

2019

# Health Value Dashboard

## Executive summary



### What is the Health Value Dashboard?

The Health Policy Institute of Ohio's *Health Value Dashboard* is a tool to track Ohio's progress towards health value — a composite measure of Ohio's performance on population health outcomes and healthcare spending. The *Dashboard* examines Ohio's rank and trend performance relative to other states and highlights gaps in outcomes between groups for some of Ohio's most at-risk populations.



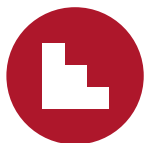
### Where does Ohio rank?

- **Ohio ranks 46** out of 50 states and the District of Columbia (D.C.) on health value, landing in the bottom quartile. This means that Ohioans are less healthy and spend more on health care than people in most other states.
- **Ohio ranks in the bottom quartile on nearly 30 percent of metrics** and in the top quartile on only 5 percent of metrics, out of 100 metrics ranked in the *Dashboard*.

### Key findings

- **Access to care is necessary, but not sufficient.** Ohio performs relatively well on access to care (second quartile) but poorly on the other factors that influence overall health, landing in the bottom half of states for the social and economic environment, physical environment, public health and prevention and healthcare system domains.
- **Tobacco use drives poor health.** Ohio ranks in the bottom quartile for adult smoking and children living in a household with a smoker. All states in the top quartile for health value have lower rates of adult smoking than Ohio.
- **Ohio's per person spending for older Medicaid enrollees (aged category) is 1.4 times more than the U.S. rate;** however, Ohio's overall Medicaid spending per enrollee is relatively similar to other states. This suggests Ohio's healthcare spending needs to be re-aligned to provide greater support for healthy aging and prevention as a way to reduce spending on costly sick care later in life.

### Why does Ohio rank poorly?



#### Too many Ohioans are left behind

Without a strong foundation, not all Ohioans have the same opportunity to be healthy. For example, Ohioans with disabilities or Ohioans who are racial or ethnic minorities, have lower incomes or educational attainment, are sexual or gender minorities and/or who live in rural or Appalachian counties, are more likely to face multiple barriers to health.



#### Resources are out of balance

Ohio's healthcare spending is mostly on costly downstream care to treat health problems. This is largely because of many missed upstream opportunities to prevent or better manage injury, illness and disability for thousands of Ohioans.



#### Addiction is holding Ohioans back

Addiction is a complex problem at the root of many of Ohio's greatest health value challenges, including drug overdose deaths, unemployment and incarceration.

# Nine strategies that work to improve health value

The prioritized strategies highlighted below have strong evidence of effectiveness<sup>1</sup>, address key factors identified by *Dashboard* analysis and are actionable for state policymakers. In addition, research evidence indicates that all these policies and programs are likely to decrease disparities<sup>2</sup>, and most have also been found to be cost effective or cost saving.<sup>3</sup>



## Create opportunities for all Ohio children to thrive

1. **Increase investment in evidence-based home visiting** to ensure Ohio's most at-risk families have access to services, including all families under 200 percent of the federal poverty level.
2. **Expand access to quality early childhood education** by fully implementing Ohio's Step Up to Quality rating system and expanding eligibility for Ohio's child care subsidy from 130 percent to at least 200 percent of the federal poverty level.
3. **Expand access to lead screening and abatement services** by increasing funding to the state's lead poisoning prevention fund, providing tax incentives for lead abatement and expanding the lead abatement workforce to reduce lead exposure for Ohio's most at-risk children, including children living in low-income families.



## Invest upstream in employment, housing and transportation

4. **Strengthen the state earned income tax credit** by increasing the rate above 10 percent, lifting the existing cap on the credit and/or making it refundable.
5. **Increase the availability of safe, accessible and affordable housing** for low-income and other at-risk Ohioans by increasing investment in the Ohio Housing Trust Fund.
6. **Increase state investment in public transportation**, prioritizing transit strategies that improve accessibility and better connect low-income workers to jobs and education.



## Build and sustain a high-quality addiction prevention, treatment and recovery system

7. **Prioritize tobacco reduction** by increasing use of cessation counseling and medications, expanding prevention media campaigns, increasing the price of tobacco products and restricting youth access to e-cigarettes.
8. **Implement comprehensive evidence-based drug prevention programs and social-emotional learning in schools**, such as LifeSkills, PAX Good Behavior Game and Positive Behavioral Interventions and Supports (PBIS). Sustain effective programs over time through better state agency coordination and establishment of a wellness trust.
9. **Strengthen the behavioral health workforce** through increased reimbursement rates, equal insurance coverage for behavioral health services (parity), student loan repayment programs and continuing to integrate with physical health care.

1. All of the strategies prioritized here have been recommended by the [Guide to Community Preventive Services](#) (CG) based on systematic reviews of evidence of effectiveness and/or are included in [What Works for Health](#) (WWFH). WWFH has rated most of these strategies as "scientifically supported," indicating strong evidence of effectiveness. This is not an exhaustive list of effective strategies.

2. WWFH assesses a policy or program's likely effect on various groups in reducing health disparities based on the best available research evidence. CG identifies equity strategies based on findings from systematic reviews of effectiveness and economic evidence issued by the Community Preventive Services Task Force.

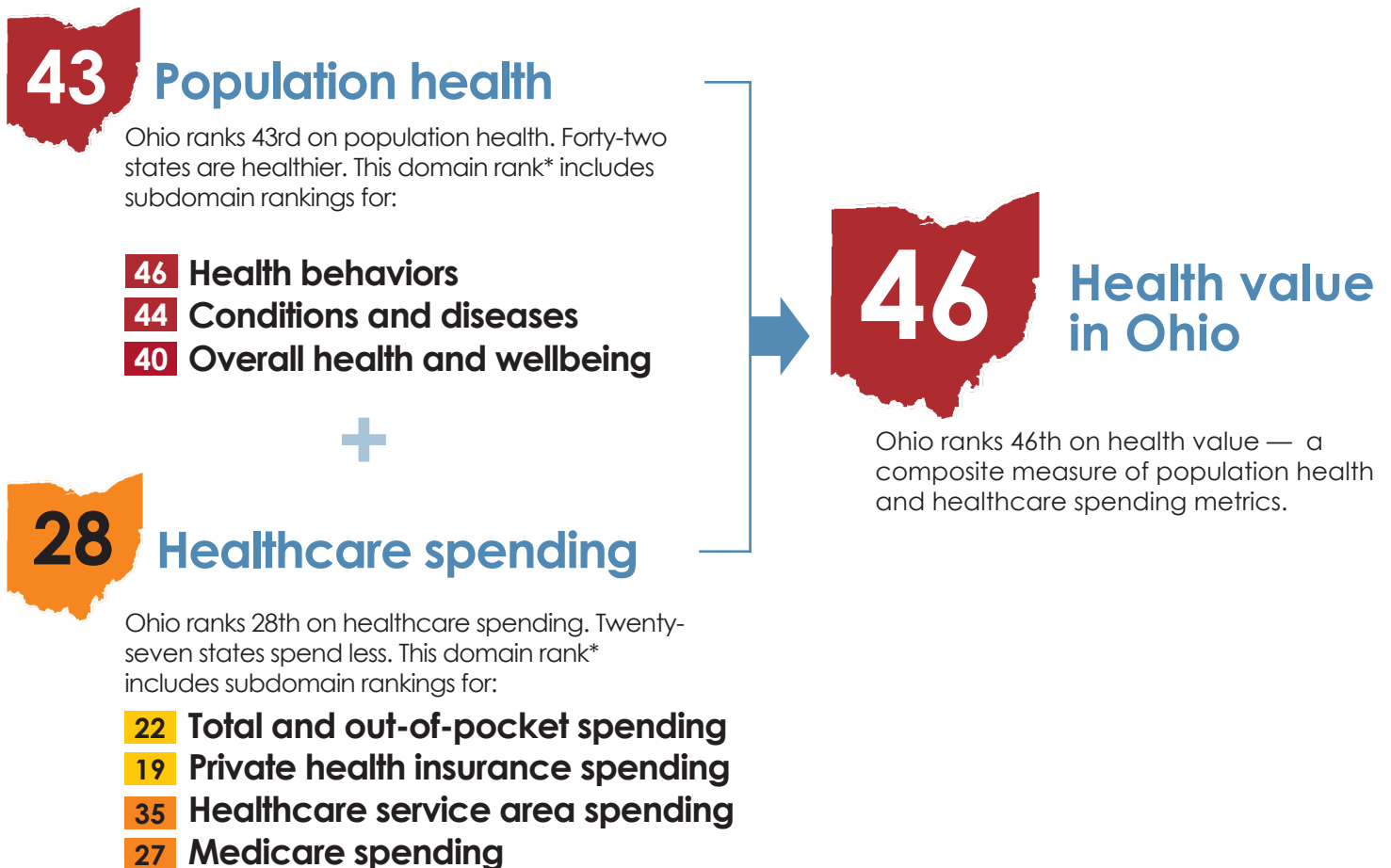
3. Five of the strategies listed above are recommended by the [CDC's Health Impact in 5 Years initiative \(HI-5\)](#) which highlights approaches that have evidence of positive health impacts, results within five years and cost effectiveness and/or cost savings over the lifetime of the population or earlier. For benefit-cost information about many of the other strategies listed here, see benefit-cost analyses from the [Washington State Institute for Public Policy](#).

View all 2019 *Health Value Dashboard* materials at:

[www.hpio.net/2019-health-value-dashboard](http://www.hpio.net/2019-health-value-dashboard)

# Where does Ohio rank?

Ohioans are less healthy and spend more on health care than people in most other states.

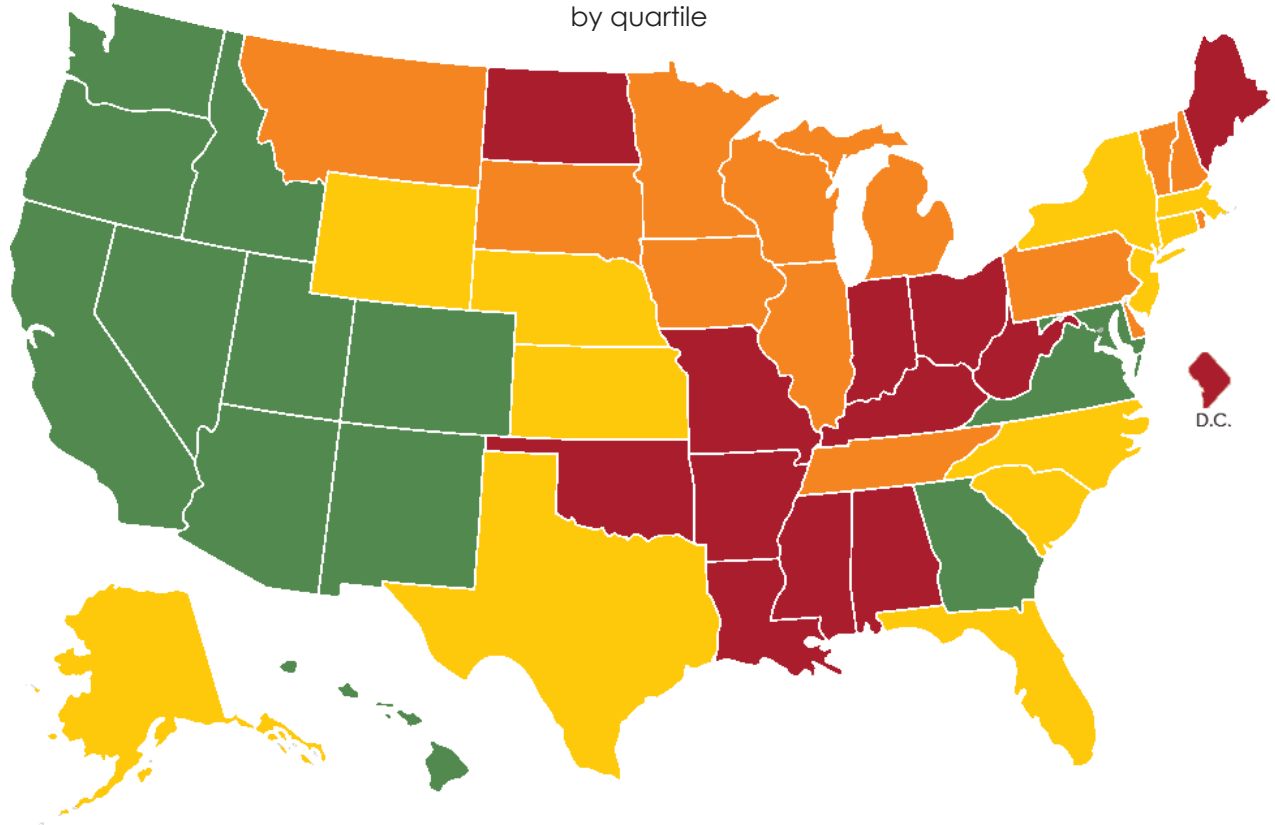


\*The domain and subdomain ranks are the composite of individual metric ranks. For example, adult smoking is a metric under the health behaviors subdomain of population health.

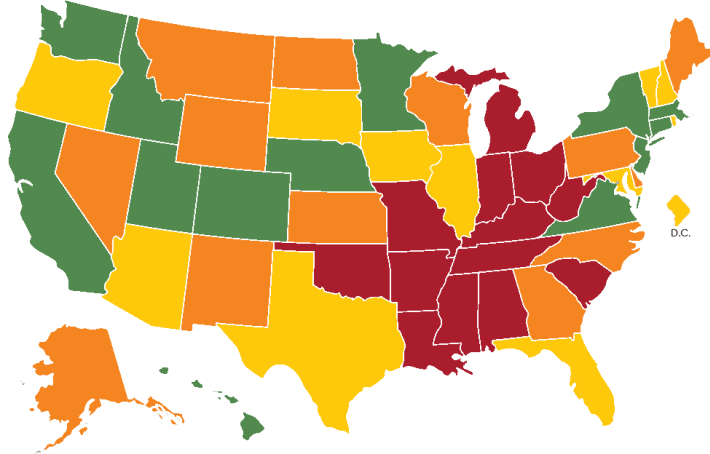
**Note:** Health value rank equally weights the population health and healthcare spending domains. The rank is not an average of population health and healthcare spending rank. For more details, see the methodology section on the [2019 Health Value Dashboard webpage](#).

# Where do other states rank?

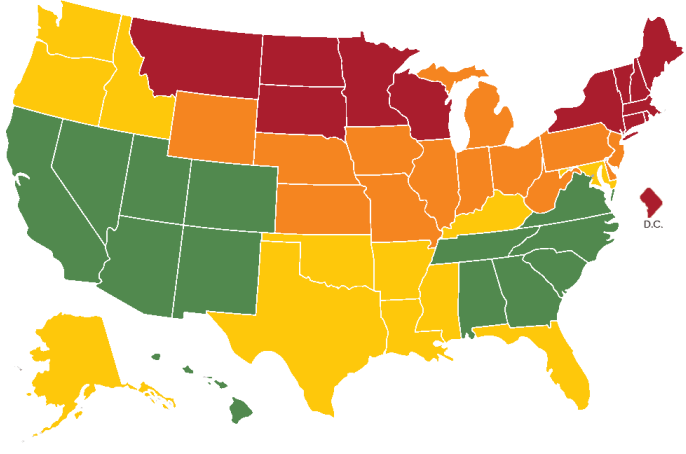
Health value rank  
by quartile



Population health rank  
by quartile



Healthcare spending rank  
by quartile

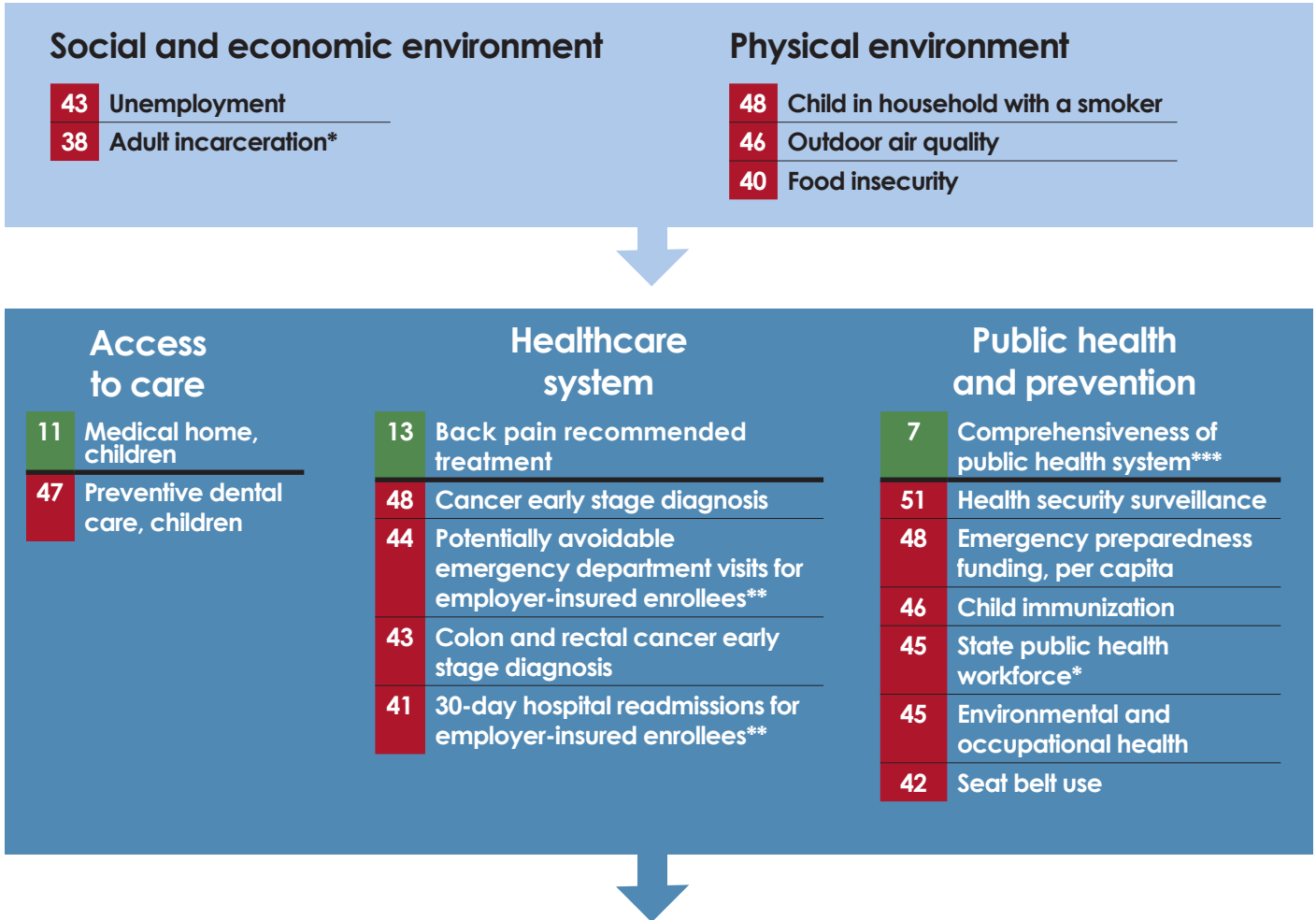


Of the 50 states and D.C.

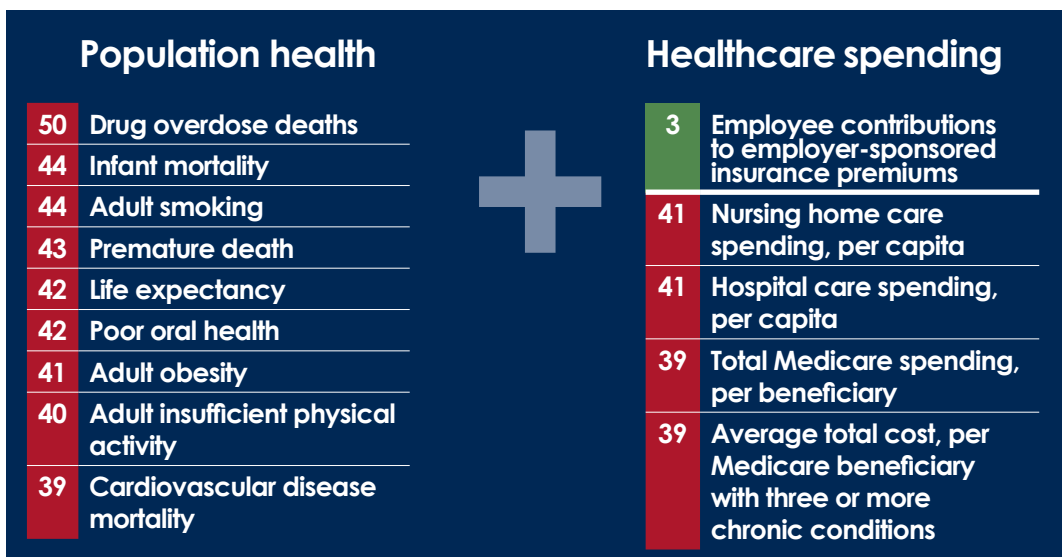
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# Ohio's greatest health value strengths and challenges

**Top** and **bottom** quartile metrics in the domains that contribute to health value



**Top** and **bottom** quartile metrics for health value



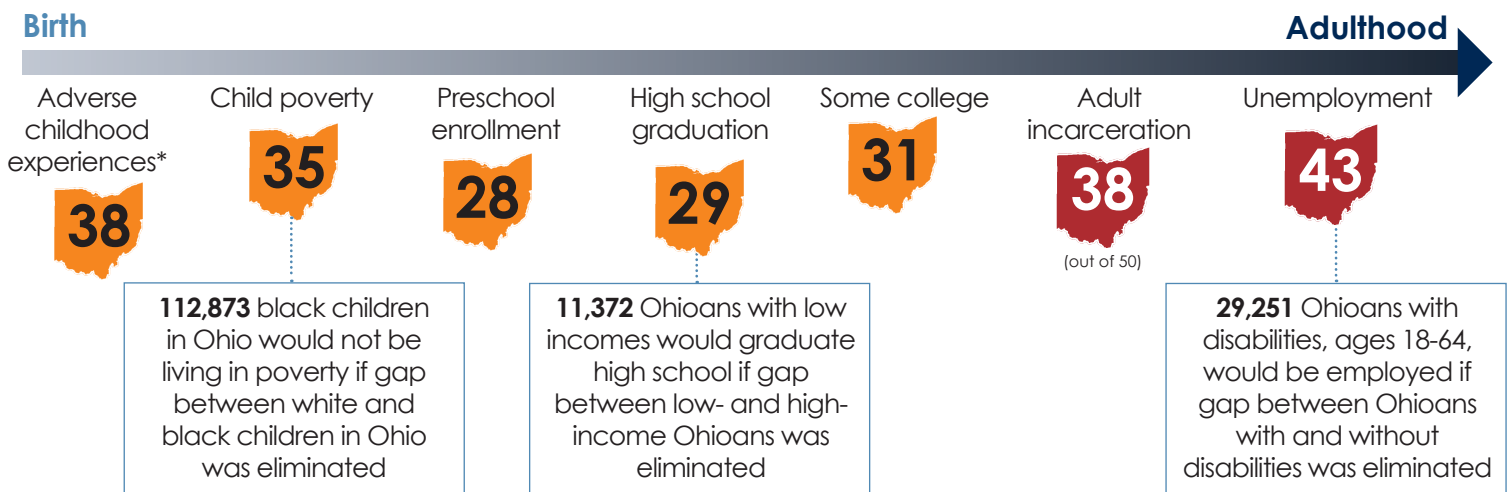
\* Ranking out of 50 states  
 \*\* Ranking out of 49 states  
 \*\*\* Ranking out of 48 states  
**Note:** Metrics in the top quartile that greatly worsened are not included. Ohio has no top quartile metrics for social and economic environment, physical environment and population health.

# Why does Ohio rank poorly?

## Too many Ohioans are left behind

- **Many Ohioans experience poorer health outcomes** including Ohioans with disabilities or Ohioans who are racial or ethnic minorities, have lower incomes or educational attainment, are sexual or gender minorities and/or who live in rural or Appalachian counties.
- **These groups of Ohioans face barriers to being healthy** due to, for example, unequal access to post-secondary education, a job that pays a self-sufficient income, quality housing and increased exposure to adverse childhood experiences, racism and discrimination.

## Without a strong foundation, not all Ohioans have the same opportunity to be healthy



\*Adverse childhood experiences include a child's exposure to family dysfunction, addiction in the home, domestic or neighborhood violence and living in a family with financial hardship.

# How can we improve?

## Create opportunities for all Ohio children to thrive

### What works?<sup>1</sup>

- **Increase investment in evidence-based home visiting** to ensure Ohio's most at-risk families have access to services, including families under 200 percent of the federal poverty level.
- **Expand access to quality early childhood education** by fully implementing Ohio's Step Up to Quality rating system and expanding eligibility for Ohio's child care subsidy from 130 percent to at least 200 percent of the federal poverty level.
- **Expand access to lead screening and abatement services** by increasing funding to the state's lead poisoning prevention fund, providing tax incentives for lead abatement and expanding the lead abatement workforce to reduce lead exposure for Ohio's most at-risk children and children living in low-income families.

1. All of the strategies prioritized here have been recommended by The Guide to Community Preventive Services and/or are rated by What Works for Health as "scientifically supported," indicating strong evidence of effectiveness.

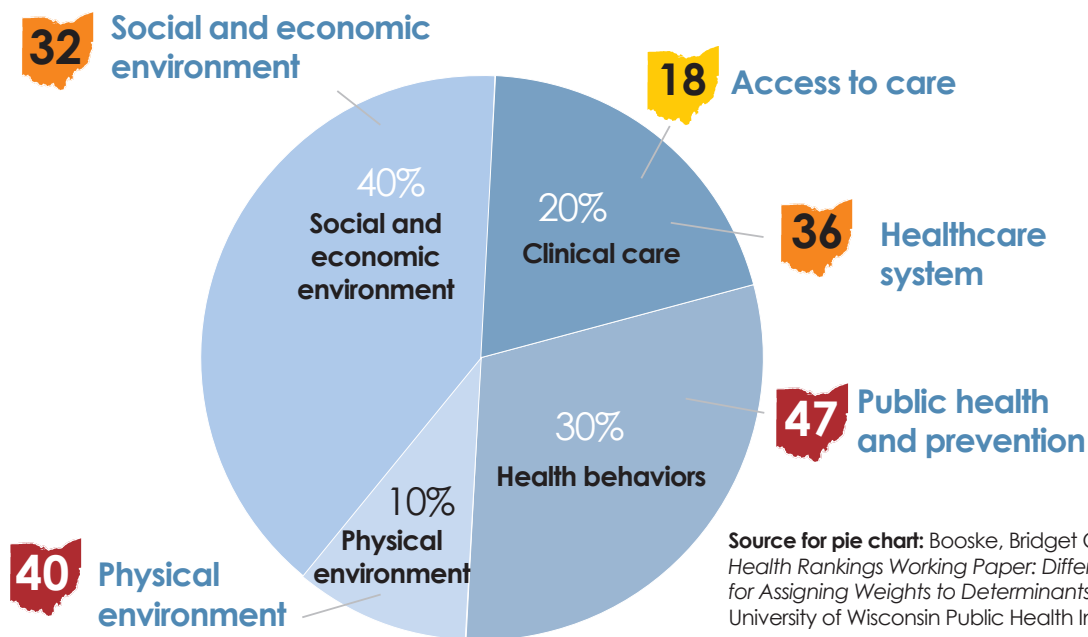
# Why does Ohio rank poorly?

## Resources are out of balance

- Ohio performs poorly on many of the factors that influence overall health, but relatively well on access to care.
- Ohio's healthcare spending is mostly on costly downstream care to treat health problems. This is largely because of many missed upstream opportunities to prevent or better manage injury, illness and disability for thousands of Ohioans.

## Access to quality health care is necessary, but not sufficient, for good health

Researchers estimate that only 20 percent of the modifiable factors that influence health are attributed to clinical care. Eighty percent of overall health is shaped by nonclinical factors in the social, economic and physical environments, such as access to quality education and housing, as well as our behaviors.



## How can we improve?

### Invest upstream in employment, housing and transportation

#### What works?<sup>1</sup>

- **Strengthen the state earned income tax credit** by increasing the rate above 10 percent, lifting the existing cap on the credit and/or making it refundable.
- **Increase the availability of safe, accessible and affordable housing** for low-income and other at-risk Ohioans by increasing investment in the Ohio Housing Trust Fund.
- **Increase state investment in public transportation**, prioritizing transit strategies that improve accessibility and better connect low-income workers to jobs and education.

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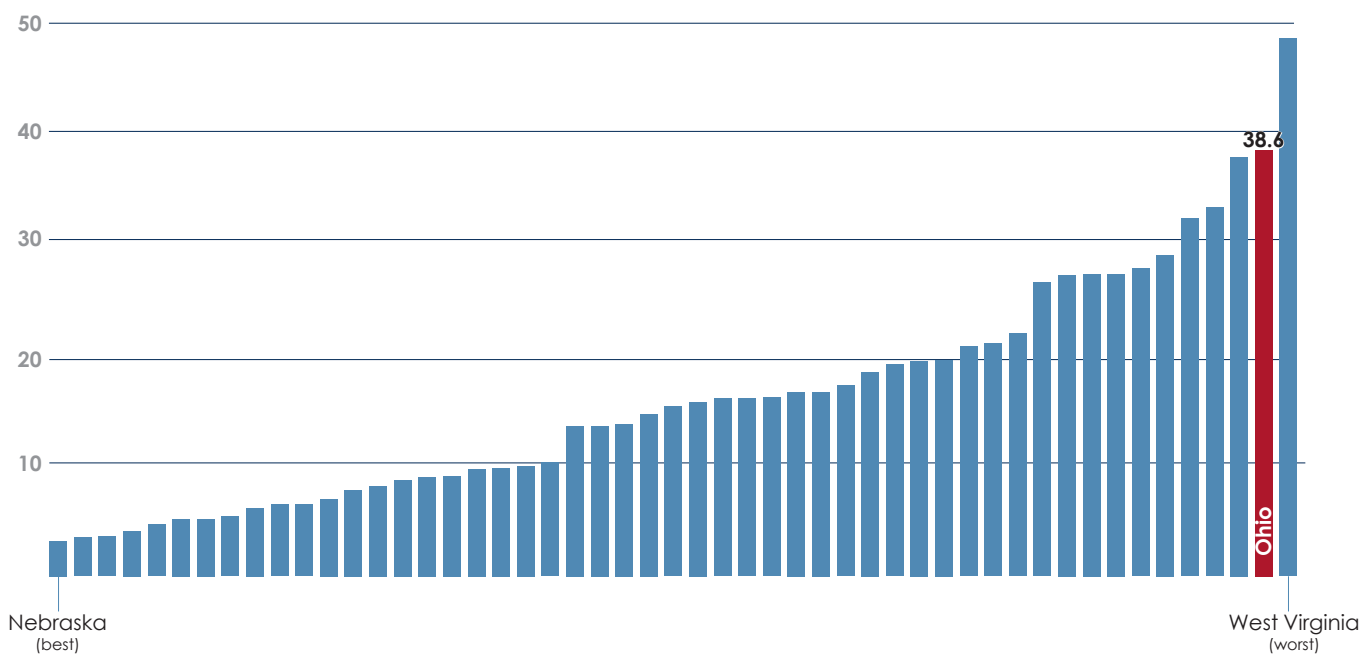
# Why does Ohio rank poorly?

## Addiction is holding Ohioans back

- **Addiction is a complex problem at the root of many of Ohio's greatest health value challenges**, including drug overdose deaths, unemployment and incarceration.
- **Critical gaps remain in addressing Ohio's addiction crisis**, including a patchwork approach to school and community-based prevention and inadequate provider capacity for medication-assisted treatment, psychosocial treatment and recovery services.

## Ohio ranks at the bottom for overdose death rate

Overdose death rate per 100,000 population, 2017



Source: Centers for Disease Control and Prevention, Wide-ranging Online Data for Epidemiologic Research (CDC WONDER)

## How can we improve?

### Build and sustain a high-quality addiction prevention, treatment and recovery system

#### What works?<sup>1</sup>

- **Implement comprehensive evidence-based drug prevention programs and social-emotional learning in schools**, such as LifeSkills, PAX Good Behavior Game and Positive Behavioral Interventions and Supports (PBIS).
- **Sustain effective programs over the long term** by establishing one state-level entity to coordinate, evaluate and support school-based prevention and mental health promotion and creating a wellness trust to fund school and community-based prevention in all Ohio communities.
- **Strengthen the behavioral health workforce** through increased reimbursement rates, equal insurance coverage for behavioral health services (parity), student loan repayment programs and continuing to integrate with physical health care.

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