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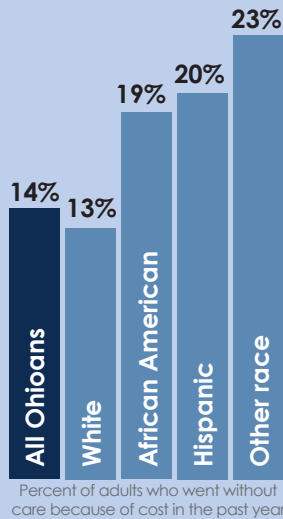
Access in Ohio

Ohio ranks 25th in the nation on the access domain

Indicator	Ohio's rank	Data value		Trend	Best state
		baseline	most recent		
Affordability and coverage					
15					
Uninsured adults Percent of 18-64 year olds who are uninsured	15	16.3%	15.7%	+	5.2% MA
Uninsured children Percent of 0-17 year olds who are uninsured	15	5.3%	5.3%	=	1.5% MA
Employer-sponsored health insurance coverage Percent of all workers who work at a company that offers health insurance to its employees	11	88.6%	86.8%	-	96.7% HI
Unable to see doctor due to cost Percent of adults who went without care because of cost in the past year	18	12%	14%	-	9% ND, HI, MA
Primary care access					
20					
Without a usual source of care Percent of adults who report they do not have at least one person they think of as their personal doctor or health care provider	19	15%	19%	-	11% MA
Routine checkup Percent of at-risk adults who have not visited a doctor for routine checkup in the past two years	20	14%	13%	+	6% MA
Medical home, children Percent of children have a usual source for sick and well care and receive effective care coordination when needed	24	66.2%	57%	-	69% VT
Behavioral health					
42					
Unmet need for mental health treatment Percent of adults ages 18 and older with past year mental illness who reported perceived need for treatment/counseling was not received	32	NA	21.7%	NA	11.1% HI
Unmet need for illicit drug use treatment Percent of individuals ages 12 and older needing but not receiving treatment for illicit drug use in the past year	43	NA	2.6%	NA	1.9% HI
Oral health					
21					
Received dental care in past year, adults Percent of adults ages 18 and older who reported having visited the dentist or dental clinic within the past year	19	NA	67.6%	NA	76.2% MA
Received dental care in past year, children Children under age 18 who have seen a dentist at least once for preventive dental care in the past year	23	79%	78%	-	88% VT

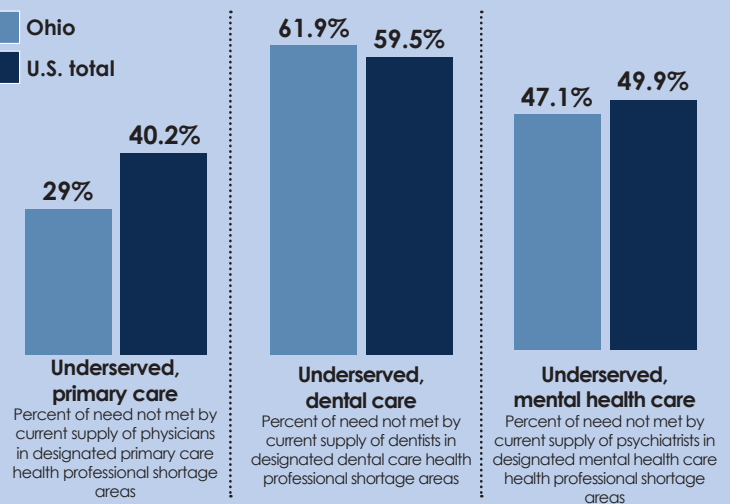
Gaps in ability to see doctor due to cost

More African Americans, Hispanics and people of other races in Ohio went without care because of cost in the past year than White Ohioans.



Workforce

Ohio
U.S. total



KEY

Rank

Ohio ranks in the **top quartile** of the 50 states and the District of Columbia.

Ohio ranks in the **second quartile** of the 50 states and the District of Columbia.

Ohio ranks in the **third quartile** of the 50 states and the District of Columbia.

Ohio ranks in the **bottom quartile** of the 50 states and the District of Columbia.

NR No ranking, no assigned desired direction

NR* No ranking, metric has 10 or more missing states

Trend

+ Getting better
= No change
- Getting Worse

NOTE: Rankings are based on the most-recent data column. A ranking of 1 is the best and 51st is the worst. This dashboard uses data that is the most recently available for all states and DC. The year that is most-recently available varies by metric, from 2010 to 2014. See appendix for specific years for each metric.

Metric	Base Year	Most recent year	Data source
Uninsured adults	2012	2013	US Census Bureau American Community Survey
Uninsured children	2012	2013	US Census Bureau American Community Survey
Employer-sponsored health insurance coverage	2010-2011	2012-2013	Medical Expenditure Panel Survey - Insurance Component (MEPS-IC), Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access and Cost Trends (CFACT) as compiled by the RWJF DataHub
Unable to see doctor due to cost	2007	2012	Behavioral Risk Factor Surveillance System as analyzed and compiled by Commonwealth Fund State Scorecard on Healthcare System Performance 2014 edition
Without a usual source of care	2007	2012	University of Cincinnati Economics Center analysis of the Commonwealth Fund State Scorecard on Healthcare System Performance, 2014 data
Routine checkup	2007	2012	Behavioral Risk Factor Surveillance System as analyzed and compiled by Commonwealth Fund State Scorecard on Health System Performance 2014 edition
Medical home, children	2007	2011-2012	National Survey on Children's Health as analyzed and compiled by the Commonwealth Fund State Scorecard on Healthcare System Performance 2014 edition
Unmet need for mental health	-	2010-2012	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health
Unmet need for illicit drug use treatment	-	2011-2012	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health
Received dental care in past year, adults	-	2012	KCMU analysis of the Center for Disease Control and Prevention Behavioral Risk Factor Surveillance System 2012 Survey Results as compiled by Kaiser State Health Facts
Received dental care in past year, children	2007	2011-2012	National Survey of Children's Health as analyzed and compiled by Kids Count Data Center
Underserved, primary care	-	11/2014	UC Economics Center analysis of Health Resources Services Administration data
Underserved, dental care	-	11/2014	UC Economics Center analysis of Health Resources Services Administration data
Underserved, mental health care	-	11/2014	UC Economics Center analysis of Health Resources Services Administration data
Unable to see doctor due to cost, White	2007	2012	Behavioral Risk Factor Surveillance System as analyzed and compiled by Commonwealth Fund State Scorecard on Healthcare System Performance 2014 edition
Unable to see doctor due to cost, Black	2007	2012	Behavioral Risk Factor Surveillance System as analyzed and compiled by Commonwealth Fund State Scorecard on Healthcare System Performance 2014 edition
Unable to see doctor due to cost, Hispanic	2007	2012	Behavioral Risk Factor Surveillance System as analyzed and compiled by Commonwealth Fund State Scorecard on Healthcare System Performance 2014 edition
Unable to see doctor due to cost, other	2007	2012	Behavioral Risk Factor Surveillance System as analyzed and compiled by Commonwealth Fund State Scorecard on Healthcare System Performance 2014 edition

Making data meaningful

In order to put Ohio data in context in a way that is meaningful for state policymakers and other stakeholders, this dashboard presents the following information:

- **State rank for metrics:** Performance for all states and the District of Columbia is ranked for each metric, with 1 being the best and 51 the worst. These ranks are then divided into quartiles with green indicating the top (best) quartile and red indicating the bottom (worst) quartile.
- **State rank for subdomains and domains:** In order to provide a summary look at the data, the metric ranks are “rolled up” into subdomain and domain ranks. Subdomain ranks are the composite rank of the metrics in each subdomain, weighted equally. Domain ranks are the composite rank of the sub-domain ranks, weighted equally.
- **Change over time:** When available, the dashboard includes data values for the most-recent time period and for a baseline time period, which is the next most recently-available time period. Any change in the desired direction from the baseline to the most recent time period is labeled as “getting better” [+], while any change in the opposite direction is labeled as “getting worse” [-]. No change is labeled as [=].
- **Best state:** The data value for the top-ranked state is listed for each metric. This provides a benchmark that indicates the magnitude of improvement needed for Ohio to be ranked more highly in the future.
- **Gaps:** Domain profiles include “break outs” by race/ethnicity or income level for a featured metric or set of metrics. These graphics highlight health disparities and point to opportunities to improve health for all groups in Ohio.

Acknowledgements

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For methodology and sources, view 2014 Health Value Dashboard material online at:
www.hpio.net/groups/health-measurement