

Dashboard FAQ

Updated March 20, 2017

General questions

1. **What is the *HPIO Health Value Dashboard*?** The *HPIO Health Value Dashboard* is a tool to track Ohio's progress towards health value – a composite measure that equally weights Ohio's performance on population health outcomes and healthcare spending. The *Dashboard* examines Ohio's performance relative to other states, tracks change over time, identifies Ohio's greatest disparities and inequities and highlights evidence-informed strategies that can be implemented to improve Ohio's performance.

The *Dashboard* is based on the *Pathway to Health Value* conceptual framework. The framework defines health value and outlines the systems and environments that affect health. The *Dashboard* examines Ohio's performance relative to other states on these various systems and environments that affect health value including access to healthcare, healthcare system performance, public health and prevention, social and economic environment and the physical environment.

The 2017 *Health Value Dashboard* builds on the inaugural *Dashboard* released in 2014.

2. **Why does HPIO produce the *Dashboard*?** We know that improving health and addressing healthcare spending growth are concerns shared by policymakers and others. We believe that collecting this publicly available data in one place is an important starting point for us to understand whether health and spending are improving in Ohio and how we compare to other states. The *Dashboard* highlights Ohio's challenges and strengths and points to areas to focus on in order to improve health value.
3. **How was the *Dashboard* developed?** HPIO convened a wide array of Ohio stakeholders as part of HPIO's multi-sector Health Measurement Advisory Group (HMAG) to advise development of both the 2014 and 2017 editions of the *Dashboard*. In 2014, HMAG developed the *Pathway to Health Value* conceptual framework on which the *Dashboard* is based.

Members of HMAG also served on various workgroups to help in updating metrics and advising on the layout, methodology, trend and equity components of the 2017 *Dashboard*.

HPIO contracted with researchers at the Voinovich School of Leadership and Public Affairs at Ohio University to assist in data compilation, analysis and ranking of the 2017 *Dashboard* metrics.

4. **Where does Ohio rank?** In the 2017 *Dashboard*, Ohio ranks 46 out of 50 states and the District of Columbia on health value, landing in the bottom quartile. This means

that Ohioans are living less healthy lives and are spending more on healthcare than people in most other states.

5. **Why do we rank so poorly?** Ohio performs well on access to care but poorly on population health. This indicates that access to health care is necessary, especially for Ohioans who are sick, injured or those who have a chronic condition, but access alone is not sufficient to improving our overall health.

In addition, Ohio continues to perform poorly on the other factors that impact health value. Research estimates that of the modifiable factors that influence our overall health outcomes, 80 percent is attributed to non-clinical factors (e.g. social and economic environment, physical environment and health behaviors) and only 20% is attributed to clinical care (e.g. access to care and healthcare system performance).

6. **Where do other states rank?** There is a clear regional pattern for healthcare spending rank. States in the north tend to have higher healthcare spending, while states in the south have lower healthcare spending. The pattern for population health rank is less pronounced, although states along parts of the Appalachian region and some southern states tend to have worse health outcomes.

On health value rank, there is wider geographic variation and states of various sizes and population characteristics perform well on health value rank. This suggests that there are many paths to health value and it is possible for Ohio to improve.

7. **Why is there a focus on healthcare spending instead of “total health” spend?** We focus on healthcare spending because we know that rising healthcare costs are a major concern for policymakers, employers and consumers. We also know that our current spending on health care is just not sustainable. Consequently, the *HPIO Health Value Dashboard* addresses the specific value problem of *unsustainable* healthcare spending.

There has been a great deal of discussion at the national level on calculating “total health” spend. Some of the issues around the calculation of “total health” spend are outlined below:

- **No consensus on a methodology.** There is not currently consensus from national experts on how to calculate “total health” spend (e.g. what portion of social service spending should be attributed to total health spend?).
- **Chicken and egg.** The actual impact of social services spending on population health outcomes is not clear. Does increasing social service spending improve population health outcomes or do states with higher social services spending relative to healthcare spending have healthier populations?
- **Not always an inverse relationship.** Increasing social service spending does not necessarily mean that healthcare spending will go down. Healthcare spending is a product of a number of market dynamics that are independent of social services spending.

This [article](#) by Elizabeth Bradley and [The Health of the States Summary Report](#) can provide more context on this discussion.

- 8. How can we improve health value in Ohio?** Everyone has a role to play in improving Ohio's health value rank. Working together, state and community leaders can:
- Build upon Ohio's strengths, including recent improvements to access to health care
 - Implement evidence-informed strategies to improve performance on Ohio's greatest health challenges

The good news is that 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. HPIO's [Guide to improving health value](#) resource page provides several tools to identify evidence-informed and cost-effective strategies.

- 9. What approaches are most likely to yield Ohio positive outcomes?** States with better outcomes in the social and economic environment and public health and prevention domains are more likely to have better population health outcomes. The following approaches are therefore likely to yield the biggest improvements:
- Strategies that increase income, labor force participation and access to stable housing, such as vocational training and low-income housing tax credits
 - Strategies that promote healthy behaviors and support community conditions, such as increasing cigarette and other tobacco product taxes and fruit and vegetable incentive programs
 - Strategies that help children thrive, such as early childhood education and home visiting and school-based programs to prevent drug/alcohol use and violence

- 10. How is the *Dashboard* different from other scorecards and rankings that are out there?** Unlike other scorecards, HPIO's *Dashboard* places a heavy emphasis on the sustainability of healthcare spending, a critical component of any policy discussion on improving health, but one that often is not included on state rankings. In fact, the *Health Value Dashboard* is the first in the nation to develop a state ranking of "health value," placing equal emphasis on population health outcomes and healthcare spending. The *Dashboard* also provides a more comprehensive look at other factors that impact population health outcomes and healthcare spending. It addresses the wide range of factors, such as a state's social, economic and physical environment, that contribute to health value.

Ohio's rank on health outcomes is comparable across scorecards.

Ohio's rank	America's Health Rankings, 2016 edition	Commonwealth State Scorecard, 2017 edition	Gallup-Healthways Wellbeing Index, 2016	HPIO 2017 Health Value Dashboard
Overall	40	32	45	46
Rank for health outcomes*	40	38	42	43

*Rank for specific domains: America's Health Rankings: Health Outcomes; Commonwealth: Healthy Lives; Gallup: Physical; HPIO Health Value Dashboard: Population Health; Annie E. Casey Foundation: Health

Questions on correlations, metrics and methodology

11. How do age and poverty impact a state's health value rank? The correlation between percent of a state's population aged 65 and older and health value rank is relatively weak ($r=.25$). The correlations between children living in poverty and adults living in poverty are even weaker ($r=.12$ and $r=.15$). This tells us that the population age distribution for over 65 and poverty-level of a state are not driving health value rank.

States with both poorer and older populations than Ohio (Florida and New Mexico), or larger and more diverse populations (California, Florida and Texas) have higher health value ranks, performing better on both population health outcomes and healthcare spending.

12. Which domains most strongly correlate with population health rank? The social and economic environment ($r=.69$) and public health and prevention ($r=.68$) domains have the strongest correlations with population health rank. Physical environment ($r=.6$) and healthcare system ($r=.59$) have a moderate correlation, and access to care ($r=.34$) has a weak correlation.

13. How many of the metrics were changed from the 2014 edition to the 2017 edition of the Dashboard? Of the 118 metrics in the 2017 *Dashboard*, 101 (86%) are the same or similar/modified. Seventeen metrics are new (14%).

14. Where can I find information about metrics (e.g. sources, years, descriptions)? See the appendix excel for more information about individual metrics.

15. Where can I find more information about the methodologies/methods used in the Dashboard? See the methodology section for more information on:

- The metric selection process
- The ranking methodology for metrics, subdomains, domains and health value
- Calculation of trend
- Disparity and inequity calculations