What is the Health Value Dashboard?
The Health Policy Institute of Ohio Health Value Dashboard is a tool to track Ohio’s progress towards health value — a composite measure of Ohio’s performance on population health outcomes and healthcare spending. With 118 metrics, the Dashboard examines Ohio’s performance relative to other states, tracks change over time and identifies Ohio’s greatest health disparities and inequities.

Where does Ohio rank?
Ohio ranks 46 out of 50 states and the District of Columbia (D.C.) on health value, landing in the bottom quartile. This means that Ohioans are living less healthy lives and spending more on health care than people in most other states.

Why do we rank so poorly?
Ohio performs well on access to care, but poorly on population health. This indicates that access is necessary, but not sufficient, to improving overall health. In addition, Ohio performs poorly on the other factors that impact health value.
Policymakers and others can look to evidence on the cost-effectiveness of services and programs to guide spending decisions and ensure that dollars are being used wisely to improve performance across all drivers of health value.

Key findings

Challenges
There are several metrics on which Ohio ranked in the bottom quartile, including: adult smoking, drug overdose deaths, infant mortality, food insecurity and average monthly marketplace premiums. Notably, a state’s adult smoking rate strongly correlates with health value rank. This means that states with a lower percentage of adults who smoke perform better on health value.

Strengths
Like most other states, Ohio’s performance is moving in the right direction, with more metrics that improved than worsened. Greatly improved metrics include: percent of adults reporting that they went without care because of cost, heart failure readmissions, youth all-tobacco use, youth marijuana use and the unemployment rate.

Notable disparities and inequities
The Dashboard examines disparities across a set of 29 metrics by race and ethnicity, income level, education level and disability status. Some of Ohio’s largest disparities and inequities include: children exposed to second-hand smoke, neighborhood safety, uninsured adults and adverse childhood experiences.
How can we improve health value in Ohio?
The good news is we know what works to improve health behaviors and support healthy communities. Many evidence-informed strategies are already being implemented, but more can be done to ensure that the most effective policies and programs are deployed at the scale needed to measurably improve health value. The following sources provide guidance on how to do this:

Ohio 2017-2019 state health improvement plan (SHIP)
Developed with input from a wide range of Ohio stakeholders, the SHIP is a strategic menu of priorities, outcome objectives and evidence-based strategies designed to address:
• Mental health and addiction
• Chronic disease
• Maternal and infant health

Taking a comprehensive approach, the plan highlights powerful underlying drivers of wellbeing, such as student success, housing affordability and tobacco prevention. The plan also includes strategies that are likely to reduce health disparities and provides guidance on adapting programs to reach priority populations.

Evidence for what works to improve health value
The HPIO Guide to Improving Health Value resource page includes:
• State policy option fact sheets on tobacco use, food insecurity and Ohio’s other top health challenges
• Additional resources for evidence-based policymaking, including cost-effectiveness research
• Tools for local community health improvement planners

What approaches are most likely to yield positive outcomes?
States with better outcomes in the social and economic environment and public health and prevention domains have better population health outcomes. The following approaches are therefore likely to yield the biggest improvements.

Improve Ohio’s social and economic environment
Strategies that increase income, labor force participation and access to stable housing, such as:
• Earned income tax credits (including outreach to increase uptake, removing the cap, and/or making the credit refundable)
• Vocational training
• Low-income housing tax credits and state housing subsidies/vouchers

Strengthen Ohio’s commitment to public health and prevention
Strategies that promote healthy behaviors and support healthy community conditions, such as:
• Increasing cigarette and other tobacco product taxes
• Smoking cessation services
• Fruit and vegetable incentive programs
• Green space, parks and “complete streets” policies that promote physical activity

Start early with children and families
Strategies that help children thrive, such as:
• Early childhood education and home visiting
• Services that promote healthy birth spacing, including access to comprehensive contraception options
• School-based programs to prevent drug/alcohol use and violence

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