HEALTH VALUE DASHBOARD

ADVISORY GROUP MEETING

May 14, 2025

VISION

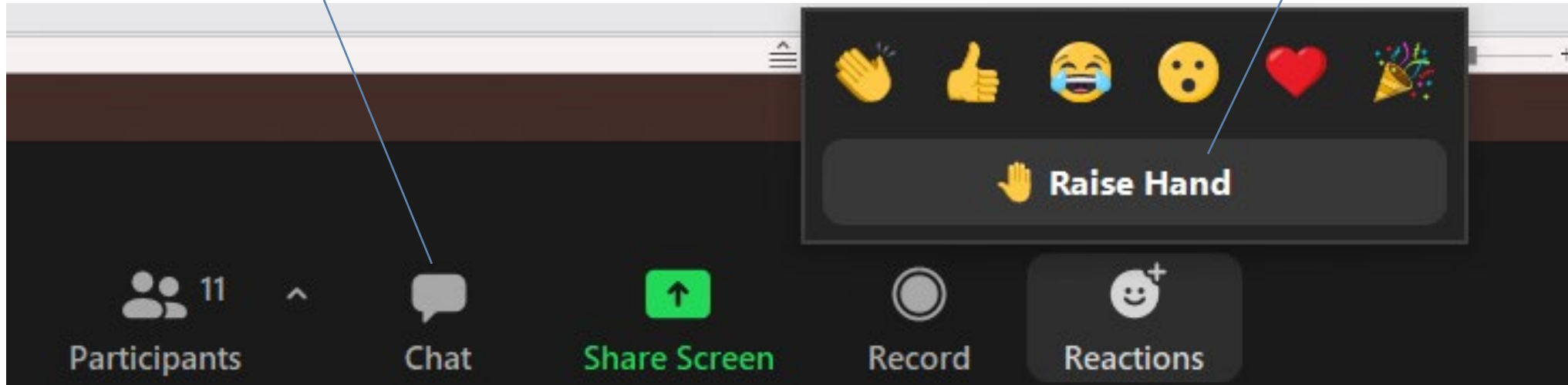Ohio is a model of health, well-being and economic vitality

MISSION

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.

Participating in Zoom

Chat
(found in bottom toolbar)

Raise hand
(found inside reactions button)

Agenda

- Welcome and overview
- Methodology updates – Equity profiles
- Metric workgroup breakouts
- Next steps

Objectives

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

- Understand the progress that has been made on Health Value Dashboard 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

2025-2026 Timeline

2025
- February: Full AG meeting
- March -May: AG and workgroup meetings
- March: EAG equity profile metric review
- **May: Full AG meeting**
- May – July: HPIO further metric research and finalization
- Early August: **EAG meeting** to review potential metric list for Equity profiles
- August – December: Data compilation and analysis

2026
- **January/February: Next AG meeting – stay tuned**
- January – May: Layout and review
- May: Dashboard release

2026 Equity profiles: Methodology Update

Data in context

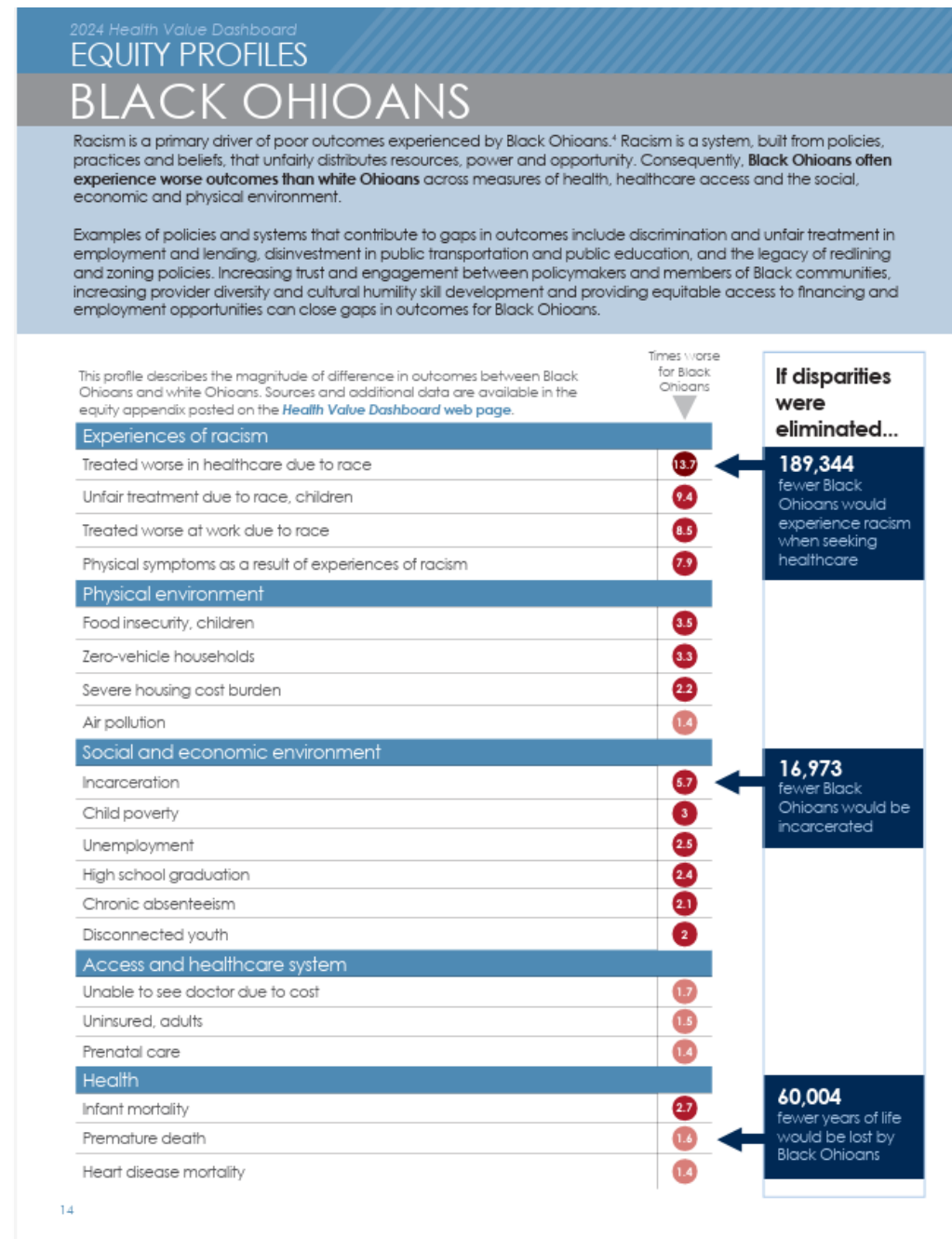|	
Rankings	Ohio rank **36**
Progress and trends	Moderately improved
Gaps in outcomes	Times worse for Black Ohioans ▼ **10.3**

2024 Equity profiles

▶ Black Ohioans

▶ Hispanic/Latino Ohioans

▶ Asian Ohioans

▶ Ohioans with disabilities

▶ Ohioans with lower incomes and/or less education

▶ LGBTQ+ Ohioans

2024: example equity profile

Current methodology

$$\frac{\text{"systematically disadvantaged group"}}{\text{"systematically advantaged group"}} = \text{Disparity ratio}$$

Benefits of current methodology

- Familiar to our audience
- Simple calculation, simple to understand
- Can do it for all metrics, very flexible

Limitations and challenges

- Making all metrics ascending artificially produces larger disparity ratios
- We cannot trend ratios over time, which doesn't allow us to see if we are closing gaps or moving towards equity
- Just because the advantaged group is performing better than the disadvantaged doesn't mean they are doing well
- The advantaged group is sometimes not doing better than other groups (Example: on some metrics Asian Ohioans perform better than White Ohioans)
- Disparity ratios can mask diversity within groups (example: Asian Ohioans are very diverse, some doing quite well and others really struggling)

Some solutions we have considered

- **Option 1:** Calculating statistical significance
- **Option 2:** Comparing groups to Ohio overall
- **Option 3:** Comparing groups to the rest of the state
- **Option 4:** Comparing groups to benchmarks

Option 1: Statistical significance

- Pros
  - Academically rigorous
  - Would allow us to put emphasis on those which were statistically different
- Cons
  - Not enough of the data sources we use for the secondary data gave us the information we needed about the estimates and sampling to be able to do this
  - Without regression analysis, differences could be due to confounding factors
  - Complex, higher likelihood of misinterpretation

Option 2: Group vs. Ohio overall

$$\frac{\text{Group value}}{\text{Ohio overall value}} = \text{Disparity ratio}$$

Option 2: Group vs. Ohio overall

- Pros
  - Simple
  - Could do it for most measures if we have an Ohio overall value

- Cons
  - Double counting people in the denominator
  - Statistically not good practice
  - Could artificially narrow the disparity

Option 3: Group vs. Rest of Ohio

$$\frac{\text{Group value}}{\text{Non-Group value}} = \text{Disparity ratio}$$

Option 3: Group vs. rest of Ohio

- Pros
  - Easy interpretation (group is X times worse than the rest of the state)
  - Most sound methodological option second to statistical significance
  - We already do it this way in the Disability vs non-Disability profile
- Cons
  - Can't do it for all current measures (but these may change)
  - May also show less of a disparity for disadvantaged groups

Option 4: Benchmarks

- Pros
  - o Rising tide lifts all boats instead of putting groups up against each other
  - o Aspirational - gives us a goal to shoot for
  - o Nationally or statewide recognized objectives

- Cons
  - o There are not many metrics that we use which have benchmarks, so it can't be applied to everything

Proposed change options

- Scenario #1: Keep things how they are, even given the limitations
- Scenario #2: No longer quantify differences, and simply display the data side by side so people can see for themselves
- **Scenario #3:** Calculate the ratio between a group and the rest of the state

- **Scenario #4: Option 3 AND compare to state or national established benchmarks where available**

Discussion questions

- What questions do you have about the proposed methodology changes?

Metric review questions

- Are the current metrics still relevant and useful? Anything we should cut?
- What are the most important metrics to add? What's missing?

Equity profile metric AG feedback

Please provide Equity profile metric feedback to lchirakos@hpio.net by:

Wednesday, May 28th

2026 Main Dashboard metric selection
Discussion

Metric considerations and criteria

1. **State-level:** Statewide data are available for Ohio.

2. **Ability to track disparities:** Data are available for disaggregation by characteristics such as race/ethnicity, income level, disability status, and/or sexual orientation and gender identity.

3. **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.

4. **Timeliness:** Data for this metric is released on a regular basis (at least yearly or every other year).

Metric considerations and criteria
(cont.)

5. 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.

6. 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).

7. Face value: The metric is easily understood by the public and policymakers.

8. Relevance: The metric addresses an important health-related issue that is of significant concern to Ohioans.

Breakout groups

- **Healthcare Spending/Healthcare System/Access to care**

- **Public Health and Prevention/Population Health**

- **Social and Economic/Physical Environment**

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Contact

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THANK YOU!