

HEALTH VALUE DASHBOARD EQUITY PROFILES METRICS

October 23, 2025



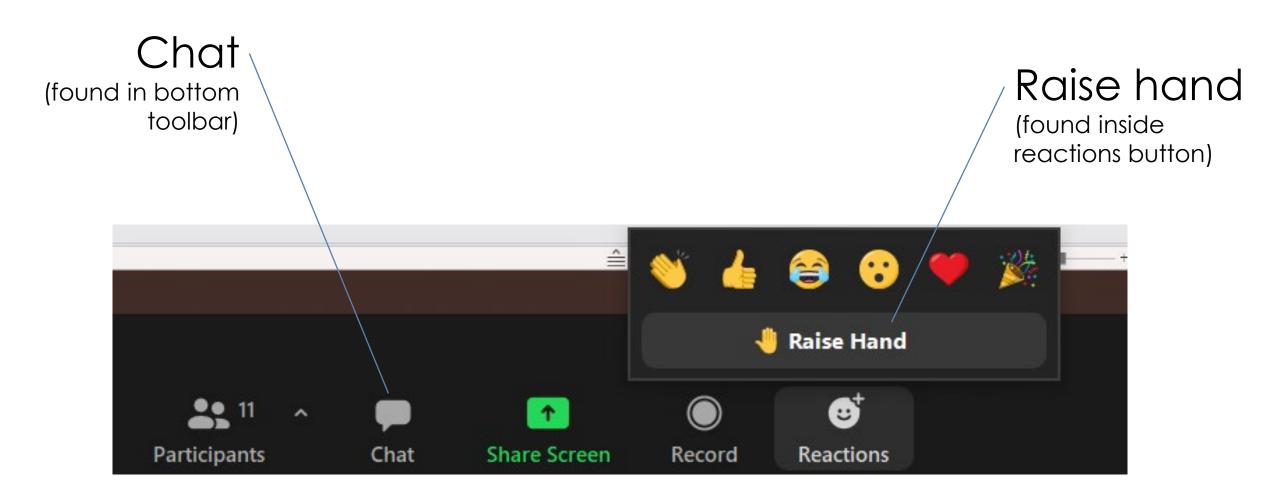
VISION

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



Agenda

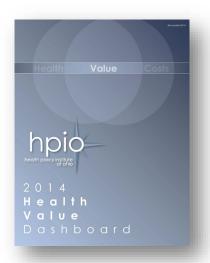
- Welcome and overview
- Health Value Dashboard and equity profile methodology updates
- Feedback on equity profile methodology
- Feedback on equity profile metrics
- Next steps

Objectives

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

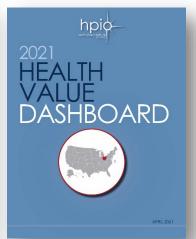
- Understand the progress that has been made on Health Value Dashboard methodology since our conversation in March.
- Discuss potential updates to Dashboard equity profile methodology
- Provide feedback on the draft metrics for the Dashboard equity profiles

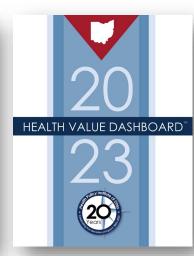
Health Value Dashboard and Equity Profiles: Overview





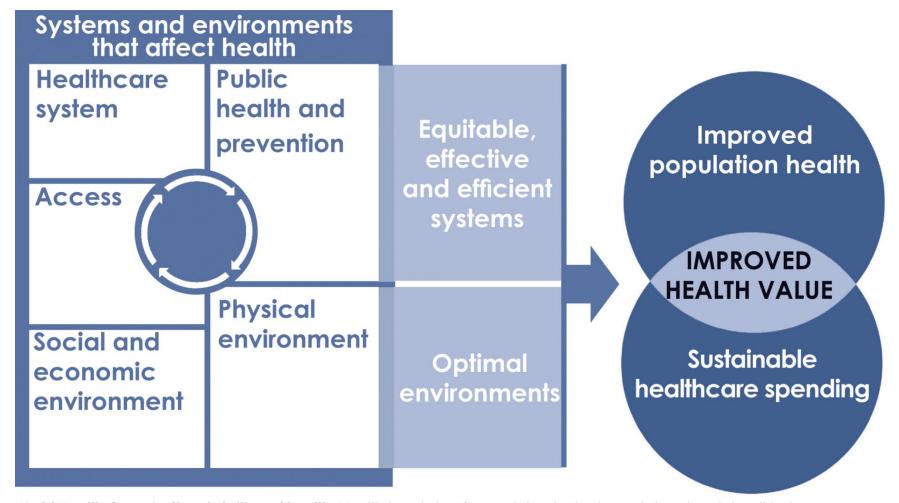








Pathway to improved health value



World Health Organization definition of health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Data in context

Data to answer questions

Data for action

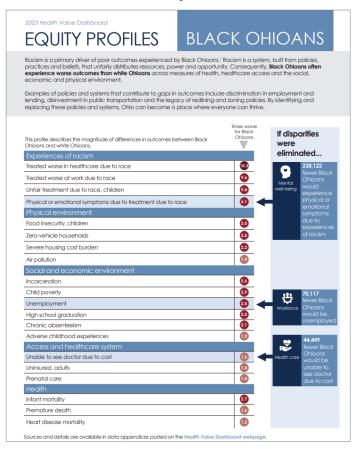
Informed policy decisions

Data in context



Data to answer questions

What drives disparities and inequities?



How can we improve?



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 faster collaboration between K-12 CTE programs. Ohio Technical Centens, 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 inclusity-recognized creasemitie earned by Ohio students for in-demand jobs, as well as increase the variety of available
- Childcare subsidy. Expand initial eligibility for childcare subsidies to 200% of the federal poverty level (FFL) 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 careaiving 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 copacity of behavioral health provides, including fullion reimbursement, loan repayment, pold internships and pipeline training programs focused on underserved areas, and evaluate professional licensure laws to ease entry into professional jobs after acceleration.
- Integration of mental and physical health. Expand statewide implementation of Certified Community Behavioral Health Clinics (CCBHC), a coardinated, comprehensive core model that includes medication-assisted treatment, crisis services, peer support, quality standards and other evidencebased anomaches.
- Recovery housing, increase the supply and quality of housing options for adults and families in recovery through partnerships between recovery housing operations and affordable housing developers and add requirements that residences be certified or accredited (as designated by the Ohio Departner of Mental Health and Addiction Services (DinioNHASI).

Improve healthcare effectiveness

- Primary care workforce training, Build on existing momentum toward increasing access to highquality, community-based primary care, support the Primary Care Workforce Intiliative to increase the capacity of Federally Qualified Health Centers, locusing on evidence-based chronic disease prevention and dental care in underseved 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 Of this color and exploring payment models that remove barriers to market entry and enhance school-based healthcare reimbursement.
- Cast containment. Provide strong state leadership to reinvigarate efforts focused an 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 copital healthcare
 cost growth, supported by transparency, accountability and cost-growth-miligation strategies.

Download the full Dashboard at www.hpio.net/2023-health-value-dashboard



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Informed policy decisions



Data in context



Concise key findings



Highlight what works

2024 Equity profiles

- Black Ohioans
- Hispanic/Latino Ohioans
- Asian Ohioans
- Ohioans with disabilities
- Ohioans with lower incomes and/or less education
- LGBTQ+ Ohioans

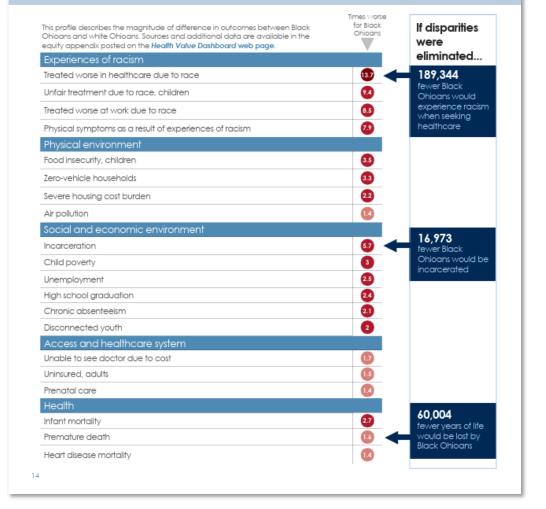
2024: example equity profile



BLACK OHIOANS

Racism is a primary driver of poor outcomes experienced by Black Ohioans. *Racism is a system, built from policies, practices and beliefs, that unfairly distributes resources, power and opportunity. Consequently, **Black Ohioans often experience worse outcomes than white Ohioans** across measures of health, healthcare access and the social, economic and physical environment.

Examples of policies and systems that contribute to gaps in outcomes include discrimination and unfair treatment in employment and lending, disinvestment in public transportation and public education, and the legacy of redlining and zoning policies. Increasing trust and engagement between policymakers and members of Black communities, increasing provider diversity and cultural humility skill development and providing equitable access to financing and employment opportunities can close gaps in outcomes for Black Ohioans.



Appendix

Access and healthcare system	Flu vaccinations. Percent of people, ages 6 months and older, who did not receive a flu vaccination (2022-2023 flu season)	Percent of people, ages 6 months and older, who did not receive a flu vaccination during the flu season.	47.1%	61.2%	54.1%	N/A	1.3	1.1	N/A	N/A	N/A	N/A	Centers for Disea Respiratory Dise
Social and economic environment	Chronic absenteeism. Percent of students who were chronically absent from school (2022–2023 school year)	Percent of students with excused or unexcused absences from school that exceed at least 10% of possible attendance hours, for students with at least 100 hours of possible attendance.		45.0%	35.0%	16.4%	2.1	1.7	0.8	67,315	17,305	N/A	Ohio Departmer Report Cards Ex
Social and economic environment	Incarceration. Number of people incarcerated in Ohio Department of Rehabilitation and Corrections prisons, per 100,000 population (July 2023 snapshot; 2022 1-year estimates)	Number of people incarcerated in Ohio Department of Rehabilitation and Corrections (ODRC) prisons for fiscal year 2023, per 100,000 population. Some, but very few, people incarcerated in ODRC prisons are under the age of 18.	251	1422	N/A	N/A	5.7	N/A	N/A	16,973	N/A	N/A	Analysis of Ohio U.S. Census Bur
Social and economic environment	Arrests. Number of people arrested, all ages, per 100,000 population (2022)	Number of people arrested, all ages, per 100,000 population. The data source for this indicator, the Ohio Incident-Based Reporting System, is a voluntary reporting system. In 2022, law enforcement agencies with jurisdictions over about 93.7% of Ohio's population reported to this system. Therefore, population estimates for each group were multiplied by 93.7% before calculating the arrest rate.	1266.3	4881.5	N/A	283.5	3.9	N/A	0.2	52,400	N/A	N/A	Ohio Incident-B compiled by the
Social and economic environment		Percent of people under age 18, in households with incomes below the federal poverty level.	13.2%	38.9%	28.1%	10.8%	3.0	2.1	0.8	96,229	26,081	N/A	U.S. Census Bui B17001A, B1700
Social and economic environment	Unemployment. Percent of people who are jobless, looking for a job and available for work (2018-2022)	Percent of people who are unemployed during the reference week surveyed by the American Community Survey (ACS). The ACS defines people ages 16 or older who are not working but participating in the labor force (i.e. willing, able and looking for work) as unemployed.	4.1%	10.2%	6.9%	3.6%	2.5	1.7	0.9	68,093	9,473	N/A	U.S. Census Bui S2301
Social and economic environment	High school graduation. Percent of students who do not graduate in four years with a regular high school diploma (2022-2023 school year)	Percent of students who do not graduate in four years with a regular high school diploma using the state of Ohio method for calculating graduation rates. The percent of students who graduate in four years was calculated using the adjusted cohort graduation rate (ACGR). From the beginning of ninth grade for the earliest high school grade), students who are entering that grade for the first time form a cohort that is "adjusted" by adding any students who subsequently transfer into the cohort and subtracting any students who subsequently transfer out, emigrate to another country, or die.	9.6%	22.8%	22.5%	5.5%	2.4	2.3	0.6	N/A	N/A	N/A	Ohio Departmen
Social and economic environment	Disconnected youth. Percent of youth, ages 16- 24, who are not working or in school (2017-2021)		9.2%	18.7%	13.2%	6.8%	2.0	1.4	0.7	18,088	3,150	N/A	Analysis of U.S. Microdata Samp Affairs, Ohio Uni
Social and economic environment	Adverse childhood experiences. Percent of children who have experienced two or more adverse experiences (2020-2021)	Percent of children who have experienced two or more adverse experiences (ACEs), among nine ACEs defined by the National Survey of Children's Health: "Somewhat often" or "very often" hard to get by on family income; parent or guardian divorced or	21.3%	24.8%	24.0%	3.9%	1.2	1.1	0.2	13,063	4,721	N/A	Analysis of Healt Children's Health Affairs, Ohio Uni
< >	Race and Ethnicity Append	Disability Appendix Education-Income A	Appendix	LGBT	Q+ Appe	ndix	+	: 40					

2026 Equity profiles: Methodology Discussion

Current methodology

"systematically disadvantaged group"

"systematically advantaged group"

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 suggested

- 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

Methodology change considerations

- Feedback from EAG
 - Elevating different things for each community
 - Highlighting positive data as well as negative
 - Telling a cohesive story
 - Elevating the data appendix and making it more prominent
- Methodological feasibility and rigor
- Transparency and impartiality

Plan #1: Group vs. rest of Ohio

Group value

Non-Group value

Disparity ratio

Plan #1: 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 measures (
 we addressed this by only including metrics for which this methodology is feasible)
- May also show less of a disparity for disadvantaged groups (← we addressed this by doing a study of the largest disparities in the dashboard, and they still qualify as "Large disparity" by our methodology.)

Plan #2: Disaggregate all metrics by all groups possible

Kindergarten readiness. Percent of students who demonstrated kindergarten readiness based on the Ohio Kindergarten Readiness Assessment Revised (KRA-R)

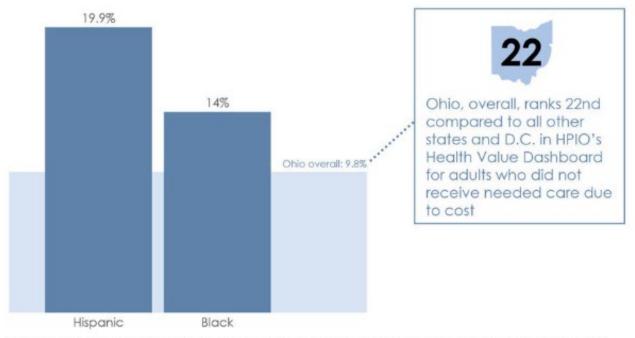
Black, non-Hispanic	Large disparity					
White, non-Hispanic	Little to No disparity					
Hispanic	Large disparity					
Multiracial	Moderate Disparity					
American Indian or Alaskan Native	Moderate Disparity					
Asian or Pacific Islander	Little to No disparity					
Students with disabilities	Large Disparity					
Students without disabilities	Little to No disparity					
Students with economic disadvantage	Large Disparity					
Students without economic disadvantage	Little to No disparity					

^{*} Small sample size, interpret with caution

Plan #3: More story telling like data snapshots

Ohioans face less health cost barriers than people in most other states, but racial disparities persist

Unable to see doctor due to cost. Percent of adults who went without care because of cost in the past year, by race, 2022



Source: HPIO 2024 Health Value Dashboard. Data from Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Plan #4: disparity ratios all together

EQUITY PROFILES BLACK OHIOANS Racism is a primary driver of poor outcomes experienced by Black Ohioans. A Racism is a system, built from policies, practices and beliefs, that unfairly distributes resources, power and opportunity. Consequently, Black Ohioans often experience worse outcomes than white Ohioans across measures of health, healthcare access and the social, economic and physical environment. Examples of policies and systems that contribute to gaps in outcomes include discrimination and unfair treatment in employment and lending, disinvestment in public transportation and public education, and the legacy of redlining and zoning policies. Increasing trust and engagement between policymakers and members of Black communities, increasing provider diversity and cultural humility skill development and providing equitable access to financing and employment opportunities can close gaps in outcomes for Black Ohioans. This profile describes the magnitude of difference in outcomes between Black for Black If disparities Ohioans and white Ohioans. Sources and additional data are available in the equity appendix posted on the Health Value Dashboard web page. eliminated... 189,344 Treated worse in healthcare due to race fewer Black Unfair treatment due to race, children Ohioans would experience racisn Treated worse at work due to race 7.9 Physical symptoms as a result of experiences of racism 3.5 Food insecurity, children Zero-vehicle households Severe housing cost burden Air pollution 16.973 5.7 Incarceration Ohioans would be Child poverty Unemployment High school graduation Chronic absenteeism Disconnected youth Unable to see doctor due to cost Œ Uninsured, adults Prenatal care 60.004 Infant mortality fewer years of life Premature death would be lost by Heart disease mortality

Job change due to child care, family members. Percent of children, ages 0-5, with a family member who had to change their job due to problems with child care in the past 12 months

Black, non-Hispanic*	Large disparity							
White, non-Hispanic	Little to No Disparity							
Hispanic*	Moderate Disparity							
Food insecurity. Percent of children, ages 0-5, whose household could not always afford to eat good nutritious meal in the past 12 months								
Black, non-Hispanic*	Moderate Disparity							
White, non-Hispanic	Little to No Disparity							
Hispanic*	Moderate Disparity							
Housing cost burden. Percent of children, ages 0-5, who lived in households where 30% or more of monthly income was spent on rent								
Black, non-Hispanic	Large disparity							
White, non-Hispanic	Little to No Disparity							
Asian, non-Hispanic	Moderate Disparity							
Hispanic	Moderate Disparity							

Employment insecurity, parents. Percent of children, ages 0-5,

Large disparity

Little to No Disparity

who live in families where no caregiver was employed full-time

0-199% FPL

200%+ FPL

Kindergarten readiness. Percent of students who demonstrated kindergarten readiness based on the Ohio Kindergarten Readiness Assessment Revised (KRA-R)

Large disparity	Black, non-Hispanic					
Little to No disparity	White, non-Hispanic					
Large disparity	Hispanic					
Moderate Disparity	Multiracial					
Moderate Disparity	American Indian or Alaskan Native					
Little to No disparity	Asian or Pacific Islander					
Large Disparity	Students with disabilities					
Little to No disparity	Students without disabilities					
Large Disparity	Students with economic disadvantage					
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Plan #5: Link on every page to Appendix with all calculations

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Social and economic environment	were chronically absent from school (2022-2023	Percent of students with excused or unexcused absences from school that exceed at least 10% of possible attendance hours, for students with at least 100 hours of possible attendance.	21.0%	45.0%	35.0%	16.4%	2.1	1.7	0.8	67,315	17,305	N/A	Ohio Departmer Report Cards Ex
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Social and economic environment	100,000 population (2022)	Number of people arrested, all ages, per 100,000 population. The data source for this indicator, the Ohio Incident-Based Reporting System, is a voluntary reporting system. In 2022, law enforcement agencies with jurisdictions over about 93.7% of Ohio's population reported to this system. Therefore, population estimates for each group were multiplied by 93.7% before calculating the arrest rate.	1266.3	4881.5	N/A	283.5	3.9	N/A	0.2	52,400	N/A	N/A	Ohio Incident-B compiled by the
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Social and economic environment	school diploma (2022-2023 school year)	Percent of students who do not graduate in four years with a regular high school diploma using the state of Ohio method for calculating graduation rates. The percent of students who graduate in four years was calculated using the adjusted cohort graduation rate (ACCR). From the beginning of ninth grade for the earliest high school grade), students who are entering that grade for the first time form a cohort that is "adjusted" by adding any students who subsequently transfer into the cohort and subtracting any students who subsequently transfer out, emigrate to another country, or die.	9.6%	22.8%	22.5%	5.5%	2.4	2.3	0.6	N/A	N/A	N/A	Ohio Departmer
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Discussion questions

- What questions do you have about the plans?
- What about these plans do you like?
- What concerns do you have?

2026 Equity profiles: Metrics Discussion

BREAKOUT

Experiences of Racism

- Treated worse due to race. Percent of Ohioans, ages 18 and older, who have been treated worse due to their race in the past 30 days (treated worse in healthcare at work or had physical symptoms as a result of treatment due to their race) BRFSS, 2023
- Unfair treatment due to race, children. Percent of children who have ever been treated or judged unfairly because of his or her race or ethnic group, NSCH 2022-2023

2025-2026 Timeline

2025

November-December: Data compilation and analysis

2026

- January April: Layout and review
- May: Dashboard release

QUESTIONS?



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THANK YOU!