

# HEALTH EQUITY STUDY

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Coming to Consensus

# Important Definitions

**Health** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

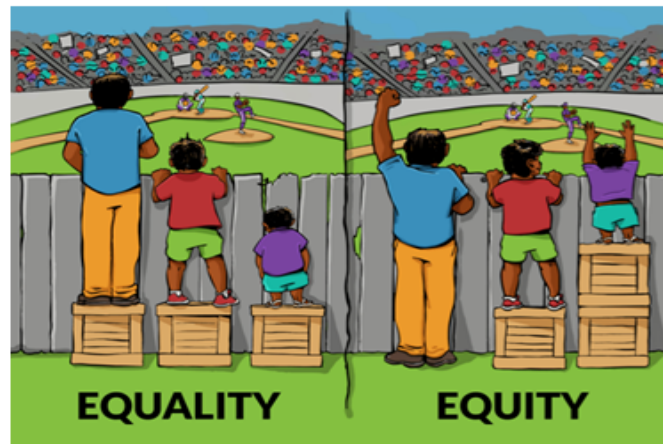
**Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.**<sup>1</sup> Populations can be defined by factors such as race or ethnicity, gender, education or income, 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 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** 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** 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 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** 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

# Health in All Policies



# THE CYCLE OF POVERTY & POOR HEALTH





# Question 1

## 1. With which statement do you agree:

**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.**

**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.**

**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.**

**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.**

**Inequities often stem from personal behavior - people not taking care of their health and well-being as they should.**

**Inequities probably occur, but we don't know what causes them.**

## Question 2

**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)**

## Question 3

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

## Question 4

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.

## Question 5

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.

## Question 6

**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
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health clinics/screening	Yes	no	no consensus
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transportation services	Yes	no	no consensus
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**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

# Question 7

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

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
Help break the cycle of poverty (universal pre-kindergarten, full day kindergarten, boost eligibility for childcare assistance)	Yes	No	No Consensus
Conduct lead screening – (water and paint)	Yes	No	No Consensus
Health and nutrition education	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
Invest in addiction prevention, treatment, and recovery	Yes	No	No Consensus
Expand Medicaid	Yes	No	No Consensus
Get rid of the newly instituted work requirements for Medicaid	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

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

Any final comments????