



2026 Health Value Dashboard

Using Data to Promote Policy Progress

April 28, 2026



VISION

Every Ohioan reaches their full health potential

MISSION

To inform data-driven policymaking that improves health, health equity, and the value of healthcare spending in Ohio.



2026 core funders

The logo for bi3 consists of the lowercase letters "bi3" in a bold, dark blue sans-serif font.	The logo for Bruening features the name "Bruening" in a bold, black serif font.	The logo for CareSource includes a purple heart icon above the word "CareSource" in a black serif font.
The logo for the Cleveland Foundation features a green tree icon above the word "CLEVELAND" in a green serif font, with "Foundation" in a smaller, black serif font below it.	The logo for The Columbus Foundation features a blue acorn icon above the words "THE COLUMBUS" in a black serif font, with "FOUNDATION" in a smaller, black serif font below it.	The logo for The George Gund Foundation features the words "THE GEORGE GUND FOUNDATION" in a bold, black serif font.
The logo for the Harmony Project features a blue square icon with a white square inside, and a green square above it, above the text "harmonyproject" in a lowercase, black sans-serif font.	The logo for DHP HealthPath features a stylized "dhp" icon in blue and green, followed by the word "HEALTHPATH" in a black sans-serif font.	The logo for Interact for Health features the words "INTERACT FOR HEALTH" in a black sans-serif font, with "HEALTH" in green. Below it is the tagline "A Catalyst for Health and Wellness" in a smaller, black sans-serif font.
The logo for NCMF North Canton Medical Foundation features a blue and orange infinity symbol icon above the text "NCMF" in a bold, blue sans-serif font, with "NORTH CANTON MEDICAL FOUNDATION" in a smaller, black sans-serif font below it.	The logo for Mt. Sinai Health Foundation features a gold star icon above the words "MT. SINAI" in a black serif font, with "HEALTH FOUNDATION" in a smaller, black serif font below it.	The logo for The Nord Family Foundation features the words "THE NORD" in a large, black serif font, with "Family Foundation" in a smaller, black serif font below it.
The logo for the Ohio State Bar Foundation features a blue shield icon with "OSB" inside, followed by the text "OHIO STATE BAR FOUNDATION" in a black sans-serif font.		The logo for the Sisters of Charity Foundation of Canton features a blue starburst icon above the text "SISTERS of CHARITY FOUNDATION OF CANTON" in a black sans-serif font.



The organizations that generously supported HPIO's **2026 Educational Event Series**

Gold sponsors



Silver sponsors



Bronze sponsors



Slides and resources

Download slides and resources from today's
webinar on the HPIO events page at:

www.healthpolicyohio.org/events



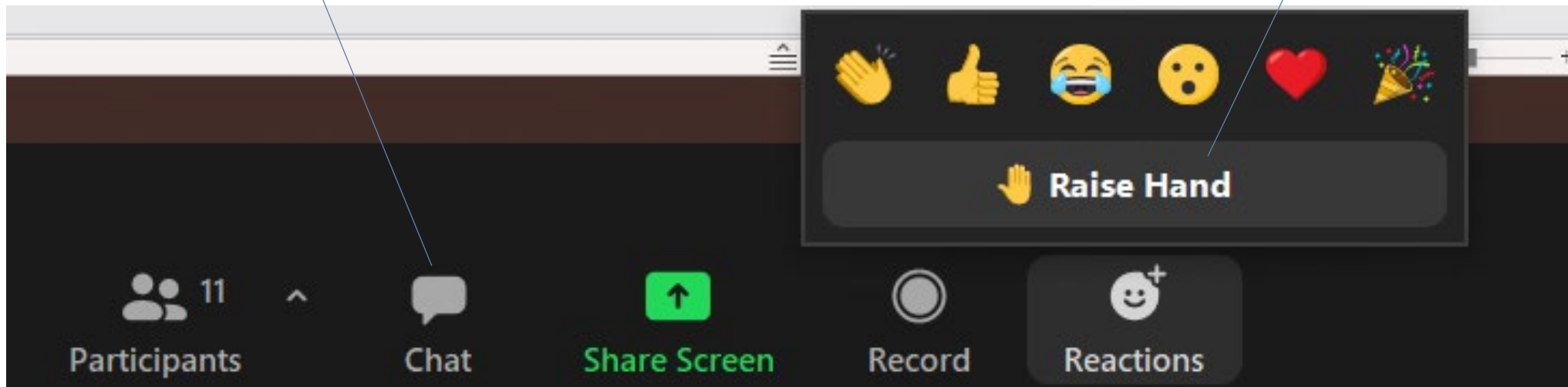
Participating in Zoom

Chat

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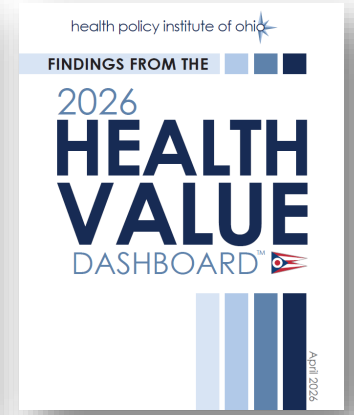
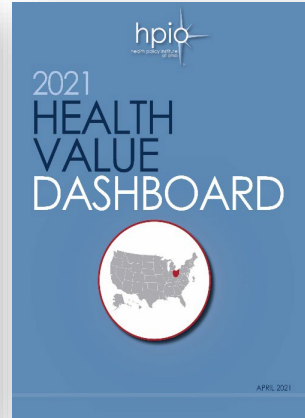
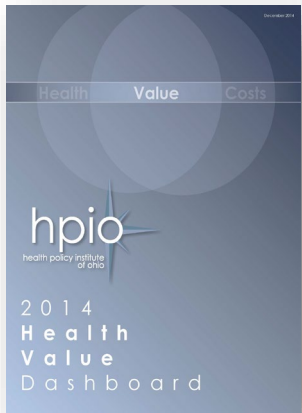
Raise hand

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2026
HEALTH VALUE
DASHBOARD™ 

12 Years of the Health Value Dashboard

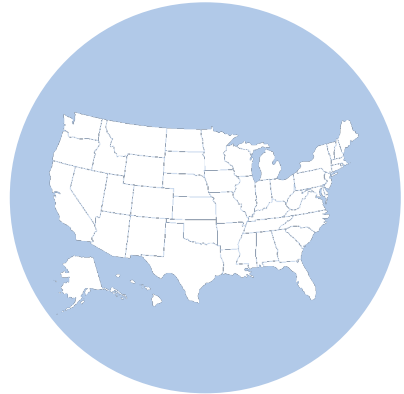


2014



2026

Informed policy decisions



Data in
context



Concise key
findings



Highlight
what works



Spark
questions

The many factors that influence the health of Ohioans

Healthcare system

Access to care

Public health and prevention

Social and economic environment

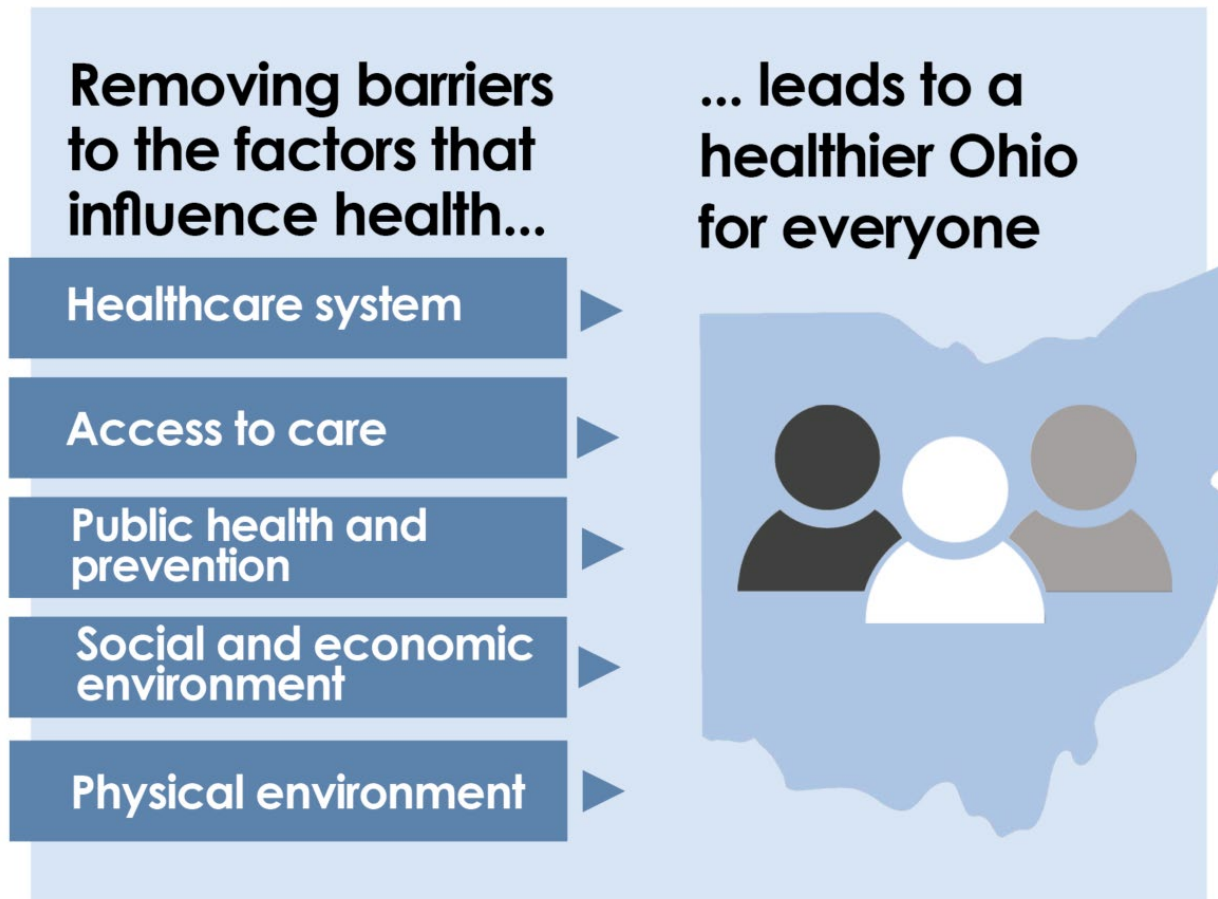
Physical environment

The overall health of Ohioans



Well-resourced neighborhoods and robust healthcare and public health infrastructure support healthy behaviors

Focusing attention on Ohioans with the greatest needs



Today's speakers



Lexi Chirakos, PhD
Policy and Data
Management Specialist
Health Policy Institute of Ohio



Hailey Akah, JD, MA
Vice President, Operations
and Strategy
Health Policy Institute of Ohio

DATA FROM THE

2026

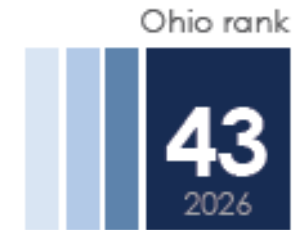
HEALTH VALUE

DASHBOARD™



Data in context

Rankings



Progress and trends

Moderately improved

Gaps in outcomes



USING THE DASHBOARD

Ohio policymakers and stakeholders can use the Health Value Dashboard to focus on what matters most for Ohioans' health. For example, they can:

- ▶ **Share information.** Disseminate Dashboard data and findings to build shared understanding about the health challenges facing Ohio
- ▶ **Advocate for policy progress.** Educate public and private decision-makers using Dashboard data to influence policy and funding decisions
- ▶ **Implement solutions.** Design and implement evidence-informed strategies that address urgent health and well-being challenges identified in the Dashboard
- ▶ **Expand opportunities for health.** Use the data to identify and remove barriers to health, especially for Ohioans with the greatest needs
- ▶ **Track change over time.** Measure the impact of policy change using Dashboard indicators

Where does Ohio rank?



Ohio's health value rank



Top quartile

Second quartile

Third quartile

Bottom quartile

Of the 50 states and D.C.

The many factors that influence the health of Ohioans

Healthcare system

Access to care

Public health and prevention

Social and economic environment

Physical environment

The overall health of Ohioans



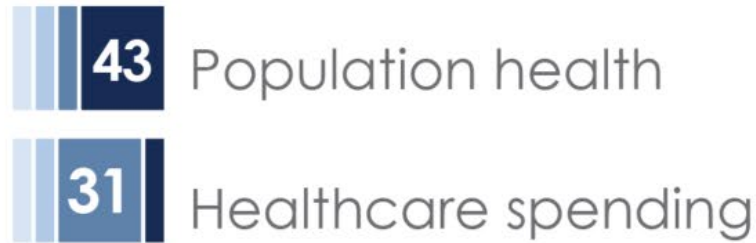
Well-resourced neighborhoods and robust healthcare and public health infrastructure support healthy behaviors

2026 HEALTH VALUE DASHBOARD

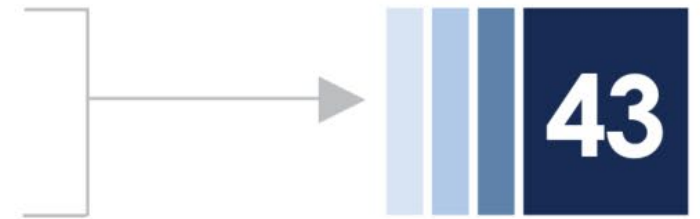
Contributing factors



Value factors



Health value rank



Of the 50 states and D.C.

2026 HEALTH VALUE DASHBOARD

health policy institute of ohio

2026 HEALTH VALUE DASHBOARD April 2026

SNAPSHOT

What is the Health Value Dashboard?
The Health Policy Institute of Ohio's Health Value Dashboard is a collection of tools and resources that compare Ohio's performance to all other states on measures of population health, healthcare spending and the factors that influence health. The primary purpose of the Dashboard is to highlight Ohio's strengths and challenges and spark questions that lead to data-driven policy that improves health, health equity and the value of healthcare spending in Ohio.

What drives health?
Health is influenced by many factors. For example, individuals seeking to improve their health may choose to change their habits (often called health behaviors). Health behaviors are a key contributor to good health, and are shaped by people's environments and experiences.

The many factors that influence the health of Ohioans

- Healthcare system
- Access to care
- Prevention and health promotion
- Social and economic environment
- Physical environment

The overall health of Ohioans

Communities with access to healthy food, affordable housing, job opportunities, quality education, safe infrastructure and accessible health care support healthier choices and better health.¹ The Dashboard measures Ohio's performance on the many factors that influence health.

USING THE DASHBOARD

Ohio policymakers and stakeholders can use the Health Value Dashboard to focus on what matters most for Ohioans' health. For example, they can:

- **Share information.** Disseminate Dashboard data and findings to build shared understanding about the health challenges facing Ohio.
- **Advocate for policy progress.** Educate public and private decision-makers using Dashboard data to influence policy and funding decisions.
- **Implement solutions.** Design and implement evidence-informed strategies that address urgent health and well-being challenges identified in the Dashboard.
- **Expand opportunities for health.** Use the data to identify and remove barriers to health, especially for Ohioans with the greatest needs.
- **Track change over time.** Measure the impact of policy change using Dashboard indicators.

MORE DASHBOARD RESOURCES

Visit the 2026 Health Value Dashboard web page to access the following:

- 4-page key findings overview
- Findings from the Dashboard publication
- Data from the Dashboard publication
- Frequently Asked Questions (FAQ)
- Data appendix with descriptions, years, sources and Ohio data

1. Social Determinants of Health: How They Affect Health. Centers for Disease Control and Prevention. Published Jan. 17, 2024. Accessed March 2026. <https://www.cdc.gov/socialdeterminants>.

2026 HEALTH VALUE DASHBOARD | 1

Snapshot

health policy institute of ohio

FINDINGS FROM THE

2026 HEALTH VALUE DASHBOARD™

April 2026

Findings book

health policy institute of ohio

DATA FROM THE

2026 HEALTH VALUE DASHBOARD™

April 2026

Data book

2026 HEALTH VALUE DASHBOARD

HEALTHCARE SYSTEM

Ohio rank
43
2026

While Ohio ranks worse than most states, some metrics related to the healthcare system are improving

Ohio ranks near the bottom of states in the healthcare system domain, but data also indicates some encouraging progress. For example, Ohio has seen a decline in rates of hospital admissions for diabetes with long-term complications and heart failure among Medicare beneficiaries, suggesting better chronic disease management. Additionally, there have been reductions in avoidable emergency department visits and hospital readmissions within 30 days for employer-sponsored insurance enrollees.

Ohio's 30-day hospital readmission rate for employer-sponsored insurance enrollees is worse than most states, although the rate has improved. This could reflect higher quality care in hospitals or improvements in chronic disease management.

33 **30-day hospital readmissions for employer-insured enrollees.**
Number of readmissions for people, ages 18-64, with employer-sponsored insurance within 30 days of an acute hospital stay for any cause, per 1,000 enrollees (2015-2023)



Data sources are available in data appendices posted on the 2024 Health Value Dashboard web page.

QUICK FACTS

Ohio's highest-ranking healthcare system metrics:

- Nursing home pressure ulcers (6)
- Breastfeeding and infant care supports in hospitals (13)

Ohio's lowest-ranking healthcare system metrics:

- Nurse hours in certified nursing facilities (45)
- Dental caries-related ED visits among children, Medicaid (48)

Greatly improved (5 metrics)

Breastfeeding and infant care supports in hospitals • Pre-exposure prophylaxis (PrEP) • 30-day hospital readmissions for employer-insured enrollees • Admissions for diabetes with long-term complications for Medicare beneficiaries • Primary care physicians

Greatly worsened (3 metrics)

Nursing facility deficiencies • Care preparedness after hospital stay • Communication with doctors

Highest-ranked state for healthcare system:

Colorado

Lowest-ranked state for healthcare system:

Nevada

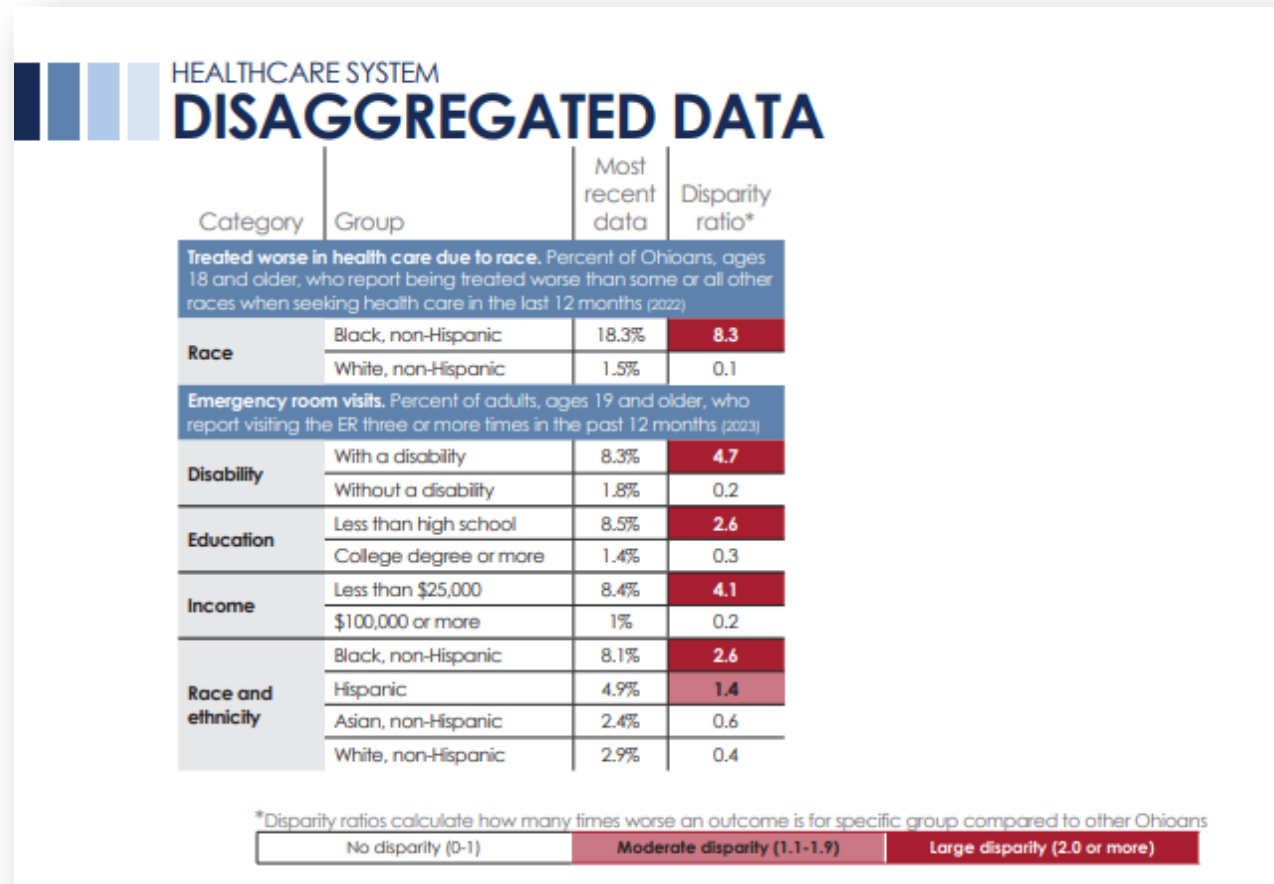
2026 HEALTH VALUE DASHBOARD

HEALTHCARE SYSTEM RANKED METRICS			
Ohio's rank	Metric	Most recent data	Trend
19 PREVENTIVE SERVICES			
13	Breastfeeding and infant care supports in hospitals. Composite Maternity Practices in Infant Nutrition and Care (mPINC) score of policies and practices of hospitals and birthing facilities that support breastfeeding and infant care (2024) <i>Rank out of 50</i>	85	Greatly improved
22	Pre-exposure prophylaxis (PrEP). Ratio of the number of people using PrEP to the number of people who are newly diagnosed with HIV (2024) <i>Rank out of 51</i>	17.8	Greatly improved
25	Age- and gender-appropriate cancer screenings. Percent of adults, ages 45-75, who received appropriate cancer screenings for their age and gender (2022) <i>Rank out of 51</i>	66%	N/A
45 HOSPITAL UTILIZATION			
33	30-day hospital readmissions for employer-insured enrollees. Number of readmissions for people, ages 18-64, with employer-sponsored insurance within 30 days of an acute hospital stay for any cause, per 1,000 enrollees (2023) <i>Rank out of 47</i>	3	Greatly improved
35	Potentially avoidable emergency department visits for employer-insured enrollees. Number of potentially avoidable emergency department visits for people, ages 18-64, with employer-sponsored insurance, per 1,000 enrollees (2023) <i>Rank out of 48</i>	155.3	Moderately improved
41	Admissions for diabetes with long-term complications for Medicare beneficiaries. Number of hospital admissions with a principal diagnosis of diabetes with long-term complications for Medicare fee-for-service Part A beneficiaries, ages 18 and older, per 100,000 beneficiaries (2023) <i>Rank out of 51</i>	241	Greatly improved
43	Admissions for heart failure for Medicare beneficiaries. Number of hospital admissions with a principal diagnosis of heart failure for Medicare fee-for-service Part A beneficiaries, ages 18 and older, per 100,000 beneficiaries (2023) <i>Rank out of 51</i>	1314	Moderately improved
22 LONG TERM CARE			
6	Nursing home pressure ulcers. Percent of long-stay, high-risk nursing home residents with pressure ulcers (2024) <i>Rank out of 51</i>	4.3%	No change
34	Nursing facility deficiencies. Average number of deficiencies per certified nursing facility (2024) <i>Rank out of 51</i>	10.5	Greatly worsened
45	Nurse hours in certified nursing facilities. Average reported nurse hours per resident day in all certified nursing facilities (2024) <i>Rank out of 51</i>	3.6	Moderately worsened
44 TIMELINESS, EFFECTIVENESS AND QUALITY OF CARE			
14	Back pain recommended treatment. Percent of outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy (FY 2022-2023) <i>Rank out of 51</i>	34.4%	Moderately improved
17	Care preparedness after hospital stay. Score out of 100 for patients feeling prepared to manage their care after a hospital stay (2023) <i>Rank out of 50</i>	49	Greatly worsened
22	Communication with doctors. Score out of 100 for patient experience communicating with doctors during a hospital stay (2023) <i>Rank out of 51</i>	77	Greatly worsened
34	Central line-associated bloodstream infections. Standardized infection ratio for central line-associated bloodstream infections in acute care hospitals (2023) <i>Rank out of 51</i>	0.8	No change
37	Youth counseling effectiveness. Percent of youth with at least one major depressive episode (MDE) in the past year who received treatment or counseling and reported that it has helped them (2021-2022) <i>Rank out of 49</i>	57.1%	N/A
48	Dental caries-related ED visits among children, Medicaid. Number of dental caries-related ED visits per 100,000 child Medicaid member months (2022) <i>Rank out of 49</i>	45.8	Moderately improved
26 HEALTHCARE SYSTEM STRUCTURE			
16	Large group insurance market competition. Herfindahl-Hirschman Index (HHI) score, a measure of how evenly market share is distributed across insurers in the large group insurance market (2021) <i>Rank out of 51</i>	3223	No change
40	Primary care physicians. Ratio comparing the number of specialist physicians to the number of primary care physicians (September 2025) <i>Rank out of 51</i>	1.1	Greatly improved

Top quartile
Second quartile
Third quartile
Bottom quartile

Of the 50 states and D.C.
Data not available for trend

Disaggregated data



Online tools

The screenshot shows the top navigation bar of the Health Policy Institute of Ohio website. The logo "health policy institute of ohio" is on the left, with a starburst icon. The navigation menu includes "Focus Areas", "Our Work", "Advisory Groups", "Events", and "Work With Us". There are also links for "ABOUT US", "SUPPORT OUR WORK", and "HEALTH POLICY NEWS". A search icon is on the right. Below the navigation bar is a breadcrumb trail: "Home > Our Work > Publications > 2026 Health Value Dashboard". On the right side of the breadcrumb trail are icons for "Print this page" and "Share this". The main content area has a heading "Additional downloads" followed by a list of four items:

- [Data appendix](#) with metric descriptions, years, sources and Ohio data (including disaggregated data)
- [Methodology](#)
- [Frequently Asked Questions](#) (FAQ) about the Dashboard
- [Facts & Figures](#) (PowerPoint with data graphics from the report for public use)

2026 HEALTH VALUE DASHBOARD

Data appendix

The screenshot shows an Excel spreadsheet with the following data:

	E	F	G	H	I	J	K	L	
3	poor	2023-2024	Race and ethnicity	White, non-Hispanic	18.1%	0.7	24.4%	N/A	Analysis of Centers for Disease Control and Pre Behavioral Risk Factor Surveillance System, by h
4	poor	2023-2024	Race and ethnicity	Asian, non-Hispanic	9.5%	0.5	19.8%	N/A	Analysis of Centers for Disease Control and Pre Behavioral Risk Factor Surveillance System, by h
5	poor	2023-2024	Race and ethnicity	Hispanic	23.3%	1.2	19.4%	15873	Analysis of Centers for Disease Control and Pre Behavioral Risk Factor Surveillance System, by h
6	poor	2023-2024	Disability	Disability	42.9%	4.4	9.8%	858878	Analysis of Centers for Disease Control and Pre Behavioral Risk Factor Surveillance System, by h
7	poor	2023-2024	Disability	No disability	9.8%	0.2	42.9%	N/A	Analysis of Centers for Disease Control and Pre Behavioral Risk Factor Surveillance System, by h
8	poor	2023-2024	Education	Less than high school	37.6%	2.1	17.7%	168830	Analysis of Centers for Disease Control and Pre Behavioral Risk Factor Surveillance System, by h
9	poor	2023-2024	Education	College degree or more	9.7%	0.4	23.4%	N/A	Analysis of Centers for Disease Control and Pre Behavioral Risk Factor Surveillance System, by h
10	poor	2023-2024	Income	Less than \$25,000	42.1%	2.8	15%	291149	Analysis of Centers for Disease Control and Pre Behavioral Risk Factor Surveillance System, by h
11	poor	2023-2024	Income	\$100,000 or more	6.9%	0.3	24%	N/A	Analysis of Centers for Disease Control and Pre Behavioral Risk Factor Surveillance System, by h
12	poor	2023-2024	Sexual orientation	Gay, lesbian or bisexual	24.7%	1.3	19.5%	22106	Analysis of Centers for Disease Control and Pre Behavioral Risk Factor Surveillance System, by h
	poor	2023-2024	Sexual orientation	Straight	18.5%	0.8	24.7%	N/A	Analysis of Centers for Disease Control and Pre Behavioral Risk Factor Surveillance System, by h

FINDINGS FROM THE

2026

HEALTH VALUE

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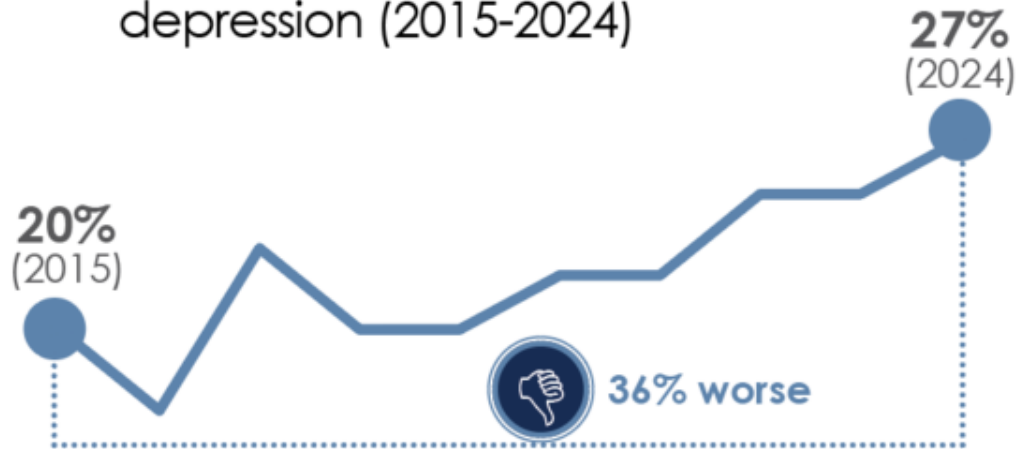
KEY FINDING

**Mental health
outcomes are trending
in the wrong direction**

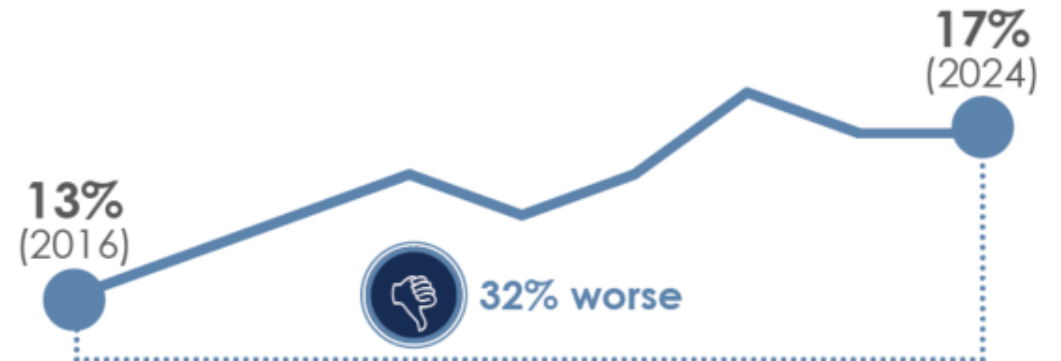
KEY FINDING: MENTAL HEALTH

Ohio performs worse than most other states on metrics related to mental health

Current Ohio rank 45
Depression. Percent of adults, ages 18 and older, who have ever been told by a health professional that they have depression (2015-2024)



Current Ohio rank 38
Frequent mental distress. Percent of adults, ages 18 and older, who report 14 or more days of poor mental health in a month (2016-2024)



Source: Health Policy Institute of Ohio. 2026 Health Value Dashboard. April 2026.

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KEY FINDING: MENTAL HEALTH



Source: Health Policy Institute of Ohio. 2026 Health Value Dashboard. April 2026.

KEY FINDING

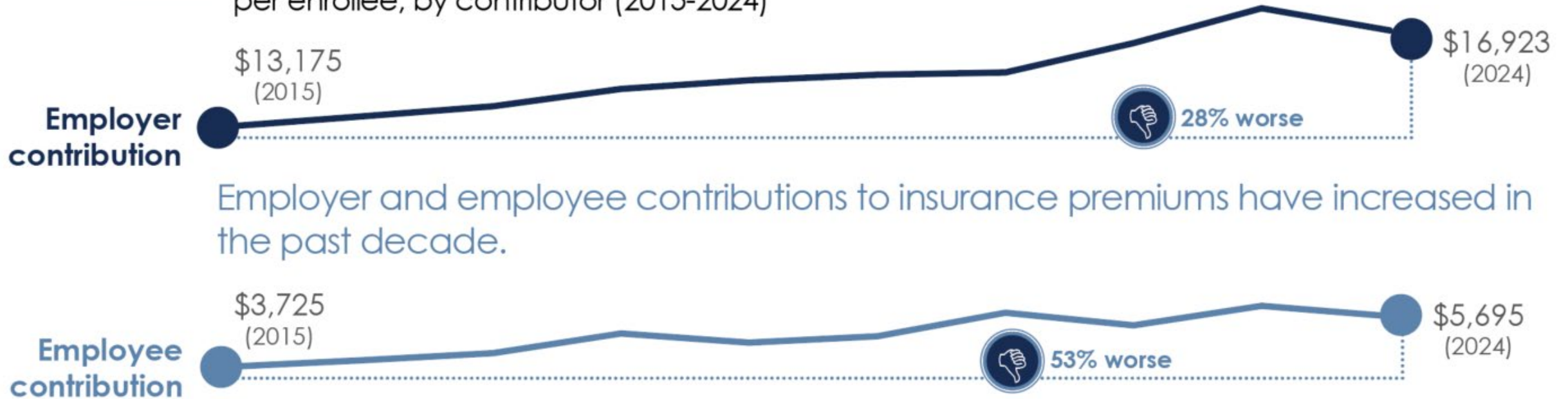
Rising healthcare costs strain Ohioans, employers and the healthcare system

KEY FINDING: HEALTHCARE COSTS

Current Ohio rank
6

Average premium for employer-sponsored health insurance, family coverage.

Average total annual family premium for employer-sponsored health insurance per enrollee, by contributor (2015-2024)



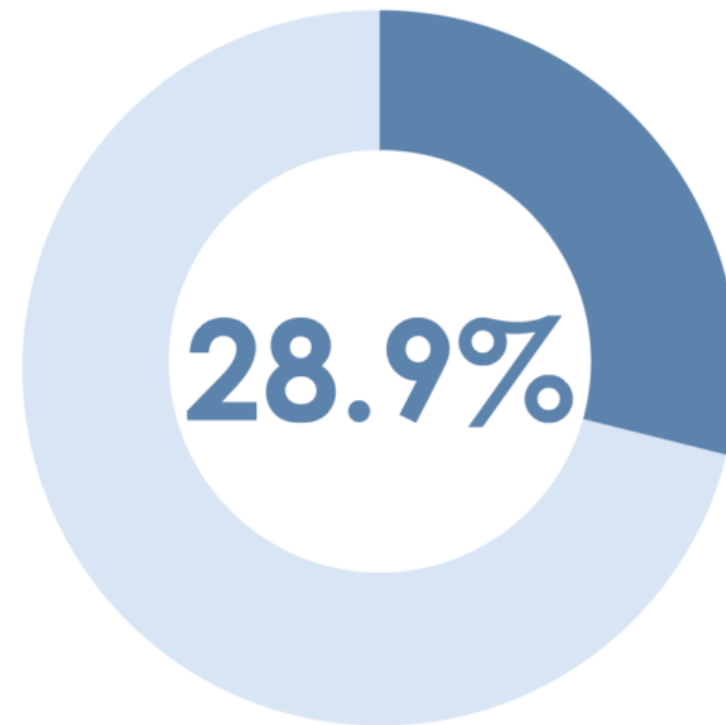
Source: Health Policy Institute of Ohio. 2026 Health Value Dashboard. April 2026.

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KEY FINDING: HEALTHCARE COSTS

Ohioans reporting difficulty paying for usual household expenses

More than 1 in 4 Ohioans had trouble paying expenses in 2023



Source: Health Policy Institute of Ohio. 2026 Health Value Dashboard. April 2026. Data from Ohio Medicaid Assessment Survey, 2023

KEY FINDING

Policy action is leading to improvement in child well-being, but challenges remain

KEY FINDING: Child well-being

Current Ohio rank

25

Adverse childhood experiences. Percent of children, ages 0-17, who have experienced two or more adverse experiences (2016-2023)



34%
improvement
2016 to 2023

Current Ohio rank

28

High school graduation. Percent of incoming ninth graders who graduate in four years from a public high school with a regular degree (2011-2012 to 2021-2022 school years)



6%
improvement
2011-2012 to
2021-2022

Current Ohio rank

27

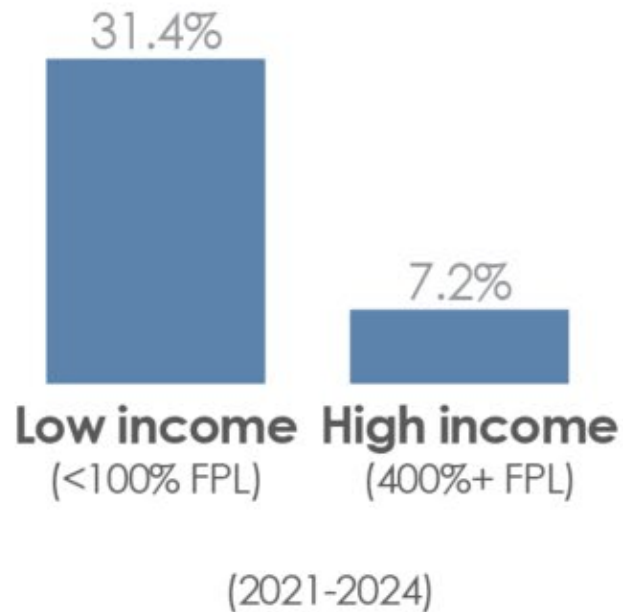
Disconnected youth. Percent of youth, ages 16-24, who are not working or in school (2013-2023)



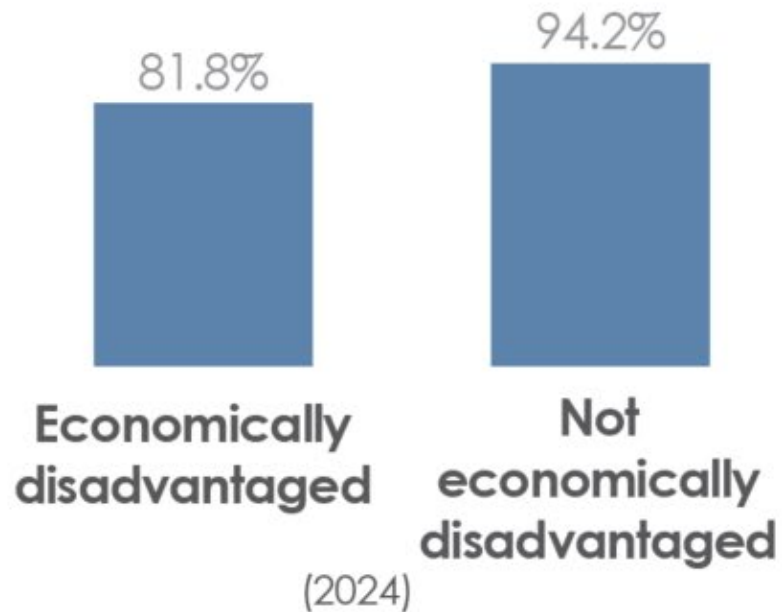
13%
improvement
2013 to 2023

KEY FINDING: Child well-being

Adverse childhood experiences. Percent of children, ages 0-17, who have experienced two or more adverse experiences, by income



High school graduation. Percent of incoming ninth graders who graduate in four years from a public high school with a regular degree, by income



Disconnected youth. Percent of youth, ages 16-24, who are not working or in school, by income



KEY FINDING: Child well-being



Focusing
attention

If disparities were eliminated,
72,447 fewer Ohio children
with low incomes would
experience adverse
childhood experiences

Population spotlights

- ▶ Asian Ohioans
- ▶ Black Ohioans
- ▶ Hispanic/Latino Ohioans
- ▶ LGBTQ+ Ohioans
- ▶ Ohioans with disabilities
- ▶ Ohioans with lower incomes

2026 HEALTH VALUE DASHBOARD

Spotlight on Black Ohioans

Maternal mortality. Number of deaths related to or aggravated by pregnancy (excluding accidental or incidental causes) occurring within 42 days of the end of a pregnancy per 100,000 live births, 2019-2023



Source: Health Policy Institute of Ohio. 2026 Health Value Dashboard. April 2026.

Spotlight on Black Ohioans

Drivers of maternal mortality

Treated worse in health care due to race



for Black Ohioans to be treated worse in health care due to race

Cost barrier to care



for Black Ohioans to be unable to see doctor due to cost

Housing cost burden



for Black* Ohioans to experience severe housing cost burden

Spotlight on Black Ohioans

If disparities were eliminated

- ▶ **100,485** fewer Black* Ohioans would experience racism when seeking healthcare
- ▶ **44,036** fewer Black* Ohioans would be unable to see a doctor due to cost
- ▶ **139,790** fewer Black* Ohioans would spend more than 50% of their income on housing

*Non-Hispanic

Today's panelists



Carrie Almasi, MPA
Director, Assessment
and Planning
Health Policy Institute of Ohio



Becky Carroll, MPA
Director, Policy
Research and Analysis
Health Policy Institute of Ohio



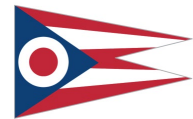
Brian O'Rourke, PhD
Healthcare Policy Analyst
Health Policy Institute of Ohio

FINDINGS FROM THE

2026

HEALTH VALUE

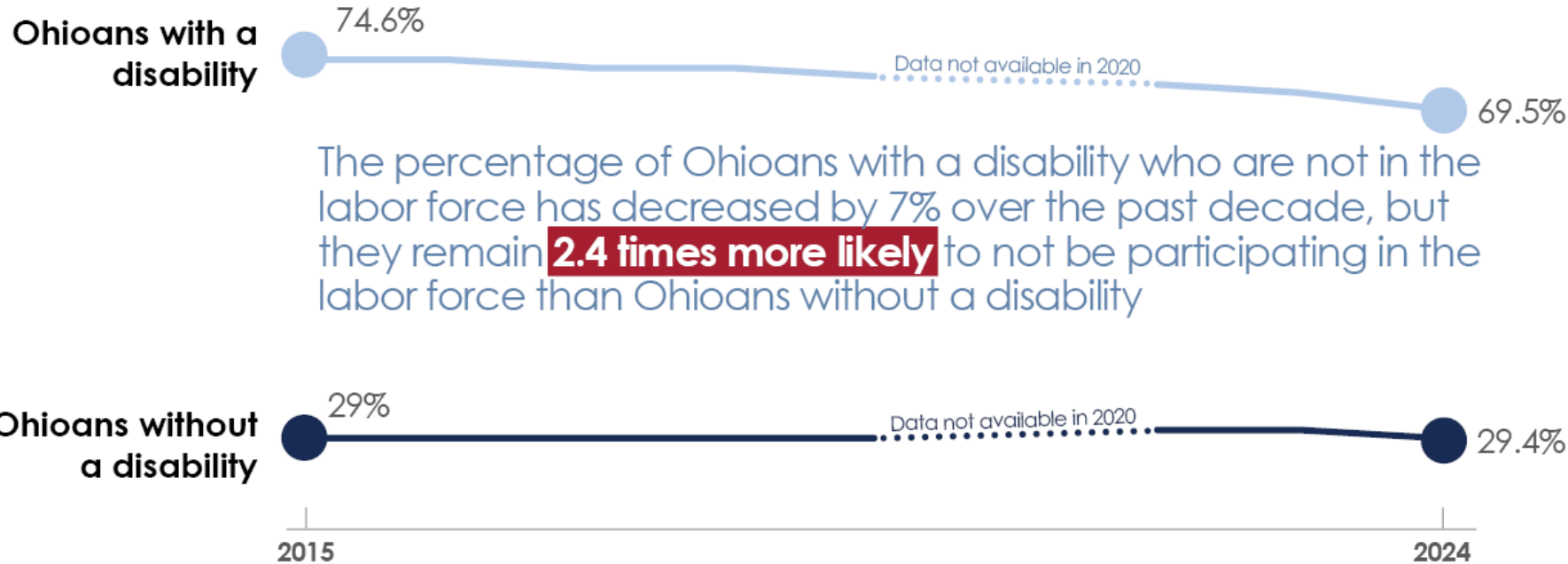
DASHBOARD™



2026 HEALTH VALUE DASHBOARD

Spotlight on Ohioans with disabilities

Not in the labor force. Percent of people, ages 16 and older, who are not in the labor force (i.e., not employed and not actively looking for work), by disability status, 2015-2024



Drivers of health disparities

Housing costs

2
times more likely
than other Ohioans

for Ohioans with disabilities to experience severe housing cost burden

Healthcare affordability

2.5
times more likely
than other Ohioans

for Ohioans with disabilities to report being unable to see a doctor because of costs

Child food insecurity

2
times more likely
than other Ohioans

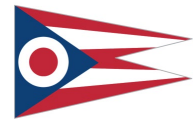
for Ohio children with disabilities to experience food insecurity

FINDINGS FROM THE

2026

HEALTH VALUE

DASHBOARD™



How much do Ohioans need to pay basic expenses?

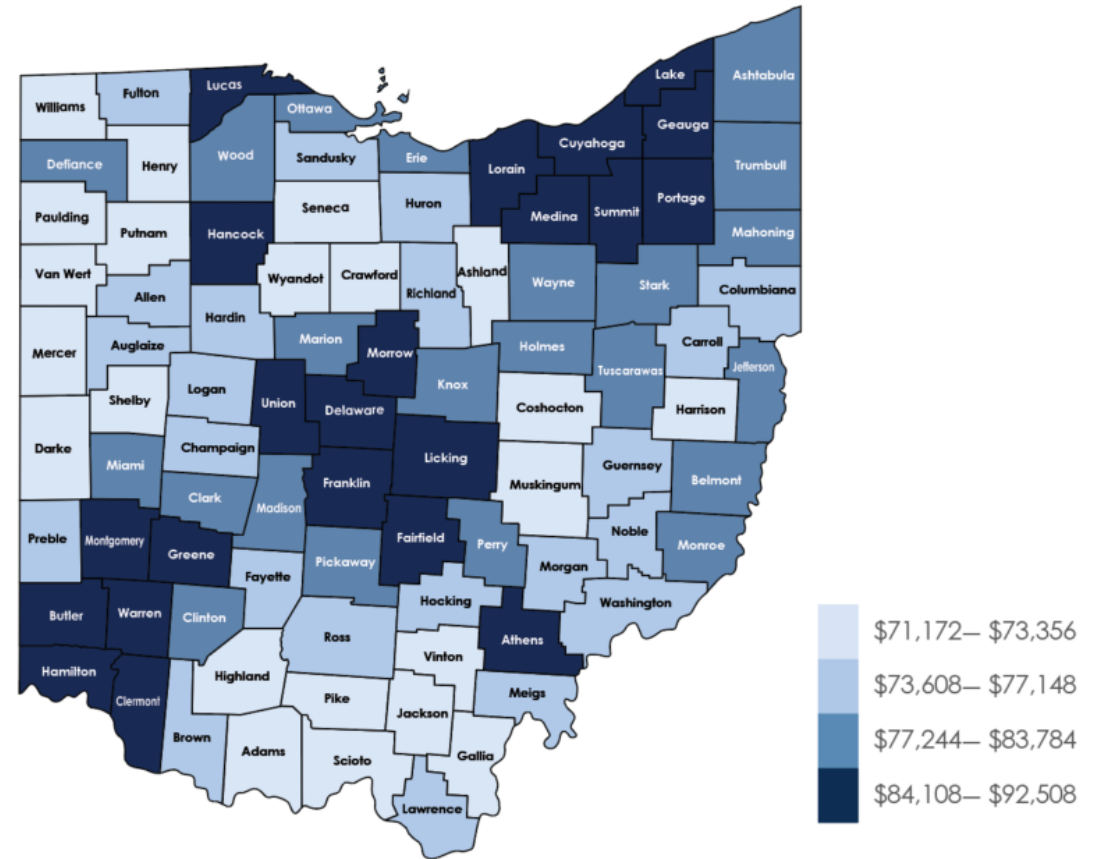


A family of four in Ohio, with two children in child care, needs to earn

\$79,224
a year

to afford health care and other essential needs

ALICE Household Survival Budget for a house with two adults, one infant and one preschool-age child, by county in Ohio, 2023



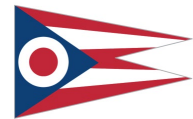
Note: The ALICE Household Survival Budget, developed by the United Way, estimates the minimum income needed to afford basic essentials like housing, childcare, food, transportation, health care, technology and taxes.
Data source: HPIO data brief "Healthcare Affordability Challenges for Working Ohioans. Data from United for ALICE

FINDINGS FROM THE

2026

HEALTH VALUE

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Questions





Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visit your organization or speak at a meeting you host

Poll questions



save the date



WEDNESDAY
AUGUST 26

Meeting the moment
Using Data for Policy Progress



The Ohioan Hotel & Event Center

**100 Green Meadows Dr S.
Lewis Center, OH 43035**

Registration will open this summer at:

www.hprio.net/events

hpio

health policy institute
of ohio



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Thank you

