



# Executive summary

## Urgent need to improve health and wellbeing in Ohio

Ohio is a large and diverse state that faces many health challenges despite a wealth of healthcare resources. Several national scorecards and rankings place Ohio in the bottom quartile of states for health (see Figure ES.1). Even more troubling, Ohio's performance on population health outcomes has steadily declined relative to other states over the past few decades, falling from a rank of 27 in 1990 in America's Health Rankings to 39 in 2015. Ohio also has significant health disparities by race, income and geography, and spends more on health care than most other states.<sup>1</sup>

The Ohio 2016 state health assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state.

## Purpose

The SHA is a comprehensive and actionable picture of health and wellbeing in Ohio. The purpose of the SHA is to:

- Inform identification of priorities in the state health improvement plan (SHIP)
- Provide a template for state agencies and local partners, with a uniform set of categories and metrics to use in related assessments

The SHA was conducted from March to July 2016 and the SHIP will be completed by the end of 2016. The purpose of the SHIP is to:

- Provide state agency leaders, local health departments, hospitals and other state and local partners with a strategic menu of priorities, objectives and evidence-based strategies
- Signal opportunities for partnership with sectors beyond health

## Conceptual framework

The SHA is guided by the conceptual framework shown in Figure ES.2 with the explicit goal of improving health value – the combination of improved population health and sustainable healthcare spending.<sup>2</sup> The framework incorporates the life-course perspective, which prompted consideration of all age groups throughout the SHA process.

Figure ES.1. Ohio's rank on national scorecards

	Overall rank	Rank for health outcomes*
America's Health Rankings, 2015 edition	39	41
Commonwealth State Scorecard, 2015 edition	33	41
Gallup-Healthways Wellbeing Index, 2014	47	45
HPIO 2014 Health Value Dashboard	47	40

■ Ohio ranks in the **top quartile** of states\*\*. ■ Ohio ranks in the **second quartile** of states\*\*. ■ Ohio ranks in the **third quartile** of states\*\*. ■ Ohio ranks in the **bottom quartile** of states\*\*.

\*Rank for specific domains: America's Health Rankings: Health Outcomes; Commonwealth: Healthy Lives; Gallup: Physical; HPIO Health Value Dashboard: Population Health  
 \*\* Commonwealth and HPIO rankings include District of Columbia, other rankings do not.

Framework domains were used to guide selection of metrics included in the SHA data profile section of this report and to examine the many factors that impact health outcomes and spending, as well as disparities:

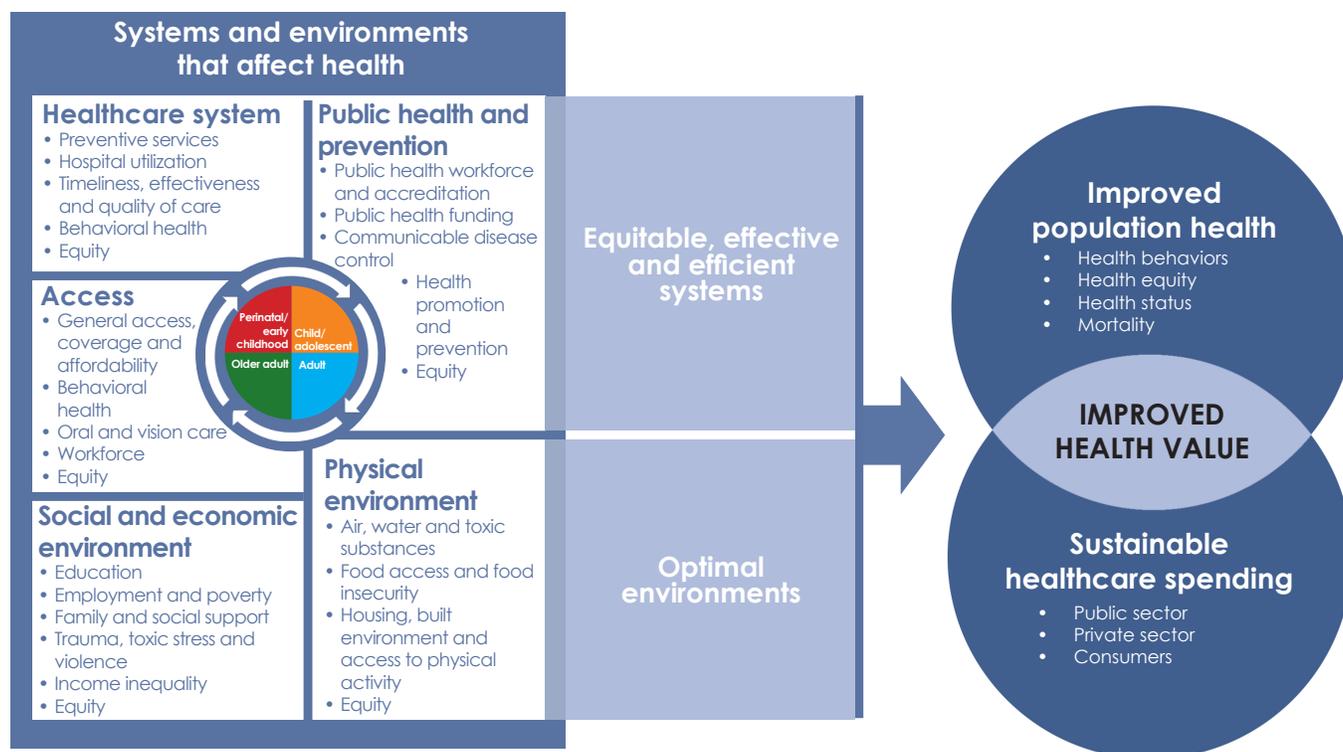
- Healthcare system effectiveness
- Access to health care
- Public health and prevention effectiveness
- Social and economic environment
- Physical environment

The vision statement guiding the SHA and the SHIP process (see box) acknowledges the strong two-way relationship between health and economic vitality, while the mission statement emphasizes the importance of achieving health equity.

## Vision and mission

<b>Vision</b> Ohio is a model of health and economic vitality.	<b>Mission</b> Improve the health of Ohioans by implementing a strategic set of evidence-based population health activities at the scale needed to measurably improve population health outcomes and achieve health equity.
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Figure ES.2. **State health assessment and state health improvement plan conceptual framework: Pathway to health value**

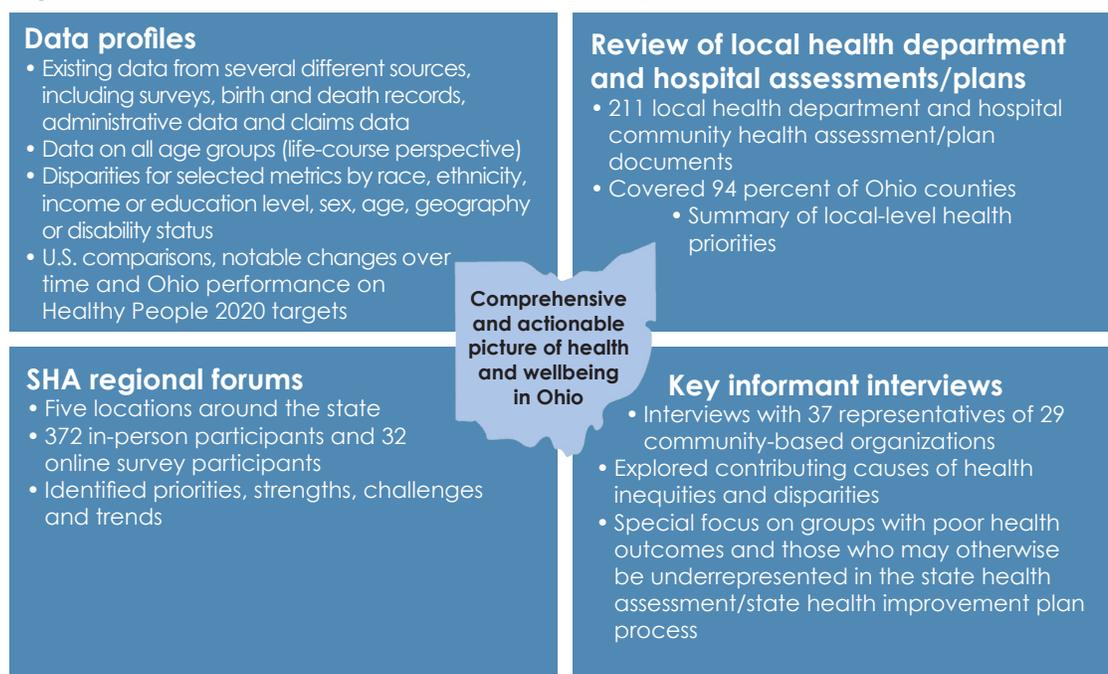


**World Health Organization definition of health:** Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

## Process

This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department and hospital assessments and plans and key informant interviews (see Figure ES.3).

Figure ES.3. **State health assessment (SHA) sources of information**



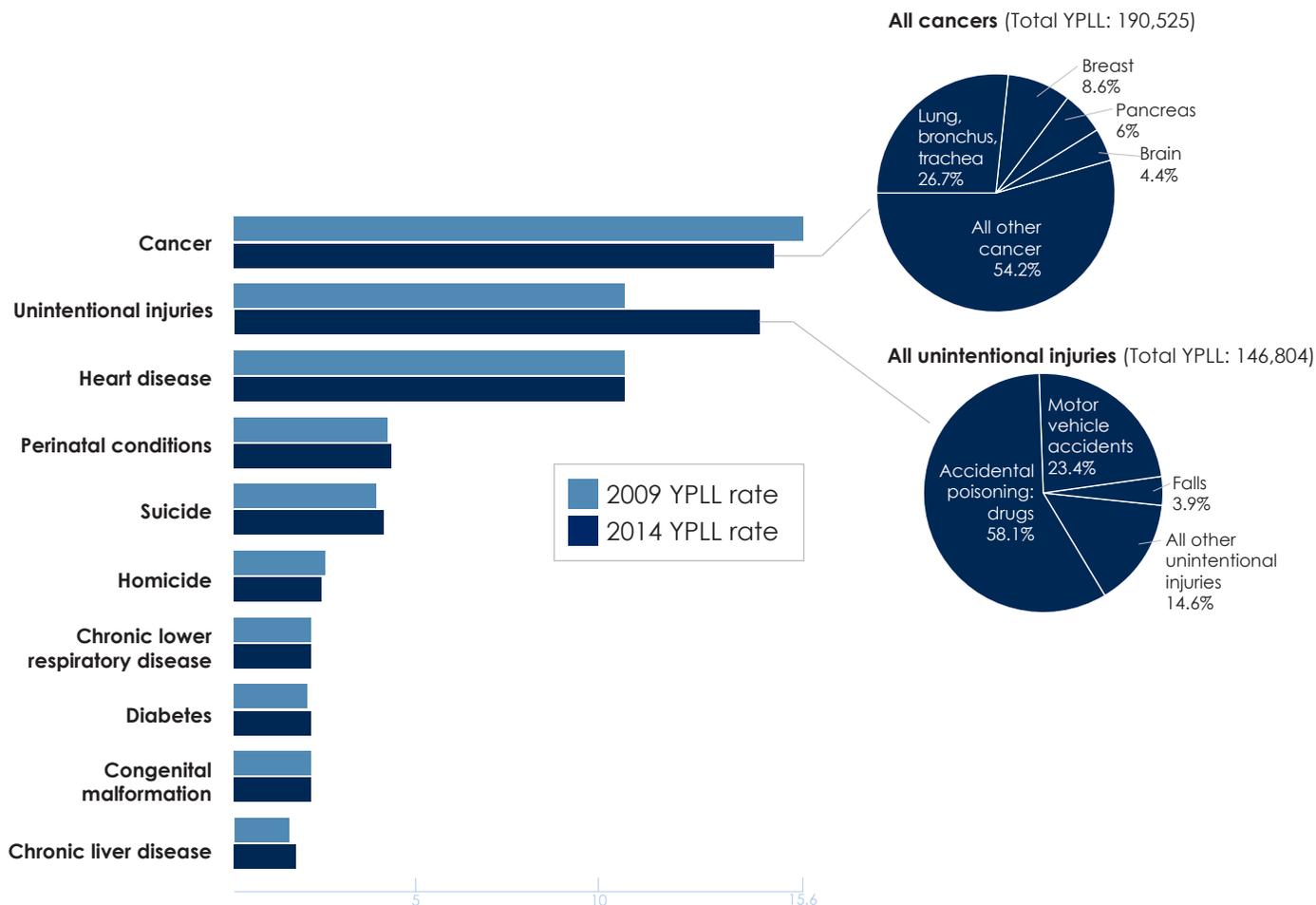
**Key finding #1. Many opportunities exist to improve health outcomes**

**Mental health and addiction.** While Ohio faces many behavioral health challenges, including poor access to care and high prevalence of depression, the rise in opiate-related drug overdose deaths stands out as an immediate threat to the wellbeing of Ohioans. Opiate-related diagnoses (heroin and prescription opioids) accounted for 37 percent of addiction treatment admissions in 2014, up from about seven percent in 2001. The unintentional injury death rate, which includes drug overdoses, increased 30 percent from 2009 to 2014 and emerged as Ohio's second highest cause of premature death (see Figure ES.4). Given that unintentional injuries (largely from drug overdoses) and cancer were the two leading causes of premature death in Ohio, addictions to opiates and nicotine (due to Ohio's high tobacco use rates) may be two of the greatest challenges to health and well-being in the state. A sharp increase in the

number of babies discharged with neonatal abstinence syndrome also suggests that the consequences of the opiate epidemic are far-reaching and will have long-term effects in Ohio.

**Chronic disease.** Chronic diseases, including obesity, cardiovascular disease, diabetes and cancer, as well as related risk factors such as tobacco use and poor nutrition, stand out as concerns for Ohio. Obesity and hypertension, for example, are highly-prevalent conditions reported by nearly one-third of Ohio's adult population. The prevalence of adult diabetes rose from 10.4 percent in 2013 to 11.7 percent in 2014. All three of these conditions were more common among middle-aged Ohioans (ages 45-64) than younger Ohioans (ages 18-44), indicating that chronic disease will be a significant challenge for Ohio's growing aging population in the coming years.

Figure ES.4. **Premature death, by cause, Ohio.** Years of potential life lost (YPLL) before 75, per 1,000 population (2009 and 2014)



Source: Ohio Department of Health, Bureau of Vital Statistics

**Maternal and infant health.** Racial and ethnic disparities in infant mortality stand out as a major challenge for Ohio. In 2014, the black infant mortality rate was more than twice as high as the white rate. This black and white gap is not nearly as large in the U.S. overall, indicating that more can be done to reduce this sobering disparity.

**Health behaviors.** Tobacco use, poor nutrition and physical inactivity all contribute to, or are closely related to, mental illness, addiction, chronic disease and infant mortality. Compared to the U.S., Ohio has higher rates of adult smoking, youth all-tobacco use, mothers smoking during pregnancy and children being exposed to secondhand smoke at home. Ohio's 2014 adult smoking rate (21 percent) was nine percentage points above the Healthy People 2020 target (12 percent). In addition, Ohio mothers were nearly twice as likely to have smoked during pregnancy in 2014 than in the U.S. overall.

Forty-two percent of Ohioans reported that they did not consume fruits on a daily basis and 26 percent did not eat vegetables on a daily basis in 2013. Access to affordable healthy foods is a challenge for many Ohioans, with 16.8 percent of Ohioans identified as food insecure. This percent is higher than the U.S. comparison and nearly three times the Healthy People 2020 goal of six percent of households.

Physical activity helps to prevent or manage many chronic conditions and supports healthy aging and mental wellness. While more progress is needed on physical activity, this assessment finds that Ohio has some strengths in this area. Regional forum participants identified active living environments as something that made them proud of their community and all regions identified a positive active living environment as one of the most important characteristics of a healthy county or region.

### **Key finding #2. Many opportunities exist to decrease health disparities**

Addressing health disparities is a necessary step towards improving the health of all Ohioans and achieving health equity. There were striking disparities across many metrics

in the SHA, with disparities varying widely by race, ethnicity, income and education-level, disability status and other characteristics:

- African-American/black Ohioans were much more likely than any other racial and ethnic group to experience poor health outcomes.
- Diabetes, obesity, hypertension and tobacco use were all more common among lower-income Ohioans (those with household incomes less than \$25,000) than among Ohioans with household incomes at \$50,000 or more.
- Disparities exist and vary across age and gender. For example, diabetes and hypertension prevalence increased with age, greatly impacting those ages 65 and older.
- People with disabilities experienced substantial disparities across metrics related to health outcomes and accessing health care.
- Appalachian counties in southern and eastern Ohio tend to have poorer health outcomes, such as higher rates of premature death, although there are counties with significant health challenges in all areas of the state.

There are significant gaps in efforts to collect data for various population groups. For example, limited data is available for certain racial and ethnic groups as well as by disability status. To establish the foundation on which to improve the health of all Ohioans, there must be a concerted effort to improve data collection by race, ethnicity, income-level, disability status and across other population groups and characteristics.

### **Key finding #3. Access to health care has improved, but challenges remain**

Ohio performs well on access to care relative to the U.S. and has seen notable improvements on a number of access metrics, including a sharp decline in the uninsured rate in recent years and a decrease in the percent of adults reporting being unable to see a doctor in the past year due to cost.

However, access to care emerged as a top priority for local health departments, hospitals and regional forum participants, possibly reflecting continued concerns about:

- Provider distribution and capacity, particularly for behavioral health and dental care
- Inadequate insurance coverage and lack of affordability that persist despite coverage expansions
- Disparities in accessing health care, including a lack of cultural competence among healthcare providers

#### **Key finding #4. Social determinants of health present cross-cutting challenges and strengths**

The social determinants of health refer to an individual's surrounding environment, or the places people live, learn, work and play and the wider set of forces and systems shaping the conditions of daily life.

The social determinants of health can have a significant impact on health risks and health outcomes at all stages of the life course, but are particularly important for children. Many high-priority health problems that surface in adulthood are shaped by conditions and experiences during childhood. Key drivers of health status and disparities by geography, race and ethnicity for Ohio include:

- Employment, poverty, income and education
- Social support
- Violence, trauma and toxic stress, including the high prevalence of intimate partner violence (rape, physical abuse, stalking) and adverse childhood experiences (such as having a parent who has died or been incarcerated)
- Physical environment, including transportation, housing, residential segregation, lead poisoning and air and water quality

#### **Key finding #5. Opportunities exist to address health challenges at every stage of life**

Many of the health problems highlighted in this assessment—such as type 2 diabetes, heart disease and addiction—are typically diagnosed during adulthood. Often these health problems are rooted in behaviors and conditions developed early in life, as well as other childhood experiences as described above.

Also, Ohio will have a much larger proportion of older adults in the coming decades. Efforts

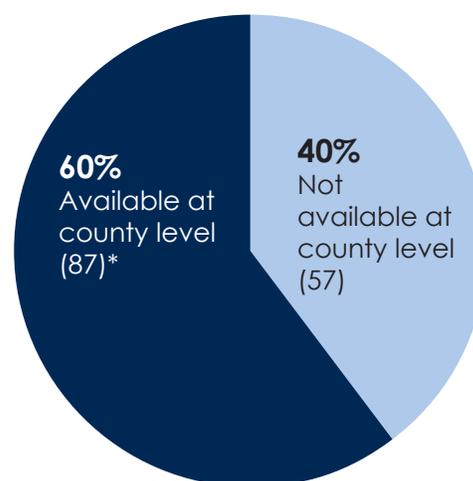
to improve the wellbeing of Ohioans must also take into consideration the aging of the “baby boom” generation. Addressing Ohio's health challenges must therefore include strategies at every stage of life, as well as strategies designed to improve short-term and long-term outcomes.

#### **Key finding #6. Improved data collection efforts are needed to assess health issues at the local level and for specific groups of Ohioans**

Both the nation and Ohio need a more coordinated approach to population health data collection and reporting that makes county-level and disaggregated data (by race, ethnicity, disability status and other characteristics) available on a wider range of key metrics. Despite the existence of many different population health surveys, inadequate sample sizes for these surveys often mean that the data are not available at the local level (see Appendix B).

Greater pooling of data collection resources could increase the efficiency and quality of data available for state and local assessments and evaluation. In addition, increased data sharing between health care and public health could greatly improve the timeliness and usefulness of existing health information.

**Figure ES.5. County-level data availability of state health assessment metrics (n=144)**



\*County-level data is limited for 17 metrics (e.g., may not be available for all counties or data for smaller counties may be reported in multi-county regions).

### Key finding #7. Widespread agreement on health issues identified at local, regional and state levels can be an impetus for greater collaboration

A great deal of consistency was noted in terms of prioritized health issues identified in local health department and hospital assessments and plans, as well as during the regional forums. Figure ES.6 lists the top 10 health issues from the local health department and hospital assessments and plans, as well as from the regional state health assessment forums. Mental health, alcohol and drug abuse, obesity, cardiovascular disease and diabetes all emerged as local or regional priorities. There was also a great deal of consistency in issues identified across different regions of the state, and among urban, suburban and rural counties, indicating nearly-universal agreement that these are among Ohio's greatest health challenges.

The key informant interviews with representatives of community-based organizations largely confirmed these priorities. Immigrants, refugees and people with disabilities, however, experience some unique challenges, such as language barriers and mobility issues, which are also important priorities for their communities.

Analysis of more than 140 metrics in the SHA also confirmed that these top 10 health issues are predominant challenges for the state.

The interconnectedness of Ohio's greatest health challenges, along with the overall consistency of health priorities identified in this assessment, indicates many opportunities for collaboration between a wide variety of partners at and between the state and local level, including physical and behavioral health organizations and sectors beyond health.

### Key finding #8. Sustainable healthcare spending remains a concern in Ohio

Ohio's comparatively high healthcare spending is a concern for consumers, employers and policymakers, especially since this spending has not translated into improved population health outcomes. Ohio healthcare spending was higher than the U.S. for nine of 15 metrics, including metrics related to consumer out-of-pocket spending on health care and Medicare. In addition, Ohioans have seen a

Figure ES.6. Health issues identified by local health departments and hospitals and at regional SHA forums

	Top 10 health issues	
	Identified in local health department and hospital assessments/plans	Identified in SHA regional forums
<b>Mental health and addiction</b>		
Mental health	X	X
Drug and alcohol abuse	X	X
<b>Chronic disease</b>		
Obesity	X	X
Cardiovascular disease	X	X
Diabetes	X	X
Cancer	X	
Chronic disease (unspecified)	X	
<b>Maternal and infant health</b>		
Maternal and infant health	X	
<b>Health behaviors</b>		
Tobacco	X	
Nutrition		X
<b>Access to care</b>		
Access to health care/medical care	X	
Access to behavioral health care		X
Access to dental care		X
<b>Social determinants of health</b>		
Employment, poverty and income		X
Equity/disparities		X

**Note:** This summary includes the top 10 health issue categories, out of 36 possible categories. See Appendix C for complete analysis.

steady increase in premiums for employer-based health coverage.

Current public and private efforts focused on addressing this concern through payment reform provide the opportunity to invest resources strategically so that outcomes are improved. Evidence-based strategies can also be implemented or accelerated in Ohio to address both high healthcare spending and Ohio's performance on health outcomes.

## Conclusion

Due to several recent changes in the policy landscape (including the expansion of health coverage, public and private sector value-based payment reform and legislative attention to mental health, addiction and infant mortality), as well as strong public and private sector leadership and a desire to collaborate at the state and local level, Ohio is now poised to leverage its resources in a more strategic way to achieve measurable improvements in population health outcomes, health equity and healthcare spending. This state health assessment provides the data needed to inform the next steps in Ohio's journey to improved health and wellbeing through the state health improvement plan.

## About this report

The Governor's Office of Health Transformation and the Ohio Department of Health governed the preparation of the state health assessment, in partnership with other health-related state agencies.

The SHA and SHIP Advisory Committee includes state agencies and a wide array of external partners representing sectors such as public health, healthcare providers (including hospitals, primary care, and mental health and addiction

services), insurers, consumers, community service agencies, employers and populations at-risk for experiencing poor health outcomes. The Advisory Committee met three times to provide input and feedback on the SHA. Additional partners from sectors beyond health will be invited to participate in the SHIP process. A draft version of the SHA was made available for public comment at the end of June 2016.

The Ohio Department of Health contracted with the Health Policy Institute of Ohio (HPIO) to facilitate the state health assessment beginning in March 2016. HPIO provided overall SHA project management and prepared this document. HPIO subcontracted with three other organizations to assist with the project:

- Hospital Council of Northwest Ohio (HCNO): Facilitated regional forums and compiled existing data for data profiles
- OnPointe Strategic Insights: Conducted key informant interviews
- The Kirwan Institute for Race and Ethnicity Studies at The Ohio State University: Assisted with identification of populations for key informant interviews and compilation and display of demographic and disparities data

The full Ohio 2016 state health assessment is available at

<http://bit.ly/2a2XFB7>



## Executive summary notes

1. Health Policy Institute of Ohio. "2014 Health Value Dashboard." December 16, 2014.
2. The SHA and SHIP conceptual framework combines elements of the existing County Health Rankings and Roadmaps model of health factors and outcomes with the Triple Aim, a model commonly used in the healthcare sector that includes per capita cost.