



# Snapshot

## 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. Even more troubling, Ohio's performance on population health outcomes has steadily declined relative to other states over the past few decades. Ohio also has significant health disparities by race, income and geography, and spends more on health care than most other states.<sup>1</sup> This state health assessment provides the data needed to inform health improvement priorities and strategies in the state.

### Vision

Ohio is a model of health and economic vitality.

### Mission

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.

## Purpose

Ohio's 2016 state health assessment (SHA) provides 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

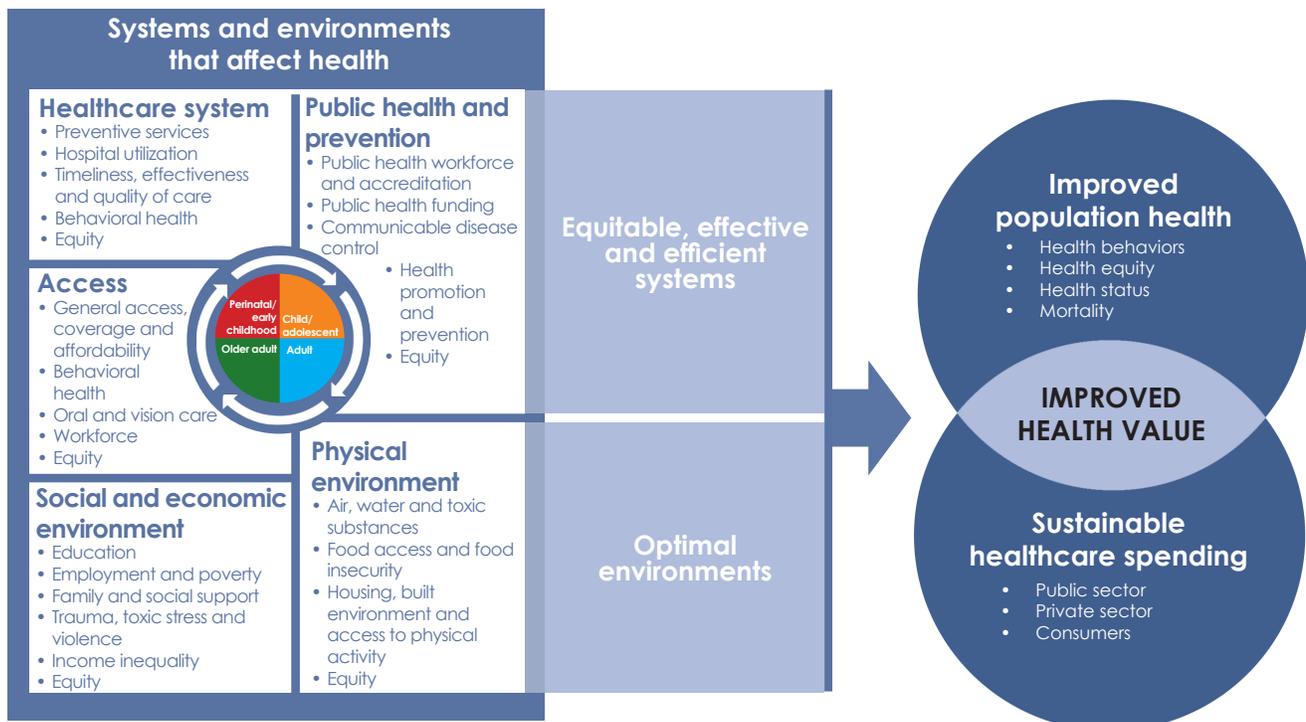
## Comprehensive scope

The SHA describes the many factors that impact health outcomes and spending, as well as disparities, including:

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

The SHA is guided by the conceptual framework shown below.

## 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.

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.

This brief document provides a snapshot of key findings in the full state health assessment found at <http://bit.ly/29NGDHQ>.

## **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. 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 rate) may be two of the greatest challenges to health and well-being in the state.

**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. Over 11 percent of adults had diabetes in 2014, an increase from 2013. All three of these conditions were more common among middle-aged Ohioans than younger Ohioans, indicating that chronic disease will be a significant challenge for Ohio's growing aging population in the coming years.

**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. A summary of Ohio's performance on related metrics is outlined below:

- 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.
- 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. Access to affordable healthy foods is a challenge for many Ohioans, with 16.8 percent of Ohioans identified as food insecure.
- 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.

## **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:

- 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 than among Ohioans with household incomes above \$50,000.
- Disparities exist and vary across age and gender.
- People with disabilities experienced substantial disparities across metrics related to health outcomes and accessing health care.
- Appalachian counties 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.

## **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**

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 experienced during childhood. Key drivers of health status and disparities in 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.

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.

#### **Key finding #7. Widespread agreement on health issues identified at local, regional and state levels can be 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. Mental health, alcohol and drug abuse, obesity, cardiovascular disease and diabetes all emerged as local or regional priorities. Key informant interviews, focused on groups of Ohioans at risk for poor health outcomes, largely confirmed these priorities. Analysis of more than 140 metrics also confirmed that these top 10 health issues are among the 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 spending. In addition, Ohioans have seen a 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 SHIP.

### **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 multi-sector SHA and SHIP 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/2aQhYCz>

### **Note**

1. Health Policy Institute of Ohio. "2014 Health Value Dashboard." December 16, 2014.