

health policy institute of ohio



FINDINGS FROM THE

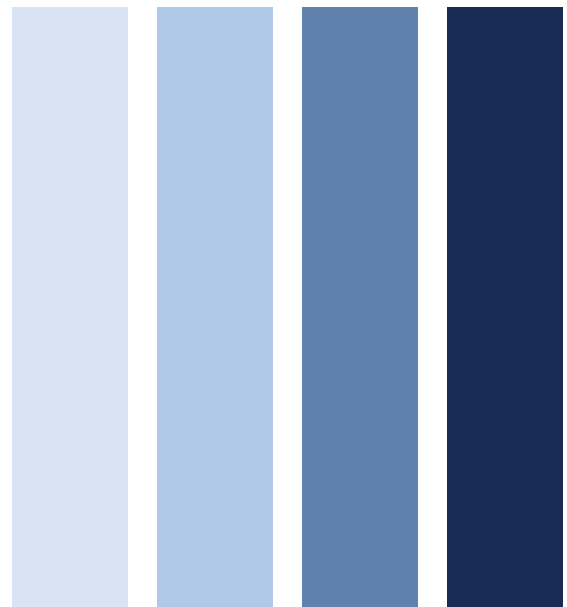


2026

HEALTH

VALUE

DASHBOARD™



April 2026

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Finding meaning in the data

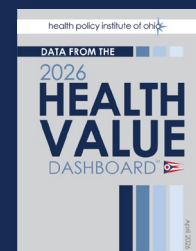
This publication uses data compiled in the Health Policy Institute of Ohio's 2026 Health Value Dashboard™ to provide Ohio's leaders and stakeholders with a wealth of easy-to-digest information on the factors that influence the health of Ohioans, as well as considerations for policy progress.

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MORE DASHBOARD RESOURCES

Visit the [2026 Health Value Dashboard web page](#) to access the following:

- 4-page key findings overview
- **Data from the Dashboard:** A publication with full ranked data tables and disaggregated data for many metrics
- Process and methodology
- Frequently Asked Questions (FAQ)
- Data appendix with descriptions, years, sources and Ohio data



▶ **Suggested citation:** Health Policy Institute of Ohio. 2026 Health Value Dashboard. April 2026.

WHAT DRIVES HEALTH?

Health is influenced by many factors. For example, individuals seeking to improve their health may choose to change their eating and exercise habits, quit smoking or drinking, sleep more or increase time with loved ones. These personal choices (often called health behaviors) are a key contributor to good health.¹

But people do not make healthy choices in a vacuum.

Health behaviors are shaped by people's environments and experiences. Communities with access to healthy food, affordable housing, job opportunities, quality education, safe infrastructure and accessible health care support healthier choices and better health.²

Measuring the factors that influence health

The Health Value Dashboard measures Ohio's performance compared to all other states and D.C. on population health, healthcare spending and the factors that influence health, including:

- Access to care
- The healthcare system
- Public health and prevention
- The social and economic environment
- The physical environment

The many factors that influence the health of Ohioans



USING THE DASHBOARD

Ohio policymakers and stakeholders can use the Health Value Dashboard to focus on what matters most for Ohioans' health. For example, they can:

- ▶ **Share information.** Disseminate Dashboard data and findings to build shared understanding about the health challenges facing Ohio
- ▶ **Advocate for policy progress.** Educate public and private decision-makers using Dashboard data to influence policy and funding decisions
- ▶ **Implement solutions.** Design and implement evidence-informed strategies that address urgent health and well-being challenges identified in the Dashboard
- ▶ **Expand opportunities for health.** Use the data to identify and remove barriers to health, especially for Ohioans with the greatest needs
- ▶ **Track change over time.** Measure the impact of policy change using Dashboard indicators

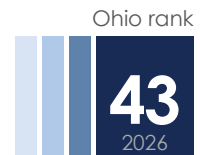
1. For example, a 2021 study found that adopting four lifestyle factors (non-smoking, none or moderate alcohol use, sufficient leisure time physical activity and healthy diet) was associated with a 40% reduction in deaths from all causes. Zhang, Yan-Bo et al. "Associations of Healthy Lifestyle and Socioeconomic Status with Mortality and Incident Cardiovascular Disease: Two Prospective Cohort Studies." *BMJ* 373 (April 14, 2021): n604. <https://doi.org/10.1136/bmj.n604>.
 2. "Social Determinants of Health: Know What Affects Health." Centers for Disease Control and Prevention. Published Jan. 17, 2024. Accessed March 2026. <https://www.cdc.gov/socialdeterminants>

DATA OVERVIEW

The Health Policy Institute of Ohio's Health Value Dashboard is a collection of tools and resources that compare Ohio's performance to all other states on measures of population health, healthcare spending and the factors that influence health. The primary purpose of the Dashboard is to highlight Ohio's strengths and challenges and spark questions that lead to data-driven policy that improves health, health equity and the value of healthcare spending in Ohio.

Ohio's health value rank

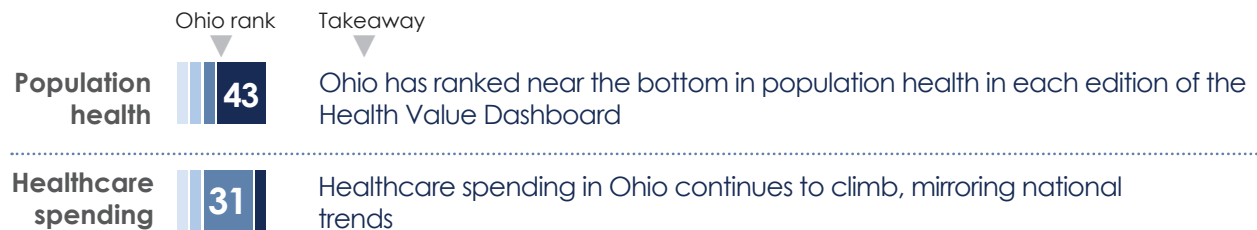
Ohio ranks 43rd on health value — a composite measure of population health outcomes and healthcare spending — out of 50 states and D.C. This means that Ohioans live less healthy lives and spend more on health care than people in most other states.



Ohio's performance on the factors that influence health value

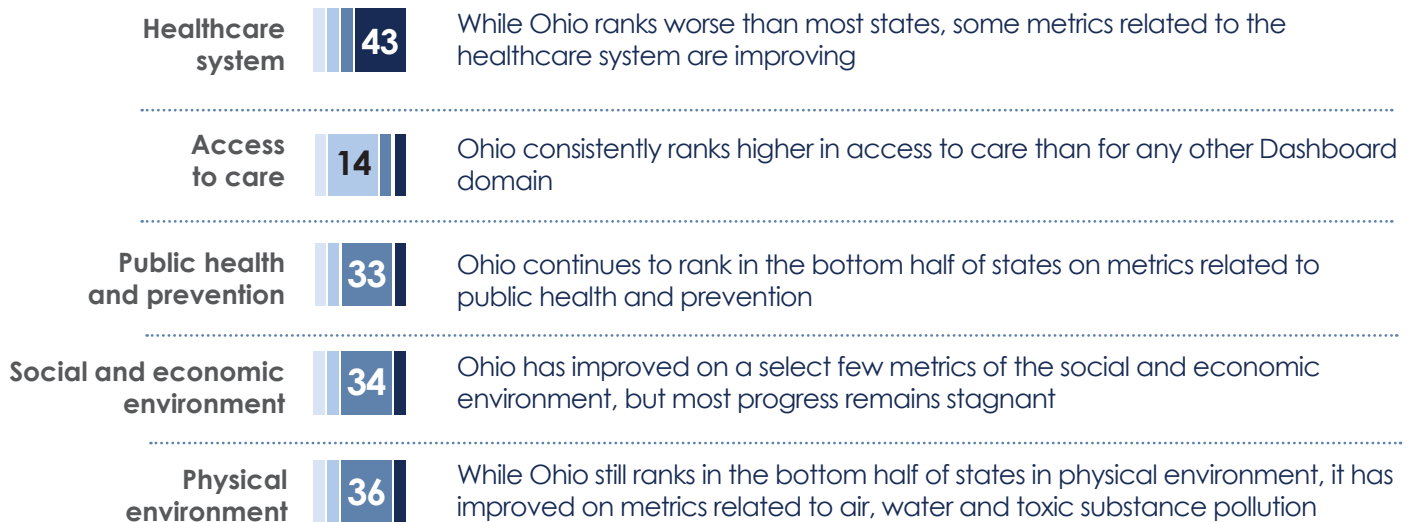
► Health value factors

Health value is calculated by equally weighting population health and healthcare spending metrics



► Contributing factors

These domains provide information about how Ohio performs compared to other states on a wide range of factors that are relevant to health outcomes and healthcare spending



DIG INTO THE DASHBOARD DATA

Visit the [2026 Health Value Dashboard web page](#) to access additional resources, including HPIO's [Data from the Dashboard](#) publication, which includes full ranked data tables and disaggregated data for many of the metrics.



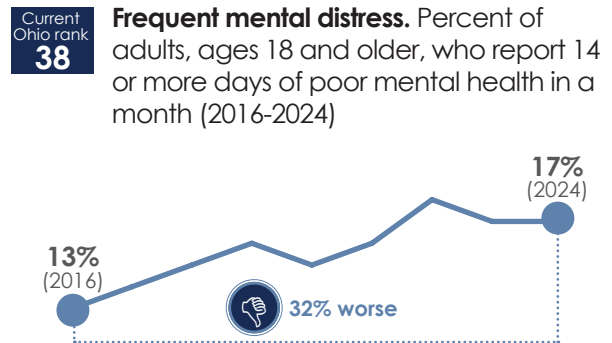
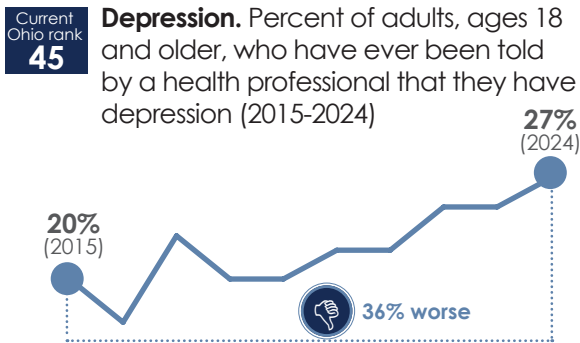
KEY FINDINGS

▶ KEY FINDING

Mental health outcomes are trending in the wrong direction

Mental health challenges continue to worsen in Ohio. An estimated 2.5 million Ohioans — more than 1 in 4 adults in the state — had depression in 2024. Many factors have contributed to this worsening trend over the past decade, including Ohio's performance on metrics of economic instability and social disconnection.

Ohio performs worse than most other states on metrics related to mental health



Data sources are available in data appendices posted on the [2026 Health Value Dashboard web page](#).

Considerations for policy progress

To improve the factors that support mental health, Ohio policymakers can:

- **Increase opportunities for employment** through academic programs such as **Accelerated Study in Associate Programs (ASAP)** and **sector-based workforce initiatives**
- **Support social connection** for older adults through increased investment in **activity programs for older adults** and **community centers**, such as senior centers
- **Improve access to mental health treatment** such as by **strengthening the behavioral health workforce** and maintaining current Medicaid eligibility categories

Focusing attention

Ohio's progress relies on intentional efforts to reduce barriers for Ohioans with the greatest needs. For example:

If disparities were eliminated, there would be **600,407 fewer** Ohioans with disabilities who have frequent mental distress and **678,438 fewer** Ohioans with disabilities who do not participate in the labor force

KEY FINDINGS

▶ KEY FINDING

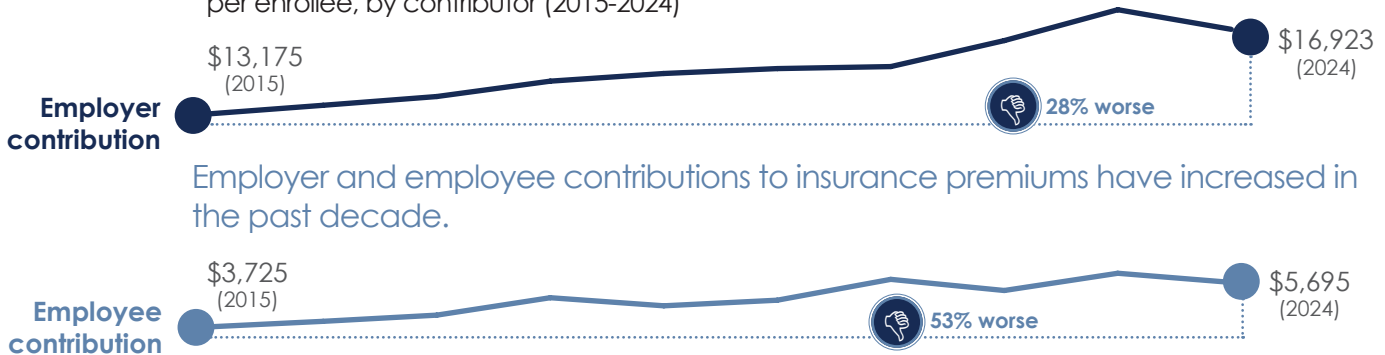
Rising healthcare costs strain Ohioans, employers and the healthcare system

Healthcare costs are rising, leaving Ohioans with less room in their budgets and increasing financial pressure on businesses. Higher healthcare costs can make it harder for people to access care and for employers to offer affordable health insurance. Rising costs also strain health systems, leading to, for example, reduced services or closed hospitals in rural areas.

Current Ohio rank
6

Average premium for employer-sponsored health insurance, family coverage.

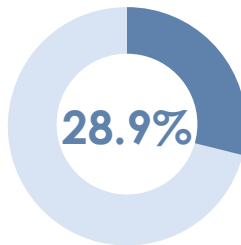
Average total annual family premium for employer-sponsored health insurance per enrollee, by contributor (2015-2024)



Employer and employee contributions to insurance premiums have increased in the past decade.

Ohioans reporting difficulty paying for usual household expenses

More than 1 in 4 Ohioans had trouble paying expenses in 2023



Source: Ohio Medicaid Assessment Survey, 2023

Data sources are available in data appendices posted on the [2026 Health Value Dashboard web page](#).

▶ Learn more

Recent federal health policy changes are likely to affect healthcare access and affordability. For more information, see HPIO's [Healthcare Access and Affordability series](#).

Considerations for policy progress

To improve healthcare affordability and access, Ohio policymakers can:

- **Strengthen data collection** to understand state-level healthcare spending drivers and identify priorities through initiatives like **all-payer claims databases**
- **Contain rising health care costs** by pursuing payment reforms that are associated with significant spending reductions in other states, including **targeted reference pricing** for specific insurance markets (e.g., state employee health plans)
- **Monitor and respond to anticipated funding and coverage losses** to health programs, including Medicaid, from the federal reconciliation bill HR 1, which will reduce care access and increase costs for many Ohioans

🔍 Focusing attention

Ohio's progress relies on intentional efforts to reduce barriers for Ohioans with the greatest needs. For example:

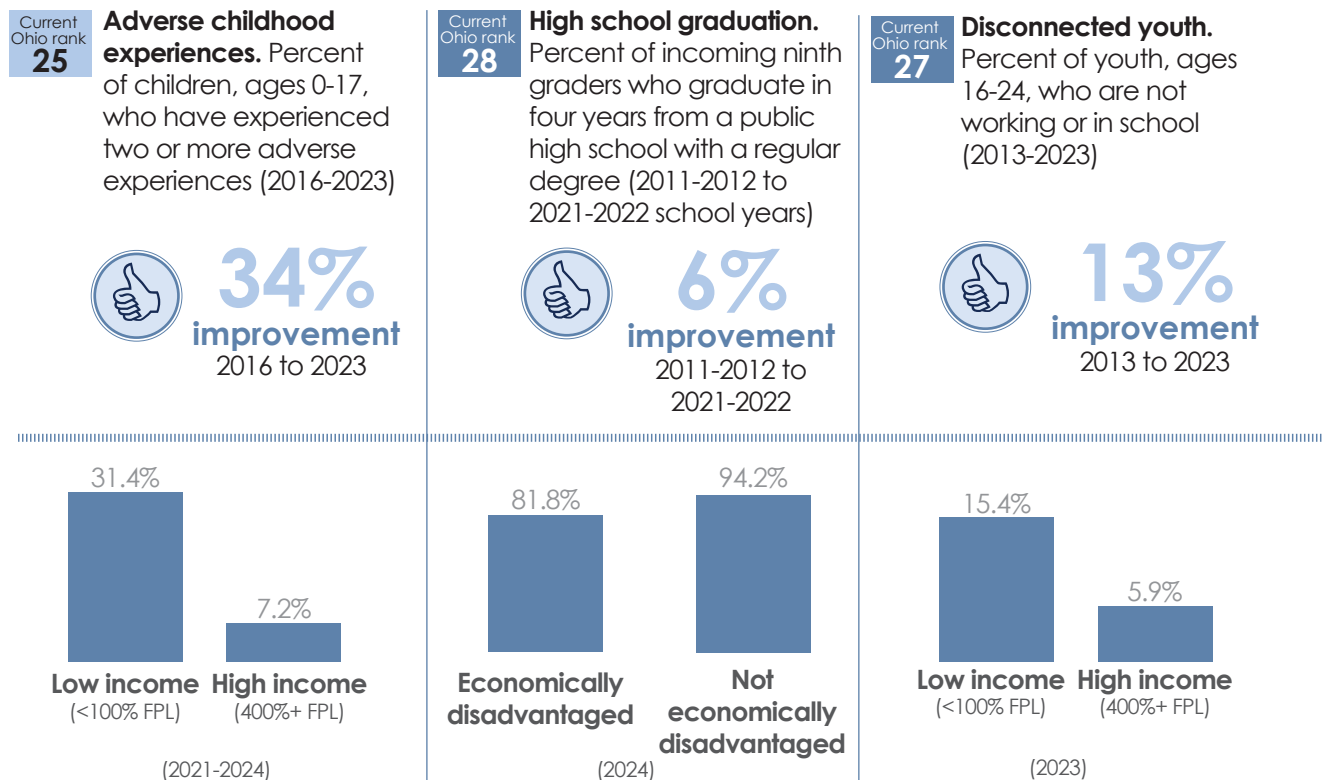
If disparities were eliminated, **60,116 fewer** Hispanic Ohioans would be unable to see a doctor due to cost

► KEY FINDING

Policy action is leading to improvement in child well-being, but challenges remain

In recent years, Ohio policymakers have dedicated effort and resources to improving child health and well-being. Families are realizing those gains, with Ohio performing well and/or trending in the right direction on metrics related to adverse childhood experiences, high school graduation and disconnected youth. However, some children are still experiencing barriers, including children in families with low incomes.

Ohio has made progress on child well-being metrics, but disparities persist



Note: Ranked graduation data is reported by the U.S. Department of Education and the disaggregated data is reported by the Ohio Department of Education and Workforce. For more information, see the data appendices.

Data sources are available in data appendices posted on the [2026 Health Value Dashboard web page](#).

Considerations for policy progress

To improve child well-being, Ohio policymakers can:

- **Improve high school graduation rates** for students at risk of dropping out through **dropout prevention/high school completion programs** and/or **alternative high schools for at-risk students**
- **Continue placing more children in foster care with kinship caregivers** and provide more support for these caregivers
- **Support families**, such as through connecting them to needed social support and services through **family resource centers** or **schools with wraparound services**

Focusing attention

Ohio's progress relies on intentional efforts to reduce barriers for Ohioans with the greatest needs. For example:

If disparities were eliminated, **72,447 fewer** Ohio children with low incomes would experience adverse childhood experiences

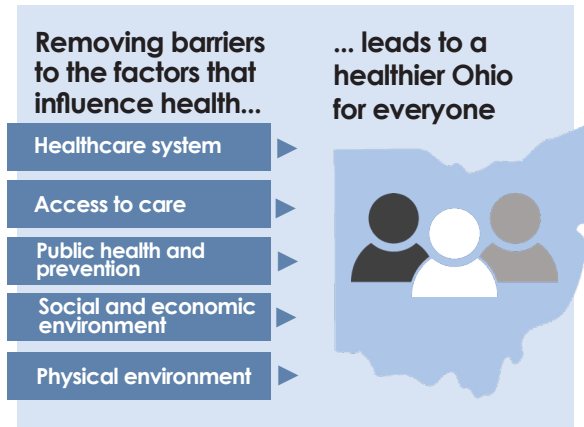
FOCUSING ATTENTION ON OHIOANS WITH THE GREATEST NEEDS

Ohio's strength lies in its people, but not all Ohioans have the same chance to be healthy and well.

When access to environments and experiences that support health are uneven, some Ohioans face greater barriers than others. As a result, groups such as Ohioans of color, Ohioans with disabilities, LGBTQ+ Ohioans and Ohioans with low incomes are more likely to face challenges, such as limited access to quality health care, stable housing and steady jobs.

Vibrant communities depend on healthy people. When we remove barriers and support Ohioans who are facing the greatest challenges, everyone benefits.

Ohio leaders have the opportunity to advance policies that improve health and well-being statewide. Targeted efforts to reduce barriers can help build more resilient families, healthier communities and a stronger economy.



▶ The following section presents findings from the disaggregated data in the Health Value Dashboard by population group.



Considerations for policy progress

To reduce barriers to health and well-being, Ohio policymakers can:

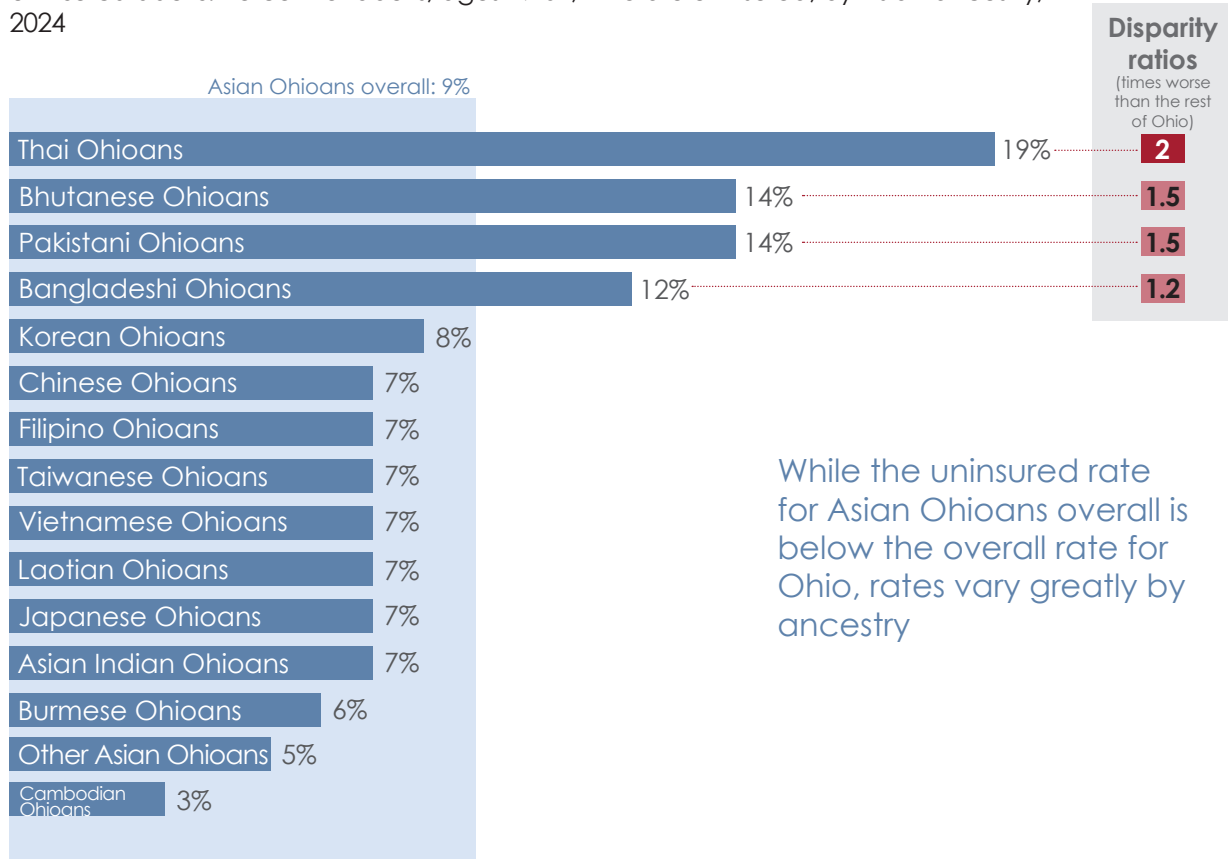
- **Strengthen meaningful engagement with Ohioans.** Establish trust with members of communities with the greatest needs and include them as partners in identifying solutions.
*Policy example: The **Overcoming Hurdles in Ohio Youth Advisory Board** is a statewide organization of young people (ages 14-24) who have experienced foster care.*
- **Implement and fund just and fair policy solutions.** Leverage data, evidence and community input to eliminate unfair gaps in opportunity.
*Policy example: The **Maternal and Infant Vitality Initiative** is a grant-funded collaboration between the Ohio Department of Health and local partners that uses data to focus help in the 10 counties with the biggest gaps in birth outcomes.*
- **Collect and report disaggregated data.** Collecting and using data broken out by categories like race, ethnicity, age and disability status can track progress towards creating a healthier state for all.
*Policy examples: Publicly available data is posted in dashboards such as the **Ohio Department of Health Social Determinants of Health Dashboard**, **Ohio Department of Education and Workforce School Report Cards** and the **Ohio Medicaid Assessment Survey Series Dashboard**.*

SPOTLIGHT ON

ASIAN OHIOANS

Asian Ohioans represent many ethnicities and cultural backgrounds. When data groups these communities together, it can mask important differences in experience and opportunity. For example, while Asian Ohioans overall perform well on indicators such as insurance coverage, data for Thai, Bhutanese, Pakistani and Bangladeshi Ohioans indicates that these communities face additional barriers. Improving data collection, such as oversampling smaller populations, can ensure data better reflects the realities of Ohioans across the state.

Uninsured adults. Percent of adults, ages 19-64, who are uninsured, by Asian ancestry, 2024



Note: Hmong, Indonesian, Malaysian, Okinawan and Sri Lankan Ohioans had uninsured rates of 0% for adults ages 19-64.
Source: U.S. Census Bureau, American Community Survey 1-year estimates, Public Use Microdata

If disparities were eliminated

▶ **15,448** fewer Asian* Ohioan adults would be treated worse due to race

▶ **6,753** fewer Asian* Ohioans would face severe housing cost burden

▶ **2,940** fewer Asian* Ohioan children would not receive preventive dental care visits

*Non-Hispanic

SPOTLIGHT ON

BLACK OHIOANS

Black mothers in Ohio are three times more likely to die from complications related to pregnancy and childbirth than other Ohioans. This gap signals that not everyone has what they need to live a healthy life before, during and after pregnancy. Healthy births are shaped by many factors, including access to quality care, stable housing, economic opportunity and other experiences, such as discrimination.¹ By addressing these barriers, Ohio can improve health outcomes for mothers and babies across the state.

Maternal mortality. Number of deaths related to or aggravated by pregnancy (excluding accidental or incidental causes) occurring within 42 days of the end of a pregnancy per 100,000 live births, 2019-2023



Drivers of maternal mortality

Treated worse in health care due to race

8.3
times more likely than other Ohioans

for Black Ohioans to be treated worse in health care due to race

Cost barrier to care

1.4
times more likely than other Ohioans

for Black Ohioans to be unable to see doctor due to cost

Housing cost burden

2.2
times more likely than other Ohioans

for Black* Ohioans to experience severe housing cost burden

Data sources are available in data appendices posted on the [2026 Health Value Dashboard web page](#).

► **Learn more**

See HPIO's fact sheet on [Racial and Geographic Disparities in Maternal Morbidity and Mortality](#) for more information on evidence-based strategies to ensure that all parents and babies in Ohio are healthy and thriving.



If disparities were eliminated

► **100,485** fewer Black* Ohioans would experience racism when seeking healthcare

► **44,036** fewer Black* Ohioans would be unable to see a doctor due to cost

► **139,790** fewer Black* Ohioans would spend more than 50% of their income on housing

*Non-Hispanic

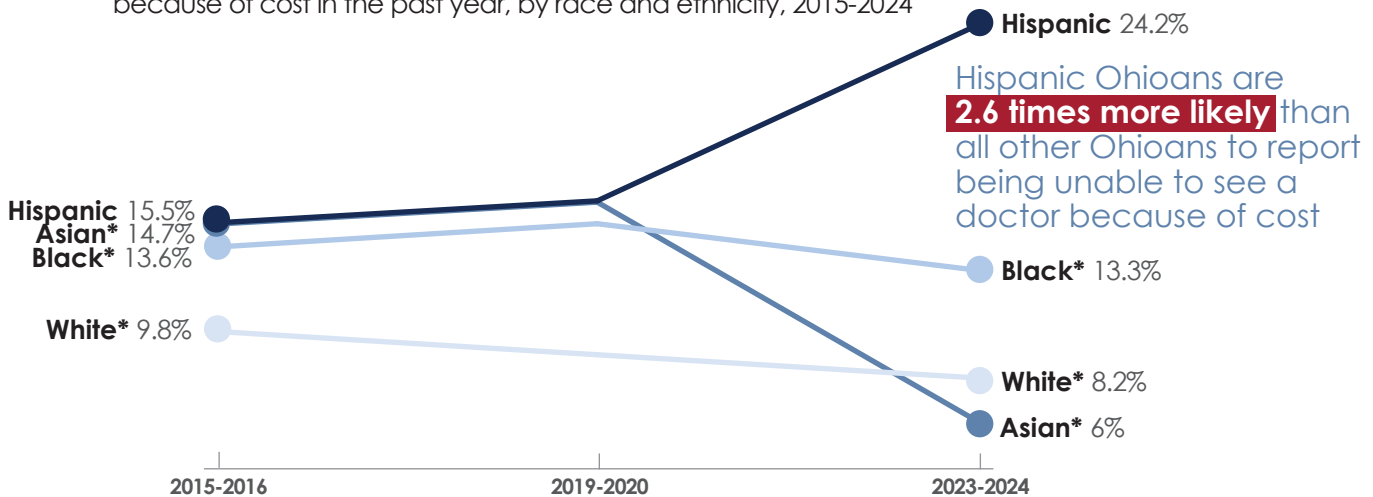
1. Hill, Latoya et al. Racial Disparities in Maternal and Infant Health: Current Status and Key Issues. KFF, 2025. <https://www.kff.org/racial-equity-and-health-policy/racial-disparities-in-maternal-and-infant-health-current-status-and-key-issues/>

SPOTLIGHT ON

HISPANIC/LATINO OHIOANS

A growing number of Hispanic and Latino Ohioans face barriers to getting the health care they need. Nearly 97,000 Hispanic adults reported going without care because of cost in 2023-2024. This mirrors data showing that Hispanic Ohioans are uninsured at a rate 2.6 times higher than other Ohioans and are also more likely to face economic challenges, such as severe housing cost burden. These differences reflect systemic factors that shape access to health coverage, economic opportunity and stable housing. By strengthening the policies and programs that affect access to health care, Ohio can expand opportunities for good health for all.

Unable to see doctor due to cost. Percent of adults, ages 18 and older, who went without care because of cost in the past year, by race and ethnicity, 2015-2024



*Non-Hispanic

Note: While changes to the race variable affected handling of missing data after 2019, estimates are comparable.

Drivers of affordability challenges

Uninsured adults

2.6
times more likely than other Ohioans

for Hispanic Ohioans to be uninsured

Severe housing cost burden

1.4
times more likely than other Ohioans

for Hispanic Ohioans to face severe housing cost burden

Data sources are available in data appendices posted on the [2026 Health Value Dashboard web page](#).

If disparities were eliminated

▶ **60,116** fewer Hispanic Ohioans would be unable to see a doctor due to cost

▶ **50,443** fewer Hispanic Ohio adults would be uninsured

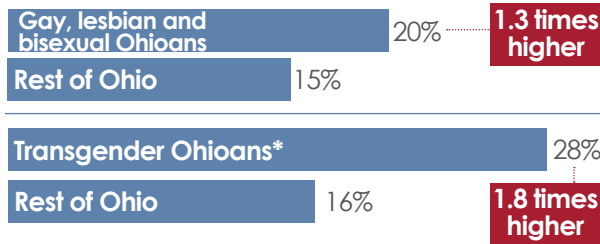
▶ **15,873** fewer Hispanic adults would report poor overall health status

SPOTLIGHT ON

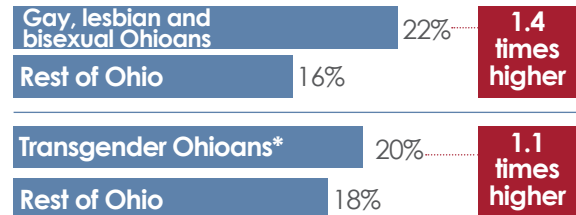
LGBTQ+ OHIOANS

Experiences of discrimination can increase stress and worsen mental health. As a result, lesbian, gay, bisexual and transgender Ohioans experience mental distress at much higher rates than other Ohioans. They are also more likely to use tobacco and alcohol as a means to cope with mental health challenges and experiences of discrimination.¹ By building policies and systems that protect against discrimination and support trauma-informed services, Ohio can make our communities safer and more inclusive for everyone.

Smoking. Percent of adults, ages 18 and older, who currently smoke, by sexual orientation and gender identity, 2023-2024



Excessive drinking. Percent of adults, ages 18 and older, who report either binge drinking or heavy drinking, by sexual orientation and gender identity, 2023-2024



*Data for transgender Ohioans is from 2022-2023 due to data limitations for more recent years.

Note: Binge drinking is defined as consuming more than four (women) or five (men) alcoholic beverages on a single occasion in the past 30 days, and heavy drinking is defined as having seven or more (women) or 14 or more (men) drinks per week.

Driver of health disparities

Frequent mental distress

2.6
times more likely
than other Ohioans

for gay, lesbian and bisexual Ohioans
to report frequent mental distress

3.5
times more likely
than other Ohioans

for transgender Ohioans
to report frequent mental distress

Data sources are available in data appendices posted on the [2026 Health Value Dashboard web page](#).

If disparities were eliminated

▶ **97,012** fewer gay, lesbian and bisexual Ohioans and **30,916** fewer transgender Ohioans would report frequent mental distress

▶ **40,665** fewer gay, lesbian and bisexual Ohioans and **14,633** fewer transgender Ohioans would be unable to see a doctor because of cost

▶ **22,106** fewer gay, lesbian and bisexual Ohioans and **12,664** fewer transgender Ohioans would report poor overall health

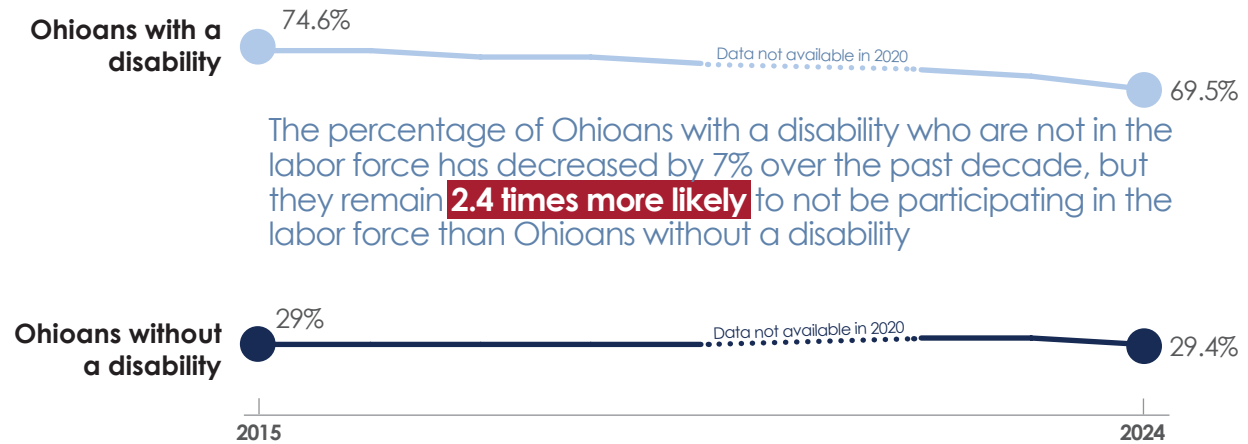
1. Li, Mirandy, et al. "The Effect of Minority Stress Processes on Smoking for Lesbian, Gay, Bisexual, Transgender, and Queer Individuals: A Systematic Review." *LGBT Health* 11, no. 8 (2024): 583-605. doi: 10.1089/lgbt.2022.0323; Shaikh, Aman, et al. "Mental health challenges within the LGBTQ community: A societal imperative." *Journal of Family Medicine and Primary Care* 13, no. 9 (2024): 3529-3535. doi: 10.4103/jfmpc.jfmpc_321_24..

SPOTLIGHT ON

OHIOANS WITH DISABILITIES

Long-standing trends show that many Ohioans with disabilities face barriers to participating in the labor force — being employed or seeking employment. In 2024, more than 1,175,000 Ohioans with disabilities were not in the labor force, a rate 2.4 times higher than the rest of the state. This gap is shaped by policies and systems that affect access to education, transportation and workplace accommodations. These barriers limit employment opportunities and the ability to achieve financial independence. By supporting paths to employment, Ohio can build healthier and more financially stable communities.

Not in the labor force. Percent of people, ages 16 and older, who are not in the labor force (i.e., not employed and not actively looking for work), by disability status, 2015-2024



Barriers to employment and financial independence for Ohioans with disabilities contribute to other challenges that impact health outcomes

Drivers of health disparities

Housing costs

2
times more likely
than other Ohioans

for Ohioans with disabilities to experience severe housing cost burden

Healthcare affordability

2.5
times more likely
than other Ohioans

for Ohioans with disabilities to report being unable to see a doctor because of costs

Child food insecurity

2
times more likely
than other Ohioans

for Ohio children with disabilities to experience food insecurity

Data sources are available in data appendices posted on the [2026 Health Value Dashboard web page](#).

If disparities were eliminated

▶ **678,438** fewer Ohioans with disabilities would not be out of the labor force

▶ **600,407** fewer Ohio adults with disabilities would report mental distress

▶ **143,445** fewer Ohio adults with disabilities would experience severe housing cost burden

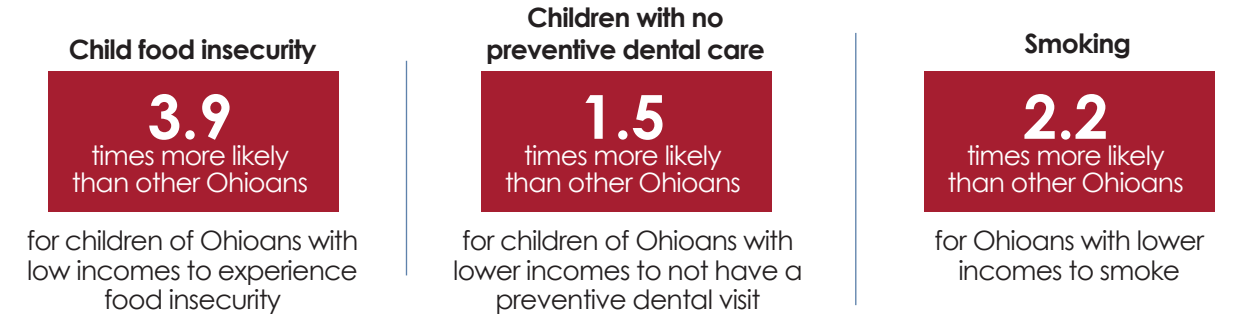
OHIOANS WITH LOWER INCOMES

One in three Ohioans with low incomes reported having poor oral health in 2024, a rate 3.2 times higher than other Ohioans. While Ohio Medicaid provides health insurance (including dental benefits), coverage alone is not enough to ensure access to care. Children in families with low incomes are also less likely to receive preventive dental treatment and more likely to be food insecure and adults with low incomes are more likely to smoke. Each of these conditions negatively affects oral health. By supporting accessible preventive care, Ohio can create opportunities for better health for all.

Poor oral health. Percent of adults, ages 18-64, who have lost six or more teeth because of tooth decay or gum disease, by income, 2024

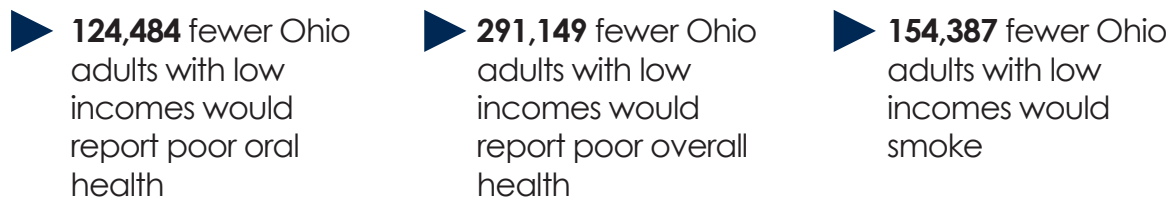


Related factors



Data sources are available in data appendices posted on the [2026 Health Value Dashboard web page](#).

If disparities were eliminated



Importance of representative data collection

Robust and representative data is vital for understanding the health and well-being of all Ohioans. Yet many publicly available data sources do not include enough detail to capture the full range of experiences across the state. Recent federal policy decisions have further limited access to data for certain topics and populations.

Public and private partners can strengthen data quality and availability by:

- Consistently collecting and reporting disaggregated data across key demographic factors, including race and ethnicity, income, geography, disability status, sexual orientation and gender identity
- Oversampling groups with smaller population sizes to ensure that these groups are accurately represented in the data and to better understand overlapping barriers
- Providing local data at the county, zip code and/or census tract levels, when possible
- Offering training on demographic data collection to reduce missing or incomplete data

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HPIO Advisory Groups

HPIO thanks the many partners who contributed their expertise to the 2026 Health Value Dashboard. Members of the **Health Value Dashboard Advisory Group** and **Equity Advisory Group** advised on the metrics, analysis methodology, identification of key findings and design of the Dashboard. A complete list of members is posted on the **HPIO website**.

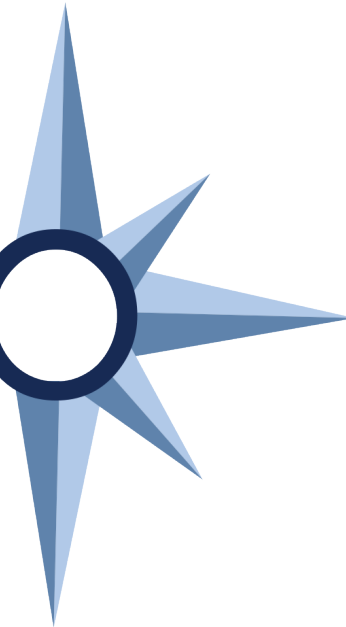


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