



**Topic: HomeRoom Network Community of Practice**  
**Session 14 – Understanding the Social Determinants of Health**  
**Date: 04/30/2024**  
**Time: 1:00 pm – 2:15 pm EST**

**Materials**

**Presentation Slides:** <https://cohhio.org/wp-content/uploads/2024/04/ODH-Data-Tools-2-Housing74-Read-Only.pdf>

**Recording:** [https://youtu.be/fV66iomW\\_ag](https://youtu.be/fV66iomW_ag)

1. Introductions
  - a. Patti Clements, Program Director, Ohio Department of Health
  - b. [Patricia.Clements@odh.ohio.gov](mailto:Patricia.Clements@odh.ohio.gov)
2. Office of Health Opportunity
  - a. Mission
    - i. Ensuring all Ohioans have a fair and just opportunity to thrive
  - b. Key objectives
    - i. Establish equity as a pillar of Ohio’s public health system
    - ii. Improve clinical experiences and outcomes for the vulnerable
    - iii. Elevate and address the social determinants of health, by impacting upstream social and community conditions of health
    - iv. Ensure an equitable response to COVID-19
3. Ohio Health Improvement Zones
  - a. Identify communities with specific risk factors
  - b. Better understand community risks and strengths
  - c. CDC Social Vulnerability Index (SVI) score of  $\geq .75$
  - d. Examples
    - i. Emergency preparedness
    - ii. Tornados
4. Overall Vulnerability
  - a. Socioeconomic Status
    - i. Below 150% poverty
    - ii. Unemployed
    - iii. Housing cost burden
    - iv. No high school diploma
    - v. No health insurance
  - b. Household Characteristics
    - i. Aged 65 & older
    - ii. Aged 17 & younger
    - iii. Civilian with a disability
    - iv. Single-parent households
    - v. English language proficiency
  - c. Racial & Ethnic Minority Status
    - i. Hispanic or Latino
    - ii. Black or African American



- iii. Asian
- iv. American Indian or Alaska Native
- v. Native Hawaiian or Pacific Islander
- vi. Two or More Races
- d. Housing Type & Transportation
  - i. Multi-unit structures
  - ii. Mobile homes
  - iii. Crowding
  - iv. No vehicle
  - v. Group quarters
- e. Community Well-being
  - i. [Social Determinants of Health Dashboard](#)
    - 1. Provides insight into the health inequities that exist, to **help inform program and policy decisions** – to **better serve Ohioans**.
      - a. Utilizes data from the CDC, and American Community Survey at the census tract, and county levels.
      - b. Filterable on five (5) domains and 150 key community metrics that impact health, including economic vitality, neighborhood and physical environment, healthcare access and quality, education access and quality, and social and community environment.
  - ii. Improving Economic Vitality
    - 1. Address individual and community-level factors.
      - a. Strategic interventions to increase high-school graduation.
    - 2. Promote innovative public and private partnerships to leverage resources and share data.
    - 3. Establish workforce development programs.
    - 4. Equitable enforcement of public health policy.
    - 5. Educate communities about resources, collective power, and civic engagement.
  - iii. Improving Neighborhood and Built Environment
    - 1. Engage the community in decision-making, implementation and evaluation.
    - 2. Identify cross-sector support and funding to expand infrastructure (e.g., transportation).
    - 3. Improving the capacity of residents and agencies.
    - 4. Increase access to foods that support healthy eating.
    - 5. Take a proactive approach to community risks (e.g., flood plains).
    - 6. Target funding to demolish vacant and blighted structures in Ohio Health Improvement Zones.
    - 7. Encourage and entice landlords to use Section 8 housing vouchers.



- iv. Improving Healthcare Access and Quality
    - 1. Prioritize communities and populations with the most need.
    - 2. Engage residents and find out what they need and codesign solutions.
    - 3. Partner with local healthcare providers.
    - 4. Close the distance!
      - a. Mobile or Drop-in Clinics.
      - b. Home visiting programs.
      - c. Healthcare screenings.
      - d. Medicaid enrollment.
      - e. Linkages to community resources.
  - v. Improving Education Access and Quality
    - 1. Support increased access to high quality preschool and childcare.
    - 2. Collaborate with schools and local stakeholders to facilitate equitable access to physical and mental health services.
    - 3. Increase capacity to address public health concerns in the school environment.
    - 4. Increase awareness of the connection between education and health.
  - vi. Improving Social and Community Experiences
    - 1. Interventions to help people get the social and community support they need are critical for improvement to health and wellbeing.
    - 2. Build on assets that are already found in the community and mobilize to come together to build on assets and not concentrate on their needs.
    - 3. Engage residents of the communities you aim to serve.
    - 4. Leverage partners across sectors to reduce duplication and support collective impact.
5. Closing
- a. Upcoming Sessions
    - i. Session Fifteen: Introducing the COHHIO Course to HOME Toolkit for Schools on 06/11/2024.