Evaluation for Impact
Closing Health Gaps in Columbus

May 20, 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.

Core funders

Agenda

Objectives

As a result of this meeting,

Streams of work

Policy Research and Analysis

HPIO translates complex data and evidence into actionable policy insights.

Assessment and Planning

HPIO assesses the strengths and needs of our state and local communities and creates actionable plans.
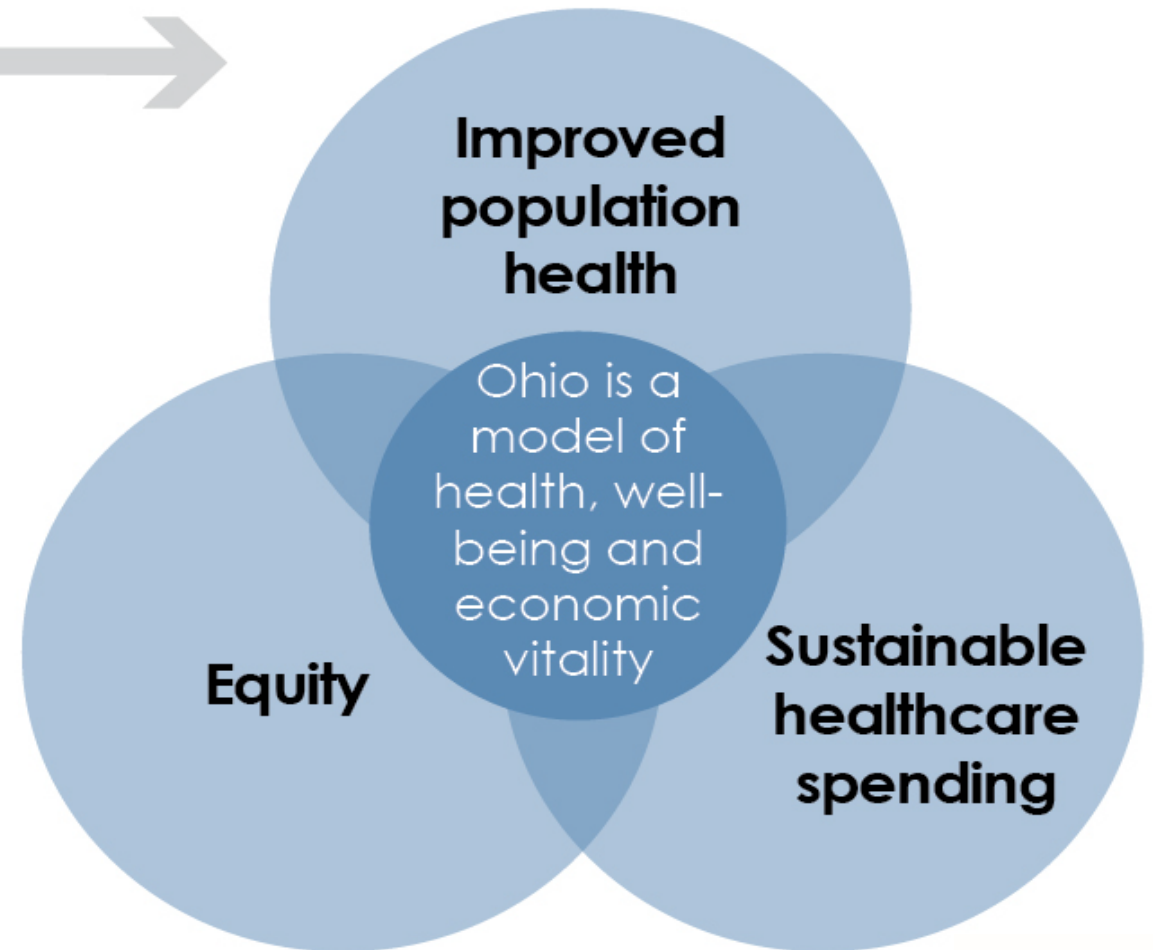
Program and Policy Evaluation

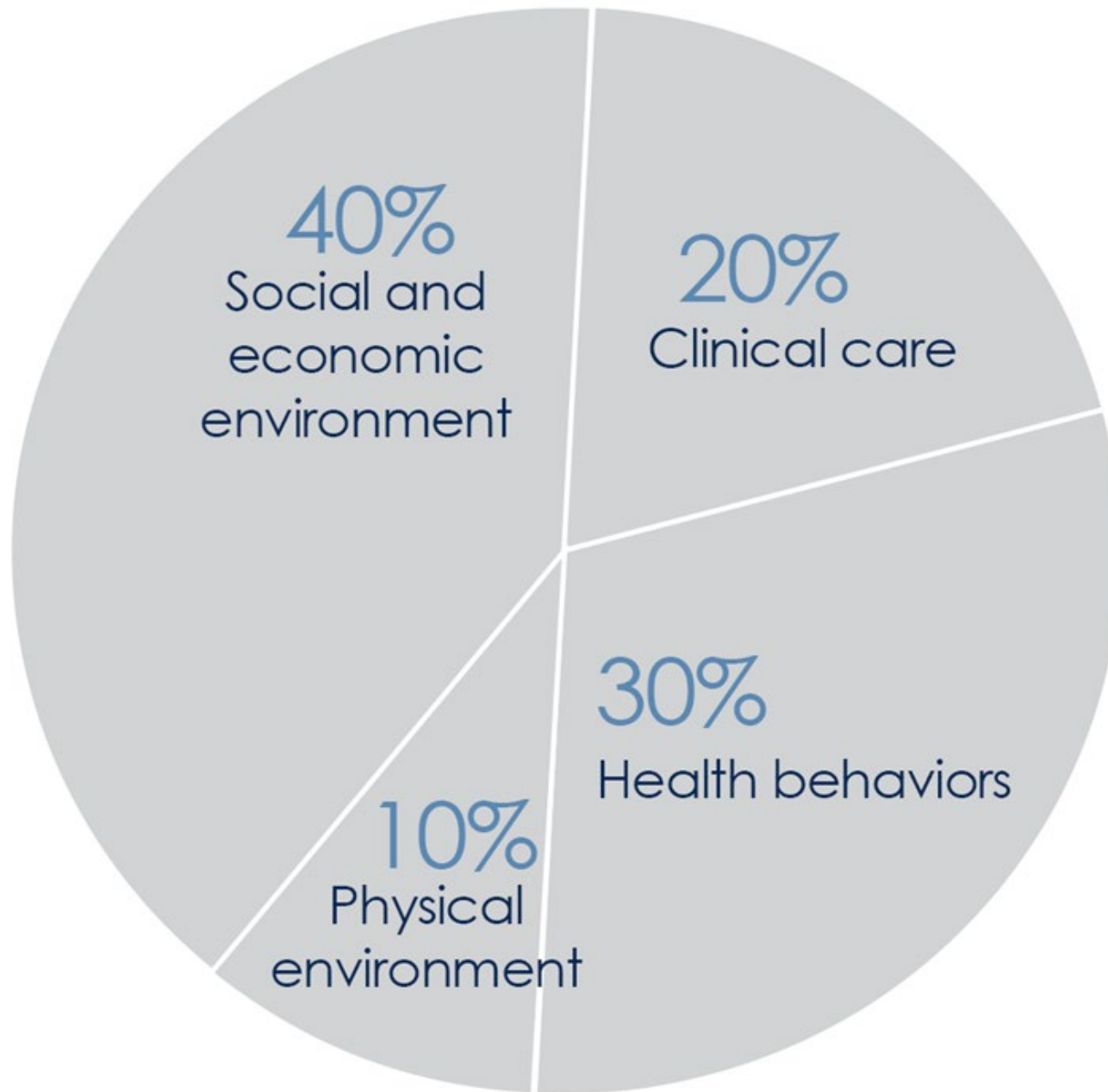HPIO conducts both process and outcome evaluations to articulate and measure progress toward program and policy goals.

Every Ohioan reaches their full health potential

This is achieved when:

- **All forms of discrimination** (including personal, institutional and structural) are eliminated
- **Community conditions,** such as housing, transportation, education and employment, are optimal
- **Healthcare access** is timely and affordable
- **Healthcare services** are equitable, high-quality, effective and efficient
- **Public health and prevention** are valued and supported
- **Sectors that impact health** collaborate and align their work

Improved population health

Equity

Sustainable healthcare spending

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

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40%
Social and economic environment

20%
Clinical care

30%
Health behaviors

10%
Physical environment
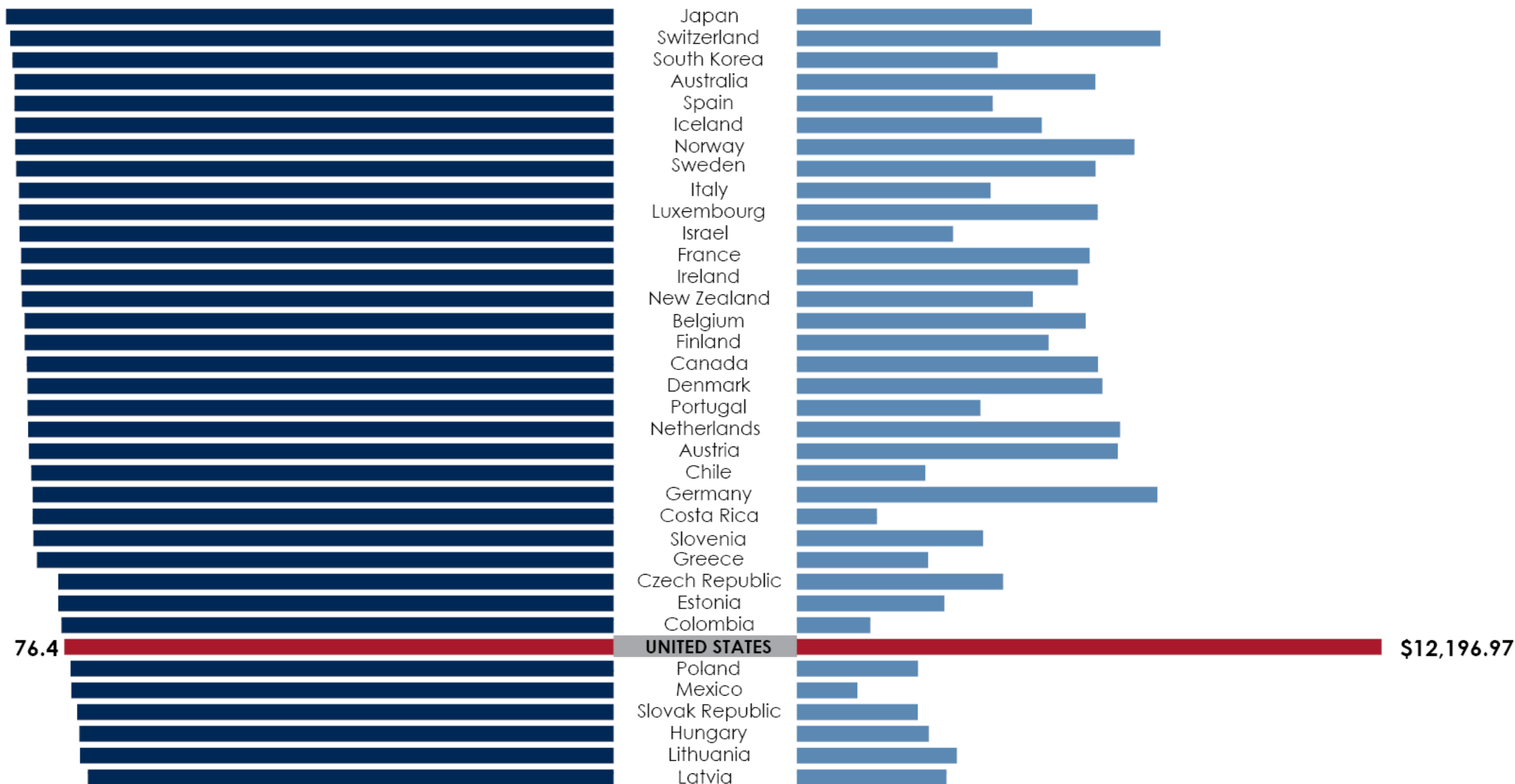
Data in context

Data to answer questions

Data for action

} Informed policy decisions

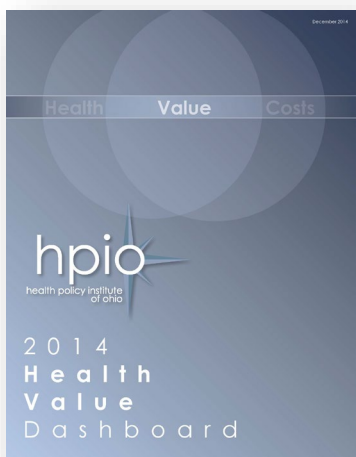# Life expectancy at birth (2021)

Total healthcare spending per capita (2021)

Country
Japan
Switzerland
South Korea
Australia
Spain
Iceland
Norway
Sweden
Italy
Luxembourg
Israel
France
Ireland
New Zealand
Belgium
Finland
Canada
Denmark
Portugal
Netherlands
Austria
Chile
Germany
Costa Rica
Slovenia
Greece
Czech Republic
Estonia
Colombia
UNITED STATES
Poland
Mexico
Slovak Republic
Hungary
Lithuania
Latvia

76.4 (United States life expectancy)

$12,196.97 (United States healthcare spending per capita)
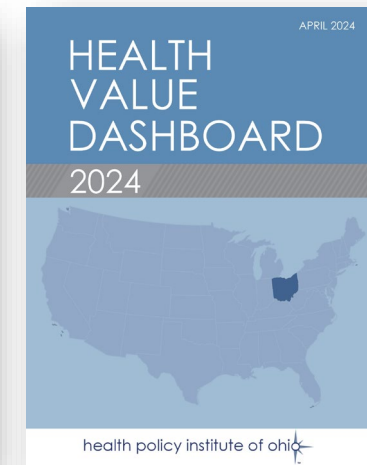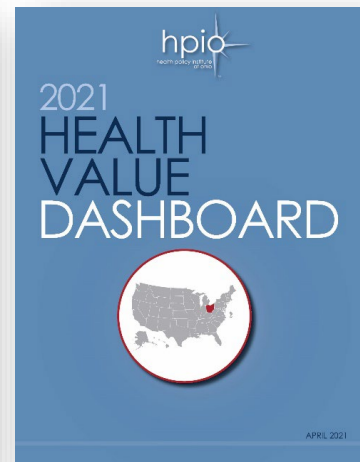
2014 → 2025

Ohio's domain ranks and the modifiable factors that contribute to health value

Ohio rank 31 Social and economic environment

Ohio rank 18 Access to care

Ohio rank 38 Healthcare system

40% Social and economic environment

20% Clinical care

30% Health behaviors

10% Physical environment

Ohio rank 36 Public health and prevention

Ohio rank 37 Physical environment
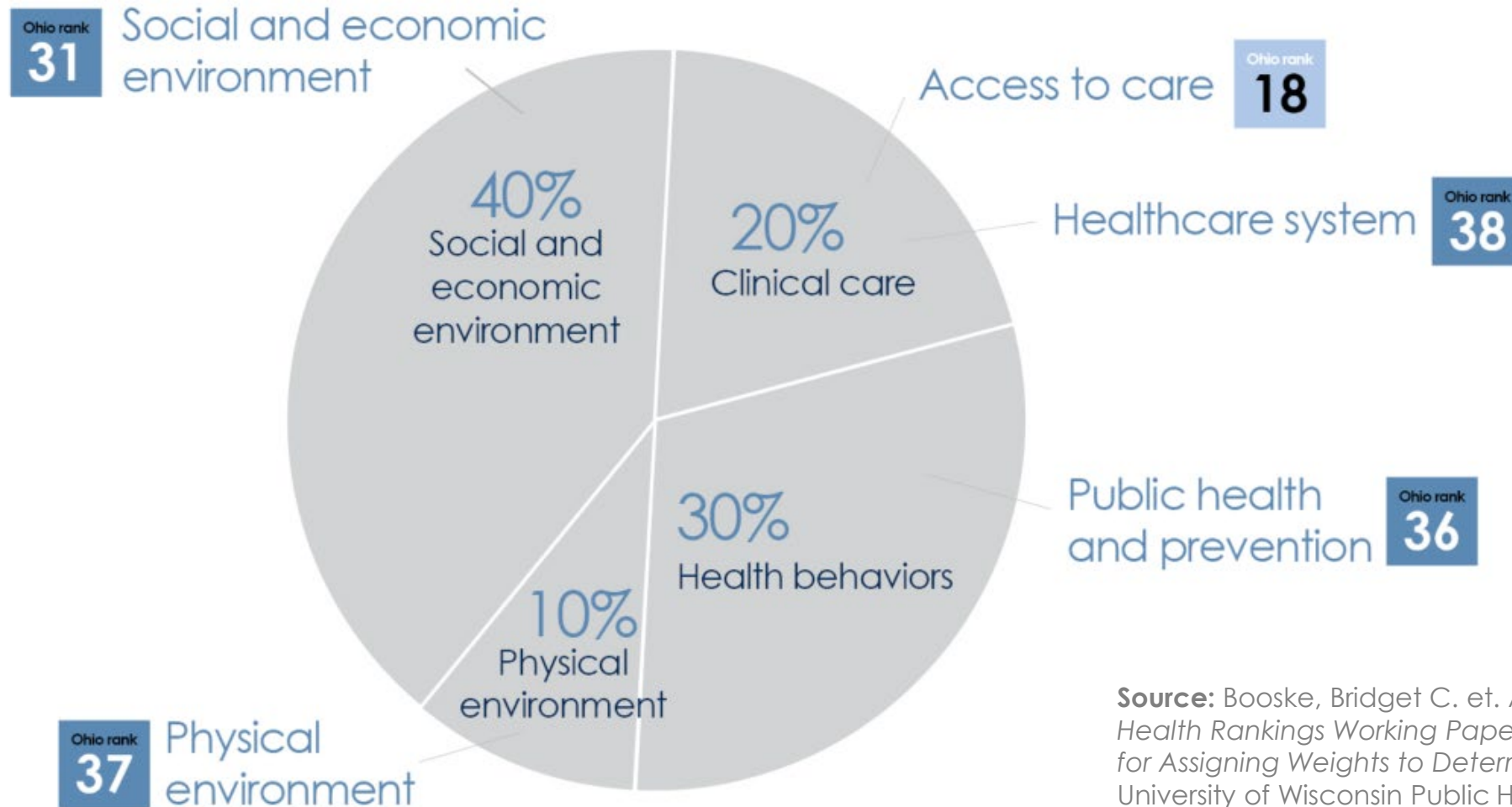
Source: Booske, Bridget C. et. Al. *County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health.* University of Wisconsin Public Health Institute, 2010.

Contributing factors

18	Access to care
38	Healthcare system
36	Public health and prevention
31	Social and economic environment
37	Physical environment

Value factors

43	Population health
34	Healthcare spending

Health value rank

44

Top quartile (best)	Second quartile	Third quartile	Bottom quartile (worst)

Data in context

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

Equity profiles

▶ Black Ohioans

▶ Hispanic/Latino Ohioans

▶ Asian Ohioans

▶ Ohioans with disabilities

▶ Ohioans with lower incomes and/or less education

▶ LGBTQ+ Ohioans

How can we improve?

NINE POLICIES THAT WORK

By adopting evidence-informed policies and working with private sector partners, policymakers can establish Ohio as a leader in health value. Below are examples of policy options to achieve this goal.

▶ Strengthen Ohio's workforce

- **Career technical education (CTE).** Increase funding for CTE facilities and equipment and foster collaboration between K-12 CTE programs, Ohio Technical Centers, community colleges and employers. Sector-based workforce initiatives and work-based learning programs, such as the Innovative Workforce Incentive Program, can increase the number of industry-recognized credentials earned by Ohio students for in-demand jobs, as well as increase the variety of available credentials.
- **Childcare subsidy.** Expand initial eligibility for childcare subsidies to 200% of the federal poverty level (FPL) to provide access to child care for more families with low and moderate incomes, allowing them to enter or stay in the workforce.
- **Paid family leave.** Offer paid family leave benefits for 12 weeks or more and eliminate or mitigate the impact of waiting periods to access paid leave benefits (public and private employers), increasing the ability of workers with caregiving responsibilities to remain in the labor force.

▶ Foster mental well-being

- **Mental health and addiction workforce recruitment and retention.** Establish a long-term, sustained state commitment to build the capacity of behavioral health providers, including tuition reimbursement, loan repayment, paid internships and pipeline training programs focused on underserved areas, and evaluate professional licensure laws to ease entry into professional jobs after graduation.
- **Integration of mental and physical health.** Expand statewide implementation of Certified Community Behavioral Health Clinics (CCBHC), a coordinated, comprehensive care model that includes medication-assisted treatment, crisis services, peer support, quality standards and other evidence-based approaches.
- **Recovery housing.** Increase the supply and quality of housing options for adults and families in recovery through partnerships between recovery housing operators and affordable housing developers and add requirements that residences be certified or accredited (as designated by the Ohio Department of Mental Health and Addiction Services [OhioMHAS]).

▶ Improve healthcare effectiveness

- **Primary care workforce training.** Build on existing momentum toward increasing access to high-quality, community-based primary care. Support the Primary Care Workforce Initiative to increase the capacity of Federally Qualified Health Centers, focusing on evidence-based chronic disease prevention and dental care in underserved areas.
- **School-based health services.** Extend the reach of primary care, dental and mental health services to children and families by funding expansion of school-based health services to more Ohio schools and exploring payment models that remove barriers to market entry and enhance school-based healthcare reimbursement.
- **Cost containment.** Provide strong state leadership to reinvigorate efforts focused on controlling healthcare spending. One option used by states with better performance on health value has been to set a cost growth benchmark — an annual target for the state's overall per capita healthcare cost growth, supported by transparency, accountability and cost-growth-mitigation strategies.
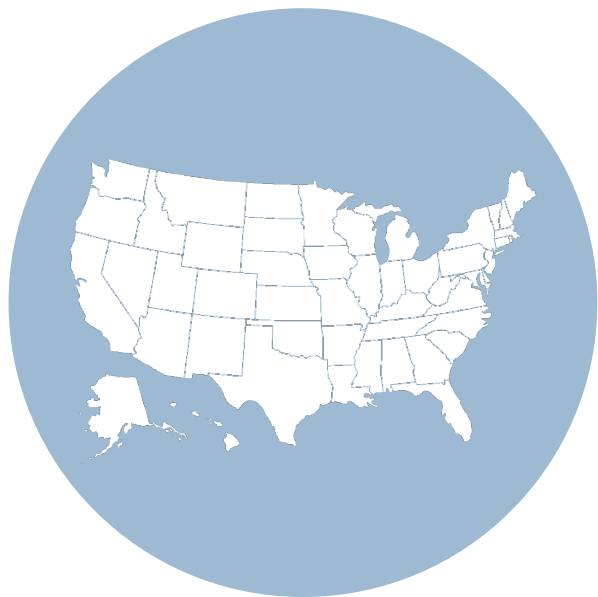
▶ Download the full Dashboard at
www.hpio.net/2023-health-value-dashboard/

Informed policy decisions

Data in
context

Concise key
findings

Highlight
what works

Policy priorities to improve health value
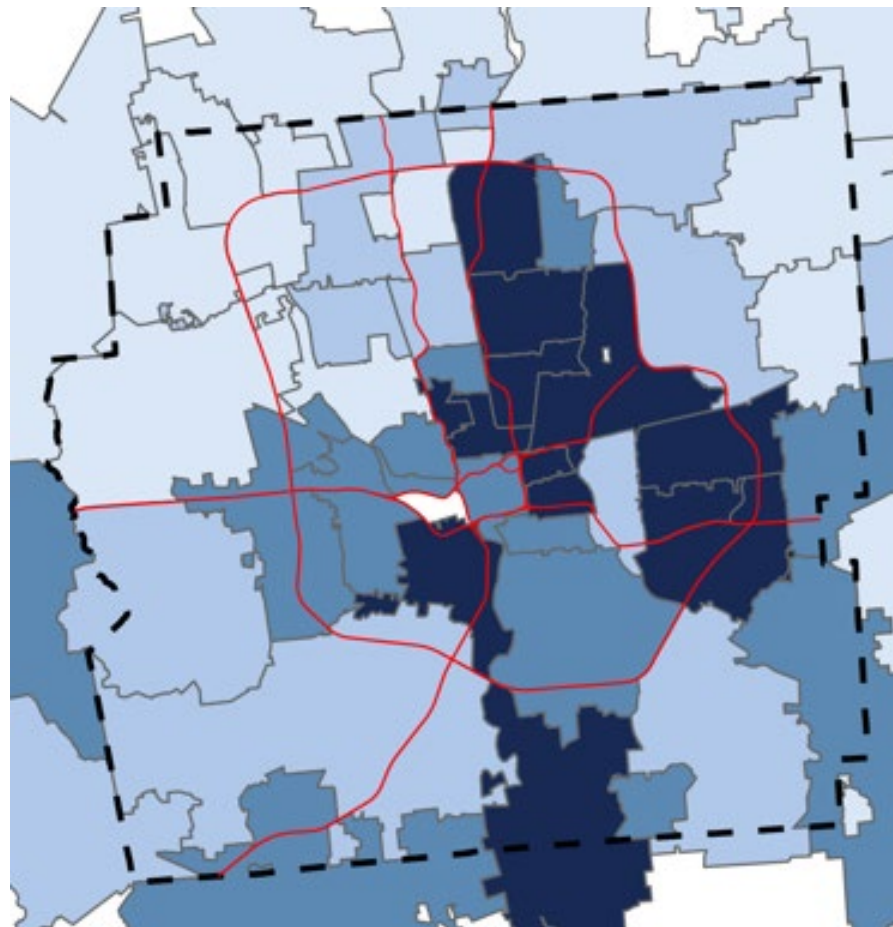
Mental well-being

Tobacco and cannabis prevention

Healthcare affordability

Creating opportunities to thrive

Income

Median Household Income by Zip Code, Franklin County

$100,451-$154,797

$76,335-$100,450

$57,168-$76,334

$30,197-$57,167

NA

Source: HPIO data snapshot "Closing Health Gaps in Ohio." Data from 2023 5-Year American Community Survey, as compiled by PolicyMap

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Experiencing racism

Percent of adults, aged 18 and older, who reported being treated worse due to their race, Franklin County 2022

Black non-Hispanic — 39%

White non-Hispanic — 14%

Other non-Hispanic — 5%

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Early death

Years of potential life lost before the age of 75, per 100,000 population by race, 2023, Columbus
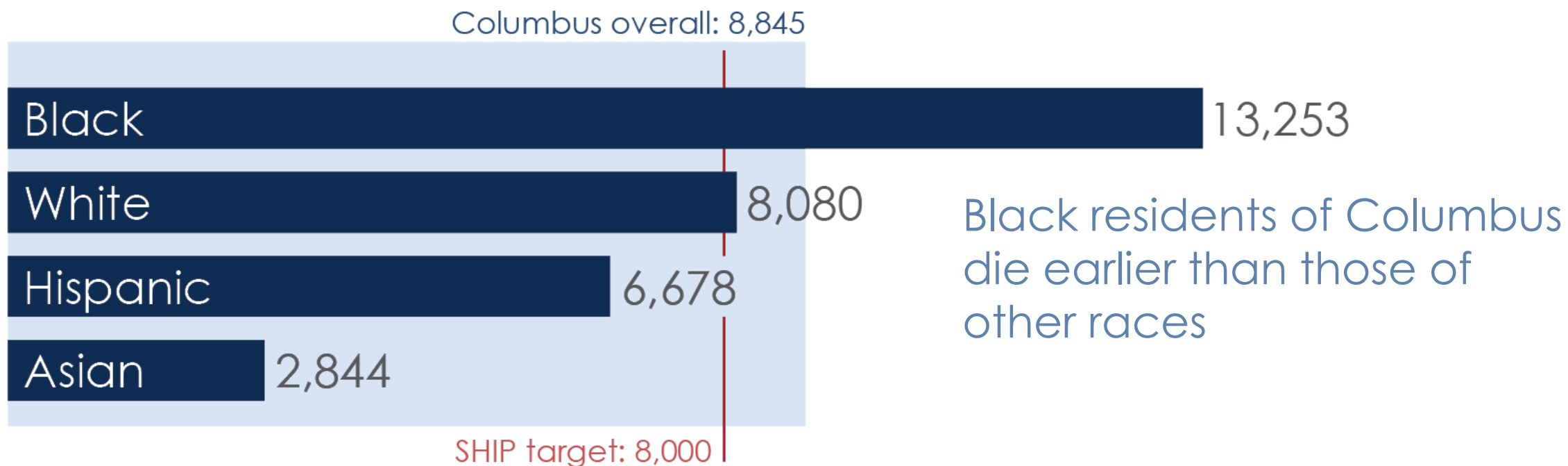
Columbus overall: 8,845

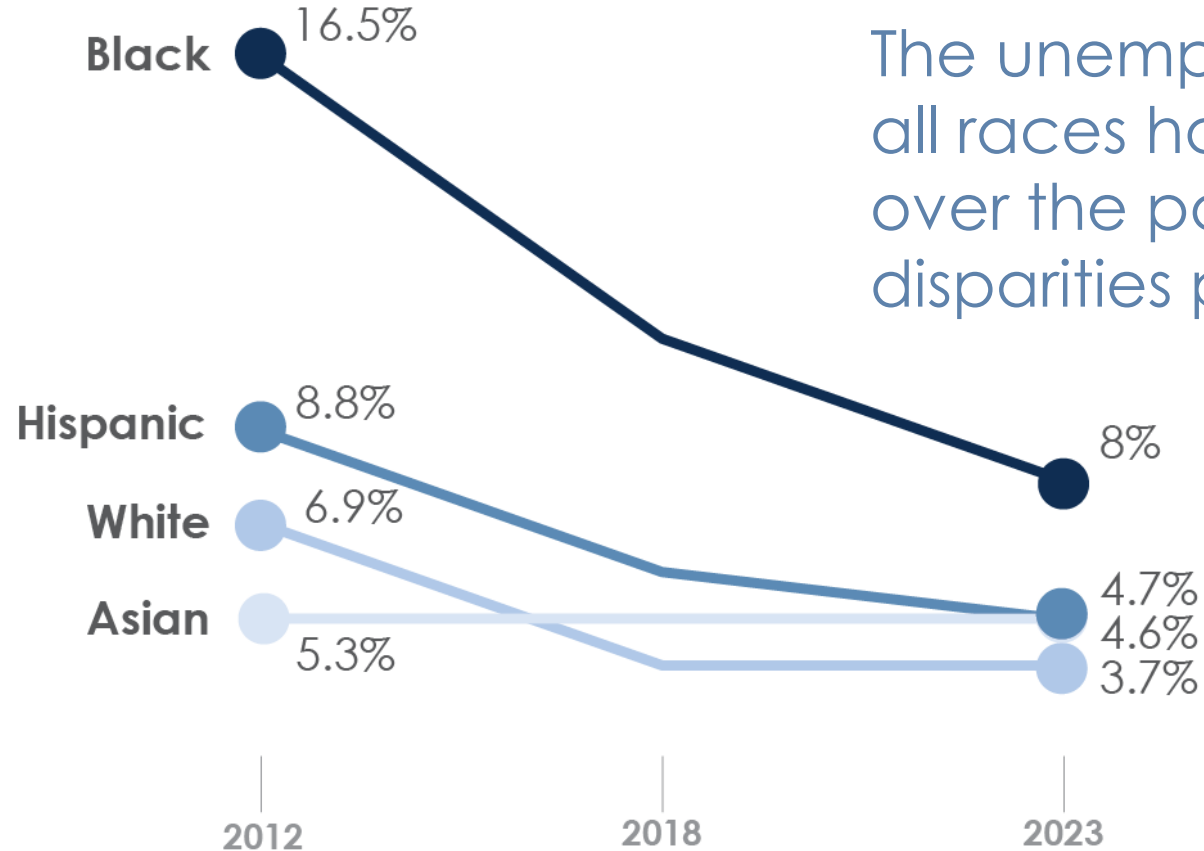| Race	Value
Black	13,253
White	8,080
Hispanic	6,678
Asian	2,844

SHIP target: 8,000

Black residents of Columbus die earlier than those of other races

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Community conditions

Unemployment

Percent of the population aged 16+ who are unemployed, Columbus

The unemployment rate for all races has decreased over the past decade, but disparities persist

	2012	2018	2023
Black	16.5%		8%
Hispanic	8.8%		4.7%
White	6.9%		4.6%
Asian	5.3%		3.7%

Housing cost burden

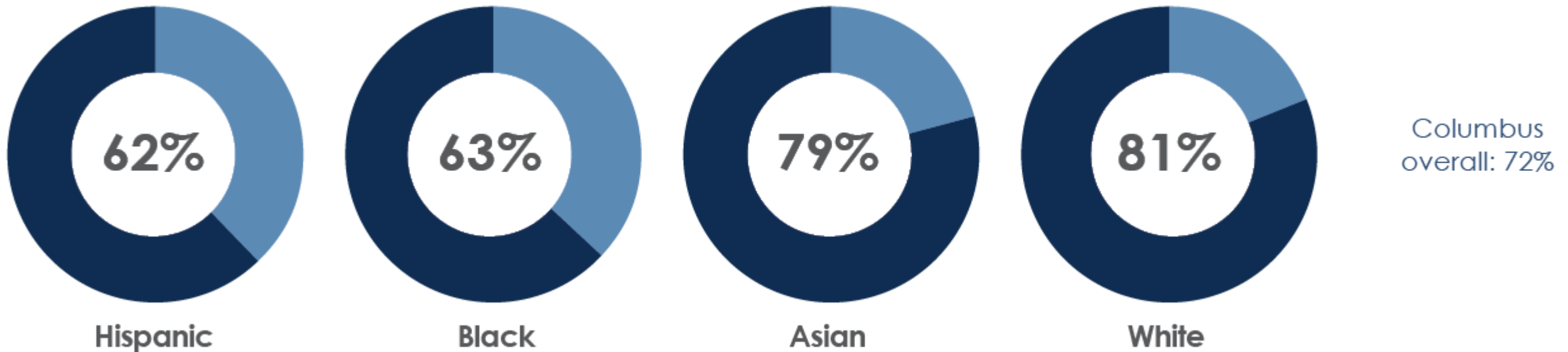Percent of owner- and renter-occupied households that spend more than 30% of their income on housing costs, 2022, Columbus

Columbus overall: 48%

Race	Percent
Black	53%
Asian	50%
Latino	45%
White	43%
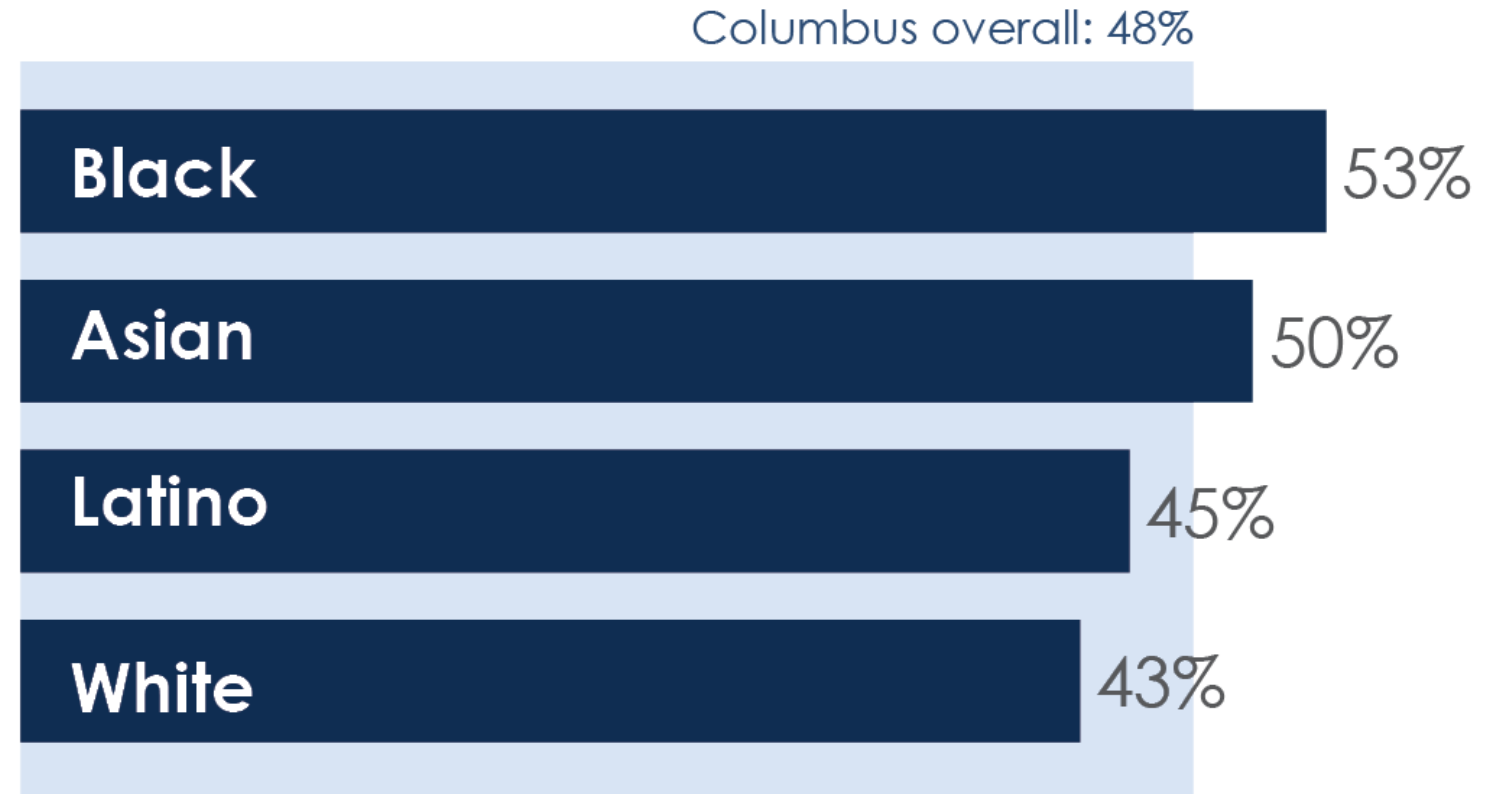
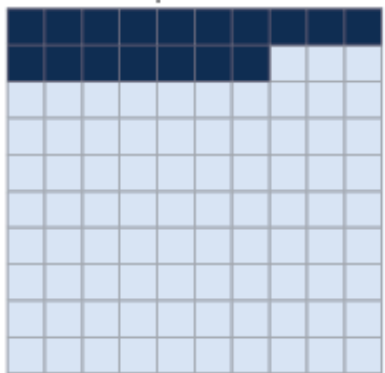**Source:** HPIO data snapshot "Closing Health Gaps in Ohio." Data from IPUMS USA 5-year estimate, via National Equity Atlas

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Maternal and infant health

Prenatal care

Percent of births for which prenatal care began in the first trimester, 2022, Columbus

Hispanic 62%

Black 63%

Asian 79%

White 81%

Columbus overall: 72%

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Infant mortality

In Columbus, the Black infant mortality rate is 2.5 times higher than the white infant mortality rate

Number of infant deaths (before age 1) per 1,000 live births, 2023, Columbus

Columbus overall: 9.5

Black	14.3
Asian	8.4
Hispanic	7.5
White	5.7

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Maternal deaths

Maternal deaths during pregnancy or within 42 days after giving birth (per 100,000 live births, average of annual rates for years 2010-2023), Columbus

40

Black

16.4

White

Columbus overall: 25.8

Black moms are 2.4 times more likely to die due to pregnancy or childbirth than white moms in Columbus

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Experiencing racism in health care

Percent of adults, aged 18 and older, who reported being treated worse in healthcare settings due to their race, Franklin County 2022

Black residents of Columbus are nearly three times more likely to report being treated worse in healthcare settings due to race than Franklin County residents overall.
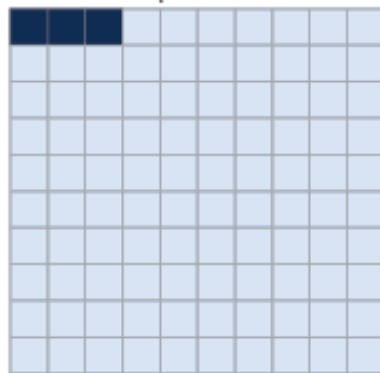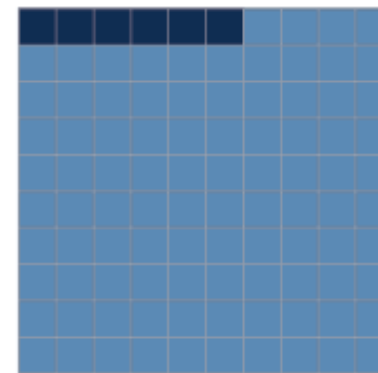

Black - 17%
non-Hispanic

Other race - 5%
including Hispanic
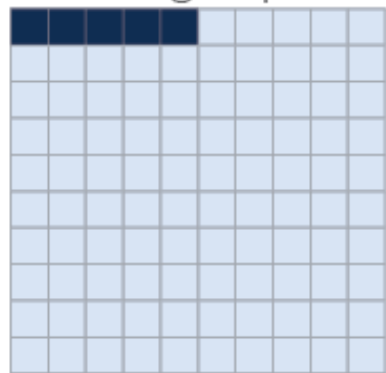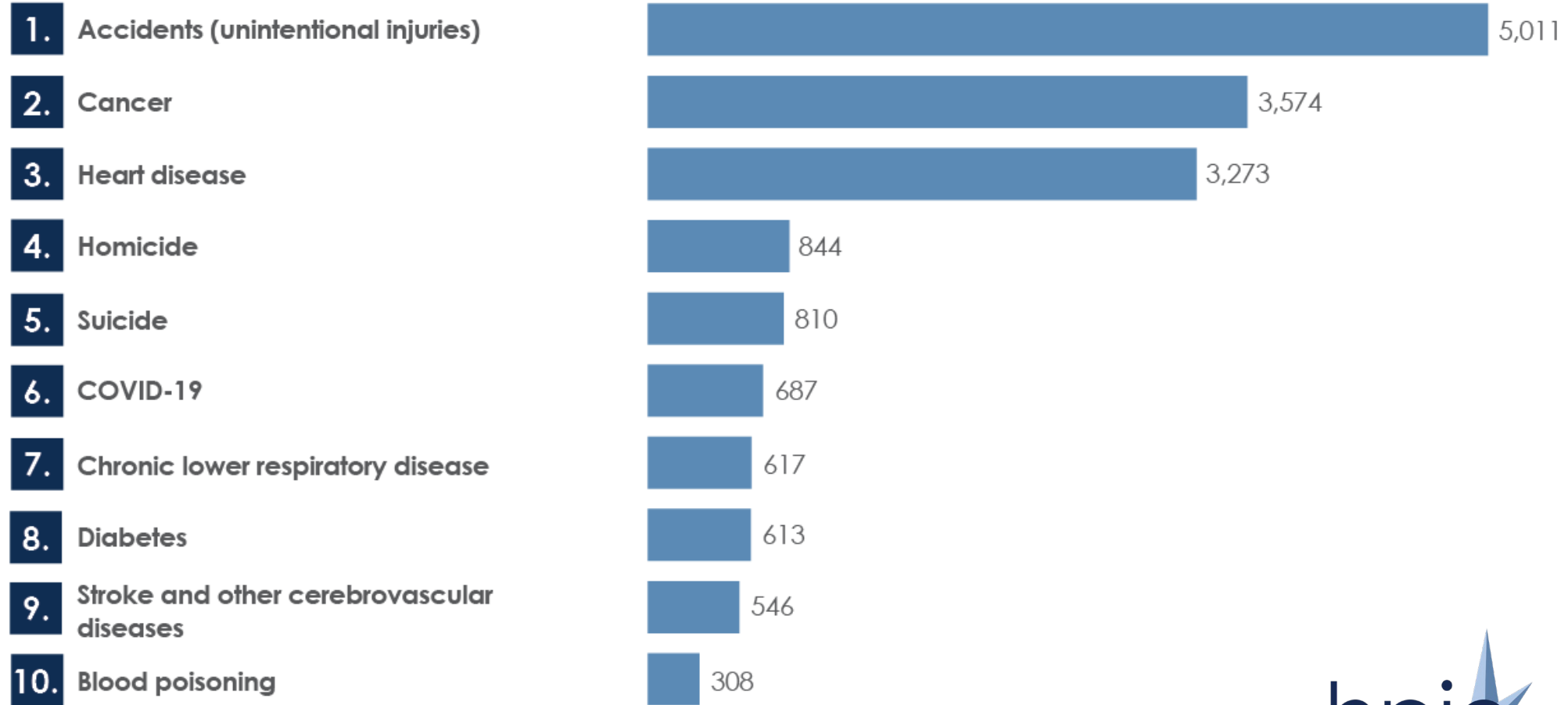
White - 3%
non-Hispanic

Franklin Co. - 6%
overall

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Leading causes of working-age death in Columbus

Leading causes of death

Leading causes of death, by number of deaths, ages 18-64, Franklin County, 2018-2023

#	Cause	Deaths
1.	Accidents (unintentional injuries)	5,011
2.	Cancer	3,574
3.	Heart disease	3,273
4.	Homicide	844
5.	Suicide	810
6.	COVID-19	687
7.	Chronic lower respiratory disease	617
8.	Diabetes	613
9.	Stroke and other cerebrovascular diseases	546
10.	Blood poisoning	308

Opioid overdose deaths

Number of opioid-related overdose deaths, per 100,000 population, age-adjusted, Columbus
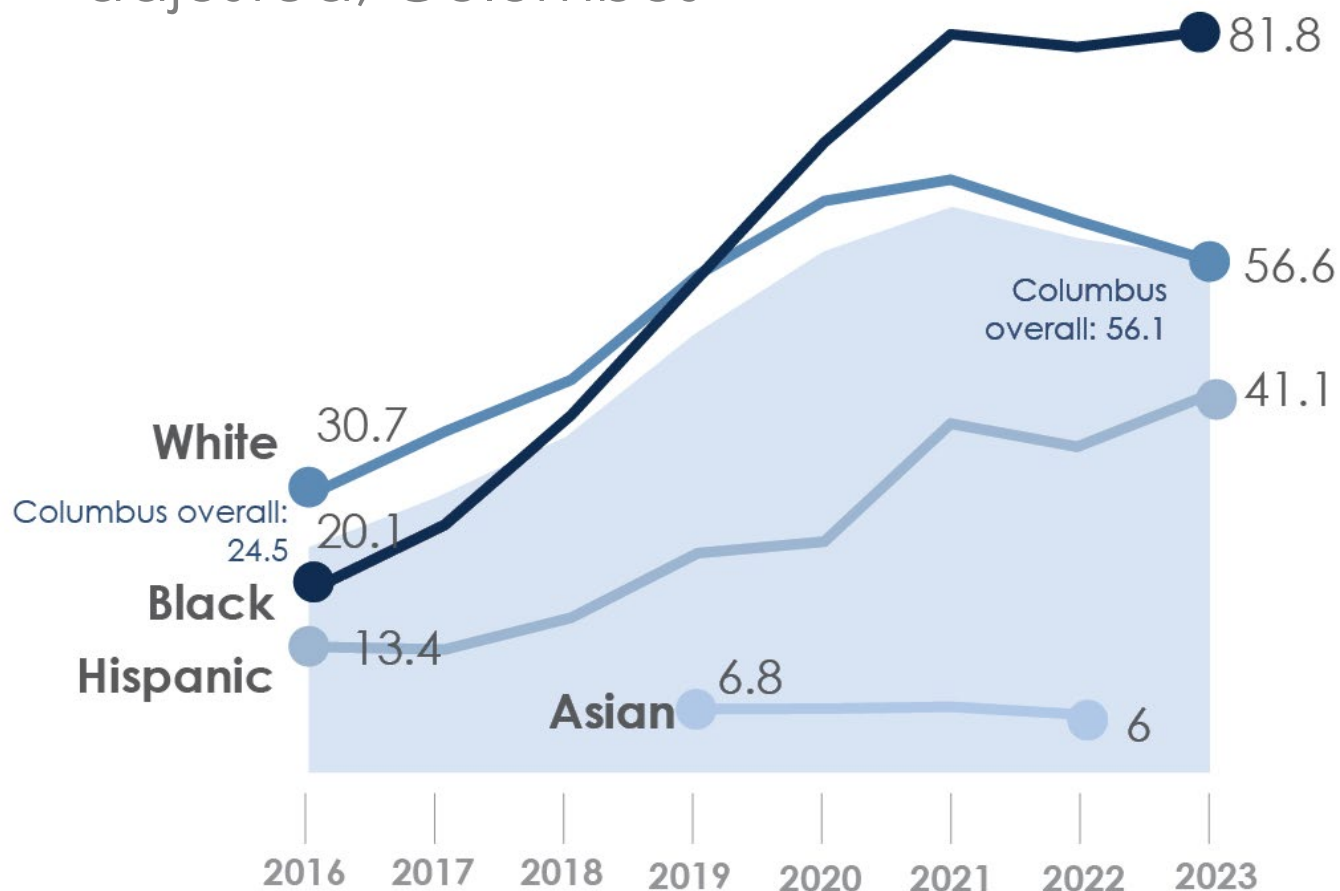
The overdose death rate for Black residents of Columbus surpassed the rate for white people in 2019 and has continued to increase. Exposure to trauma, barriers to treatment and experiences of discrimination drive these trends.
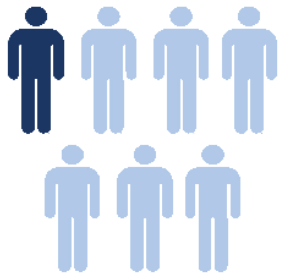
Adult current smoking

Percent of adults 19 and up who report smoking every day or some days in the past month, 2023, Franklin County

1 in 4 (24%) Columbus residents earning less than 206% of the poverty level smoked in the past month.

About 1 in 7(13%) of Columbus residents overall are current smokers.

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Heart disease mortality

Number of deaths from heart disease per 100,000 population, 2023, age adjusted

Unfair differences in opportunities to live a healthy life result in Black residents of Columbus being mostly likely to die of heart disease.
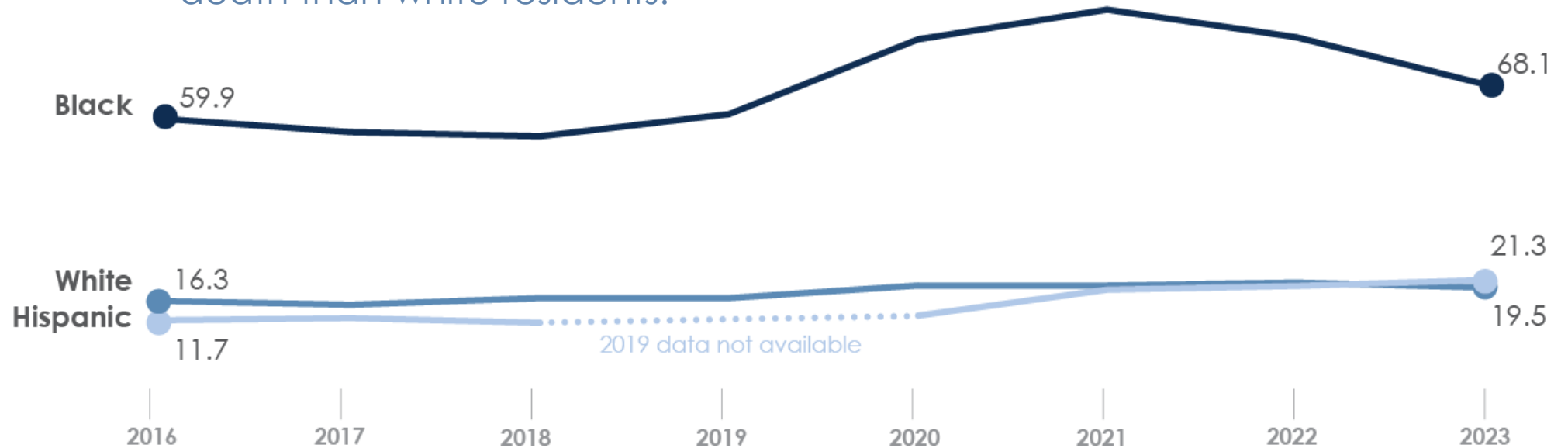
Columbus overall: 168.4

Group	Rate
Hispanic	56.2
Asian	78.1
White	170.3
Black	205.7

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Firearm mortality

Number of deaths from firearms, male by race, per 100,000 population, age-adjusted, Columbus

Concentrated disadvantage, including poverty and unemployment, in Black communities can create conditions for community violence. Black residents of Columbus are 3.5 times more likely to be victims of firearm death than white residents.

Black 59.9 — 68.1

White 16.3 — 21.3
Hispanic 11.7 — 19.5

2019 data not available

2016   2017   2018   2019   2020   2021   2022   2023

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Call to action – what is happening in Columbus

Background

Demographics

Race*
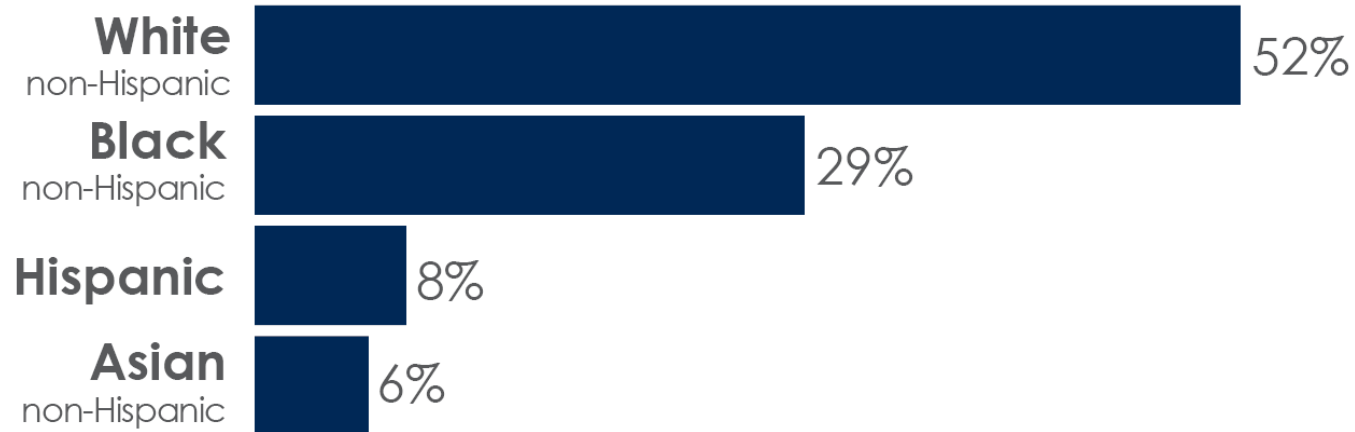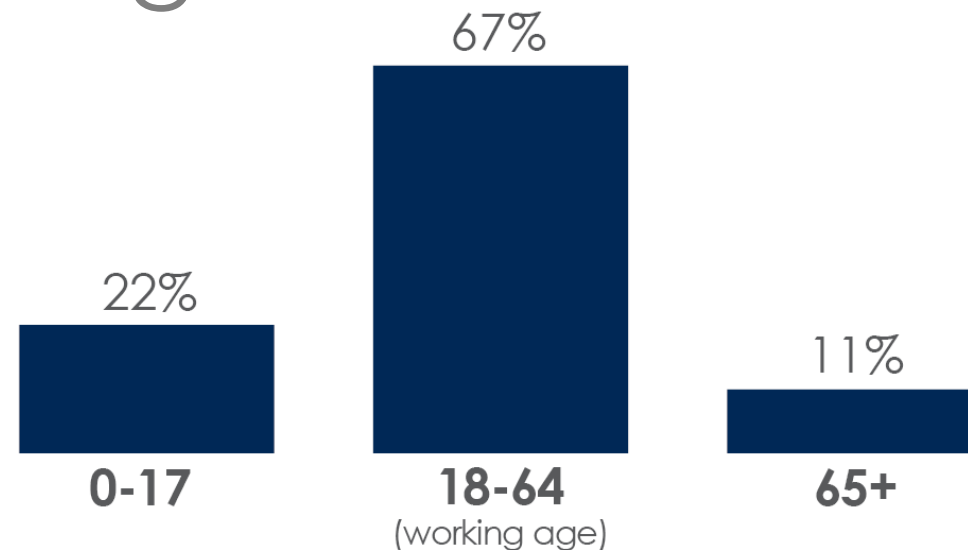
White non-Hispanic	52%
Black non-Hispanic	29%
Hispanic	8%
Asian non-Hispanic	6%

Age

0-17	18-64 (working age)	65+
22%	67%	11%

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Demographics

Sex

Male 49%   **Female** 51%

Source: HPIO data snapshot "Closing Health Gaps in Ohio." Data from American Community Survey, 5-year estimates