Advancing Health Equity in Obesity Prevention:

Exploring the Application of Health Opportunity and Equity (HOPE) Measures

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Agenda

- Introduction & discussion starters
- What is HOPE and why is it different?
- Data dive and discussion
- Applications & utility for obesity prevention
- Q&A

About Texas Health Institute

Texas Health Institute is a non-profit, nonpartisan public health institute with a mission to improve the health of people and their communities.

Since 2007, Texas Health Institute's health equity programs have monitored health care and public health reforms across 5 key areas:

- Health insurance
- Health care safety net
- Health care workforce
- Data & quality
- Public health & prevention

Opening Discussion Questions

1. In your own words, how do you define health equity?

2. What do you find most valuable about the concept of health equity?

3. What do you find challenging about incorporating equity into your work?

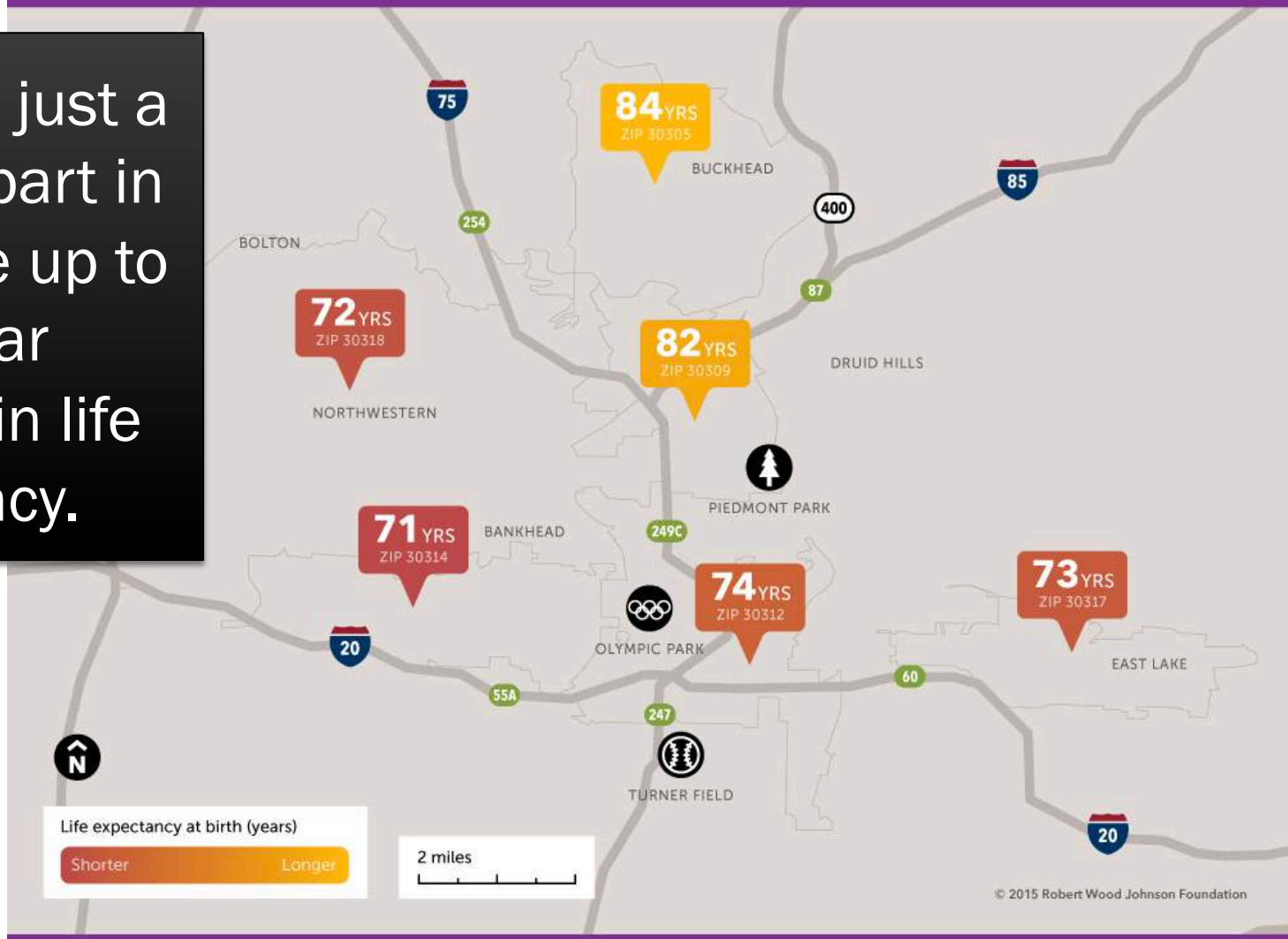
Defining Health Equity & Health Disparities

Health equity means that everyone has a fair and just opportunity to be as healthy as possible.

Health disparities are differences in health or in the key determinants of health (such as education, safe housing, and freedom from discrimination) that adversely affect marginalized or excluded groups. Disparities in health and in the key determinants of health are how we measure progress toward health equity.

Braveman et al, 2017

Babies born just a few miles apart in Atlanta have up to a 13 year difference in life expectancy.



What is HOPE?

What is HOPE?

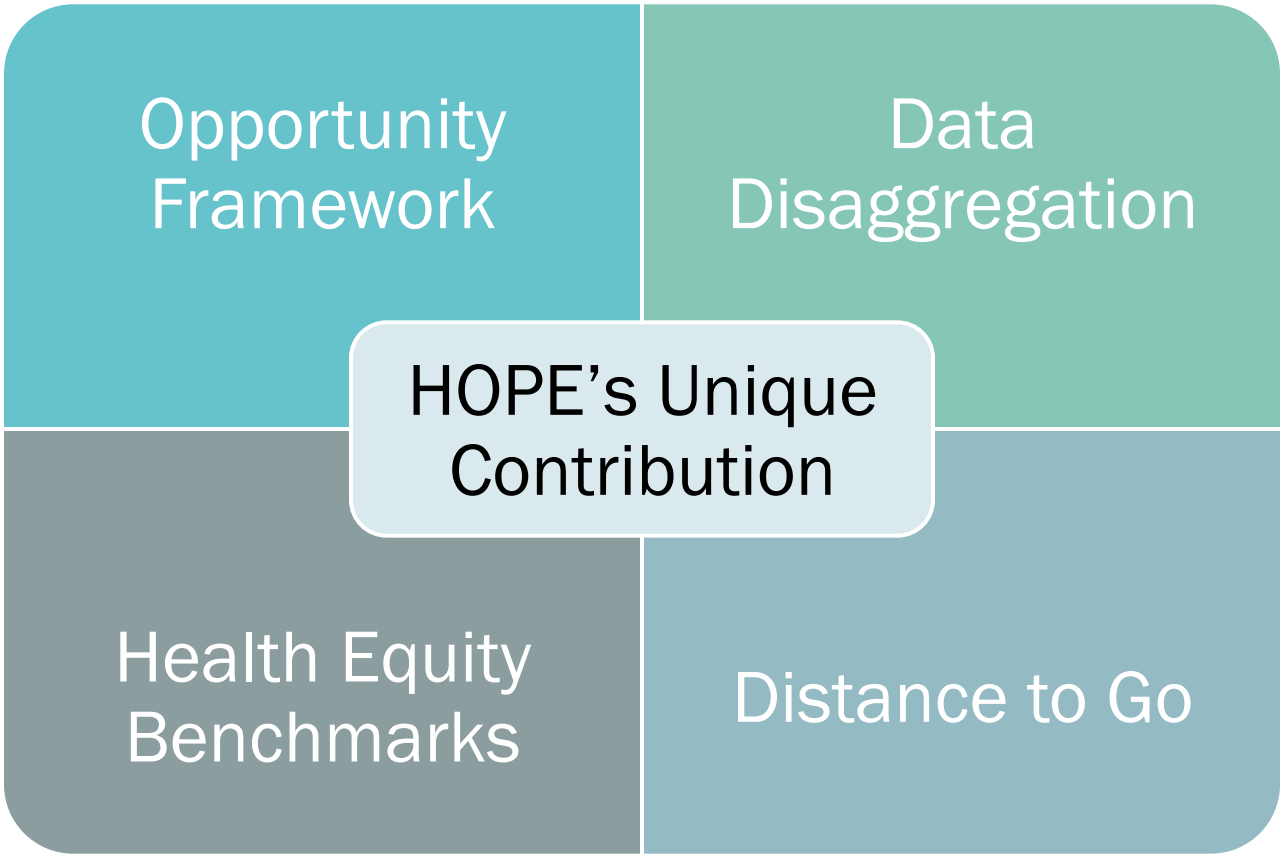
A national resource of **opportunity-focused** health equity benchmarks and indicators designed to spur action at **multiple levels** across a **broad cross section of stakeholders** – including those not traditionally engaged -- to improve health and well-being.

National Collaborative for Health Equity

Texas Health Institute

VCU Center on Society and Health

What makes HOPE Measures different?



1. Opportunity Framework

- We take a positive, asset-oriented approach.
- We examine opportunities to improve both health outcomes and the conditions that shape health such as socioeconomic status, clean air, safe neighborhoods, food security, etc.
- Alternative to typical deficit-based language used to describe disparities.

The reason for a focus on opportunity:

- “Bootstraps” narrative in relation to current and historic reality
  - Obesity = a prime example! Often viewed as a result of personal responsibility and individual choice

The choices people make depend on the choices people have.

2. Data Disaggregation

- All HOPE measures feature data disaggregated by race, ethnicity, and socioeconomic status (either income or education level)
- Disaggregation at the finest level of geographic detail the data will allow.
- Goal to bring measures down to local level

3. Health Equity Benchmarks

A benchmark provides a *north star.*

What are the HOPE Benchmarks?

- Average of rates of top-performing SES groups in top 5 states

Why are they important?

- Aspirational, yet achievable. Have already been attained by some people.
- Do not hold any single, race/ethnic group as the "gold standard" (e.g. Whites, Asians). Therefore are not grounded in a "model minority" myth.

4. Distance to Go

The progress that the nation, region, or state will need to make for all populations to meet the benchmark, thereby assuring just and fair opportunities for all to achieve the best possible standard of health and well-being.

- How many premature deaths would need to be avoided?
- How many people would need better food access?
- How many more children would need to enroll in preschool?
- How many people would need to obtain health insurance?

What are the HOPE measures?

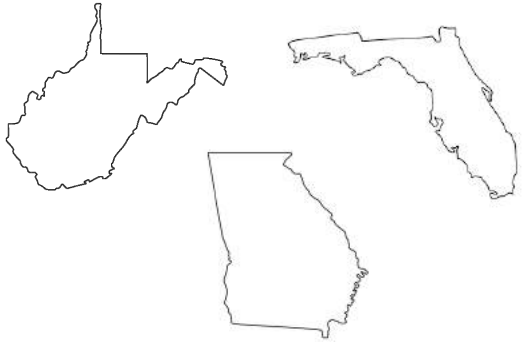
HOPE consists of 28 measures, organized in 5 domains.

Health Outcomes	Socioeconomic Factors	Physical Environment	Social Environment	Access to Health Care
• Premature mortality	• Income above 250% FPL	• Food access	• Low poverty concentration	• Primary care physician supply
• Adult high health status	• Low housing cost burden	• Quality housing	• Low county murder rate	• Psychiatrist supply
• Child high health status	• Post-secondary education	• Low air pollution	• Low county rape rate	• Health insurance
• Low mental distress	• Connected youth	• Low liquor store density	• Low county assault rate	• Care affordability
• Infant mortality	• Preschool enrollment	• Home ownership	• Low county robbery rate	• Usual source of care
• Low birth weight	• Employment			• Colorectal cancer screening

National Observations

State & Regional Observations

State Profiles



Levels of Analysis

Rates, benchmarks, and distances to go for:

- All 50 states, plus DC
- By race & ethnicity
- By socioeconomic status (either income or education)

Questions
so far?

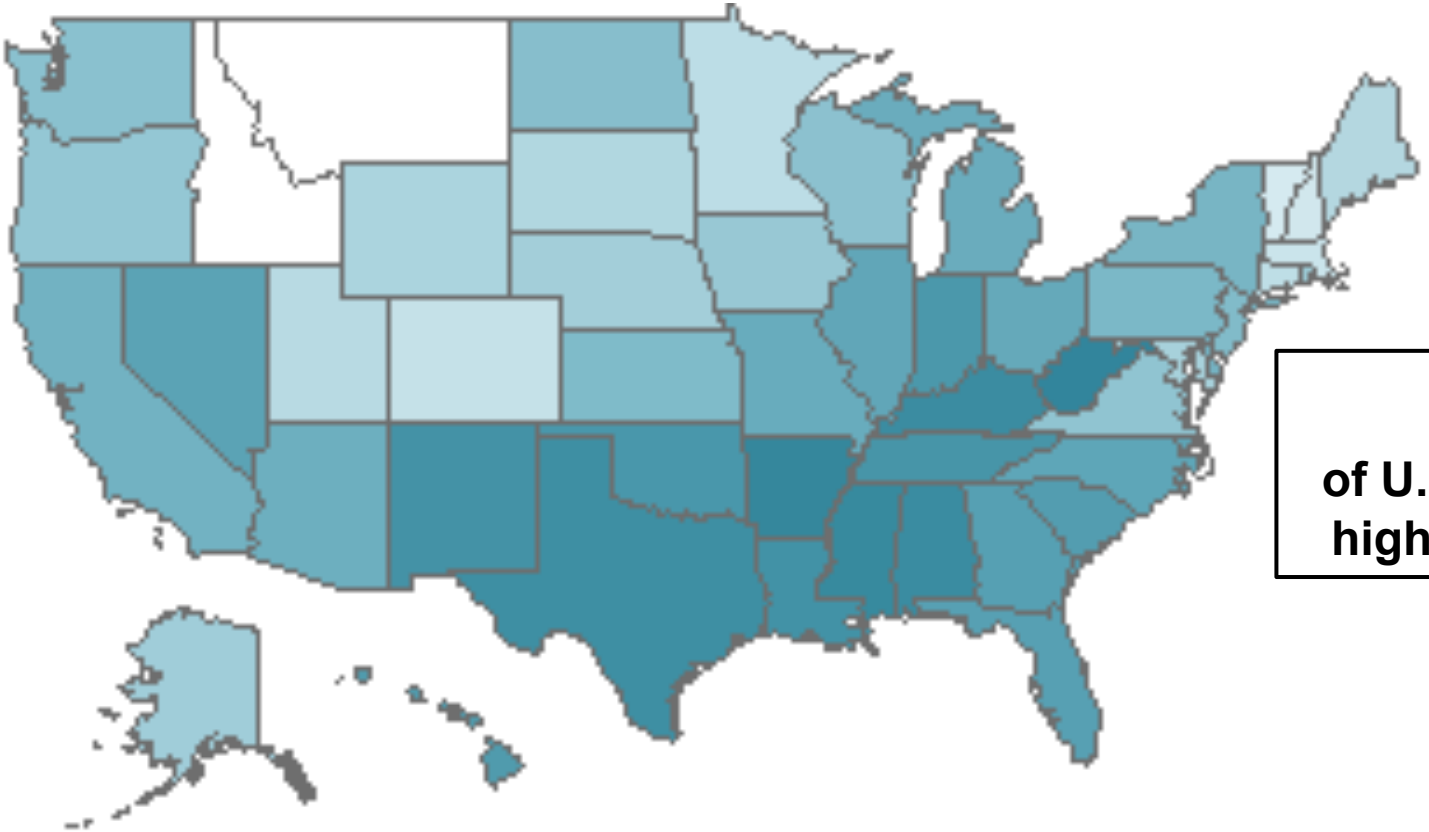
Data Dive and Discussion

Step 1: National Impressions

Adult High Health Status

Adult High Health Status

Percent of adults who say their health is very good or excellent

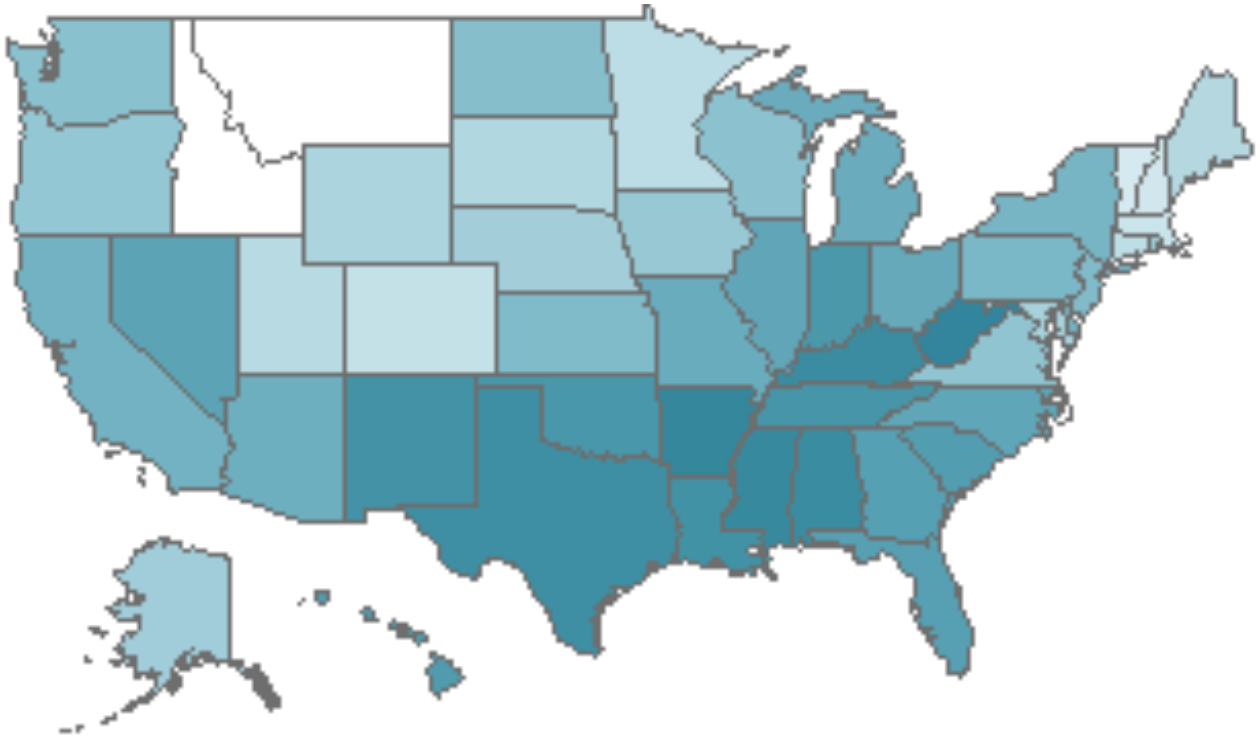


49.3%
of U.S. adults have high health status

Darker colors represent lower rates of adult high health status.

Adult High Health Status

Percent of adults who say their health is very good or excellent



Darker colors represent lower rates of adult high health status, greater distance to go.

49.3%
of U.S. adults have high health status

HOPE Benchmark:
74.6%
of adults with high health status

Distance to go:

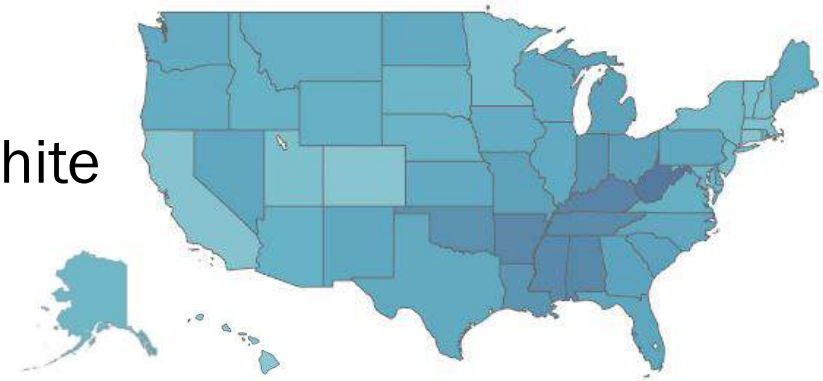
53 million Americans would need their health status to improve to achieve the HOPE benchmark.

Adult High Health Status

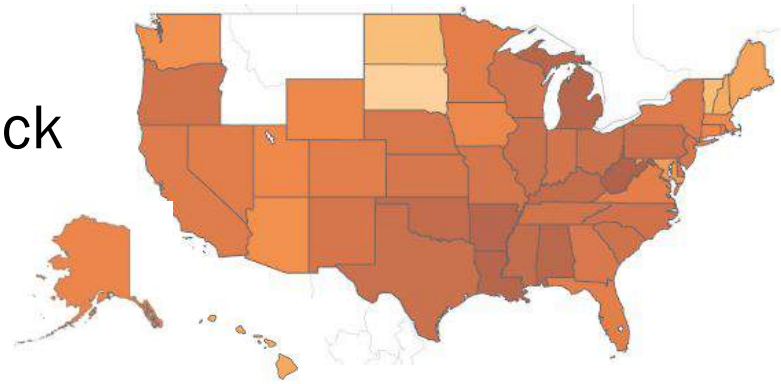
Percent of adults who say their health is very good or excellent

Darker colors represent lower rates of adult high health status, greater distance to go.

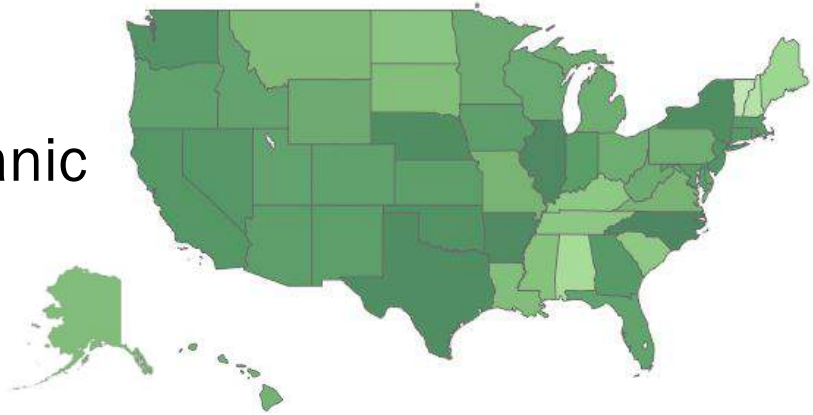
White



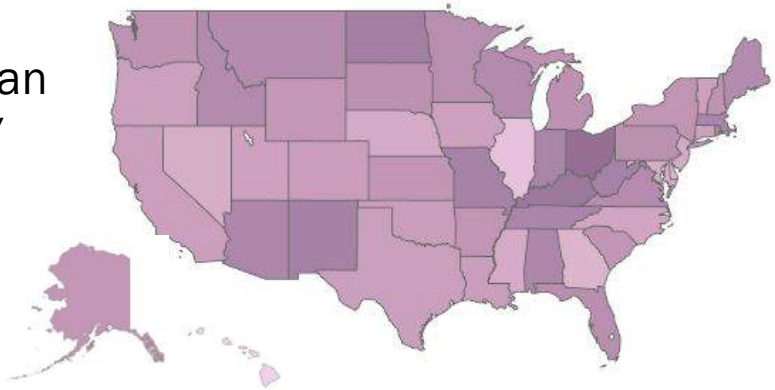
Black



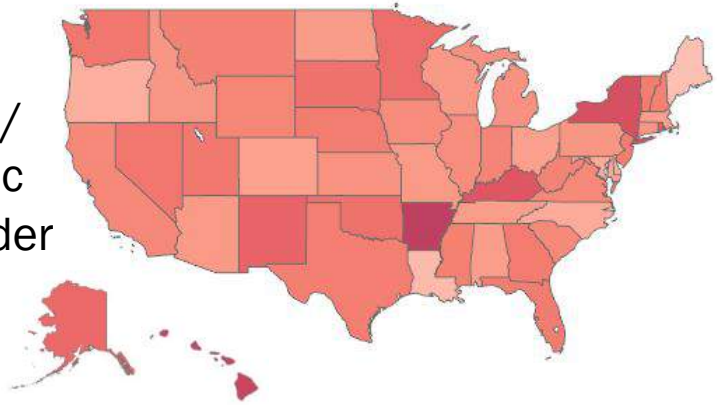
Hispanic



American Indian/ Alaska Native



Asian/ Pacific Islander



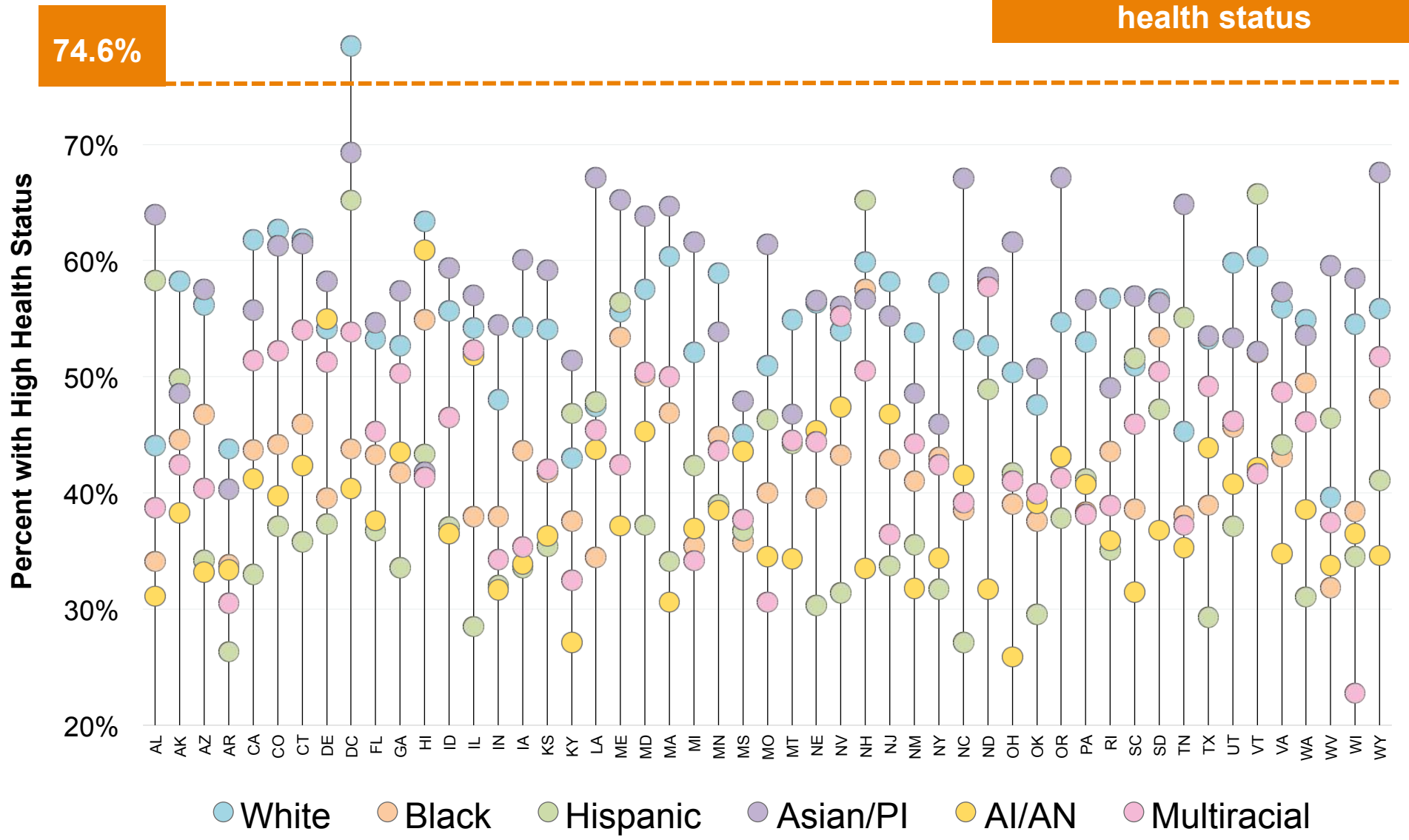
Adult High Health Status

State Rates and Distance to go, by Race and Ethnicity

HOPE Benchmark:

74.6%

of adults with high health status



Data Dive and Discussion

Step 2: Zooming in on the South

Adult High Health Status

Adult High Health Status

State Rates and Distance to go, by Race and Ethnicity

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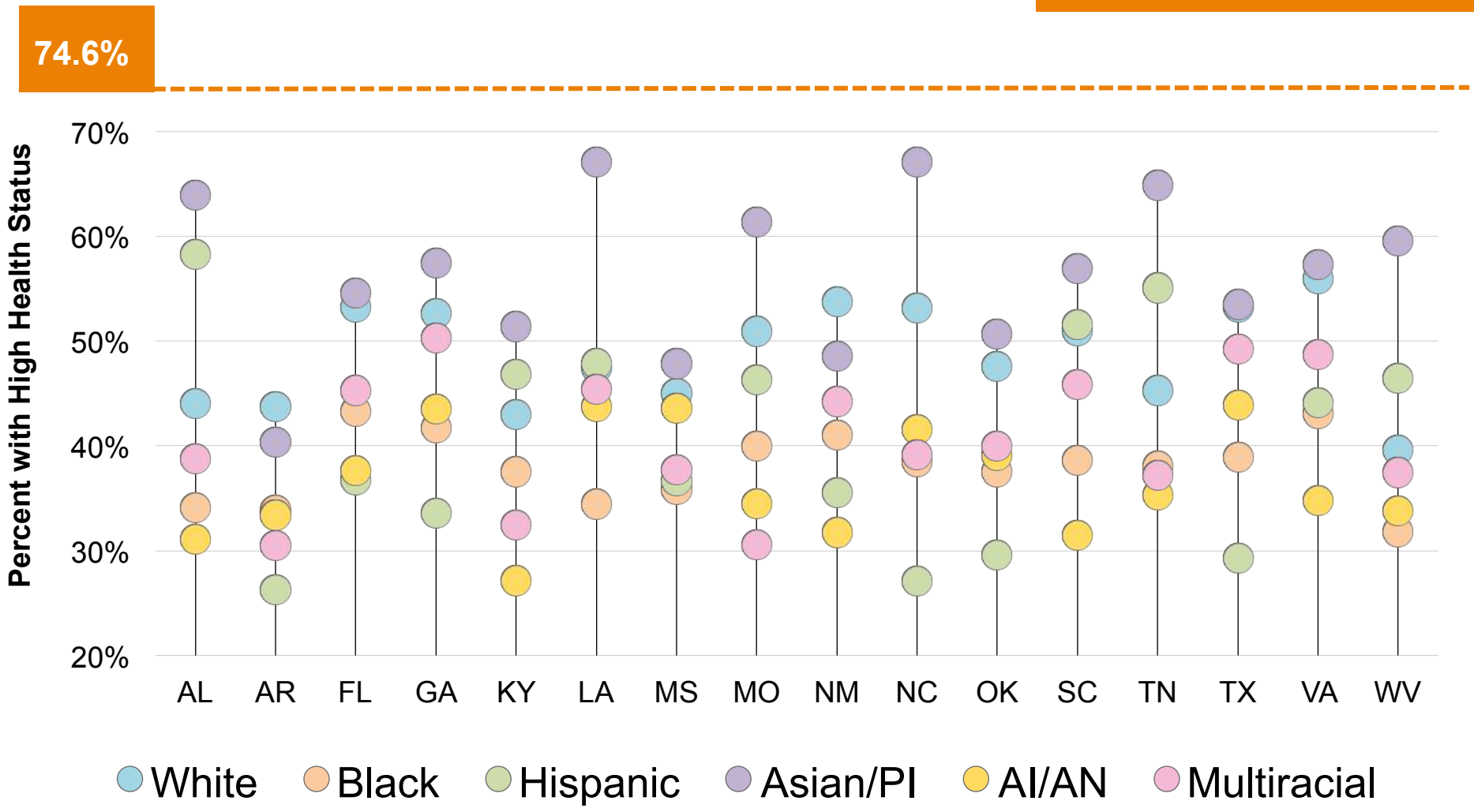


Discussion Questions for Group

- What are your overall impressions of these data?
- What, if any, findings surprise or intrigue you?
- How might data like this be useful in your health equity work?

Adult High Health Status

State Rates and Distance to go, by Race and Ethnicity

HOPE Benchmark:

74.6%

of adults with high health status

Overall Ranks of Selected States:

- Mississippi (47)
- Alabama (46)
- North Carolina (33)
- Virginia (18)

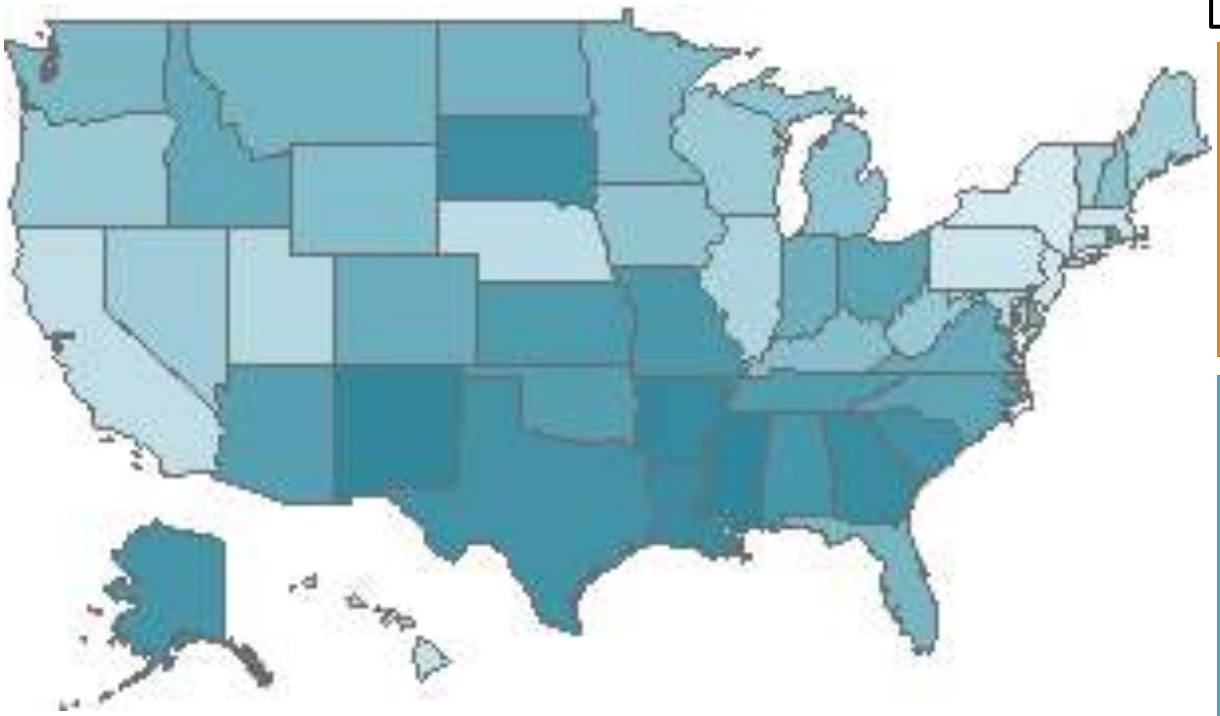
Data Dive and Discussion

Step 3: Explore an Environmental Measure

Food Access

Food Access

Percent of state population not living in a food desert



Darker colors correspond to lower rates of food access, greater distance to go

87.3%
of Americans have sufficient food access

HOPE Benchmark:
97.3%
of people with sufficient food access

Distance to go:

Nearly 32 million Americans would need their food access to improve to achieve the HOPE benchmark.

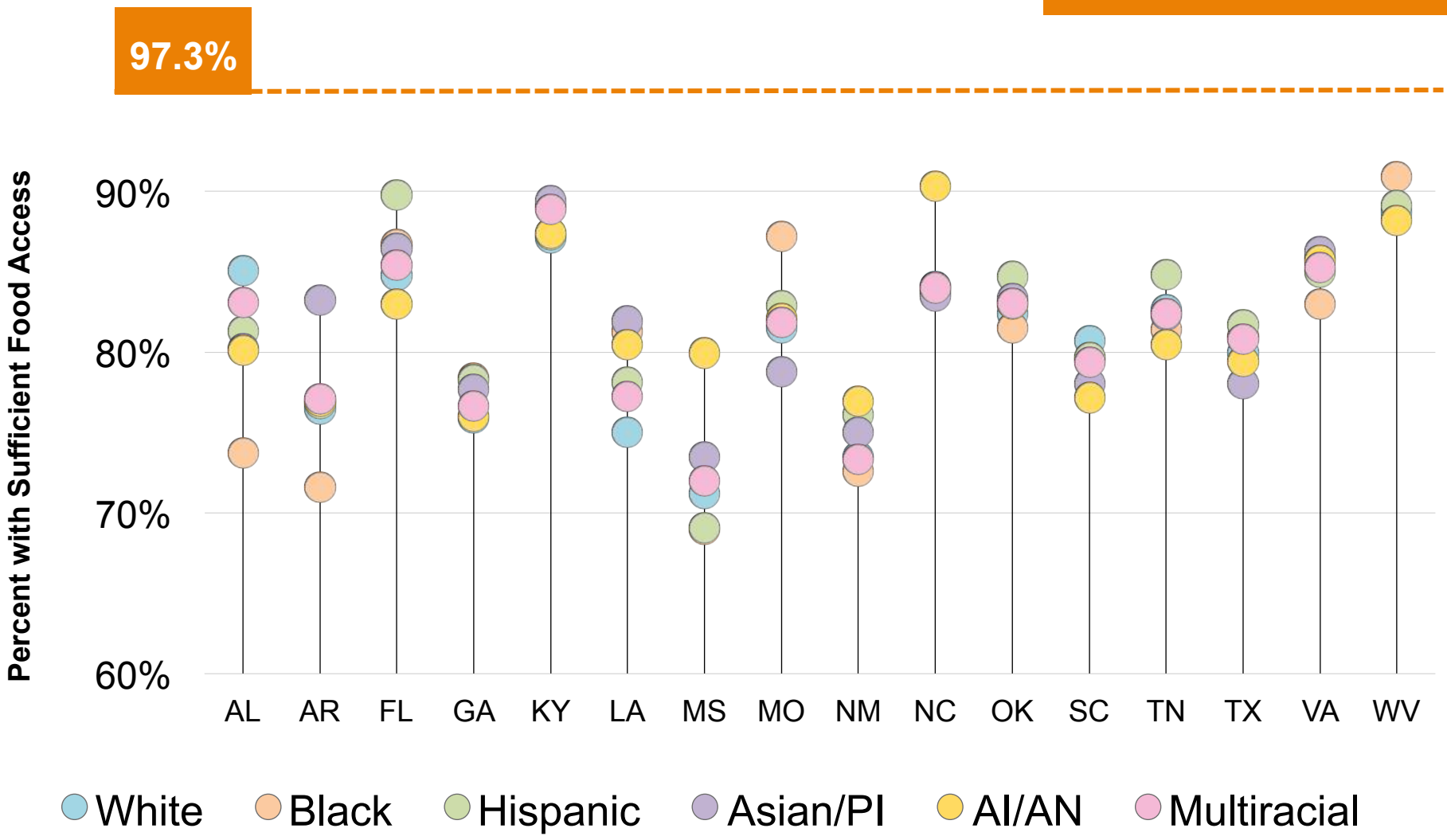
Food Access in Southern States

State Rates and Distance to go, by Race and Ethnicity

HOPE Benchmark:

97.3%

of people with sufficient food access



Discussion Questions for Group

- What are your overall impressions of these data?
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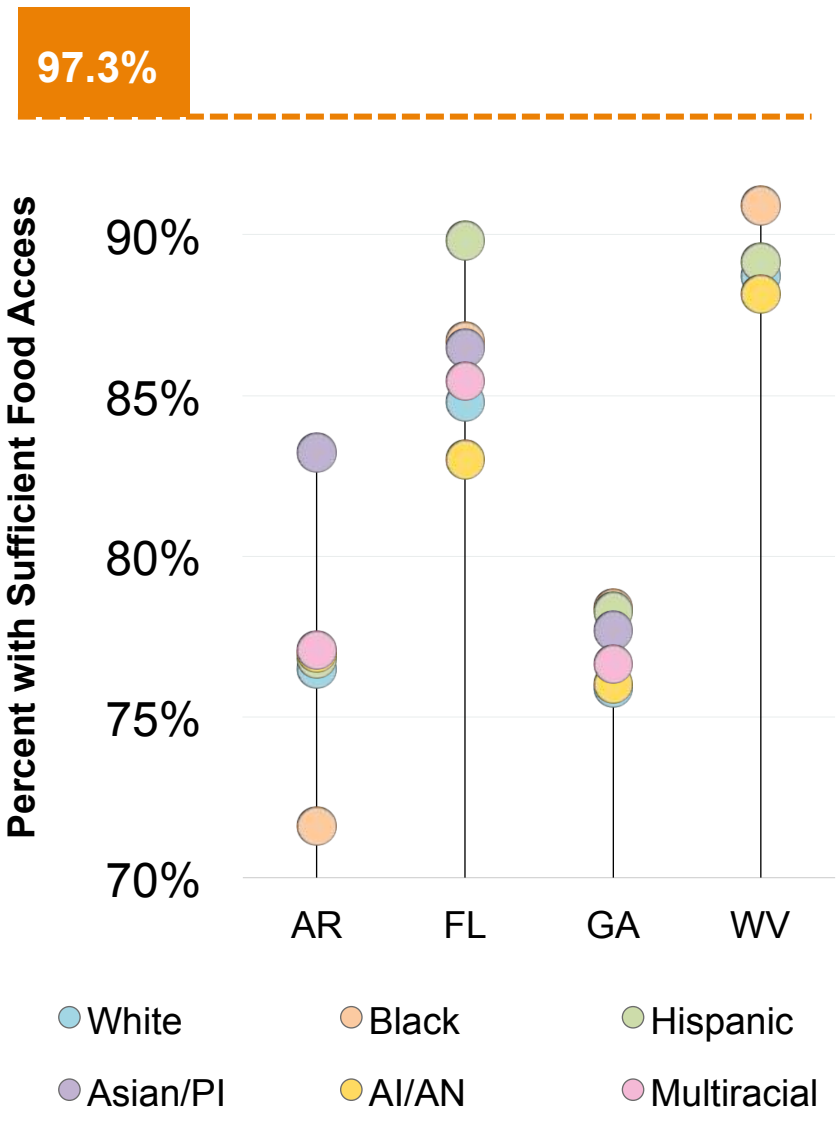
Food Access

State Rates and Distance to go, by Race and Ethnicity

HOPE Benchmark:

97.3%

of people with sufficient food access



Overall Ranks of Selected States:

- Arkansas (49)
- Florida (25)
- Georgia (48)
- West Virginia (18)

Ground-truthing

On a scale of 1 to 5, how well do the data you saw today reflect reality in your home state?

1 = Not at all

5 = Very well

Applications and Utility for Obesity Prevention

Food Access

Summarizing what HOPE measures tell us:

- States' overall distance from an aspirational, but attainable benchmark.
- How health opportunities differ between various states and regions
- Magnitude of inequities between various race, ethnic, and socioeconomic groups in a state
- Groups' distance from the HOPE benchmark in each state
- "Outliers" – potential pockets of success or concern within a state

How can HOPE Measures promote equity in obesity prevention efforts?

1. Identify, celebrate & protect successes
   - Examples: Food access in West Virginia, Hispanic adult health status in Alabama
2. Develop awareness of where gaps in opportunity persist, and for whom
   - In areas where they excel, Southern states can serve as both a reference point and resource to other states within and outside the region
   - Southern states can look to other states' experiences in areas where there is opportunity to improve.

How can HOPE Measures promote equity in obesity prevention efforts?

3. Address barriers for opportunity and well being

- Opportunity frame helps highlight the role conditions play in obesity, not just behaviors
- Data are a starting place to provide stakeholders a “way in” to equity conversations
- Data in conversations with communities and experts to understand context and what may be driving the findings
- Match resources to need. Implement solutions that address root causes, policies, and systemic change.

Group Debrief & Reflection

- How might you use the HOPE measures? What was helpful about them?
- What are ways in which these measures could be refined or better communicated?
- What other kinds of data or framing do you feel could be included in HOPE?

Next Steps for HOPE

- Refining and finalizing a suite of products
  - Chartbook of national and state data
  - How to Use HOPE Measures Guide
  - Short report/policy brief
  - Select state profiles
- Future goals:
  - Add additional indicators over time
  - Build in further geographic granularity (county, tract, neighborhood)
  - Interactive web platform with filtering, data queries, etc.

Q&A

Thanks for your participation!

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