

# Creating Health Opportunity in Ohio

An overview of health equity efforts

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# Blueprints for Equity in Ohio



**COVID-19 OHIO  
MINORITY HEALTH  
STRIKE FORCE  
BLUEPRINT**

**MORE  
THAN A  
MASK**



# State Government Tools for Equity

- Establish expectations
- Funding
- Technical assistance
- Structural change
- Regulation
- Monitoring / data collection



# Infrastructure Development



Established the Office of Health Opportunity.



Create a Health Equity Clinical Advisory Board



Establish the Health Equity Interagency Workgroup



Improve data collection & analytical capabilities



Improve communication with communities and stakeholders



Engage, educate, empower and activate private and non-health partners



Invest in earned and purchased media opportunities to educate and influence healthy behaviors



Implement federal equity funding



# State Agency Internal Equity Efforts

- Statewide training requirements on implicit bias, diversity and inclusion
- Agency Diversity and Inclusion Plans requirements.
- Ongoing measurement on implementation and progress towards diversity and inclusion goals.



## Ohio's Executive Response: **A Plan of Action to Advance Equity**

*AUGUST 2020*



**MIKE DEWINE**  
GOVERNOR OF OHIO

[www.Governor.Ohio.gov](http://www.Governor.Ohio.gov)

# Office of Health Opportunity

- Eliminate population level health disparities in Ohio
- Establish equity at the center of public health
- Improve clinical care and interventions for the most vulnerable
- Elevate and address the social determinants of health



## Core Principles

Don't mistake equality for equity

Be inclusive

Make data driven decisions

Be transparent and accountable

Meet people where they are

EQUALITY

EQUITY

The background of the slide features a watercolor-style texture. A prominent, dark blue horizontal band stretches across the middle of the image. Above and below this band, there are lighter, more diffused washes of blue and white, creating a layered, artistic effect.

# Social determinants

The social and environmental context of health



# Evolution of Public Health Considerations

Living  
Environments

- 1930s

Clinical  
Prevention

- 1950s – 60s

Personal  
Behaviors

- 1970s

Socioeconomic  
Factors

- Late 1990s

Social  
Determinants of  
Health

- 2010s - Present day

# World Health Organization

The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

**Global Perspective:** The social determinants of health have an important influence on health inequities - the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.



# US Centers for Disease Control

- Define the social determinants of health as conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.
- Healthy People 2030 goals use a place-based framework that outlines five key areas of social determinants of health:
  - Healthcare access and quality
  - Education access and quality
  - Social and Community context
  - Economic stability
  - Neighborhood and built environment



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## Example: Infant Mortality in Black Babies

- Black Babies are nearly 3X more likely to die in the first year of life, than white babies
- Ohio has one of the worst infant mortality rates for black babies in the nation



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# Infant mortality

Pre-term birth

Low birth weight

Child accidents and injuries

Birth defects



# Infant mortality



# Infant mortality

Lack of access to healthy food  
Lack of physical activity

Homelessness and  
housing instability

Intimate partner violence

Residential segregation

Air and water pollution

Poverty

Mass incarceration

Income inequality

Racism

Toxic stress

Harmful  
working  
conditions

Violence

Lack of transportation

Unemployment/low wages

Let's go back to  
our examples of  
inequitable  
outcomes in  
Ohio.  
How do you  
think the social  
determinants of  
health impact  
these health  
disparities?

- Suicide death rates for Black American girls increased by 182% from 2001 to 2017
- HIV rates are 8X higher in African American Ohio communities than in white communities.
- Appalachian Ohioans were more likely than their counterparts in rural non-Appalachian, suburban, and metropolitan areas to have a heart attack.
- In 2019, Ohio saw the number of infant deaths decrease, but Black babies were almost three times as likely to die in the first year of life when compared to white babies.
- In Ohio, childhood asthma is not distributed evenly throughout the population, and children who grow up in crowded urban neighborhoods have higher rates of asthma and die from asthma at higher rates.
- Appalachian Ohioans are more likely than those in rural non-Appalachian, suburban, and metropolitan areas to complete suicide.





# A Tale of Two Census Tracts

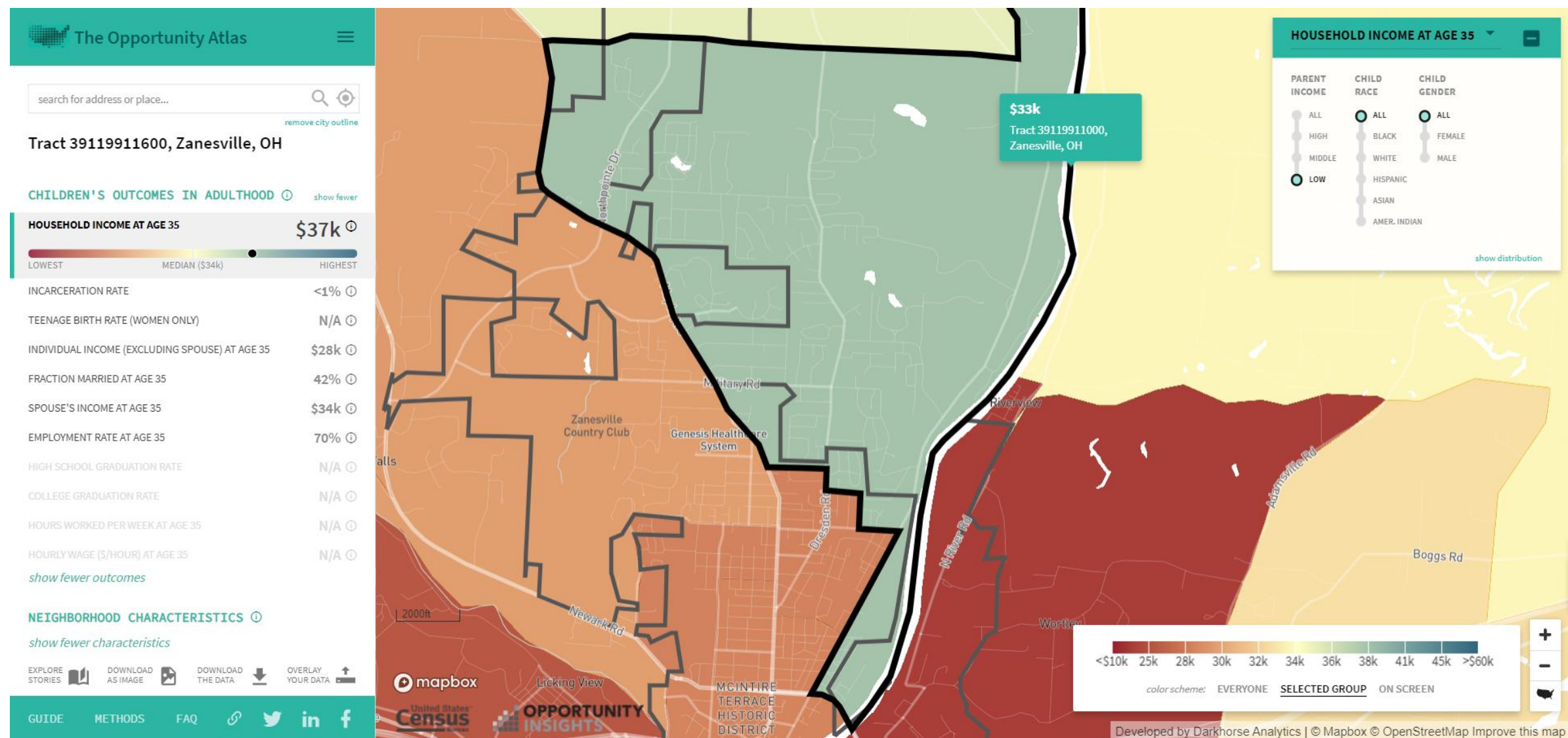
Community level disparities

# Muskingum County, Zanesville

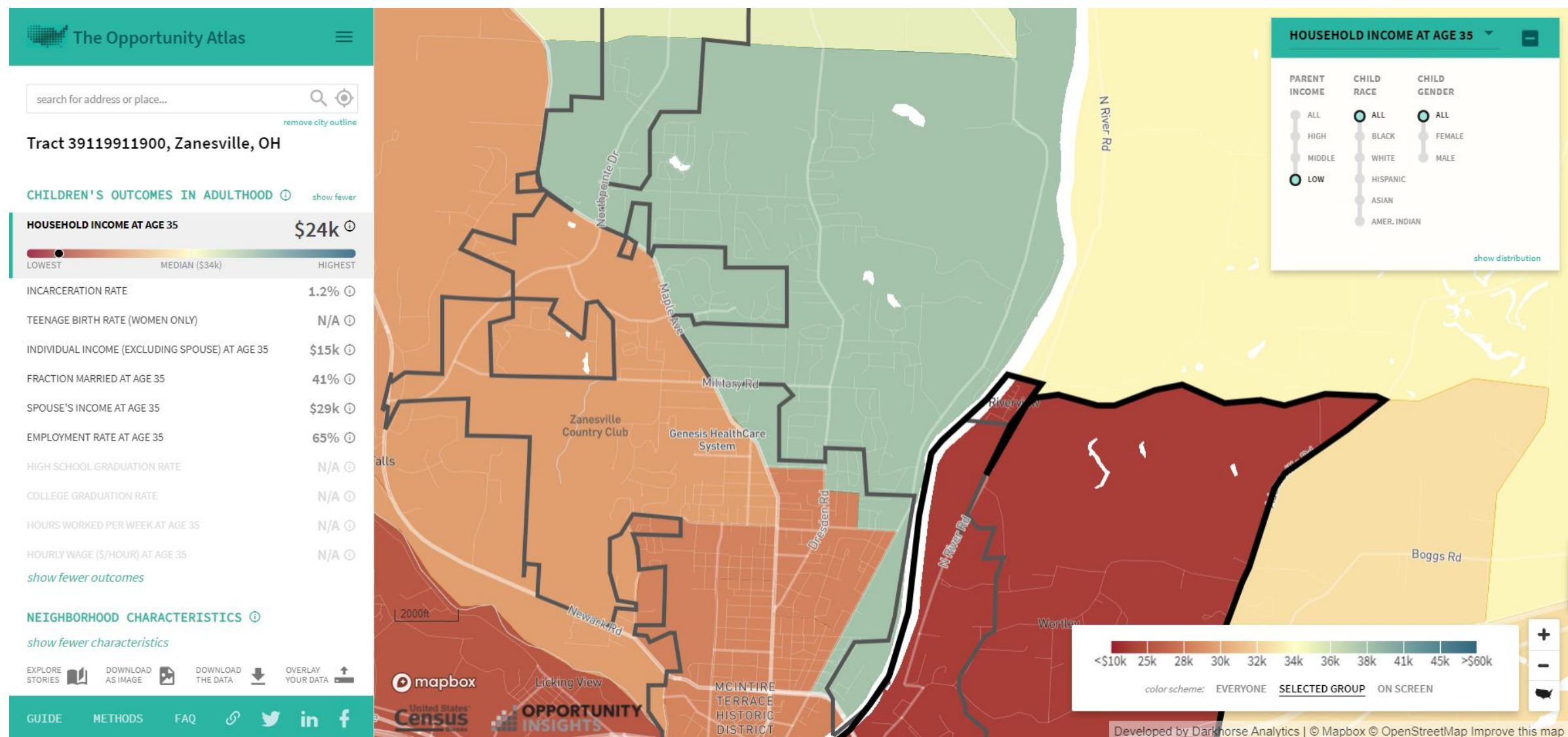




# Outcomes for Children Raised in North Zanesville



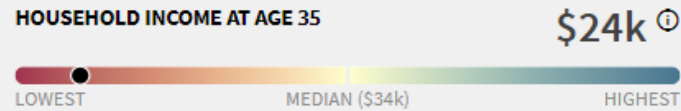
# Outcomes for Children Raised in East Zanesville



# Neighborhood characteristics comparison

## Tract 39119911900, Zanesville, OH

### CHILDREN'S OUTCOMES IN ADULTHOOD ⓘ [show fewer](#)



INCARCERATION RATE **1.2%** ⓘ

[show more outcomes](#)

### NEIGHBORHOOD CHARACTERISTICS ⓘ

MEDIAN RENT 2012-16 **\$668** ⓘ

JOB GROWTH RATE FROM 2004 TO 2013 **-0.3%** ⓘ

MEDIAN HHOLD. INCOME OF RESIDENTS IN 2012-16 **\$27k** ⓘ

MEDIAN HHOLD. INCOME OF RESIDENTS IN 1990 **\$36k** ⓘ

POVERTY RATE IN 2012-16 **27%** ⓘ

FRACTION COLLEGE GRADUATES IN 2012-16 **N/A** ⓘ

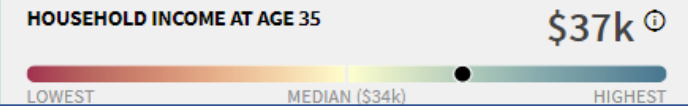
FRACTION NON-WHITE IN 2010 **12%** ⓘ

FOREIGN-BORN SHARE IN 2012-16 **1.6%** ⓘ

FRACTION SINGLE PARENTS IN 2012-16 **50%** ⓘ

## Tract 39119911600, Zanesville, OH

### CHILDREN'S OUTCOMES IN ADULTHOOD ⓘ [show fewer](#)



INCARCERATION RATE **<1%** ⓘ

[show more outcomes](#)

### NEIGHBORHOOD CHARACTERISTICS ⓘ

MEDIAN RENT 2012-16 **\$727** ⓘ

JOB GROWTH RATE FROM 2004 TO 2013 **-3.7%** ⓘ

MEDIAN HHOLD. INCOME OF RESIDENTS IN 2012-16 **\$49k** ⓘ

MEDIAN HHOLD. INCOME OF RESIDENTS IN 1990 **\$62k** ⓘ

POVERTY RATE IN 2012-16 **7.9%** ⓘ

FRACTION COLLEGE GRADUATES IN 2012-16 **N/A** ⓘ

FRACTION NON-WHITE IN 2010 **6.2%** ⓘ

FOREIGN-BORN SHARE IN 2012-16 **2.2%** ⓘ

FRACTION SINGLE PARENTS IN 2012-16 **21%** ⓘ

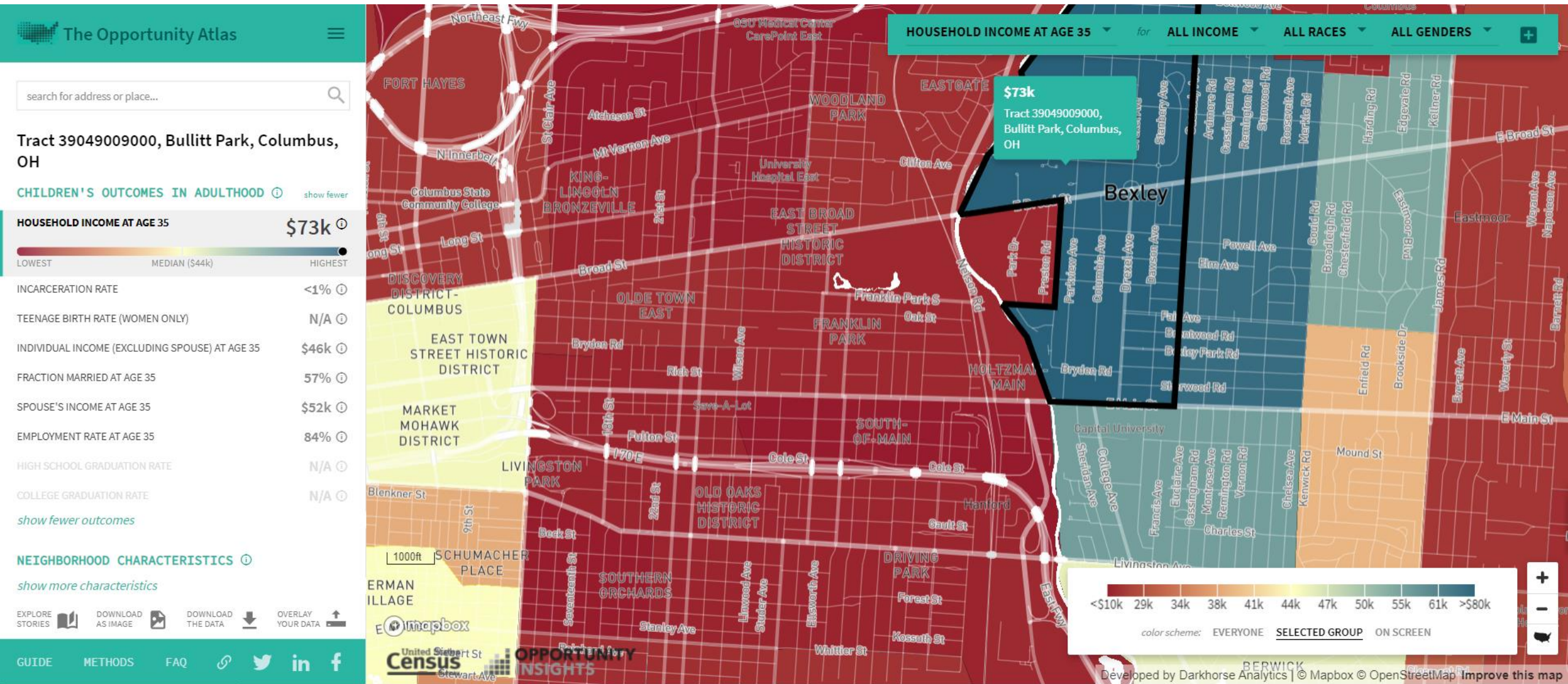


# Franklin County, Columbus



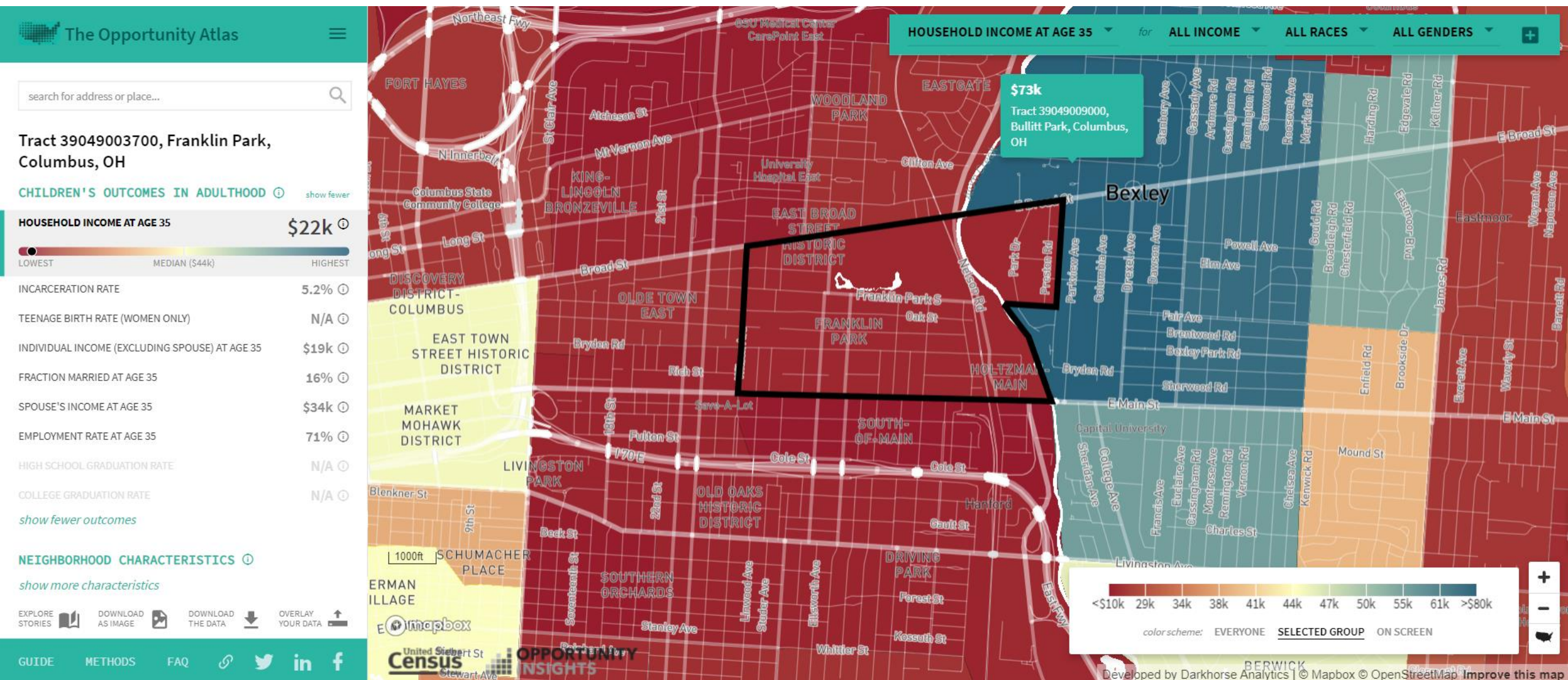


# Outcomes for Children Raised in Bexley





## Outcomes for Children Raised in Franklin Park



# Neighborhood characteristics comparison

## Tract 39049003700, Franklin Park, Columbus, OH

CHILDREN'S OUTCOMES IN ADULthood ⓘ [show fewer](#)

### NEIGHBORHOOD CHARACTERISTICS ⓘ

[show more outcomes](#)

JOB GROWTH RATE FROM 2004 TO 2013 **-2.5%** ⓘ

MEDIAN HHOLD. INCOME OF RESIDENTS IN 2012-16 **\$33k** ⓘ

MEDIAN HHOLD. INCOME OF RESIDENTS IN 1990 **\$24k** ⓘ

POVERTY RATE IN 2012-16 **38%** ⓘ

FRACTION COLLEGE GRADUATES IN 2012-16 **N/A** ⓘ

**FRACTION NON-WHITE IN 2010** **72%** ⓘ

LOWEST MEDIAN (27%) HIGHEST

FOREIGN-BORN SHARE IN 2012-16 **3.5%** ⓘ

FRACTION SINGLE PARENTS IN 2012-16 **52%** ⓘ

[show fewer characteristics](#)

## Tract 39049009000, Bullitt Park, Columbus, OH

CHILDREN'S OUTCOMES IN ADULthood ⓘ [show fewer](#)

### NEIGHBORHOOD CHARACTERISTICS ⓘ

[show more outcomes](#)

JOB GROWTH RATE FROM 2004 TO 2013 **2.7%** ⓘ

MEDIAN HHOLD. INCOME OF RESIDENTS IN 2012-16 **\$130k** ⓘ

MEDIAN HHOLD. INCOME OF RESIDENTS IN 1990 **\$120k** ⓘ

POVERTY RATE IN 2012-16 **8.8%** ⓘ

FRACTION COLLEGE GRADUATES IN 2012-16 **N/A** ⓘ

**FRACTION NON-WHITE IN 2010** **8.7%** ⓘ

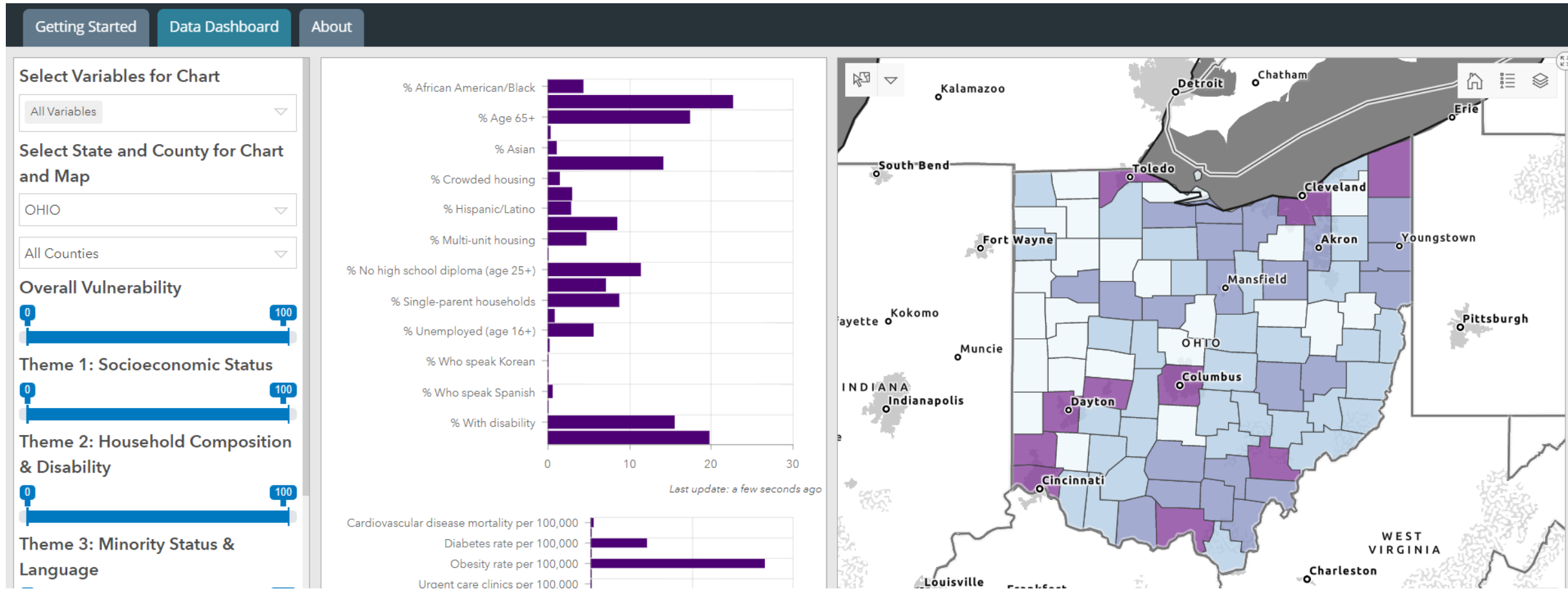
LOWEST MEDIAN (27%) HIGHEST

FOREIGN-BORN SHARE IN 2012-16 **6.3%** ⓘ

FRACTION SINGLE PARENTS IN 2012-16 **20%** ⓘ

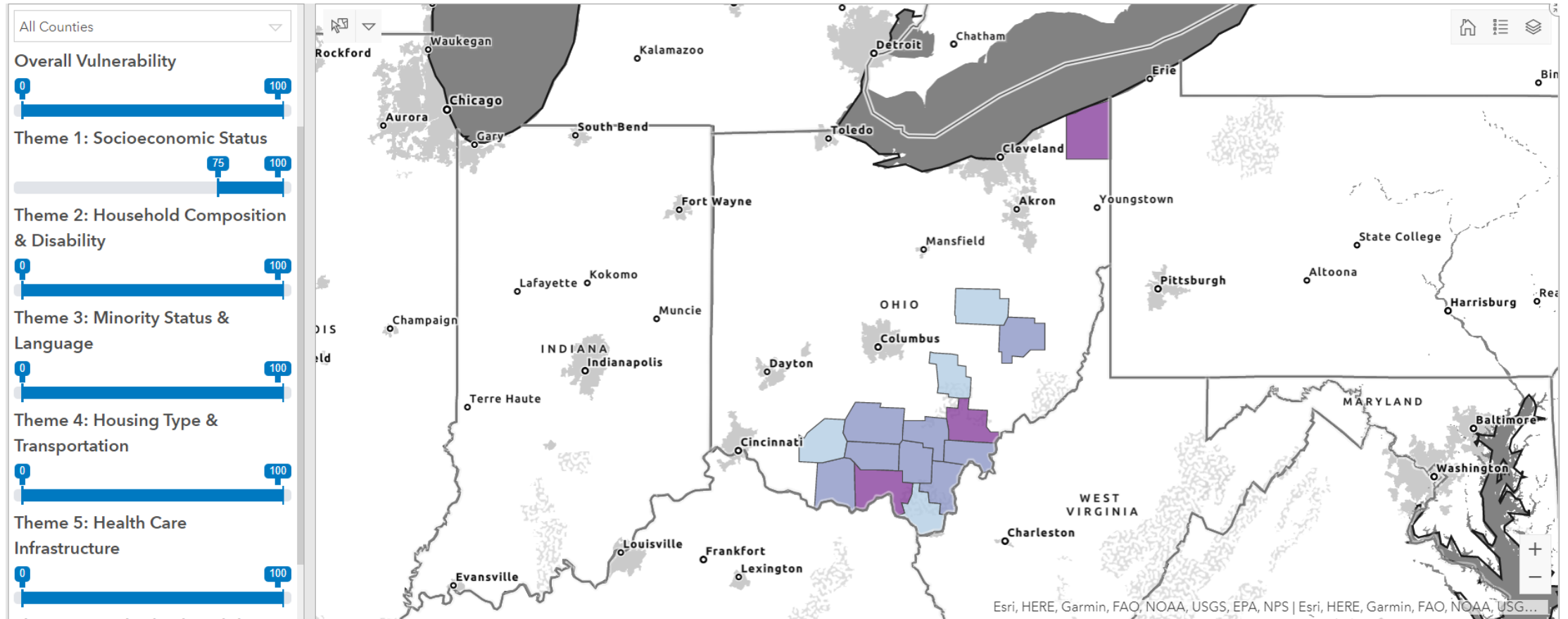
[show fewer characteristics](#)

# Overall vulnerability ratings

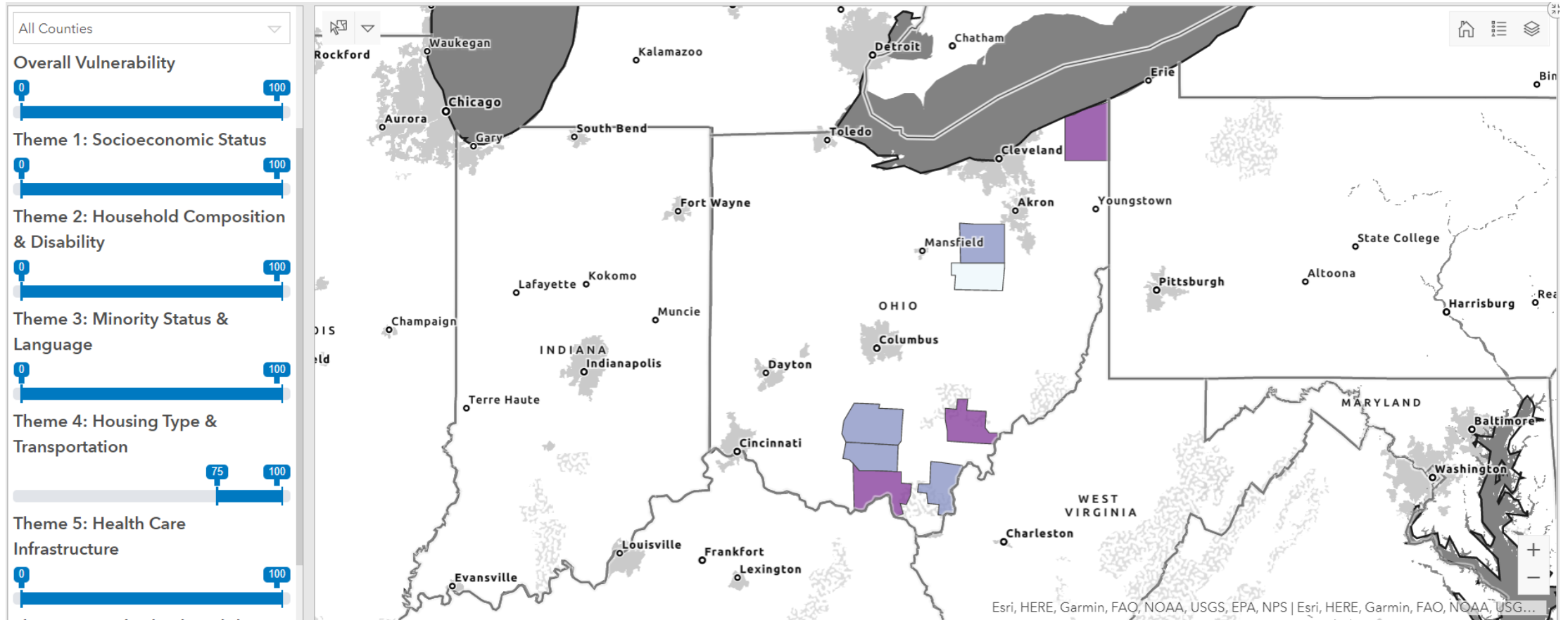




# High socioeconomic vulnerability, County Level

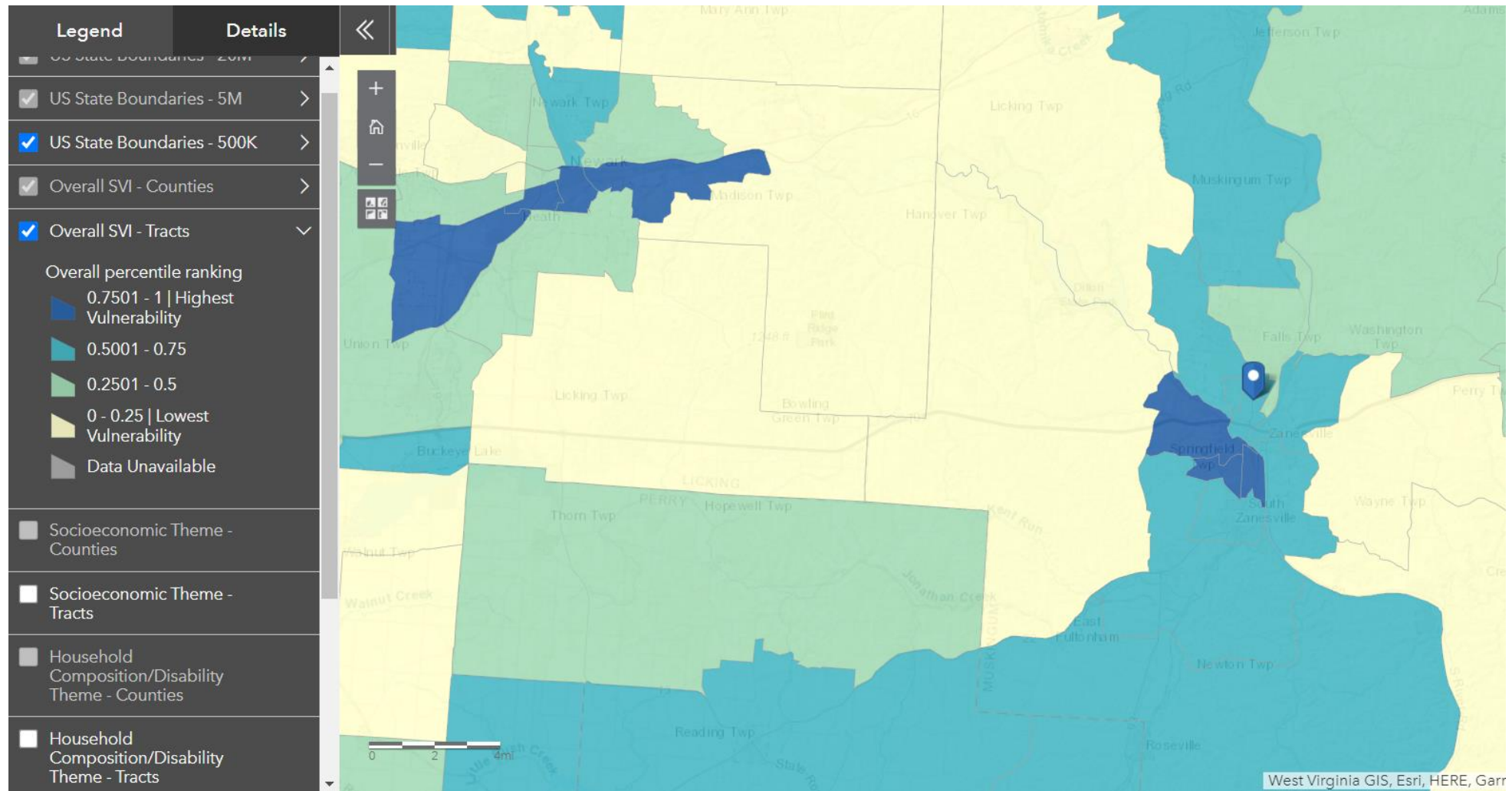


# High housing and transportation vulnerability, County Level





# Census Tract Level Vulnerability





# Going upstream

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Addressing social determinants to  
improve health outcomes in  
vulnerable communities.



# Federal Funding Update

New CDC Award to Support Health Equity



National Initiative to  
Address COVID-19  
Health Disparities  
Among Populations  
at High-Risk and  
Underserved,  
Including Racial and  
Ethnic Minority  
Populations and  
Rural Communities.

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U.S. Department of Health and  
Human Services, Coronavirus  
Response and Relief  
Supplemental Appropriations Act,  
2021.

Department  
of Health

# for Disease Control and Prevention **COVID-19 Disparities Grant**





# Goals

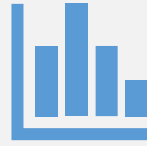
- Reduce COVID-19-related health disparities;
- improve and increase testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities;
- improve capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.



# Details

- Grant Amount
  - \$31,011,053 – total
  - \$7,169,724 – rural set-aside
  - Over \$8,000,00 for rural communities
- Dates
  - June 2021 – May 2023

# Funded Projects



Data Improvement



Local Capacity Development



Workforce Development



# Data Improvement Strategies

1

Align and improve data collection across systems

2

Improve state data analytical capabilities and transparency

3

Support systems for improved clinical care (FQHC partnership)

4

Oversample minorities and other high-risk communities in Behavioral Risk Factor Surveillance System (BRFSS)

# Workforce Development Strategies

Community Health Worker grants

High Medicaid Hospital recruitment and retention grants

Paid healthcare internships for high school students in high-risk communities

Continuing education for medical professionals

# Local Capacity Development Strategies

Mobility Ohio  
Transportation  
pilot- Eastern Ohio

Expanding support  
for the work of the  
Commission on  
Minority Health

Investing in  
expansion of  
school-based  
healthcare

LHD Social  
Determinants  
Learning Academy

Support for grass-  
roots organizations

Pilot Ohio Health  
Equity Zones



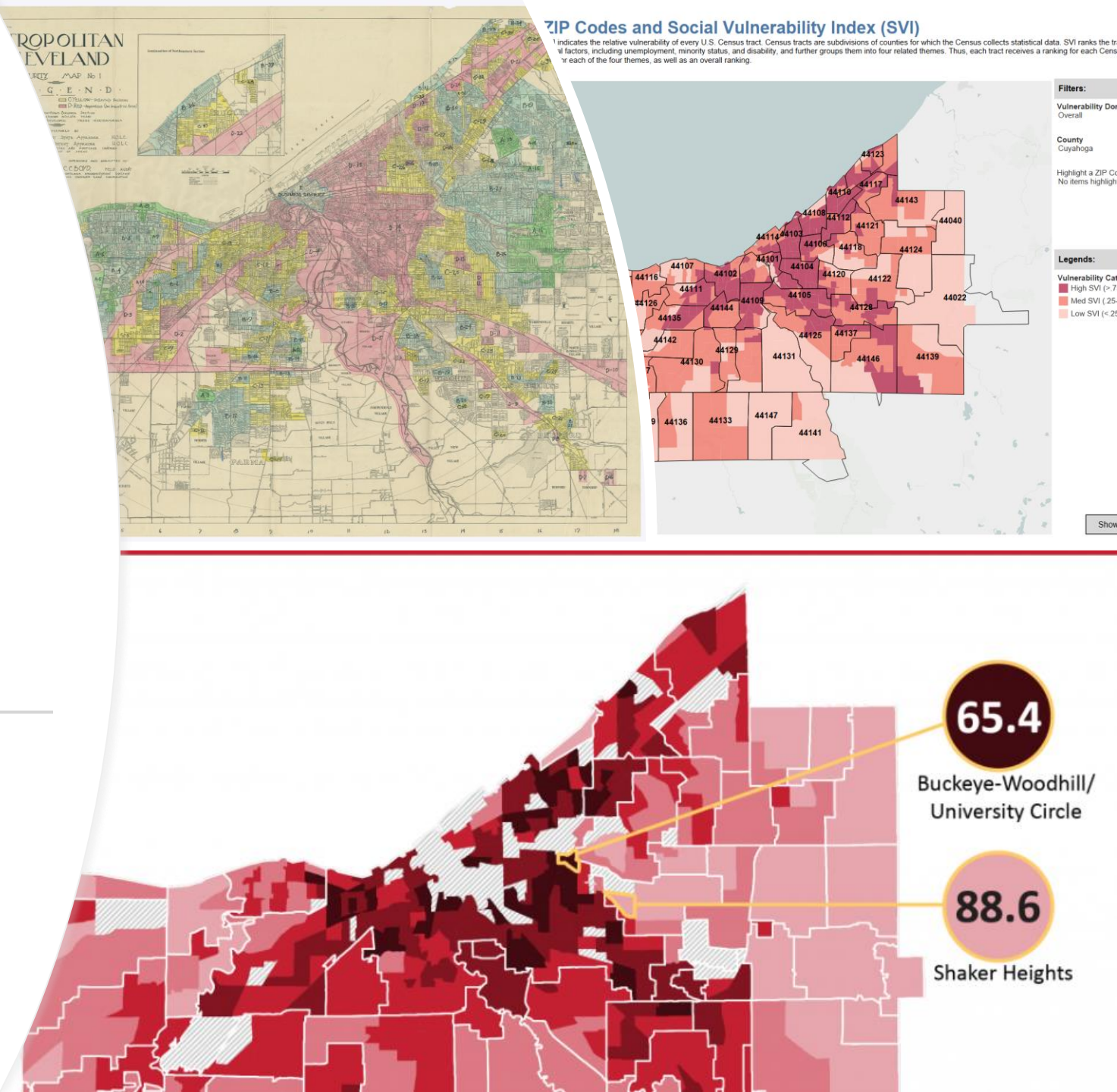
# Ohio Health Opportunity Zones

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Place based strategies to address social determinants of health

700 neighborhoods,  
2 million Ohioans,  
28 state agencies & boards  
hundreds of local partners  
**ONE GOAL.**

Create healthy places for people  
to live, learn, work, and play.



# The Framework

Ohio Health Equity Zones (OHEZ)



# Theory of Change



# Overview

- The Ohio Health Opportunity Zone initiative is an innovative, place-based approach that encourages and equips residents and community partners to collaborate to address the most pressing health concerns in their neighborhoods, and to create healthy places for people to live, learn, work, and play.
- This model will develop or build on existing place-based initiatives that bring multiple partners together to develop a shared vision and goals for their community and, through the creation of a sustainable, community-led infrastructure, implement plans of action that help ensure equal opportunities for all residents to be as healthy as possible.

# Core Principles



COMMUNITY DRIVEN SOLUTIONS



FOCUS ON ADDRESSING THE SOCIAL  
DETERMINANTS OF HEALTH



PRIORITIZE THE HIGHEST NEED  
COMMUNITIES



# Collaboration



Community power building is  
not just a way to achieve  
outcomes but is an outcome in  
and of itself.

Ohio Health Equity Zone Core Principle

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# Key Activities

- Grantees will choose one or more contiguous census tracts that have been identified by ODH as having high opportunity for removing barriers to health.
- Grantees will leverage their exiting relationships with those communities to engage residents, develop partnerships, identify specific barriers to health, and strengths specific to that community through a community driven needs assessment process.
- The grantees will marshal resources and efforts from cross – sector community partners to implement community determined interventions.

# Health Opportunity Zones - Next steps

Deliverable	Target date for completion
CDC Performance Measures	August 2021
Health Opportunity framework and supporting documents	September 2021
Target neighborhoods identified	September 2021
Request for Opportunity Zone proposals & bidder's conference	September 2021 – October 2021
Awards issued	October 2021 – November 2021

\*All dates subject to change based on the availability of grants management staff.



# Questions



# Contact Information

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