Making The Case For Evidence-Informed Policies That Improve Health, Achieve Equity And Lead To Sustainable Healthcare Spending

September 15, 2023

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Contacts

- **Amy Rohling McGee, MSW**, President
  arohlingmcgee@hpio.net
- **Carrie Almasi, MPA**, Director of Assessment and Planning
  calmasi@hpio.net
- **Tonni Oberly, PhD, MPH**, Senior Policy Analyst
  toberly@hpio.net

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Objectives

Following this presentation, attendees will be able to:

- Identify Ohio's greatest health challenges and strengths
- Explain how disparities impact both health and economic outcomes
- Act on strategies to advance evidence-informed health policies

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Mission

HPIO is an independent and nonpartisan organization. Our mission is to advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.

Vision

Ohio is a model of health, well-being and economic vitality

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Health Policy Institute of Ohio
20 Years
Celebrating two decades of impact: 2003-2023

CORE FUNDERS

bi3 Bethesda Inc.'s grants initiative to transform health

Bruening

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INTERACT FOR HEALTH
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NCMF
North Canton Medical Foundation

Ohio State Bar Foundation

Sisters of Charity Foundation of Canton

Sisters of Charity Foundation of Cleveland

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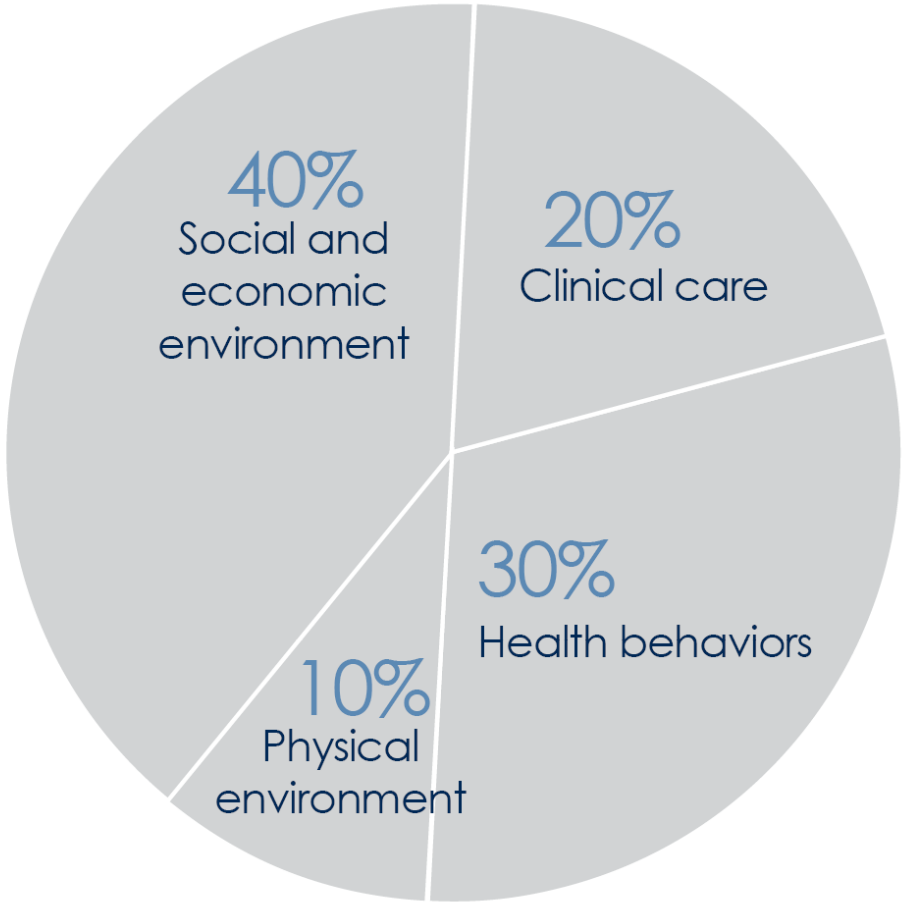
Modifiable factors that impact health



Source: Booske, Bridget C. et. Al. *County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health*. University of Wisconsin Public Health Institute, 2010.

Underlying drivers of inequity

Racism and other forms of discrimination (i.e., ableism, ageism, sexism, xenophobia, homophobia, etc.), trauma, exposure to violence, toxic stress, stigma

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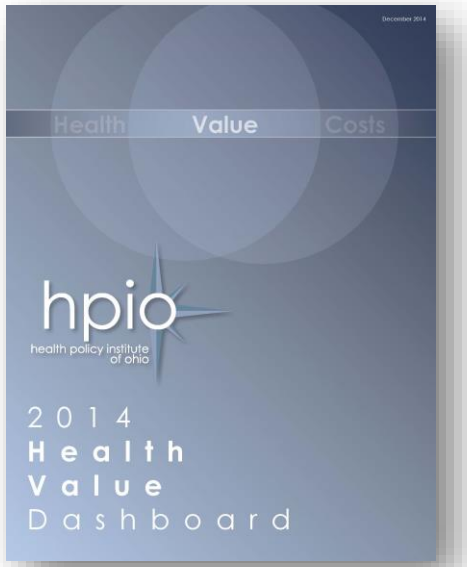

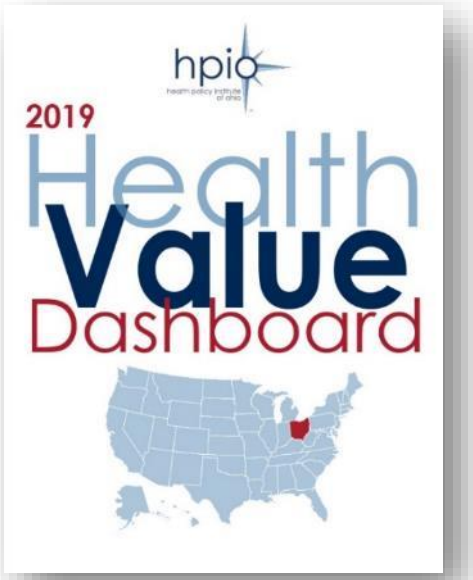

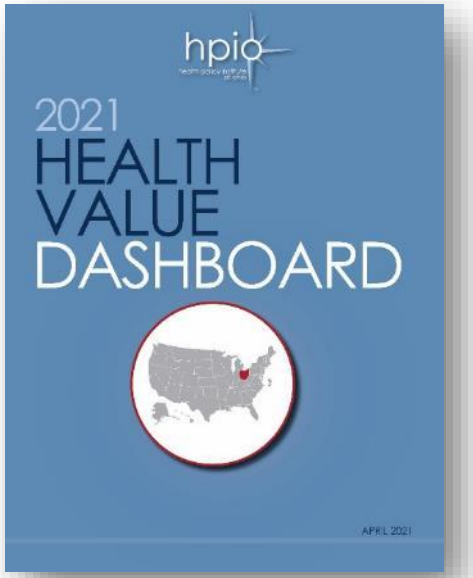

2014 → 2023

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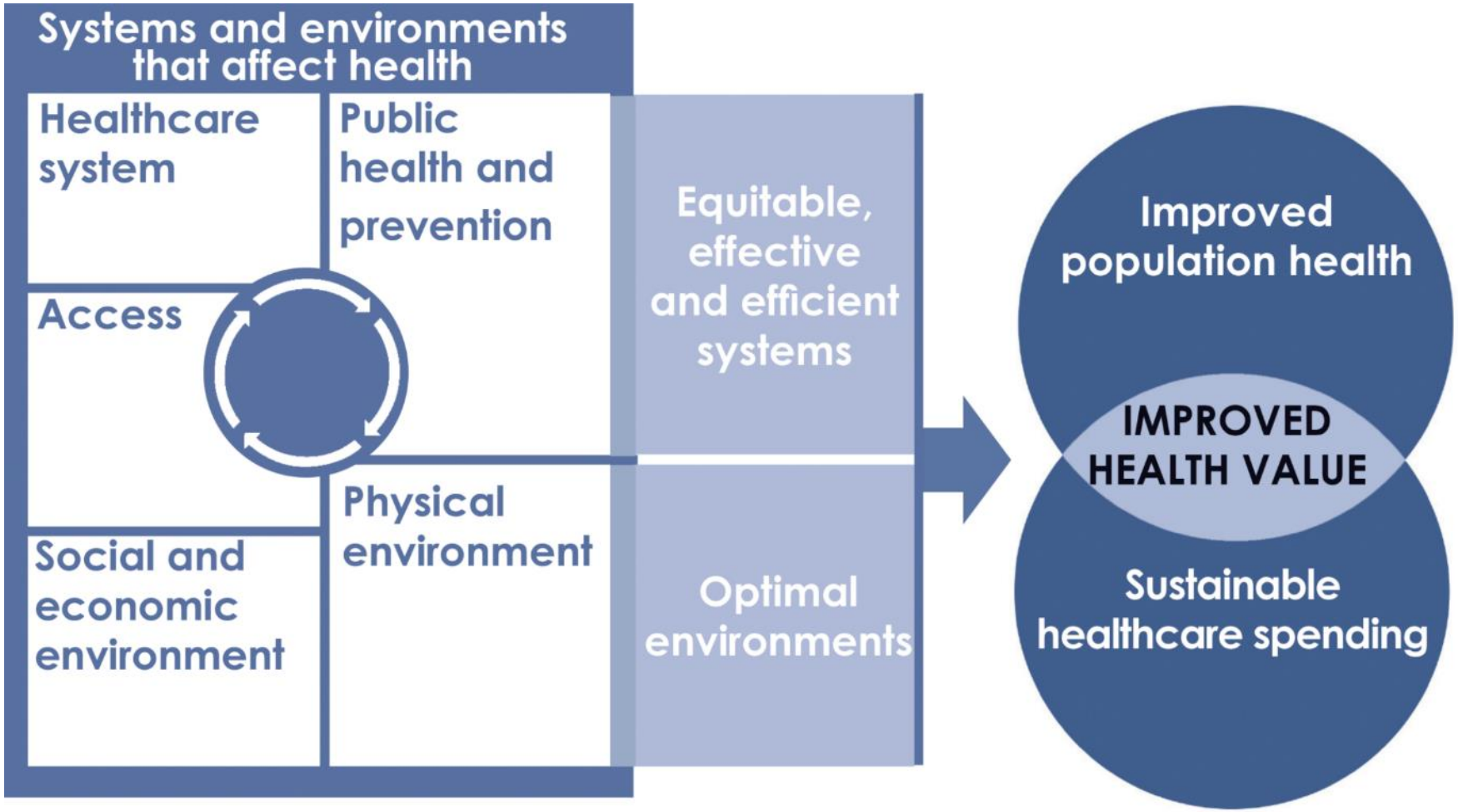
Pathway to improved health value



World Health Organization definition of health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

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Informed policy decisions

Data in context

Concise key findings

Highlight what works

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2023 HEALTH VALUE DASHBOARD™

KEY FINDINGS

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Value factors

43 Population health

40 Healthcare spending

Health value rank

44

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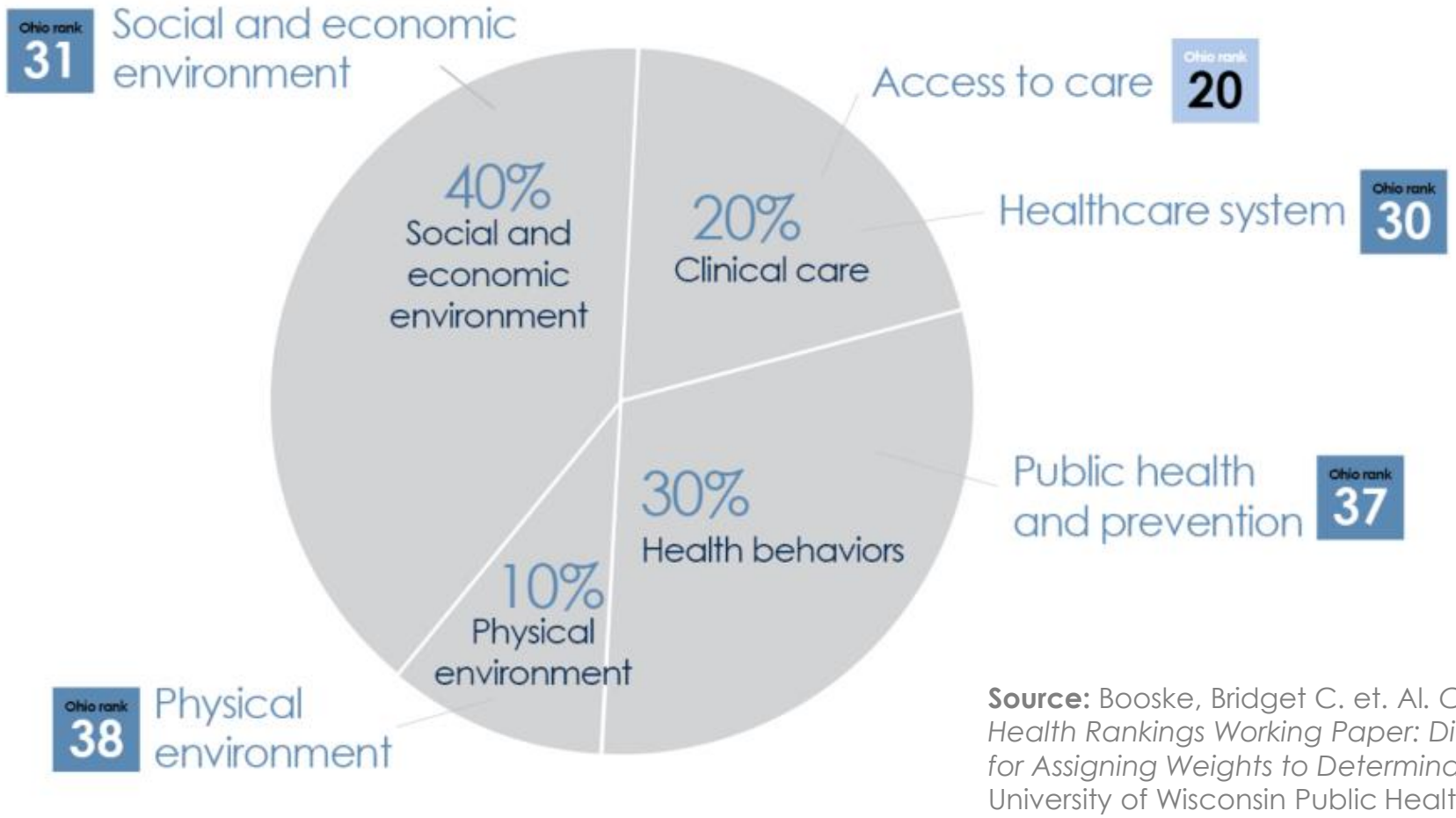
Ohio's domain ranks and the modifiable factors that contribute to health value



Source: Booske, Bridget C. et. Al. *County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health*. University of Wisconsin Public Health Institute, 2010.

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Contributing factors

- 20 Access to care
- 30 Healthcare system
- 37 Public health and prevention
- 31 Social and economic environment
- 38 Physical environment

Value factors

- 43 Population health
- 40 Healthcare spending

Health value rank

44

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Ohio's health value rank

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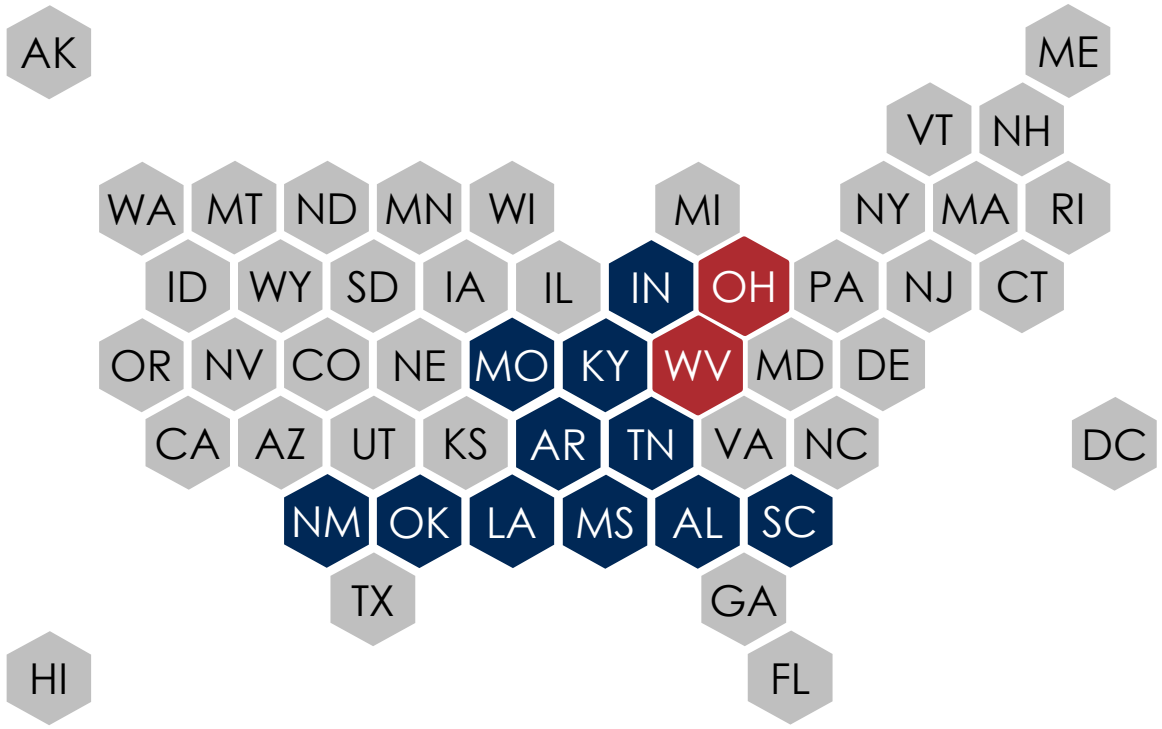
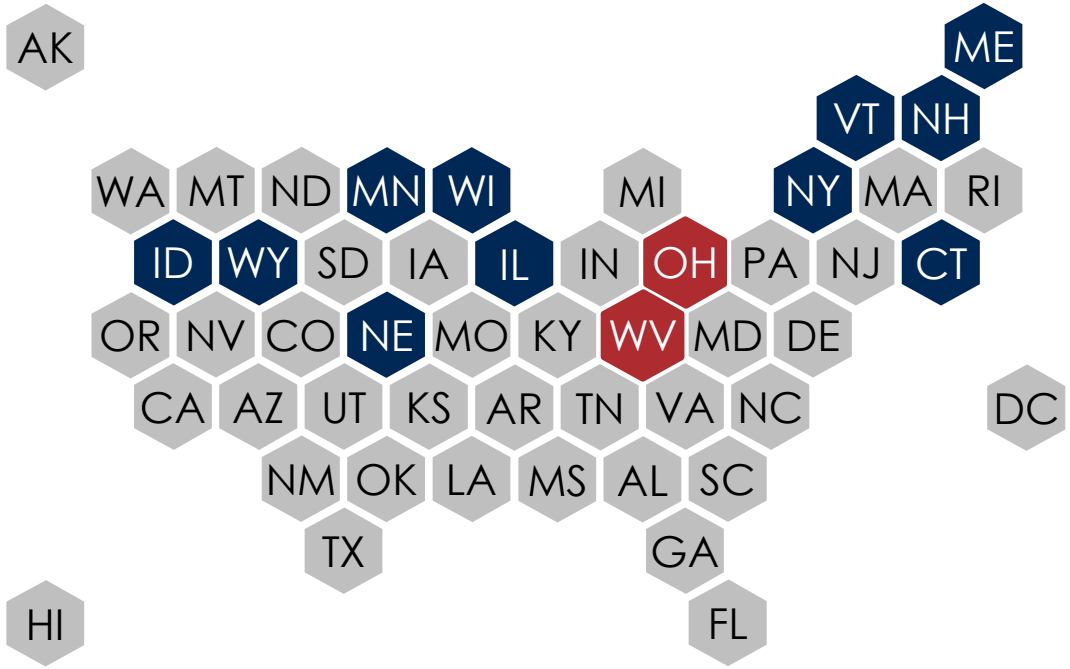
Bottom quartile population health



Bottom quartile healthcare spending



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How can Ohio improve?

Strengthen Ohio's workforce	Foster mental well-being	Improve healthcare effectiveness
Building on strengths		
Ohio can build upon recent success in attracting employers in high-growth industries to strengthen the workforce and reduce poverty	Ohio can build upon expertise with, and community response to, the addiction crisis to become a national leader in behavioral health	Ohio can build upon strengths in access to care to reinvigorate approaches to improving outcomes and controlling healthcare spending

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Policies that drive improvement

Strengthen Ohio's workforce

- Career technical education (CTE)
- Childcare subsidy
- Paid family leave

Foster mental well-being

- Mental health and addiction workforce recruitment and retention
- Integration of mental and physical health
- Recovery housing

Improve healthcare effectiveness

- Primary care workforce training
- School-based health services
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Labor force participation in Ohio

Labor force participation rate in Ohio from April 2007 to April 2022

Data source: Health Policy Institute of Ohio analysis of data from the Federal Reserve Economic Data (FRED), St. Louis Federal Reserve

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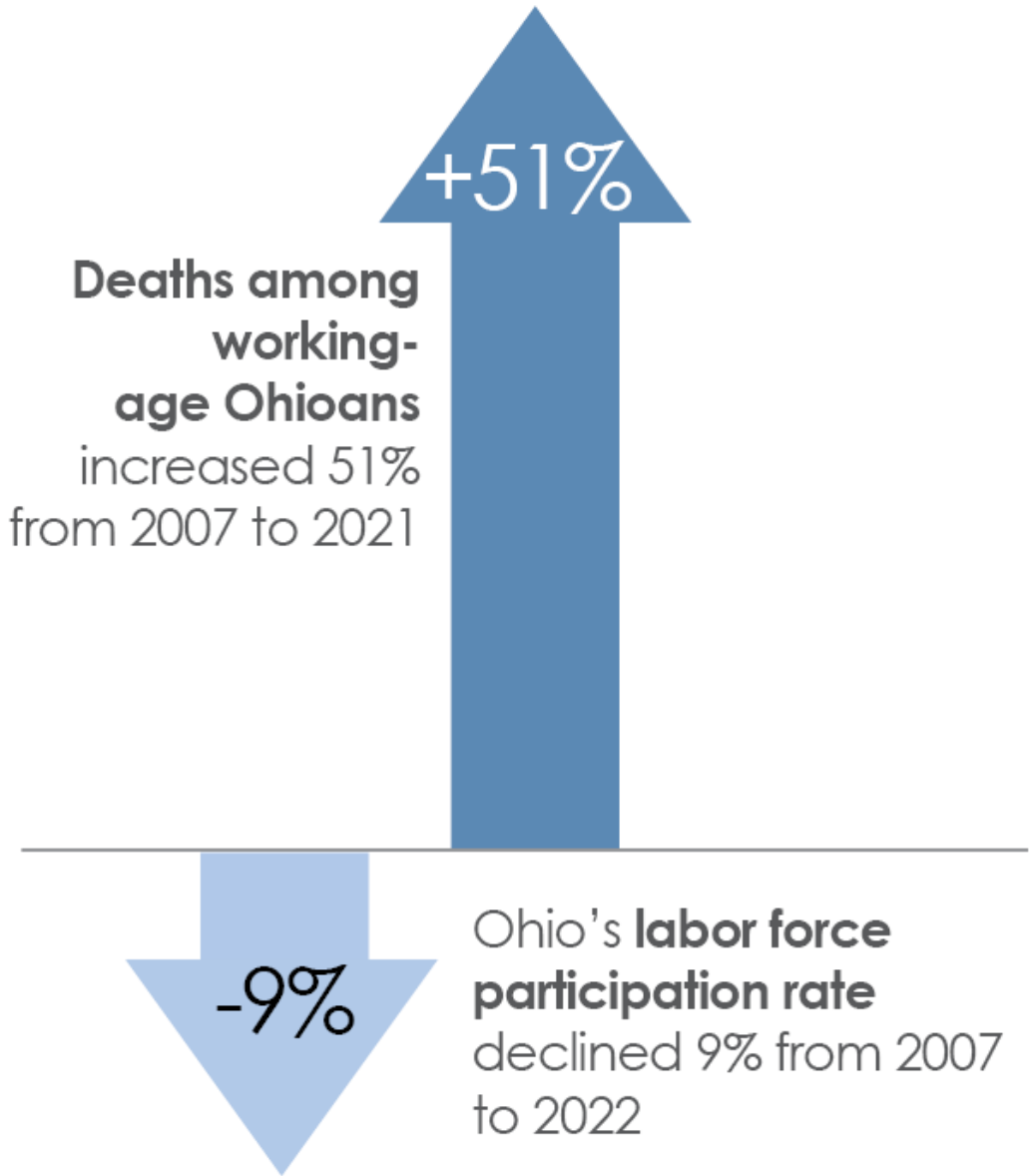
Economic conditions, labor force participation and health are linked



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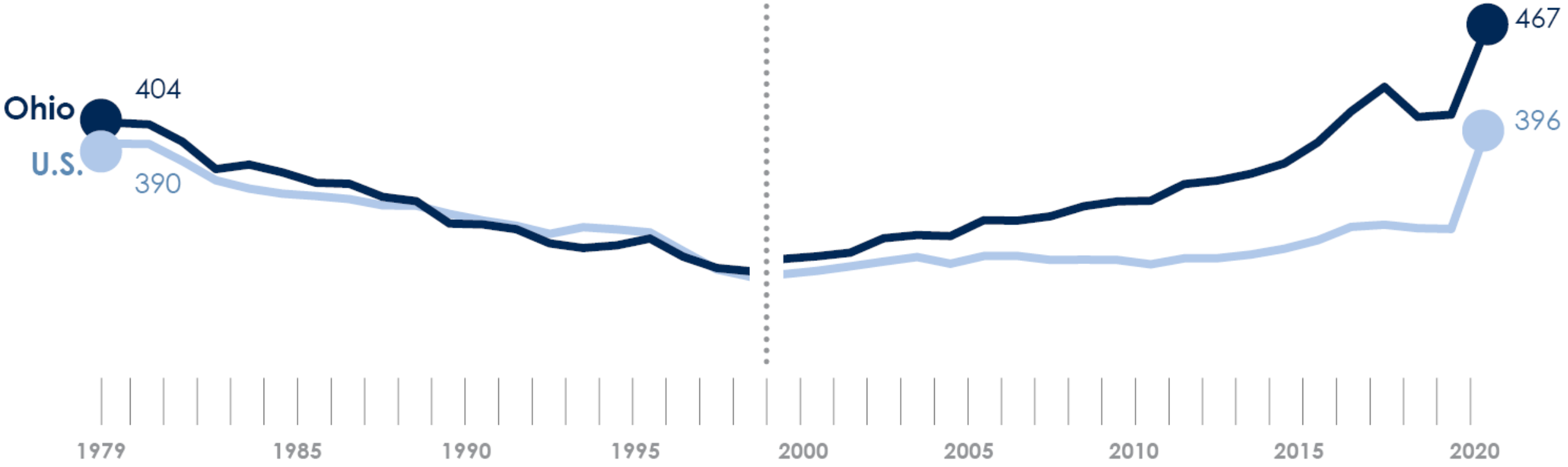
Ohio's working-age death rate compared to U.S.

Number of deaths, per 100,000 population, Ohio and U.S., ages 15-64, 1979-2020



Note: Data is not age-adjusted. The CDC does not recommend trending across 1998 -1999 due to methodological changes in how deaths were reported during that time. The 1979-1998 data is based on compressed mortality with ICD-9 codes (classification of causes of death), and 1999-2020 data is based on underlying causes of death using ICD-10 codes.
Source: Health Policy Institute of Ohio analysis of data from CDC Wonder

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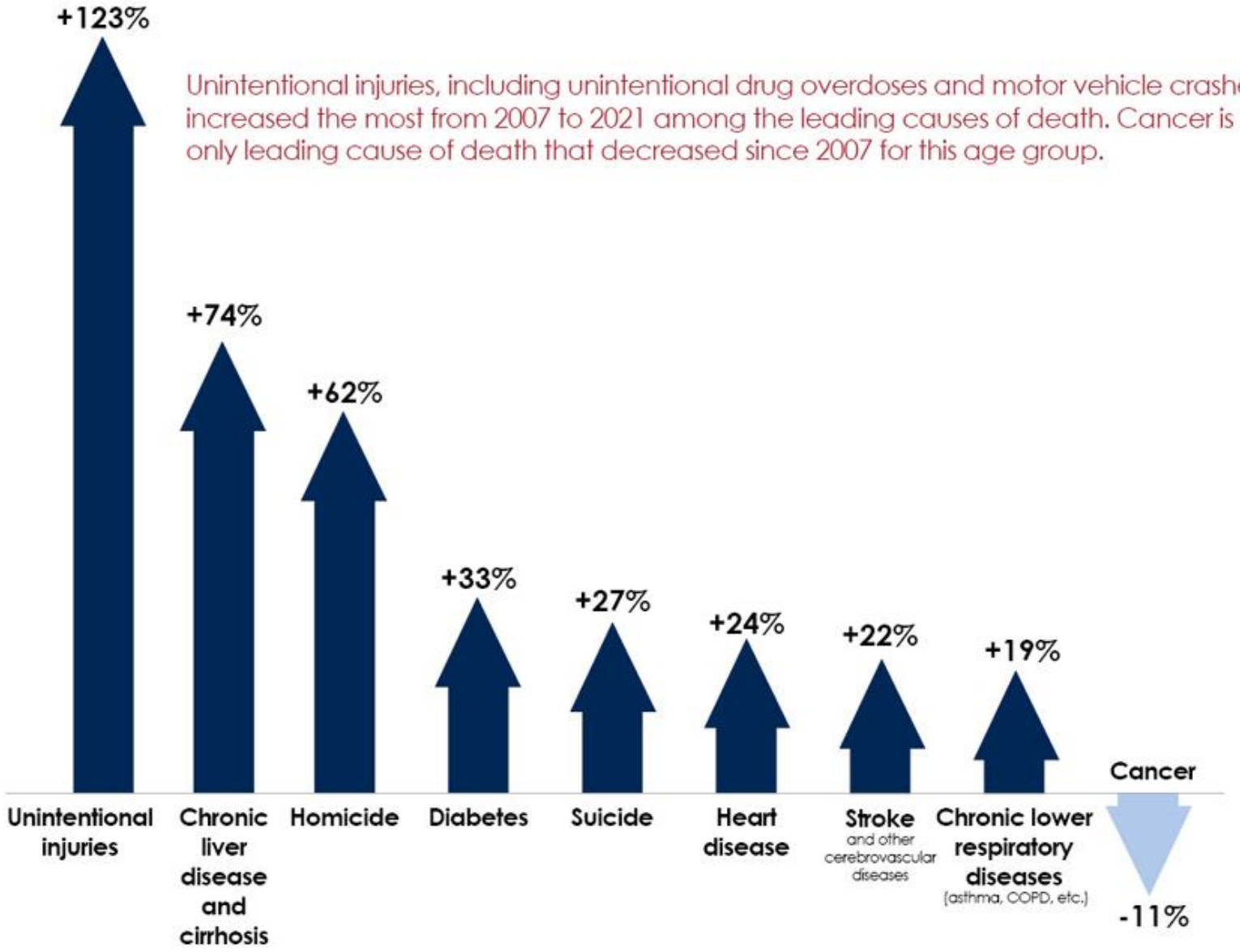
Changes in leading causes of death for working-age Ohioans

from 2007 to 2021



*2021 data is preliminary
Note: All data is reported as of May 6, 2022
Data source: Health Policy Institute of Ohio analysis of data from Ohio Department of Health, Public Health Data Warehouse

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Child abuse and neglect

Some college

Adult poverty

Child poverty

Food insecurity

Incarceration

Top quartile (best) | Second quartile | Third quartile | Bottom quartile (worst)

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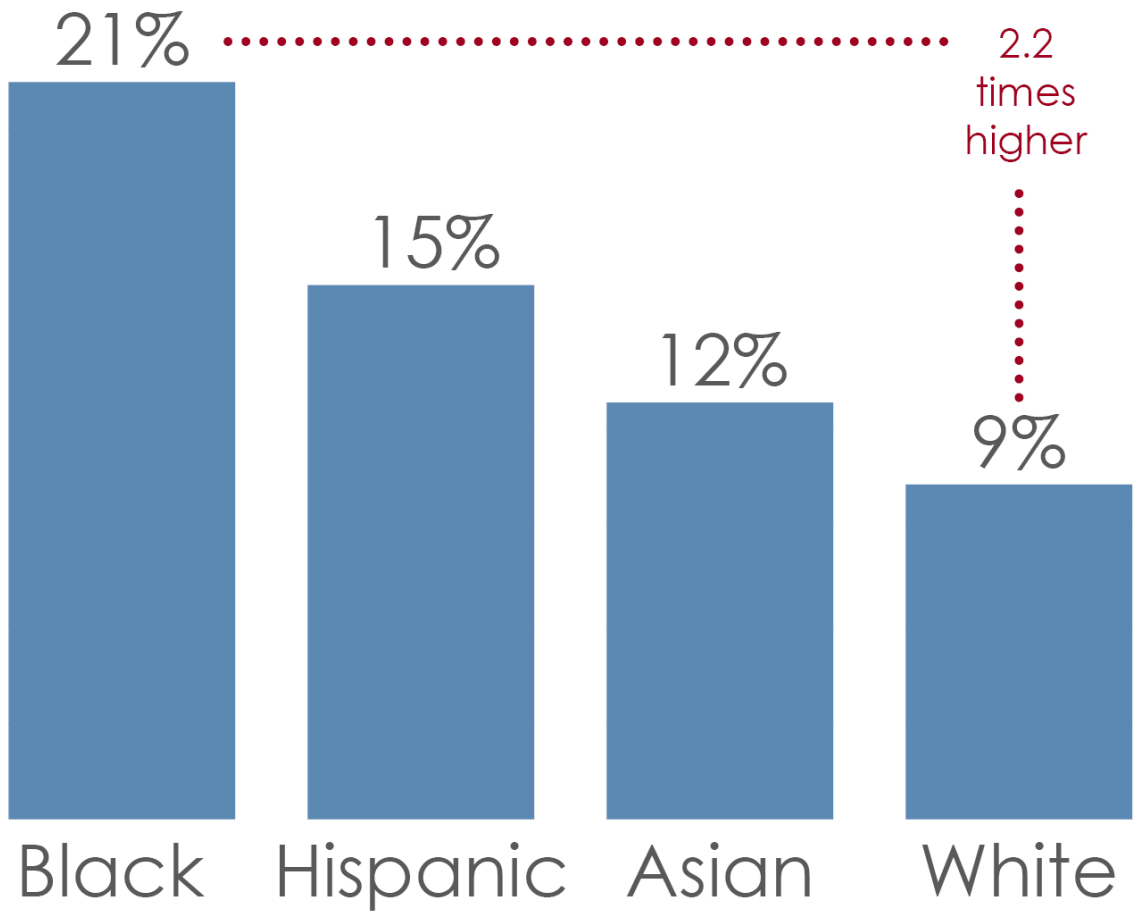
Severe housing cost burden

among Ohioans, by race, 2015-2019

Percent of households (owners and renters) with housing costs greater than 50% of monthly income



Source: Analysis of American Community Survey as compiled by the U.S. Department of Housing and Urban Development, Office of Policy Development and Research, Comprehensive Housing Affordability Strategy data by HPIO and The Voinovich School of Leadership & Public Affairs, Ohio University

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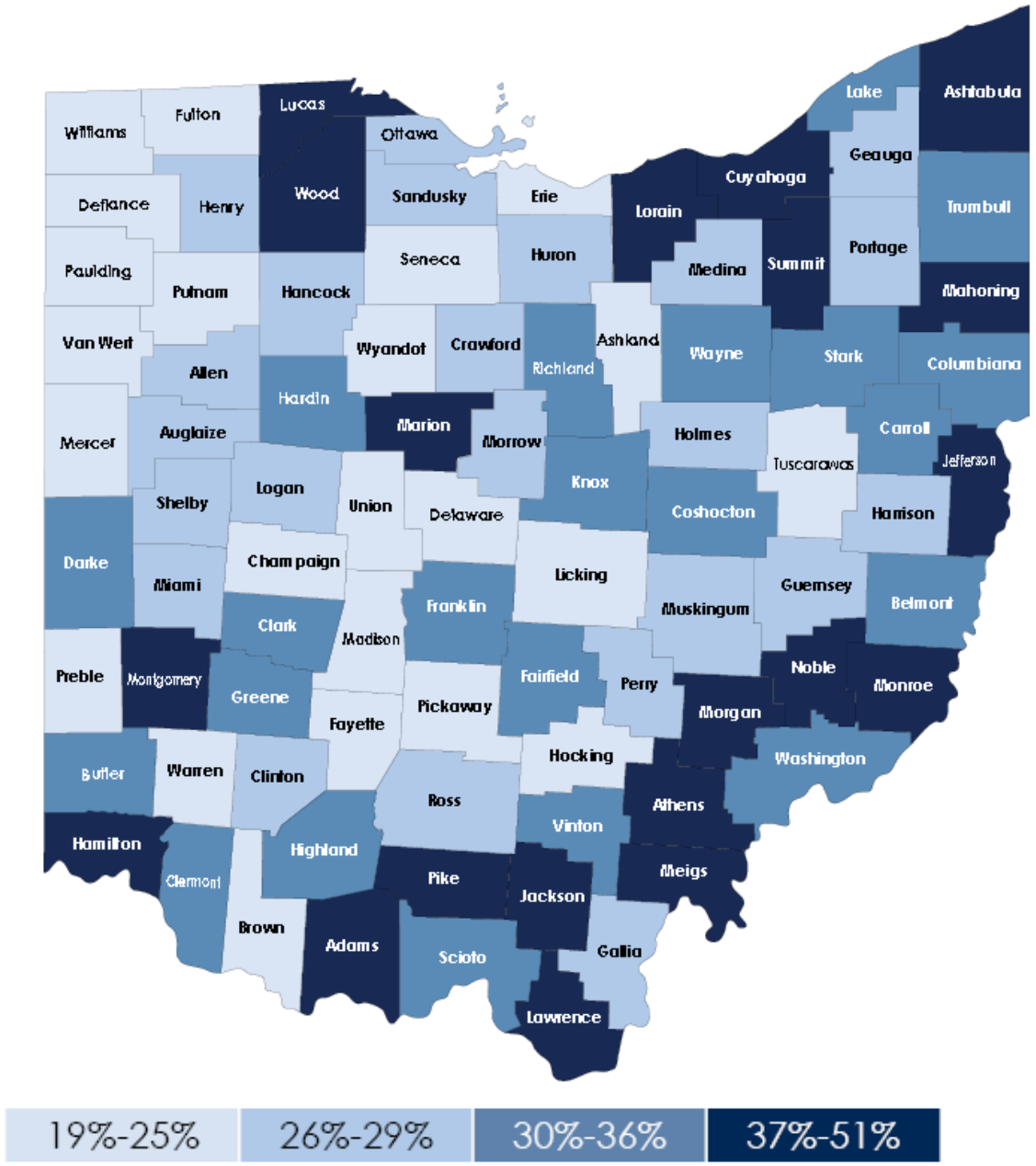
Child care cost burden

by Ohio county 2021-2022

Child care costs for a household with two children as a percent of median household income



Source: County Health Rankings

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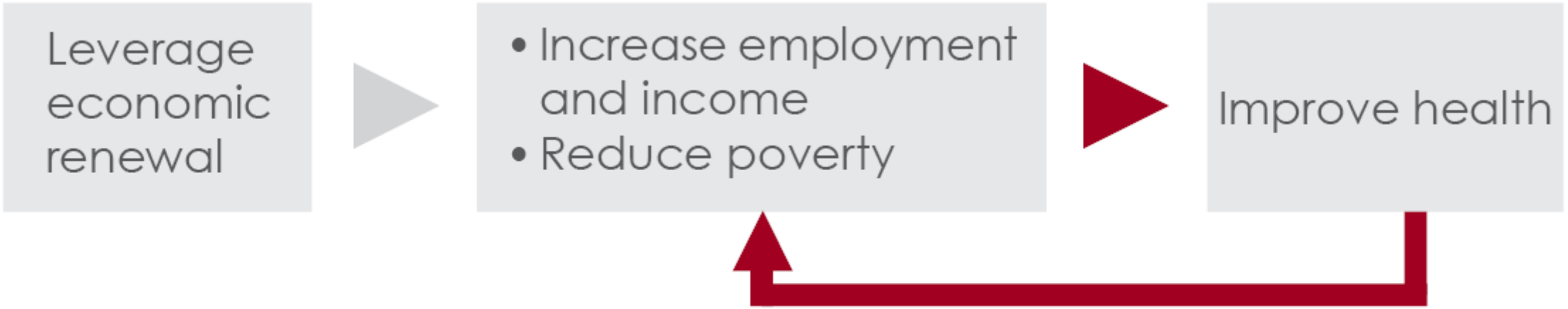
Connecting a stronger workforce to better health and equity



Factors like low educational attainment, trauma, incarceration and discrimination negatively affect both income and health.

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BUSINESS

Intel picks Columbus area for largest chip factory in the world

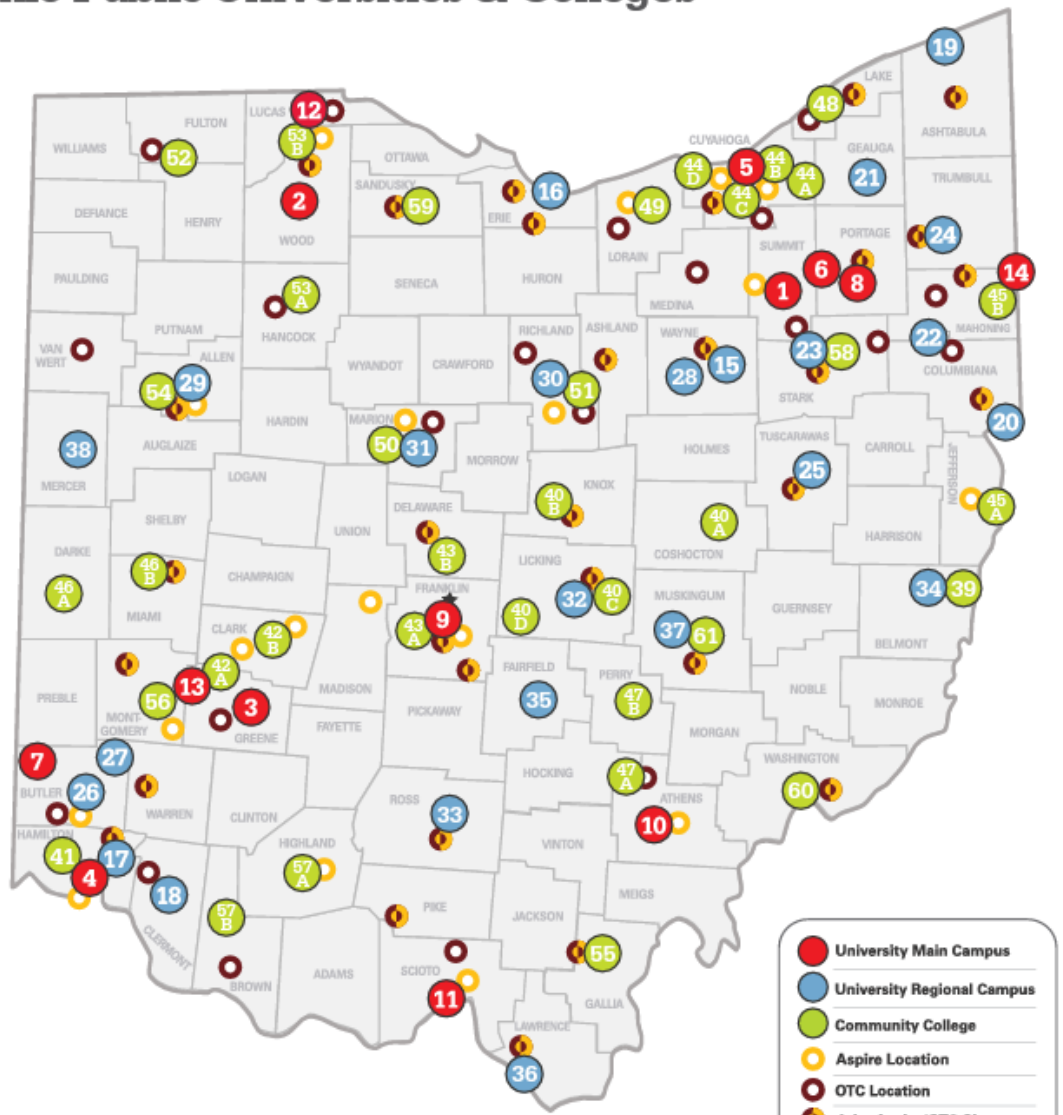
HONDA LG ENERGY SOLUTIONS

Honda JV breaks ground on $3.5 billion EV battery plant with LG Energy Solutions in Ohio

Abbott Laboratories to build $536 million plant in Ohio to produce powder formula

Ohio | Department of Higher Education

Ohio Public Universities & Colleges



Policies that drive improvement

Strengthen Ohio's workforce

- Career technical education (CTE)
- Childcare subsidy
- Paid family leave

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tolles
MOTO

Circle Time
Today is
Days of the Week
Letter of the Day
Rr
The Writing Center
Writing Process
spring
fall
winter
summer

How can Ohio improve?

Strengthen Ohio's workforce

Building on strengths

Ohio can build upon recent success in attracting employers in high-growth industries to strengthen the workforce and reduce poverty

Foster mental well-being

Ohio can build upon expertise with, and community response to, the addiction crisis to become a national leader in behavioral health

Improve healthcare effectiveness

Ohio can build upon strengths in access to care to reinvigorate approaches to improving outcomes and controlling healthcare spending

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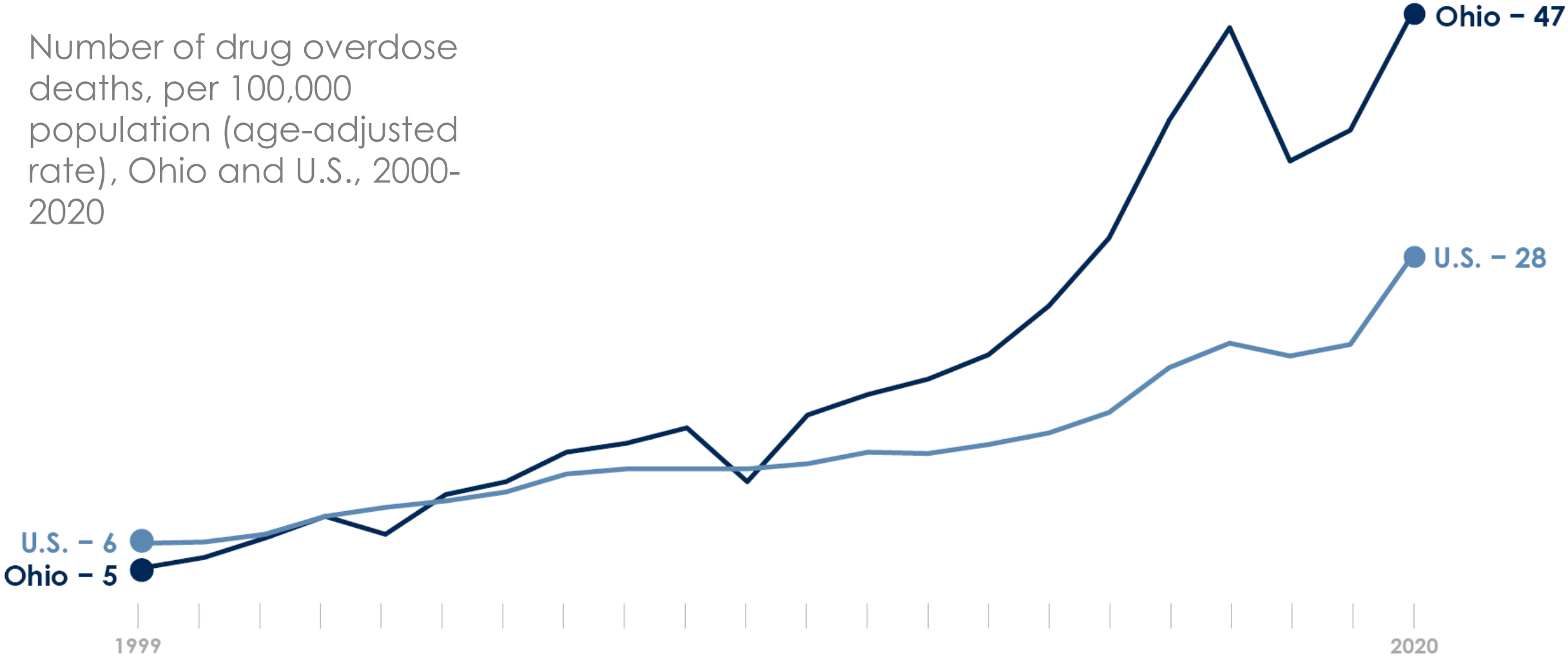
Drug overdose deaths

Number of drug overdose deaths, per 100,000 population (age-adjusted rate), Ohio and U.S., 2000-2020



Source: Center for Disease Control and Prevention, Wide-ranging Online Data for Epidemiological Research, 2000-2020.

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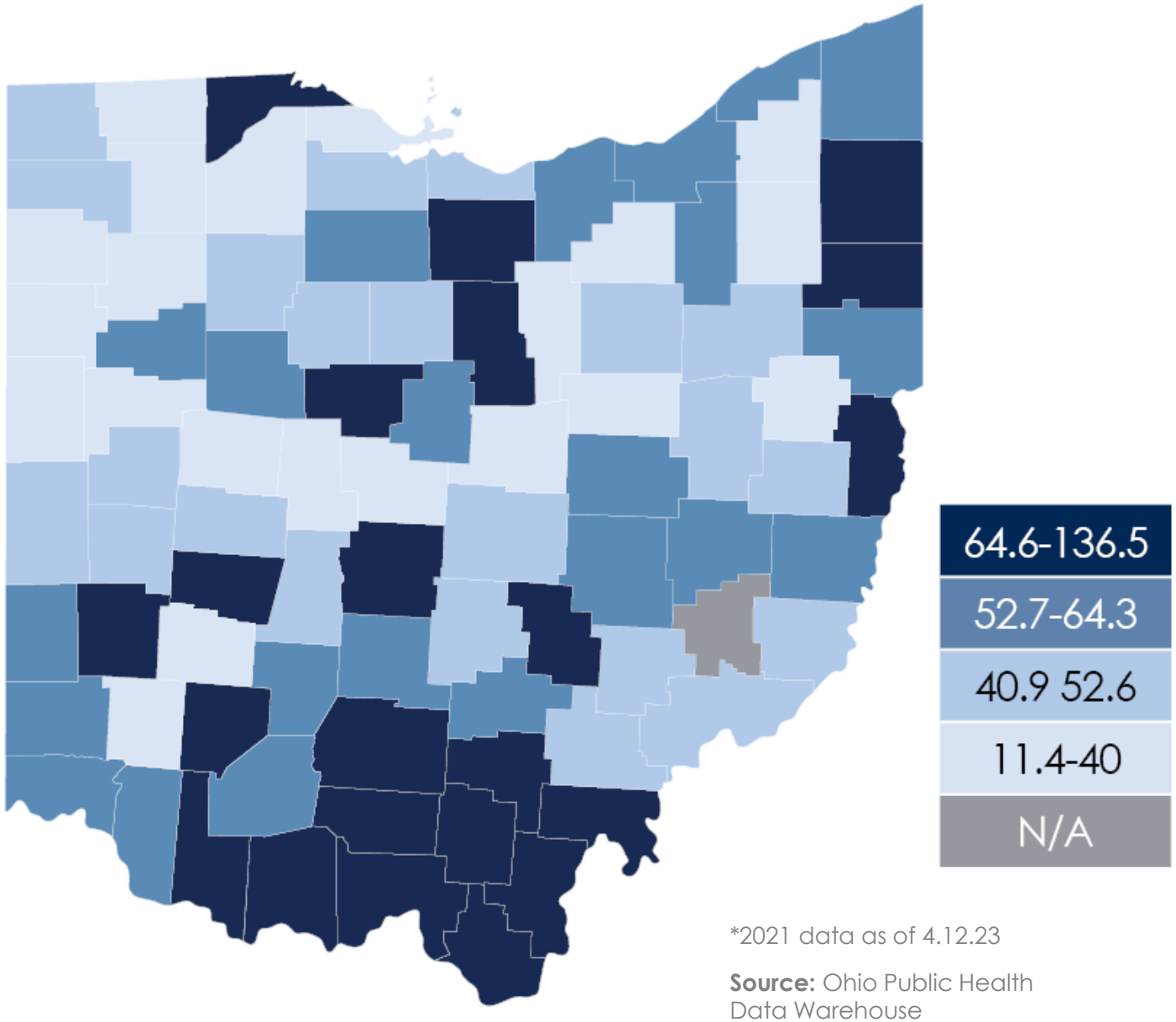
Overdose and suicide deaths

by county, per 100,000 population, 2020-2021* (crude rate)



*2021 data as of 4.12.23

Source: Ohio Public Health Data Warehouse

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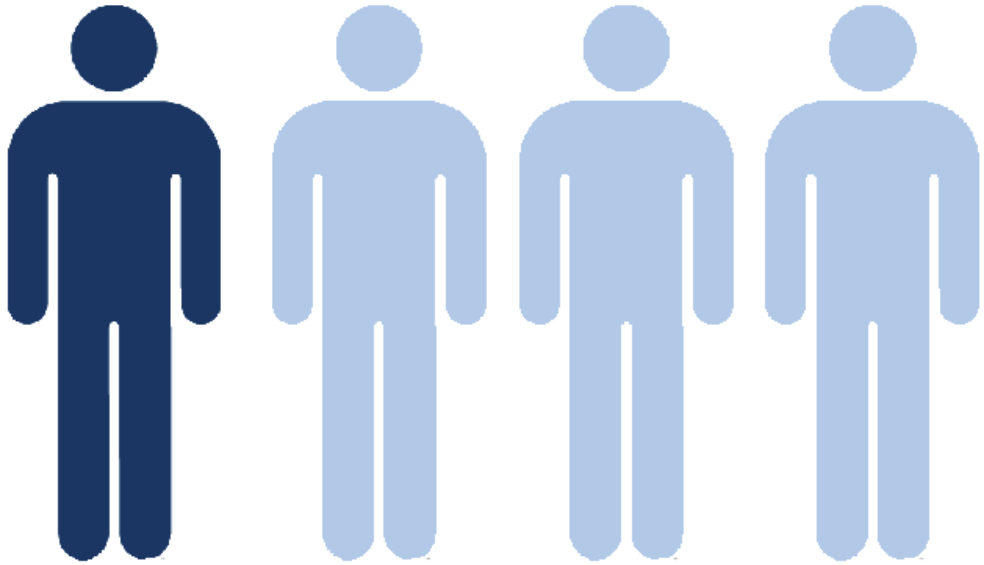
Mental health treatment

Percent of Ohio adults with any mental illness who had a need for mental health treatment or counseling and did not receive it in the past year, 2018-2019



Data source: National Survey on Drug Use and Health, via The Commonwealth Fund, 2018-2019

Source: Health Policy Institute of Ohio data snapshot, "Trends in mental health among Ohioans."

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Mental health and addiction strengths

- State leadership and local community partnerships
- Progress on treatment access, including medication-assisted treatment (MAT), telehealth and Medicaid expansion
- Opioid settlement funds
- Increased prevention in schools
- 988 crisis line launch and other crisis system improvements
- 1,500 Peer Recovery Specialists

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Connecting improved treatment to better well-being and health equity

Leverage Ohio's leadership and treatment assets

Improve treatment and recovery outcomes

Improve overall well-being and health equity

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Policies that drive improvement

Foster mental well-being

- Mental health and addiction workforce recruitment and retention
- Integration of mental and physical health
- Recovery housing

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COLONNADE
MEDICAL OFFICES
1550
200

How can Ohio improve?

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Foster mental well-being

Improve healthcare effectiveness

Building on strengths

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Ohio's rank on healthcare spending

Healthcare spending

Total out-of-pocket spending

Employer-sponsored health insurance outpatient spending, per enrollee

Total Medicare spending, per beneficiary

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Life expectancy

At birth, Ohio

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention National Center for Health Statistics National Vital Statistics System Report. Vol. 7. No. 1

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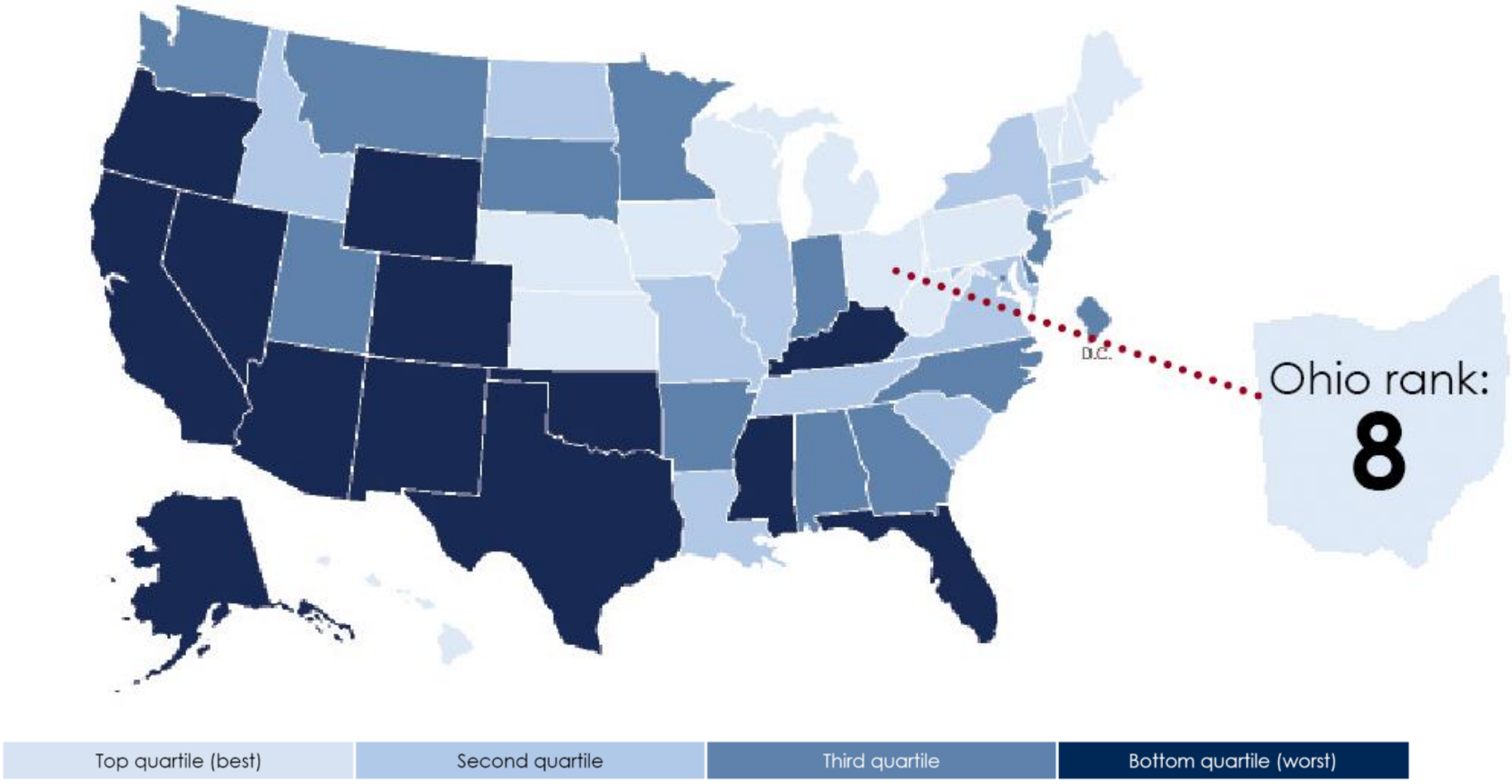
Ohio's rank on primary care access



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Connecting access to better health outcomes and reduced spending

Leverage access and primary care assets

+

Provide leadership to control spending

▶

- Improve healthcare outcomes
- Prevent need for costly downstream care and reduce spending growth

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Policies that drive improvement

Improve healthcare effectiveness

- Primary care workforce training
- School-based health services
- Cost containment

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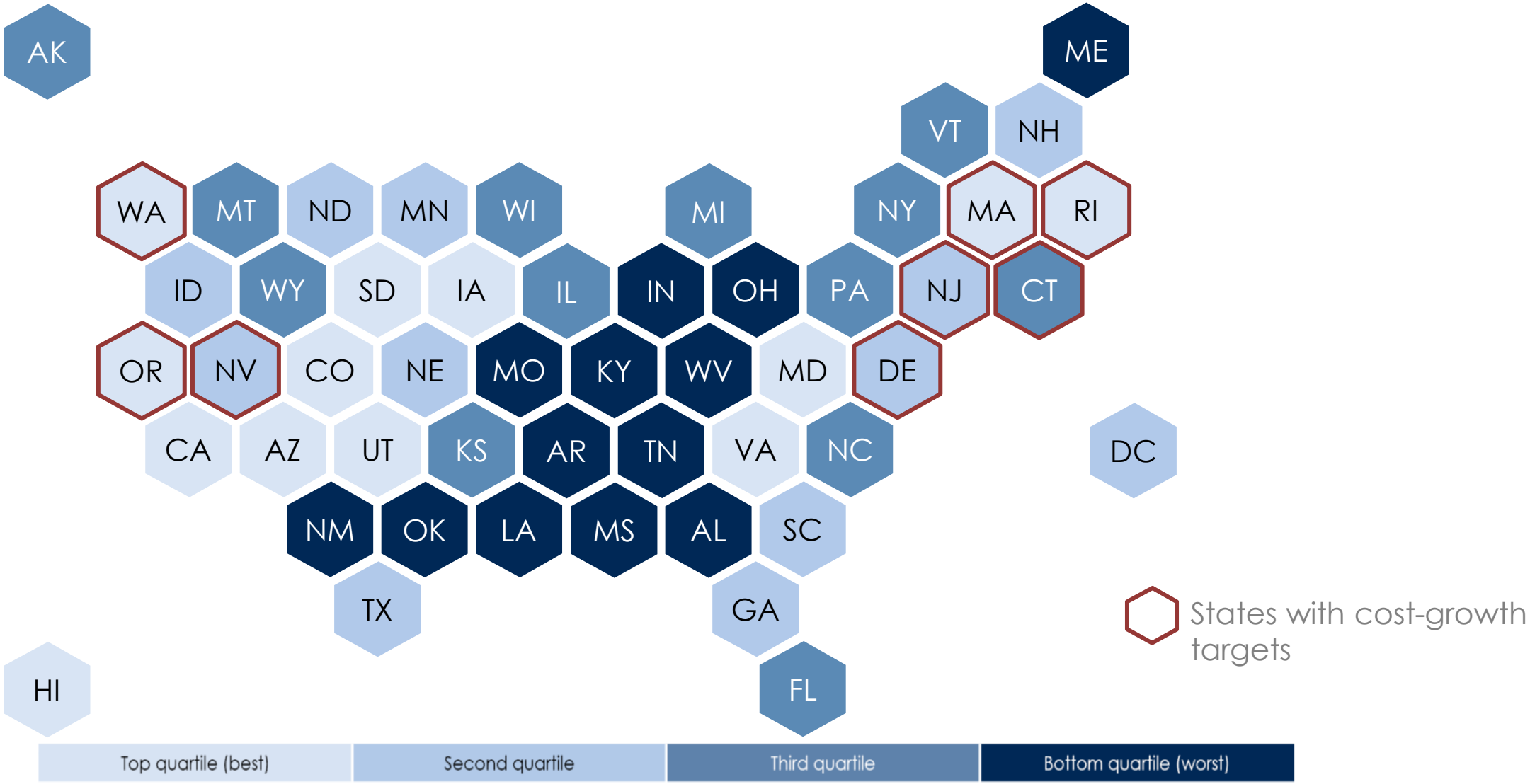
Lower Lights
Christian Health Center
1160

Cost containment and health value



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Progress toward health value

Percent of metrics that improved or worsened

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How policy change contributes to improvement

- Care within reach
- Hospital quality for mothers and infants
- Health department quality
- Better food access
- Cleaner air
- Evidence-based addiction treatment

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2023 HEALTH VALUE DASHBOARD™

EQUITY PROFILES

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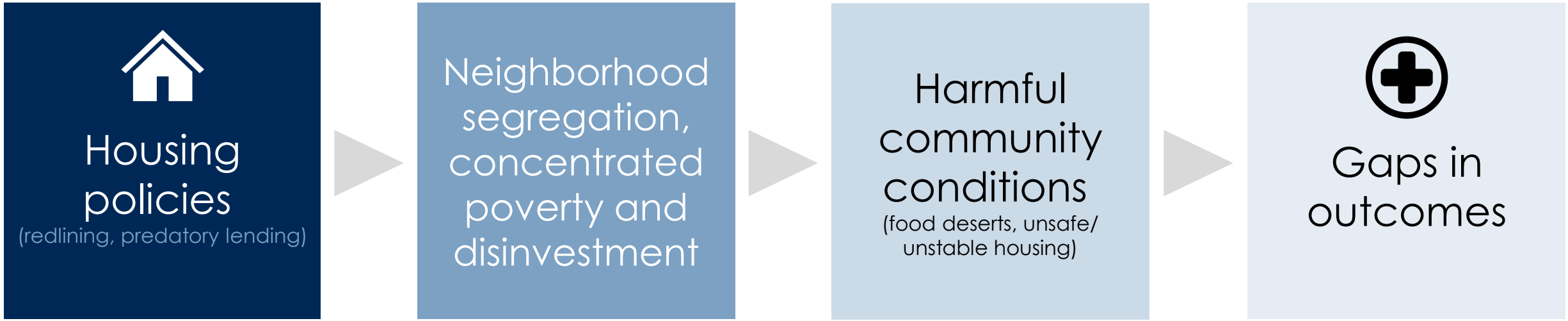
How can policies create barriers to health?



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Equity profiles:

- Black Ohioans
- Hispanic/Latino Ohioans
- Ohioans with disabilities
- Ohioans with lower incomes and/or less education
- LGBTQ+ Ohioans

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2023 Health Value Dashboard

EQUITY PROFILES

BLACK OHIOANS

Physical environment	
Food insecurity, children	3.5
Zero-vehicle households	3.5
Severe housing cost burden	2.2
Air pollution	1.4

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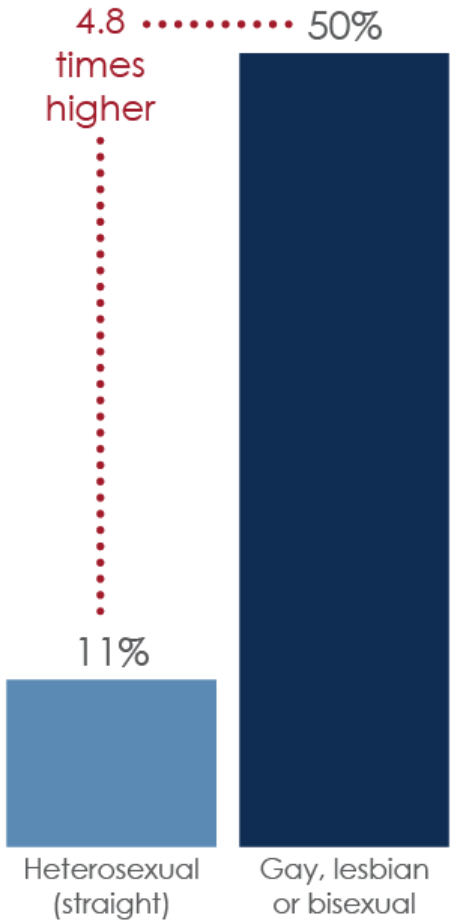
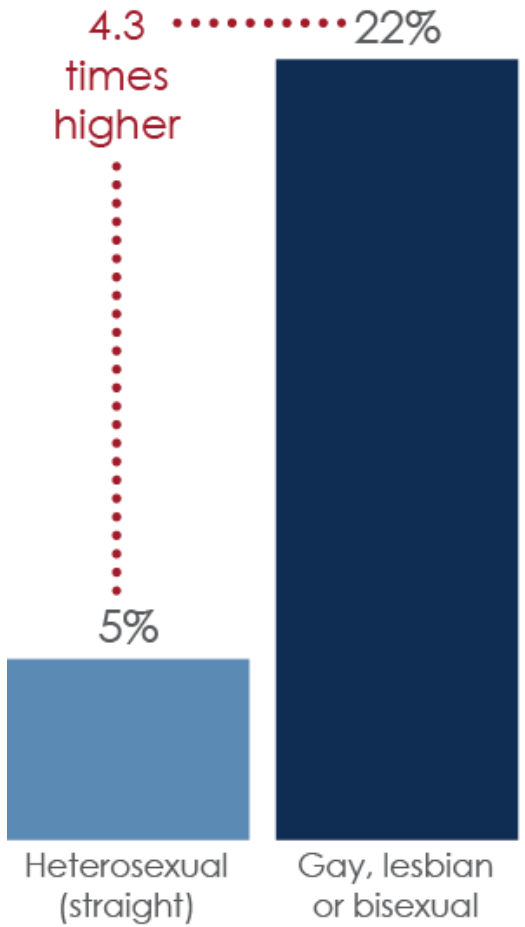
Youth suicide

Youth **considering** suicide, Ohio, 2019



Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey

Youth suicide **attempt**, Ohio, 2019



Source: Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey

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If disparities were eliminated…

- 30,385 Black children
- 12,512 Hispanic/Latino children
- 7,103 children with disabilities
- 36,972 children from families with low incomes

… in Ohio would not experience food insecurity

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Improvement is possible

Unemployment (2012-2016, 2017-2021 5-year estimates)	• Black Ohioans **33% decrease** • Ohioans with less than a high school education **28% decrease** • Hispanic Ohioans **26% decrease** • Ohioans with low incomes **22% decrease** • Ohioans with disabilities **20% decrease**
Heart disease mortality (2015, 2020)	Black Ohioans **28% decrease**
Unable to see a doctor due to cost (2015, 2021)	• Ohioans with less than a high school education **26% decrease** • Hispanic Ohioans **22% decrease** • Black Ohioans **20% decrease** • Ohioans with low incomes **13% decrease**
High school graduation (2017-2018, 2021-2022 school years)	• Black Ohioans **24% increase** • Hispanic Ohioans **13% increase**
Child poverty (2015, 2021)	• Hispanic Ohioans **17% decrease** • Black Ohioans **16% decrease** • Ohioans with disabilities **16% decrease**

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Improvement is possible

Unemployment
(2012-2016, 2017-2021 5-year estimates)

- Black Ohioans **33% decrease**
- Ohioans with less than a high school education **28% decrease**
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- Ohioans with low incomes **22% decrease**
- Ohioans with disabilities **20% decrease**

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(2015, 2020)

- Black Ohioans **28% decrease**

Unable to see a doctor due to cost
(2015, 2021)

- Ohioans with less than a high school education **26% decrease**
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High school graduation
(2017-2018, 2021-2022 school years)

- Black Ohioans **24% increase**
- Hispanic Ohioans **13% increase**

Child poverty
(2015, 2021)

- Hispanic Ohioans **17% decrease**
- Black Ohioans **16% decrease**
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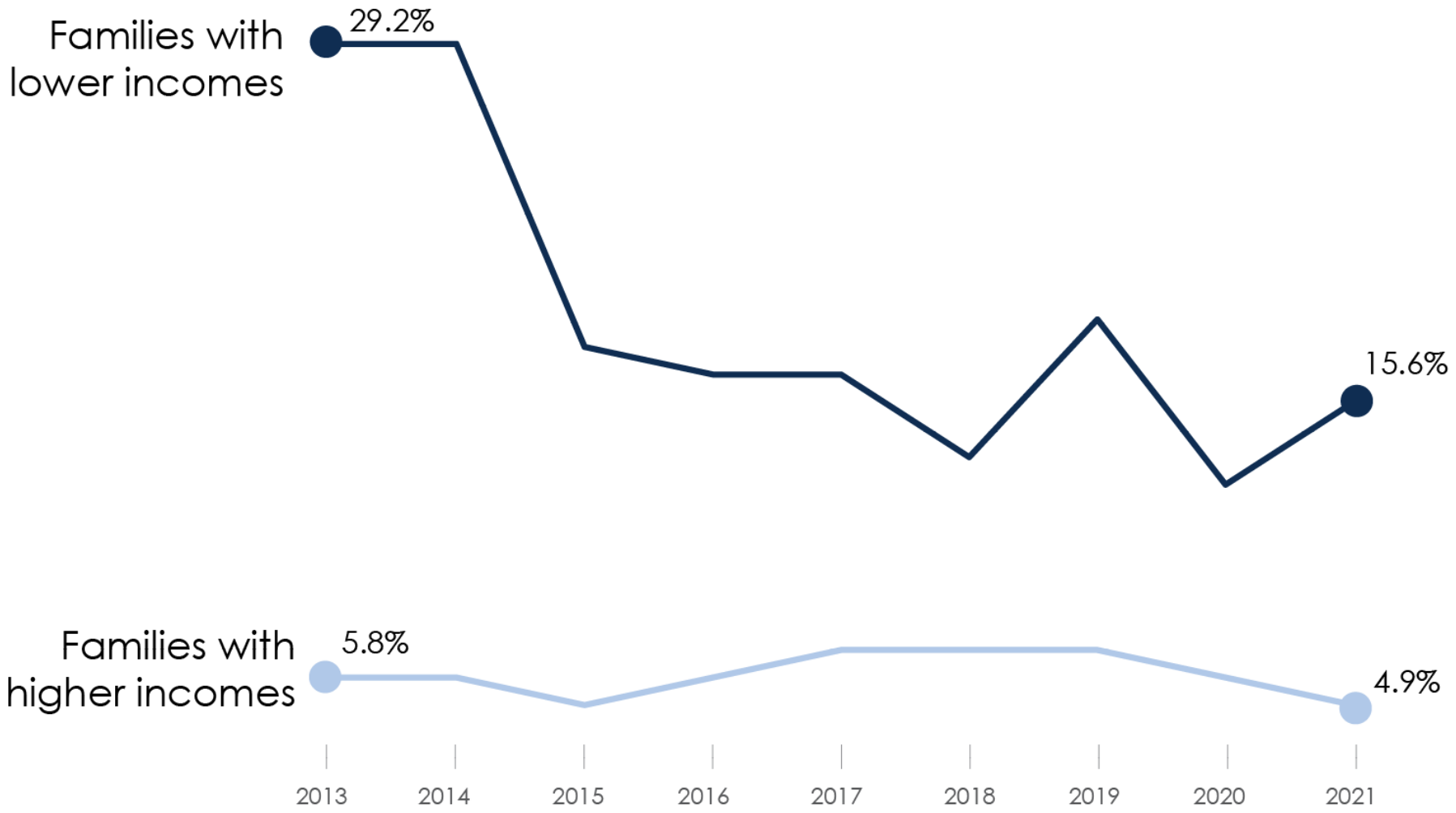
Affordable health care

Unable to see doctor due to cost, Ohio, 2013-2020



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey

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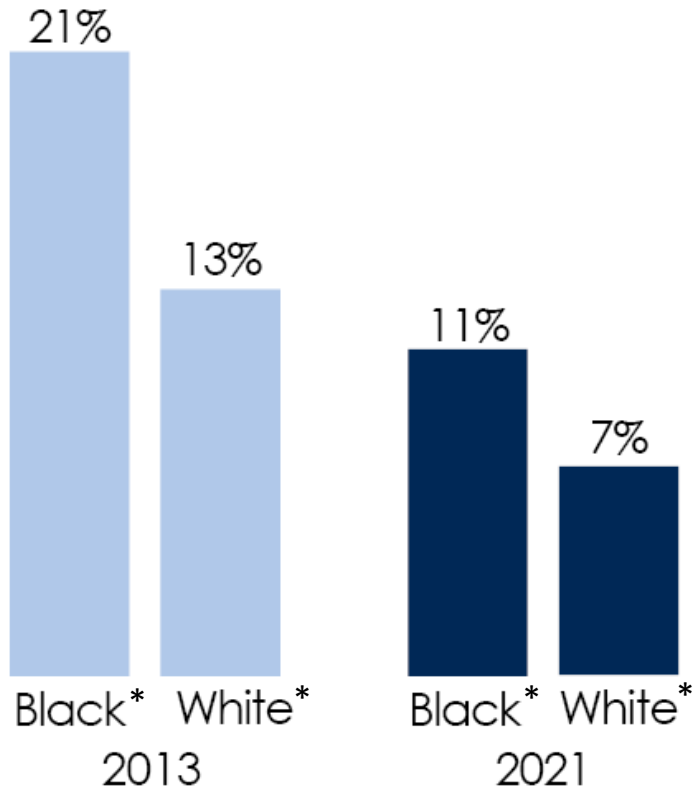
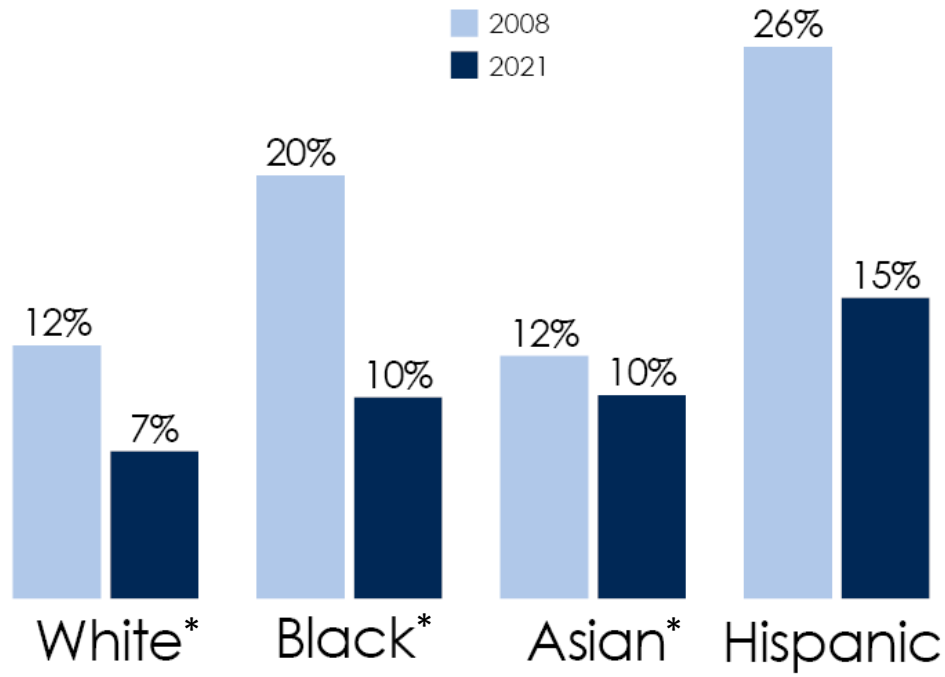
Access and coverage

Percent of adult Ohioans who went without health care because of cost in the past year



Source: Behavioral Risk Factor Surveillance System

Percent of Ohioans who are uninsured, ages 0-64



Source: American Community Survey, as compiled by Kaiser Family Foundation State Health Facts

* non-Hispanic

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QUESTIONS?

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Social Drivers of Infant Mortality

Recommendations for Action and Accountability in Ohio

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Ohio's greatest challenges

infant mortality

Based on 2020 data

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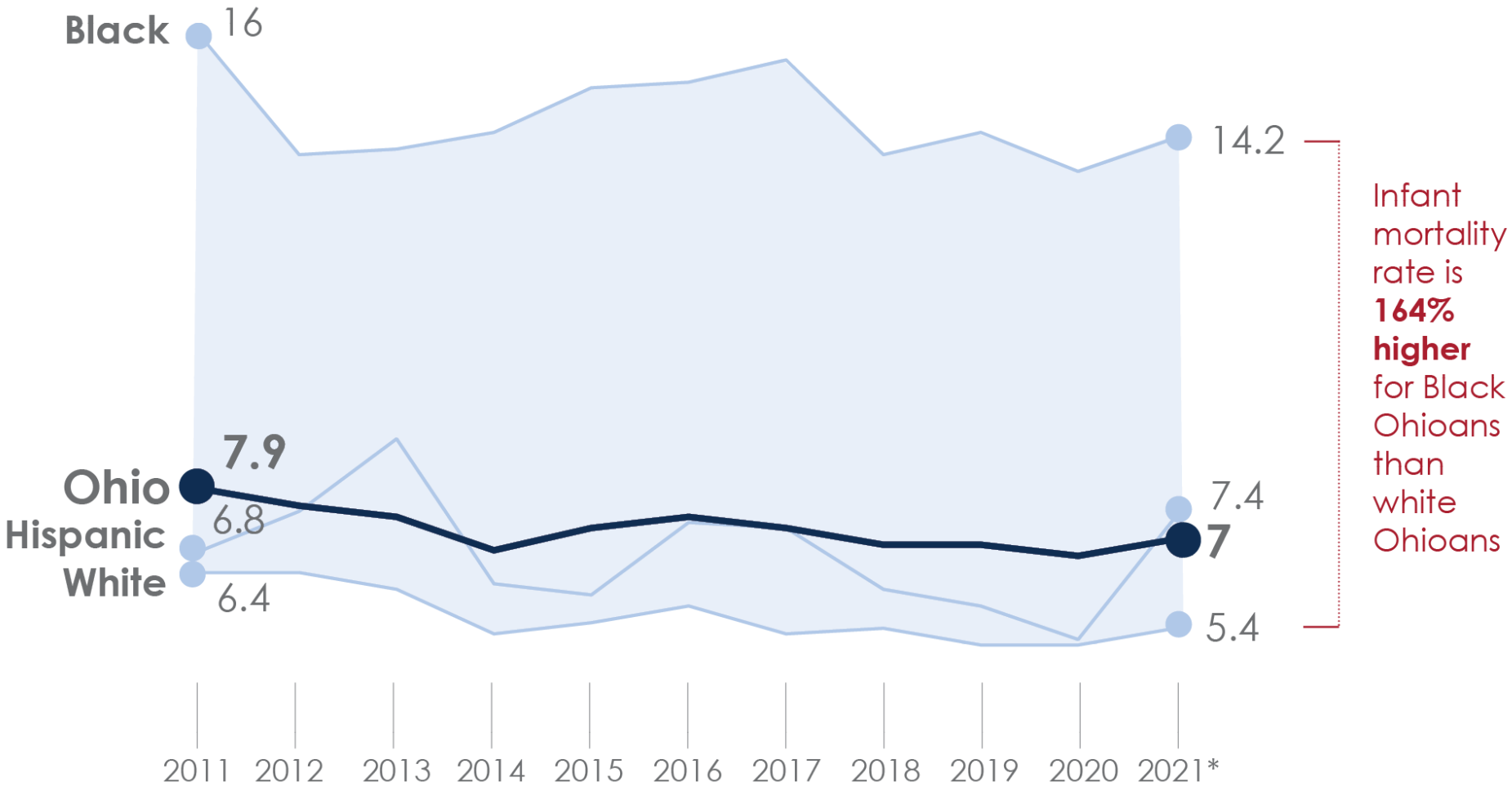
Infant mortality in Ohio

2011-2021*

Number of infant deaths per 1,000 births, by race and ethnicity



*At the time this data was pulled (2.6.2023), the 2021 data year was marked as partial and may be incomplete.
Source: Health Policy Institute of Ohio, "Social Drivers of Infant Mortality: Recommendations for Action and Accountability in Ohio." Data from Ohio Department of Health, Public Health Information Warehouse, Birth Resident and Mortality datasets

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Infant mortality

Pre-term birth

Low birth weight

Birth defects

Child accidents and injuries

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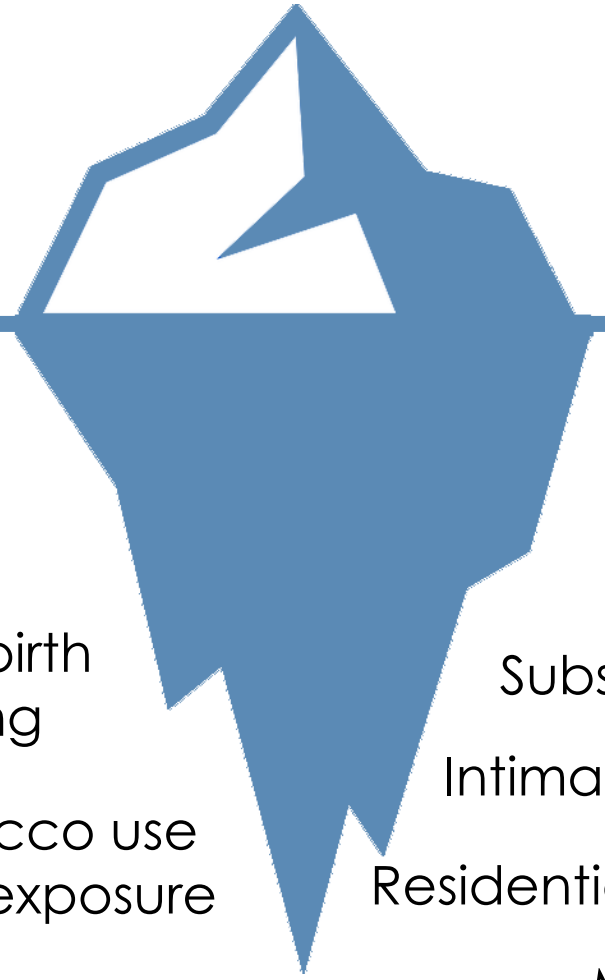
Infant mortality



Pre-term birth

Low birth weight

Birth defects

Child accidents and injuries

Short birth spacing

Chronic health conditions

Substance use disorder

Lack of access to healthy food

Intimate partner violence

Lack of physical activity

Tobacco use and exposure

Residential segregation

Lack of access to care

Mass incarceration

Poverty

Homelessness and housing insecurity

Unemployment/low wages

Racism

Air and water pollution

Harmful working conditions

Income inequality

Lack of transportation

Toxic stress

Violence

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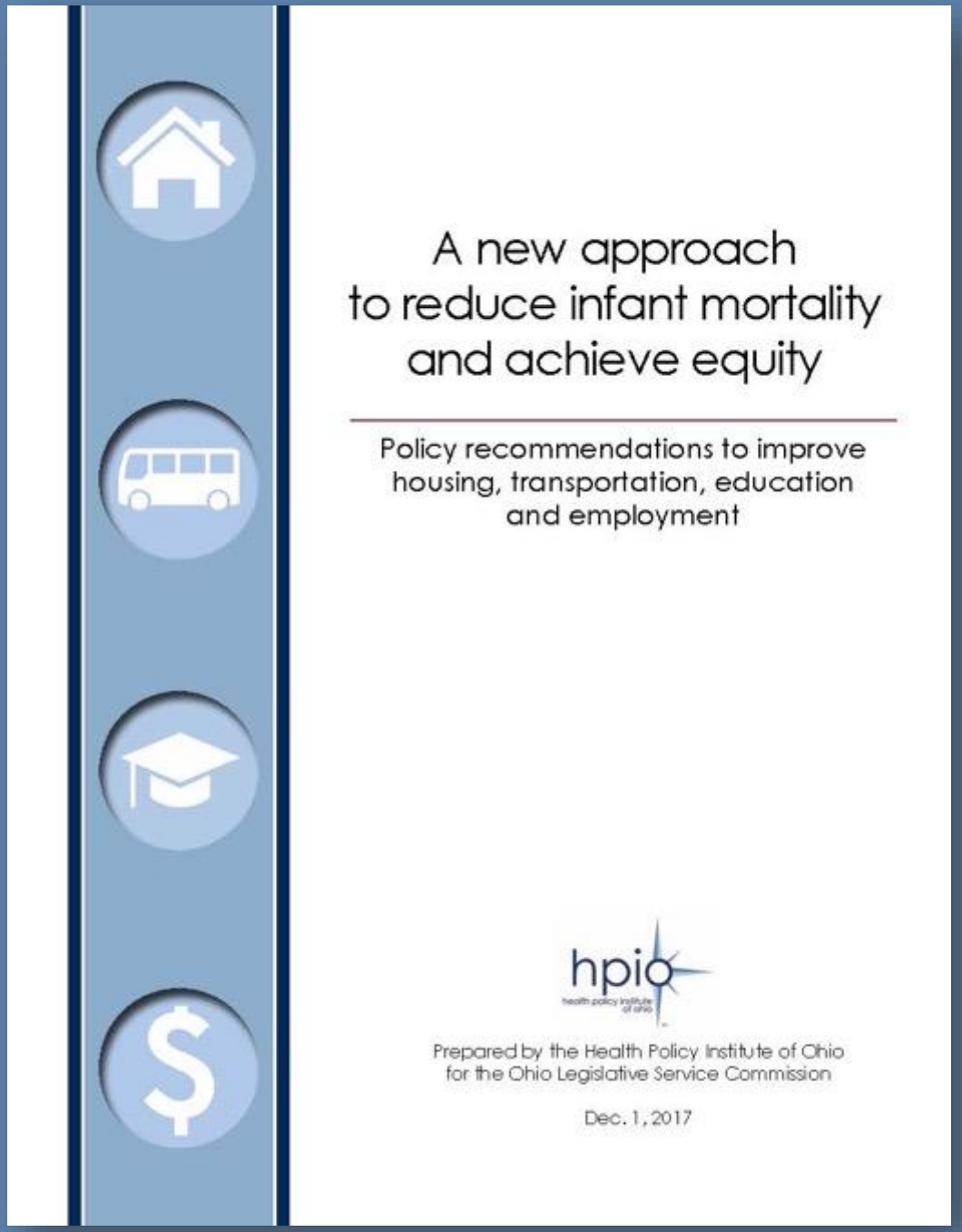

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Report
Released
Dec. 2017

HB166
State Budget
(SFY 2020-2021)
July 2019

COVID-19
declared
a pandemic
March 2020

HB110
State Budget
(SFY 2022-2023)
July 2021

COVID-19 Public Health Emergency (federal)

Kasich Administration

DeWine Administration

2018 | 2019 | 2020 | 2021 | 2022

132 General Assembly

133 General Assembly

134 General Assembly

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March 2023

Social Drivers of Infant Mortality

Recommendations for Action and Accountability in Ohio

Why is action needed?

For many years, policymakers and community leaders across Ohio have worked to reduce high rates of infant mortality. Decisionmakers have explored this issue through multiple advisory committees, collaborative efforts, investments, legislation and other policy changes.[1] For example, the Ohio General Assembly passed Senate Bill 322 in 2017, which adopted recommendations from the Ohio Commission on Infant Mortality's 2016 report and required the creation of the 2017 Social Drivers of Infant Mortality (SDOIM) report: A New Approach to Reduce Infant Mortality and Achieve Equity.

3 Key findings for policymakers

1. **Changes beyond health care are needed to ensure that every baby thrives.** While healthcare innovations are necessary, improvements to broader community conditions are needed to decrease widening gaps and reinvigorate Ohio's stalled progress on infant mortality.
2. **Leaders across sectors must work together for meaningful changes.** Public and private partners from the health, housing, transportation, education and employment sectors have many opportunities to change policies and invest in effective solutions to eliminate disparities.
3. **Progress on past recommendations has been mixed.** Policymakers can build upon the bipartisan cooperation, sustained investment and local collaboration that contributed to action on evidence-based recommendations, and more can be done to engage community members and hold leaders accountable for enacting specific changes to support families.

Building on and prioritizing recommendations to reduce infant mortality

A New Approach to Reduce Infant Mortality and Achieve Equity (2017)
Specific recommendations to improve housing, transportation, education and employment. Developed by the Health Policy Institute of Ohio (HPIO) for the Ohio Legislative Service Commission.

Final Recommendations of the Eliminating Disparities in Infant Mortality Task Force (2022)
General recommendations to improve health care, education, economic stability, neighborhood and built environment and social and community context. Coordinated by the Ohio Department of Health.

This policy brief builds upon these recommendations by prioritizing specific and actionable steps leaders can take to create change in five areas: Housing, transportation, education, employment and racism.

1

housing

transportation

education

employment

racism

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Policy goals and recommendations

Topics	Housing	Transportation	Education	Employment	Eliminating racism
Goals	☐ Rental assistance ☐ Structural barriers ☐ Housing supply	☐ Medicaid Non-Emergency Medical Transportation ☐ Public transportation	☐ Early childhood education and family support programs ☐ Career-technical and postsecondary	☐ Work supports ☐ Leave policies and employment benefits	☐ Partner ☐ Implement and fund ☐ Accountability
Recommendations	10 Recommendations	8 Recommendations	10 Recommendations	7 Recommendations	9 Recommendations

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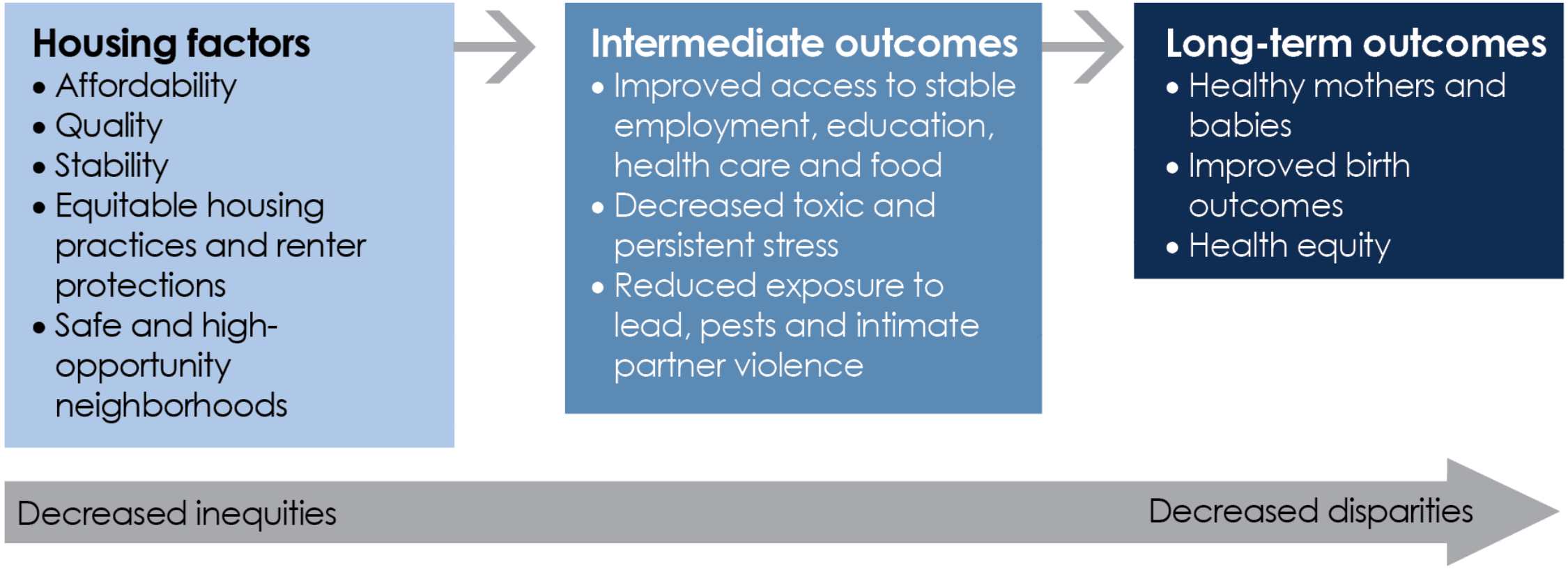
What is the relationship between **housing** and maternal and child health?



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Prioritized policy goals: Housing

Goal 1: Increase availability of rental assistance

Goal 2: Reduce structural barriers to affordable housing

Goal 3: Increase affordable housing supply

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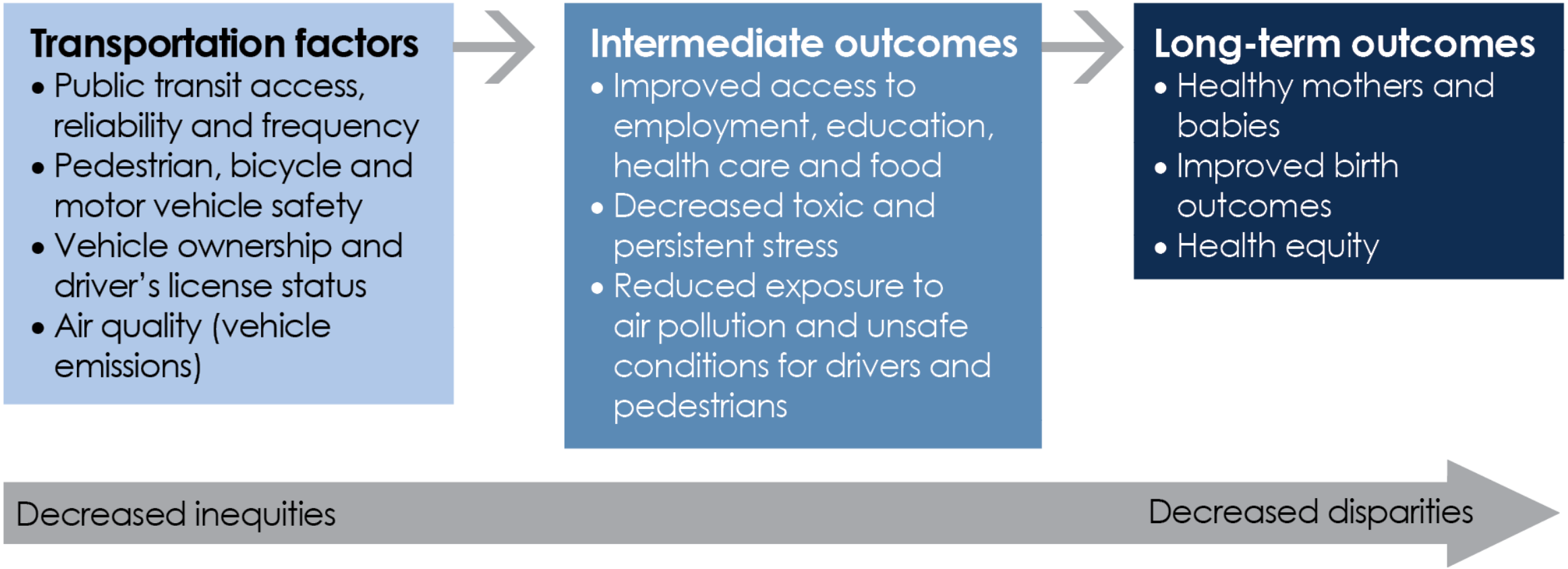
What is the relationship between **transportation** and maternal and child health?



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Prioritized policy goals: Transportation

Goal 4: Improve Medicaid Non-Emergency Medical Transportation

Goal 5: Improve and expand local public transportation

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What is the relationship between **education** and maternal and child health?

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Prioritized policy goals: Education

Goal 6: Strengthen early childhood education and family support programs

Goal 7: Reduce barriers to career-technical education and other postsecondary education programs

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What is the relationship between **employment** and maternal and child health?

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Prioritized policy goals: Employment

Goal 8: Increase access to work supports

Goal 9: Adopt more robust leave policies and employment benefits

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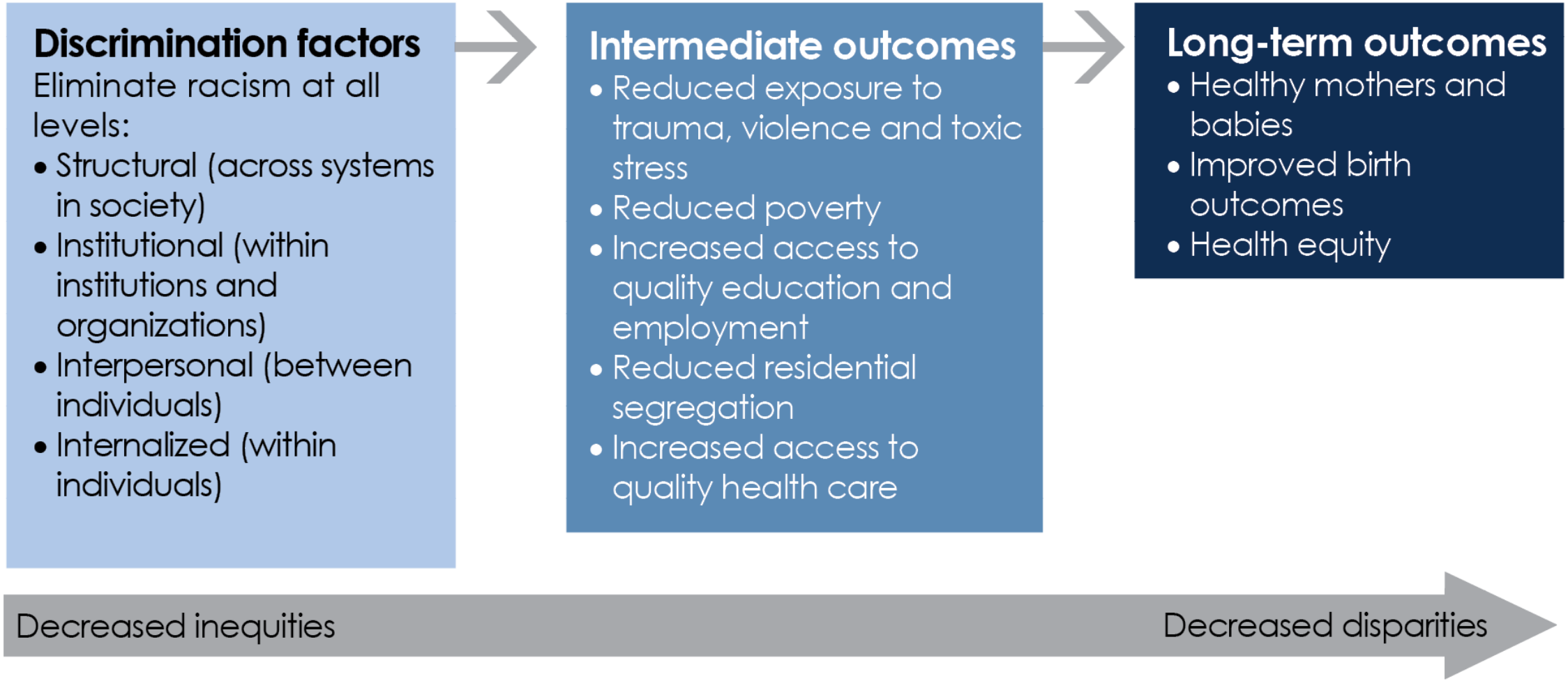
What is the relationship between **racism** and maternal and child health?



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Prioritized policy goals: Racism

Goal 10: Authentically partner with Black Ohioans and tailor policies and programs to meet their needs

Goal 11: Implement and fund policies and programs that promote justice and fairness

Goal 12: Increase accountability for eliminating disparities in birth outcomes

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Topics				
Housing	Transportation	Education	Employment	Eliminating racism
Goals				
☐ Rental assistance ☐ Structural barriers ☐ Housing supply	☐ Medicaid Non-Emergency Medical Transportation ☐ Public transportation	☐ Early childhood education and family support programs ☐ Career-technical and postsecondary	☐ Work supports ☐ Leave policies and employment benefits	☐ Partner ☐ Implement and fund ☐ Accountability

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Action Guides

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April 2023

Social drivers of infant mortality

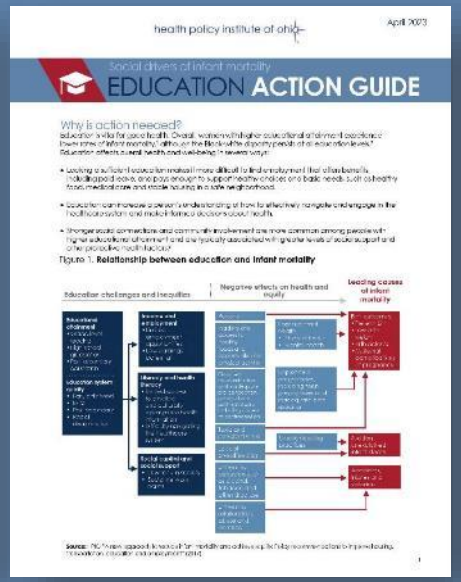
HOUSING ACTION GUIDE

Why is action needed?

Safe, stable and affordable housing is vital for good health. There are several ways that housing affects overall health and well-being, including:

- Unsafe, overcrowded and/or poorly maintained housing can lead to environmental and infant health problems through exposure to hazards like lead and mold.
- High housing costs can contribute to financial instability, including increased risk of eviction and homelessness, and toxic stress.
- Residential segregation isolates some communities from needed resources, such as healthcare and employment opportunities, and can create conditions for increased chronic stress, trauma and community violence.

Figure 1. Relationship between housing and infant mortality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April 2023

Social drivers of infant mortality

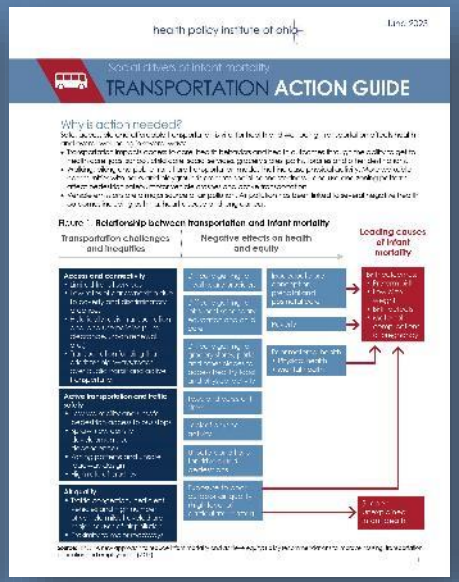
EDUCATION ACTION GUIDE

Why is action needed?

Education is vital for good health. Overall, women with higher educational attainment experience lower rates of infant mortality, while for the Black-white disparity persists at all education levels.[1] Education affects current health and well-being in several ways:

- Lacking a sufficient education makes it more difficult to find employment that offers benefits, including paid leave, and pays enough to support healthy choices and basic needs, both culturally focused medical care and stable housing in a safe neighborhood.
- Education can help women prevent and address stress or how to effectively navigate and engage in the healthcare system and make informed decisions about health.
- Stronger social connections and community involvement are more common among people with higher educational attainment and are typically associated with greater levels of social support and other protective health factors.[2]

Figure 1. Relationship between education and infant mortality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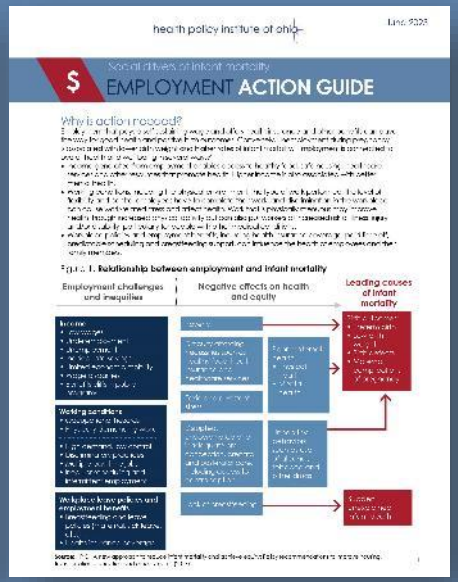
June 2023

Social drivers of infant mortality

TRANSPORTATION ACTION GUIDE

Why is action needed?

Figure 1. Relationship between transportation and infant mortality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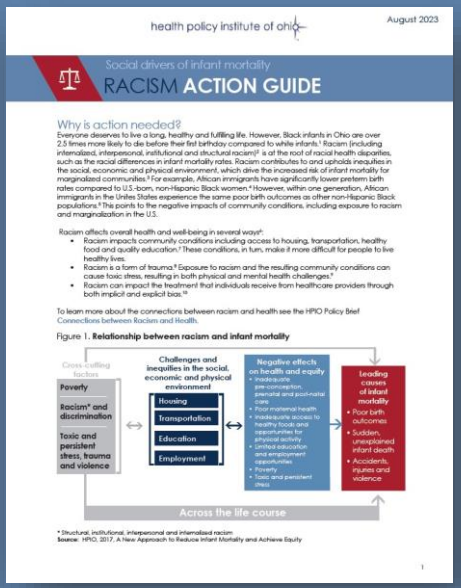
June 2023

Social drivers of infant mortality

EMPLOYMENT ACTION GUIDE

Why is action needed?

Figure 1. Relationship between employment and infant mortality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August 2023

Social drivers of infant mortality

RACISM ACTION GUIDE

Why is action needed?

Everyone deserves to live a long, healthy and fulfilling life. However, Black infants in Ohio are over 2.5 times more likely to die before their first birthday compared to white infants.[1] Racism (including internalized, interpersonal, institutional and structural racism)[2] is at the root of racial health disparities, such as the racial differences in infant mortality rates. Racism contributes to and upholds inequities in the social, economic and physical environment, which drive the increased risk of infant mortality for marginalized communities.[3] For example, African immigrants have significantly lower preterm birth rates compared to U.S.-born, non-Hispanic Black women.[4] However, within one generation, African immigrants in the Unites States experience the same poor birth outcomes as other non-Hispanic Black populations.[5] This points to the negative impacts of community conditions, including exposure to racism and marginalization in the U.S.

Racism affects overall health and well-being in several ways[6]:

- Racism impacts community conditions including access to housing, transportation, healthy food and quality education.[7] These conditions, in turn, make it more difficult for people to live healthy lives.
- Racism is a form of trauma.[8] Exposure to racism and the resulting community conditions can cause toxic stress, resulting in both physical and mental health challenges.[9]
- Racism can impact the treatment that individuals receive from healthcare providers through both implicit and explicit bias.[10]

To learn more about the connections between racism and health see the HPIO Policy Brief Connections between Racism and Health.

Figure 1. Relationship between racism and infant mortality

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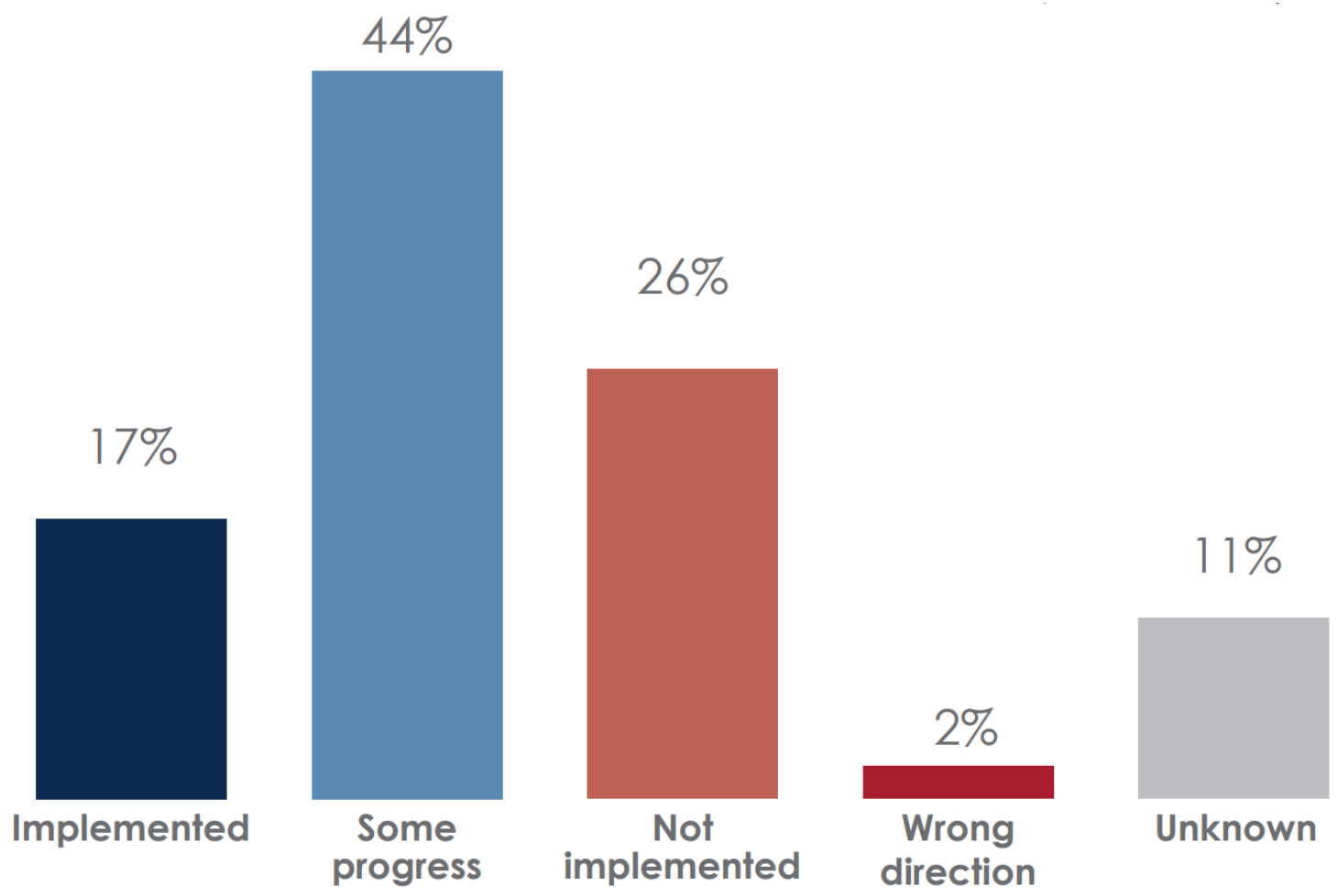
Overall implementation status

Percent of all 2017 recommendations implemented



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Policy goals and recommendations

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QUESTIONS?

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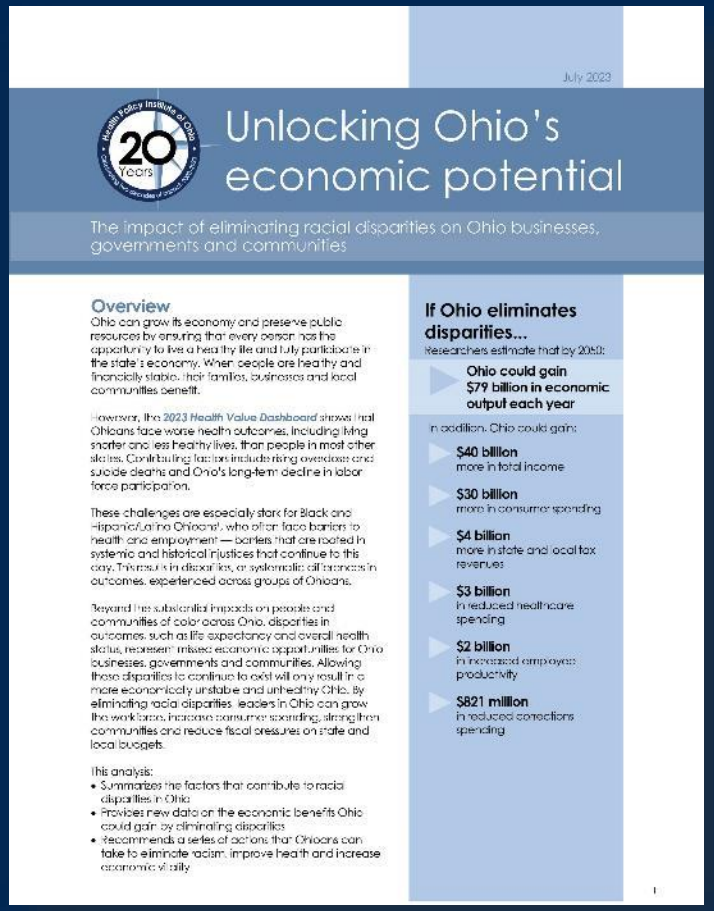

July 2023

Unlocking Ohio's economic potential

The impact of eliminating racial disparities on Ohio businesses, governments and communities

Overview

Ohio can grow its economy and preserve public resources by ensuring that every person has the opportunity to live a healthy life and fully participate in the state's economy. When people are healthy and financially stable, their families, businesses and local communities benefit.

However, the *2023 Health Value Dashboard* shows that Ohioans face worse health outcomes, including living shorter and less healthy lives, than people in most other states. Contributing factors include rising overdose and suicide deaths and Ohio's long-term decline in labor force participation.

These challenges are especially stark for Black and Hispanic/Latino Ohioans[1], who often face barriers to health and employment — barriers that are rooted in systemic and historical injustices that continue to this day. This results in disparities, or systematic differences in outcomes, experienced across groups of Ohioans.

Beyond the substantial impacts on people and communities of color across Ohio, disparities in outcomes, such as life expectancy and overall health status, represent missed economic opportunities for Ohio businesses, governments and communities. Allowing these disparities to continue to exist will only result in a more economically unstable and unhealthy Ohio. By eliminating racial disparities, leaders in Ohio can grow the workforce, increase consumer spending, strengthen communities and reduce fiscal pressures on state and local budgets.

This analysis:

- Summarizes the factors that contribute to racial disparities in Ohio
- Provides new data on the economic benefits Ohio could gain by eliminating disparities
- Recommends a series of actions that Ohioans can take to eliminate racism, improve health and increase economic vitality

If Ohio eliminates disparities...

Researchers estimate that by 2050:

Ohio could gain $79 billion in economic output each year

In addition, Ohio could gain:

- **$40 billion** more in total income
- **$30 billion** more in consumer spending
- **$4 billion** more in state and local tax revenues
- **$3 billion** in reduced healthcare spending
- **$2 billion** in increased employee productivity
- **$821 million** in reduced corrections spending

1

Unlocking Ohio's economic potential

The impact of eliminating racial disparities on Ohio businesses, governments and communities

Carrie Almasi
HPIO

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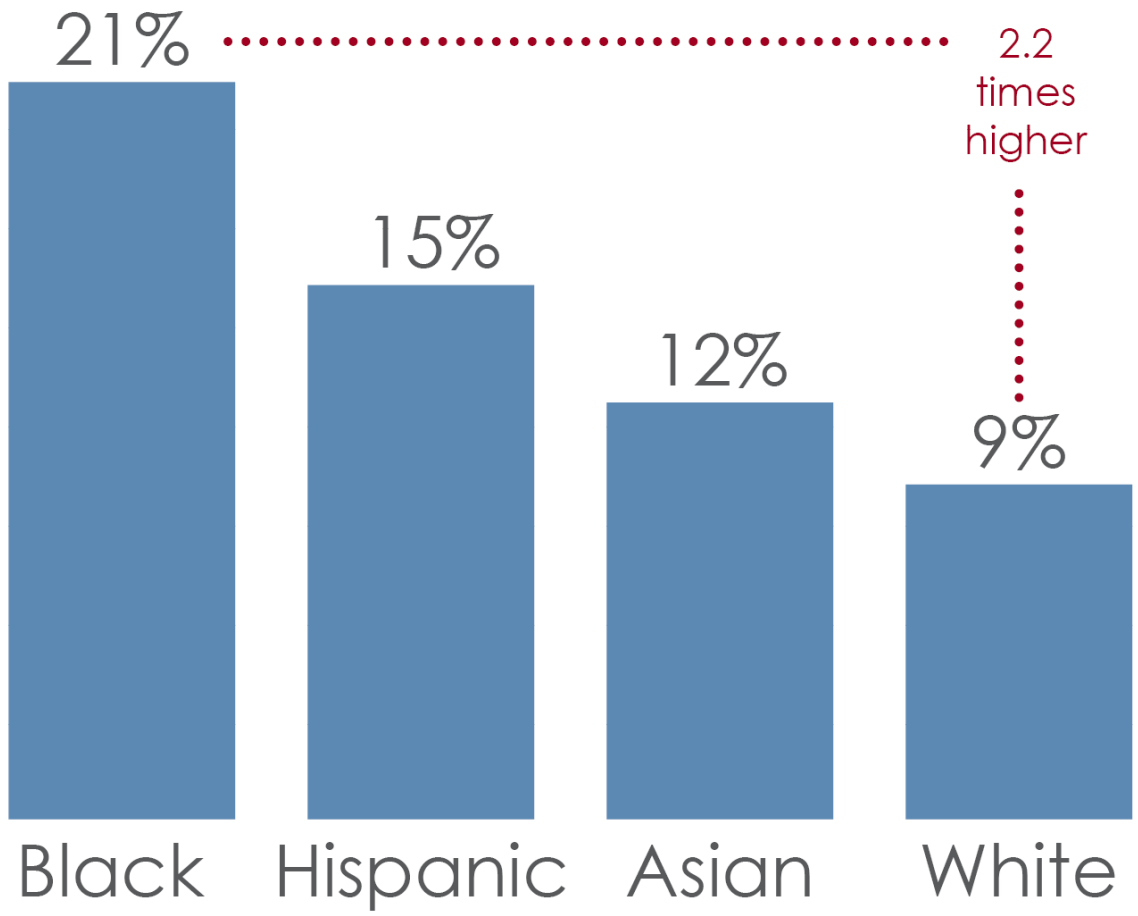
Severe housing cost burden

among Ohioans, by race, 2015-2019

Percent of households (owners and renters) with housing costs greater than 50% of monthly income



Source: Analysis of American Community Survey data by HPIO and The Voinovich School of Leadership & Public Affairs, Ohio University

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What did we measure?

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If Ohio eliminates disparities...

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- **$821 million** in reduced corrections spending

Source: HPIO "Unlocking Ohio's Economic Potential: The Impact of Eliminating Racial Disparities on Ohio Businesses, Governments and Communities" July 2023

Why do disparities exist?

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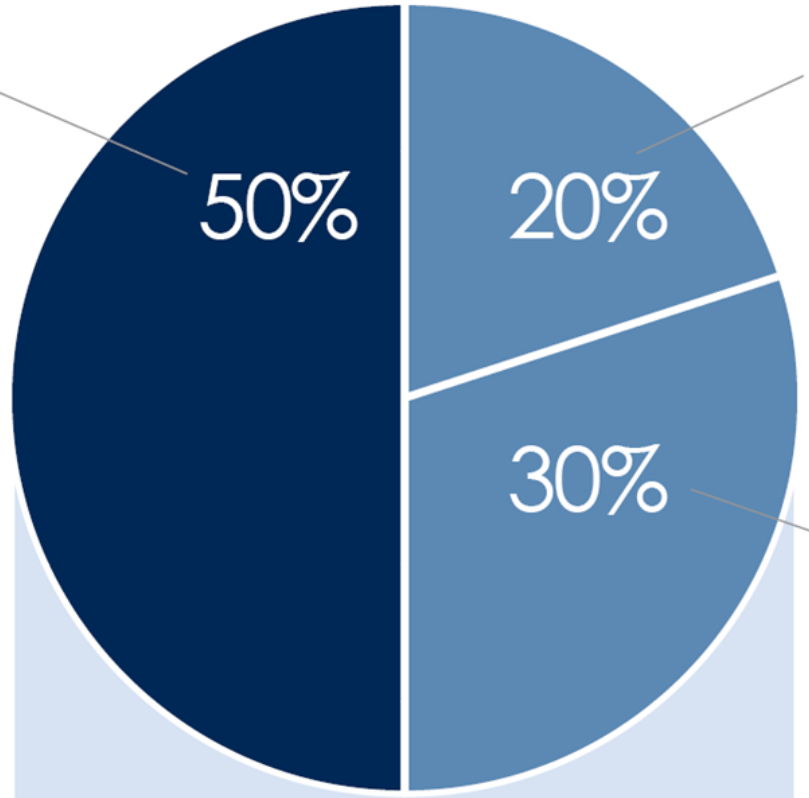
Modifiable factors that influence health



Social, economic and physical environment
(Community conditions, such as economic stability, food insecurity, housing, education and transportation)

Clinical care
(Such as health care quality and access)

Health behaviors
(Such as physical activity and tobacco use)

Underlying drivers of inequity
Racism and other forms of discrimination (i.e., ableism, ageism), trauma, toxic stress and violence

Source: University of Wisconsin Population Health Institute

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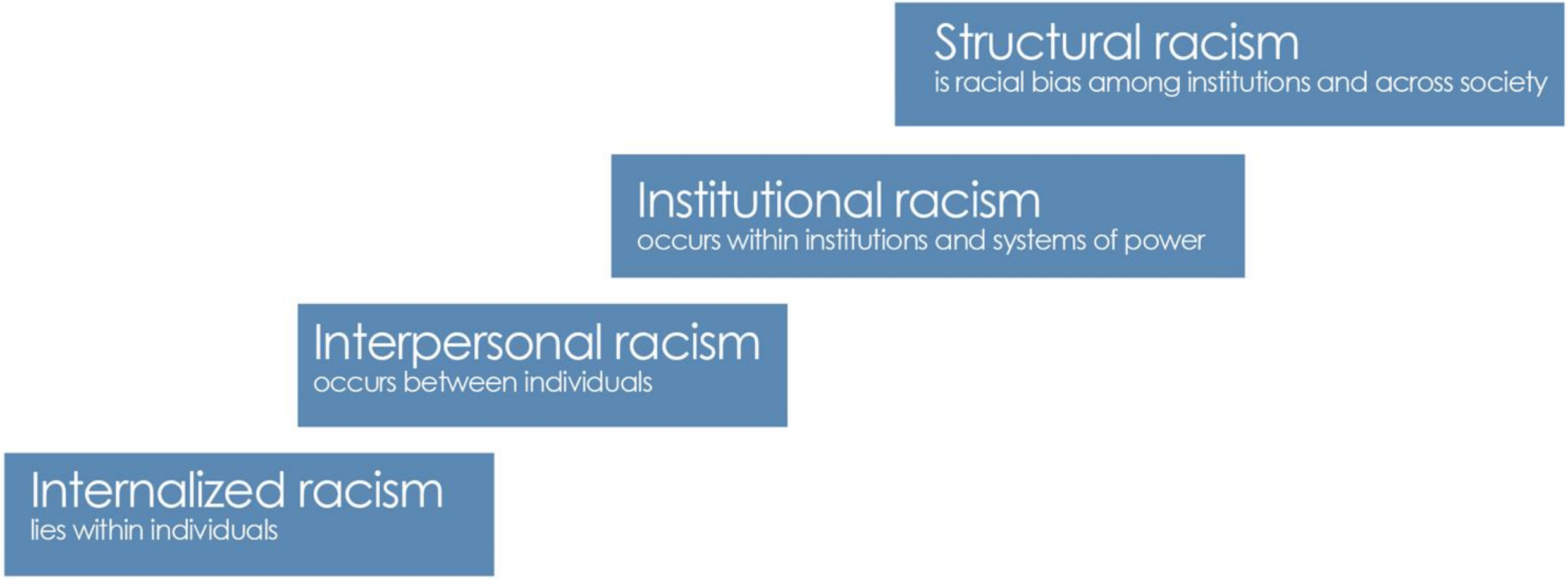
Four levels of racism



Source: Race Forward

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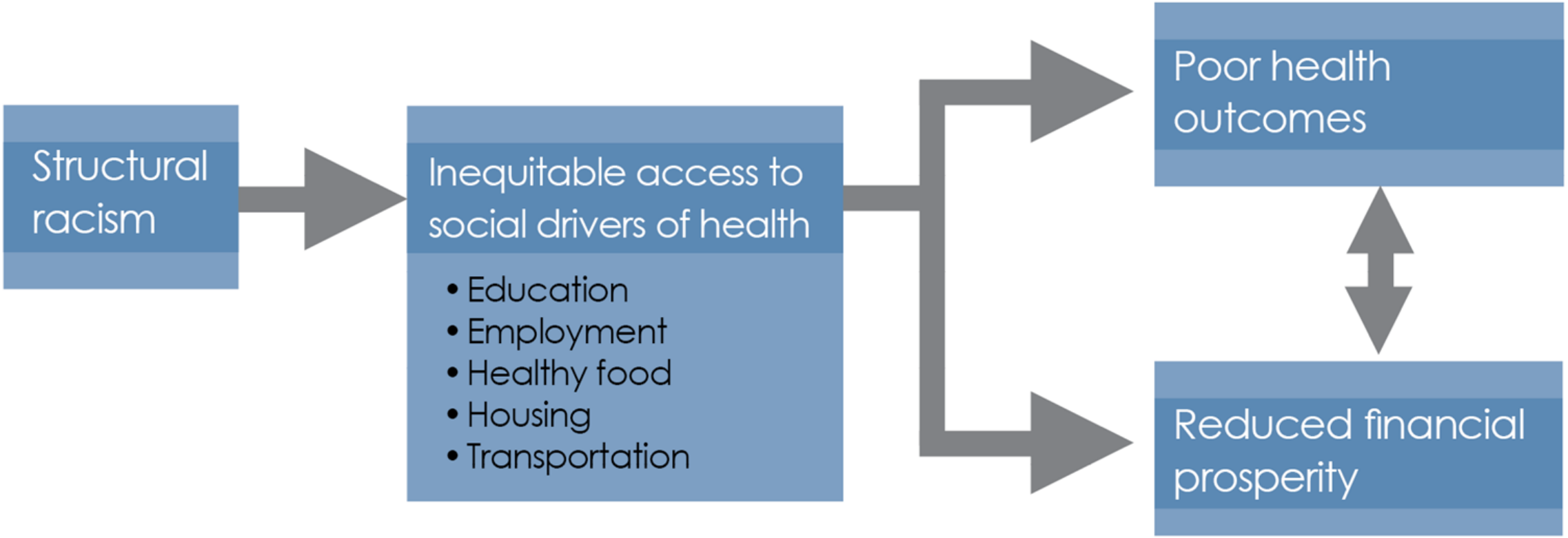
Racism's impact on health and economic outcomes



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Disparities in income

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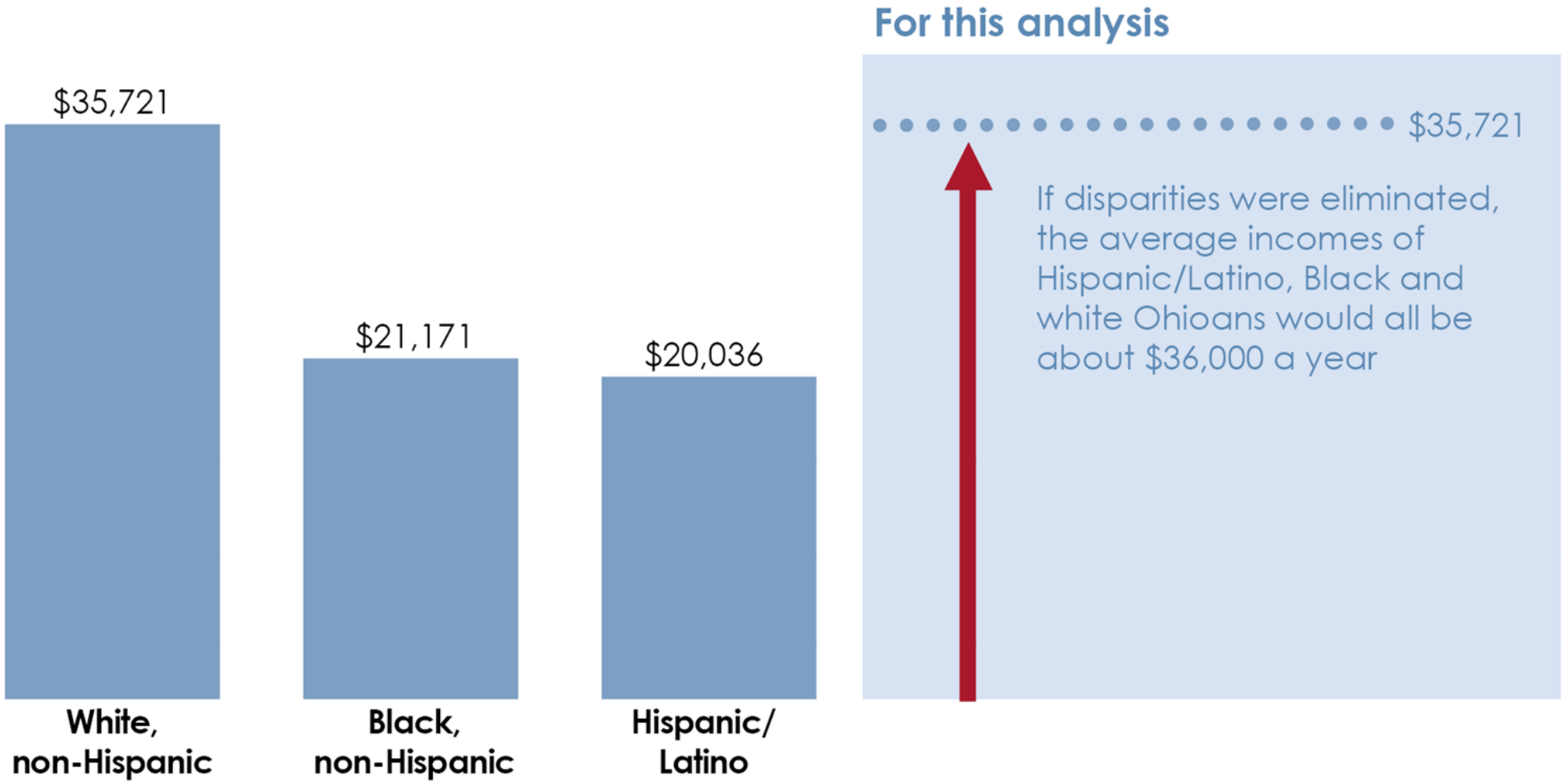
Average annual individual income of Ohio adults by race/ethnicity 2019



Source: U.S. Census Bureau, American Community Survey

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Disparities in health outcomes

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Percent of Ohio adults who report low levels of overall health by race/ethnicity 2021

* Interpret with caution due to small sample size
Source: Centers for Disease Control and Prevention

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Life expectancy

Average life expectancy at birth, U.S., 2020

Source: Centers for Disease Control and Prevention, National Vital Statistics System

Years of life lost

Average number of years of potential life lost before age 75 per 100,000 population, Ohio, 2018-2019

Source: Centers for Disease Control and Prevention, as compiled by the State Health Access Data Assistance Center

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Disparities in incarceration

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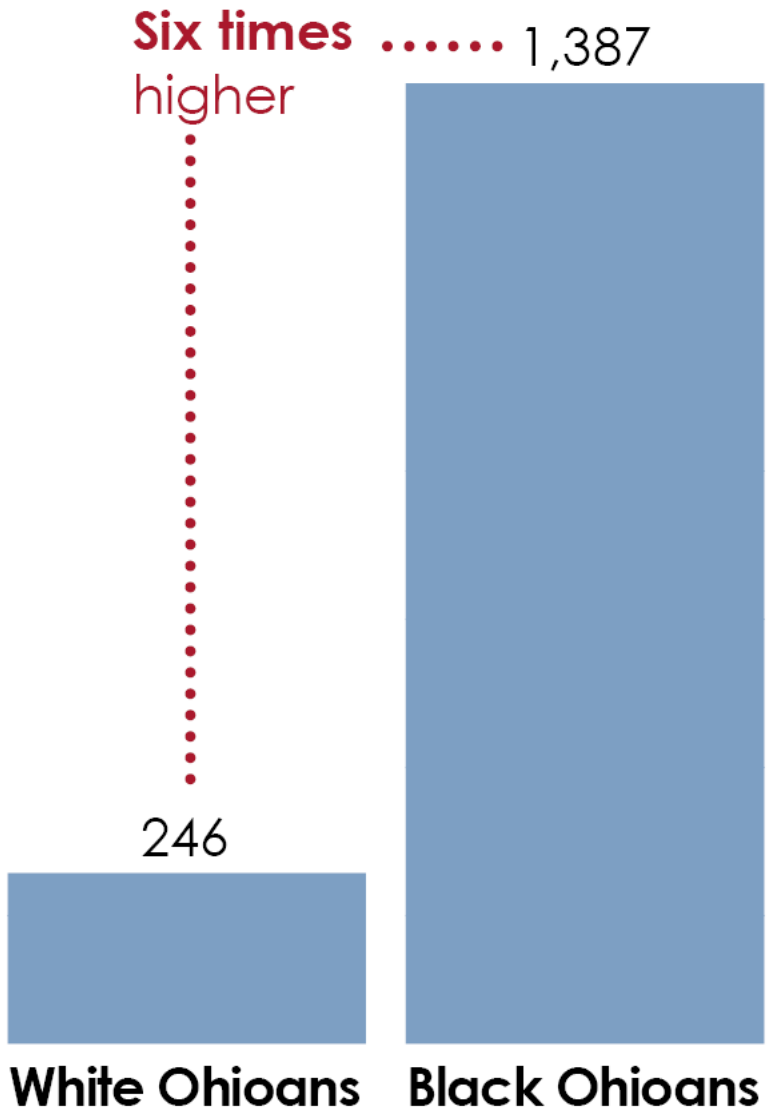
Ohio prison incarceration rate, per 100,000 population, by race

2022



Source: Ohio Department of Rehabilitation and Correction and U.S. Census Bureau

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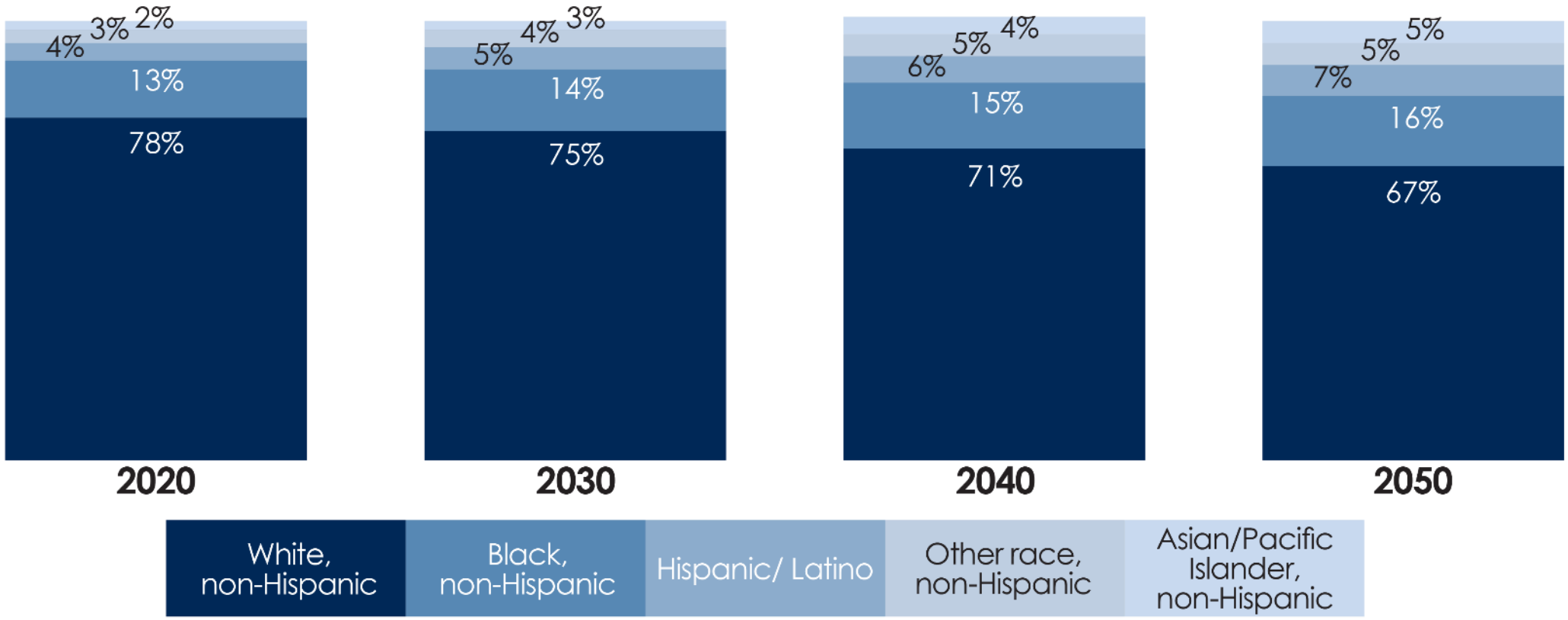
Estimated changes in Ohio's racial/ethnic composition, 2020-2050



Source: Analysis of U.S. Census Bureau, Ohio Development Services Agency and PolicyLink/USC Equity Research Institute data

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What can Ohioans do?

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What can Ohio do?

Recommended action steps	Implementation examples
1. Implement and assess policies and programs that promote justice and fairness. Establish and measure plans, policies and initiatives that eliminate racism and increase opportunities for good health.	**Meigs County, Ohio:** The Meigs County Health Department's **Health Equity Policy** describes the organization's plan to align programs and resources, work in partnership across communities, improve data collection and analysis and work at the policy level to advance health equity.
	Virginia: The **Virginia Joint Legislative Audit and Review Commission** provides racial and ethnic impact statements that examine proposed criminal justice legislation for potential impact on disparities.
	Illinois: In 2021, Illinois passed the "**Illinois Health Care and Human Services Reform Act**," which sought to expand access to health care for residents with low incomes and in rural areas to end inequities in the health care system.
2. Tailor policies and practices to support Ohioans of color. Partner with and engage communities and customize approaches to ensure they fit the needs of the community.[1]	**Toledo, Ohio:** The **Toledo Racial Equity and Inclusion Council** is a public-private partnership formed to engage community members to address the root causes of poverty, dismantle systemic barriers caused by structural racism and build wealth within communities of color.
	Ohio: The Ohio Department of Health has designated 735 neighborhoods across the state as **Health Improvement Zones**, which can inform long-term planning to address inequities.
3. Allocate funding and resources to support policies that strengthen Ohio's communities. Ensure that all communities can access the resources and services they need for good health, such as equitable access to education, workforce development programs and safe and affordable housing.	**Columbus, Ohio:** Franklin County and the City of Columbus collaborated to develop a **Housing Action Fund** to expand the availability of affordable places to live.
	Denver, Colorado: CareerConnect partnered with **Denver Public Schools' Division of Student Equity and Opportunity** to make career-technical education programs accessible to all students. The program connects students with employers from growing industries and increases student engagement with the workforce through internships and apprenticeships.[2]

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What can Ohio do?

Recommended action steps	Implementation examples
4. Increase accountability for eliminating disparities in outcomes. As policies and programs to eliminate disparities are implemented, ensure that these policies are evaluated, and progress is reported.	**Ohio:** The Ohio Department of Medicaid, in partnership with managed care plans, is focused on eliminating disparities in infant mortality in the state's ten **Ohio Equity Initiative (OEI)** communities. The **OEI Evaluation project** aims to determine the extent to which the selected interventions serve high-risk Medicaid-enrolled pregnant women and assess the effect of these interventions on health care utilization and birth outcomes.
5. Implement criminal justice policies that provide accountability while addressing the underlying causes of criminal offenses, such as mental health and substance use disorders. Related strategies include treatment courts, pretrial diversion and pretrial services programs.	**Montgomery County, Ohio:** The Montgomery County Prosecutor's Diversion Division offers a **deferred prosecution program** that provides accountability while preventing people from being unnecessarily caught up in the criminal legal system.
	Lucas County, Ohio: In 2015, Lucas County courts adopted the **Arnold Foundation's Public Safety Assessment tool**, which helps judges more fairly and reliably assess whether people with a legal problem can await trial without being jailed. After the first year of implementation, court appearance rates improved, along with public safety rates and pretrial success rates. Several other Ohio counties have **pretrial service programs**.
	Harris County, Texas: Harris County adopted bail reforms in 2019, amending its local bail ordinance to require unconditional release of defendants charged with most misdemeanors. People who do not qualify for immediate unconditional release must be given a hearing within 48 hours and any bail amount set must be within a defendant's ability to pay. After this change, researchers found that there was no increase in recidivism rates among people released pretrial. Additionally, the disparity in pretrial release rates for Black and white defendants narrowed, indicating that the pretrial process was more equitable.[1]
6. Increase equitable access to financing, support and business resources for entrepreneurs from systematically disadvantaged communities.[2]	**Ohio:** The Ohio Department of Development's **Minority Business Enterprise Program** is designed to ensure that businesses owned by people of color have a full and fair chance to do business with state government.
	Pennsylvania: The **Pennsylvania Minority Business Development Authority** provides low-interest loans to businesses owned and operated by people of color, who are more likely to be charged higher interest rates by private lenders.

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3 Key findings for policymakers

1. **Eliminating disparities experienced by Black and Hispanic/Latino Ohioans can increase the state's health, well-being and economic vitality.** Ohio stands to gain an estimated $79 billion in annual economic output by 2050 by providing fair environments and opportunities to every resident.
2. **If Ohio fails to act, the state stands to continue losing billions of dollars** in income, consumer spending, tax revenues, employee productivity and excess healthcare and government spending each year.
3. **Leaders across various sectors have many options to drive meaningful change.** Public and private partners from all corners of the state have a role to play in supporting the well-being of every Ohioan and maximizing everyone's potential to contribute.

Source: Health Policy Institute of Ohio, "Ohio Medicaid Basics 2023." May 2023.

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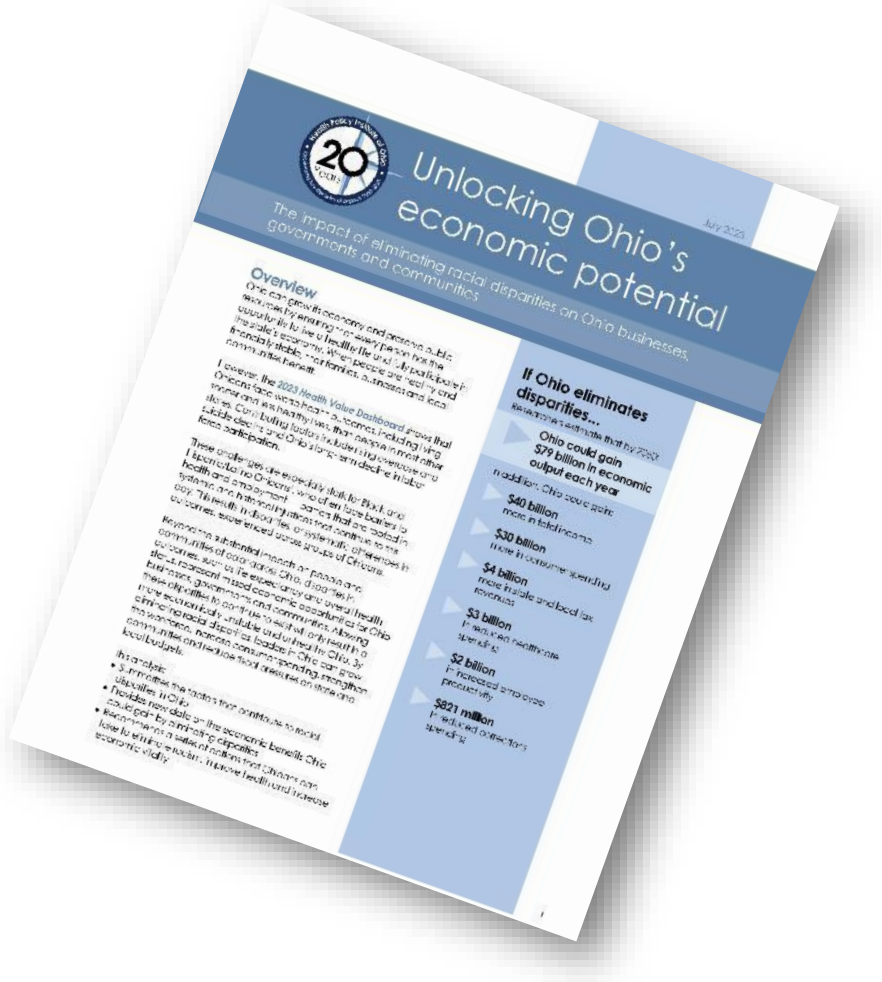
Disseminating the findings

Initial release

- Advisory group
- Funders
- Board directors
- Media

Next steps

- Outreach to stakeholders



Objectives

Following this presentation, attendees will be able to:

- Identify Ohio's greatest health challenges and strengths
- Explain how disparities impact both health and economic outcomes
- Act on strategies to advance evidence-informed health policies

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Contacts

- **Amy Rohling McGee**, President
  arohlingmcgee@hpio.net
- **Carrie Almasi**, Director of Assessment and Planning
  calmasi@hpio.net
- **Tonni Oberly, PhD**, Senior Health Policy Analyst
  toberly@hpio.net

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