

014**Health Value** Dashboard

Overview December 2014

Population health

Ohioans are less healthy than people in most other states.

Ohio ranks 40th on a composite measure of population health. Thirty nine states are healthier. This overall rank is based on Ohio's rank in the following areas*:

- 38 Overall health and wellbeing Length and auality of life
- 49 Health behaviors Tobacco, alcohol, physical activity
- 41 Conditions and diseases Physical, mental and oral health



Healthcare costs

Ohio spends more than most other states on health care.

Ohio ranks 40th on a composite measure of healthcare costs. Thirty nine states spend less. This overall rank is based on Ohio's rank in the following areas*:

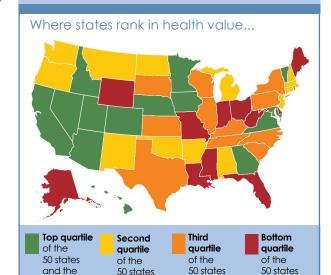
- 35 Total spending Overall healthcare spending per capita and spending growth
- 32 Employer costs Average premiums for single adults and families
- 23 Consumer costs Commercial health spending per enrollee and out of pocket spending
- 49 Medicare spending Spending per enrollee and spending growth

Health value in Ohio

We are not getting good value for our healthcare dollar. Ohio ranks 47th on a

composite measure of health value—the combination of healthcare costs and population health, weighted equally.

Health + Cost = Value



and the

District of

Columbia.

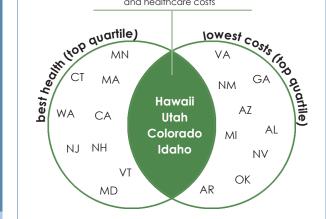
and the

District of

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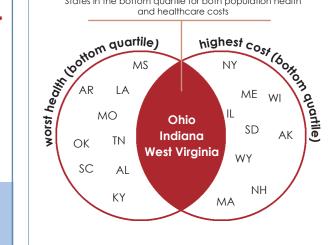


States in the top quartile for both population health and healthcare costs



Lowest value states

States in the bottom quartile for both population health and healthcare costs



Note: Rankings for the above domains are based on most-recently available data from 2008 to 2013. A ranking of 1 is the best and 51 is the worst.

and the

District of

District of

Columbia.

^{*}The overall domain rank (e.g., healthcare costs) is the composite of the sub-domain ranks (e.g., total and employer). The subdomain ranks are the composite of the ranks for the individual metrics (e.g., healthcare spending per capita).

In order to improve health value, Ohio must address the many factors that impact population health outcomes and healthcare costs. Public health and prevention and the healthcare system in Ohio face significant challenges. Ohio also struggles when it comes to the physical, social and economic environments that impact health.

25 Access

- **15 Affordability and coverage** uninsured, employer-sponsored health insurance coverage, affordability of care
- 20 Primary care access usual source of care, routine checkup, medical homes
- **Behavioral health** unmet mental health and illicit drug use treatment need
- 21 Oral Health dental care, dental emergency department visits

Our social, economic and physical environments
—where we live, work, learn and play — have a significant impact on our overall health.1

Clinical care received within the healthcare system accounts for the majority of our healthcare costs. Fewer of our healthcare dollars are spent on public health and prevention.²

Physical environment

- **36 Air, water and toxic substances** pollution, secondhand smoke, drinking water, fluoridation, lead poisoning
- **32** Food access and food insecurity access to grocery stores, limited or uncertain access to adequate food
- **22** Housing, built environment and access to physical activity housing problems, access to exercise opportunities, biking/walking to work, safe routes to school programs, complete streets policies, neighborhood safety

Social and economic environment

- 27 Education preschool enrollment, fourth-grade reading, high school graduation, educational attainment
- **35 Employment and poverty** unemployment, child and adult poverty
- **29** Family and social support single-parent households, teen births, social-emotional support, social cohesion
- 33 Trauma, toxic stress and violence child abuse and neglect, adverse childhood experiences, violent crime
- 28 Income inequality

Healthcare system

- **35 Preventive services** breastfeeding support, flu immunization, diabetes management
- **42 Hospital utilization** heart failure readmissions, emergency department visits
- 31 Timeliness, effectiveness and quality of care healthcare-associated infections, stroke care, nursing home care, patient experience, mortality amenable to health care

51

Public health and prevention

- **41 Workforce and accreditation** state and local public health workforce, accreditation of local health departments
- 48 Communicable disease control and environmental health chlamydia, foodborne illness monitoring, child immunizations
- **Emergency preparedness** emergency preparedness funding
- 40 Health promotion and prevention prevention of chronic disease, infant mortality and injuries

KEY

Top quartile of the 50 states and the District of Columbia.

Second quartile of the 50 states and the District of Columbia.

Third quartile of the 50 states and the District of Columbia.

Bottom quartile of the 50 states and the District of Columbia.

Columbia.

Columbia.

For methodology and sources, see appendix or view the Health Value Dashboard online at: www.healthpolicyohio.org/2014-health-value-dashboard Note: Rankings for the above domains are based on most-recently available data from 2006 to 2014.

- 1. McGovern, et al. "The relative contribution of multiple determinants to health outcomes," Health Affairs, 2014.
- 2. McGinnis, et al. "The case for more active policy attention to health promotion," Health Affairs, 2002.