

Good health eludes many who live in shadow of premier hospitals

By Amy Bush Stevens
& Martha Halko

April is National Minority Health Month, and there is still a lot of work that needs to be done to reduce the disparities in health among various groups of Ohioans.

According to national data from the Centers for Disease Control and Prevention that was highlighted in the Health Policy Institute of Ohio's Health Value Dashboard (www.hpio.net/2014-health-value-dashboard), there are significant gaps in life expectancy for different groups of Ohioans. An African American child born in Ohio today can expect to live to age 73.9, more than a decade less than children in other racial/ethnic groups. Asian Americans in Ohio have the longest life expectancy, 87 years, 13.1 years longer than African Americans. And African Americans in other states have much longer life expectancies as well. For example, African American life expectancy is 6.3 years longer in Minnesota (the best state in the nation) than in Ohio.

Within Cuyahoga County, there are also significant gaps in life expectancy depending on where someone lives. The worst health outcomes are in the urban core — Cleveland and its first-ring suburbs. This is where many people of color live, including African Americans, Hispanics and Asian & Pacific Islanders.

According to the newly released 2016 County Health Rankings, Cuyahoga County ranks in the bottom third of all 88 counties in Ohio for health outcomes. Even though Cuyahoga County ranks consistently in the top 10 in the state for clinical care (measured by access to and quality of care), this has not made the

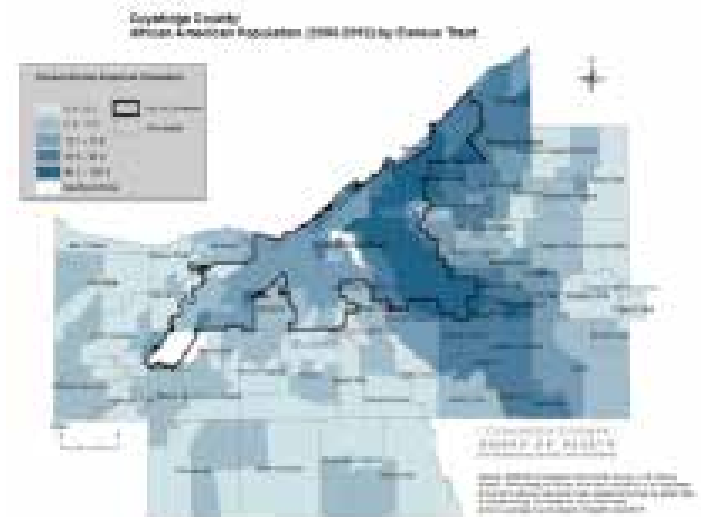
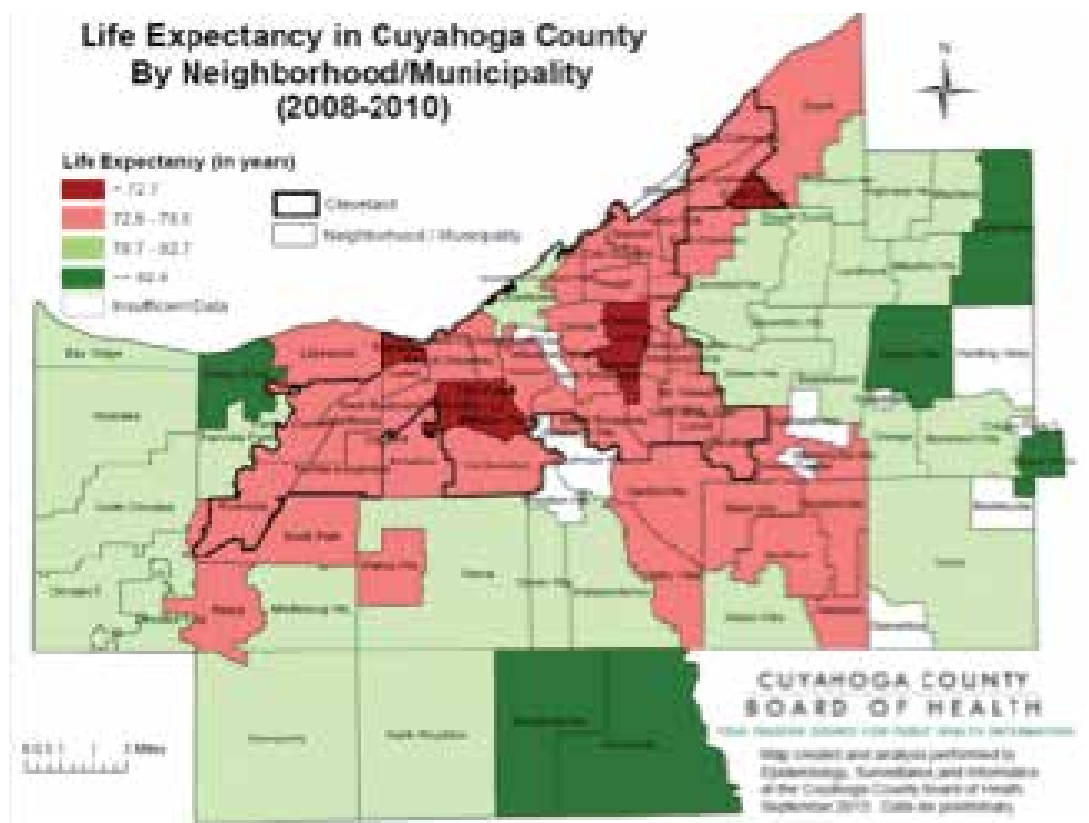
area's residents healthier. That is because the conditions that shape health are not spread equitably across the county. For example, County Health Rankings finds that Cuyahoga County has the most black/white residential segregation of any urban Ohio county. As an underlying cause of health disparities, residential segregation is associated with many poor health outcomes including infant mortality.

With the passage of the Affordable Care Act, more Ohioans have gained access to health insurance coverage. But access to quality health care is necessary, but not sufficient, for good health. In addition to medical care, health is shaped by our behaviors and by the social, economic and physical environment. When combined, these nonmedical factors like education, nutrition and air pollution are actually the most significant modifiable drivers of health outcomes. Genes also impact our health, but are largely considered to be "non-modifiable" in terms of public policy.

Although we know that factors outside of medical care have the greatest impact on health, we spend most of our healthcare dollars on clinical "sick care" instead of prevention. Prevention and public health strategies often address non-medical factors, such as drinking water quality (physical environment), child abuse (social environment) and smoking (behavior). Prevention spending, estimated to be approximately 5 percent of national health expenditures, includes clinical preventive services like immunizations and cancer screenings, as well as community-based strategies led by health departments, such as infant mortality and youth drug prevention programs. It's important to note, however, that the 5 percent estimate does not include preven-

tion-related spending outside the healthcare or public health systems, such as workplace wellness programs, health club memberships or law enforcement activities to deter motor vehicle crash injuries.

The Health Improvement Partnership- Cuyahoga (HIP-Cuyahoga) has found that some people are born and live in places where it is difficult to grow up healthy and thrive. In these areas, poverty is high and community conditions create barriers to good health. For example, many of these areas lack grocery stores that sell fresh fruits and vegetables and many residents have safety concerns about walking or letting their children play outside. This limits their opportunities to be healthy. Too many people in Cleveland and areas of Cuyahoga County are not as healthy as they should be, and because of this, they are living shorter lives. This cannot be explained by differences in genetics or by healthcare access alone.



The conditions in which people live, and the opportunities they have, form the foundation for health and without them, people are more likely to live shorter, sicker, and economically unstable lives. That is why more than 100 community partners have come together as the HIP-Cuyahoga Consortium to build opportunities for everyone in Cuyahoga County to have a fair chance to be healthy. When healthy living is easier, we all live longer and

healthier lives.

To learn more or to get involved in HIP-Cuyahoga, go to www.hipcuyahoga.org

Information about the Health Policy Institute of Ohio can be found at www.hpio.net

Amy Bush Stevens is Vice President, Prevention and Public Health Policy, Health Policy Institute of Ohio. Martha Halko is Deputy Director, Prevention & Wellness, Cuyahoga County Board of Health