



Executive Summary

In 2017, Ohio ranked 44th among states for our overall well-being, according to the Gallup Sharecare Well-Being Index.¹ High rates of disease and chronic conditions contribute to low well-being in Ohio, as does financial insecurity, poor community health, low social support and lack of life purpose.² For our overall physical and mental health, Ohio ranks 43rd in the nation, according to the Health Policy Institute of Ohio.³

Ohio can be a state where people - whether black, white or brown - or whether they live in a city, a suburb or rural area - can live healthy, happy lives. Ohio's poor health is tied to structural problems that affect all aspects of society, such as poverty, racism and income inequality—problems that can be addressed with policy solutions.

Ohio's poor health relates in part to a divide between lower- and upper-income Ohioans. In its "disparity index," the 2018 Commonwealth Scorecard on State Health System Performance ranked Ohio 47th in the nation for how poorly the health of our lower-income residents compared to that of our higher-income residents."⁴ Low-income Ohioans are far more likely to report having fair/poor health, losing teeth, smoking, and being obese than their wealthier counterparts in the state. Access to health care for low-income households is an important piece of solving the health divide puzzle, but it is not the whole picture.

Poverty is a barrier to health. Poverty is stressful. Chronic poverty is toxic. In 2017, nearly 1.6 million Ohioans lived in poverty, more than 700,000 of them in deep poverty (with incomes less than 50 percent of the federal poverty level, or \$10,210 for

a family of three in 2017). Frequent or prolonged adversity from poverty often creates "toxic stress."

Living in an area of concentrated poverty is a roadblock to health. Housing segregation in Ohio, by race and income status, exacerbates the health divide by creating areas of concentrated poverty. Roughly 10 percent of Ohio's neighborhoods are in areas of concentrated poverty (more than double the share in 2000).⁵ Impoverished communities tend to feel less safe, residents are more likely to be exposed to air, water, noise pollution and highway dangers, housing is lower quality, there is less green space, and access to healthy foods is more limited, among other issues. Poor communities also have fewer resources to counteract health-damaging conditions.

Ohio can reduce barriers to health with smart economic policy

First, state leaders must include health equity impact assessments in the policymaking process, so that we can better understand the role public policy plays in promoting health or building barriers to it. Second, policymakers can use three main economic levers to dislodge some of the most vexing poverty-related impediments to health:

1. Break the cycle of poverty by investing in education and opportunity for young people.
2. Promote income security for Ohio families by increasing the minimum wage and access to public benefit programs.
3. Target state investments in areas of concentrated poverty and maximize the benefits to the community through local hire policies.

¹ <https://bit.ly/2CJyrXJ>

² Compared to the national average, Ohioans are more likely to die of cancer (breast and colorectal), more likely to die of suicide, alcohol and drug use, and we have higher rates of infant mortality.

³ Health Policy Institute of Ohio, Health Policy Brief: Connections Between Income and Health <https://bit.ly/2yIO8An>.

⁴ Commonwealth Fund Scorecard on State Health System Performance, 2018, at <https://bit.ly/2P6RFMN>.

⁵ 2016 American Community Survey, Ratio of income to poverty level in the past 12 months.

SUMMARY OF RECOMMENDATIONS & CONCLUSION

- 1** **Implement health equity assessments as a standard part of Ohio's policymaking process.** Health equity impact analyses empower policymakers with tools needed to understand the effect of proposed public policies and public sector programs on health, paying particularly close attention to health impacts across income levels and by race.
- 2** **Help break the cycle of poverty.** Public spending on education and opportunity for low-income communities is one of the best ways to increase life expectancy. Investing in quality, accessible early childhood education is particularly important.
 - Ohio should boost eligibility for Ohio's child care assistance program to twice the federal poverty level (200 percent), a generally accepted level of what it truly takes to meet a basic family budget.
 - We should also follow the lead of West Virginia, Georgia, Oklahoma and Florida and adopt universal pre-kindergarten, as well as full day kindergarten.
- 3** **Promote income security for Ohio families.** Ohio's most common occupations overwhelmingly pay low wages and offer a limited number of hours per week, leaving many families struggling to get by despite working. Better wages would lessen the barriers to health they face due to financial insecurity, as could better access to public benefit programs.
 - **Raise the minimum wage to \$15 by 2025** and protect working people's right to organize against low pay and unsafe work conditions.
 - **Eligibility for Ohio's cash assistance program should be expanded from 50 to 100 percent of the poverty level.** Existing limits to the program are miserly, serving only one in five poor families.
 - **The state of Ohio should expand its Earned Income Tax Credit** and make it refundable.
 - **Protect Ohio's Supplemental Nutrition Assistance Programs.** Until the federal requirements on work are eliminated entirely, the state should exempt all areas that meet exemption guidelines.

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Invest in areas of concentrated poverty. Maximize the benefits of those investments through the use of community benefit agreements. States making targeted investments in poor communities have better health and lower mortality rates.

- **Restore the local government fund.** Ohio's local governments have lost more than \$1 billion in state aid during the past decade. The poorest communities, with the lowest property values, have been least able to cope.
- **Invest in public transit.** Ohio has underinvested in public transit for decades. The state should be spending at least \$150 million a year to support public transit instead of \$40 million, according to their own study. We should also invest in safe pedestrian and cycling infrastructure to promote walkability and bicycling.
- **Create more green space.** Ohio's green space conservation fund should be expanded and targeted toward areas of concentrated poverty to ensure everyone lives within a 10-minute walk of a park.
- **Invest to make homes healthy.** The state of Ohio needs to increase funding for testing and remediating homes in high-poverty areas facing lead, mold, and other issues. We also need to invest more in low-income home weatherization to reduce air leakages and utility bills.
- **Use community benefit agreements.** Local investments should be made in a way that ensures the community gets what it needs, and residents have access to the jobs created. The workforce in a community should reflect the diversity of the community.

Conclusion

Poverty, racism and residential segregation into areas of concentrated poverty create barriers to health. Those barriers contribute to a great health divide between rich and poor Ohioans, as well as black and white residents. We can close this divide using economic policy levers to break the cycle of poverty for the next generation, promote income stability for Ohio's families, and target state investments into areas of concentrated poverty. We also need to better understand the link between poverty, policy and health. Health equity impact assessments should be a standard part of the policy making process and evaluation of public programs.