance health equity.[7,8] Healthy People 2020External highlights the importance of addressing SDOH by including "create social and physical environments that promote good health for all" as one of the four overarching goals for the decade. (See FAQs for reference materials.)

This website provides CDC resources for SDOH data, tools for action, programs, and policy. They may be used by people in public health, community organizations, and health care systems to assess SDOH and improve community well-being.

https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health:

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

Healthy People 2020 highlights the importance of addressing the social determinants of health by including "Create social and physical environments that promote good health for all" as one of the four overarching goals for the decade.**1** This emphasis is shared by the World Health Organization, whose Commission on Social Determinants of Health in 2008 published the report, *Closing the gap in a generation: Health equity through action on the social determinants of health*.**2** The emphasis is also shared by other U.S. health initiatives such as the National Partnership for Action to End Health Disparities **3** and the National Prevention and Health Promotion Strategy.**4**

The Social Determinants of Health topic area within Healthy People 2020 is designed to identify ways to create social and physical environments that promote good health for all. All

Americans deserve an equal opportunity to make the choices that lead to good health. But to ensure that all Americans have that opportunity, advances are needed not only in health care but also in fields such as education, childcare, housing, business, law, media, community planning, transportation, and agriculture. Making these advances involves working together to:

- Explore how programs, practices, and policies in these areas affect the health of individuals, families, and communities.
- Establish common goals, complementary roles, and ongoing constructive relationships between the health sector and these areas.
- Maximize opportunities for collaboration among Federal-, state-, and local-level partners related to social determinants of health.

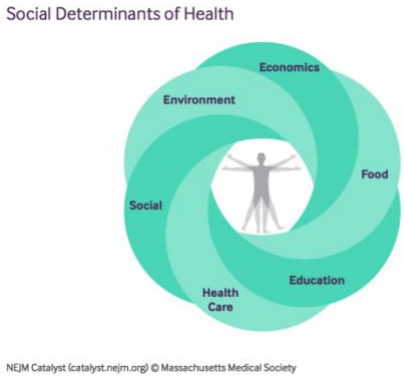
NEJM Catalyst: NEJM Catalyst brings health care executives, clinical leaders, and clinicians together to share innovative ideas and practical applications for enhancing the value of health care delivery. From a network of top thought leaders, experts, and advisors, our digital publication, quarterly events, and qualified Insights Council provide real-life examples and actionable solutions to help organizations address urgent challenges affecting health care.

- https://catalyst.nejm.org/social-determinants-of-health/: Social Determinants of Health (SDOH), Article · December 1, 2017

As our health system moves toward value-based models which incentivize positive results rather than individual procedures and treatments, healthcare industry leaders increasingly are regarding the social determinants of health (SDOH) as critical components of these efforts. By concentrating on these facets of well-being in tandem with medical care, providers are taking a holistic view of patients and overall population health to enhance patient care, promote superior outcomes, and drive value in healthcare organizations.

What Are the Social Determinants of Health?

SDOH are the complex circumstances in which individuals are born and live that impact their health. They include intangible factors such as political, socioeconomic, and cultural constructs, as well as place-based conditions including accessible healthcare and education systems, safe environmental conditions, well-designed neighborhoods, and availability of healthful food.



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Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity, Samantha Artiga and Elizabeth Hinton , Published: May 10, 2018 : https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

Social determinants of health are the conditions in which people are born, grow, live, work and age that shape health. This brief provides an overview of social determinants of health and emerging initiatives to address them. It shows:

- **Social determinants of health include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.** Addressing social determinants of health is important for improving health and reducing longstanding disparities in health and health care.
- **There are a growing number of initiatives to address social determinants of health within and outside of the health care system.** Outside of the health care system, initiatives seek to shape policies and practices in non-health sectors in ways that promote health and health equity. Within the health care system, there are multi-payer federal and state initiatives as well as Medicaid-specific initiatives focused on addressing social needs. These include models under the Center for Medicare and Medicaid Innovation, Medicaid delivery system and payment reform initiatives, and options under Medicaid. Managed care plans and providers also are engaged in activities to identify and address social needs. For example, 19 states required Medicaid managed care plans to screen for and/or provide referrals for social needs in 2017, and a recent survey of Medicaid managed care plans found that almost all (91%) responding plans reported activities to address social determinants of health.
- **Many challenges remain to address social determinants of health, and new directions pursued by the Trump Administration could limit resources and initiatives focused on these efforts.** The Trump Administration is pursuing a range of new policies and policy changes, including enforcing and expanding work requirements associated with public programs and reducing funding for prevention and public health. These changes may limit individuals' access to assistance programs to address health and other needs and reduce resources available to address social determinants of health.

Robert Wood Johnson Foundation: https://www.rwjf.org/en/our-focus-areas/topics/social-determinants-of-health.html Although medical care is critically important, things like the quality of our schools, affordability and stability our housing, access to good jobs with fair pay, and the safety of our neighborhoods can keep us healthy in the first place.

RWJF supports programs that are continuing to expand our understanding of the many different social, economic and environmental factors which shape our health, and empowering communities nationwide with the data, knowledge and tools they need to enable everyone to live the healthiest life possible.

Health Policy Institute of Ohio, Health Policy News
https://www.healthpolicynews.org/daily_review/health-disparities/

Columbus Public Health: https://www.columbus.gov/publichealth/groups/Health-Disparity-and-Health-Equity/

A basic principle of public health is that all people have a right to health. Differences in the incidence and prevalence of health conditions and health status between groups are commonly referred to at health disparities. Nationally and locally the gap in health status between minority populations and Caucasian populations has remained unchanged and in some cases has widened. In Franklin County, disparities exist by race for a variety of community health measures, such as health status, access to health care, and some health risk behaviors.

Healthcare providers can play a significant role in the reduction of racial and ethnic health and health care disparity through the provision of quality care that is culturally and linguistically appropriate.

- Disparities - Robert Wood Johnson Publications and Research
  Recent work to reduce racial and ethnic disparities in health care, publications by minority populations and lower socioeconomic status groups.

What is health equity?

"Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment." - CDC, 2015

Centers for Disease Control and Prevention:
https://www.cdc.gov/healthyyouth/disparities/index.htm

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.[1] Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), or sexual orientation. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.

Health disparities result from multiple factors, including

- Poverty
- Environmental threats
- Inadequate access to health care
- Individual and behavioral factors

- Educational inequalities

Health disparities are also related to inequities in education. Dropping out of school is associated with multiple social and health problems.[2-3] Overall, individuals with less education are more likely to experience a number of health risks, such as obesity, substance abuse, and intentional and unintentional injury, compared with individuals with more education.[4] Higher levels of education are associated with a longer life and an increased likelihood of obtaining or understanding basic health information and services needed to make appropriate health decisions.[5-7]

At the same time, good health is associated with academic success. Higher levels of protective health behaviors and lower levels of health risk behaviors are associated with higher academic grades among high school students.[8] Health risks such as teenage pregnancy, poor dietary choices, inadequate physical activity, physical and emotional abuse, substance abuse, and gang involvement have a significant impact on how well students perform in school.

Healthy People.gov: https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities

Although the term *disparities* is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the United States, particularly in health. If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations. Healthy People strives to improve the health of all groups.

Policy Matters Ohio

Policy Matters Ohio, a non-profit policy research institute, creates a more vibrant, equitable, sustainable and inclusive Ohio through research, strategic communications, coalition building and policy advocacy.

Building a Healthy Ohio: Overcoming barriers to health stemming from poverty, segregation and racism, Amanda Woodrum and Deanna Krokos, November 19, 2018

KEY FINDINGS: SMART POLICY CAN REDUCE BARRIERS TO HEALTH

First, Ohio state leaders must include health equity impact assessments in the policymaking process, so that we can better understand the role public policy plays in promoting health or building barriers to it. Second, policymakers can use three main economic levers to dislodge some of the most vexing poverty-related impediments to health:

- Break the cycle of poverty by investing in education and opportunity for young people.
- Promote income security for Ohio families by increasing the minimum wage and access to public benefit programs.
- Target state investments in areas of concentrated poverty and maximize the benefits to the community through local hire policies.

Ohio: 2019 County Health Rankings Report:

- 2019 Ohio Report | County Health Rankings & Roadmaps

https://www.**countyhealthrankings**.org/**reports**/state-**reports**/**2019-ohio-report**

2019 Ohio Report. DOWNLOAD FULL **REPORT** (PDF) (766.42 KB) Differences in **Health** Outcomes within States by Place and Racial/Ethnic Groups. How Do Counties Rank for **Health** Outcomes? **Health** outcomes in the **County Health Rankings** represent measures of how long people live and how healthy people feel. Length of life is measured by premature death ...

- 2019 County Health Rankings Key Findings Report | County ...

https://www.countyhealthrankings.org/reports/2019-county-health-rankings-key-findings...

2019 County Health Rankings Key Findings Report. ... The County Health Rankings show that meaningful gaps persist in health outcomes among counties across the U.S. in large part because of differences in opportunities for health. As the Rankings model to the right illustrates, health outcomes are shaped by a range of factors that are heavily ...

Institute for Healthcare Improvement: The **Institute** for Healthcare **Improvement (IHI)** is a not-for-profit organization leading the **improvement** of **health care** throughout the world. Founded in 1991 and based in Boston, MA, IHI is a catalyst for change, cultivating innovative concepts for improving patient care and implementing programs for putting those ideas into action.

White Paper: Achieving Health Equity: A Guide for Healthcare Organizations
Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)

Significant disparities in life expectancy and other health outcomes persist across the United States. Health care has a significant role to play in achieving health equity. While health care organizations alone do not have the power to improve all of the multiple determinants of health for all of society, they do have the power to address disparities directly at the point of care, and to impact many of the determinants that create these disparities.
This white paper provides guidance on how health care organizations can reduce health disparities related to racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.
The IHI White Paper includes:

- A framework, with five key components, for health care organizations to improve health equity in the communities they serve:
    - Make health equity a strategic priority

    - Develop structure and processes to support health equity work
    - Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact
    - Decrease institutional racism within the organization
    - Develop partnerships with community organizations to improve health and equity
- Guidance for measuring health equity
- A case study of one health care organization that has strategically integrated work to improve health equity throughout their system
- A self-assessment tool for health care organizations to gauge their current focus on and efforts to improve health equity