



Moving Beyond the Status Quo in Advancing Health Equity in Georgia:

How the HOPE Initiative Informs Action

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About Texas Health Institute

We are an **independent,
non-profit, non-partisan**
public health institute
in Texas

OUR VISION

Healthy People,
Healthy Communities

OUR MISSION

To advance the health of all



Overview

- What is Health Equity?
- What is the HOPE Initiative?
- What does HOPE measure?
- What does HOPE tell us about Georgia?
- How can HOPE's findings be used to advance action?

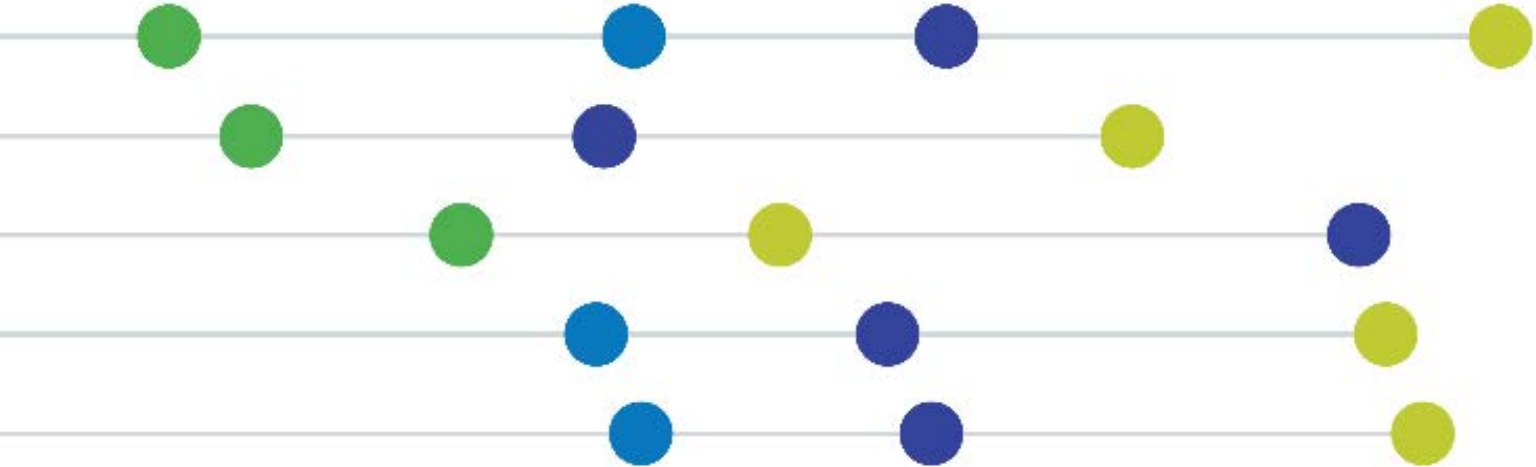
Defining Health Equity

Everyone has a fair and just opportunity to be as healthy as possible.

This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Braveman et al., 2017

What is the HOPE Initiative?



About the HOPE Initiative

THE HEALTH OPPORTUNITY & EQUITY (HOPE) INITIATIVE

HOPE provides **a new opportunity approach and actionable data** to help our nation and states move beyond measuring disparities to spurring action toward health equity.



National Collaborative
for Health Equity



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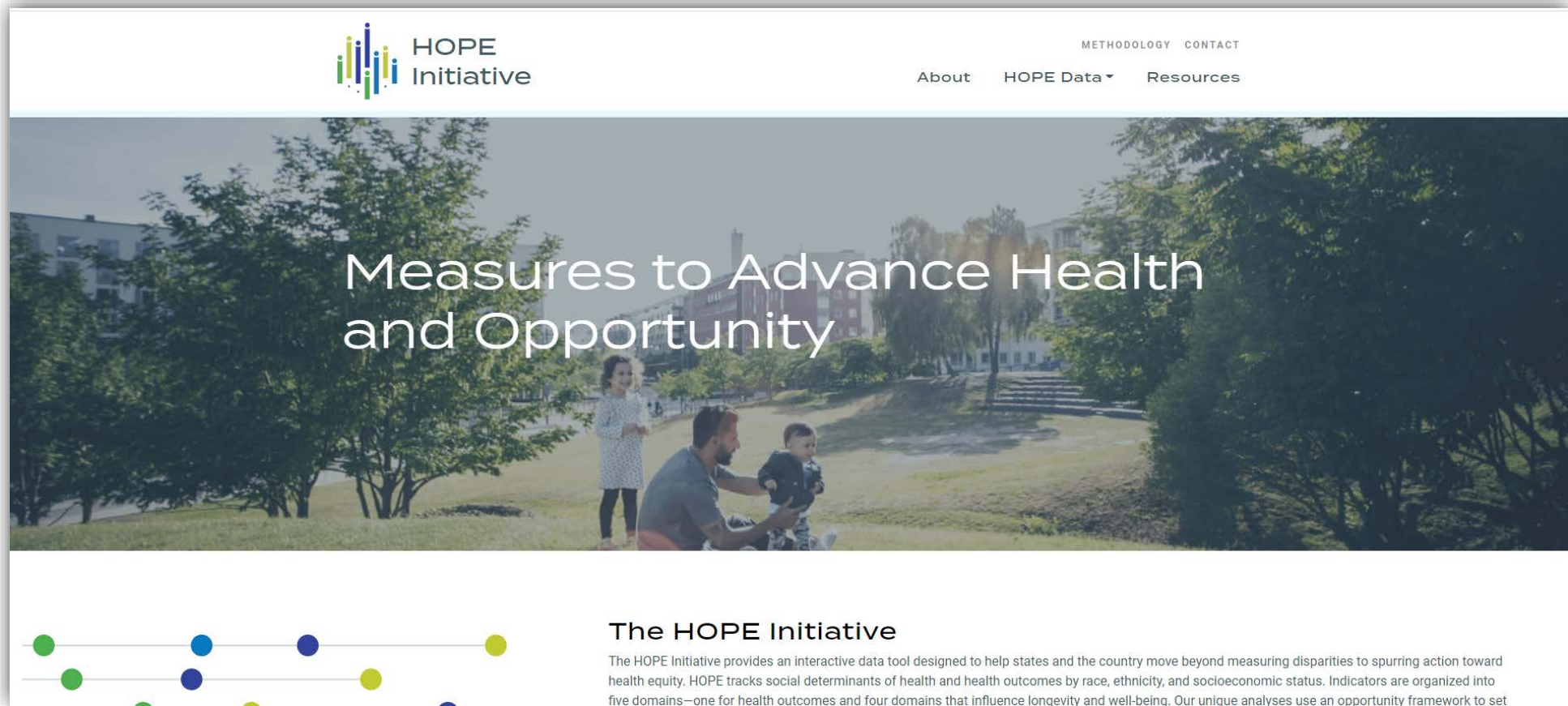


HOPE Partners

- Funded by Robert Wood Johnson Foundation
- Lead Investigators:
 - Gail Christopher, DN, National Collaborative for Health Equity (PI)
 - Dennis Andrulis, PhD, MPH, Texas Health Institute (Co-PI)
 - Derek Chapman, PhD, VCU Center on Society & Health (Co-PI)
- National Advisory Committee:
 - Led by David Williams, PhD, MPH, Harvard T.H. Chan School of Public Health

HOPE's New Interactive Data Platform Launched in November 2020

www.HopeInitiative.org

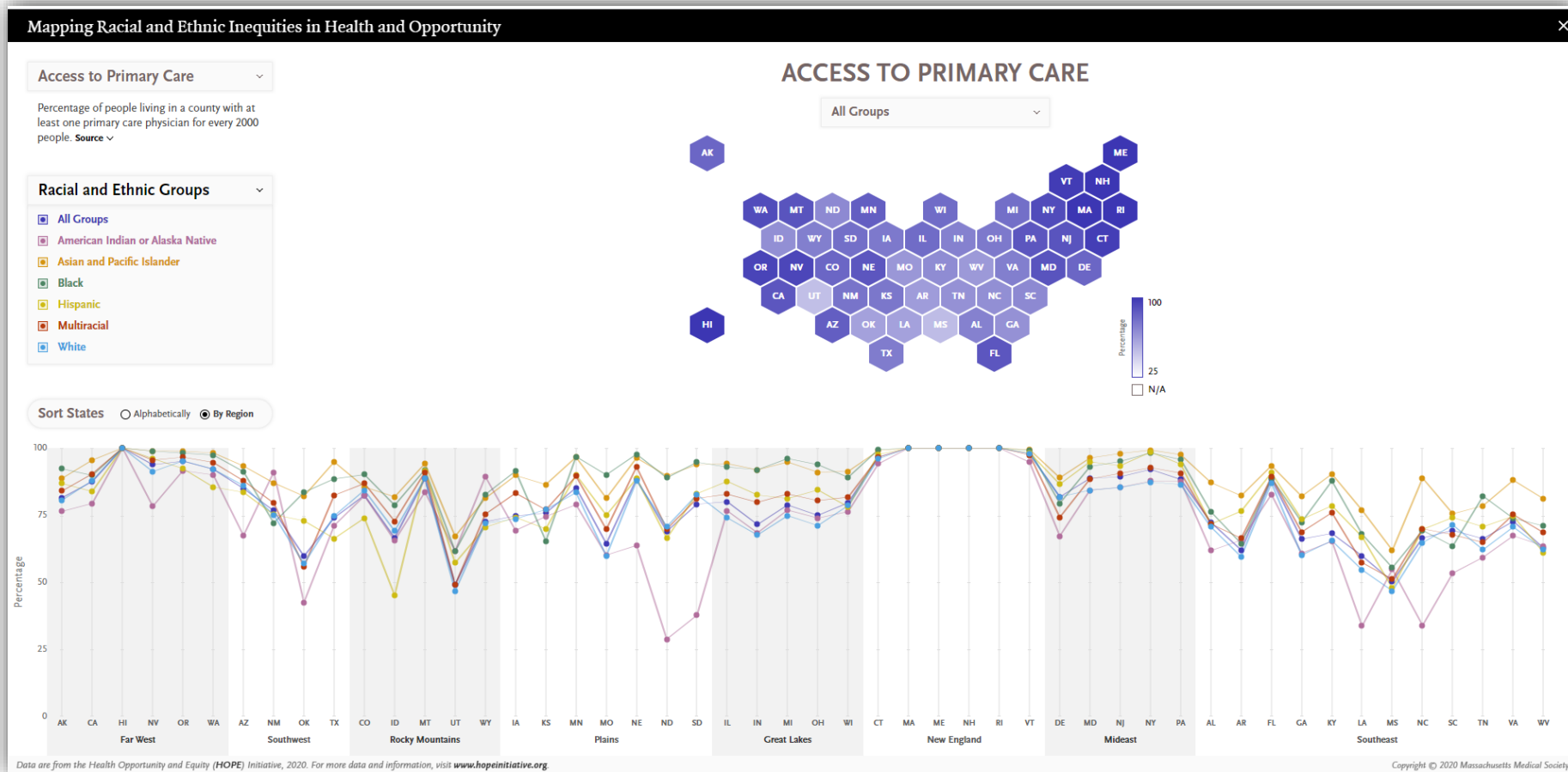


The screenshot shows the homepage of the HOPE Initiative website. At the top left is the HOPE Initiative logo, which consists of a stylized bar chart with vertical bars in green, blue, and yellow, followed by the text "HOPE Initiative". To the right of the logo is a navigation menu with the following items: "METHODODOLOGY CONTACT" (all caps), "About", "HOPE Data" (with a dropdown arrow), and "Resources". Below the navigation is a large banner image of a park with trees and a building in the background. Overlaid on the banner is the text "Measures to Advance Health and Opportunity" in a large, white, sans-serif font. Below the banner is a white section with a decorative graphic of colored dots (green, blue, yellow) connected by thin lines. The text in this section reads: "The HOPE Initiative" followed by a paragraph: "The HOPE Initiative provides an interactive data tool designed to help states and the country move beyond measuring disparities to spurring action toward health equity. HOPE tracks social determinants of health and health outcomes by race, ethnicity, and socioeconomic status. Indicators are organized into five domains—one for health outcomes and four domains that influence longevity and well-being. Our unique analyses use an opportunity framework to set

HOPE's Data Featured in an Interactive Perspective in the

New England Journal of Medicine

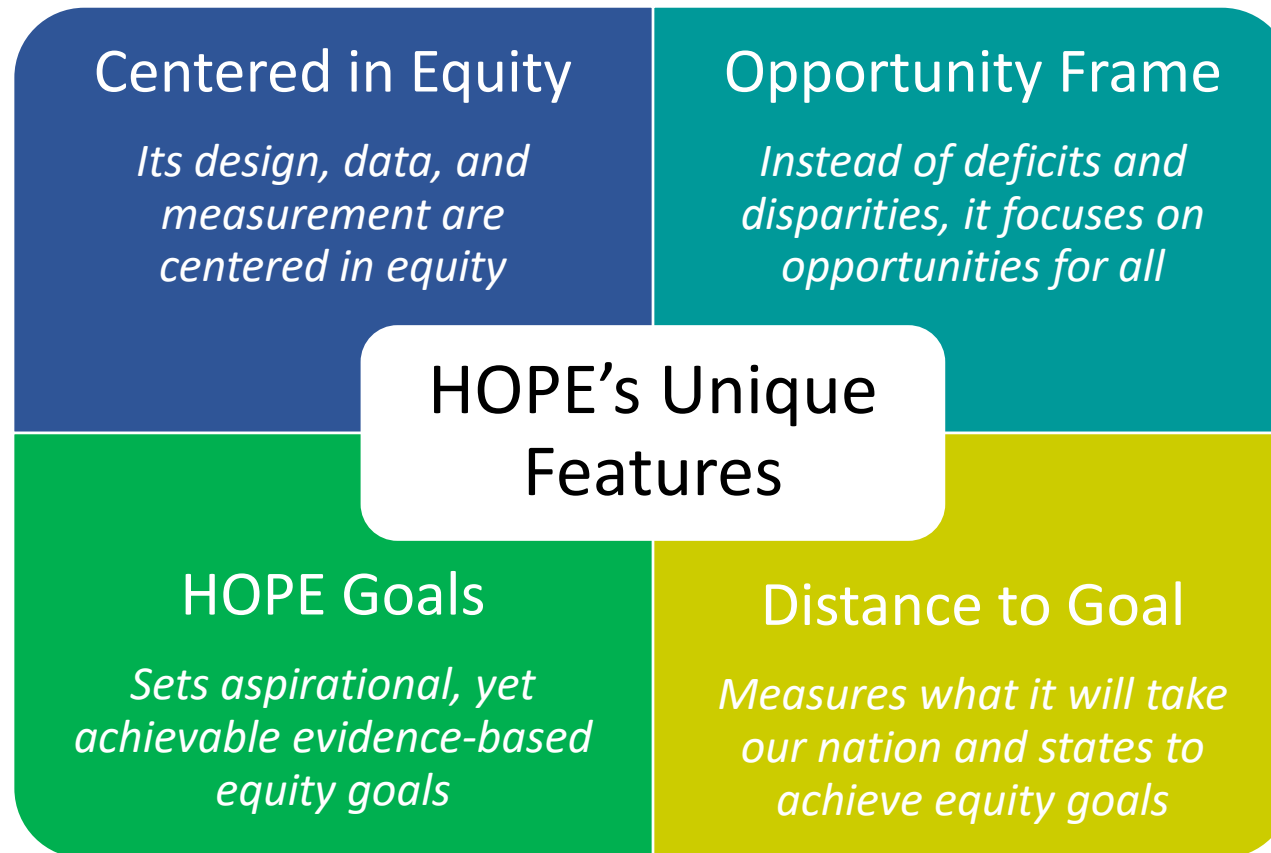
<https://www.nejm.org/doi/full/10.1056/NEJMp2029139>



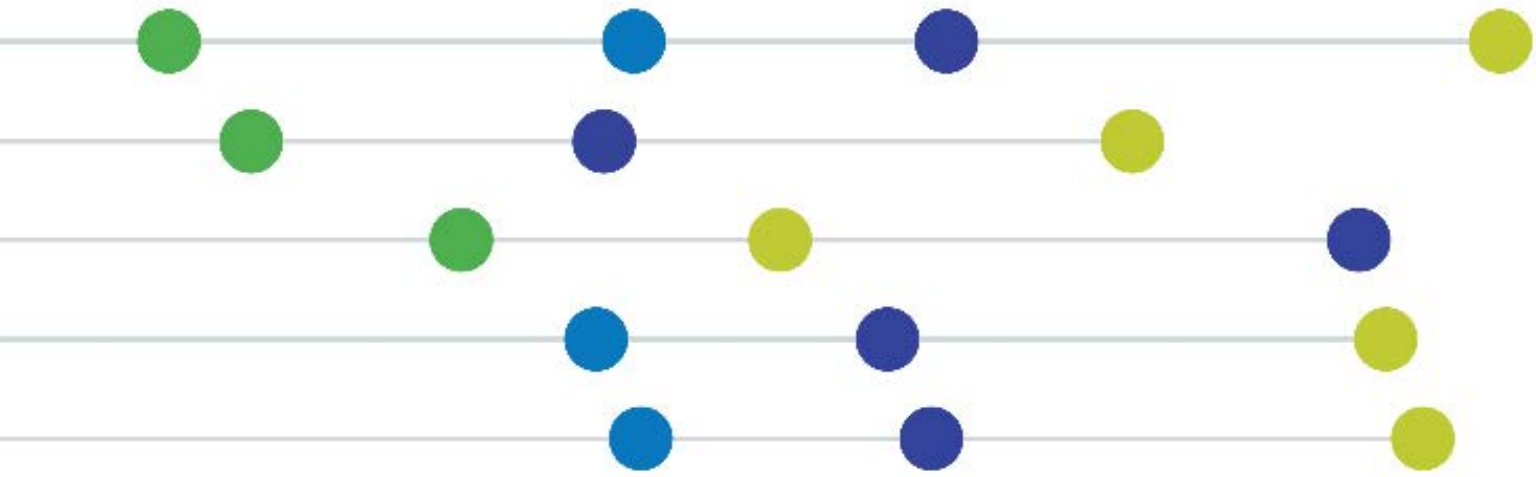
Value of HOPE in Current Times

- Provides a starting point on journey to achieving racial and health equity
- Rethinking disparities and inequities to consider what's possible
- Identifies similarities and differences in opportunity and health across racial/ethnic groups with implications for shaping programs and policies
- Grounded in the social determinants of health
- New opportunities to advance equity in the Biden Administration

HOPE's Unique Value & Contribution



What Does HOPE Measure?



What Does HOPE Measure?

27 conditions that are modifiable by policy and action

Health Outcomes	Socioeconomic Factors	Community & Safety Factors	Physical Environment	Access to Health Care
Adult health status	Livable income	Low poverty concentration	Home ownership	Access to primary care
Mental health status	Affordable housing	Low murder rate	Housing quality	Access to psychiatric care
Child health status	Post-secondary education	Low sexual assault rate	Low liquor store density	Health insurance
Premature mortality	Connected youth	Low physical assault rate	Food security	Affordable health care
Infant mortality	Preschool enrollment	Low robbery rate		Usual source of care
Low birth weight	Employment			Colorectal cancer screening

What Does HOPE Tell Us?

HOPE provides **a roadmap and actionable data** to help national and state leaders chart a path for achieving equity in opportunity and health

- **27 Indicators**
- **By Population Group**
 - Race and Ethnicity
 - Income
 - Education
- **By Geography**
 - National
 - State



1. Identify Equity Gaps

- HOPE helps our nation and states identify:
 - How different racial, ethnic, and socioeconomic populations are faring on opportunity and health
 - How wide equity gaps are for different population groups
 - Which groups are most affected



2. Set Equity Goals

- HOPE helps our nation and states set equity goals that are:
 - Aspirational, yet achievable
 - Average of best rates achieved across top 5 states
 - Based on education and income, not on race
 - Can be applied at any geographic level
 - Benchmarks to measure progress toward equity



3. Measure Distance to Goals

- HOPE helps our nation and states measure the “Distance to Goal” or the progress that must be made to achieve HOPE’s equity goals
 - Overall
 - By Race and Ethnicity
 - By Socioeconomic Status

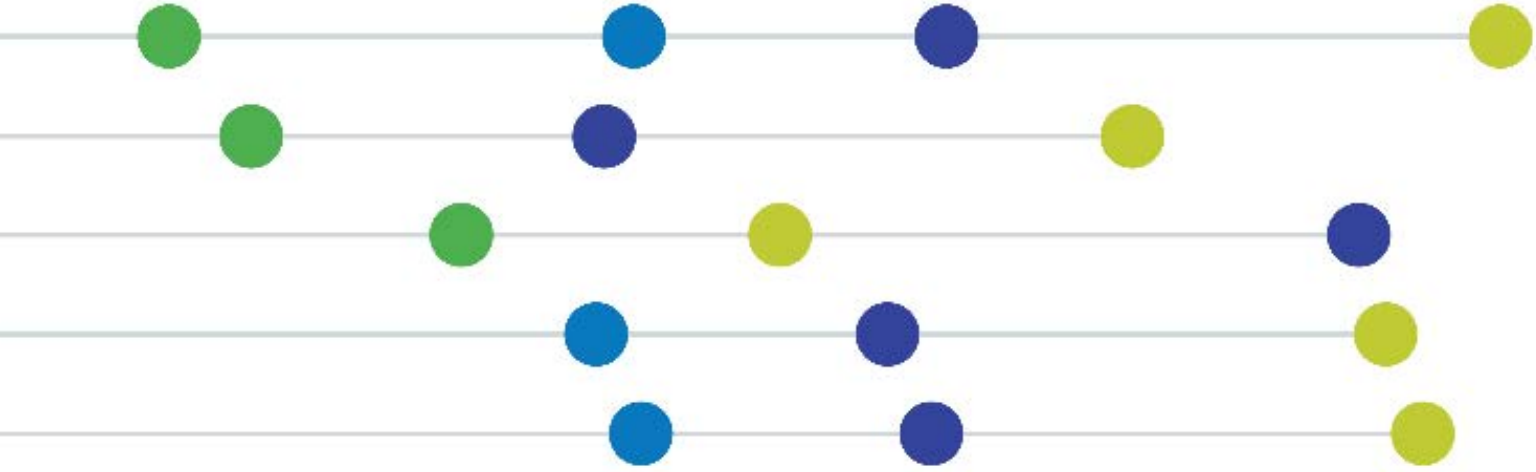


4. Drive Equity Action

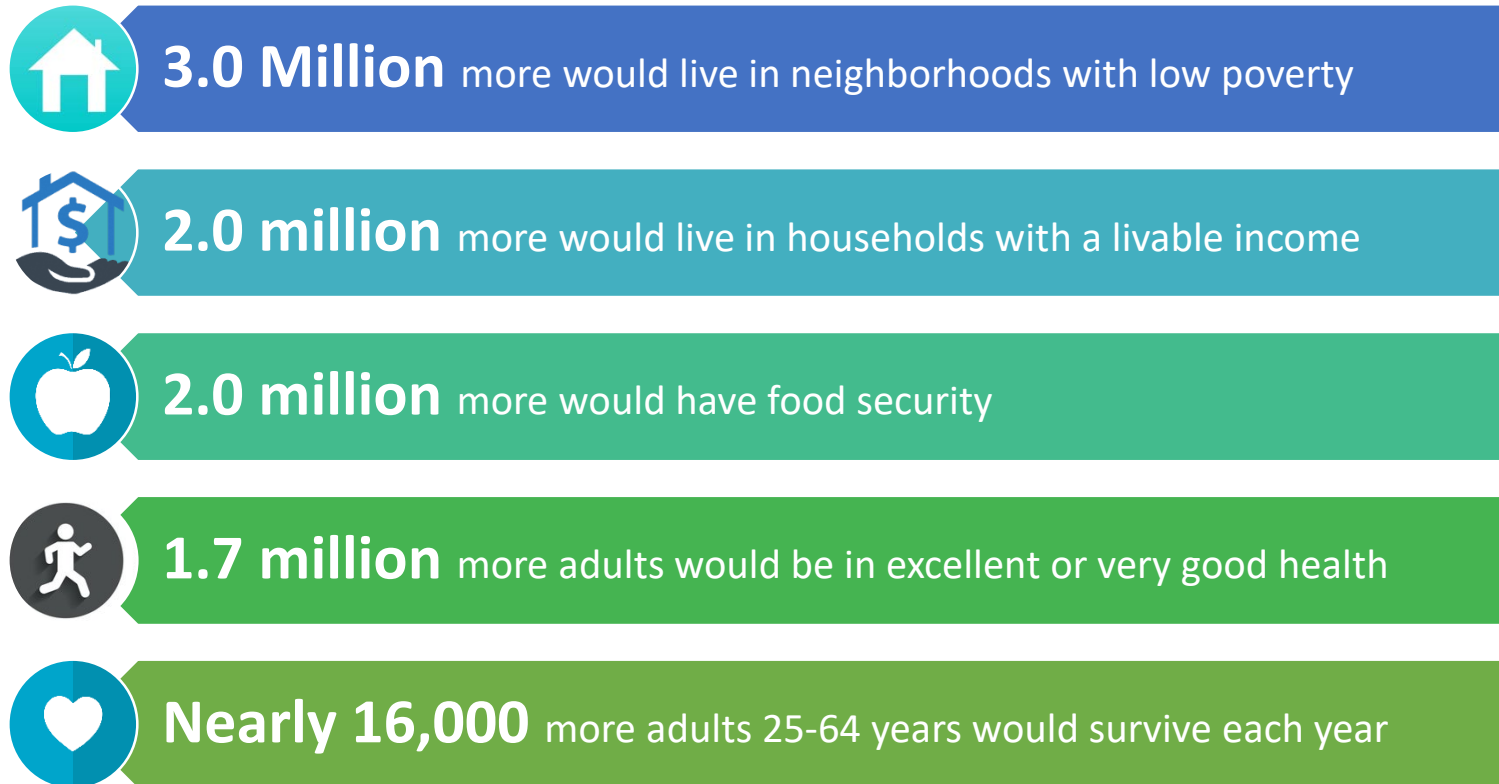
- HOPE helps drive equity action by:
 - Illuminating where “bright spots” exist across states that are effectively closing equity gaps
 - Encouraging “learning” to identify what policies, programs and conditions have enabled these states to close equity gaps
 - Inspiring “evidenced-informed” actions



What Does HOPE Tell Us About Georgia?

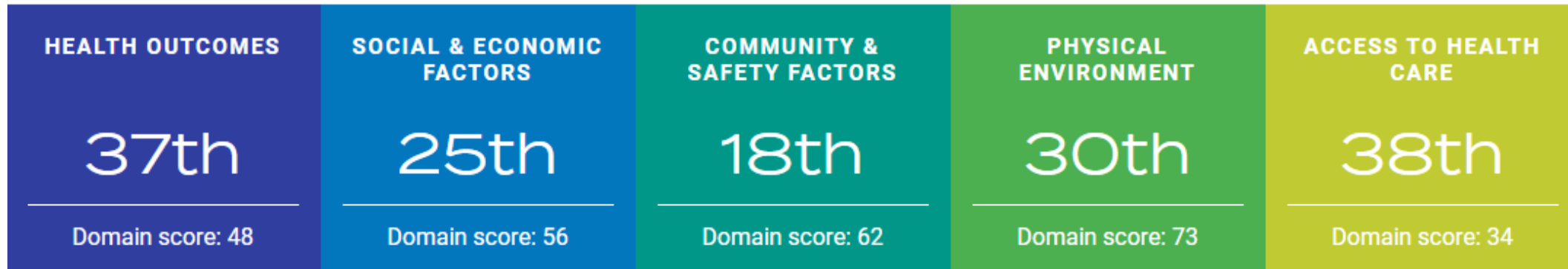


Key Takeaway 1: According to HOPE Data, if all Georgians had the same opportunities as those with the best outcomes in the nation...



Key Takeaway 2: But health and well-being in Georgia vary profoundly by race, ethnicity and socioeconomic status.

Georgia ranks in the bottom half of all states on HOPE's indicators for health outcomes, physical environment, and access to health care.



A state's domain ranking is based on **combined performance** on:

- **Distance to Goal** :: How far they have to go to achieve HOPE goals
- **Racial Inequity** :: How much variation there is across racial and ethnic groups

Black (11.2) and Native American (10.5) infants have an infant mortality rate that is more than 4 times the HOPE Goal (2.5), and higher than all other infants in the state.

INFANT MORTALITY

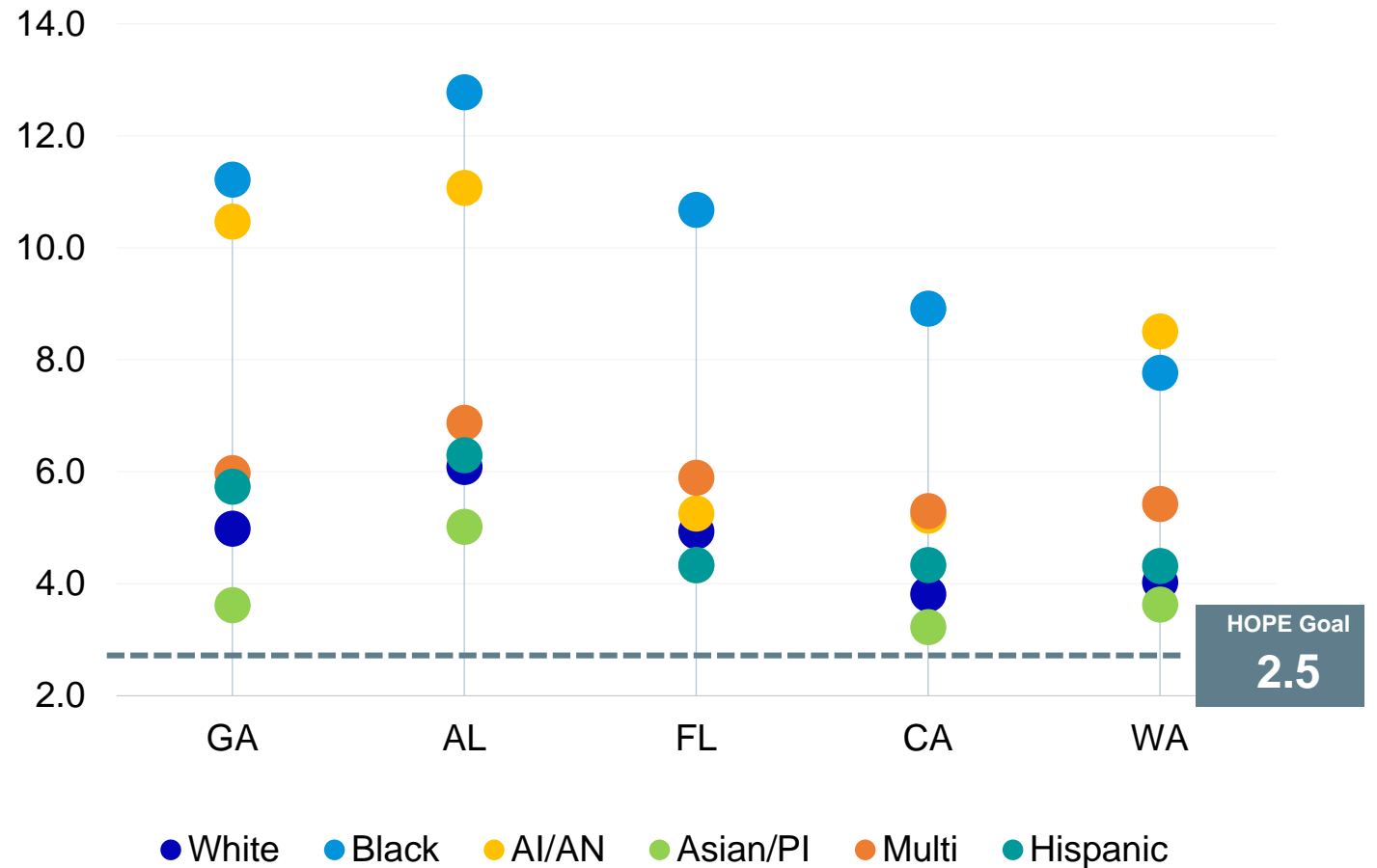
Number of infants who die before their first birthday annually per 1,000 live births

CURRENT RATE	HOPE GOAL
7.2	2.5
Infant deaths per 1,000 live births	Infant deaths per 1,000 live births

DISTANCE TO GOAL

613

more infants surviving to their first birthday each year in Georgia



Hispanic adults are not only farthest from the HOPE Goal for health status compared to all other groups in Georgia, but they are farther than Hispanic adults in other states.

ADULT HEALTH STATUS

Portion of adults who say they are in excellent or very good health

CURRENT RATE

47%

of Georgia adults with very good or excellent health

HOPE GOAL

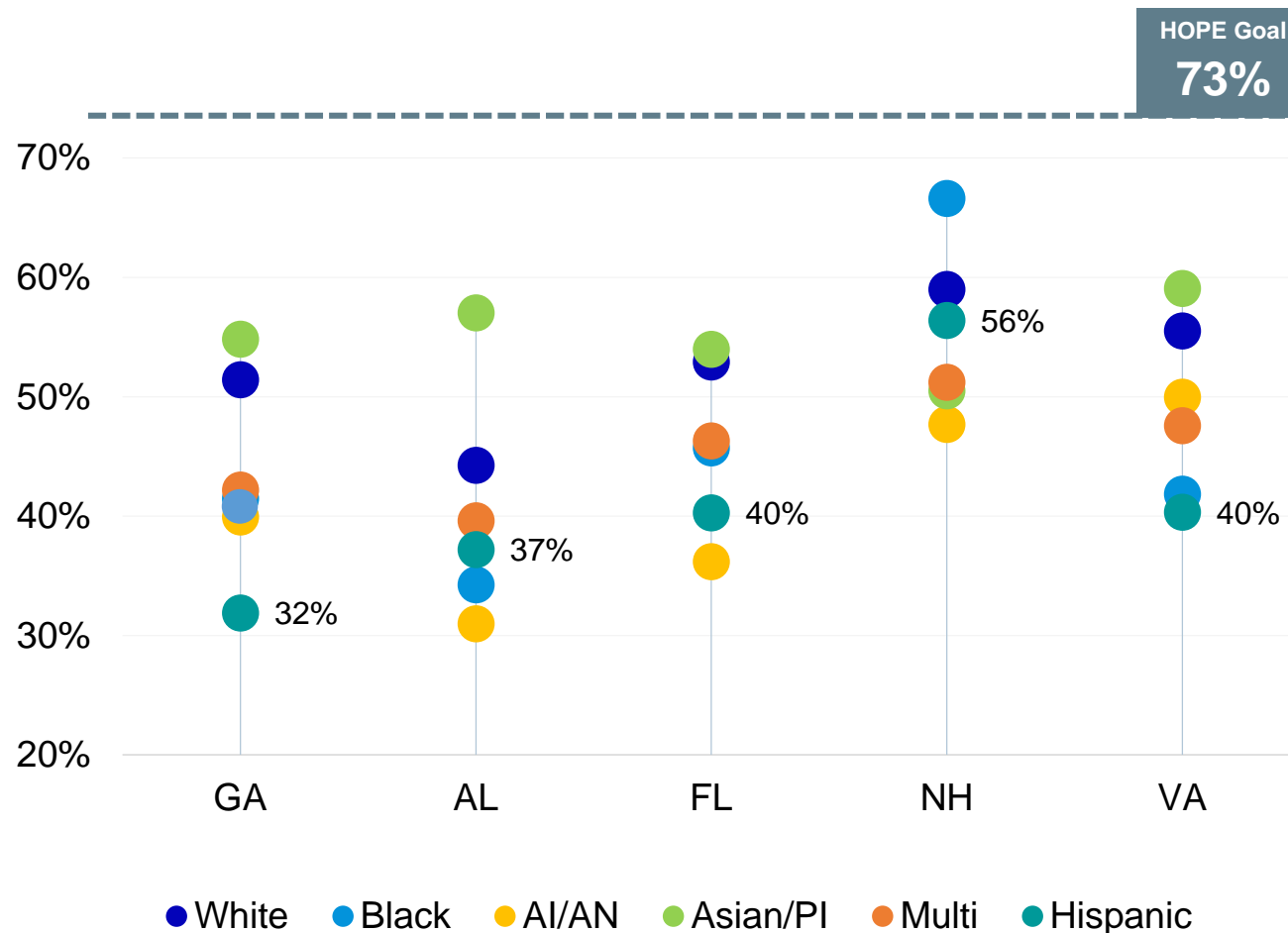
73%

of adults with very good or excellent health

DISTANCE TO GOAL

1.7 million

more Georgians would need to be in very good or excellent health to achieve the HOPE Goal



Hispanic, Native American, and Black adults in Georgia face the greatest barriers to achieving a livable income. Whereas 73% of White adults have a livable income, rates are far lower for Hispanic (46%), Native American (51%), and Black (53%) adults.

LIVABLE INCOME

Portion of adults living in households with income greater than 250% FPL

CURRENT RATE

58%

of Georgia adults live in households with livable income

HOPE GOAL

88%

of adults living in households with livable income

DISTANCE TO GOAL

2.0 million

more Georgian adults living in households with livable income

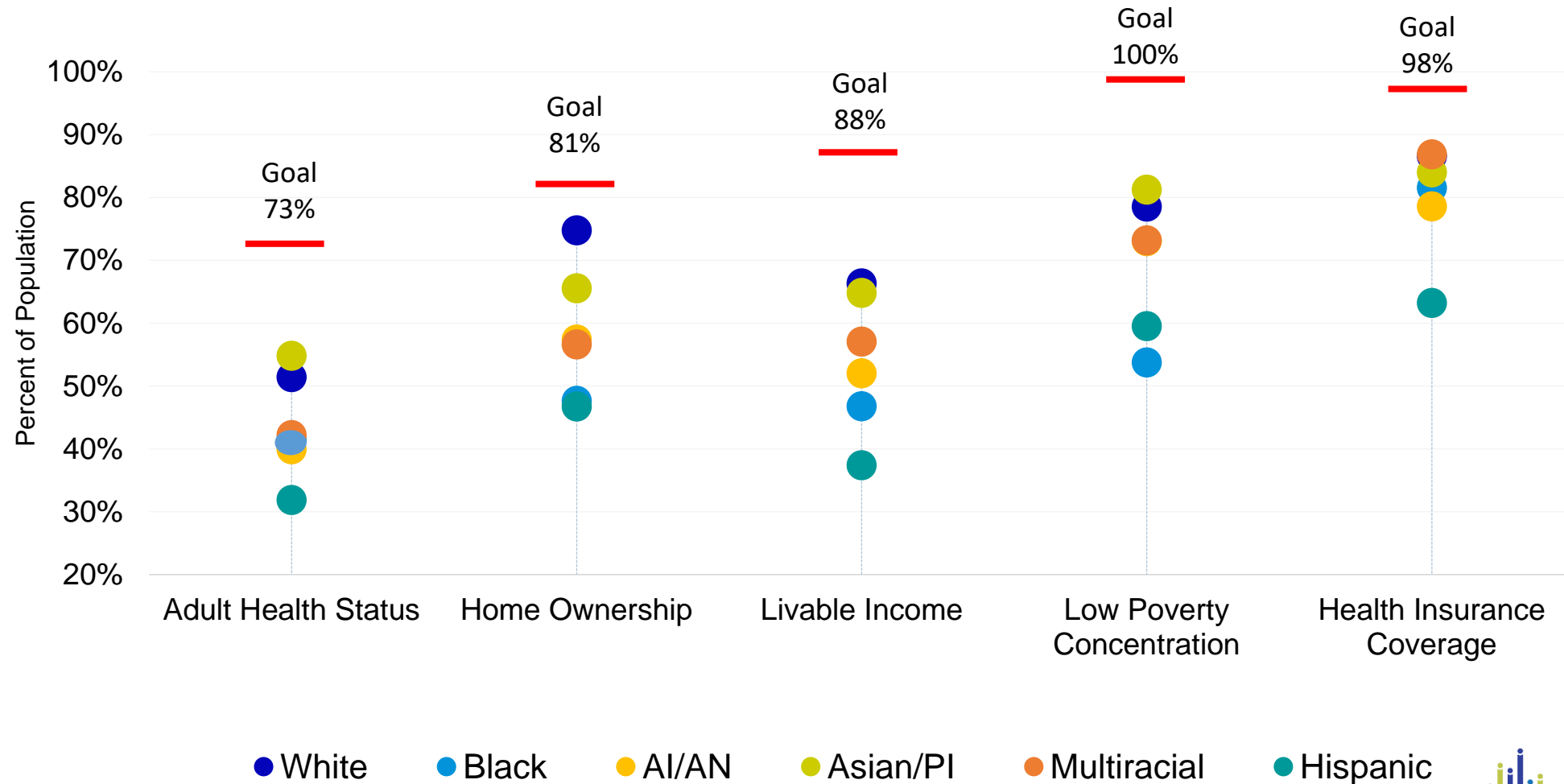


HOPE Goal

88%

● White ● Black ● AI/AN ● Asian/PI ● Multi ● Hispanic

Key Takeaway 3: Racial and ethnic groups facing the greatest systemic barriers to basic life opportunities also face the poorest health outcomes in the state.



● White ● Black ● AI/AN ● Asian/PI ● Multiracial ● Hispanic



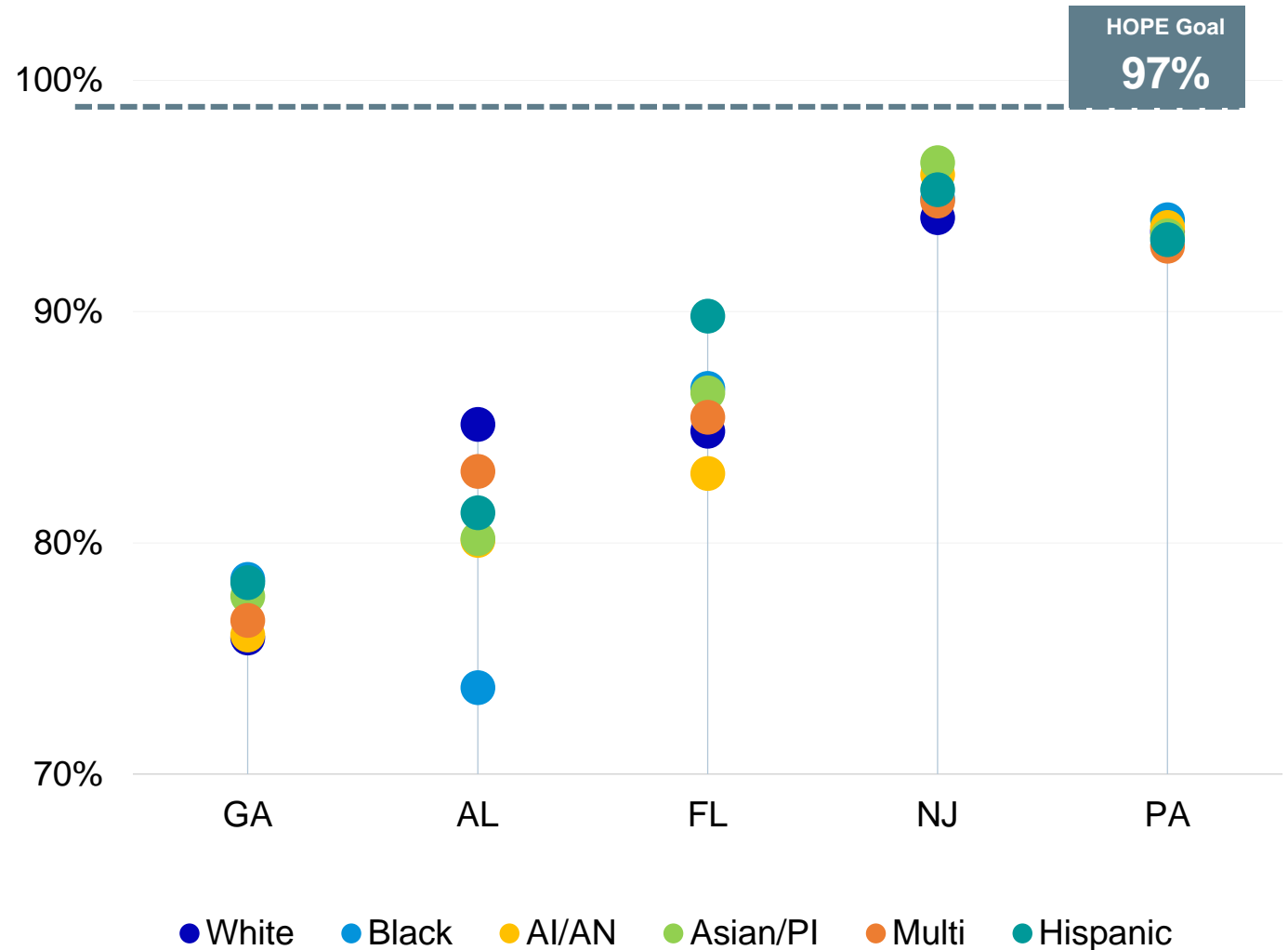
Key Takeaway 4:

On some indicators, such as Food Security, all Georgians have a greater distance to go to achieve the HOPE Goal compared to their peers in other states.

FOOD SECURITY

Portion of people living in census tracts that are not food deserts (i.e., census tracts not designated low income and low food access).

<p>CURRENT RATE</p> <h1 style="font-size: 2em;">77%</h1> <p>of people with food security</p>	<p>HOPE GOAL</p> <h1 style="font-size: 2em;">97%</h1> <p>of people with food security</p>
<p>DISTANCE TO GOAL</p> <h1 style="font-size: 2em;">2.0 million</h1> <p>more Georgians with food security</p>	



Key Takeaway 5: Systemic investments to achieve HOPE's equity goals in opportunity and health can help lift the boat for all Georgians, and especially for people of color who have long endured the effects of systemic racism.



NEIGHBORHOOD POVERTY CONCENTRATION

HOPE Goal: 100%

Achieving the HOPE Goal means

3.0 Million

more Georgians would live in neighborhoods with low poverty, including:

1.4 Million Black
1.2 Million White
363,000 Hispanic
66,000 Asian & Pacific Islander
42,000 Multiracial
6,000 Native American



LIVABLE INCOME

HOPE Goal: 88%

Achieving the HOPE Goal means

2.0 Million

more Georgians would live in households earning a livable income, including:

835,000 White
806,000 Black
249,000 Hispanic
62,000 Asian & Pacific Islander
21,000 Multiracial
5,600 Native American



ADULT HIGH HEALTH STATUS

HOPE Goal: 73%

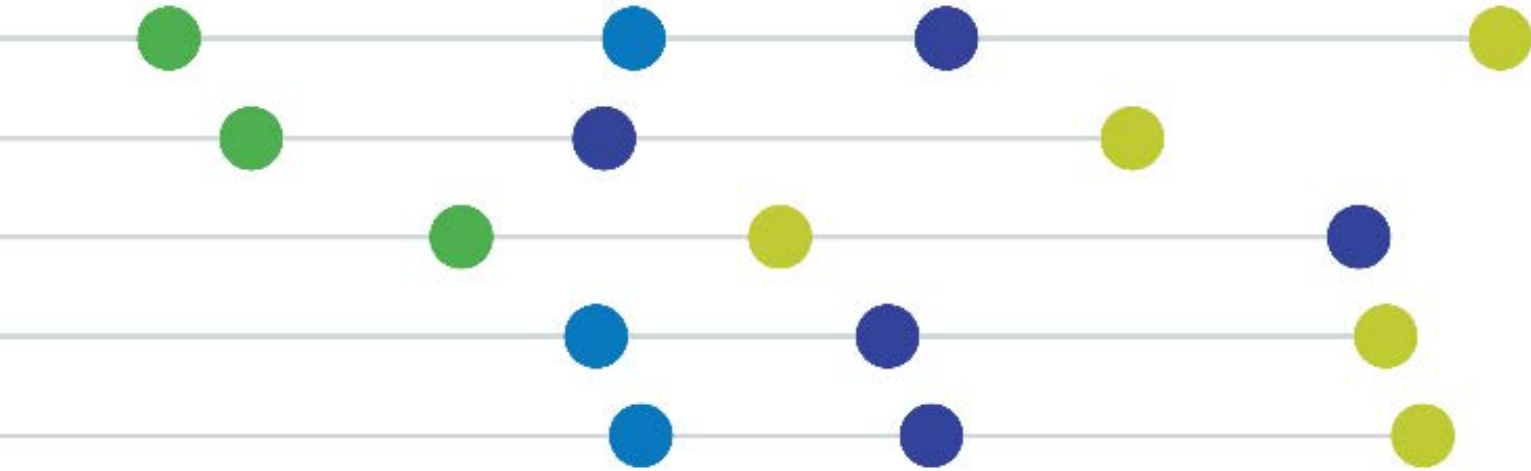
Achieving the HOPE Goal means

1.7 Million

more Georgians would be in excellent or very good health, including:

844,000 White
622,000 Black
204,000 Hispanic
49,000 Asian & Pacific Islander
21,000 Multiracial
5,200 Native American

How Can HOPE's Data Inform State Action for Health Equity?



HOPE provides a new way to frame & communicate equity priorities for bipartisan advocacy and policy change

- Shifts the narrative from deficits and disparities
- Recognizes the interconnectedness of people's health
- Focuses on building opportunities for all to thrive
- Shows what's possible for achieving equity in society

HOPE provides a starting point to help states on their equity journey

- Identify racial and health equity gaps
- Set evidence-informed equity goals (i.e., HOPE Goals)
- Measure distance to go for achieving equity
- Chart a path for equity action



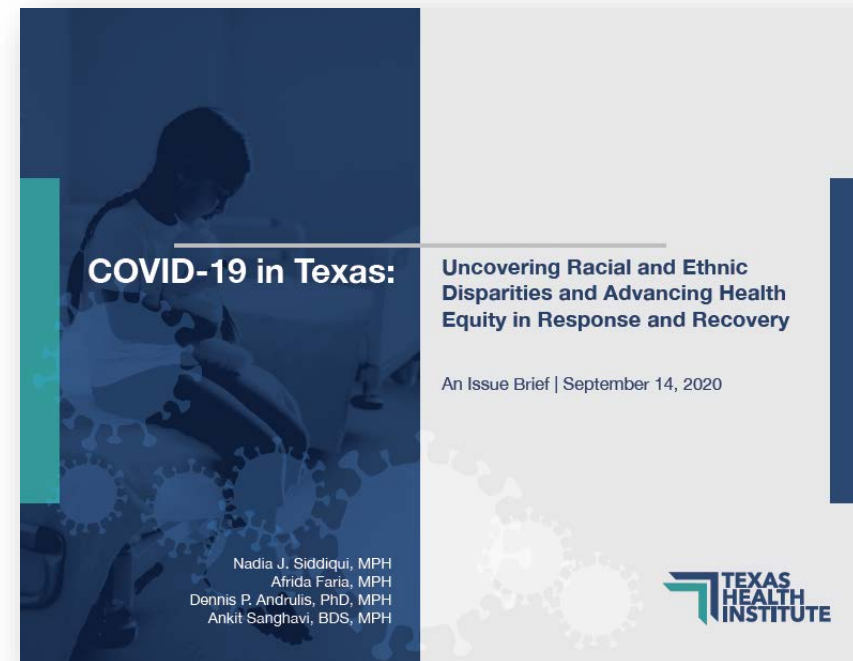
HOPE helps identify common and distinct challenges faced by racial and ethnic groups to inform policy solutions

Equity Gaps	What does this mean?	Examples from HOPE's Data for Georgia	Levels of Action
Narrow gaps – all faring well	All people are faring well	--n/a	Continued monitoring and refinement of policies and programs that work for all people
Narrow gaps – all faring poorly	All people are faring poorly, especially compared to their peers across other states	--Food security – all Georgians lag on this indicator	Need for broad, systemic policies and programs that benefit all people
Wide gaps	Wide gaps in opportunity and health, indicating programs and policies either exist for some or advantage some over others	<p>--Black Georgians face greatest challenges in access to low poverty, low crime neighborhoods & housing measures; Black youth more likely to be disconnected</p> <p>--Black and Native American infants have the poorest outcomes</p> <p>--Native Americans and Whites are least likely to live in areas with adequate access to primary and psychiatric care</p> <p>--Hispanic Georgians face the greatest challenges with post-secondary education, employment, livable income and health coverage/access</p>	<p>Broad, systemic policies and programs</p> <p>and/or</p> <p>Tailored, population-specific actions</p>

HOPE identifies “bright spots” or states leading in equity progress

- What can we learn about the conditions that have enabled some states to narrow equity gaps and achieve good outcomes for opportunity and health for all?
 - e.g., health insurance coverage in Massachusetts and Hawaii
 - e.g., food security in New York and New Jersey
 - e.g., low poverty concentration neighborhoods in New Hampshire

HOPE can help states contextualize their COVID-19 data & develop long-term recovery and rebuilding priorities from an equity lens



HOPE Team - Acknowledgements

National Collaborative for Health Equity

- Gail C. Christopher, DN, Principal Investigator
- Naima Wong Croal, PhD, MPH, Consulting Director
- Michael Frisby, Communications Consultant

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- Elaine Arkin, special adviser to Robert Wood Johnson Foundation
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We believe everyone
should have an equitable
opportunity to achieve
optimal health.

