Addressing Health Disparities

Background

Health outcomes are shaped by several modifiable factors, including health care or clinical care, health behaviors, and a person's social, economic, and physical environment. These factors are often referred to as the "social determinants" of health. Differences in access to, and the allocation of, resources across the modifiable factors that shape health result in inequities, such as housing segregation, poverty, attending high-poverty schools, and incarceration. Health behaviors are also shaped by the environments in which a person lives, including the inequities they face.

Racism, other forms of discrimination, and the inequities they create are well documented as drivers of health disparities and poor overall health and well-being in communities of color.

The Need

Black Ohioans experience worse outcomes than white Ohioans in measures of health, health care, and social determinants of health. Black Ohioans have higher rates of infant and maternal mortality, are more likely to have diabetes and to die from heart disease, and have a lower life expectancy.

As the COVID-19 pandemic hit Ohio in March of 2020, minority communities were disproportionately impacted. Black Ohioans were overrepresented in the number of cases, hospitalizations, and deaths compared to their percentage of the state's population. Governor Mike DeWine convened a Minority Health Strike Force, comprised of 52 health experts and community leaders, to examine not just the disparities apparent in the COVID-19 pandemic, but health outcomes as a whole. The strike force issued a report with 34 recommendations to help eliminate health disparities and advance equity which can serve as a roadmap for Ohio's leaders.

What Ohio Should Do

While considering the blueprint from the Minority Health Strike Force report, we highlight three issues that should be a priority for our leaders:

- **Recognizing Racism as a Public Health Crisis:** The very first recommendation in the strike force report is for the state to recognize racism as a public health crisis. Acknowledging that disparate treatment of minority populations affects health outcomes is critical to addressing the social determinants of health. To date, 27 counties, cities, and boards of health have declared racism to be a public health crisis.
- **Requiring Health Equity Assessments:** Legislation and administrative rules should be evaluated through a health equity lens. An assessment of how a policy could impact the health of certain populations can help to avoid unintended consequences and prioritize equitable outcomes for communities of color, including allocating resources and funds to advance equity.
- **Instituting Cultural Competency Trainings:** In matters of healthcare, minority communities face higher rates of chronic illness compared to their white counterparts. One key to reducing health disparities is to foster trust between patients and their doctors. Patients need to feel as if they have a say in their healthcare decisions and that their concerns are treated seriously by doctors. Ohio's professional licensing boards should require training for licensed professionals on cultural and linguistic competency, cultural humility, and implicit bias.