



## Health Value Dashboard Advisory Group

Wednesday, May 14, 2025 | 1:00 – 3:00 p.m.

This meeting will be held online via Zoom:

<https://us02web.zoom.us/meeting/register/vcG5LkeWRD-8HuDbQKidtA>

### Meeting objectives

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As a result of participating in this meeting, **Advisory Group members** will:

- Understand the progress that has been made on *Health Value Dashboard* methodology since the February meeting
- Be aware of potential updates to *Dashboard* equity profile methodology
- Understand and provide feedback on the draft metrics for the *Dashboard* main profiles

### Agenda

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- Welcome and overview
- **Large group discussion:** Equity profile methodology updates
- **Small group discussion:** Feedback on draft *Dashboard* metrics. Advisory Group members will select one small group focused on 2-3 *Dashboard* domains:
  - Population health/population health and prevention
  - Healthcare access, system and spending
  - Social, economic and physical environment
- Report out and next steps

## Dashboard metric selection considerations

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1. **State-level:** Statewide data are available for Ohio and other states. State data is consistent across states (allowing for state rankings, if appropriate).
2. **Sub-state geography:** Data are available at the regional, county, city, or other geographic level within Ohio.
3. **Ability to track disparities:** Data are available for sub-categories such as race/ethnicity, income level, age, or gender.
4. **Availability and consistency:** There is a high probability that data for this metric will continue to be gathered in the future and will be provided in a relatively consistent format across time periods.
5. **Timeliness:** Data for this metric is released on a regular basis (at least yearly or every other year).
6. **Source integrity:** The metric is nationally recognized as a valid and reliable indicator and the data are provided by a reputable national organization or state or federal agency.
7. **Data quality:** The data are complete and accurate. The data collection method is the best available for the construct being measured (e.g., biometric, self-report, administrative).
8. **Alignment:** Aligns with an existing requirement, performance measure, program evaluation indicator, or other measures currently being compiled by a state or federal agency (e.g., ODH, OHT, ODE, CMS, HHS, AHRQ), national organization (e.g. Catalyst for Payment Reform), or regional project (e.g., Health Collaborative, AccessHealth Columbus, Better Health Greater Cleveland). Does not add data collection burden to stakeholders.
9. **Benchmarks:** Benchmark values have been established for the metric by a reputable state or national organization or agency (e.g., Healthy People 2020).
10. **Face value:** The metric is easily understood by the public and policymakers.
11. **Relevance:** The metric addresses an important health-related issue that affects a significant number of Ohioans.