

Health Equity Network of Ohio

Children’s Defense Fund – Ohio • Healthy Community Partnership of Mahoning Valley • Network for Public Health Law • Ohio Consumers for Health Coverage • Ohio Poverty Law Center • Ohio Public Health Association • Policy Matters Ohio • UHCAN Ohio

A Health Equity Assessment Tool for State and Local Governments

The Need for Health Equity Assessments

The places we live, learn, work and play affect our health and yet they are far too often overlooked. Therefore, considering health and equity in all policies, at every level, is so important. Unfortunately, Ohio consistently falls in the bottom quartile in most national health rankings and this trend continues despite efforts to improve health status. It is imperative to look at the inequitable environmental and socioeconomic factors that may contribute to Ohio’s poor health outcomes.

For example, although building new roads or highways might reduce traffic congestion, the project may simultaneously displace families and neighborhoods and impede transportation for low-income families who cannot afford to own, operate, and maintain a personal vehicle to access healthy foods, public transportation, schools, and employment. Likewise, relaxing zoning and construction laws may attract more businesses, but it might also negatively impact the air and water quality of certain neighborhoods. Health implications stem from a broad range of policies. A health equity assessment tool can help legislators and administrators make more informed policy decisions.

The disproportionate toll of COVID-19 on Ohio’s low-income families and people of color, largely due to the toxic and cumulative impacts of chronic poverty and racism, tells us that now is the time for Ohio policymakers to leverage the vast collection of data and other resources across public and private enterprises in a collaborative approach to improve the health outcomes of all Ohioans, raise Ohio’s national health ranking, and reduce healthcare spending.

The **Health and Equity in All Policies (HEiAP)** initiative provides state and local officials with an opportunity to apply a health and equity lens at the early and conceptual stages of policy development. This assessment tool is intended to inform policymakers of any potential negative health and equity impacts, prior to making any final decisions, and is designed to complement existing legislative and administrative processes.

Much like the State of Ohio’s *Common-Sense Initiative (CSI)* - which requires all relevant rules and regulations from cabinet-level agencies and state boards and commissions to be reviewed from a business-friendly perspective - incorporating health equity assessments into decision-making processes would promote better understanding of the health and equity implications of policy.

Through widespread adoption of this health equity assessment tool among state and local decision-makers, we can begin working together to embrace our state’s shared values of opportunity, efficiency, and equality regardless of income, race, class, ethnicity, gender, or status.

Analytical Tool for Decision-Making Process: *Consideration of a Policy's Potential Impact on Health and Equity*

Purpose

To qualify, quantify, and provide transparency in the decision-making process - legislative or administrative - by undertaking a comprehensive health equity assessment of proposed policies. This tool examines a proposed policy's potential health impacts, both direct and indirect, including a comprehensive assessment of the more fundamental "determinants of health," defined below. This tool can be used to inform decision makers prior to making final decisions on proposed ordinances, legislation, rules, spending decisions, project planning and community/economic development approaches, etc., referred to in this document as "LEGISLATIVE or ADMINISTRATIVE DECISIONS."

Definitions for the Purposes of this Tool

- **Health** - "A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."¹
- **Determinants of Health** - "The range of personal, social, economic, and environmental factors that influence health status."² Determinants include, but are not limited to, income, education, family, housing, food security, environment, community, and access to transportation. Structural discrimination (e.g., racism, ageism, sexism, ableism) is a root cause of differences in these factors across populations.³
- **Health Equity** - "Assurance of the conditions for optimal health and well-being for all people."⁴ Achieving health equity requires valuing all people equally, rectifying historical injustices, and providing resources based on need.⁵ Equity is demonstrated by the absence of avoidable or remediable differences among groups of people.⁶

The Importance of Considering the more Fundamental Determinants of Health

Policy decisions impact the determinants of health - and ultimately the health of a community - and should be considered in the decision-making process. The determinants of health include, but are not limited to, the following:

- **Income** - Effect on employment/income level, security of employment, the portion of the population living in relative or absolute poverty, and income inequality

¹ Constitution of the World Health Organization. Geneva: World Health Organization; 1948.

² U.S. Office of Disease Prevention and Health Promotion. (Updated 2022). *Determinants of Health*. Retrieved March 30, 2022, from <https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health>.

³ Collaborative for Anti-Racism & Equity. (2022). *Definitions*. Retrieved March 30, 2022, from <https://antiracismandhealth.org/definitions/>

⁴ *Id.*

⁵ *Id.*

⁶ World Health Organization. (n.d.). *Health Equity*. Retrieved March 30, 2022, from https://www.who.int/health-topics/health-equity#tab=tab_1

- **Family** - Effect of social infrastructure and family support systems, or lack thereof, on early childhood development and cycle of poverty, including, but not limited to, quality and proximity of childcare, and availability of other resources for parents
- **Housing** - Effect on housing affordability and stability, adequacy of housing supply, quality and safety of housing, and racial/ethnic/income segregation of housing
- **Food Security and Nutrition** - Effect on the supply or cost of nutritious food, food security, and access to healthy foods
- **Education** - Effect on quality, access, and capacity of pre-, primary and secondary schools and wrap around services, access to trade schools, college, and other post-secondary education, and lifelong learning, and career pathways to employment earning a living wage
- **Environment** - Effect on the level of hazardous chemical and biological pollutants in outdoor air, soil, and drinking water, and the risk and response to fire hazards, natural disasters, spills of hazardous materials, etc.
- **Community** - Effect on the quality and proximity of goods and services, diversity of a community's workforce, educational resources, green space, recreation facilities, health services, financial institutions, and parks/public spaces
- **Transportation** - Effect on traffic volume or vehicle speeds, safe pedestrian and cycling infrastructure, and on availability and proximity of public transportation.

Health Equity Assessment

Use the *Determinants of Health* to analyze and inform the impact of the legislative and/or policy decision.

Summary of the Legislative or Administrative Proposal: Briefly describe key points of the proposal and provide a link to a summary.

- Identify the geographical area(s) impacted.
- Identify the specific population(s) or group(s) impacted.

Background:

- What problem is the legislative or administrative proposal trying to address?
- How does it address the problem?

Impact to Health Questions:

- Does the legislative or administrative proposal directly impact the health of the community? If so, how?
- Does the legislative or administrative proposal have a positive, negative, or neutral impact on the determinants of health (see definition, above) in the community?
- Describe the beneficial or adverse impact the legislative or administrative proposal would have on different groups based on demographics (including age {infancy and throughout the life span}, gender, race, ethnicity, sexual orientation, geographic location, disability status).

Cite all sources.

Scoring System

It is common to describe health impacts in terms of likelihood, degree, scale, and distribution.⁷

1. **Likelihood:** degree of certainty that an effect will occur
2. **Degree:** importance and intensity of the effect on an individual
3. **Scale:** how much the outcome might change because of a decision or course of action. Scale may be a function of many factors, including:
 - Size of the population
 - Baseline frequency of disease, injury, illness, or mortality in the population
 - Size of the change in the health risk or resilience factor
 - Size or strength of association between an affected health risk factor and health outcomes (relative risk)
4. **Distribution:** whether the effects are shared equitably across populations.

Each factor helps quantify the importance of the factor to population health. For example, likelihood can range anywhere from “unlikely/impossible” to “very likely/certain” while degree ranges from “low” to “high.” Each factor can also assume the value of “insufficient evidence/not evaluated” if needed. For more sophisticated analysis, confidence level can also be assigned to the value of each of the four factors once all the data have been collected.

OPTIONS FOR CONSIDERATION:⁸

1. LIKELIHOOD

Likelihood	With what degree of certainty will the legislative or administrative proposal affect health outcomes?
Unlikely / Implausible	Logically implausible effect; substantial evidence against mechanism of effect
Possible	Logically plausible effect with limited or uncertain supporting evidence
Likely	Logically plausible effect with substantial and consistent supporting evidence and substantial certainty
Very Likely/Certain	Sufficient evidence for a causal and generalizable effect
Insufficient evidence and / or not applicable	Describe any resources considered and what additional data or evidence is needed to make a determination

⁷ Bhatia, Rajiv. (2011). Health Impact Assessment: A Guide for Practice.

⁸ National Research Council (US) Committee on Health Impact Assessment. Improving Health in the United States: The Role of Health Impact Assessment. Washington (DC): National Academies Press (US); 2011. 3, Elements of a Health Impact Assessment. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK83540>

2. DEGREE

Significance or Depth of Impact	What is the importance and/or intensity of the legislative or administrative proposal on the health of the individual?
Low	Acute, short-term effects with limited and reversible influence on function, well-being, or livelihood that either: <ul style="list-style-type: none"> Negatively impact health but are tolerable or entirely manageable within the capacity of the health system, OR Minimally improve health
Medium	Acute, ongoing, or permanent effects that substantially affect function, well-being, or livelihood that either: <ul style="list-style-type: none"> Negatively impact health but are largely manageable within the capacity of the health system OR Negatively impact health through acute, short-term effects on function, well-being, or livelihood that are not manageable within the capacity of the health system OR Moderately improve health
High	Acute, ongoing, or permanent effects that either: <ul style="list-style-type: none"> Negatively impact health through potentially disabling or life-threatening effects, regardless of health system manageability, OR Negatively impact health through effects that impair the development of children or harm future generations, OR Significantly improve health
Uncertain	Describe any resources considered and what additional data or evidence is needed to make a determination

3. SCALE

Scale or Magnitude	What is the magnitude of change at the population level that might occur as a result of the proposed legislative or administrative proposal? Note: the percentages below are for illustrative purposes only and should be adjusted as appropriate to meet needs
Limited	A negative or positive change in a health outcome for less than 1% in the reference population
Moderate	A negative or positive change in a health outcome for between 1% and 10% in the reference population
Substantial	A negative or positive change in a health outcome for greater than 10% in the reference population
Unknown	Describe any resources considered and what additional data or evidence is needed to make a determination

4. DISTRIBUTION

Distribution	Will the effects of the legislative or administrative proposal, whether adverse or beneficial, be shared equitably across populations? Will the legislative or administrative proposal reverse or undo baseline or historical inequities?
Disproportionate Harms	The proposed change will result in disproportionate adverse effects to populations defined by demographics, culture, or geography
Disproportionate Benefits	The proposed change will result in disproportionate beneficial effects to populations defined by demographics, culture, or geography
Restorative Equity Effects	The change will reverse or undo existing or historical inequitable health-relevant conditions or health disparities

Background of this effort

The World Health Organization’s Health in All Policies (HiAP) initiative is an innovative approach to creating and implementing public policies that systematically account for the health implications of policy decisions. In addition, by emphasizing the need to collaborate across sectors to achieve common health goals, HiAP is further defined as a change in the systems that determine how decision-makers in local, state, and federal governments ensure that policies have neutral or beneficial impacts on the determinants of health.⁹

Ohio’s Health and Equity in All Policies (HEiAP) approach expands this concept to focus on how decisions affect equity as well as health, because inequities are critical factors in determining health outcomes. The HEiAP approach forces a more critical look at the overall context in which Ohio’s most vulnerable populations are affected by determinants of health such as education, housing, safe neighborhoods and environment, food security, transportation, employment, and income.

Similar to Ohio’s *Common Sense Initiative* – which requires all relevant rules and regulations from cabinet-level agencies, state boards and commissions to be reviewed from a business-friendly perspective - HEiAP shines a spotlight on and seeks to ensure that policies at all levels of government have a neutral or beneficial impact on the determinants of health and are evaluated through a health and equity lens. The HEiAP tool brings potential public health impacts and considerations to the decision-making process for plans, projects and policies that fall outside the traditional public health arenas, such as transportation, public safety, and commerce.

In 2015, the Ohio Public Health Association adopted HEiAP as an organizational value and formed a HEiAP Committee to address poor health outcomes and social inequities in Ohio. OPHA, in partnership with the Network for Public Health Law, Ohio Consumers for Health Coverage, and the Health Equity Network of Ohio (HEN), a coalition of state and local organizations dedicated to issues of health equity, have further refined the concept to bring it current.

⁹ World Health Organization. (2014). Health in All Policies (HiAP) Framework for Country Action, January 2014. Retrieved http://www.who.int/cardiovascular_diseases/140120HPRHiAPFramework.pdf?ua=1

Economic Impact of Achieving Health Equity

According to the Health Policy Institute of Ohio (HPIO), Ohio ranks 47th nationally on a composite measure of health value.¹⁰ In 2016, the Ohio Chronic Disease Collaborative reported that chronic diseases cost the state almost \$32 billion in direct medical costs.¹¹ While it is yet to be determined how much Ohio would save if legislative and administrative actions were assessed for their health and equity impact, numerous studies show a direct correlation between public health investments, improved health and substantial cost savings.

For example, an economic analysis by the California-based Prevention Institute showed that investments in activities that were assessed for their impact on health and equity - like creating physically active communities and increasing access to healthy foods - could result in a return on investment of 4.8:1 in just 5 years.¹² Likewise, a 2008 return-on-investment (ROI) analysis of community-based prevention programs calculated that Ohio could potentially save \$685 million in health care spending by investing in programs to increase physical activity, improve nutrition and prevent tobacco use. (A 6:1 ROI.)¹³

Policymakers across Ohio must be deliberate and more aggressive in efforts to reduce costs while improving the overall health outcomes of its residents. Adopting policies without considering their impact on health and populations may produce long-term costs that far outweigh the policy's immediate, short-term benefits. By investing the time and energy upfront to assess impacts on health and equity, more expensive problems can be prevented.

Status and Next Steps

At the request of the Ohio Public Health Association, legislation embracing the HEiAP concept was introduced in both the 132nd and 133rd Ohio General Assemblies. Unfortunately, the pandemic hit and neither bill was ultimately moved out of committee.

In May 2022, HB 653 (Ingram, Davis) was introduced in the Ohio House of Representatives. The bill would, among other provisions, require the Legislative Service Commission to prepare a health impact statement to analyze whether the bill might have a positive, negative, or neutral impact on health, health equity, and social determinants of health. The bill has been referred to the Health Committee.

Simultaneously, work is underway to expand the HEiAP concept and tool for use by county and municipal officials who recognize the importance of assessing health and equity impacts of local decisions. **For additional information, please email:** cdavis@ohioph.org.

¹⁰ Health Policy Institute of Ohio. (2021). Health Value Dashboard. Retrieved at <https://www.healthpolicyohio.org/2021-health-value-dashboard>

¹¹ The Ohio Chronic Disease Collaborative. (2014). Ohio's Plan to Prevent and Reduce Chronic Disease (2014-2018). http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/Chronic%20Disease%20Plan/IS09934_State_Plan_Report_Design_WEB_vFIN.ashx

¹² Prevention Institute and Trust for America's Health, (2008). Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities. Found at: <http://www.preventioninstitute.org/component/jlibrary/article/id-75/127.html>

¹³ Health Policy Institute of Ohio. Ohio Public Health Basics. Executive Summary. Retrieved from: http://health.bcoho.us/document_center/About%20Us/publichealthbasics_execsummary.pdf