



Health Value Dashboard Advisory Group

Wednesday, February 26, 2025 | 1:00 – 3:00 p.m.

This meeting will be held online via Zoom:

https://us02web.zoom.us/meeting/register/kU_yYO-TRo-M5CkPHrRSNg

Meeting objectives

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

- Be aware of the process for developing the 2026 *Health Value Dashboard*, including the role of the Dashboard Advisory Group
- Understand and provide feedback on potential updates to *Dashboard* methodology

Agenda

- Welcome and overview
- Potential updates to *Dashboard* methodology
 - **Large group discussion:** Health value calculation, long-term trend and correlation analyses
 - **Small group discussion:** Ranked and unranked metrics, inclusion of national benchmarks, additional Ohio-only data
- Discussion of *Dashboard* metric selection considerations (available below)
- Report out and next steps

Dashboard metric selection considerations

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.