

40 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 quality of life
- 49 Health behaviors** Tobacco, alcohol, physical activity
- 41 Conditions and diseases** Physical, mental and oral health

Health



40 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

Cost

47 Health value in Ohio

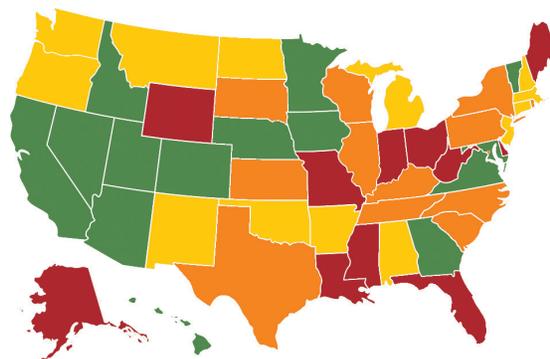
We are not getting good value for our healthcare dollar.

Ohio ranks 47th on a composite measure of health value—the combination of healthcare costs and population health, weighted equally.

Value

Health + Cost = Value

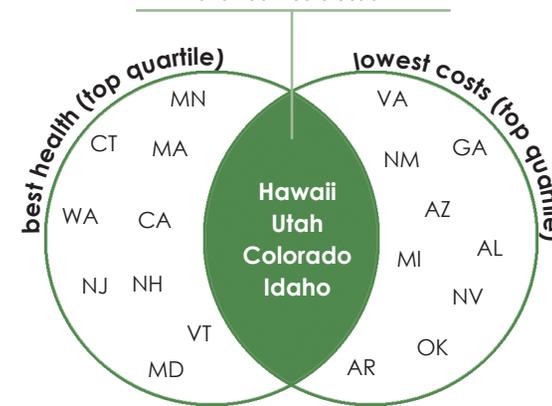
Where states rank in health value...



- 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.

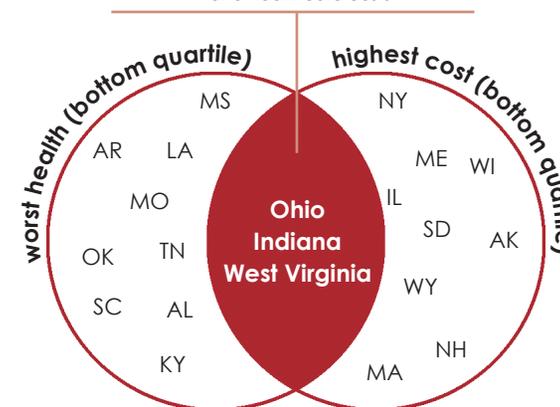
Highest value states

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.

*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).

Why does Ohio rank so poorly on health value?

December 2014

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
- 42 Behavioral health** unmet mental health and illicit drug use treatment need
- 21 Oral Health** dental care, dental emergency department visits

34 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

39 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

29 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**

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
- 44 Emergency preparedness** emergency preparedness funding
- 40 Health promotion and prevention** prevention of chronic disease, infant mortality and injuries

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

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.
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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.

Ohio's greatest health challenges

Ohio ranks in the bottom quartile among U.S. states and Washington D.C. for the following metrics...

Domain	Indicator	Ohio's rank	Most recent data	Best state
Population health	Adult smoking Percent of adults who are current smokers	44	23.4%	10.3% UT
	Adult diabetes Percent of adults diagnosed with diabetes	46	11.7%	7% AK
	Infant mortality Infant deaths per 100,000 population	47	7.69	3.8 AK
Healthcare system	Avoidable emergency department visits for Medicare beneficiaries Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries	44	215	129 HI
Public health and prevention	State public health workforce Number of state public health agency staff FTEs per 100,000 population	44	9.9	250.7 WY
	Emergency preparedness funding Median per capita funding for emergency preparedness	44	\$1.50	\$9.93 DC
	Tobacco prevention spending Tobacco prevention and control spending, as percent of the CDC-recommended level	46	4.4%	114.8% ND
	Child immunization Percentage of children ages 19 to 35 months who have received vaccinations	48	61.7%	82.1% RI
Healthcare costs	Medicare spending growth per enrollee Average annual percent growth in Medicare spending per enrollee	45	5.2%	1.4% ND
Access	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	2.6%	1.9% HI
Physical environment	Food insecurity Percent of households with uncertain access to adequate food	40	16.1%	8.7% ND
	Outdoor air quality Average exposure of the general public to particulate matter of 2.5 microns or less in size	47	11.6	5.3 WY
	Secondhand smoke Percent of children who live in home where someone uses tobacco or smokes inside home	49	10.3%	0.4% CA

Ohio's greatest health strengths

Ohio ranks in the top quartile among U.S. states and Washington D.C. for the following metrics...

Domain	Indicator	Ohio's rank	Most recent data	Best state
Public health and prevention	Accreditation of local health departments Percent of LHDs that have received accreditation (March 2013 to Sept. 2014)	11	3.2%	10% LA
Access	Employer-sponsored health insurance coverage Percent of all workers who work at a company that offers health insurance to its employees	11	86.8%	96.7% HI
Physical environment	Safe drinking water Percent of population exposed to water exceeding a violation limit during the past year	10	3%	0% DC
	Fluoridated water Percent of the population served by a community water system with optimally fluoridated water	12	92.2%	100% DC
	Severe housing problem Percent of households with problems such as severe overcrowding or costs that exceed 50% of monthly income	13	15%	11% ND

Strengths to maintain*

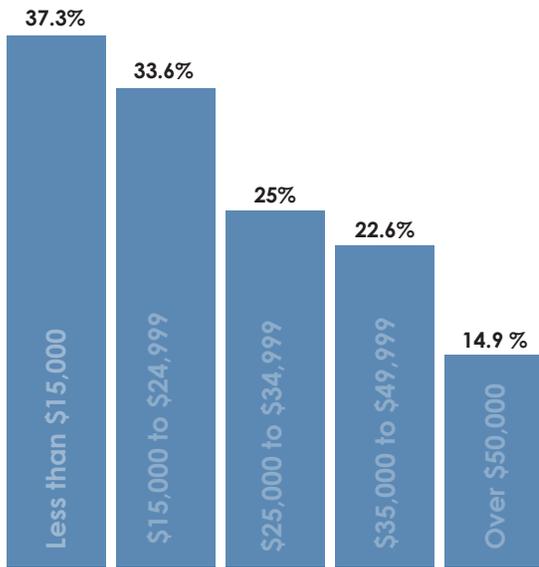
Challenges to improve

Domain	Ohio ranks in the second quartile for the following subdomains	Ohio ranks in the third quartile for the following subdomains	Ohio ranks in the fourth quartile for the following subdomains
Population health	None	Overall health and wellbeing	Health behaviors Conditions and diseases
Healthcare costs	Consumer costs	Total spending Employer costs	Medicare spending
Healthcare system	None	Preventive services Timeliness, effectiveness and quality of care	Hospital utilization
Access	Affordability and coverage Primary care access Oral health	None	Behavioral health
Public health and prevention	None	None	Public health workforce and accreditation Communicable disease control and environmental health Emergency preparedness Health promotion and prevention
Social and economic environment	None	Education Employment and poverty Family and social support Trauma, toxic stress and violence Inequality	None
Physical environment	None	Air, water and toxic substances Food access and food insecurity Housing, built environment and access to physical activity	None

* Ohio does not rank in the top quartile for any subdomains.

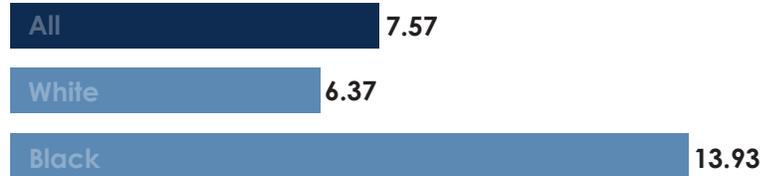
In order to improve health value for all Ohioans, it is important to identify and address disparities, or gaps, in outcomes between different groups. The following graphics display Ohio's three lowest-ranked population health outcomes broken out by race/ethnicity, income level, and county.

Adult Ohioans who are current smokers, by income level, 2013



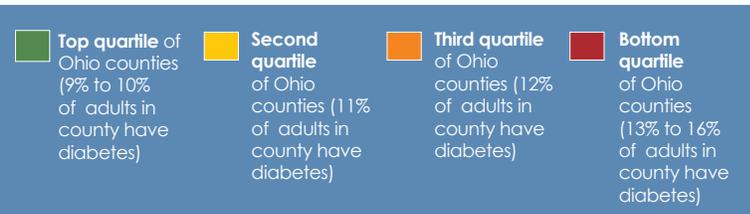
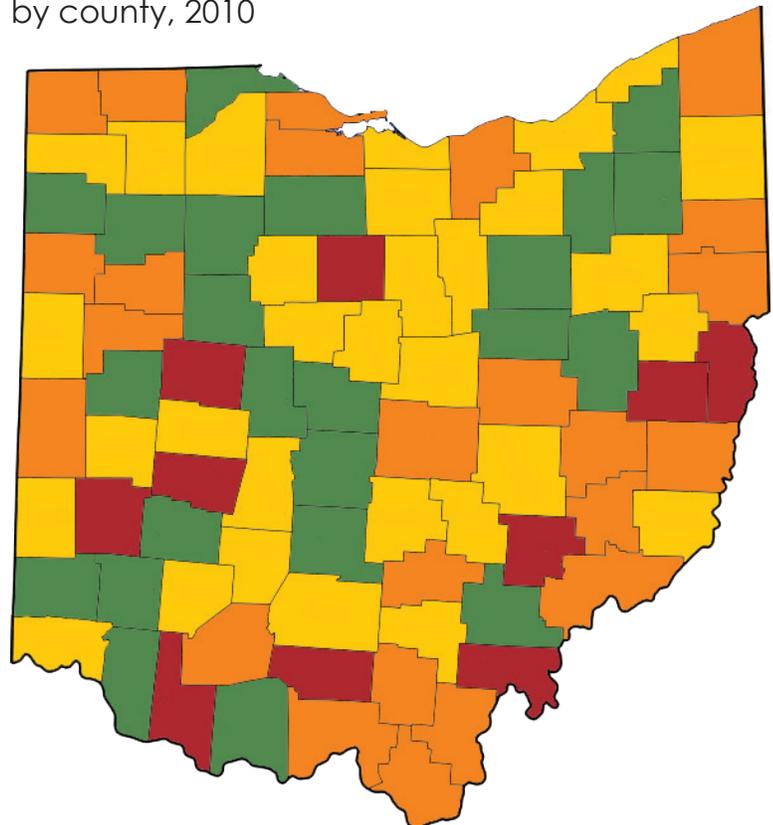
Source: CDC, BRFSS

Infant mortality in Ohio, by race/ethnicity, 2012



Source: Ohio Department of Health

Adult Ohioans diagnosed with diabetes, by county, 2010



Source: CDC, BRFSS, as compiled by County Health Rankings and Roadmaps

A closer look

Additional data for many of the metrics included in this dashboard by race/ethnicity, income and education levels, age and local geography is available from the following websites: **Commonwealth Scorecard on Health System Performance (state and local versions)**, **Network of Care**, **RWJF DataHub** and **County Health Rankings and Roadmaps**. [Click here](#) for a crosswalk that indicates which dashboard metrics are available from these sources.