Thank you

<table>
<thead>
<tr>
<th>Governor’s Office of Health Transformation</th>
<th>Ohio Department of Health</th>
<th>Ohio Department of Mental Health and Addiction Services</th>
<th>Philanthropy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local health commissioners</td>
<td>Regional health initiatives</td>
<td>Provider associations</td>
<td>Employer associations</td>
</tr>
<tr>
<td>Ohio Hospital Association</td>
<td>Consumer advocacy</td>
<td>Managed care plans</td>
<td>Ohio Department of Medicaid</td>
</tr>
<tr>
<td>Academia</td>
<td>Ohio Commission on Minority Health</td>
<td>Ohio Association of Health Plans</td>
<td>Education and early childhood</td>
</tr>
</tbody>
</table>
Why focus on health value?
Dashboard

- Concise
- Visual, at-a-glance
- Most important indicators
- Data in context to guide decision making
Data in context

Rankings

Progress & trends

Benchmarks

Disparities & gaps

Indicator | Best state
--- | ---
Adult smoking | 10.3% UT
Pathway to improved health value: A conceptual framework

Systems and environments that affect health
- Healthcare system
- Access
- Social and economic environment
- Public health and prevention
- Physical environment

Equitable, effective and efficient systems
Optimal environments

Improved population health
- Health behaviors
- Health equity
- Health status
- Mortality

Improved Health Value

Sustainable health costs
- Public sector
- Private sector
- Consumers

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.
“Triple Aim”
Institute for Healthcare Improvement

- Population Health
- Experience of Care
- Per Capita Cost
Pathway to improved health value: A conceptual framework

Systems and environments that affect health
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Prevention and public health
Physical environment

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Improved health value

Sustainable health costs
- Public sector
- Private sector
- Consumers
Pathway to improved health value: A conceptual framework

**Programs and policies**
- Public policy changes
  - State level
  - Local level
- Regional initiatives
  - Health Collaborative
  - Healthcare Collaborative of Greater Columbus
  - Better Health Greater Cleveland
- Private sector changes and organizational policy
  - Employers
  - Philanthropy

**Systems and environments that affect health**
- Healthcare system
- Prevention and public health
- Access
- Social and economic environment
- Physical environment

**Equitable, effective and efficient systems**

**Optimal environments**

**Improved population health**
- Health behaviors
- Health equity
- Health status
- Mortality

**Improved health value**

**Sustainable health costs**
- Public sector
- Private sector
- Consumers
Metric selection workgroups

Select a balanced set of 15 metrics to include in each dimension of the health value dashboard.

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 compilation and ranking
State rankings and population health websites

- America’s Health Rankings
- RWJF Data Hub
- Commonwealth Scorecards
- Gallup-Healthways Well-being Index
- County Health Rankings
- Kaiser State Health Facts
- Network of Care
What makes this dashboard different?

<table>
<thead>
<tr>
<th>Primary format</th>
<th>America’s Health Rankings</th>
<th>Commonwealth Scorecard</th>
<th>County Health Rankings</th>
<th>Kaiser State Health Facts</th>
<th>Gallup-Healthways' Wellbeing Index</th>
<th>RWJF DataLab</th>
<th>Network of Care</th>
<th>HP1O</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population health</td>
<td>Interactive &amp; All-a-glance</td>
<td>Interactive &amp; All-a-glance</td>
<td>Interactive</td>
<td>Interactive</td>
<td>All-a-glance</td>
<td>Interactive</td>
<td>Interactive</td>
<td>All-a-glance (Phase 1)</td>
</tr>
<tr>
<td>Healthcare costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare system</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social and economic environment</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public health and prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health value</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- = adequately covered  
= minimally covered  
= not covered
What is the HPIO Health Value Dashboard?
HPIO Health Value Dashboard, Overview

Population health
Ohioans are less healthy than people in most other states. Ohio ranks 40th on a composite measure of population health. Thirty-nine states are healthier. This overall rank is based on Ohio’s rank in the following areas:
- Overall health and wellbeing: Length and quality of life
- Health behaviors: Tobacco, alcohol, physical activity
- Conditions and diseases: Physical, mental and oral health

Health value in Ohio
We are not getting good value for our healthcare dollar. Ohio ranks 47th on a composite measure of health value—the combination of healthcare costs and population health, weighted equally.

Health + Cost = Value
Where states rank in health value...

Healthcare costs
Ohio spends more than most other states on health care. Ohio ranks 40th on a composite measure of healthcare costs. Thirty-nine states spend less. This overall rank is based on Ohio’s rank in the following areas:
- Total spending: Overall healthcare spending per capita and spending growth
- Employer costs: Average premiums for single adults and families
- Consumer costs: Commercial health spending per enrollee and out of pocket spending
- Medicare spending: Spending per enrollee and spending growth

Note: Rankings for the above domains are based on most-recently available data from 2006 to 2013. A ranking of 1 is the best and 51 is the worst.
*The overall domain rank (e.g., healthcare costs) is the composite of the sub-domain ranks (e.g., total and employer). The sub-domain ranks are the composite of the ranks for the individual metrics (e.g., healthcare spending per capita).
Other domains that impact health and costs
Snapshot of health challenges and strengths

### Ohio’s greatest health challenges
Ohio ranks in the bottom quartile among U.S. states and Washington D.C. for the following metrics:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicator</th>
<th>Ohio's rank</th>
<th>Most recent data</th>
<th>Best state</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population health</td>
<td>Adult smoking (percent of adults who are current smokers)</td>
<td>44</td>
<td>23.4%</td>
<td>10.3%</td>
</tr>
<tr>
<td></td>
<td>Adult diabetes (percent of adults diagnosed with diabetes)</td>
<td>46</td>
<td>11.7%</td>
<td>7.6%</td>
</tr>
<tr>
<td></td>
<td>Infant mortality (percent of infants per 1,000 live births)</td>
<td>47</td>
<td>7.1%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Healthcare system</td>
<td>Available emergency department visits for Medicare beneficiaries</td>
<td>44</td>
<td>21.5</td>
<td>129</td>
</tr>
<tr>
<td></td>
<td>Availability of hospital beds among Medicaid beneficiaries</td>
<td>44</td>
<td>4.8%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Public health and prevention</td>
<td>State public health workforce (number of state public health agency staffs per 100,000 population)</td>
<td>44</td>
<td>10.7%</td>
<td>250.7%</td>
</tr>
<tr>
<td></td>
<td>Emergency preparedness funding (percent of hospitals providing emergency preparedness)</td>
<td>44</td>
<td>1.5%</td>
<td>$75.0%</td>
</tr>
<tr>
<td></td>
<td>Tobacco prevention spending (percent of adults who have tried to quit smoking or reduce smoking)</td>
<td>44</td>
<td>4.4%</td>
<td>11.4%</td>
</tr>
<tr>
<td></td>
<td>Child immunization (percent of children aged 14-24 months who have received checkups)</td>
<td>48</td>
<td>61.7%</td>
<td>83.1%</td>
</tr>
<tr>
<td></td>
<td>Medicare spending growth per enrollee (percent of enrollees in the target age group)</td>
<td>45</td>
<td>5.9%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Access</td>
<td>Unmet need for prescription drug treatment (percent of residents aged 12 and older who need prescription drugs but not receiving them for that purpose)</td>
<td>43</td>
<td>2.6%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Physical environment</td>
<td>Food insecurity (percent of households with children who do not have enough food)</td>
<td>40</td>
<td>16.3%</td>
<td>6.7%</td>
</tr>
<tr>
<td></td>
<td>Food insecurity (percent of households with children who do not have enough food)</td>
<td>40</td>
<td>16.3%</td>
<td>6.7%</td>
</tr>
<tr>
<td></td>
<td>Physical activity (percent of adults who are physically active)</td>
<td>41</td>
<td>11.5%</td>
<td>12.3%</td>
</tr>
<tr>
<td></td>
<td>Secondhand smoke (percent of children who live in homes where someone uses tobacco or smokes inside home)</td>
<td>49</td>
<td>10.3%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

### Ohio’s greatest health strengths
Ohio ranks in the top quartile among U.S. states and Washington D.C. for the following metrics:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicator</th>
<th>Ohio's rank</th>
<th>Most recent data</th>
<th>Best state</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public health and prevention</td>
<td>Accreditation of local health departments (percent of counties that have received accreditation)</td>
<td>11</td>
<td>3.2%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Access (percent of counties with a strong health insurance plan)</td>
<td>11</td>
<td>86.6%</td>
<td>96.7%</td>
</tr>
<tr>
<td></td>
<td>Safe drinking water (percent of residents exposed to water exceeding a safety limit during the past year)</td>
<td>10</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Poor drinking water (percent of counties with access to a community water system with adequate disinfection water)</td>
<td>12</td>
<td>92.2%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Severe housing problems (percent of housing units with problems such as severe overcrowding or costs that exceed 30% of monthly income)</td>
<td>13</td>
<td>1.0%</td>
<td>115%</td>
</tr>
</tbody>
</table>

### Strengths to maintain

- Mental health and well-being
- Health behavior
- Conditions and diseases
- Medicare spending
- Preventive services
- Timeliness, effectiveness and quality of care
- Hospital utilization
- Affordability and coverage
- Primary care across oral health
- Behavioral health
- Employment and poverty
- Income, labor force and income inequality
- Public health workforce and accreditation
- Communicable disease control and environmental health
- Emergency preparedness
- Health promotion and prevention
- None

### Challenges to improve

- Education
- Employment and poverty
- Income, labor force and income inequality
- Public health workforce and accreditation
- Communicable disease control and environmental health
- Emergency preparedness
- Health promotion and prevention
- None

* Ohio does not rank in the top quartile for any subdomain.
Snapshot of disparities

In order to improve health value for all Ohioans, it is important to identify and address disparities, or gaps, in outcomes between different groups. The following graphics display Ohio’s three lowest-ranked population health outcomes broken out by race/ethnicity, income level, and county.

A closer look
Additional data for many of the metrics included in this dashboard by race/ethnicity, income and education levels, age and local geography is available from the following websites: Commonwealth Scorecard on Health System Performance (state and local versions), Network of Care, RWJF DataHUB and County Health Rankings and Roadmaps. Click here for a crossword that indicates which dashboard metrics are available from these sources.

Source: CDC, BRFSS
# Domain profile

## Population health in Ohio

### Overall health and wellbeing

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Ohio’s rank</th>
<th>Delta value</th>
<th>Trend</th>
<th>Best state</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall health status</td>
<td>38</td>
<td>18.3%</td>
<td>16.1%</td>
<td>12.1% VT</td>
</tr>
<tr>
<td>Limited activity due to health problems</td>
<td>34</td>
<td>1.5</td>
<td>1.4</td>
<td>0.9 MD</td>
</tr>
<tr>
<td>Life expectancy: life expectancy of birth, in years</td>
<td>37</td>
<td>77.5</td>
<td>77.8</td>
<td>81.3 WI</td>
</tr>
<tr>
<td>Premature death: Years of potential life lost before age 75</td>
<td>35</td>
<td>7.158</td>
<td>7.294</td>
<td>6.849 WV</td>
</tr>
</tbody>
</table>

### Health behaviors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Delta value</th>
<th>Trend</th>
<th>Best state</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult insufficient physical activity: Percent of adults not meeting physical activity guidelines</td>
<td>33</td>
<td>78.6%</td>
<td>81%</td>
<td>73.3% CO</td>
</tr>
<tr>
<td>Adult binge drinking: Percent of adults report binge drinking in past month</td>
<td>34</td>
<td>20.1%</td>
<td>16%</td>
<td>10.2% WV</td>
</tr>
<tr>
<td>Adult smoking: Percent of adults who are current smokers</td>
<td>44</td>
<td>23.3%</td>
<td>23.4%</td>
<td>10.3% VT</td>
</tr>
<tr>
<td>Youth all-tobacco use: Percent of high school students who used tobacco in past 30 days</td>
<td>N/A</td>
<td>27.9%</td>
<td>21.7%</td>
<td>5.6% VT</td>
</tr>
</tbody>
</table>

### Conditions and diseases

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Delta value</th>
<th>Trend</th>
<th>Best state</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide deaths: Suicide deaths per 100,000 population</td>
<td>18</td>
<td>11.5</td>
<td>12.2</td>
<td>6.9 DC</td>
</tr>
<tr>
<td>Youth obesity: Percent of high school students who are obese</td>
<td>27</td>
<td>14.7%</td>
<td>13%</td>
<td>6.4% VT</td>
</tr>
<tr>
<td>Drug overdose deaths: Drug overdose deaths per 100,000 population</td>
<td>35</td>
<td>149</td>
<td>14</td>
<td>5.4 OD</td>
</tr>
<tr>
<td>Poor mental health: Average number of days in past 30 where mental health was poor</td>
<td>36</td>
<td>4.1</td>
<td>4.1</td>
<td>2.8 SD</td>
</tr>
<tr>
<td>Cardiovascular disease mortality: Heart-related deaths per 100,000 population</td>
<td>37</td>
<td>287.6</td>
<td>276.7</td>
<td>186.9 SV</td>
</tr>
<tr>
<td>Poor oral health: Percent of adults who have lost teeth due to decay, infection or disease</td>
<td>38</td>
<td>11%</td>
<td>13%</td>
<td>3% VT</td>
</tr>
<tr>
<td>Infant mortality: Infant deaths per 1,000 live births</td>
<td>47</td>
<td>7.7</td>
<td>7.9</td>
<td>3.7% AR</td>
</tr>
<tr>
<td>Adult diabetes: Percent of adults diagnosed with diabetes</td>
<td>46</td>
<td>10%</td>
<td>11.7%</td>
<td>7% AR</td>
</tr>
</tbody>
</table>

### Gaps in life expectancy

There are significant gaps in life expectancy for different groups of Ohioans. An African American child born in Ohio today can expect to age 73.9, more than a decade less than children in other racial/ethnic groups. African Americans in other states have much longer life expectancies. For example, African American life expectancy is 6.3 years longer in Minnesota (best state) than in Ohio.

### Key

- Ohio ranks in the top quartile of the nation and the District of Columbia.
- Ohio ranks in the second quartile of the nation and the District of Columbia.
- Ohio ranks in the third quartile of the nation and the District of Columbia.
- Ohio ranks in the bottom quartile of the nation and the District of Columbia.
- No ranking: no assigned desired direction.
- No ranking: not able to assess.
- No ranking: not assigned desired direction + no ranking: no assigned desired direction.

**NOTE:** Rankings are based on the most-recent data column. A ranking of 1 is the best and 5 is the worst. This dashboard uses data that is the most recently available for all states and D.C. The year that is most recently available varies by metric, from 2008 to 2013. See appendix for specific years for each metric.
Disparities or “gaps” in performance
The Health Policy Institute of Ohio
Since 2003, HPIO has served as the only state-wide, nonpartisan organization in Ohio dedicated to providing evidence-based information and analysis on health policy issues to state policymakers and others interested in improving the health of Ohioans. HPIO’s mission is to provide the independent, unbiased, and nonpartisan information and analysis needed to create sound health policy. The long-term outcome of HPIO’s work is that state policymakers make informed policy decisions that lead to improved health value.

While the primary audience for HPIO’s work is state public policymakers, HPIO also engages a wide array of stakeholders in order to achieve its mission.

HPIO’s Health Value Dashboard
The HPIO Health Value Dashboard is a tool to track Ohio’s progress towards health value—which looks at the relationship between population health outcomes and healthcare costs. Population health outcomes and healthcare costs were weighted equally, reflective of feedback from our stakeholders that both goals, improved population health and sustainable healthcare costs, are important for Ohioans. The dashboard compares Ohio’s performance to other states, tracks change over time and includes information on best state performance and disparities or “gaps” in performance across Ohio’s subpopulations. The dashboard also reflects the many factors impacting population health outcomes and healthcare costs, including healthcare system performance, public health and prevention, access to healthcare, and the social, economic and physical environments.

Making data meaningful
In order to put Ohio data in context in a way that is meaningful for state policymakers and other stakeholders, this dashboard presents the following information:

- State rank for metrics: Performance for all states and the District of Columbia is ranked for each metric, with 1 being the best and 51 the worst. These ranks are then divided into quartiles with green indicating the top (best) quartile and red indicating the bottom (worst) quartile.
- State rank for subdomains and domains: In order to provide a summary look at the data, the metric ranks are “rolled up” into subdomain and domain ranks. Subdomain ranks are the composite rank of the metrics in each subdomain, weighted equally. Domain ranks are the composite rank of the subdomain ranks, weighted equally.
- Change over time: When available, the dashboard includes data values for the most-recent time period and for a baseline time period, which is the next most-recently-available time period.
So...how does Ohio do?
Ohio ranks 47th on health value

Population health

+  

Healthcare costs

47
Health value in Ohio
# Other scorecards and rankings

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>47</td>
<td>40</td>
<td>31</td>
<td>46</td>
</tr>
<tr>
<td>Health outcomes*</td>
<td>40</td>
<td>39</td>
<td>42</td>
<td>NA</td>
</tr>
<tr>
<td>(“Health outcomes” for AHR; “Healthy Lives” for Commonwealth)</td>
<td>40</td>
<td>39</td>
<td>42</td>
<td>NA</td>
</tr>
</tbody>
</table>

*This is similar to our Population Health domain*
### Other scorecards and rankings, 2014

#### Health value

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall</strong></td>
<td>47</td>
<td>40</td>
<td>31</td>
<td>46</td>
</tr>
<tr>
<td><strong>Health outcomes</strong> (&quot;Health outcomes&quot; for AHR; &quot;Healthy Lives&quot; for Commonwealth)</td>
<td>40</td>
<td>39</td>
<td>42</td>
<td>NA</td>
</tr>
<tr>
<td><strong>COST</strong></td>
<td>40</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

*This is similar to our Population Health domain*
How do we compare to other states?

**Highest value states**
States in the top quartile for both population health and healthcare costs

- Hawaii
- Utah
- Colorado
- Idaho

**Lowest value states**
States in the bottom quartile for both population health and healthcare costs

- Ohio
- Indiana
- West Virginia

**Best health (top quartile)**
- CT
- MA
- WA
- CA
- NJ
- NH
- VT
- MD
- NM
- GA
- AZ
- AL
- NV
- AR
- OK

**Worst health (bottom quartile)**
- AR
- LA
- MI
- AZ
- OK
- TN
- SC
- AL
- KY
- MS
- NY
- ME
- MA
- NH
- SD
- AK
- WY
State comparison on population health
State comparison on healthcare costs
State comparison on health value
Why does Ohio rank so poorly?
Factors impacting health and costs

<table>
<thead>
<tr>
<th>35</th>
<th>Preventive services, breastfeeding support, flu immunization, diabetes management</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>Hospital utilization, heart failure readmissions, emergency department visits</td>
</tr>
<tr>
<td>31</td>
<td>Timeliness, effectiveness and quality of care, healthcare-associated infections, stroke care, nursing home care, patient experience, mortality amenable to health care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>51</th>
<th>Public health and prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>Workforce and accreditation of state and local public health workforce, accreditation of local health departments</td>
</tr>
<tr>
<td>48</td>
<td>Communicable disease control and environmental health, diarrhea, foodborne illness monitoring, child immunizations</td>
</tr>
<tr>
<td>44</td>
<td>Emergency preparedness funding, emergency preparedness funding</td>
</tr>
<tr>
<td>40</td>
<td>Health promotion and prevention, prevention of chronic disease, infant mortality and injuries</td>
</tr>
</tbody>
</table>
Factors impacting health and costs

Social and economic environment
- Education: preschool enrollment, fourth-grade reading, high school graduation, educational attainment
- Employment and poverty: unemployment, child and adult poverty
- Family and social support: single-parent households, teen births, social-emotional support, social cohesion
- Trauma, toxic stress and violence: child abuse and neglect, adverse childhood experiences, violent crime
- Income inequality

Physical environment
- Air, water and toxic substances: pollution, secondhand smoke, drinking water, fluoridation, lead poisoning
- Food access and food insecurity: access to grocery stores, limited or uncertain access to adequate food
- Housing, built environment and access to physical activity: housing problems, access to exercise opportunities, biking/walking to work, safe routes to school programs, complete streets policies, neighborhood safety

Systems and environments that affect health
- Healthcare system
- Prevention and public health
- Access
- Social and economic environment
- Physical environment
Ohio’s greatest health challenges, adult smoking

- Adult smoking:
  - OH: 23.4%
  - UT: 10.3%
  - Ohio rate: 44
  - Utah rate: 1

- Youth all-tobacco use:
  - OH: 21.7%
  - UT: 5.6%
  - Ohio rate: 49
  - Utah rate: 1

- Children exposed to secondhand smoke:
  - OH: 10.3%
  - UT: 1%
Ohio’s greatest health challenges, adult smoking

- OH Cigarette tax: $1.25
- UT Cigarette tax: $1.75
- OH Tobacco prevention spending: 4.4%
- UT Tobacco prevention spending: 38.6%
So...where do we go from here?
Getting to health value: Building consensus on shared accountability and population health in Ohio

State forums to advance health system transformation

National Network of Public Health Institutes
“Develop practical strategies to align health system stakeholders around the mutual goal of improving population health”
Goals of NNPHI - HPIO project

1. Develop a consensus definition of population health
2. Develop a conceptual framework for bridging health and health care
3. Identify one or more opportunities for collective impact to address Ohio’s most pressing health challenges
Going forward

Post-forum meetings to identify collective impact opportunities

- Environmental scan and accountability map
- Compilation of evidence-based strategies
- Description of opportunities for collective impact
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