This section describes the extent to which Ohio’s performance improved or worsened on specific metrics. Because Dashboard data are from many different sources, the years compared vary by metric. Most baseline data were from 2010-2013, while most recent-year data were from 2014-2016 (see appendix for specific years for each metric).

**Moving in the right direction overall**
Ohio improved on many Dashboard metrics. Among the 79 metrics for which at least two years of data were available (not including healthcare spending), Ohio’s performance improved for 20 percent of metrics and got worse for 10 percent. The remaining metrics had no significant change. This rate of improvement is about the same as the average percent of improved and worsened metrics across all states and DC.

**Improvements in several areas**
Ohio’s performance improved on a greater number of metrics than it worsened for the following domains:
- Access to care
- Healthcare system
- Social and economic environment
- Physical environment

**Challenges in health outcomes and prevention**
On balance, Ohio’s performance worsened in the population health domain. Ohio was one of only eight states that had more population health metrics worsen than improve; most other states improved on this domain. The public health and prevention domain also had more metrics that worsened than improved for Ohio.

**In what areas (domains) is Ohio doing better vs. doing worse?**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Percent of metrics for which Ohio improved (or spending decreased)</th>
<th>Percent of metrics for which there was no significant change</th>
<th>Percent of metrics for which Ohio worsened (or spending increased)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Health</td>
<td>20%</td>
<td>40%</td>
<td>60%</td>
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<tr>
<td>Healthcare spending</td>
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<tr>
<td>Access</td>
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<td>Healthcare system</td>
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<td>Public health and prevention</td>
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</tbody>
</table>

*Trend note: Improved or worsened refers to a change that exceeds one-half standard deviation in the metric’s value from baseline year to most recent year. Changes that do not meet this threshold are marked “no change.”

* Only includes metrics for which rank and trend were determined.
Healthcare spending relatively stable
Healthcare spending increased or stayed about the same for Ohio and most other states for all healthcare spending metrics in the Dashboard. Because healthcare spending has historically increased each year, states have focused on controlling the growth of healthcare spending to a more sustainable rate. No significant change in healthcare spending metrics is therefore a positive outcome.

Among the 10 spending metrics that were ranked and for which at least two years of data were available, Ohio’s spending stayed about the same on seven metrics (70 percent) and increased on three metrics (30 percent). This is similar to the performance of other states.

How was improvement measured?
Whenever possible, the Dashboard includes three years of data for each metric, allowing for a comparison over time. “Improved” or “worsened” refers to a change that exceeds one-half standard deviation in the metric’s value from the baseline year to the most recent year. Changes that do not meet this threshold are considered to have no significant change.

In this section
This section includes a series of charts that provide additional detail about changes in performance on health value over time:
- **Trends for adult smoking, drug overdose deaths, cost as a barrier to care and fourth grade reading:** These topics were selected to provide examples of metrics for which Ohio significantly improved or bottom-quartile metrics in need of improvement. Midwest (Department of Health and Human Services Region V) and neighboring states are highlighted.
- **Changes in performance on Dashboard metrics:** Number of metrics that improved, stayed the same or worsened for all states and DC (not including healthcare spending)
- **Changes in performance on healthcare spending metrics:** Number of spending metrics that decreased, stayed the same or increased
Adult smoking: Ohio improved, but still performs worse than most other states

Policy spotlight: Cigarette taxes
Research indicates that increasing the price of tobacco products is an effective way to reduce tobacco use. Cigarette taxes increased between 2012 and 2015 in all the Midwestern states above that had significant reductions in adult smoking.
- Illinois and Pennsylvania allow certain municipalities to add their own tobacco taxes. In 2012, Illinois increased its cigarette tax by $1.00, and Chicago and Cook County each raised their cigarette taxes in 2013. Pennsylvania’s cigarette tax increased in 2009 and 2016 and Philadelphia’s cigarette tax went up $2.00 in 2014.
- In 2013, Minnesota increased its cigarette tax $1.60 and began annual adjustments pegged to inflation.
- Ohio’s cigarette tax increased $0.35 per pack in 2015 and is lower than the rates in Utah, Illinois, Minnesota, Wisconsin, Pennsylvania and Michigan.
Drug overdose deaths: Ohio’s very high death rate climbed even higher in 2015

Number of deaths due to drug overdoses per 100,000 population, age-adjusted

2.3
best-2013

10.3
U.S. 2015

35.6
worst-2015

Nebraska
best state

Minnesota

Indiana

Illinois

Pennsylvania

Wisconsin

Michigan

Kentucky

Ohio
14.5

West Virginia
worst state

Source: Centers for Disease Control and Prevention, WONDER

Policy spotlight: Opiate access, overdose reversal and addiction treatment
States are trying many strategies to decrease overdose deaths but are struggling to slow the opiate epidemic. From 2013 to 2015, no states significantly improved on the drug overdose death rate (per 100,000 population) and Ohio had the second-highest increase. Click here for a timeline of policy changes implemented in Ohio since 2011, including strategies to reduce access to opiates and increase access to Naloxone and addiction treatment.
**Cost as a barrier to access: Ohio stands out for improvement and rank**

**Percent of adults who went without care because of cost in the past year**

- **21.7%** worst-2013
- **14.7%** Wisconsin
- **10.7%** Michigan
- **12.1%** U.S.-2015
- **7.2%** best-2015

**Policy spotlight: Affordable Care Act (ACA)**

The ACA contains several provisions first implemented in 2014 that were designed to increase access to care, including Medicaid expansion, insurance marketplaces and insurance reforms. Medicaid expansion varies by state; among Midwestern and neighboring states:

- Minnesota, Ohio, Illinois, Kentucky, Michigan and West Virginia all expanded Medicaid eligibility for adults up to 138 percent of the federal poverty level (FPL) in 2014. All of these states experienced large or moderate improvements in the percent of adults who went without care because of cost.
- Pennsylvania and Indiana expanded Medicaid in 2015 and did not see a significant decrease on this metric between 2013 and 2015.
- Wisconsin expanded Medicaid eligibility prior to the ACA and continues to cover adults up to 100 percent FPL.

Source: Behavioral Risk Factor Surveillance System
Fourth grade reading: Ohio made modest gains amid wave of improvements across most states

Percent of 4th graders proficient in reading

19% worst-2011

35% U.S. 2015

50% best-2015

Ohio

Indiana

Kentucky

Minnesota

Pennsylvania

Worsening

Improving

District of Columbia

worsestate

Massachusetts

beststate

Worsening

Improving

Source: U.S. Department of Education, National Assessment of Educational Progress, as compiled by Kids Count Data Center

Policy spotlight: Third Grade Reading Guarantee and other reforms
Ohio has implemented several education reforms that may have affected changes in fourth grade reading proficiency through 2015, including:

- 2012: Ohio adopted a new accountability system with an A-F style school report card which is being phased in over several years.
- 2013-14: Ohio implemented the Third Grade Reading Guarantee and new learning standards (Common Core standards in English Language Arts and mathematics).13,14

Indiana and Kentucky, two neighboring states with notable improvements, have adopted similar reforms:

- Kentucky began implementing Common Core standards in 2011-12.15
- Indiana has implemented K-3 reading reforms and A-F style school report cards.16
More improvement than decline

Percent of Dashboard metrics that improved, stayed about the same or worsened from baseline to most-recent year*

- Percent of metrics improved
- Percent of metrics for which there was no significant change
- Percent of metrics worsened

States listed in 2017 health value rank order

1. Hawaii
2. California
3. Utah
4. Virginia
5. Arizona
6. Maryland
7. Colorado
8. Nevada
9. New Jersey
10. Florida
11. Georgia
12. Texas
13. District of Columbia
14. South Carolina
15. New Mexico
16. North Carolina
17. Washington
18. Minnesota
19. Connecticut
20. Nebraska
21. Iowa
22. Delaware
23. Idaho
24. Rhode Island
25. New York
26. Kansas
27. Massachusetts
28. Illinois
29. Oregon
30. South Dakota
31. Tennessee
32. Pennsylvania
33. Vermont
34. Alabama
35. Arkansas
36. Wisconsin
37. Missouri
38. Louisiana
39. Mississippi
40. Wyoming
41. Oklahoma
42. Michigan
43. North Dakota
44. Montana
45. Maine
46. Ohio
47. Alaska
48. New Hampshire
49. Indiana
50. Kentucky
51. West Virginia

Note: Most baseline data were from 2010 to 2013 and most recent-year data were from 2014 to 2016. See appendix for specific years for each metric.
* Not including healthcare spending
### Healthcare spending relatively stable

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Notes


7. Data provided directly by the Respiratory Health Association, Dec. 2016


11. Ibid


