



Public health and prevention in Ohio

Ohio ranks 51st in the nation on the public health and prevention domain

Indicator	Ohio's rank	Data value		Trend	Best state
		baseline	most recent		
Public health workforce and accreditation		41			
Accreditation of local health departments Percent of LHDs that have received accreditation (March 2013 through September 2014)	11	NA	3.2%	NA	10% LA
Local public health workforce Median number of local health department FTEs per 100,000 population	30	39.5	36.6	-	136 MD
State public health workforce Number of state public health agency staff FTEs per 100,000 population	44	10.4	9.9	-	250.7 WY
Communicable disease control and environmental health		48			
Chlamydia Chlamydia rate per 100,000 population	33	443.4	456.4	-	140.6 NH
Foodborne illness monitoring Proportion of foodborne illness outbreaks for which an etiologic agent is confirmed	36	27.8%	47.3%	+	100% ♦
Child immunization Percent of children ages 19 to 35 months who have received vaccinations	48	66.8%	61.7%	-	82.1% RI
Emergency preparedness		44			
Emergency preparedness funding Total per capita funding for emergency preparedness	44	\$1.61	\$1.50	-	\$9.93 DC
Health promotion and prevention		40			
Falls among older adults Percent of adults age 65 and older who report having had a fall within the last 3 months	17	NA	26.7%	NA	14.5% WI
Cigarette tax State cigarette excise tax rate	27	\$1.25	\$1.25	=	\$4.35 NY
Sales of opioid pain relievers Kilograms of opioid pain relievers sold per 10,000 population	31	NA	7.9	NA	3.7 IL
Seat belt use Percent of front seat occupants using a seat belt	34	84.1%	82%	-	96.9% WA
Tobacco prevention spending Tobacco prevention and control spending, as percent of the CDC-recommended level	46	NA	4.4%	NA	114.8% ND
WIC at farmers markets Percent of farmers markets that accept WIC coupons	NR*	NA	22.6%	NA	76.8% NM
Safe sleep Percent of infants most often laid on his or her back to sleep	NR*	73%	76.8%	+	85.6% CO
Youth distracted driving Percent of youth who report that they texted or e-mailed while driving at least once during the past 30 days	NR*	NA	45.6%	NA	32.3% MA

Gaps in safe sleep practices

The American Academy of Pediatrics recommends that babies should be laid on their backs to sleep. This practice is recognized as an important component of infant mortality prevention. According to data from 2010, lower-income Ohioans were less likely than higher-income Ohioans to report that their baby was most often laid on his or her back to sleep.



KEY	Rank	Ranking				Trend	Trend	
		Green	Yellow	Orange	Red			
		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	+	Getting better
						NR*	=	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.

♦ 14 states tied for best state

Metric	Base Year	Most recent year	Data source
State public health workforce	2011	2012	Association of State and Territorial Health Officials
Local public health workforce	2010	2013	National Association of County and City Health Officials
Accreditation of local health departments	-	2014 (accessed 9/14/14)	Public Health Accreditation Board (numerator); National Association of County and City Health Officials (denominator)
Chlamydia	2012	2013	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, as compiled by America's Health Rankings 2013 Edition
Foodborne illness monitoring	2011	2012	Foodborne Online Outbreak Database
Child immunization	2012	2013	National Immunization Survey as compiled by RWJF DataHub
Emergency preparedness funding	FY 2012	FY 2013	Centers for Disease Control and Prevention, US Census
Cigarette tax	2012	2013	Centers for Disease Control and Prevention, as compiled by RWJF DataHub
Tobacco prevention spending	-	FY 2014	American Lung Association, The State of Tobacco Control
Seat belt use	2011	2012	National Highway Traffic Safety Administration
Sales of opioid pain relievers	-	2010	Drug Enforcement Agency, as compiled by Trust for America's Health
WIC at farmers markets	-	2013	Centers for Disease Control and Prevention State Indicators Report on Fruits and Vegetables 2013
Safe sleep	2009	2010	Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System
Home visiting	-	To be reported in 2015	Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System
Youth distracted driving	-	2013	Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System
Falls among older adults	-	2012	Behavioral Risk Factor Surveillance System, as compiled by America's Health Rankings Senior Report 2014 edition
Safe sleep, income level	-	2010	Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System

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