

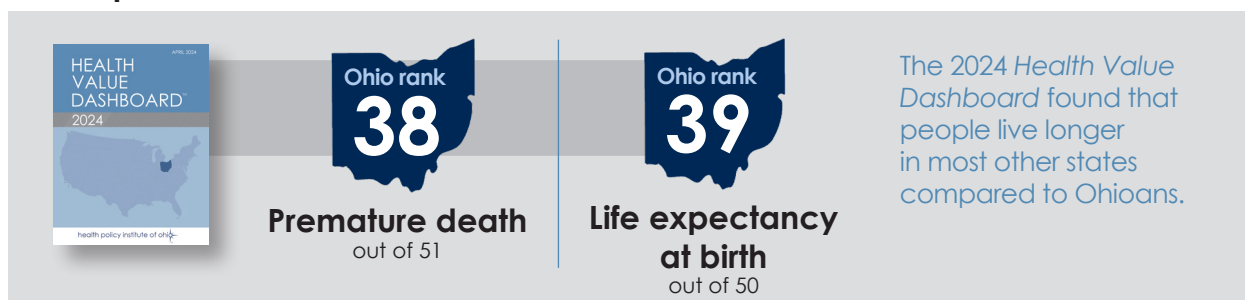
2024 HEALTH VALUE DASHBOARD

Data brief: What's driving the trend on early death?

Many Ohioans struggle with poor health outcomes that result in early death. These deaths are largely preventable and have a tremendous impact on Ohio families and communities. Using data from the 2024 *Health Value Dashboard*, this brief explores the experiences and environments — addiction and overdose, alcohol overuse, tobacco use and violence and firearms — that lead to deaths among working-age Ohioans (ages 15-64) and provides a set of policies to drive improvement.

Ohioans lag behind other states in health and well-being

Ohio's performance in the 2024 Health Value Dashboard

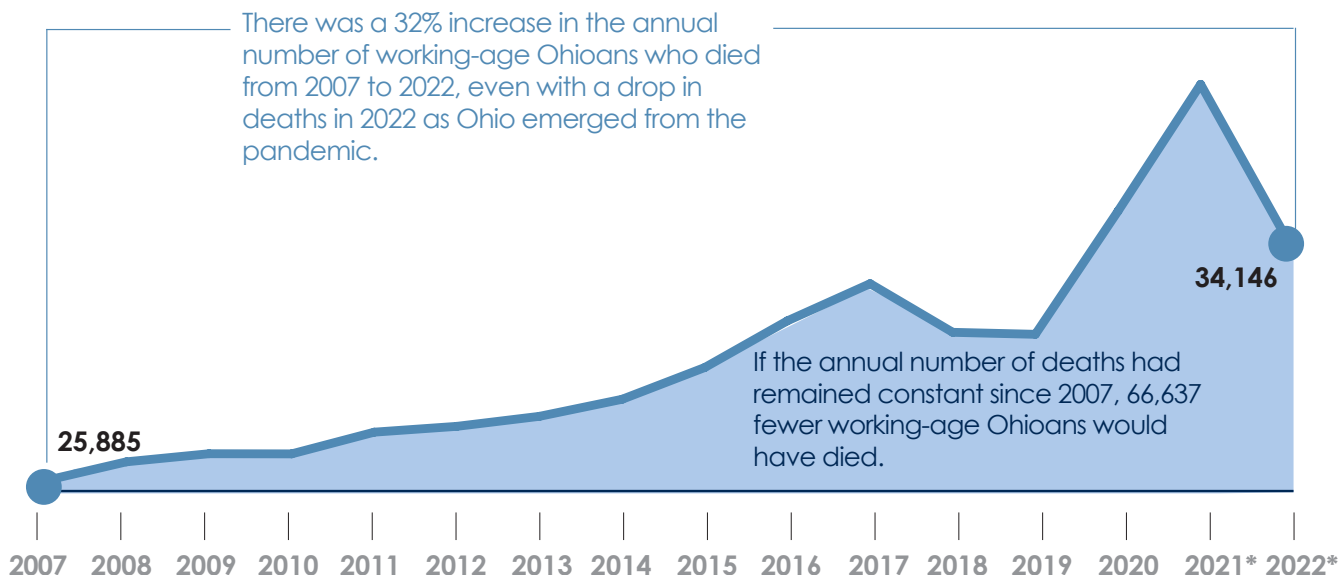


Deaths among working-age Ohioans

As reported in HPIO's 2023 *analysis of death trends among working-age Ohioans*, Ohioans between the ages of 15 and 64 are dying at a much higher rate than they were 15 years ago.

Annual number of deaths among working-age Ohioans

From all causes, 15-64 years old, 2007-2022*



*2021 and 2022 data is preliminary

Note: All death data is reported as of Sept. 5, 2023

Source: Ohio Department of Health, Data Ohio Portal

What is causing early death in Ohio?

Top 10 leading causes of death in 2022* (ages 15-64)

Rank	Leading Cause of Death	Number of Deaths	Disparity Ratio
1.	Unintentional injuries	6,486	1.4 times worse
	Unintentional drug overdoses	4,629	
	Motor vehicle crashes	1,032	
	Other	825	
2.	Cancer	6,471	
3.	Heart disease	5,654	1.5 times worse
4.	COVID-19	1,936	1.1 times worse
5.	Suicide	1,416	
6.	Chronic liver disease and cirrhosis	1,236	
7.	Chronic lower respiratory diseases (asthma, COPD, etc.)	1,209	
8.	Diabetes	1,179	1.6 times worse
9.	Stroke and other cerebrovascular diseases	843	1.6 times worse
10.	Homicide	810	15.5 times worse

Times worse for Black Ohioans

Due to historical and modern-day barriers to health, working-age Black Ohioans die at a higher rate than working-age white Ohioans for most of the leading causes of death.

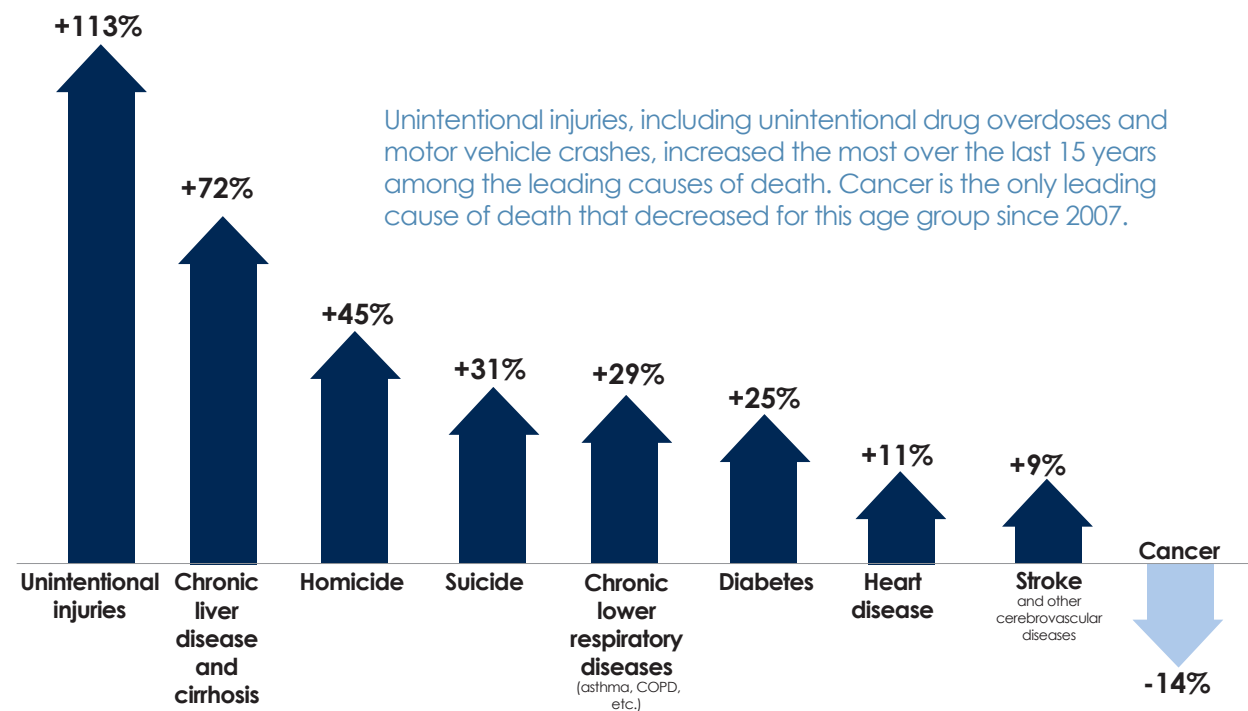
*2022 data is preliminary

Note: All data is reported as of Sept. 5, 2023. Leading causes of death with no disparity noted had a disparity ratio of less than one.

Source: Ohio Department of Health, Data Ohio Portal

Changes in leading causes of death

for working-age Ohioans from 2007 to 2022*



*All 2021 and 2022 data is preliminary

Note: All data is reported as of Sept. 5, 2023

Source: Ohio Department of Health, Data Ohio Portal

What is driving the trend?

The biggest increases in the leading causes of death for Ohioans ages 15-64 are in unintentional injuries (including overdose deaths), chronic liver disease and cirrhosis, homicide, suicide and chronic lower respiratory diseases. The experiences and environments driving these trends can be exacerbated by systemic challenges, including a lack of economic opportunity and experiences of discrimination. The following sections describe the factors driving trends in early death.

What is driving the trend?

Addiction and overdose

Ohio's performance in the 2024 Health Value Dashboard

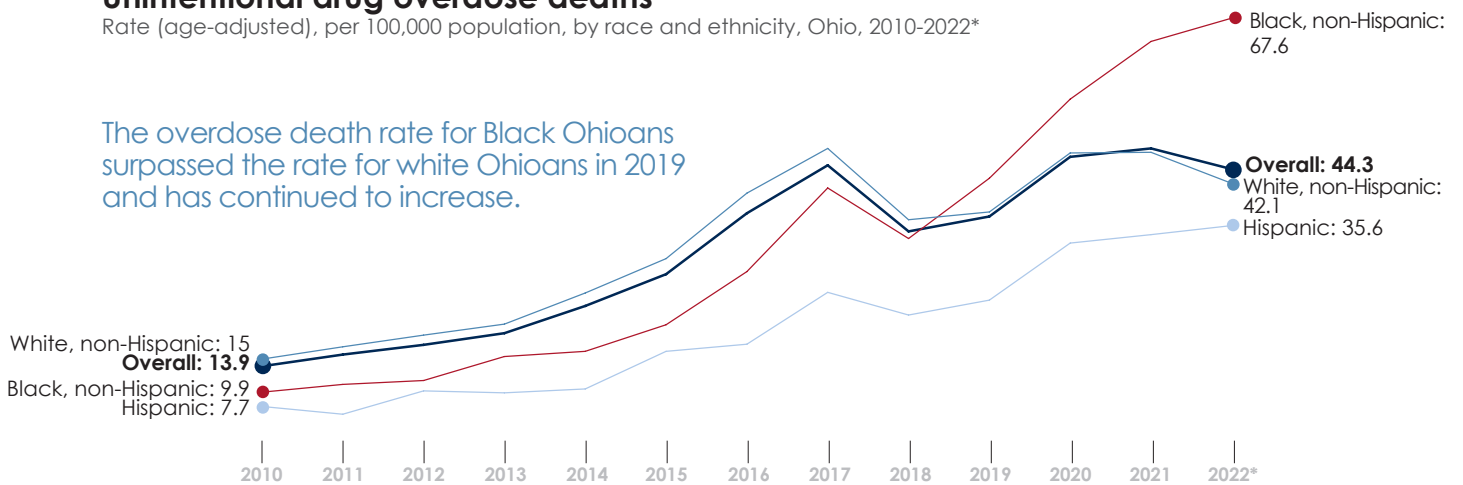


In 2022, 14% of all deaths among Ohioans ages 15-64 were caused by drug overdoses.¹ **Black Ohioans** and Ohioans living in **Appalachian** counties experienced the highest rates of overdose death.

Unintentional drug overdose deaths

Rate (age-adjusted), per 100,000 population, by race and ethnicity, Ohio, 2010-2022*

The overdose death rate for Black Ohioans surpassed the rate for white Ohioans in 2019 and has continued to increase.



*2021 and 2022 data is preliminary

Note: All data is reported as of Jan. 9, 2024

Source: HPIO analysis of overdose death data from Data Ohio Portal

Over the past 20 years, state and local leaders have worked to address the complex challenges of addiction across Ohio communities. Despite many successes², overdose rates remain high, driven by³:

- Fentanyl analogues and an increasingly lethal drug supply
- Lack of access to quality treatment and recovery services, including medication for opioid use disorder
- Limited reach of effective prevention and harm reduction strategies, such as community naloxone distribution and syringe services programs
- Risk factors at the individual, family and community level, such as mental health challenges, stigma, exposure to trauma, barriers to economic opportunity, housing instability, lack of social connectedness and experiences of racism and discrimination

Many of these challenges were exacerbated by the COVID-19 pandemic.

What is driving the trend?

Alcohol overuse

Ohio's performance in the 2024 Health Value Dashboard



Excessive drinking includes:

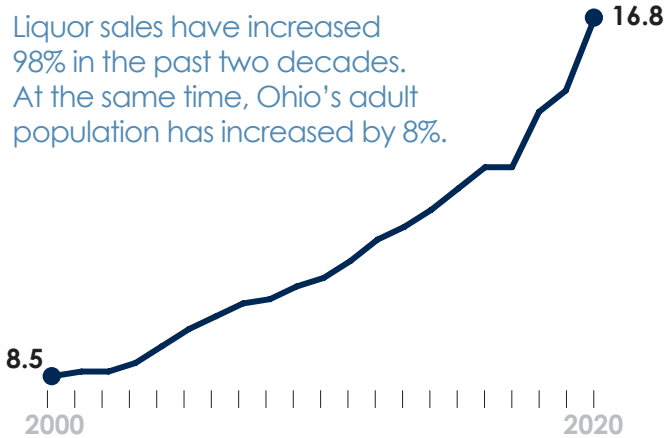
- Binge drinking: Consuming more than four (women) or five (men) alcoholic beverages on a single occasion
- Heavy drinking: Having seven or more (women) or 14 or more (men) drinks per week

Ohioans drink excessively more than people in many other states. Deaths among working-age Ohioans related to chronic liver disease and cirrhosis have increased by 72% since 2007 (as displayed on page 2). These deaths are directly related to alcohol overuse.⁴ Alcohol overuse also contributes to other leading causes of death, including some heart diseases.⁵

Alcohol use is influenced by many factors, including stress, trauma, mental health challenges and experiences of discrimination. And it can worsen symptoms of mental health conditions over time.⁶

Liquor sales in Ohio

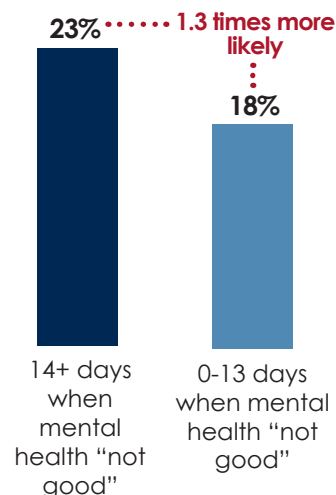
millions of gallons, by year, 2000-2020



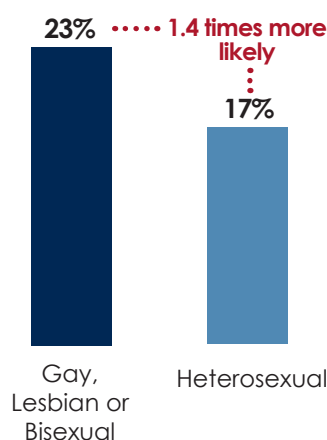
Source: Ohio Department of Commerce, Division of Liquor Control via Ohio State Health Assessment

Percent of adults who reported binge drinking in the past 30 days

by number of days with poor mental health in the last 30 days, 2022



by sexual orientation, 2022



Discrimination is a primary driver of alcohol use for people in the LGBTQ+ community.⁷ Experiences of discrimination, including familial rejection, bullying, harassment and gender stereotypes, can negatively affect mental health and contribute to increased alcohol use.⁸

Source: HPIO analysis of Behavioral Risk Factor Surveillance System, CDC

What is driving the trend?

Tobacco use

Ohio's performance in the 2024 Health Value Dashboard



HEALTH VALUE DASHBOARD 2024

Ohio rank **46**

Adult smoking out of 51

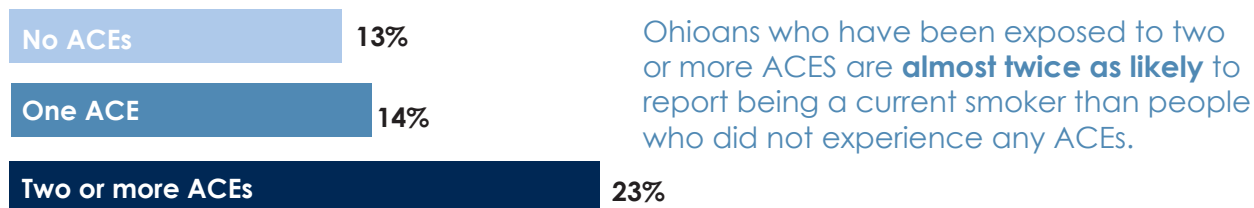
There is a strong correlation between smoking and health value, indicating that tobacco use is a leading driver of poor health and higher healthcare spending.

Ohio has higher rates of adult and youth tobacco use than most other states. In 2022, 17.1% of adults were current smokers⁹, and in 2021, 20% of high school students reported using an e-cigarette or vape in the past 30 days.¹⁰ Tobacco use contributes to many of the leading causes of working-age death, including cancer, heart disease, stroke, diabetes and respiratory diseases.¹¹

Childhood trauma is one contributor to high smoking rates. In 2021, more than two thirds (69%) of Ohio adults reported being exposed to one or more adverse childhood experiences (ACE).¹²

Smoking and adverse childhood experiences (ACEs)

Percent of adults who currently smoke cigarettes (age adjusted), by number of ACEs, Ohio, 2021

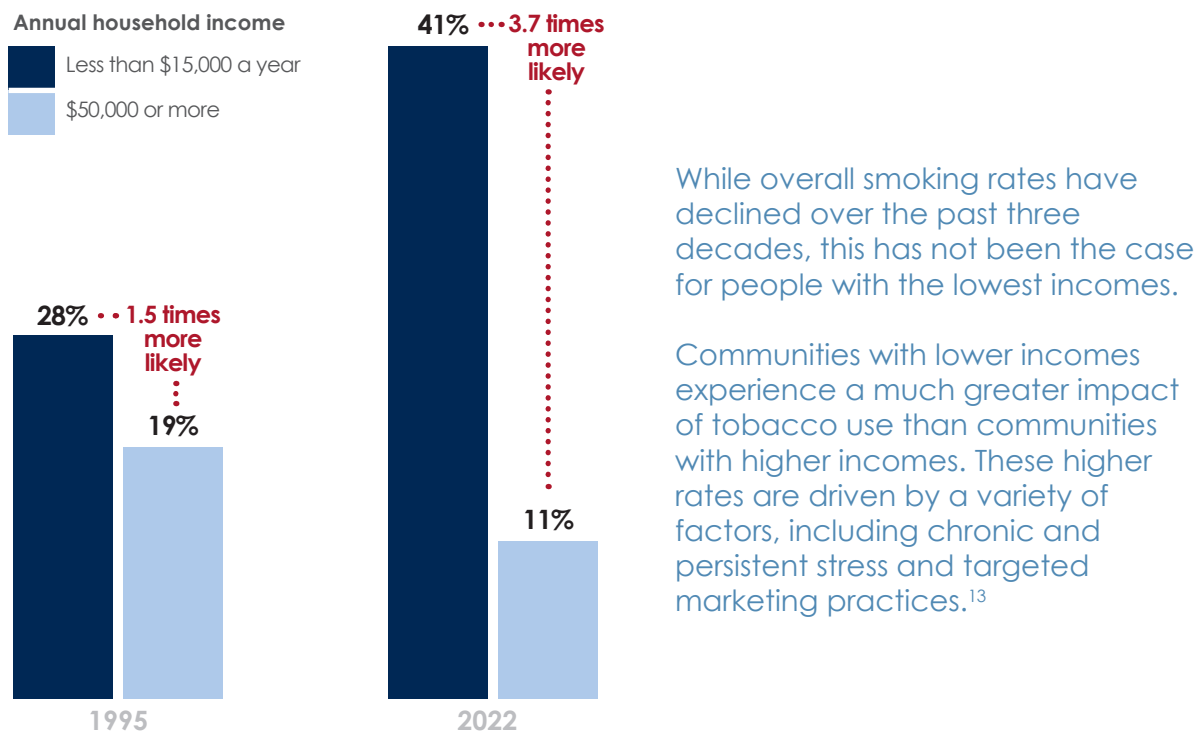


Note: For data and information on the impact of ACEs on the health of Ohioans, including tobacco use, see HPIO's policy brief "[Adverse Childhood Experiences \(ACEs\): Health impact of ACEs in Ohio](#)"

Source: HPIO analysis of data from the Behavioral Risk Factor Surveillance System provided by the Ohio Department of Health.

Smoking and income

Percent of adults who currently smoke, by household income, Ohio, 1995 and 2022




Source: HPIO analysis of Behavioral Risk Factor Surveillance Survey, Centers for Disease Control and Prevention (CDC).

What is driving the trend?

Violence and firearms

Ohio's performance in the 2024 Health Value Dashboard



HEALTH VALUE DASHBOARD 2024
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Ohio rank **20**

Suicide deaths out of 51

While Ohio ranks in the top half of states on suicide deaths, the trend for both suicide and homicide is going in the wrong direction.

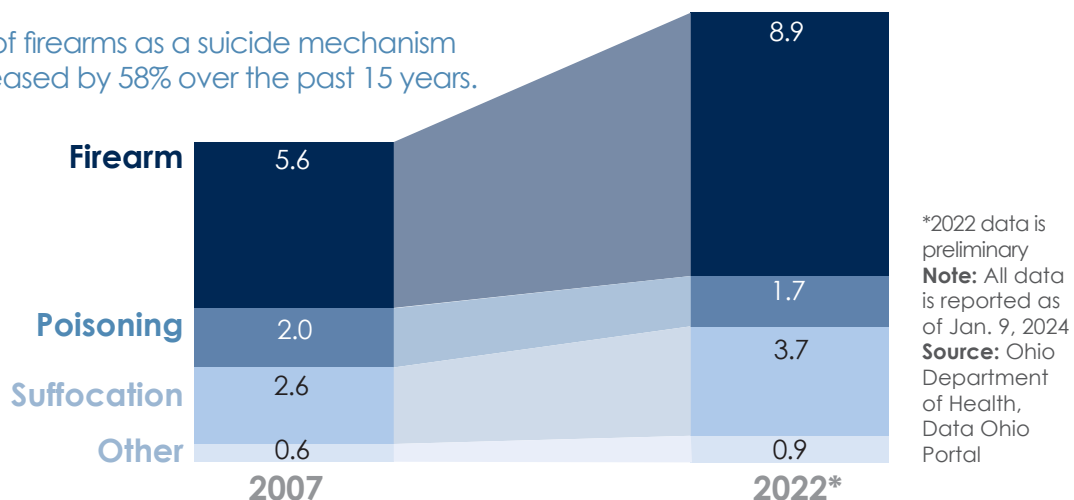
Too many families are forced to face the aftermath of firearm deaths and community violence in Ohio. In 2022, 2,226 working-age Ohioans died by suicide or homicide.¹⁴

Since 2007, suicide deaths in Ohio have increased by 31%. A variety of factors may be driving the uptick, including increased access to firearms, a lack of economic opportunity and a lack of access to protective factors such as community and family supports.¹⁵

Trends in suicide methods in Ohio

Number of suicide deaths per 100,000 population, by method, 2007-2022

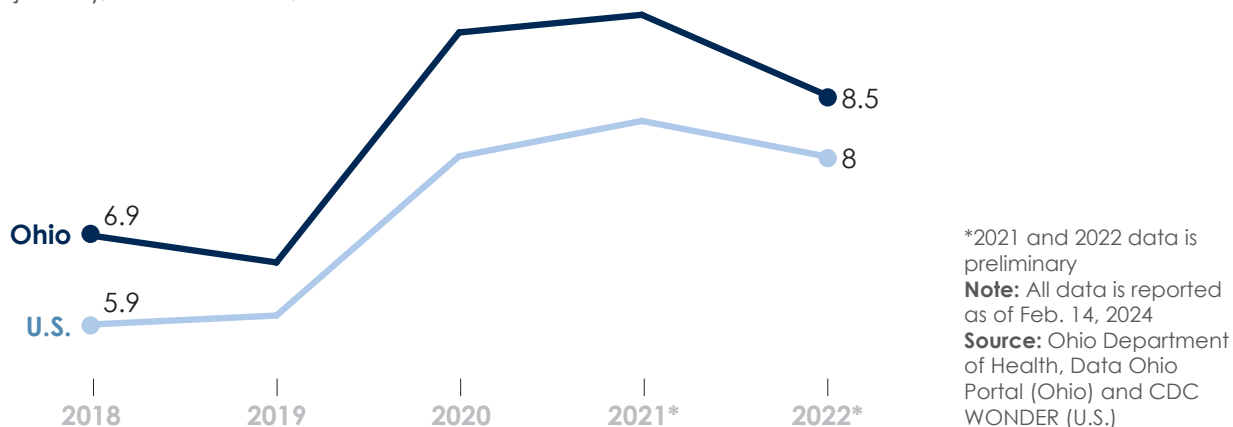
The use of firearms as a suicide mechanism has increased by 58% over the past 15 years.



Homicide deaths have increased by 23% since 2018, peaking during the height of the COVID-19 pandemic. Research has found that systemic inequities, including unfair differences in housing, education and wealth, and structural racism and discrimination are associated with increased homicide rates.¹⁶

Trends in homicide in Ohio and the U.S.

Number of homicide deaths per 100,000 population (age adjusted), Ohio and U.S., 2018-2022





Policies to drive improvement in Ohio

State and local leaders can improve health, advance equity and ensure that more working-age Ohioans reach their full potential in the following ways:

Reduce the overdose death rate

1. **Improve access to naloxone**, the overdose reversal medication, by expanding the Ohio Department of Health's **Project DAWN** and other distribution programs, including outreach to grassroots organizations in Appalachian and Black communities.
2. **Increase drug checking**, such as rapid fentanyl testing, by increasing funding for syringe services programs to provide these services and investing in drug-checking technology.

Prevent addiction to tobacco and alcohol

3. **Establish state-level retailer licensing** to prevent retailers from operating in clusters and limit youth access.
4. **Implement marketing restrictions** on tobacco products and prohibit product types that are attractive to children and adolescents (including flavored products).
5. **Increase tobacco and alcohol prices** by increasing the cigarette tax or equalizing the tax on other tobacco products to match the cigarette tax and increasing the excise tax rates on beer and wine.¹⁷

Prevent community violence

6. **Implement community-based violence prevention programs** to promote positive social norms that decrease violence, through programs such as **Green Dot**, and disseminate research evidence and best practices to guide local violence prevention efforts.
7. **Reduce access to lethal means**, including firearms, by promoting safe storage through expanding **Life Side Ohio** and **Store it Safe**, and by implementing mandatory waiting periods for the possession of a firearm after purchase.

Invest in Ohio communities

8. **Increase neighborhood safety** by improving the quality of affordable housing and addressing abandoned or blighted properties through programs such as **housing rehabilitation loan and grant programs**.
9. **Create economic opportunity** by increasing investment in workforce training and preparedness, such as through **high school equivalency credentials**, **subsidized employment** and **career pathway programs**, and by making the Earned Income Tax Credit refundable.
10. **Advance equity** by implementing **health equity impact assessments** to identify the potential health impacts of proposed policies, programs and services on systematically disadvantaged groups.

Download the HPIO's 2024 *Health Value Dashboard*
www.hpio.net/our-work/publications/2024-health-value-dashboard



Notes

1. Health Policy Institute of Ohio, "Data Snapshot: Updated Death Trends among Working-Age Ohioans," October 2023, <https://www.healthpolicyohio.org/files/publications/updatedworkingagedeathsdatasnapshot11.2.2023.pdf>.
2. Health Policy Institute of Ohio, "Taking Action to Strengthen Ohio's Addiction Response," Addiction Evidence Project, September 24, 2021, <https://www.healthpolicyohio.org/files/publications/aeptakingactionbrief09.24.2021.pdf>.
3. Health Policy Institute of Ohio, "Overdose Reversal and Other Forms of Harm Reduction," Ohio addiction policy scorecard, HPIO Addiction Evidence Project, November 2018, <https://www.healthpolicyohio.org/files/publications/addictionscorecardodreversalotherformsharmreductio>
4. Health Policy Institute of Ohio, "Data Snapshot: Updated Death Trends among Working-Age Ohioans."
5. Rasoul, Debar et al. "Alcohol and Heart Failure." *European Cardiology* 18:e65 (December 2023). doi: 10.15420/ecr.2023.12
6. National Institute of Mental Health, "Substance Use and Co-Occurring Mental Disorders.," accessed March 4, 2024, <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health>.
7. National Institute on Drug Abuse, "Substance Use and SUDs in LGBTQ* Populations," accessed March 3, 2024, <https://nida.nih.gov/research-topics/substance-use-suds-in-lgbtq-populations>.
8. Cornell Chronicle, "Discrimination Impacts Health of LGBT People, Analysis Finds," December 19, 2019, <https://news.cornell.edu/stories/2019/12/discrimination-impacts-health-lgbt-people-analysis-finds>.
9. Centers for Disease Control and Prevention, "Behavioral Risk Factor Surveillance System," accessed March 3, 2024, <https://www.cdc.gov/brfss/index.html>.
10. Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance System (YRBSS)," accessed March 3, 2024, <https://www.cdc.gov/healthyyouth/data/yrebs/index.htm>.
11. Centers for Disease Control and Prevention. "About Health Effects of Cigarette Smoking," 2024
12. Health Policy Institute of Ohio, "Data Snapshot: Adverse Childhood Experiences (ACEs) in Ohio," 2023, <https://www.healthpolicyohio.org/files/publications/acesdatasnapshotfinal11.6.2023.pdf>.
13. Centers for Disease Control and Prevention. "Unfair and Unjust Practices and Conditions Harm People with Low Socioeconomic Status and Drive Health Disparities," 2022.
14. Data from the Ohio Department of Health. "Data Ohio Portal." Accessed March 5, 2024.
15. T. Becker, M.K. Majmundar, and K.M. Harris, "Suicide," in *High and Rising Mortality Rates Among Working-Age Adults* (National Academies of Sciences, Engineering, and Medicine, 2021).
16. Thomas R. Simon et al., "Notes from the Field: Increases in Firearm Homicide and Suicide Rates - United States, 2020-2021," *Morbidity and Mortality Weekly Report* (Centers for Disease Control and Prevention, October 7, 2022), <https://www.cdc.gov/mmwr/volumes/71/wr/mm7140a4.htm>. See also Rowhani-Rahbar, A., et. Al., "Income inequality and firearm homicide in the US: a county-level cohort study," *Journal of the International Society for Child and Adolescent Injury Prevention* 25, no. 1 (September 2019): i25-i30. <https://doi.org/10.1136/injuryprev-2018-043080>
17. In 2023, Ohio's state excise tax on liquor was ranked 12th highest in the nation, while the taxes on beer and wine were ranked 34th and 39th highest respectively. Health Policy Institute of Ohio, "Strategies to prevent Adverse Childhood Experiences (ACEs) in Ohio," January 2024.



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