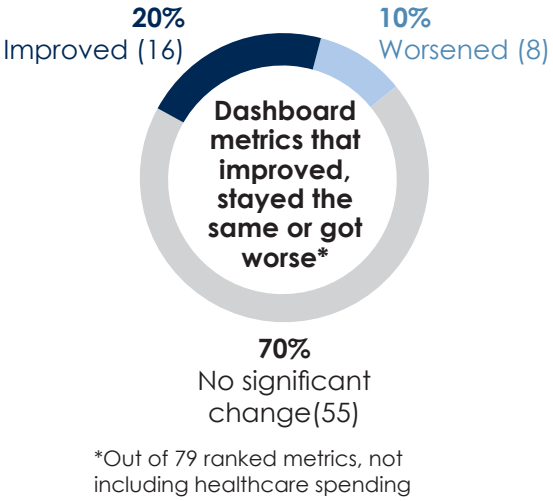
2017 **Health Value** Dashboard™

Trends

This section describes the extent to which Ohio's performance improved or worsened on specific metrics. Because *Dashboard* data are from many different sources, the years compared vary by metric. Most baseline data were from 2010-2013, while most recent-year data were from 2014-2016 (see appendix for specific years for each metric).

Moving in the right direction overall

Ohio improved on many *Dashboard* metrics. Among the 79 metrics for which at least two years of data were available (not including healthcare spending), Ohio's performance improved for 20 percent of metrics and got worse for 10 percent. The remaining metrics had no significant change. This rate of improvement is about the same as the average percent of improved and worsened metrics across all states and DC.



*Out of 79 ranked metrics, not including healthcare spending

Improvements in several areas

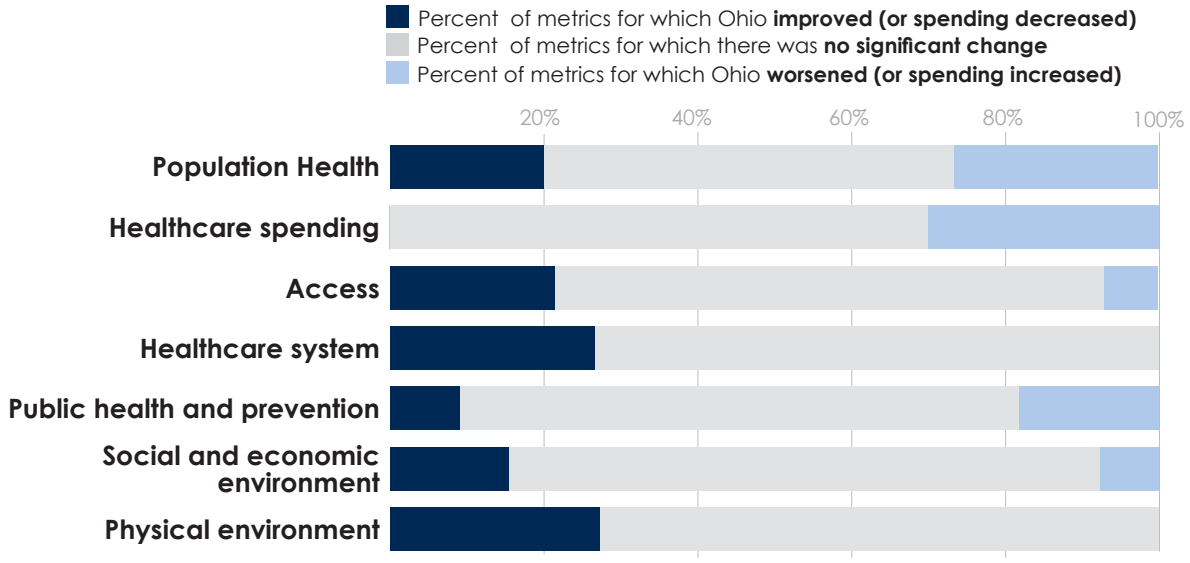
Ohio's performance improved on a greater number of metrics than it worsened for the following domains:

- Access to care
- Healthcare system
- Social and economic environment
- Physical environment

Challenges in health outcomes and prevention

On balance, Ohio's performance worsened in the population health domain. Ohio was one of only eight states that had more population health metrics worsen than improve; most other states improved on this domain. The public health and prevention domain also had more metrics that worsened than improved for Ohio.

In what areas (domains) is Ohio doing better vs. doing worse?*



Trend note: Improved or worsened refers to a change that exceeds one-half standard deviation in the metric's value from baseline year to most recent year. Changes that do not meet this threshold are marked "no change."

* Only includes metrics for which rank and trend were determined

Healthcare spending relatively stable

Healthcare spending increased or stayed about the same for Ohio and most other states for all healthcare spending metrics in the *Dashboard*. Because healthcare spending has historically increased each year, states have focused on controlling *the growth* of healthcare spending to a more sustainable rate. No significant change in healthcare spending metrics is therefore a positive outcome.

Among the 10 spending metrics that were ranked and for which at least two years of data were available, Ohio's spending stayed about the same on seven metrics (70 percent) and increased on three metrics (30 percent). This is similar to the performance of other states.

How was improvement measured?

Whenever possible, the *Dashboard* includes three years of data for each metric, allowing for a comparison over time. "Improved" or "worsened" refers to a change that exceeds one-half standard deviation in the metric's value from the baseline year to the most recent year. Changes that do not meet this threshold are considered to have no significant change.

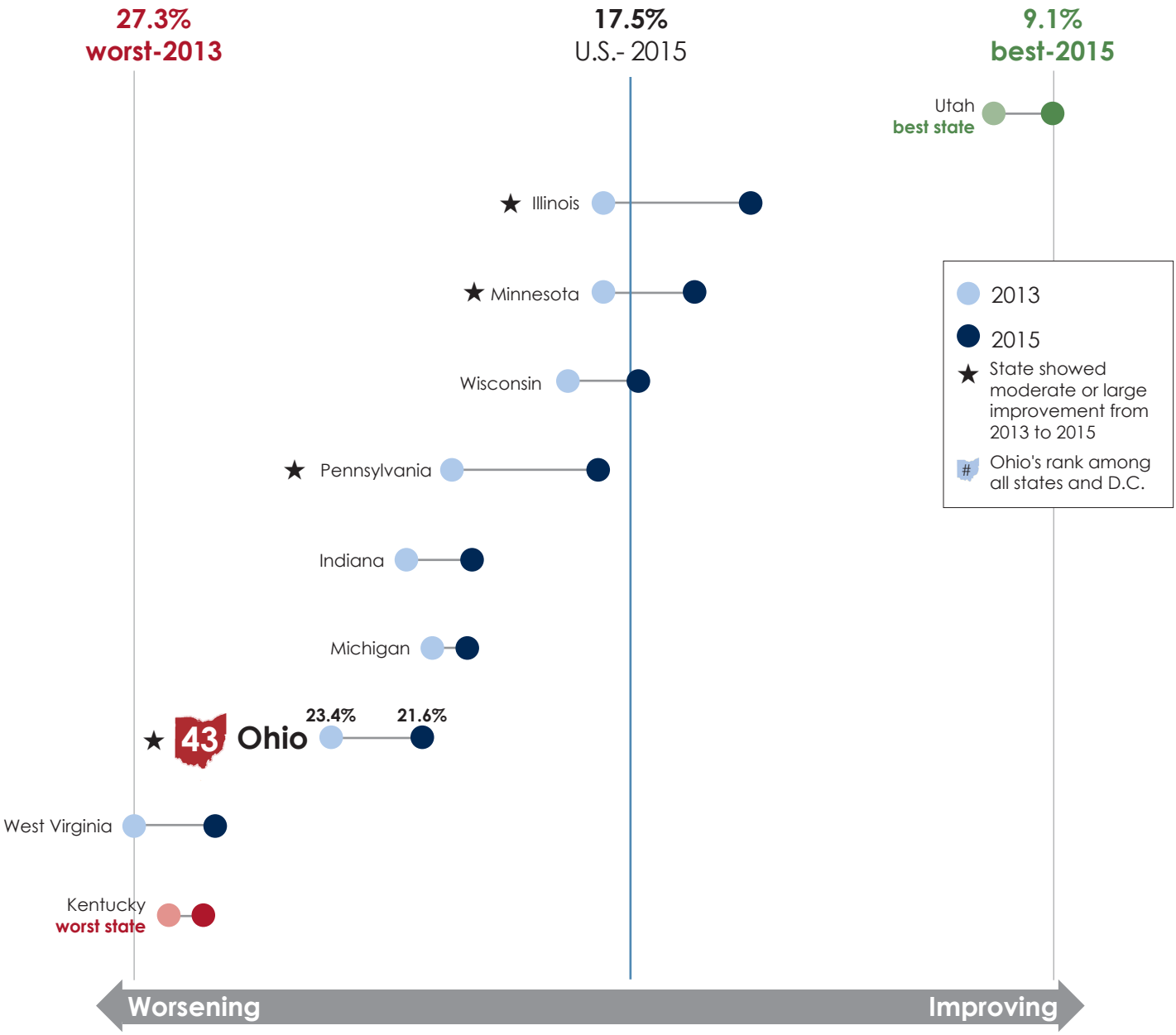
In this section

This section includes a series of charts that provide additional detail about changes in performance on health value over time:

- **Trends for adult smoking, drug overdose deaths, cost as a barrier to care and fourth grade reading:** These topics were selected to provide examples of metrics for which Ohio significantly improved or bottom-quartile metrics in need of improvement. Midwest (Department of Health and Human Services Region V) and neighboring states are highlighted.
- **Changes in performance on *Dashboard* metrics:** Number of metrics that improved, stayed the same or worsened for all states and DC (not including healthcare spending)
- **Changes in performance on healthcare spending metrics:** Number of spending metrics that decreased, stayed the same or increased

Adult smoking: Ohio improved, but still performs worse than most other states

Percent of population age 18 and older that are current smokers



Source: Behavioral Risk Factor Surveillance System

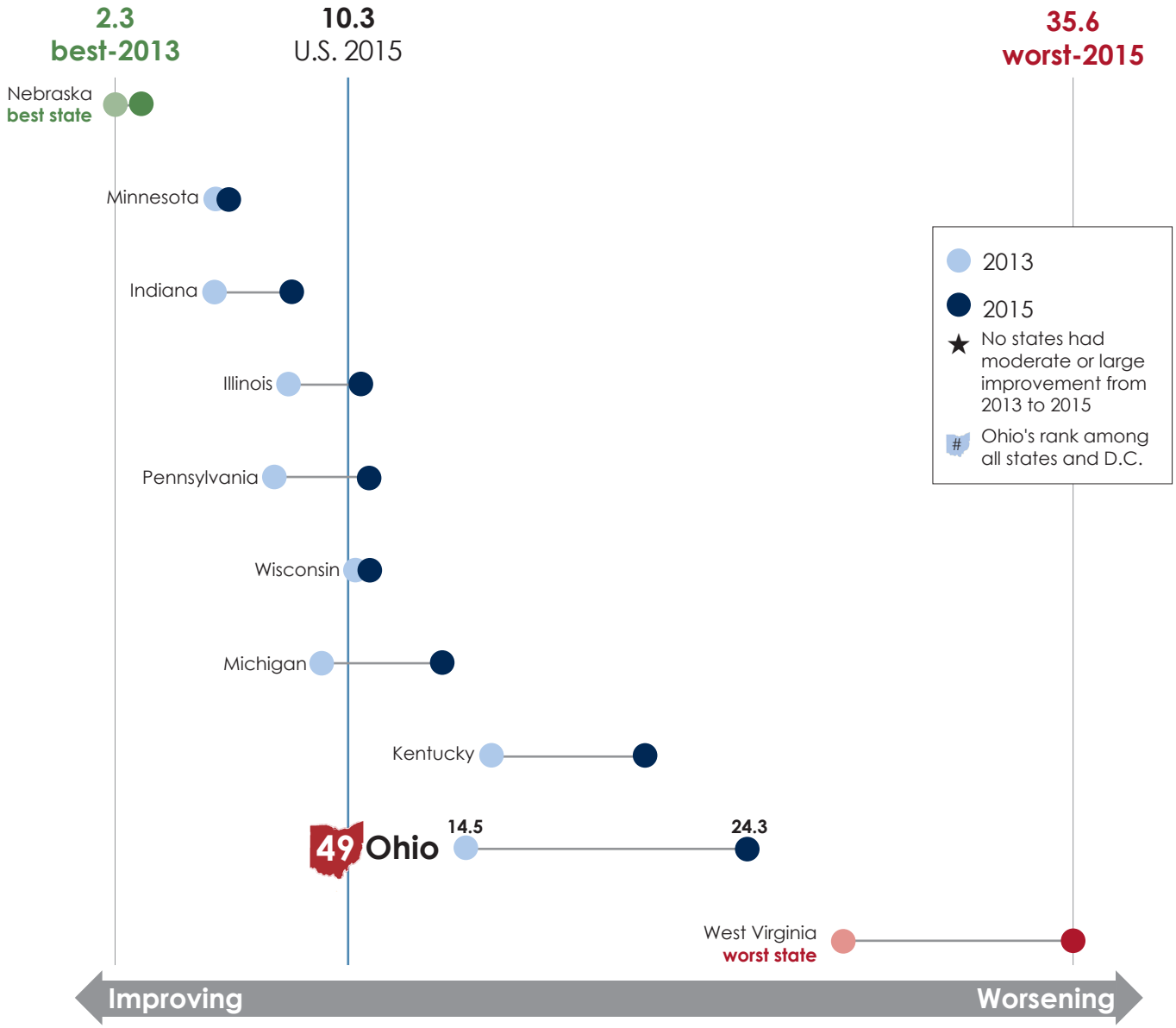
Policy spotlight: Cigarette taxes

Research indicates that increasing the price of tobacco products is an effective way to reduce tobacco use.[5] Cigarette taxes increased between 2012 and 2015 in all the Midwestern states above that had significant reductions in adult smoking.

- Illinois and Pennsylvania allow certain municipalities to add their own tobacco taxes. In 2012, Illinois increased its cigarette tax by $1.00,[6] and Chicago and Cook County each raised their cigarette taxes in 2013.[7] Pennsylvania's cigarette tax increased in 2009 and 2016[8] and Philadelphia's cigarette tax went up $2.00 in 2014.[9]
- In 2013, Minnesota increased its cigarette tax $1.60 and began annual adjustments pegged to inflation.[10]
- Ohio's cigarette tax increased $0.35 per pack in 2015[11] and is lower than the rates in Utah, Illinois, Minnesota, Wisconsin, Pennsylvania and Michigan.

Drug overdose deaths: Ohio's very high death rate climbed even higher in 2015

Number of deaths due to drug overdoses per 100,000 population, age-adjusted

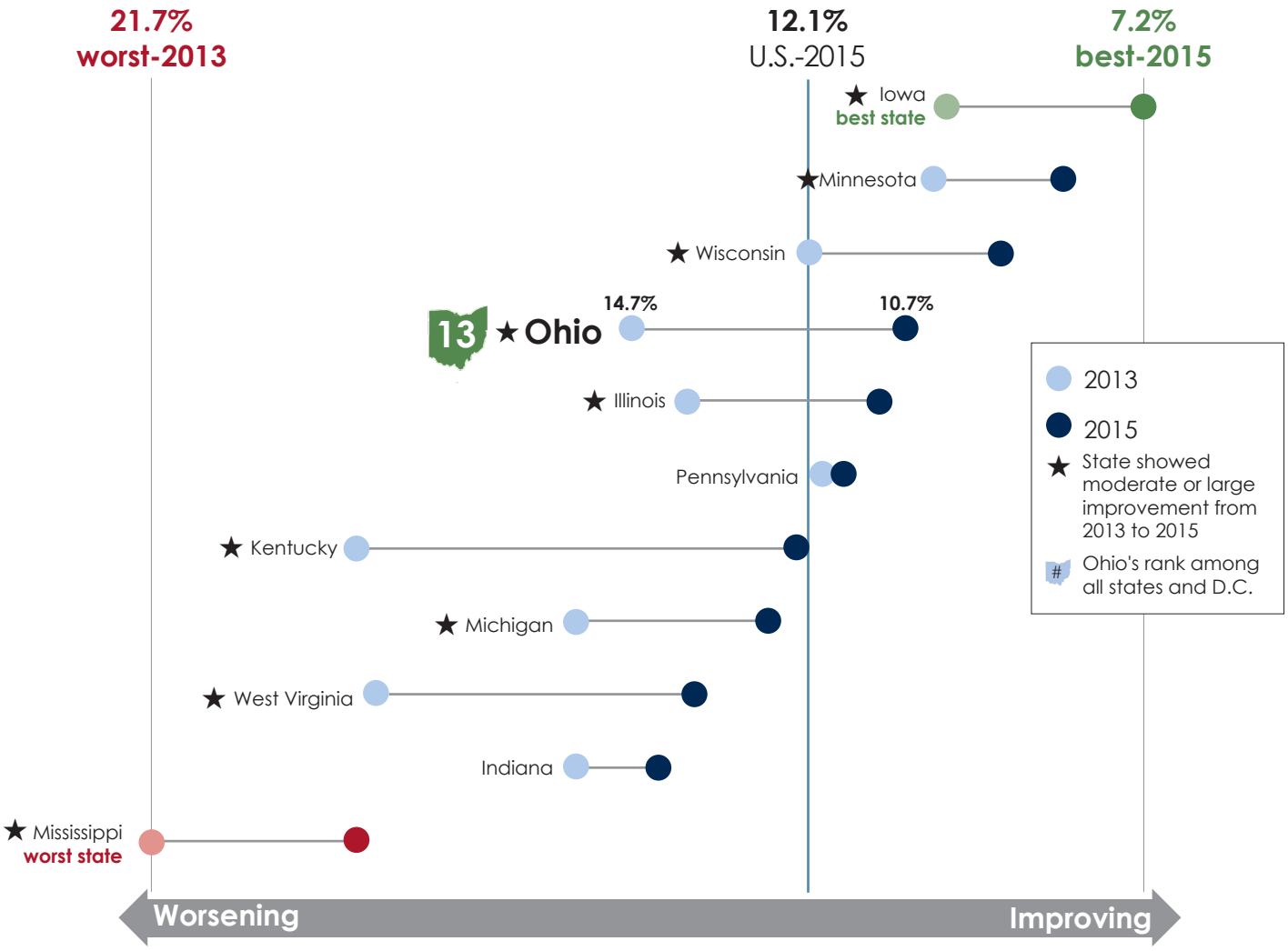


Source: Centers for Disease Control and Prevention, WONDER

Policy spotlight: Opiate access, overdose reversal and addiction treatment
States are trying many strategies to decrease overdose deaths but are struggling to slow the opiate epidemic. From 2013 to 2015, no states significantly improved on the drug overdose death rate (per 100,000 population) and Ohio had the second-highest increase. Click **here** for a timeline of policy changes implemented in Ohio since 2011, including strategies to reduce access to opiates and increase access to Naloxone and addiction treatment.

Cost as a barrier to access: Ohio stands out for improvement and rank

Percent of adults who went without care because of cost in the past year



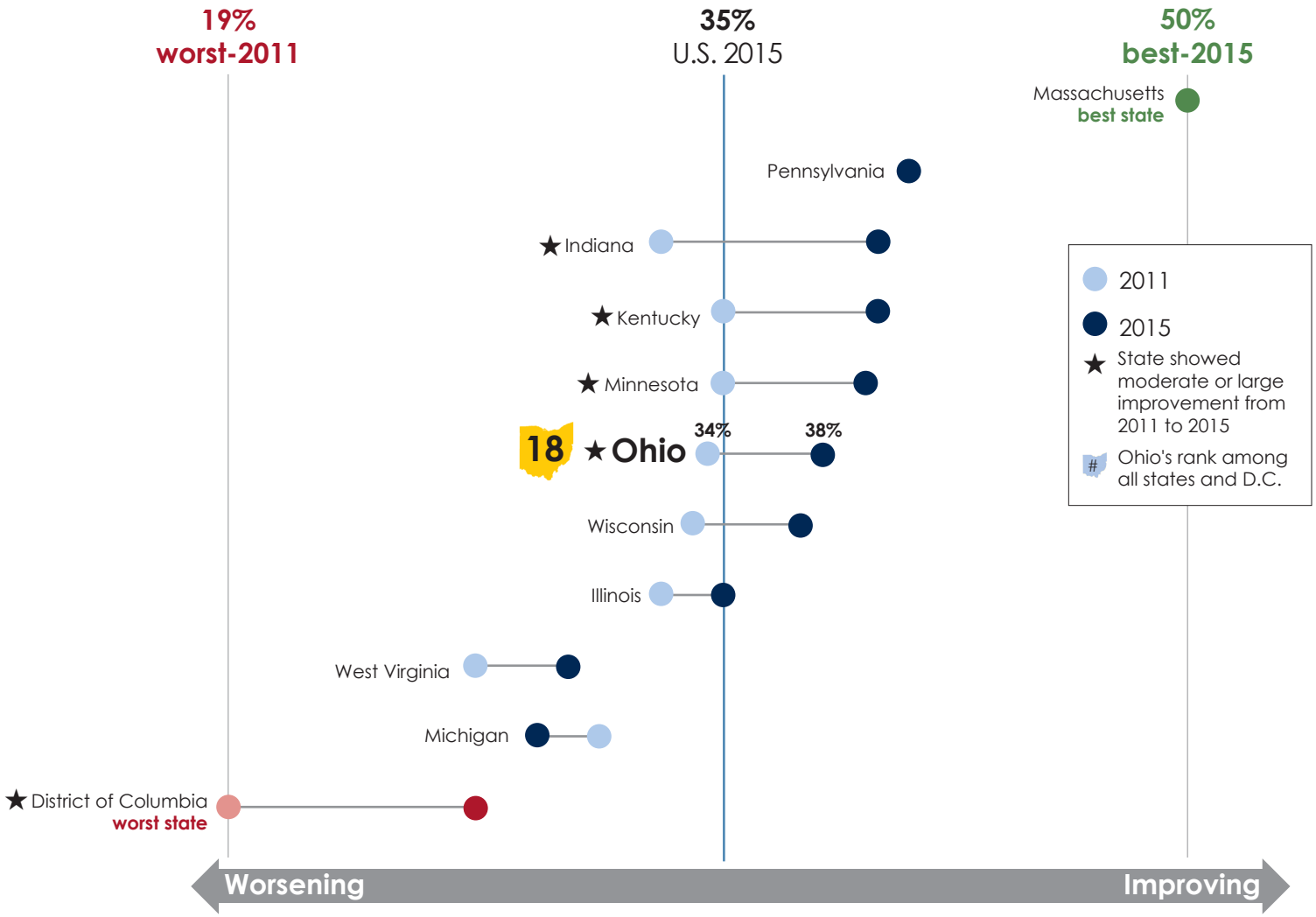
Source: Behavioral Risk Factor Surveillance System

Policy spotlight: Affordable Care Act (ACA)
The ACA contains several provisions first implemented in 2014 that were designed to increase access to care, including Medicaid expansion, insurance marketplaces and insurance reforms. Medicaid expansion varies by state; among Midwestern and neighboring states[12]:

- Minnesota, Ohio, Illinois, Kentucky, Michigan and West Virginia all expanded Medicaid eligibility for adults up to 138 percent of the federal poverty level (FPL) in 2014. All of these states experienced large or moderate improvements in the percent of adults who went without care because of cost.
- Pennsylvania and Indiana expanded Medicaid in 2015 and did not see a significant decrease on this metric between 2013 and 2015.
- Wisconsin expanded Medicaid eligibility prior to the ACA and continues to cover adults up to 100 percent FPL.

Fourth grade reading: Ohio made modest gains amid wave of improvements across most states

Percent of 4th graders proficient in reading



Source: U.S. Department of Education, National Assessment of Educational Progress, as compiled by Kids Count Data Center

Policy spotlight: Third Grade Reading Guarantee and other reforms

Ohio has implemented several education reforms that may have affected changes in fourth grade reading proficiency through 2015, including:

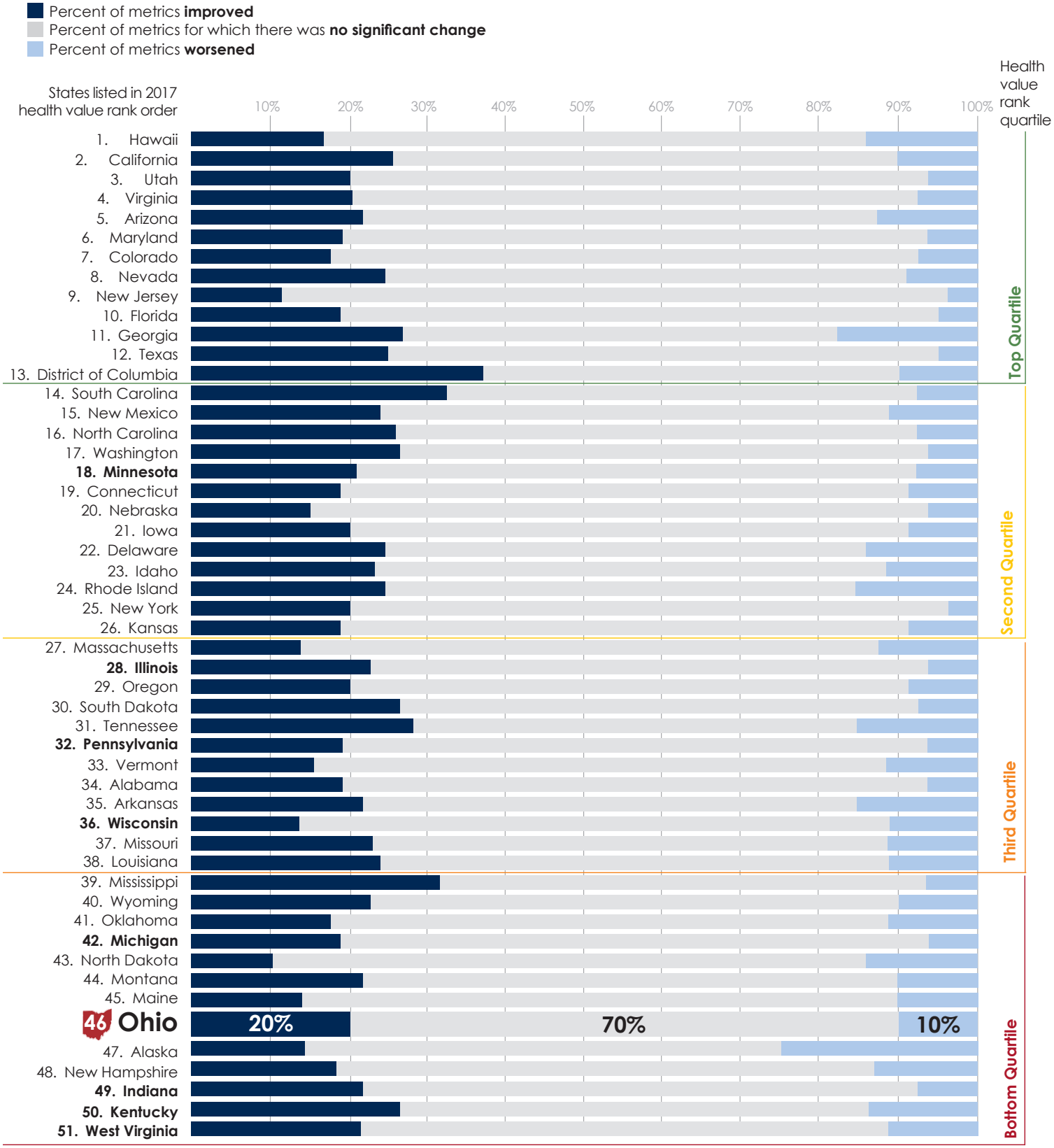
- 2012: Ohio adopted a new accountability system with an A-F style school report card which is being phased in over several years.
- 2013-14: Ohio implemented the Third Grade Reading Guarantee and new learning standards (Common Core standards in English Language Arts and mathematics).[13,14]

Indiana and Kentucky, two neighboring states with notable improvements, have adopted similar reforms:

- Kentucky began implementing Common Core standards in 2011-12.[15]
- Indiana has implemented K-3 reading reforms and A-F style school report cards.[16]

More improvement than decline

Percent of *Dashboard* metrics that improved, stayed about the same or worsened from baseline to most-recent year*

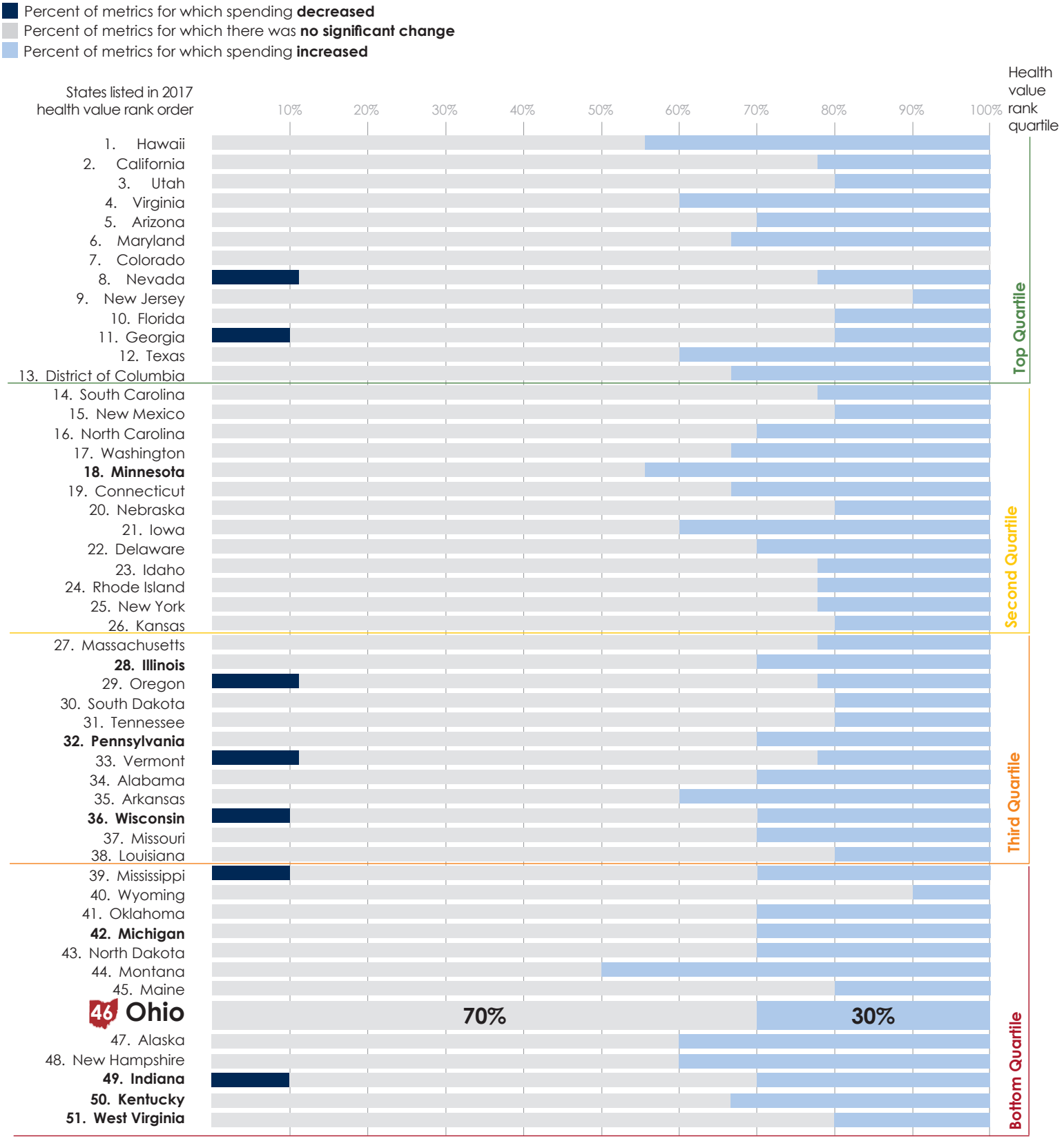


Note: Most baseline data were from 2010 to 2013 and most recent-year data were from 2014 to 2016. See appendix for specific years for each metric.

* Not including healthcare spending

Healthcare spending relatively stable

Percent of healthcare spending metrics that decreased, stayed about the same or increased from baseline to most-recent year



Note: Most baseline data were from 2012 to 2013 and most recent-year data were from 2014 to 2016. See appendix for specific years for each metric.

Notes

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6. Data from Campaign for Tobacco-Free Kids. "Cigarette Taxes by State Per Year 2000-2017." November 10, 2016 https://www.tobaccofreekids.org/research/factsheets/pdf/0275.pdf
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