

2017

# Health Value Dashboard™



March 1, 2017

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# Executive summary



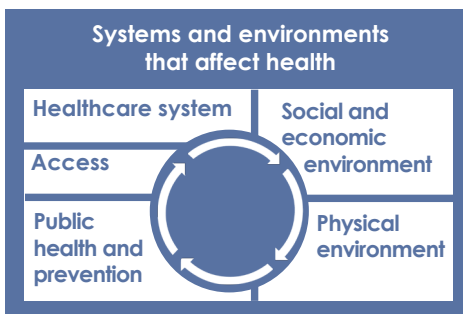
## What is the *Health Value Dashboard*?

The Health Policy Institute of Ohio *Health Value Dashboard* is a tool to track Ohio's progress towards health value — a composite measure of Ohio's performance on population health outcomes and healthcare spending. With 118 metrics, the *Dashboard* examines Ohio's performance relative to other states, tracks change over time and identifies Ohio's greatest health disparities and inequities.



## Where does Ohio rank?

Ohio ranks 46 out of 50 states and the District of Columbia (D.C.) on health value, landing in the bottom quartile. This means that Ohioans are living less healthy lives and spending more on health care than people in most other states.



## Why do we rank so poorly?

Ohio performs well on access to care, but poorly on population health. This indicates that access is necessary, but not sufficient, to improving overall health. In addition, Ohio performs poorly on the other factors that impact health value.

Policymakers and others can look to evidence on the cost-effectiveness of services and programs to guide spending decisions and ensure that dollars are being used wisely to improve performance across all drivers of health value.

## Key findings

### Challenges

There are several metrics on which Ohio ranked in the bottom quartile, including: adult smoking, drug overdose deaths, infant mortality, food insecurity and average monthly marketplace premiums. Notably, a state's adult smoking rate strongly correlates with health value rank. This means that states with a lower percentage of adults who smoke perform better on health value.

### Strengths

Like most other states, Ohio's performance is moving in the right direction, with more metrics that improved than worsened. Greatly improved metrics include: percent of adults reporting that they went without care because of cost, heart failure readmissions, youth all-tobacco use, youth marijuana use and the unemployment rate.



### Notable disparities and inequities

The *Dashboard* examines disparities across a set of 29 metrics by race and ethnicity, income level, education level and disability status. Some of Ohio's largest disparities and inequities include: children exposed to second-hand smoke, neighborhood safety, uninsured adults and adverse childhood experiences.

# Executive summary (cont.)

## How can we improve health value in Ohio?

The good news is we know what works to improve health behaviors and support healthy communities. Many evidence-informed strategies are already being implemented, but more can be done to ensure that the most effective policies and programs are deployed at the scale needed to measurably improve health value. The following sources provide guidance on how to do this:



### Ohio 2017-2019 state health improvement plan (SHIP)

Developed with input from a wide range of Ohio stakeholders, the **SHIP** is a strategic menu of priorities, outcome objectives and evidence-based strategies designed to address:

- Mental health and addiction
- Chronic disease
- Maternal and infant health

Taking a comprehensive approach, the plan highlights powerful underlying drivers of wellbeing, such as student success, housing affordability and tobacco prevention. The plan also includes strategies that are likely to reduce health disparities and provides guidance on adapting programs to reach priority populations.



### Evidence for what works to improve health value

The HPIO **Guide to Improving Health Value** resource page includes:

- State policy option fact sheets on tobacco use, food insecurity and Ohio's other top health challenges
- Additional resources for evidence-based policymaking, including cost-effectiveness research
- Tools for local community health improvement planners

## What approaches are most likely to yield positive outcomes?

States with better outcomes in the social and economic environment and public health and prevention domains have better population health outcomes. The following approaches are therefore likely to yield the biggest improvements.



### Improve Ohio's social and economic environment

Strategies that increase income, labor force participation and access to stable housing, such as:

- Earned income tax credits (including outreach to increase uptake, removing the cap, and/or making the credit refundable)
- Vocational training
- Low-income housing tax credits and state housing subsidies/vouchers



### Strengthen Ohio's commitment to public health and prevention

Strategies that promote healthy behaviors and support healthy community conditions, such as:

- Increasing cigarette and other tobacco product taxes
- Smoking cessation services
- Fruit and vegetable incentive programs
- Green space, parks and "complete streets" policies that promote physical activity



### Start early with children and families

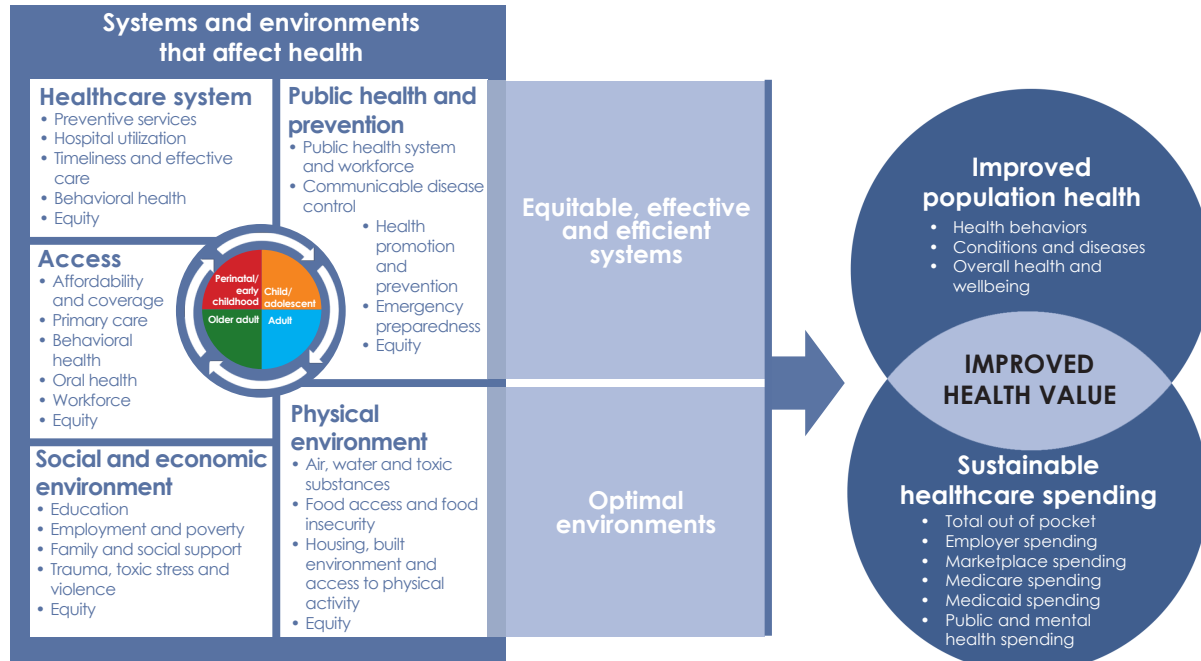
Strategies that help children thrive, such as:

- Early childhood education and home visiting
- Services that promote healthy birth spacing, including access to comprehensive contraception options
- School-based programs to prevent drug/alcohol use and violence

# Overview

The 2017 Health Value Dashboard is based on the *Pathway to Health Value* conceptual framework developed by Ohio stakeholders who participated on HPIO's multi-sector Health Measurement Advisory Group (HMAG). The framework defines health value as the combination of improved population health outcomes and sustainable healthcare spending, and outlines the systems and environments that affect health. The 2017 *Health Value Dashboard* builds on the inaugural *Dashboard* released in December 2014.

## Pathway to improved health value: A conceptual framework



**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.

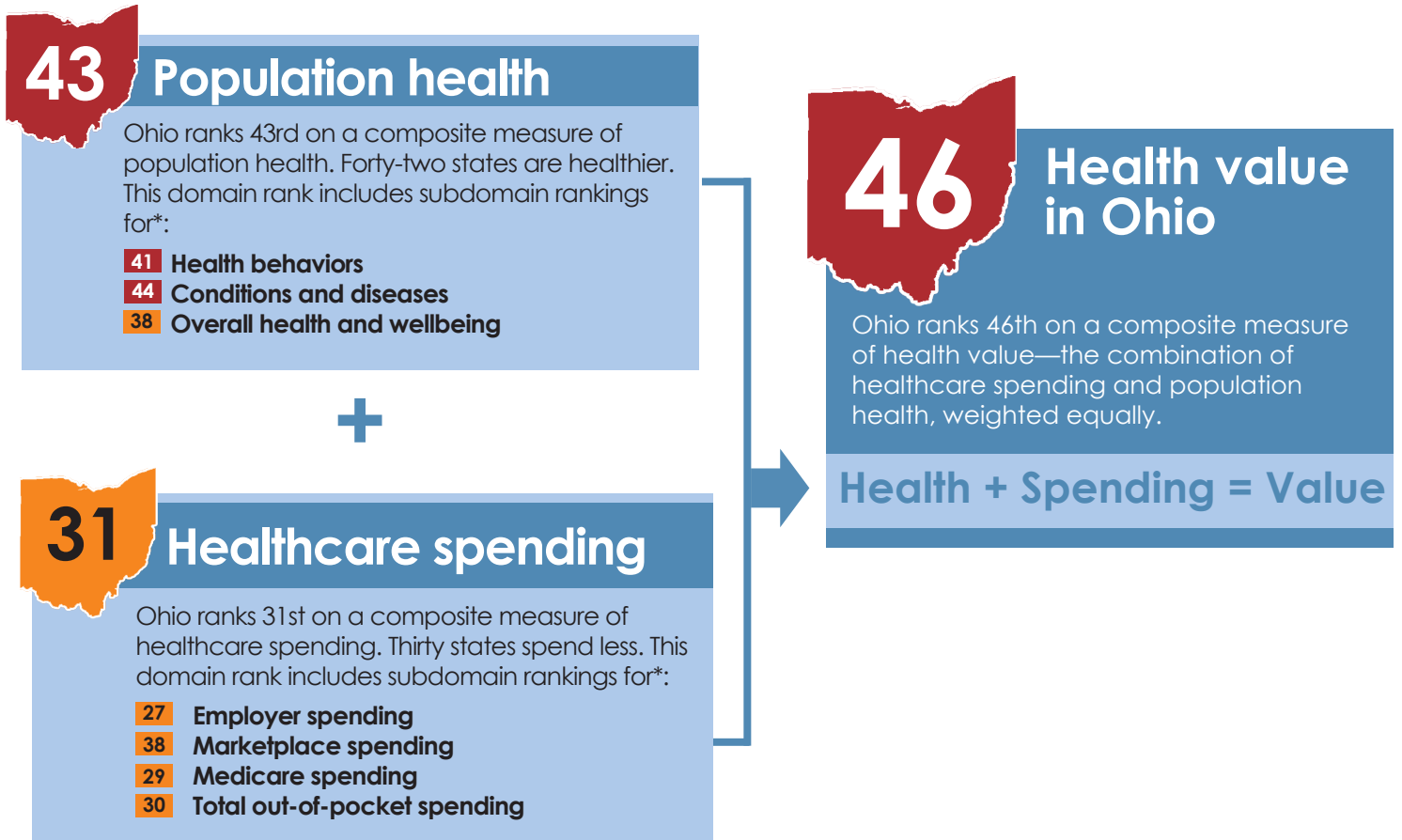
The 2017 *Dashboard* tracks Ohio's performance across the seven domains above through metrics selected in partnership with HMAG. Each domain includes a set of metrics divided into several "subdomains." In total, this *Dashboard* includes 118 metrics across 29 subdomains.

## What's new in the 2017 Health Value Dashboard?

- **Emphasizes change over time** and includes a trend section highlighting the extent to which Ohio's performance improved or worsened on specific metrics
- **Examines disparities and inequities** across a set of 29 metrics by race and ethnicity, education level, income level and disability status when data is available
- **Uses an improved ranking methodology** that takes a more nuanced look at data variation in state performance on individual metrics, resulting in fewer ties between states when calculating the subdomain and domain ranks
- **Highlights evidence-informed strategies** that can be strategically deployed to improve Ohio's health value performance
- **Includes additional and/or refined metrics**, for example, when previous metrics are no longer available or when better metrics are available

# Where does Ohio rank?

Ohioans are living less healthy lives and spending more on health care than people in most other states.



**Note:** Most recent-year data for population health and spending ranks are from 2014 to 2016. A ranking of 1 is the best and 51 is the worst. See process and methodology section for details.

\*The domain and subdomain ranks are the composite of individual metric ranks (e.g. average family premium per enrolled employee) within each domain or subdomain.

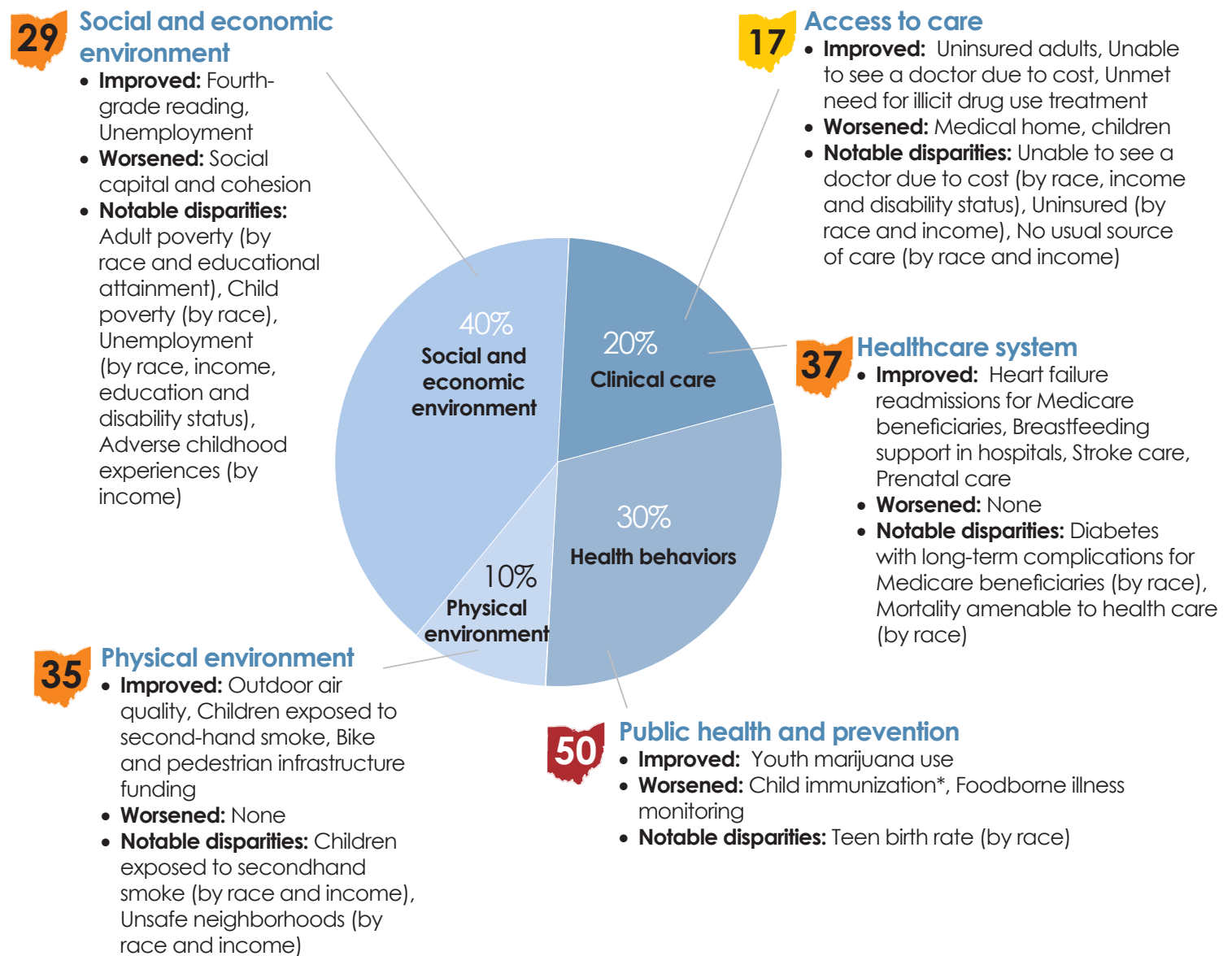
# Why does Ohio rank 46th on health value?

Ohio performs well on access to care, but poorly on population health. This indicates that access is necessary, but not sufficient, to improving overall health. In addition, Ohio performs poorly on the other factors that impact health value.

Policymakers and others can look to evidence on the cost-effectiveness of services and programs to guide spending decisions and ensure that dollars are being used wisely to improve performance across all drivers of health value.

## Factors that influence health<sup>1</sup>

Research estimates that of the modifiable factors that influence our overall health outcomes, 80 percent is attributed to non-clinical factors including our social, economic and physical environment, as well as our health behaviors, and only 20 percent is attributed to clinical care.



**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."

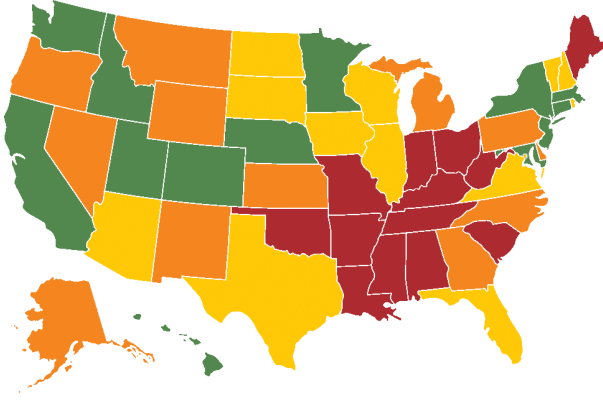
**Disparities note:** Disparities are based on disparity ratios calculated across a set of 29 metrics by race and ethnicity, education level, income level and disability status categories when data was available. Only metrics for which large disparities exist are included in this graphic. See methodology section for how disparity ratios and thresholds were calculated.

\* See data limitation in metric description in appendix

# Where do other states rank?

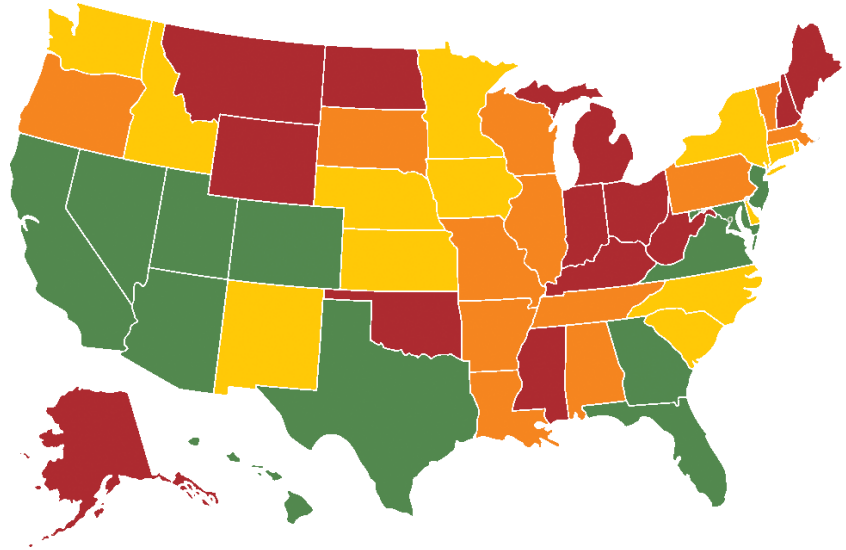
There is wide regional variation in health value rank.

## Population health rank



States along parts of the Appalachian region and some southern states tend to have the worst population health outcomes. However, the regional pattern among states with better population health outcomes is less pronounced.

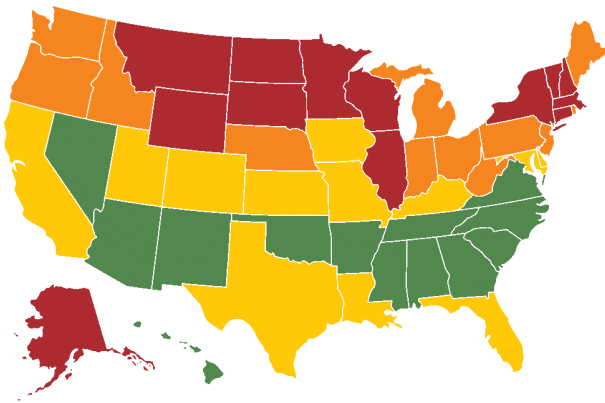
## Health value rank



There is wider regional variation in health value rank. States in the southwest tend to be in the top quartile, along with a few states in the south and on the east coast. Similarly, there are pockets of states across the U.S. in the bottom quartile on health value, including Ohio and its neighboring states.



## Healthcare spending rank



There is a clear regional pattern for healthcare spending rank. States in the north tend to have higher healthcare spending, while states in the south have lower healthcare spending.



**Note:** Most recent-year data for population health and spending ranks are from 2014 to 2016. A ranking of 1 is the best and 51 is the worst. See process and methodology section for details.



# What is the path to health value?

There are many paths to health value and it is possible for Ohio to improve.

## Good health, lower spending

The best position for a state to be in is to rank well for both population health and healthcare spending—indicating good health outcomes and lower healthcare spending relative to other states. The green box in the matrix below lists 11 states that were in the top two quartiles for population health (best health) and the top two quartiles for healthcare spending (lower spending).

Some of these states have large, diverse populations (California, Florida and Texas), while others are relatively small (DC, Hawaii and Utah). Some have higher rates of poverty than Ohio (Arizona and Florida), and others have a higher proportion of the population that is over age 65 (Iowa and Florida). This wide variation indicates that there are many paths to health value, and that it is possible for Ohio to improve.

## Worse health, higher spending

Ohio is among the 10 states that rank in the bottom two quartiles for population health (worse health) and bottom two quartiles for healthcare spending (higher spending) (red box).

		Population health			
		Best health (Top 2 quartiles)		Worst health (Bottom 2 quartiles)	
Healthcare spending	Lowest spending (Top 2 quartiles)	Arizona California Colorado District of Columbia Florida Hawaii Iowa	Maryland Texas Utah Virginia	Alabama Arkansas Delaware Georgia Kansas <b>Kentucky</b> Louisiana	Mississippi Missouri New Mexico Nevada North Carolina Oklahoma South Carolina Tennessee
	Highest spending (Bottom 2 quartiles)	Connecticut Idaho <b>Illinois</b> Massachusetts <b>Minnesota</b> Nebraska New Hampshire	New Jersey New York North Dakota Rhode Island South Dakota Vermont Washington <b>Wisconsin</b>	Alaska <b>Indiana</b> Maine <b>Michigan</b> Montana <b>Ohio</b> Oregon	<b>Pennsylvania</b> <b>West Virginia</b> Wyoming

**Note:** Midwestern (Department of Health and Human Services Region V) and neighboring states are **bolded**.

# How to improve health value in Ohio

Everyone has a role to play in improving population health and controlling healthcare spending. Working together, state and community leaders can:

- Build upon Ohio's strengths, including recent improvements to access to care
- Implement evidence-informed strategies to improve performance on Ohio's greatest challenges

## Where to find effective strategies

The good news is that we know what works to improve health behaviors and support healthy communities. Many evidence-informed strategies are already being implemented, but more can be done to ensure that the most effective policies and programs are deployed at the scale needed to measurably improve health value. The following sources provide guidance on how to do this:



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Developed with input from a wide range of Ohio stakeholders, the SHIP is a strategic menu of priorities, outcome objectives and evidence-based strategies designed to address:

- Mental health and addiction
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Taking a comprehensive approach, the plan highlights powerful underlying drivers of wellbeing, such as student success, housing affordability and tobacco prevention. The plan also includes strategies that are likely to reduce health disparities and provides guidance on adapting programs to reach priority populations.



### Evidence for what works to improve health value

The HPIO [Guide to Improving Health Value](#) resource page includes:

- State policy option fact sheets on tobacco use, food insecurity and Ohio's other top health challenges
- Additional resources for evidence-based policymaking, including cost-effectiveness research
- Tools for local community health improvement planners

## Recommended sources

HPIO recommends the following credible sources of research evidence on what works to improve health value. For additional sources, see HPIO's [Guide to Improving Health Value](#) resource page.

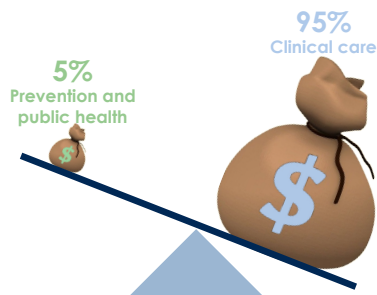
Website	Sponsoring organization and description
<a href="#">What Works for Health</a>	Evidence registry from University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. Addresses a wide range of health issues, including the social, economic and physical environments. Indicates which strategies are likely to reduce disparities.
<a href="#">Washington State Institute for Public Policy (WSIPP)</a>	Literature reviews and benefit-cost analyses on education, behavioral health, public health and criminal justice programs. WSIPP was created by the Washington state legislature to conduct non-partisan research.
<a href="#">Hi-5: Health Impact in Five Years and 6/18: Accelerating Evidence into Action</a>	U.S. Centers for Disease Control and Prevention (CDC) recommendations for clinical and non-clinical interventions proven to improve health outcomes and control healthcare costs.
<a href="#">Community Health Advisor</a>	Interactive tool from the Health Partners Institute that estimates the impact of specific strategies on medical costs and health outcomes. Addresses smoking, physical activity and cardiovascular disease.

## Making the most of existing resources

Ohioans spend a lot on health care. Evidence on the cost-effectiveness of different services and programs should guide spending decisions to ensure that dollars are used wisely.

### Results First

The Pew-MacArthur **Results First** initiative provides state governments with tools to conduct cost-benefit analyses. The analysis model and technical assistance help state leaders identify which programs work and which do not, and to calculate potential returns on investment of funding alternative programs.



Ohio's health resources could be better allocated to prevent health problems before they become more costly. Most of our healthcare dollars are spent on expensive downstream care, such as emergency services and chronic-disease management, rather than on upstream activities like youth drug prevention and tobacco cessation services.<sup>2,3,4</sup> A more balanced approach would improve health value.

## Approaches most likely to yield positive outcomes

Knowing where to focus to improve health is challenging. However, the *Dashboard* and other research suggests potential high-impact areas. States with better outcomes in the social and economic environment and public health and prevention domains have better population health outcomes. In addition, early childhood experiences can have significant impacts on health later in life. For these reasons, the following approaches are likely to yield the biggest improvements to health outcomes.



### Improve Ohio's social and economic environment

Strategies that increase income, labor force participation and access to stable housing, such as:

- Earned income tax credit (including outreach to increase uptake, removing the cap, and/or making the credit refundable)
- Vocational training
- Low-income housing tax credits and state housing subsidies/vouchers



### Strengthen Ohio's commitment to public health and prevention

Strategies that promote healthy behaviors and support healthy community conditions, such as:

- Increasing cigarette and other tobacco product taxes
- Smoking cessation services
- Fruit and vegetable incentive programs
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### Start early with children and families

Strategies that help children thrive, such as:

- Early childhood education and home visiting
- Services that promote healthy birth spacing, including access to comprehensive contraception options
- School-based programs to prevent drug/alcohol use and violence

# Ohio's greatest health value challenges

## Bottom quartile metrics

Domain	Metric	Ohio's rank	Trend
Population health	<b>Infant mortality.</b> Number of infant deaths per 1,000 live births (within 1 year) (rank-2014, trend-2015)	39	Moderately worsened
	<b>Cardiovascular disease mortality.</b> Number of deaths due to all cardiovascular diseases, including heart disease and strokes, per 100,000 population (age adjusted) (2015)	40	No change
	<b>Limited activity due to health problems.</b> Average number of days in the previous 30 days when a person reports limited activity due to physical or mental health difficulties (ages 18 and older) (2014)	41	No change
	<b>Adult smoking.</b> Percent of population age 18 and older that are current smokers (2015)	43	Moderately improved
	<b>Drug overdose deaths.</b> Number of deaths due to drug overdoses per 100,000 population (age-adjusted) (2015)	49	Greatly worsened
Healthcare spending	<b>Average monthly marketplace premiums, after advanced premium tax credit.</b> Average monthly premium for all enrollees in the federal marketplace after application of an advanced premium tax credit (2016)	38 (out of 38)	Greatly increased
	<b>Total Medicare spending (Parts A and B), per Medicare enrollee.</b> Price, age, sex and race-adjusted Medicare reimbursements per Medicare enrollee (Parts A and B) (2012)	46	No change
Healthcare system	<b>Hospital admissions for asthma per 100,000 population, ages 2-17.</b> Admissions for asthma per 100,000 population, ages 2-17 (2013)	31 (out of 41)	No change
	<b>Mortality amenable to healthcare.</b> Number of deaths before age 75 per 100,000 population that resulted from causes considered at least partially treatable or preventable with timely and appropriate medical care (2012-2013)	39	No change
	<b>Cancer early stage diagnosis, female breast cancer cases.</b> Percent of female breast cancer cases diagnosed at an early stage (2009-2013)	40 (out of 50)	No change
	<b>Diabetes with long-term complications.</b> Admissions for Medicare beneficiaries with a principal diagnosis of diabetes with long-term complications per 100,000 beneficiaries, ages 18 years and older (2014)	41	No change
	<b>Cancer early stage diagnosis, colon and rectal cancer cases.</b> Percent of colon and rectal cancer cases diagnosed at an early stage (2009-2013)	41 (out of 50)	No change
	<b>Avoidable emergency department visits for Medicare beneficiaries.</b> Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries (2013)	45	No change
	<b>Cancer early stage diagnosis, all.</b> Percent of all cancer cases diagnosed at an early stage (2009-2013)	46 (out of 50)	No change
Public health and prevention	<b>State public health workforce.</b> Number of state public health agency staff FTEs per 100,000 population (2012)	44 (out of 49)	No change
	<b>Emergency preparedness funding.</b> Total per capita funding for state and local health departments' emergency preparedness (2016)	44	N/A
	<b>Child immunization.</b> Percent of children ages 19 to 35 months who received all recommended vaccines (2013)	48 (out of 50)	Greatly worsened
	<b>Foodborne illness monitoring.</b> Proportion of foodborne illness outbreaks for which an etiologic agent is confirmed (2015)	50	Moderately worsened
Physical environment	<b>Outdoor air quality.</b> Average exposure of the general public to particulate matter of 2.5 microns or less in size (PM2.5) (2012-2014)	45	Moderately improved
	<b>Food insecurity.</b> Percent of households with limited or uncertain access to adequate food (2013-2015)	45	No change
	<b>Children exposed to secondhand smoke.</b> Percent of children who live in a home where someone uses tobacco or smokes inside the home (2011/2012)	49	Greatly improved

## Other metrics that worsened

Domain	Metric	Ohio's rank	Trend
Population health	<b>Adult insufficient physical activity.</b> Percent of adults 18 years and older not meeting physical activity guidelines for muscle strength and aerobic activity (2015)	30	Moderately worsened
	<b>Poor oral health.</b> Percent of adults who have lost teeth due to decay, infection or disease (2014)	38	Moderately worsened
Healthcare spending	<b>Average family premium, per enrolled employee.</b> Average total family premium per enrolled employee for employer-sponsored health insurance (2015)	21	Moderately increased
	<b>Average single premium, per enrolled employee.</b> Average total single premium per enrolled employee for employer-sponsored health insurance (2015)	31	Moderately increased
Access to care	<b>Medical home, children.</b> Percent of children who have a personal doctor or nurse, have a usual source for sick and well care, receive family-centered care, have no problems getting needed referrals and receive effective care coordination when needed (2011/2012)	24	Greatly worsened
Social and economic environment	<b>Social capital and cohesion.</b> Composite measure that includes connections with neighbors, supportive neighborhoods, voter turnout and volunteerism (2015)	24 (out of 50)	Greatly worsened

# Ohio's greatest health value strengths

## Top quartile metrics

Domain	Metric	Ohio's rank	Trend
Access to care	<b>Underserved, primary care physicians.</b> Percent of need not met by current supply in designated primary care health professional shortage areas (2016)	11	No change
	<b>Uninsured adults.</b> Percent of 18-64 year olds that are uninsured (2014)	13	Moderately improved
	<b>Employer-sponsored health insurance coverage.</b> Percent of all workers who work at a company that offers health insurance to its employees (2015)	13	No change
	<b>Unable to see doctor due to cost.</b> Percent of adults who went without care because of cost in the past year (2015)	13	Greatly improved
Physical environment	<b>Fluoridated water.</b> Percent of the population served by a community water system with optimally fluoridated water (2014)	12	No change

## Other metrics that improved

Domain	Metric	Ohio's rank	Trend
Population health	<b>Youth all-tobacco use.</b> Percent of youth ages 12-17 who used cigarettes, smokeless tobacco, cigars or pipe tobacco during past 30 days (2013-2014)	37	Greatly improved
	<b>Life expectancy.</b> Life expectancy at birth based on current mortality rates (2010)	37	Moderately improved
	<b>Adult smoking.</b> Percent of population age 18 and older that are current smokers (2015)	43	Moderately improved
Access to care	<b>Unmet need for illicit drug use treatment.</b> Percent of individuals, ages 12 and older, needing but not receiving treatment for illicit drug use in the past year (2013-2014)	26	Moderately improved
Healthcare system	<b>Heart failure readmissions for Medicare beneficiaries.</b> Rate of Medicare beneficiaries discharged from the hospital with a principal diagnosis of heart failure who were readmitted for any cause within 30 days after the index admission date, per 100 index cases (2014)	17	Greatly improved
	<b>Breastfeeding support in hospitals.</b> Average Maternity Practice in Infant Nutrition and Care (mPINC) score among hospitals and birthing facilities to support breastfeeding (2013)	24	Moderately improved
	<b>Stroke care.</b> Percent of ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started (2014-2015)	25 (out of 50)	Greatly improved
	<b>Prenatal care.</b> Percent of women who completed a pregnancy in the last 12 months and who received prenatal care in the first trimester (2014)	28 (out of 48)	Moderately improved
Public health and prevention	<b>Youth marijuana use.</b> Past-year initiation of marijuana use (used it for the first time), percent of youth ages 12-17 (2014)	18	Greatly improved
Social and economic environment	<b>Fourth-grade reading.</b> Percent of 4th graders proficient in reading by a national assessment (NAEP) (2015)	18	Moderately improved
	<b>Unemployment.</b> Annual average unemployment rate, ages 16 and older (2015)	21	Greatly improved
Physical environment	<b>Bike and pedestrian infrastructure.</b> Per capita federal transportation funding obligated to bike and/or pedestrian projects (2012-2014)	22 (out of 50)	Moderately improved
	<b>Outdoor air quality.</b> Average exposure of the general public to particulate matter of 2.5 microns or less in size (PM2.5) (2012-2014)	45	Moderately improved
	<b>Children exposed to second-hand smoke.</b> Percent of children who live in a home where someone uses tobacco or smokes inside the home (2011/2012)	49	Greatly improved



**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."

# Domain profiles

This section provides data on 118 metrics across seven domain profiles and 29 subdomains:

- Population health
- Healthcare spending
- Access to care
- Healthcare system
- Public health and prevention
- Social and economic environment
- Physical environment

## Navigating the domain profiles

### Social and economic environment

Ohio's domain rank

Ohio rank: **29**

Ohio's subdomain rank

**31** Education

Ohio's rank on a metric

18

**Fourth-grade reading.** Percent of 4th graders proficient in reading by a national assessment (NAEP) (2015)

Most recent data

38%

Trend

Moderately improved

Most improved state(s)

DC; IN, TN, UT, WY (tied)

Metric description

Most recent data year

24

**Preschool enrollment.** Percent of 3 and 4 year-olds enrolled in preschool (2012-2014)

45%

No change

DC

Data from most recent year

32

**Some college.** Percent of adults ages 25-44 with some post-secondary education (2014)

63.4%

No change

None

Displays one of five levels of trend. "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.

34

**High school graduation.** Percent of incoming 9th graders who graduate in 4 years from a public high school with a regular degree (2014-2015)

80.7%

No change

AL, GA, DC

#### 29 Employment and poverty

21

**Unemployment.** Annual average unemployment rate, ages 16 and older (2015)

4.9%

Greatly improved

MI, RI, IL

28

**Adult poverty.** Percent of persons age 18+ who live in households at or below the poverty threshold (2015)

12.9%

No change

VT, MT, GA

29

**Income inequality.** The ratio of median household income at the 80th percentile to that at the 20th percentile (2014)

4.8

N/A

N/A

30

**Labor force participation rate.** Annual average civilian labor force participation rate, ages 16 and older. The labor force participation rate is the percentage of the population that is either employed or unemployed (i.e., actively seeking work) (2015)

62.5%

No change

DE, MO, IN

33

**Child poverty.** Percent of persons under age 18 who live in households at or below the poverty threshold (2015)

21.3%

No change

SC, WA, MS

Three most improved states for the metric are listed. Number of states listed may vary depending on "ties." Only states with significant change are included.

#### 32 Family and social support

24

**Social capital and cohesion.** Composite measure that includes connections with neighbors, supportive neighborhoods, voter turnout and volunteerism (2015)

3.2

Greatly worsened

None

(out of 50)

25

**Low-income working families with children.** The share of families that met three criteria: (1) the family income was less than twice the federal poverty level; (2) at least one parent worked 50 or more weeks during the previous year; (3) there was at least one "own child" under age 18 in the family (2014)

22%

No change

VT

37

**Adult incarceration.** Imprisonment rate of sentenced prisoners under the jurisdiction of state or federal correctional authorities, per 100,000 residents (2014)

444

No change

MS

(out of 50)

#### 26 Trauma, toxic stress and violence

20

**Violent crime.** Violent crime rate per 100,000 inhabitants (2013)

286.2

No change

DC

27

**Child abuse and neglect.** Rate of child maltreatment victims per 1,000 children in population (2014)

9.4

No change

DC, DE, IA

34

**Adverse childhood experiences.** Percent of children who have experienced two or more adverse experiences (2011/2012)

25.8%

N/A

N/A

■ Top quartile
 ■ Second quartile
 ■ Third quartile
 ■ Bottom quartile
 NR Not ranked  
 Of the 50 states and D.C.

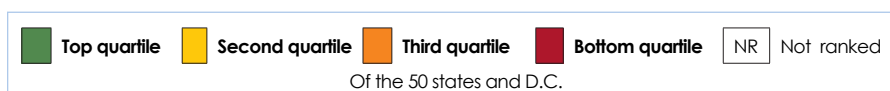
**Trend note:** Improved or worsened refers to a change that exceeds one-half standard deviation in the metric's value from baseline year to most recent year. Changes that do not meet this threshold are marked "no change."

"Out of" indicates number of states and D.C. for which data was available. This is only noted if the number is less than 51.

# Population health

Ohio rank: **43**

Ohio's rank	Metric	Most recent data	Trend	Most improved state(s)
<b>41</b>	<b>Health behaviors</b>			
30	<b>Adult insufficient physical activity.</b> Percent of adults 18 years and older not meeting physical activity guidelines for muscle strength and aerobic activity (2015)	80.3%	Moderately worsened	TN, NV; LA, SD (tie)
37	<b>Excessive drinking.</b> Percent of adults that report either binge drinking or heavy drinking (2015)	19.1%	No change	NY, CT, MO
37	<b>Youth all- tobacco use.</b> Percent of youth ages 12-17 who used cigarettes, smokeless tobacco, cigars or pipe tobacco during past 30 days (2013-2014)	9.4%	<b>Greatly improved</b>	MT, SC, MA
43	<b>Adult smoking.</b> Percent of population age 18 and older that are current smokers (2015)	21.6%	Moderately improved	AK, ID; IL, PA (tie)
<b>44</b>	<b>Conditions and diseases</b>			
20	<b>Suicide deaths.</b> Number of deaths due to suicide per 100,000 population (2013)	12.9	No change	HI
30	<b>Adult depression.</b> Percent of adults who have ever been told they have depression (2015)	19.6%	No change	DC, WA, MI
35	<b>Adult diabetes.</b> Percent of adults who have been told by a health professional that they have diabetes (2015)	11%	No change	NH
38	<b>Poor oral health.</b> Percent of adults who have lost teeth due to decay, infection or disease (2014)	13%	Moderately worsened	NV
40	<b>Cardiovascular disease mortality.</b> Number of deaths due to all cardiovascular diseases, including heart disease and strokes, per 100,000 population, age-adjusted (2015)	283.4	No change	None
39*	<b>Infant mortality.</b> Number of infant deaths per 1,000 live births, within 1 year (rank is for 2014*)	7.2*	Moderately worsened*	SD, RI, NM
49*	<b>Drug overdose deaths.</b> Number of deaths due to drug overdoses per 100,000 population, age-adjusted (2015)	24.3	<b>Greatly worsened</b>	None
NR	<b>Youth overweight and obesity.</b> Percent of children ages 12-17 who are overweight or obese (2015)	31.6%	N/A	N/A
<b>38</b>	<b>Overall health and wellbeing</b>			
28	<b>Overall health status.</b> Percent of adults that report excellent, very good or good health (2015)	83.4%	No change	TN, SC
37	<b>Premature death.</b> Years of potential life lost before age 75 (2014)	7,404.2	No change	None
37	<b>Life expectancy.</b> Life expectancy at birth based on current mortality rates (2010)	77.8	Moderately improved	DC, NV; LA, AZ (tie)
41	<b>Limited activity due to health problems.</b> Average number of days in the previous 30 days when a person reports limited activity due to physical or mental health difficulties, ages 18 and older (2014)	1.7	No change	ID, AR, WY



**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."

\*2015 data is available for Ohio, but not for other states, and was used for the most-recent data and trend columns. 2014 data was used for the rank and most-improved states columns.

# Healthcare spending

Ohio rank: 31

Ohio's rank	Metric	Most recent data	Trend	Most improved state(s)
<b>30</b>	<b>Total out of pocket spending</b>			
30	<b>Out-of-pocket spending.</b> Percent of individuals who are in families where out-of-pocket spending on health care, including premiums, accounted for more than 10% of annual income (2014)	22.6%	No change	VT, OR, NV
<b>27</b>	<b>Employer spending</b>			
21	<b>Average family premium per enrolled employee.</b> Average total family premium per enrolled employee for employer-sponsored health insurance (2015)	\$16,900	Moderately increased	None
NR	<b>Percent of employer contribution</b>	78%	No change	N/A
NR	<b>Percent of employee contribution</b>	22%	No change	N/A
23	<b>Total spending per enrollee (age 18-64) with employer-sponsored health insurance.</b> Total spending per enrollee with employer-sponsored health insurance, ages 18-64 (2014)	\$4,333	No change	GA, MS
31	<b>Average single premium per enrolled employee.</b> Average total single premium per enrolled employee for employer-sponsored health insurance (2015)	\$5,939	Moderately increased	IN
NR	<b>Percent of employer contribution</b>	79.4%	Moderately decreased	N/A
NR	<b>Percent of employee contribution</b>	20.6%	Moderately increased	N/A
<b>38</b>	<b>Marketplace spending</b>			
38 (out of 38)	<b>Average monthly marketplace premiums, after advanced premium tax credit.</b> Average monthly premium for all enrollees in the federal marketplace or that use healthcare.gov, after application of an advanced premium tax credit (2016)	\$164	<b>Greatly increased</b>	None
<b>29</b>	<b>Medicare spending</b>			
19	<b>Average total cost, risk adjusted, for Medicare beneficiaries, without chronic conditions.</b> Annual averages for all costs for Medicare beneficiaries <b>without chronic conditions</b> (2014)	\$3,943	No change	None
29	Annual averages for all costs for Medicare beneficiaries <b>with one chronic condition</b>	\$5,939	No change	None
25	Annual averages for all costs for Medicare beneficiaries <b>with two chronic conditions</b>	\$6,863	No change	None
36	Annual averages for all costs for Medicare beneficiaries <b>with three or more chronic conditions</b>	\$13,985	No change	None
46	<b>Total Medicare spending (Parts A and B), per Medicare enrollee.</b> Price, age, sex and race-adjusted Medicare reimbursements per Medicare enrollee (Parts A and B) (2012)	\$10,365	No change	None
<b>NR</b>	<b>Medicaid spending</b>			
NR	<b>Medicaid spending per enrollee, all enrollees.</b> Average amount Medicaid spends per enrollee per year, all enrollees (FY 2013)	\$7,307	No change	N/A
NR	Average amount Medicaid spends per enrollee per year, <b>children</b>	\$2,483	No change	N/A
NR	Average amount Medicaid spends per enrollee per year, <b>adults</b>	\$4,010	No change	N/A
NR	Average amount Medicaid spends per enrollee per year, <b>disabled</b>	\$19,415	No change	N/A
NR	Average amount Medicaid spends per enrollee per year, <b>aged</b>	\$21,856	No change	N/A
<b>NR</b>	<b>Public and mental health spending</b>			
NR	<b>Local public health spending, per capita.</b> Median annual local health department expenditures, per capita (2013)	\$31	No change	N/A
NR	<b>State public health funding, per capita.</b> State public health budget funding during the fiscal year, per capita (2015)	\$14	No change	N/A
NR	<b>State mental health agency spending, per capita.</b> State mental health agency mental health services expenditures, per capita (2013)	\$100	No change	N/A

Top quartile
  Second quartile
  Third quartile
  Bottom quartile
 NR Not ranked

Of the 50 states and D.C.

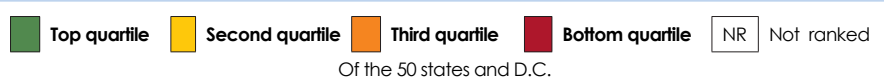
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# Access to care

Ohio rank: 17

Ohio's rank	Metric	Most recent data	Trend	Most improved state(s)
<b>14</b>	<b>Coverage and affordability</b>			
13	<b>Uninsured adults.</b> Percent of 18-64 year olds that are uninsured (2014)	11.6%	Moderately improved	WV, KY, NV
13	<b>Employer-sponsored health insurance coverage.</b> Percent of all workers who work at a company that offers health insurance to its employees (2015)	85.4%	No change	ND, SD, WY
13	<b>Unable to see doctor due to cost.</b> Percent of adults who went without care because of cost in the past year (2015)	10.7%	<b>Greatly improved</b>	KY, AR, OR
21	<b>Uninsured children.</b> Percent of 0-17 year olds who are uninsured (2014)	4.8%	No change	NV; WY; AZ, CO (tied)
<b>16</b>	<b>Primary care access</b>			
15	<b>Routine checkup.</b> Percent of at-risk adults age 50 or older who did not visit a doctor for a routine checkup in the past two years (2014)	12%	No change	FL, ID, MI, MT, OR (tied)
16	<b>Without a usual source of care.</b> Percent of adults ages 18 and older who report they do not have at least one person they think of as their personal doctor or healthcare provider (2015)	18%	No change	AR, MD, CA
24	<b>Medical home, children.</b> Percent of children who have a personal doctor or nurse, have a usual source for sick and well care, receive family-centered care, have no problems getting needed referrals and receive effective care coordination when needed (2011/2012)	57%	<b>Greatly worsened</b>	WI
<b>29</b>	<b>Behavioral health</b>			
26	<b>Unmet need for illicit drug use treatment.</b> Percent of individuals, ages 12 and older, needing but not receiving treatment for illicit drug use in the past year (2013-2014)	2.4%	Moderately improved	MT; AR, MI, SC, TN (tied)
26 (out of 50)	<b>Youth with depression who did not receive mental health treatment.</b> Percent of youth with major depressive episode who did not receive any mental health treatment (2012-2013)	64%	No change	IA, WV, WA
NR	<b>Unmet need for mental health.</b> Percent of adults ages 18 and older with past year mental illness who reported perceived need for treatment/counseling was not received (2012-2014)	21.3%	N/A	N/A
<b>26</b>	<b>Oral health</b>			
23	<b>Received dental care in past year, children.</b> Percent of children who have seen a dentist at least once for preventive dental care in the past year (2011-2012)	78%	No change	WA, TX, LA
26	<b>Received dental care in past year, adults.</b> Percent of adults, ages 18 and older, who visited the dentist or dental clinic within the past 12 months (2014)	65.3%	No change	None
<b>24</b>	<b>Workforce</b>			
11	<b>Underserved, primary care physicians.</b> Percent of need not met by current supply of primary care physicians in designated primary care health professional shortage areas (2016)	31.8%	No change	MA
23 (out of 50)	<b>Underserved, psychiatrists.</b> Percent of need not met by current supply of psychiatrists in designated mental health care professional shortage areas (2016)	47.1%	No change	MI
30	<b>Underserved, dentists.</b> Percent of need not met by current supply of dentists in designated dental care health professional shortage areas (2016)	61.8%	No change	None

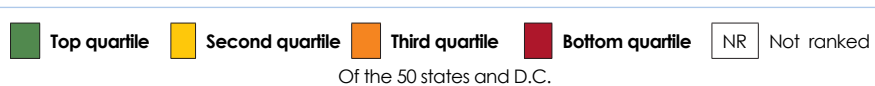


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# Healthcare system

Ohio rank: **37**

Ohio's rank	Metric	Most recent data	Trend	Most improved state(s)
<b>42</b>	<b>Preventive services</b>			
24	<b>Breastfeeding support in hospitals.</b> Average Maternity Practice in Infant Nutrition and Care (mPINC) score among hospitals and birthing facilities to support breastfeeding (2013)	76	Moderately improved	DE; NJ, OK, SC (tied)
28 (out of 48)	<b>Prenatal care.</b> Percent of women who completed a pregnancy in the last 12 months and who received prenatal care in the first trimester (2014)	73%	Moderately improved	NV, SD, OK
34	<b>Flu vaccination.</b> Percent of population ≥ 6 months old vaccinated for flu within the past year (2014)	46.1%	No change	KS, TX, CT
46 (out of 50)	<b>Cancer early stage diagnosis, all.</b> Percent of all cancer cases diagnosed at an early stage (2009-2013)	50.3%	No change	None
40 (out of 50)	Percent of <b>female breast cancer cases</b> diagnosed at an early stage	68.1%	No change	DC, WY, MS
41 (out of 50)	Percent of <b>colon and rectal cancer cases</b> diagnosed at an early stage	39%	No change	None
<b>NR</b>	<b>Behavioral health</b>			
NR	<b>Mental illness hospitalization follow-up.</b> Percent of Medicaid enrollees ages 6 and older who received follow-up after hospitalization for mental illness within 30 days of intake (2015)	63.5%	N/A	N/A
NR	<b>Substance use disorder treatment retention.</b> Percent of individuals ages 12 and older with an intake assessment who received one outpatient clinical service within a week and two additional outpatient clinical services within 30 days of intake (2015)	39.8%	N/A	N/A
<b>45</b>	<b>Hospital utilization</b>			
17	<b>Heart failure readmissions for Medicare beneficiaries.</b> Rate of Medicare beneficiaries discharged from the hospital with a principal diagnosis of heart failure who were readmitted for any cause within 30 days after the index admission date, per 100 index cases (2014)	20	<b>Greatly improved</b>	AK, HI, IA, NM, NC, OK (tied)
31 (out of 41)	<b>Hospital admissions for asthma per 100,000 population, ages 2-17.</b> Admissions for asthma per 100,000 population, ages 2-17 (2013)	124.8	No change	LA, MA, KY
41	<b>Diabetes with long-term complications.</b> Admissions for Medicare beneficiaries with a principal diagnosis of diabetes with long-term complications per 100,000 beneficiaries, ages 18 years and older (2014)	331	No change	WV, HI, DC
45	<b>Avoidable emergency department visits for Medicare beneficiaries.</b> Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries (2013)	214	No change	MA, NH, SD
NR	<b>Overall hospital readmission rate.</b> All-cause, all-age, all-payer, all-hospital readmission rate (2014)	9.1	N/A	N/A
<b>21</b>	<b>Timeliness, effectiveness and quality of care</b>			
8	<b>Healthcare-associated infections.</b> Composite of standardized infection ratios across six healthcare-associated infections (2014)	0.16	N/A	N/A
18 (out of 42)	<b>Patient experience, Medicare managed care.</b> Percent of Medicare managed care patients who had a doctor's office or clinic visit in the last 12 months whose doctor sometimes or never explained things in a way they could understand (2014)	4.4%	No change	SC, MD, OK
21	<b>Patient experience, Medicare fee for service.</b> Percent of Medicare fee-for-service patients who had a doctor's office or clinic visit in the last 12 months whose doctor sometimes or never explained things in a way they could understand (2014)	4.2%	No change	NM, NV, CT
25	<b>Nursing home pressure sores.</b> Percent of long-stay, high-risk nursing home residents impaired in bed mobility or transfer, comatose or malnourished with pressure sores (2014)	6%	No change	AZ, NJ; multiple tied
25 (out of 50)	<b>Stroke care.</b> Percent of ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started (10/1/2014 to 9/30/2015)	84%	<b>Greatly improved</b>	ME, DC, WY
39	<b>Mortality amenable to healthcare.</b> Number of deaths before age 75 per 100,000 population that resulted from causes considered at least partially treatable or preventable with timely and appropriate medical care (2012-2013)	94	No change	WY

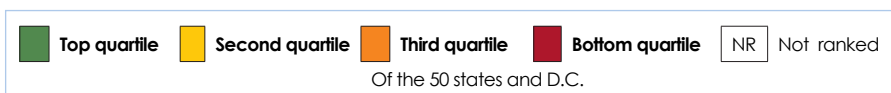


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# Public health and prevention

Ohio rank: **50**

Ohio's rank	Metric	Most recent data	Trend	Most improved state(s)
<b>37</b>	<b>Public health system and workforce</b>			
18	<b>Comprehensiveness of public health system.</b> Percent of population served by a comprehensive public health system (2014)	41.2%	N/A	N/A
30 (out of 45)	<b>Local public health workforce.</b> Median number of local health department FTEs per 100,000 population (2013)	36.6	No change	None
44 (out of 49)	<b>State public health workforce.</b> Number of state public health agency staff FTEs per 100,000 population (2012)	9.9	No change	NM
<b>51</b>	<b>Communicable disease control and environmental health</b>			
32	<b>Chlamydia.</b> Chlamydia rate per 100,000 population (2015)	460.2	No change	MS, SC, DC
48 (out of 50)	<b>Child immunization.</b> Percent of children ages 19 to 35 months who received all recommended vaccines (2013)	61.7%	<b>Greatly worsened</b>	WY, NY, UT
50	<b>Foodborne illness monitoring.</b> Proportion of foodborne illness outbreaks for which an etiologic agent is confirmed (2015)	85	Moderately worsened	GA, NY, PA
<b>37</b>	<b>Health promotion and prevention</b>			
18	<b>Youth marijuana use.</b> Past-year initiation of marijuana use (used it for the first time), percent of youth ages 12-17 (2014)	5.1%	<b>Greatly improved</b>	MT, RI, VT
28	<b>Teen birth rate.</b> Rate per 1,000 births to females 15-19 years of age (2015)	23.2	No change	NM, WV, OK
29	<b>Cigarette tax.</b> State cigarette excise tax rate (2015)	\$1.25	No change	None
31	<b>Sales of opioid pain relievers.</b> Kilograms of opioid pain relievers sold per 10,000 population, measured in morphine equivalents (2010)	7.9	N/A	N/A
33	<b>Falls among older adults.</b> Percent of adults age 65 and older who report having had a fall within the last 12 months (2014)	30.1%	N/A	N/A
33	<b>Tobacco prevention spending.</b> Tobacco prevention and control spending as a percent to the Centers for Disease Control and Prevention-recommended level (FY 2017)	11.8%	No change	ID
35	<b>Low birth weight.</b> Percent of live births where the infant weighed less than 2,500 grams (2014)	8.5%	No change	RI
37	<b>Seat belt use.</b> Percent of front seat occupants using a seat belt (2015)	83.9%	No change	DC, WV, MS
NR	<b>Safe sleep.</b> Percent of infants most often laid on his or her back to sleep (2011)	76%	N/A	N/A
<b>44</b>	<b>Emergency preparedness</b>			
44	<b>Emergency preparedness funding.</b> Total per capita funding for state and local health departments' emergency preparedness (2016)	\$1.41	N/A	N/A

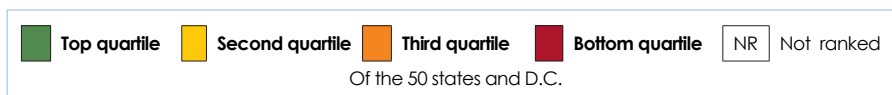


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# Social and economic environment

Ohio rank: **29**

Ohio's rank	Metric	Most recent data	Trend	Most improved state(s)
<b>31 Education</b>				
18	<b>Fourth-grade reading.</b> Percent of 4th graders proficient in reading by a national assessment (NAEP) (2015)	38%	Moderately improved	DC; IN, TN, UT, WY (tied)
24	<b>Preschool enrollment.</b> Percent of 3 and 4 year-olds enrolled in preschool (2012-2014)	45%	No change	DC
32	<b>Some college.</b> Percent of adults ages 25-44 with some post-secondary education (2014)	63.4%	No change	None
34	<b>High school graduation.</b> Percent of incoming 9th graders who graduate in 4 years from a public high school with a regular degree (2014-2015)	80.7%	No change	AL, GA, DC
<b>29 Employment and poverty</b>				
21	<b>Unemployment.</b> Annual average unemployment rate, ages 16 and older (2015)	4.9%	Greatly improved	MI, RI, IL
28	<b>Adult poverty.</b> Percent of persons age 18+ who live in households at or below the poverty threshold (2015)	12.9%	No change	VT, MT, GA
29	<b>Income inequality.</b> The ratio of median household income at the 80th percentile to that at the 20th percentile (2014)	4.8	N/A	N/A
30	<b>Labor force participation rate.</b> Annual average civilian labor force participation rate, ages 16 and older. The labor force participation rate is the percentage of the population that is either employed or unemployed (i.e., actively seeking work) (2015)	62.5%	No change	DE, MO, IN
33	<b>Child poverty.</b> Percent of persons under age 18 who live in households at or below the poverty threshold (2015)	21.3%	No change	SC, WA, MS
<b>32 Family and social support</b>				
24 (out of 50)	<b>Social capital and cohesion.</b> Composite measure that includes connections with neighbors, supportive neighborhoods, voter turnout and volunteerism (2015)	3.2	Greatly worsened	None
25	<b>Low-income working families with children.</b> The share of families that met three criteria: (1) the family income was less than twice the federal poverty level; (2) at least one parent worked 50 or more weeks during the previous year; (3) there was at least one "own child" under age 18 in the family (2014)	22%	No change	VT
37 (out of 50)	<b>Adult incarceration.</b> Imprisonment rate of sentenced prisoners under the jurisdiction of state or federal correctional authorities, per 100,000 residents (2014)	444	No change	MS
<b>26 Trauma, toxic stress and violence</b>				
20	<b>Violent crime.</b> Violent crime rate per 100,000 inhabitants (2013)	286.2	No change	DC
27	<b>Child abuse and neglect.</b> Rate of child maltreatment victims per 1,000 children in population (2014)	9.4	No change	DC, DE, IA
34	<b>Adverse childhood experiences.</b> Percent of children who have experienced two or more adverse experiences (2011/2012)	25.8%	N/A	N/A

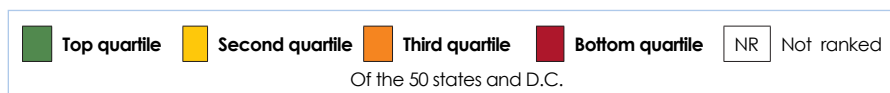


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# Physical environment

Ohio rank: **35**

Ohio's rank	Metric	Most recent data	Trend	Most improved state(s)
<b>39</b>	<b>Air, water and toxic substances</b>			
12	<b>Fluoridated water.</b> Percent of the population served by a community water system with optimally fluoridated water (2014)	92.7%	No change	WY, UT
20 (out of 50)	<b>Safe drinking water.</b> Percent of population exposed to water exceeding a violation limit during the past year (FY 2013-2014)	4.3%	No change	TN, VA
31	<b>Toxic pollutants.</b> Total pounds of toxic chemicals released into the environment per capita, including air, water, land on-site and deepwell injection (2014)	10.2	No change	None
45	<b>Outdoor air quality.</b> Average exposure of the general public to particulate matter of 2.5 microns or less in size (PM2.5) (2012-2014)	10.6	Moderately improved	CA, HI, MT
49	<b>Children exposed to second-hand smoke.</b> Percent of children who live in a home where someone uses tobacco or smokes inside the home (2011/2012)	10.3%	<b>Greatly improved</b>	OK; WI, OH, DE, PA (tied)
NR	<b>Lead poisoning.</b> Percent of young children with elevated blood lead levels (BLL > 5 ug/dL) (2014)	6	N/A	N/A
<b>38</b>	<b>Food access and food insecurity</b>			
24 (out of 50)	<b>Healthy food access.</b> Percent of low- income individuals living more than 10 miles from a grocery store in rural areas and more than 1 mile in non-rural areas (2011)	5.9%	N/A	N/A
45	<b>Food insecurity.</b> Percent of households with limited or uncertain access to adequate food (2013-2015)	16.1%	No change	HI; MD, TX, RI (tied)
<b>25</b>	<b>Housing, built environment and access to physical activity</b>			
15	<b>Severe housing problems.</b> Percent of households that have one or more of the following problems: 1) housing unit lacks complete kitchen facilities; 2) housing unit lacks complete plumbing facilities, 3) household is severely overcrowded, 4) monthly housing costs, including utilities, that exceed 50% of monthly income (2008-2012)	15.2%	No change	None
22 (out of 50)	<b>Bike and pedestrian infrastructure.</b> Per capita federal transportation funding obligated to bike and/or pedestrian projects (2012-2014)	\$2.63	Moderately improved	RI, KY, DE
24	<b>Access to exercise opportunities.</b> Percent of individuals in who live reasonably close to a location for physical activity, defined as parks or recreational facilities (2010 & 2014)	83.2%	No change	AZ, SC, FL
29	<b>Alternative commute modes.</b> Percent of trips to work via bicycle, walking or mass transit (combined) (2015)	4.5%	No change	None
29	<b>Neighborhood safety.</b> Percent of parents who report their children are living in a safe neighborhood (2011/2012)	88.3%	No change	DC, CA; LA, HI (tied)
NR	<b>Safe routes to school programs.</b> Percent of schools that have a completed school travel plan (2016)	51.2%	N/A	N/A
NR	<b>Residential segregation.</b> Black-white dissimilarity index (2010-2014)	See graphic in equity section		



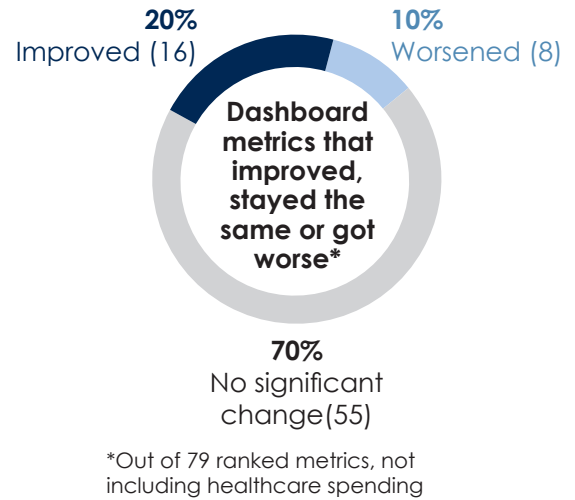
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# Trends

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

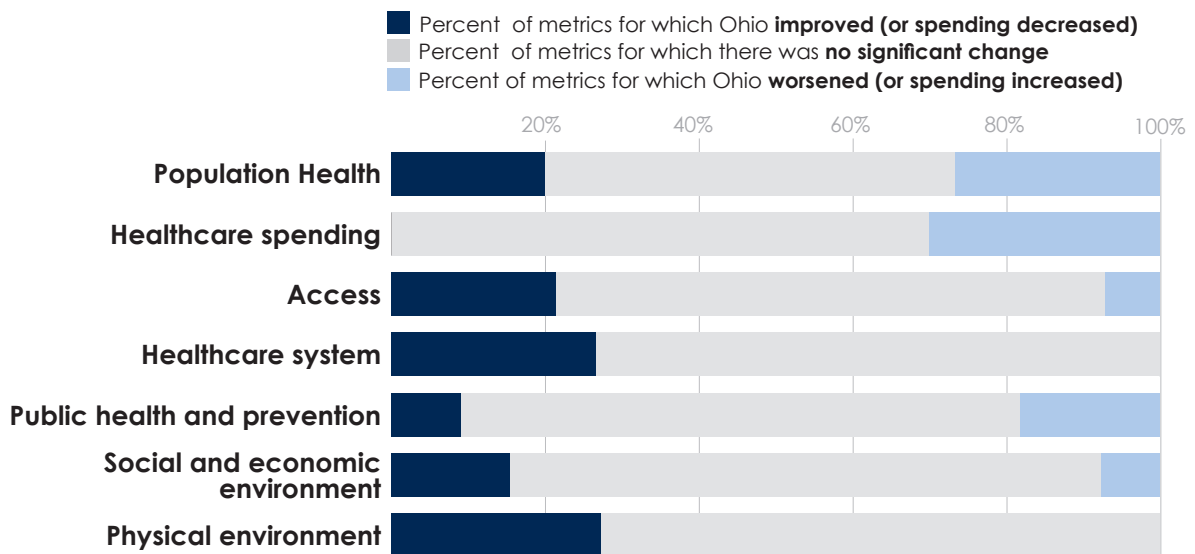
Ohio's performance improved on a greater number of metrics than it worsened for the following domains:

- 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?\*



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\* 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.

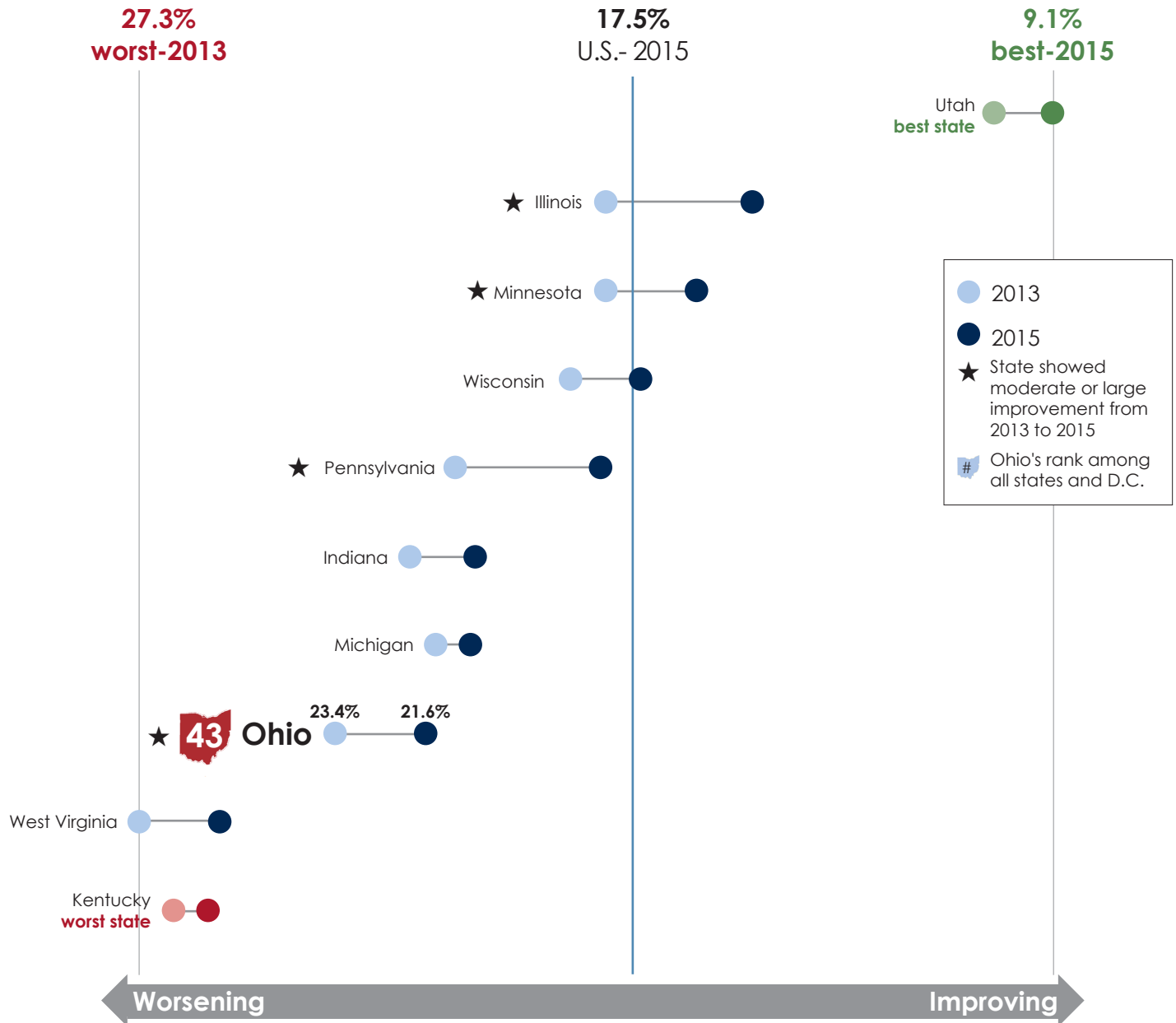
### In this section

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

Percent of population age 18 and older that are current smokers



Source: Behavioral Risk Factor Surveillance System

## Policy spotlight: Cigarette taxes

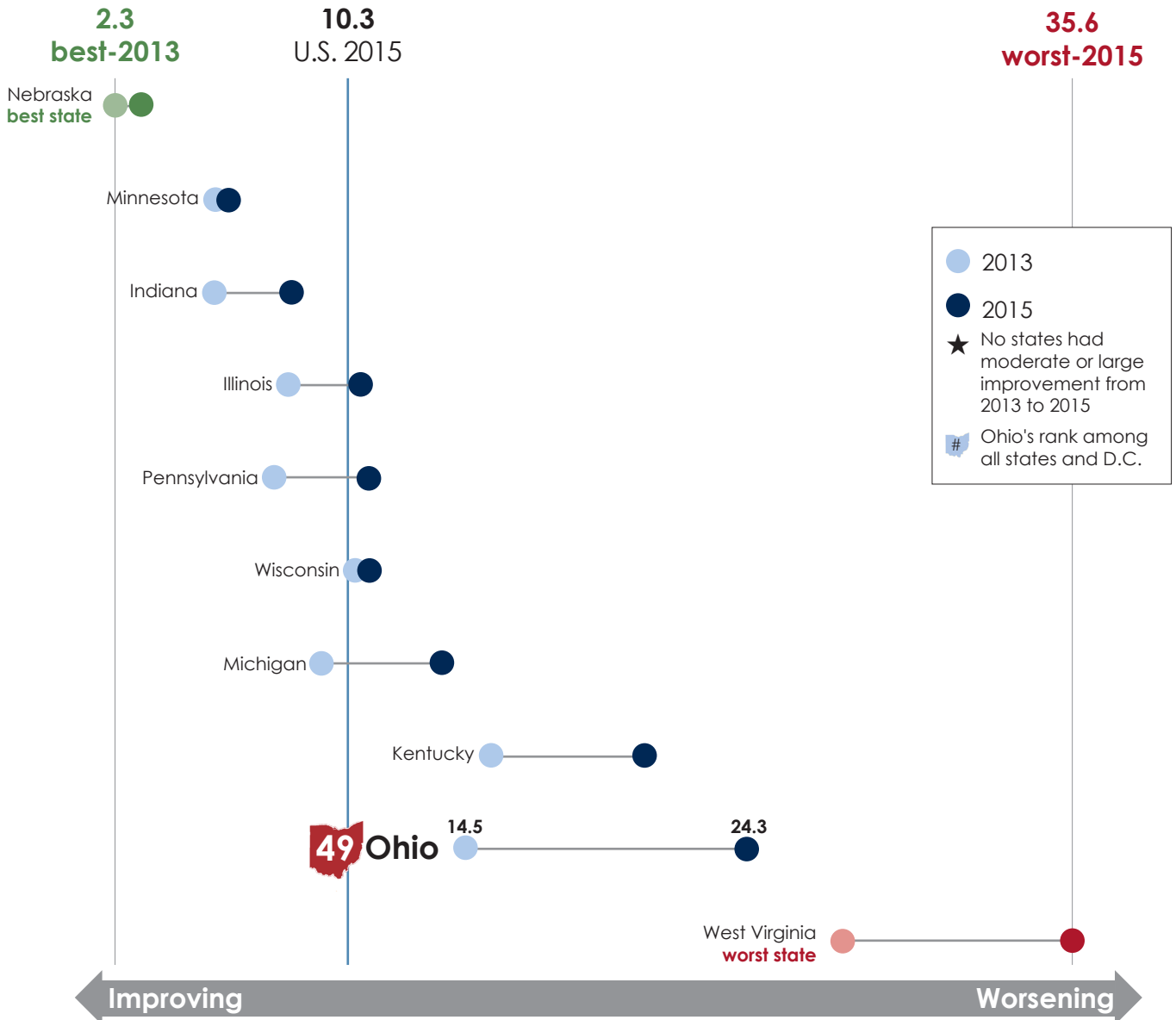
Research indicates that increasing the price of tobacco products is an effective way to reduce tobacco use.<sup>5</sup> Cigarette taxes increased between 2012 and 2015 in all the Midwestern states above that had significant reductions in adult smoking.

- Illinois and Pennsylvania allow certain municipalities to add their own tobacco taxes. In 2012, Illinois increased its cigarette tax by \$1.00,<sup>6</sup> and Chicago and Cook County each raised their cigarette taxes in 2013.<sup>7</sup> Pennsylvania's cigarette tax increased in 2009 and 2016<sup>8</sup> and Philadelphia's cigarette tax went up \$2.00 in 2014.<sup>9</sup>
- In 2013, Minnesota increased its cigarette tax \$1.60 and began annual adjustments pegged to inflation.<sup>10</sup>
- Ohio's cigarette tax increased \$0.35 per pack in 2015<sup>11</sup> 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



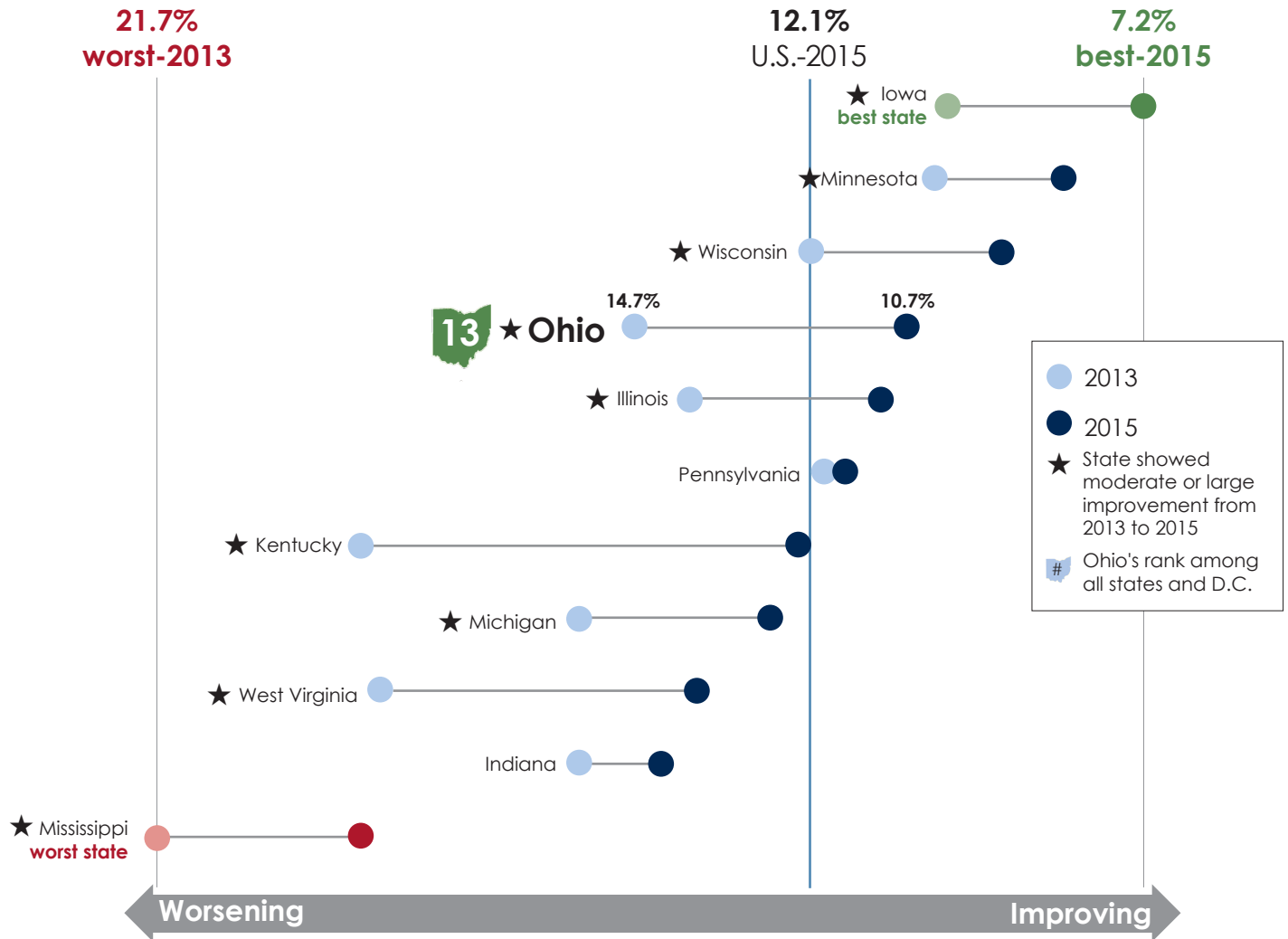
Source: Centers for Disease Control and Prevention, WONDER

## 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



Source: Behavioral Risk Factor Surveillance System

## 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<sup>12</sup>:

- 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.

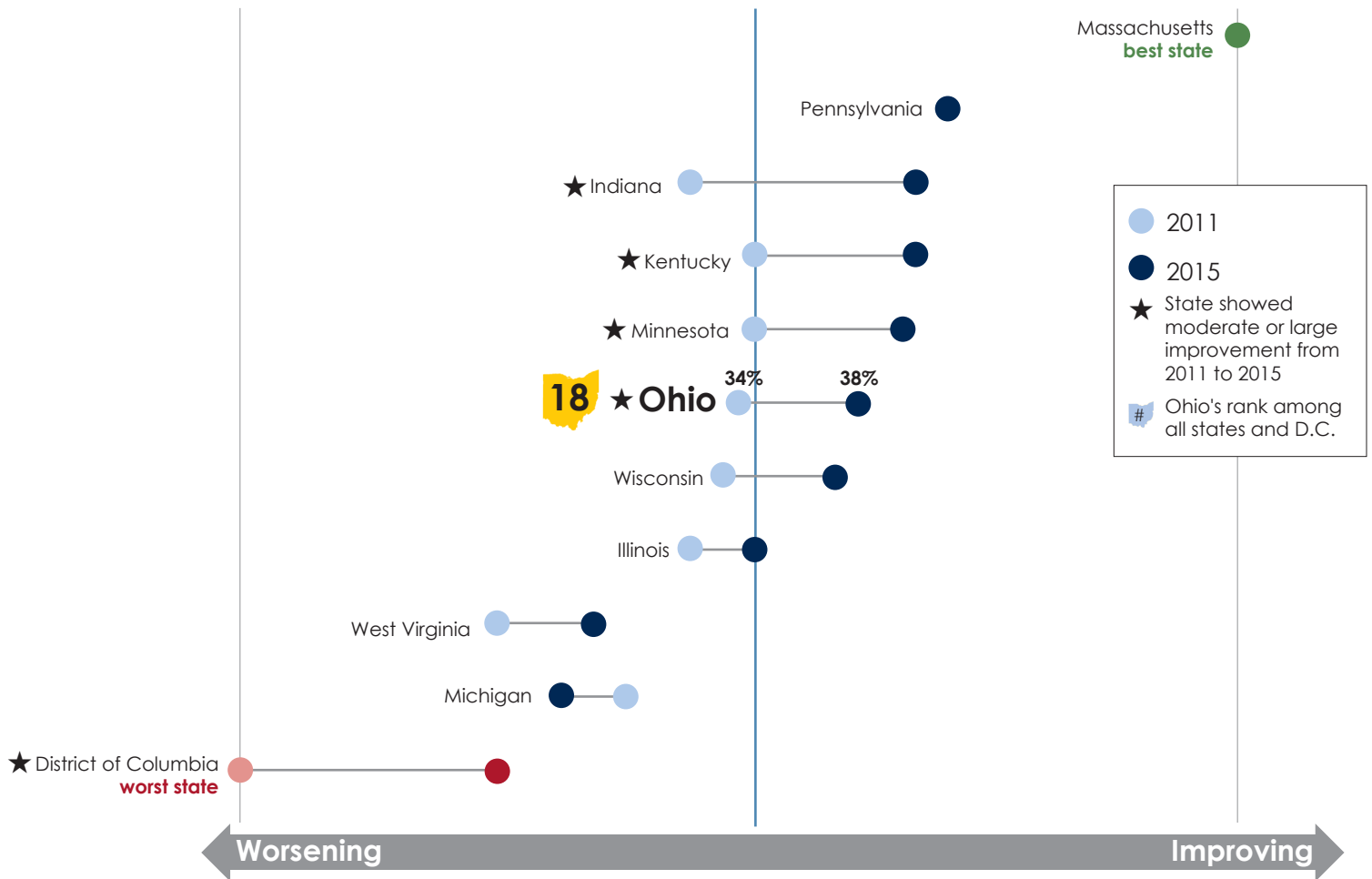
# Fourth grade reading: Ohio made modest gains amid wave of improvements across most states

Percent of 4th graders proficient in reading

19%  
worst-2011

35%  
U.S. 2015

50%  
best-2015



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).<sup>13,14</sup>

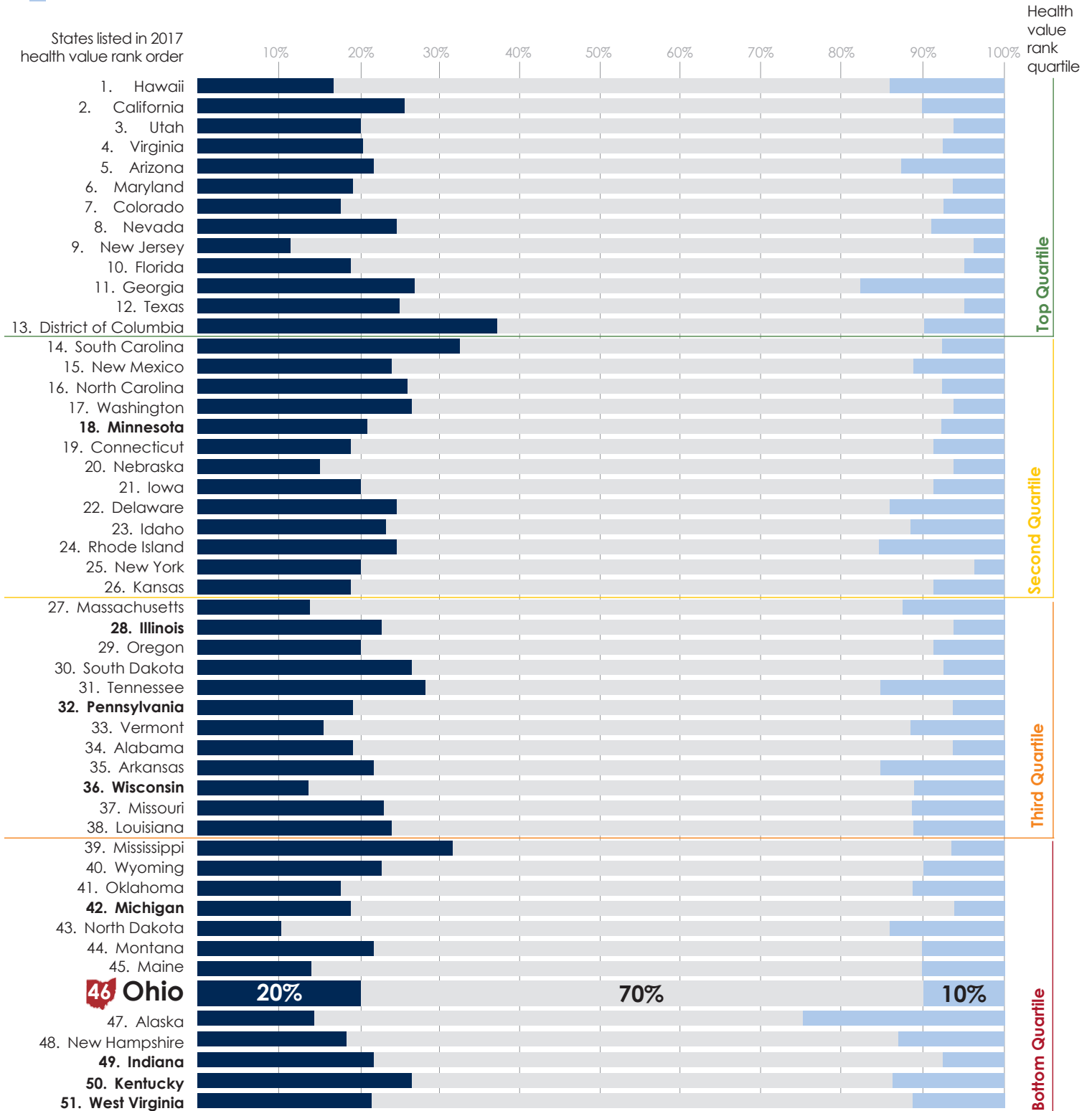
Indiana and Kentucky, two neighboring states with notable improvements, have adopted similar reforms:

- Kentucky began implementing Common Core standards in 2011-12.<sup>15</sup>
- Indiana has implemented K-3 reading reforms and A-F style school report cards.<sup>16</sup>

# 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**



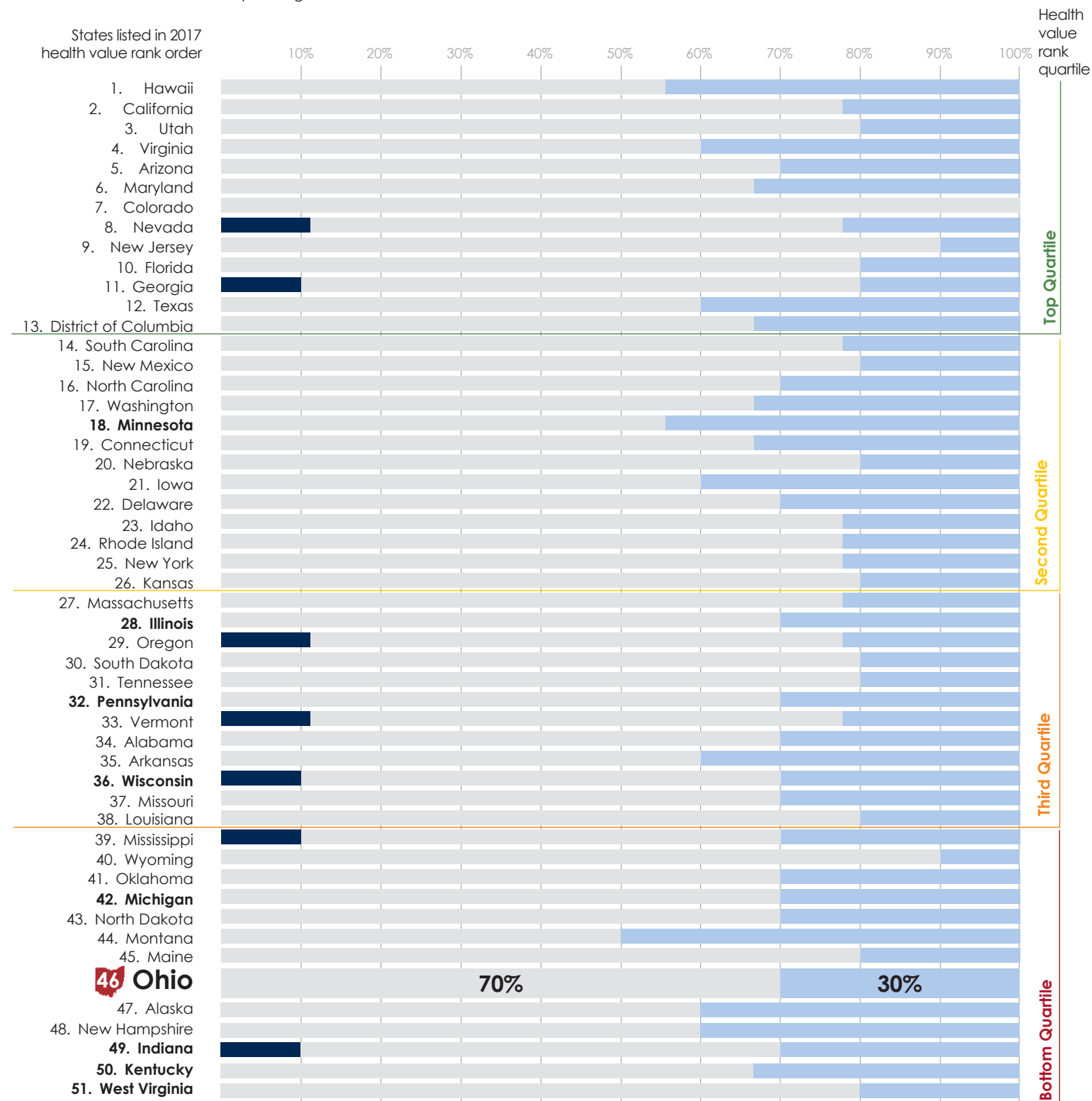
**Note:** Most baseline data were from 2010 to 2013 and most recent-year data were from 2014 to 2016. See appendix for specific years for each metric.

\* Not including healthcare spending

# Healthcare spending relatively stable

Percent of healthcare spending metrics that decreased, stayed about the same or increased from baseline to most-recent year

- Percent of metrics for which spending **decreased**
- Percent of metrics for which there was **no significant change**
- Percent of metrics for which spending **increased**



**Note:** Most baseline data were from 2012 to 2013 and most recent-year data were from 2014 to 2016. See appendix for specific years for each metric.

# Health equity profiles

This section examines health disparities and inequities across a set of 29 metrics by race and ethnicity, income level, education level and disability status through a series of equity profiles. Population groups and metrics examined were selected in partnership with the *Dashboard Health Measurement Advisory Group (HMAG) equity workgroup*. Disparity ratios are used in the equity profiles to compare groups with the worst outcomes to groups with the best outcomes to identify Ohio's greatest health disparities and inequities.

The equity profiles provide information on disparities and inequities across:

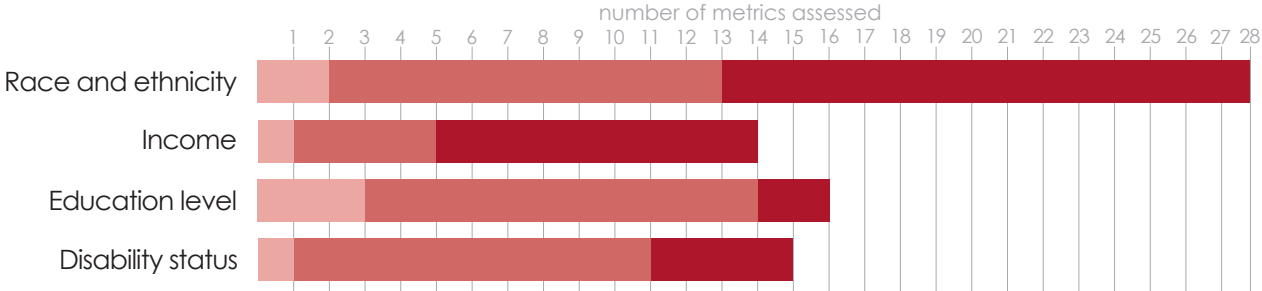
- Population health
- Access to care
- Healthcare system
- Public health and prevention
- Social and economic environment
- Physical environment



### Ohio's journey towards health equity

Achieving health equity requires a focus on eliminating health disparities and inequities across population groups. **Health disparities** are differences in health status among segments of the population such as by race or ethnicity, education, income or disability status. **Health inequities** are disparities that are a result of systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity.

### Data availability for population groups in the equity profiles



### Key

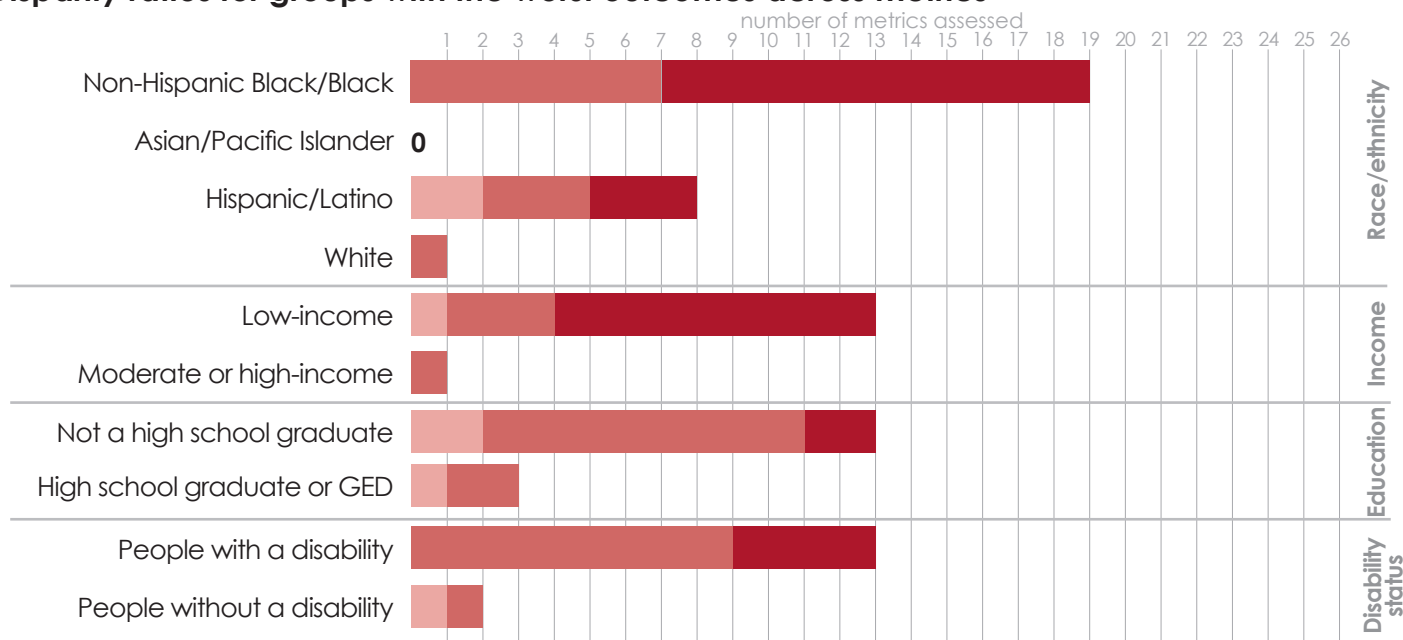
- Little to no disparity** Disparity ratio between group with the worst outcomes and group with the best outcomes is less than 1.10
- Medium disparity** Disparity ratio between group with the worst outcomes and group with the best outcomes is between 1.10 and 2
- Large disparity** Disparity ratio between group with the worst outcomes and group with the best outcomes is greater than 2

**Disparity ratio** is a measure of the magnitude of difference in outcomes between two population groups.

The HMAG equity workgroup considered the availability of data in the selection of population groups to examine in the equity profiles. However, even among these groups, data is not always consistently collected (e.g., data was available for more metrics by race and ethnicity as compared to groups by education level, income level or disability status). Data collection and monitoring across a wider set of population groups (including geography, age, gender and sexual orientation) is necessary to establish a foundation for achieving health equity.

There are many population groups in Ohio experiencing health disparities and inequities. However, Ohioans who are black or have a low income are more likely to experience larger disparities and inequities across metrics.

## Disparity ratios for groups with the worst outcomes across metrics



**Note:** There is great diversity within population groups that may not be reflected in available data. For example, aggregated statistics on the Asian/Pacific Islander population can mask health disparities and inequities particularly for subpopulations, such as Southeast Asians and new immigrant or refugee communities.

## Key

Little to no disparity	Disparity ratio between group with the worst outcomes and group with the best outcomes is less than 1.10
Medium disparity	Disparity ratio between group with the worst outcomes and group with the best outcomes is between 1.10 and 2
Large disparity	Disparity ratio between group with the worst outcomes and group with the best outcomes is greater than 2

The “estimated impact if disparity eliminated” calculation answers the question: How many individuals of a specific group would have had a better outcome if their prevalence/exposure rate were that of the group with the best outcome? For example, nearly 127,000 Ohio children would not be exposed to second-hand smoke if the disparity between low-income and moderate-to-high-income Ohioans was eliminated. If the racial and ethnic disparity was eliminated, more than 130,000 black children in Ohio would not be living in poverty.

## Top ten metrics with the largest disparities and inequities across equity profiles

Metric	Group with worst outcomes	Estimated impact if disparity eliminated
Children exposed to second-hand smoke	Low-income	126,776 Ohio children
Neighborhood safety	Low-income	—
Unemployment	Low-income	—
Uninsured adults	Low-income	—
Adverse childhood experiences	Low-income	207,722 Ohio children
Premature death	Black	—
Child poverty	Black	134,142 Ohio children
Diabetes with long-term complications	Black	—
Unable to see doctor due to cost	Low-income	—
Adult depression	People with a disability	440,990 Ohio adults

**Estimated impact:** This calculation estimates the impact on Ohioans if the group with the worst outcomes on a metric had the same level of performance as the group with the best outcomes.

# Population health

## Equity profile

Metric	Disparity Ratio	Group with worst outcomes	Group with best outcomes	Estimated impact if disparity eliminated
<b>Health behaviors</b>				
<b>Adult insufficient physical activity.</b> Percent of adults 18 years and older not meeting physical activity guidelines for muscle strength and aerobic activity (2015)				
By education level	1.01	High school graduate 84.3%	Not finished high school 83.8%	—
By race/ethnicity	1.05	Hispanic 83.2%	Black 79.3%	9,655 Ohio adults
By income	1.09	Less than \$15K 83.6%	More than \$50K 77%	—
By disability status	1.11	With a disability 87.1%	Without a disability 78.5%	122,608 Ohio adults
<b>Adult smoking.</b> Percent of population age 18 and older that are current smokers (2015)				
By race/ethnicity	1.43	Hispanic 29.2%	White 20.4%	21,663 Ohio adults
By disability status	1.49	With a disability 29.3%	Without a disability 19.6%	137,099 Ohio adults
By education level	1.76	Not finished high school 42.7%	High school graduate 24.2%	—
By income	2.97	Less than \$15K 38.6%	More than \$50K 13%	—
<b>Conditions and diseases</b>				
<b>Infant mortality.</b> Number of infant deaths per 1,000 live births (within 1 year)				
By education level (2013)	1.42	Not finished high school 12.1	High school graduate 8.5	—
By race/ethnicity (2015)	2.75	Black 15.1	White 5.5	—
<b>Cardiovascular disease mortality.</b> Number of deaths due to all cardiovascular diseases, including heart disease and strokes, per 100,000 population, age adjusted (2015)				
By race/ethnicity	2.49	Black 334.7	Asian 134.3	2,830 Ohioans
<b>Adult overweight and obesity.</b> Percent of population age 18 and older that are overweight or obese (2015)				
By education level	1.10	High school graduate 68.1%	Not finished high school 61.9%	—
By income	1.13	More than \$50K 68.1%	Less than \$15K 60.2%	—
By disability status	1.12	With a disability 72.4%	Without a disability 64.9%	107,548 Ohio adults
By race/ethnicity	1.19	Black 68.6%	Hispanic 57.5%	113,898 Ohio adults
<b>Youth overweight and obesity.</b> Percent of children ages 12-17 who are overweight or obese (2015)				
By race/ethnicity	1.58	Hispanic 46.7%	White 29.6%	—
By income	1.67	Less than 206% FPL 40.9%	More than 206% FPL 24.5%	58,005 Ohio children

### Key

Little to no disparity	Disparity ratio between group with the worst outcomes and group with the best outcomes is less than 1.10
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Large disparity	Disparity ratio between group with the worst outcomes and group with the best outcomes is greater than 2

**Estimated impact:** This calculation estimates the impact on Ohioans if the group with the worst outcomes on a metric had the same level of performance as the group with the best outcomes.



# Population health

## Equity profile (cont.)

Metric	Disparity Ratio	Group with worst outcomes	Group with best outcomes	Estimated impact if disparity eliminated
<b>Conditions and diseases (cont.)</b>				
<b>Adult diabetes.</b> Percent of adults who have been told by a health professional that they have diabetes (2015)				
By education level	1.05	Not finished high school 13.6%	High school graduate 12.9%	—
By race/ethnicity	1.68	Black 14.1%	Hispanic 8.4%	58,750 Ohio adults
By income	1.76	Less than \$15K 13.7%	More than \$50K 7.8%	—
By disability status	2.70	With a disability 21.9%	Without a disability 8.1%	195,661 Ohio adults
<b>Adult depression.</b> Percent of adults who have ever been told they have depression (2015)				
By education level	1.68	Not finished high school 30.3%	High school graduate 18.1%	—
By race/ethnicity	1.73	Hispanic 26.7%	Black 15.5%	27,544 Ohio adults
By income	2.25	Less than \$15K 32.6%	More than \$50K 14.5%	—
By disability status	3.36	With a disability 44.2%	Without a disability 13.2%	440,990 Ohio adults
<b>Drug overdose deaths.</b> Number of deaths due to drug overdoses per 100,000 population, age adjusted (2015)				
By race/ethnicity	1.73	White 26.7	Black 15.4	1,050 Ohioans
<b>Overall health and wellbeing</b>				
<b>Premature death.</b> Years of potential life lost before age 75 (2014)				
By race/ethnicity	4.52	Black 10,749	Asian 2,377.3	—
<b>Life expectancy.</b> Life expectancy at birth based on current mortality rates (2010)				
By race/ethnicity	1.18	Black 73.9	Asian 87	13.1 years

FPL: Federal poverty level

### Key

Little to no disparity	Disparity ratio between group with the worst outcomes and group with the best outcomes is less than 1.10
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**Estimated impact:** This calculation estimates the impact on Ohioans if the group with the worst outcomes on a metric had the same level of performance as the group with the best outcomes.

# Access to care

## Equity profile

Metric	Disparity Ratio	Group with worst outcomes	Group with best outcomes	Estimated impact if disparity eliminated
<b>Coverage and affordability</b>				
<b>Uninsured adults.</b> Percent of 18-64 year olds that are uninsured (2014)				
By disability status	1.07	Without a disability 11.7%	With a disability 11%	44,956 Ohio adults
By education level	1.55	Not finished high school 16.7%	High school graduate 10.8%	—
By race/ethnicity	2.45	Hispanic 25.2%	White 10.3%	33,641 Ohio adults
By income	6.5	Under 138% FPL 22.5%	More than 400% FPL 3.5%	—
<b>Unable to see doctor due to cost.</b> Percent of adults who went without care because of cost in the past year (2015)				
By education level	1.75	Not finished high school 18.8%	High school graduate 10.7%	—
By disability status	2.03	With a disability 17.7%	Without a disability 8.7%	127,339 Ohio adults
By race/ethnicity	2.38	Hispanic 22.5%	White 9.4%	32,001 Ohio adults
By income	3.44	Less than \$15K 17.9%	More than \$50K 5.2%	—
<b>Primary care access</b>				
<b>Without a usual source of care.</b> Percent of adults ages 18 and older who report they do not have at least one person they think of as their personal healthcare provider (2015)				
By disability status	1.34	Without a disability 19.1%	With a disability 14.2%	355,493 Ohio adults
By education level	1.42	Not finished high school 27.6%	High school graduate 19.5%	—
By income	2.16	Less than \$15K 28%	More than \$50K 13%	—
By race/ethnicity	2.4	Hispanic 37.9%	White 15.8%	54,083 Ohio adults

FPL: Federal poverty level

### Key

Little to no disparity	Disparity ratio between group with the worst outcomes and group with the best outcomes is less than 1.10
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**Estimated impact:** This calculation estimates the impact on Ohioans if the group with the worst outcomes on a metric had the same level of performance as the group with the best outcomes.

# Healthcare system

## Equity profile

Metric	Disparity Ratio	Group with worst outcomes	Group with best outcomes	Estimated impact if disparity eliminated
<b>Preventive services</b>				
<b>Prenatal care.</b> Percent of women who completed a pregnancy in the last 12 months and did not receive prenatal care in the first trimester (2014)				
By education level	1.56	Not finished high school 49.7%	High school graduate 31.9%	—
By race/ethnicity	1.77	Black 40.7%	White 23%	—
<b>Hospital utilization</b>				
<b>Diabetes with long-term complications.</b> Admissions for Medicare beneficiaries with a principal diagnosis of diabetes with long-term complications per 100,000 beneficiaries, ages 18 years and older (2014)				
By race/ethnicity	4.02	Black 716	Asian 178	—
<b>Heart failure readmissions for Medicare beneficiaries.</b> Rate of Medicare beneficiaries discharged from the hospital with a principal diagnosis of heart failure who were readmitted for any cause within 30 days after the index admission date, per 100 index cases (2014)				
By race/ethnicity	1.02	Hispanic 20.1	Asian 19.7	—
<b>Timeliness, effectiveness and quality of care</b>				
<b>Mortality amenable to healthcare.</b> Number of deaths before age 75 per 100,000 population that resulted from causes considered at least partially treatable or preventable with timely and appropriate medical care (2012-2013)				
By race/ethnicity	2.78	Black 164	Hispanic 59	1,414 deaths

# Public health and prevention

## Equity profile

Metric	Disparity Ratio	Group with worst outcomes	Group with best outcomes	Estimated impact if disparity eliminated
<b>Health promotion and prevention</b>				
<b>Low birth weight.</b> Percent of live births where the infant weighed less than 2,500 grams (2014)				
By education level	1.38	Not finished high school 11.1%	High school graduate 8%	—
By race/ethnicity	1.83	Black 13.4%	White 7.3%	—
<b>Teen birth rate.</b> Rate per 1,000 births to females 15-19 years of age (2015)				
By race/ethnicity	2.13	Black 40.8	White 19.2	—

### Key

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**Estimated impact:** This calculation estimates the impact on Ohioans if the group with the worst outcomes on a metric had the same level of performance as the group with the best outcomes.

# Social and economic environment

## Equity profile

Metric	Disparity Ratio	Group with worst outcomes	Group with best outcomes	Estimated impact if disparity eliminated
<b>Education</b>				
<b>Fourth-grade reading.</b> Percent of 4th graders who were not proficient in reading by a national assessment (NAEP) (2015)				
By income	1.6	Eligible for free/reduced lunch 77%	Not eligible for free/reduced lunch 48%	—
By race/ethnicity	2.0	Black 84%	Asian 42%	—
By disability status	1.6	With a disability 91%	Without a disability 57%	—
<b>High school graduation.</b> Percent of incoming 9th graders who did not graduate in 4 years from a public high school with a regular degree (2015)				
By race/ethnicity	2.88	Black 40.3%	Asian 14%	—
<b>Employment and poverty</b>				
<b>Child poverty.</b> Percent of persons under age 18 who live in households at or below the poverty threshold (2015)				
By disability status	1.79	With a disability 36.5%	Without a disability 20.5%	20,931 Ohio children
By race/ethnicity	4.21	Black 45.9%	Asian 10.9%	134,142 Ohio children
<b>Adult poverty.</b> Percent of persons age 18+ who live in households at or below the poverty threshold (2015)				
By disability status	1.98	With a disability 22%	Without a disability 11.1%	154,148 Ohio adults
By education level	2.05	Not finished high school 27.3%	High school graduate 13.3%	—
By race/ethnicity	2.55	Black 25.7%	White 10.1%	161,022 Ohio adults
<b>Unemployment.</b> Annual average unemployment rate, ages 16 and older (2015)				
By disability status	2.45	With a disability 13%	Without a disability 5.3%	—
By education level	2.6	Not finished high school 17.4%	High school graduate 6.7%	—
By race/ethnicity	2.81	Black 13%	White 4.6%	—
By income	8.79	Less than \$20K 32.6%	More than \$80K 3.7%	—
<b>Trauma, toxic stress and violence</b>				
<b>Adverse childhood experiences.</b> Percent of children who have experienced two or more adverse experiences (2011/2012)				
By race/ethnicity	1.57	Black 35.4%	White 22.6%	49,043 Ohio children
By disability status (special needs)	1.59	With a special need 36.1%	Without a special need 22.7%	—
By education level	1.66	Not finished high school 54.9%	High school graduate 33%	—
By income	5.36	Less than 100% FPL 42.9%	More than 400% FPL 8%	207,722 Ohio children

FPL: Federal poverty level

### Key

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# Physical environment

## Equity profile

Metric	Disparity Ratio	Group with worst outcomes	Group with best outcomes	Estimated impact if disparity eliminated
<b>Air, water and toxic substances</b>				
<b>Children exposed to second-hand smoke.</b> Percent of children who live in a home where someone uses tobacco or smokes inside the home (2011)				
By education level	1.09	Not finished high school 22.7%	High school graduate 20.9%	—
By disability status (special healthcare needs)	1.55	Children with special healthcare needs 14.3%	Children without special healthcare needs 9.2%	—
By race/ethnicity	4.91	Black 17.2%	Hispanic 3.5%	52,492 Ohio children
By income	24.67	Less than 100% FPL 22.2%	400% FPL or more 0.9%	126,776 Ohio children
<b>Housing, built environment and access to physical activity</b>				
<b>Neighborhood safety.</b> Percent of parents who report their children are living in an unsafe neighborhood (2011/2012)				
By education level	1.4	Not finished high school 25.9%	High school graduate 18.5%	—
By disability status (special healthcare needs)	1.43	Children with special healthcare needs 15.3%	Children without special healthcare needs 10.7%	—
By race/ethnicity	3.99	Black 29.5%	White 7.4%	—
By income	9.54	Less than 100% FPL 24.8%	400% FPL or more 2.6%	—

FPL: Federal poverty level

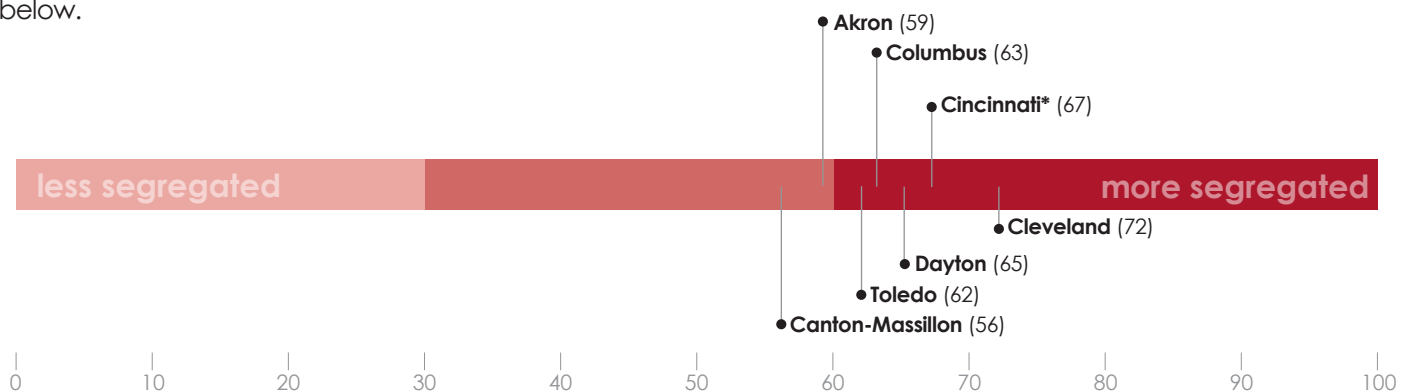
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### Residential segregation

The black/white dissimilarity index measures the extent to which black and white residents live separately from one another across census tracts. A high value on the index's 100-point scale indicates that the two groups tend to live in different tracts. A value of 60 or above is considered very high. It means that 60 percent or more of the members of one group would need to move to a different tract in order for the two groups to be equally distributed. Values of 40 to 50 are usually considered moderate levels of segregation, and values of 30 or below are considered to be fairly low. The 2010-2014 black/white dissimilarity indices for Ohio's seven largest metropolitan areas are shown below.



\*Cincinnati dissimilarity index is calculated from Ohio census tracts only.

**Source:** American Community Survey, 5-Year Census Tract Estimates. Calculations by the Kirwan Institute for the Study of Race and Ethnicity

## Notes

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# 2017 Health Value Dashboard™

## Appendix: Detailed metric information

Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Population health</b>						
Health behaviors	Excessive drinking	Percent of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.	2014	—	2015	Behavioral Risk Factor Surveillance System as compiled by America's Health Rankings
Health behaviors	Adult insufficient physical activity 	Percent of adults 18 years and older not meeting physical activity guidelines for muscle strength and aerobic activity	2011	2013	2015	Behavioral Risk Factor Surveillance System
Health behaviors	Youth all- tobacco use	Percent of youth ages 12-17 who used cigarettes, smokeless tobacco, cigars, or pipe tobacco during past 30 days	2011-2012	2012-2013	2013-2014	National Survey on Drug Use and Health
Health behaviors	Adult smoking 	Percent of population age 18 and older that are current smokers	2013	2014	2015	Behavioral Risk Factor Surveillance System
Conditions and diseases	Infant mortality 	Number of infant deaths per 1,000 live births (within 1 year). Note that the Population Health domain profile includes 2015 data for Ohio, which is not available for other states.	2012	2013	2014 rank; 2015 trend	Centers for Disease Control and Prevention, Vital Statistics, National Center for Health Statistics, National Vital Statistics Reports. Source for 2015 Ohio data: 2015 Ohio Infant Mortality Data: General Findings, Ohio Department of Health
Conditions and diseases	Cardiovascular disease mortality 	Number of deaths due to all cardiovascular diseases, including heart disease and strokes, per 100,000 population (age-adjusted)	2013	2014	2015	Centers for Disease Control and Prevention, Vital Statistics, WONDER
Conditions and diseases	Adult overweight and obesity* 	Percent of population age 18 and older that are overweight or obese	—	—	2015	Behavioral Risk Factor Surveillance System
Conditions and diseases	Youth overweight and obesity 	Percent of children ages 12-17 who are overweight or obese	2010	2012	2015	Ohio Medicaid Assessment Survey
Conditions and diseases	Adult diabetes 	Percent of adults who have been told by a health professional that they have diabetes	2013	2014	2015	Behavioral Risk Factor Surveillance System
Conditions and diseases	Adult depression 	Percent of adults who have ever been told they have depression	2013	2014	2015	Behavioral Risk Factor Surveillance System

 Metrics are also examined in the 2017 *Dashboard* health equity profiles.

\*This metric was only examined in the 2017 *Dashboard* health equity profiles.

Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Population health (cont.)</b>						
Conditions and diseases	Suicide deaths	Number of deaths due to suicide per 100,000 population	2010	2012	2013	Centers for Disease Control and Prevention, Vital Statistics, National Vital Statistics System as compiled by Commonwealth State Scorecard
Conditions and diseases	Drug overdose deaths 	Number of deaths due to drug overdoses per 100,000 population (age-adjusted)	2013	2014	2015	Centers for Disease Control and Prevention Vital Statistics
Conditions and diseases	Poor oral health	Percent of adults who have lost teeth due to decay, infection, or disease	2006	2012	2014	Behavioral Risk Factor Surveillance System as compiled by Commonwealth State Scorecard
Overall health and wellbeing	Overall health status	Percent of adults that report excellent, very good or good health	2013	2014	2015	Behavioral Risk Factor Surveillance System
Overall health and wellbeing	Limited activity due to health problems	Average number of days in the previous 30 days when a person reports limited activity due to physical or mental health difficulties (ages 18 and older)	2012	2013	2014	Behavioral Risk Factor Surveillance System, analysis by State Health Access Data Assistance Center, as compiled by Robert Wood Johnson Foundation Data Hub
Overall health and wellbeing	Premature death 	Years of potential life lost before age 75 (YPLL-75) per 100,000 population	2012	2013	2014	Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting as compiled by Robert Wood Johnson Foundation DataHub
Overall health and wellbeing	Life expectancy 	Life expectancy at birth based on current mortality rates	2005	2008	2010	Centers for Disease Control and Prevention, Vital Statistics, analysis by Measure of America, as compiled by Robert Wood Johnson Foundation DataHub

 Metrics are also examined in the 2017 *Dashboard* health equity profiles.



Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Healthcare spending</b>						
Total out-of-pocket spending	Out-of-pocket spending	Percent of individuals who are in families where out-of-pocket spending on health care, including premiums, accounted for more than 10% of annual income	2012	2013	2014	State Health Access Data Assistance Center analysis of the Annual Social and Economic Supplement to the Current Population Survey as compiled by the Robert Wood Johnson Foundation DataHub
Employer spending	Average single premium, per enrolled employee	Average total single premium for any-provider plans per enrolled employee at private-sector establishments that offer health insurance (includes self-insured employers)	2013	2014	2015	Agency for Healthcare Research & Quality Medical Expenditure Panel Survey
Employer spending	Average single premium, per enrolled employee, percent of employer contribution	Average total single premium for any-provider plans per enrolled employee at private-sector establishments that offer health insurance (includes self-insured employers), percent of employer contribution	2013	2014	2015	Agency for Healthcare Research & Quality Medical Expenditure Panel Survey
Employer spending	Average single premium, per enrolled employee, percent of employee contribution	Average total single premium for any-provider plans per enrolled employee at private-sector establishments that offer health insurance (includes self-insured employers), percent of employee contribution	2013	2014	2015	Agency for Healthcare Research & Quality Medical Expenditure Panel Survey
Employer spending	Average family premium per enrolled employee	Average total family premium for any-provider plans per enrolled employee at private-sector establishments that offer health insurance (includes self-insured employers)	2013	2014	2015	Agency for Healthcare Research & Quality Medical Expenditure Panel Survey
Employer spending	Average family premium per enrolled employee, percent of employer contribution	Average total family premium for any-provider plans per enrolled employee at private-sector establishments that offer health insurance (includes self-insured employers), percent of employer contribution	2013	2014	2015	Agency for Healthcare Research & Quality Medical Expenditure Panel Survey
Employer spending	Average family premium per enrolled employee, percent of employee contribution	Average total family premium for any-provider plans per enrolled employee at private-sector establishments that offer health insurance (includes self-insured employers), percent of employee contribution	2013	2014	2015	Agency for Healthcare Research & Quality Medical Expenditure Panel Survey


Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Healthcare spending (cont.)</b>						
Employer spending	Total spending per enrollee with employer-sponsored health insurance	Total spending per enrollee with employer-sponsored health insurance, ages 18-64. Total per enrollee spending estimates from a sophisticated regression model include reimbursed costs for health care services from all sources of payment including the health plan, enrollee, and any third-party payers incurred in 2013 and in 2014. Outpatient prescription drug charges are excluded. Enrollees with capitated plans and their associated claims are also excluded. Estimates for each HRR were adjusted for enrollees' age and sex, the interaction of age and sex, partial year enrollment and regional wage difference. Analysis conducted by M. Chernew, Harvard Medical School Department of Health Care Policy, of the Truven Marketscan Database.	2013	—	2014	Commonwealth Fund Scorecard on Local Health System Performance
Marketplace spending	Average monthly marketplace premiums, after advanced premium tax credit	Average monthly premium for all enrollees in the federal marketplace or for states that use healthcare.gov, after application of an advanced premium tax credit	2014	2015	2016	Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Final enrollment reports
Medicare spending	Total Medicare spending (Parts A and B), per Medicare enrollee	Price, age, sex and race-adjusted Medicare reimbursements per Medicare enrollee (Parts A and B), age 65-99	2010	2011	2012	Dartmouth Atlas of Health Care
Medicare spending	Average total cost, risk adjusted, for Medicare beneficiaries, without chronic conditions	Annual averages of all costs for Medicare beneficiaries without chronic conditions	2012	2013	2014	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool
Medicare spending	Average total cost, risk adjusted, for Medicare beneficiaries, one chronic condition	Annual averages of all costs for Medicare beneficiaries with claim(s) indicating beneficiary is receiving service or treatment for one chronic condition	2012	2013	2014	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool
Medicare spending	Average total cost, risk adjusted, for Medicare beneficiaries, two chronic conditions	Annual averages of all costs for Medicare beneficiaries with claim(s) indicating beneficiary is receiving service or treatment for two chronic conditions	2012	2013	2014	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool
Medicare spending	Average total cost, risk adjusted, for Medicare beneficiaries, three or more chronic conditions	Annual averages of all costs for Medicare beneficiaries with claim(s) indicating beneficiary is receiving service or treatment for three or more chronic condition	2012	2013	2014	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool

Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Healthcare spending (cont.)</b>						
Medicaid spending	Medicaid spending per enrollee, all enrollees	Average amount Medicaid spends per enrollee per year (includes all enrollees not just full benefit), all enrollees	FY 2011	FY 2012	FY 2013	Medicaid and CHIP Payment and Access Commission, MACSTATS
Medicaid spending	Medicaid spending per enrollee, child	Average amount Medicaid spends per enrollee per year (includes all enrollees not just full benefit), children	FY 2011	FY 2012	FY 2013	Medicaid and CHIP Payment and Access Commission, MACSTATS
Medicaid spending	Medicaid spending per enrollee, adult	Average amount Medicaid spends per enrollee per year (includes all enrollees not just full benefit), adults	FY 2011	FY 2012	FY 2013	Medicaid and CHIP Payment and Access Commission, MACSTATS
Medicaid spending	Medicaid spending per enrollee, disabled	Average amount Medicaid spends per enrollee per year (includes all enrollees not just full benefit), disabled	FY 2011	FY 2012	FY 2013	Medicaid and CHIP Payment and Access Commission, MACSTATS page
Medicaid spending	Medicaid spending per enrollee, aged	Average amount Medicaid spends per enrollee per year (includes all enrollees not just full benefit), aged	FY 2011	FY 2012	FY 2013	Medicaid and CHIP Payment and Access Commission, MACSTATS
Public and mental health spending	Local public health spending, per capita	Per capita median of total annual expenditures for local health departments	2010	—	2013	National Association of County and City Health Officials
Public and mental health spending	State public health funding, per capita	State public health budget funding per capita during the fiscal year. Dollar amounts represent state funding only.	2013	2014	2015	<i>Shortchanging America's Health 2005-2010</i> , <i>Investing in America's Health 2011-2016</i> , Trust for America's Health, as compiled by the Robert Wood Johnson Foundation DataHub
Public and mental health spending	State mental health agency spending, per capita	State mental health agency per capita mental health services expenditures. Expenditures reflect spending in the state fiscal year.	2011	2012	2013	National Association of State Mental Health Program Directors Research Institute, Inc data, as compiled by Kaiser Family Foundation State Health Facts

Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Access to care</b>						
Coverage and affordability	Uninsured adults =	Percent of 18-64 year olds that are uninsured in the state.	2012	2013	2014	U.S. Census Bureau, American Community Survey
Coverage and affordability	Uninsured children	Percent of 0-17 year olds that are uninsured in the state.	2012	2013	2014	U.S. Census Bureau, American Community Survey
Coverage and affordability	Employer-sponsored health insurance coverage	Percent of all workers who work at a company that offers health insurance to its employees. Data represents 2 year estimates.	2013	2014	2015	Agency for Healthcare Research & Quality Medical Expenditure Panel Survey data as compiled by the Robert Wood Johnson Foundation DataHub
Coverage and affordability	Unable to see doctor due to cost =	Percent of adults who went without care because of cost in the past year.	2013	2014	2015	Behavioral Risk Factor Surveillance System
Primary care access	Without a usual source of care =	Percent of adults ages 18 and older who report they do not have at least one person they think of as their personal healthcare provider.	2013	2014	2015	Behavioral Risk Factor Surveillance System
Primary care access	Routine checkup	Percent of adults age 50 or older, in fair or poor health, or ever told they have diabetes or pre-diabetes, acute myocardial infarction, heart disease, stroke, or asthma who did not visit a doctor for a routine checkup in the past two years	2012	2013	2014	Behavioral Risk Factor Surveillance System as compiled by Commonwealth Fund Scorecard on State Health System Performance
Primary care access	Medical home, children	Percent of children who have a personal doctor or nurse, have a usual source for sick and well care, receive family-centered care, have no problems getting needed referrals and receive effective care coordination when needed.	2007	—	2011-2012	National Survey of Children's Health as compiled by Commonwealth Fund Scorecard on State Health System Performance
Behavioral health	Unmet need for mental health treatment	Percent of adults ages 18 and older with past year mental illness who reported perceived need for treatment/counseling was not received.	2009-2011	—	2012-2014	Ohio Department of Mental Health and Addiction Services
Behavioral health	Unmet need for illicit drug use treatment	Percent of individuals, ages 12 and older needing but not receiving treatment for illicit drug use in the past year. Refers to respondents needing treatment for illicit drugs, but not receiving treatment for an illicit drug problem at a special facility (i.e. drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).	2011-2012	2012-2013	2013-2014	Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health

Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Access to care (cont.)</b>						
Behavioral health	Youth with depression who did not receive mental health treatment	Percent of youth with major depressive episode who did not receive any mental health treatment.	2010-2011	—	2012-2013	Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, as compiled by Mental Health America
Oral health	Received dental care in past year, adults	Percent of adults, ages 18 and older, who reported having visited the dentist or dental clinic within the past year for any reason. Percentages are weighted to reflect population characteristics.	2012	—	2014	Behavioral Risk Factor Surveillance System
Oral health	Received dental care in past year, children	Percent of children, under age 18, who have seen a dentist at least once for preventive dental care, such as check-ups and dental cleanings, in the past year.	2007	—	2011-2012	National Survey of Children's Health as compiled by the Kids Count data center (all states and OH). <b>Note:</b> Ohio Medicaid Assessment Survey Child Dashboard provides more recent data for Ohio
Workforce	Underserved, primary care physicians	Percent of need not met by current supply of primary care physicians in designated primary care health professional shortage areas.	04/2014	—	09/2016	Health Resources Services Administration
Workforce	Underserved, dentists	Percent of need not met by current supply of dentists in designated dental care health professional shortage areas.	04/2014	—	09/2016	Health Resources Services Administration
Workforce	Underserved, psychiatrists	Percent of need not met by current supply of psychiatrists in designated mental health care professional shortage areas.	04/2014	—	09/2016	Health Resources Services Administration


⊞ Metrics are also examined in the 2017 *Dashboard* health equity profiles.

Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Healthcare system</b>						
Behavioral health	Mental illness hospitalization follow-up	The percentage of discharges for continuous and non-continuously enrolled Medicaid members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days of discharge. The numerator was the number of discharges for psychiatric patients and the denominator was the number of discharges for psychiatric patients to an outpatient provider meeting measure specifications.	2013	2014	2015	Ohio Department of Mental Health and Addiction Services
Behavioral health	Substance use disorder treatment retention	The percent of clients ages 12 or older with an intake assessment who received one outpatient index service within 7 days and 2 additional outpatient index services within 30 days of intake. The numerator was all persons who have at least one clinical service within 7 days of assessment and 2 more clinical services within 30 days of assessment and the denominator was all persons receiving an alcohol or other drug assessment at intake.	2013	2014	2015	Ohio Department of Mental Health and Addiction Services
Hospital utilization	Diabetes with long-term complications 	Admissions for Medicare beneficiaries with a principal diagnosis of diabetes with long-term complications per 100,000 beneficiaries, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.	2012	2013	2014	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities tool
Hospital utilization	Overall hospital readmission rate	This data was provided from the Ohio Hospital Association all-payer database to create all-cause, all-age, all-payer, all-hospital readmission rates. Subsequent admissions to other hospitals during the 30 days post discharge from an index admission within the collaborative are tracked using a deterministic model matching patient on date of birth, gender and zip code of residence.	2012	2013	2014	Ohio Hospital Association

Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Healthcare system (cont.)</b>						
Hospital utilization	Heart failure readmissions for Medicare beneficiaries =	Rate of Medicare beneficiaries discharged from the hospital with a principal diagnosis of heart failure who were readmitted for any cause within 30 days after the index admission date. This metric is hospital-specific, risk-standardized, all-cause, and per 100 index cases.	2012	2013	2014	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool
Hospital utilization	Avoidable emergency department visits for Medicare beneficiaries	Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries.	2011	2012	2013	J. Zheng, Harvard University, analysis of 2012 and 2013 Medicare Enrollment and Claims Data, as compiled by Commonwealth Fund Scorecard on State Health System Performance
Hospital utilization	Hospital admissions for asthma per 100,000 population, ages 2-17	Admissions for asthma per 100,000 population, ages 2-17	2011	2012	2013	Agency for Healthcare Research and Quality, State Snapshots
Preventive services	Breastfeeding support in hospitals	Average Maternity Practice in Infant Nutrition and Care (mPINC) score among hospitals and birthing facilities to support breastfeeding. The score is the average across 7 categories of supports that hospitals and birth centers can provide for breastfeeding. Scores range from 0 to 100. 100 is the highest, best possible score.	2009	2011	2013	Centers for Disease Control and Prevention, National Survey of Maternity Practices in Infant Nutrition and Care, mPINC
Preventive services	Cancer early stage diagnosis, all	Percent of all cancer cases diagnosed at an early stage.	2007-2011	2008-2012	2009-2013	North American Association of Central Cancer Registries, 2009-2013 Cancer Incidence in North America monograph
Preventive services	Cancer early stage diagnosis, female breast cancer cases	Percent of female breast cancer cases diagnosed at an early stage. The denominator is total female cases in Ohio and the numerator is early stage female cases.	2007-2011	2008-2012	2009-2013	North American Association of Central Cancer Registries, 2009-2013 Cancer Incidence in North America monograph
Preventive services	Cancer early stage diagnosis, colon and rectal cancer cases	Percent of colon and rectal cancer cases diagnosed at an early stage.	2007-2011	2008-2012	2009-2013	North American Association of Central Cancer Registries, 2009-2013 Cancer Incidence in North America monograph
Preventive services	Flu vaccination	Percent of population ≥ 6 months old vaccinated for flu within the past year.	2012	2013	2014	Centers for Disease Control and Prevention, National Immunization Survey and Behavioral Risk Factor Surveillance System, FluVaxView interactive trend report

Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Healthcare system (cont.)</b>						
Preventive services	*Prenatal care =	Percent of women who completed a pregnancy in the last 12 months and who received prenatal care in the first trimester.	2012	2013	2014	Centers for Disease Control and Prevention, Vital Statistics, WONDER
Timeliness, effectiveness and quality of care	Healthcare-associated infections	Composite of standardized infection ratios across six healthcare-associated infections. The six healthcare-associated infections are: (1) central line-associated bloodstream infections, CLABSI (2) catheter-associated urinary tract infections, CAUTI (3) surgical site infections, Colon Surgery, SSI (4) surgical site infections, abdominal hysterectomy surgery, SSI (5) hospital-onset clostridium difficile infections (6) hospital-onset MRSA bloodstream infections. The SIR for a state is adjusted to account for factors that might cause infection rates to be higher or lower, such as hospital size, teaching status, the type of patients a hospital serves, and surgery and patient characteristics.	—	—	2014	Centers for Disease Control and Prevention, Healthcare Associated Infections Progress Report
Timeliness, effectiveness and quality of care	Stroke care	Percent of ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started.	4/1/2013 to 3/31/2014	—	10/1/2014 to 9/30/2015	Centers for Medicare and Medicaid Services, Hospital Compare
Timeliness, effectiveness and quality of care	Nursing home pressure sores	Percent of long-stay, high-risk nursing home residents impaired in bed mobility or transfer, comatose, or malnourished with pressure sores.	07/2012 - 03/2013	2013	2014	Centers for Medicare and Medicaid Services, Nursing Home Compare as compiled by the Commonwealth Fund Scorecard on State Health System Performance
Timeliness, effectiveness and quality of care	Patient experience, Medicare fee-for-service	Percent of Medicare fee-for-service patients who had a doctor's office or clinic visit in the last 12 months whose doctor sometimes or never explained things in a way they could understand.	2011	2013	2014	Agency for Healthcare Research and Quality, Center for Quality Improvement and Patient Safety, National Consumer Assessment of Healthcare Providers and Systems Benchmarking Database
Timeliness, effectiveness and quality of care	Patient experience, Medicare managed care	Percent of Medicare managed care patients who had a doctor's office or clinic visit in the last 12 months whose doctor sometimes or never explained things in a way they could understand.	2011	2013	2014	Agency for Healthcare Research and Quality, Center for Quality Improvement and Patient Safety, National Consumer Assessment of Healthcare Providers and Systems Benchmarking Database



Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Healthcare system (cont.)</b>						
Timeliness, effectiveness and quality of care	Mortality amenable to healthcare 	Number of deaths before age 75 per 100,000 population that resulted from causes considered at least partially treatable or preventable with timely and appropriate medical care.	2009-2010	2010-2011	2012-2013	Commonwealth Fund Scorecard on State Health System Performance



 Metrics are also examined in the 2017 *Dashboard* health equity profiles.

\*Metric examined in 2017 *Dashboard* equity profiles was:






- Percent of women who completed a pregnancy in the last 12 months and who **did not** receive prenatal care in the first trimester


Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Public health and prevention</b>						
Public health system and workforce	Comprehensiveness of public health system	Percent of population served by a comprehensive public health system, defined as those communities in which a broad array of the recommended public health activities are available in the community, AND in which a relatively broad range of organizations contribute to implementing these activities, AND/OR in which the local public health agency contributes relatively large share of the effort to implement these activities. Data were provided directly from the Systems for Action National Program Office. Ohio data is based upon a sample of 42 local health departments that completed the 2014 survey.	—	—	2014	Systems for Action National Program Office, National Longitudinal Survey of Public Health
Public health system and workforce	Local public health workforce	Median number of local health department FTEs per 100,000 population.	2010	—	2013	National Association of County and City Health Officials
Public health system and workforce	State public health workforce	Number of state public health agency staff FTEs per 100,000 population. Data normalized per 100,000 population. ASTHO data were used to obtain the numerator and the American Community Survey 1-year population estimates for 2011 and 2012 were used for the denominator.	2007	2011	2012	Association of State and Territorial Health Officials
Communicable disease control and environmental health	Chlamydia	Chlamydia rate per 100,000 population.	2013	2014	2015	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, as compiled by America's Health Rankings
Health Promotion and Prevention	Youth marijuana use	Past-year initiation of marijuana use (used it for the first time), percent of youth ages 12-17	2012	2013	2014	National Survey on Drug Use and Health

Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Public health and prevention (cont.)</b>						
Communicable disease control and environmental health	Foodborne illness monitoring	Proportion of foodborne illness outbreaks reported to Centers for Disease Control and Prevention for which an etiologic agent is confirmed. This metric is included in the National Health Security Preparedness Index. Multiple confirmed/suspected in one food was counted as a single report. So long as it contained at least one confirmed, it was reported as confirmed. Does not include multistate outbreaks.	2013	2014	2015	Centers for Disease Control and Prevention, Foodborne Online Outbreak Database
Communicable disease control and environmental health	Child immunization	Percent of children ages 19 to 35 months who received all recommended vaccines (DTaP, poliovirus, measles, Hib, HepB, varicella, PCV). Data limitation: The primary source for this data is the National Immunization Survey (NIS). The NIS surveys a random sample of households and then, with parent permission, administers a questionnaire to the eligible child's vaccination provider to determine whether a child received the vaccinations recommended by the Advisory Committee on Immunization Practices. The NIS is the best-available source of state-level information about child immunization coverage. However, NIS sample sizes are relatively small and the confidence intervals are relatively large. Results should be interpreted with caution.	2011	2012	2013	National Immunization Survey as compiled by Robert Wood Johnson Foundation DataHub
Emergency preparedness	Emergency preparedness funding	Total per capita funding for state and local health departments' emergency preparedness (Public Health Emergency Preparedness). Data normalized to per capita.	—	—	2016	Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response, and US Census population estimates
Health promotion and prevention	Cigarette tax	State cigarette excise tax rate. Note that Ohio's cigarette tax increased \$0.35 in July 2015 to \$1.60 (after this state data was compiled)	2013	2014	2015	Centers for Disease Control and Prevention, State Tobacco Activities Tracking and Evaluation System, as compiled by Robert Wood Johnson Foundation DataHub
Health promotion and prevention	Tobacco prevention spending	Tobacco prevention and control spending as a percent to the Centers for Disease Control and Prevention-recommended level.	FY 2014	—	FY 2017	American Lung Association, The State of Tobacco Control

Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Public health and prevention (cont.)</b>						
Health promotion and prevention	Seat belt use	Percent of front seat occupants using a seat belt.	2013	2014	2015	National Highway Traffic Safety Administration
Health promotion and prevention	Sales of opioid pain relievers	Kilograms of opioid pain relievers sold per 10,000 population, measured in morphine equivalents.	—	—	2010	Drug Enforcement Agency, as compiled by Trust for America's Health
Health promotion and prevention	Falls among older adults	Percent of adults age 65 and older who report having had a fall within the last 12 months.	—	—	2014	Behavioral Risk Factor Surveillance System, as compiled by America's Health Rankings Senior Report
Health promotion and prevention	Safe sleep	Percent of infants most often laid on his or her back to sleep.	2009	—	2011	Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System
Health promotion and prevention	Low birth weight 	Percent of live births where the infant weighed less than 2,500 grams.	2012	2013	2014	Centers for Disease Control and Prevention, Vital Statistics, National Vital Statistics System, WONDER
Health promotion and prevention	Teen birth rate 	Rate per 1,000 births to females 15-19 years of age	2013	2014	2015	Centers for Disease Control and Prevention, Vital Statistics, National Vital Statistics Reports

 Metrics are also examined in the 2017 *Dashboard* health equity profiles.

Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Social and economic environment</b>						
Education	Preschool enrollment	Percent of 3 and 4 year-olds enrolled in preschool. Kids Count Data Center (secondary source) displays the percent of children NOT enrolled in preschool. Because the metric is the percent of children that ARE enrolled, values were subtracted from 100%.	2010-2012	2011-2013	2012-2014	U.S. Census Bureau, American Community Survey, as compiled by Kids Count Data Center
Education	*Fourth-grade reading 	Percent of fourth graders proficient in reading by a national assessment (NAEP)	2011	2013	2015	U.S. Department of Education, National Assessment of Educational Progress, as compiled by Kids Count Data Center
Education	*High school graduation 	Percent of incoming 9th graders who graduate in 4 years from a public high school with a regular degree (using the Adjusted Cohort Graduation Rate)	2012-2013	2013-2014	2014-2015	Institute of Education Sciences, National Center for Education Statistics
Education	Some college	Percent of adults ages 25-44 with some post-secondary education	2012	2013	2014	U.S. Census Bureau, American Community Survey, as compiled by County Health Rankings 2016 edition
Employment and Poverty	Income inequality	The ratio of median household income at the 80th percentile to that at the 20th percentile.	—	—	2014	U.S. Census Bureau, American Community Survey, as compiled by America's Health Rankings 2015 edition
Employment and poverty	Unemployment 	Annual average unemployment rate, ages 16 and older	2013	2014	2015	Bureau of Labor Statistics
Employment and poverty	Labor force participation rate	The labor force participation rate represents the percentage of the non-institutionalized population ages 16 and older that is either employed (full- or part-time) or unemployed (i.e., actively seeking work and able to work). People who are not in the labor force do not have jobs and are not actively looking for work, including, for example, students, retirees, and individuals with family responsibilities that keep them from working (e.g. stay-at-home parents and other familial caregivers).	2013	2014	2015	Bureau of Labor Statistics
Employment and poverty	Child poverty 	Percent of persons under age 18 who live in households at or below the poverty threshold ( $\leq 100\%$ FPG)	2013	2014	2015	U.S. Census Bureau, American Community Survey, poverty status in the past 12 months
Employment and poverty	Adult poverty 	Percent of persons age 18+ who live in households at or below the poverty threshold ( $\leq 100\%$ FPG)	2013	2014	2015	U.S. Census Bureau, American Community Survey, poverty status in the past 12 months

Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Social and economic environment (cont.)</b>						
Family and social support	Low-income working families with children	The share of families that met three criteria: (1) the family income was less than twice the federal poverty level; (2) at least one parent worked 50 or more weeks during the previous year; (3) there was at least one "own child" under age 18 in the family.	2012	2013	2014	U.S. Census Bureau American Community Survey, as compiled by Kids Count Data Center
Family and social support	Adult incarceration	Imprisonment rate of sentenced prisoners under the jurisdiction of state or federal correctional authorities, per 100,000 residents.	2012	2013	2014	U.S. Bureau of Justice Statistics
Family and social support	Social capital and cohesion	Composite measure that includes connections with neighbors, supportive neighborhoods, voter turnout, and volunteerism	2013	2014	2015	National Health Security Preparedness Index
Trauma, toxic stress and violence	Child abuse and neglect	Rate of child maltreatment victims per 1,000 children in population	2012	2013	2014	Administration for Children and Families
Trauma, toxic stress and violence	Adverse childhood experiences 	Percent of children who have experienced two or more adverse experiences, such as death of a parent, parent served time in jail, witness to domestic violence, or lived with someone with a drug or alcohol problem	—	—	2011-2012	National Survey of Children's Health
Trauma, toxic stress and violence	Violent crime	Violent crime rate per 100,000 inhabitants (murders, rapes, robberies, and aggravated assaults)	2011	2012	2013	National Incident-Based Reporting System/Uniform Crime Reporting, Federal Bureau of Investigation as compiled by America's Health Rankings 2015 edition

 Metrics are also examined in the 2017 *Dashboard* health equity profiles.

\* Metrics examined in 2017 *Dashboard* equity profiles were:

- Percent of fourth graders **not** proficient in reading by a national assessment
- Percent of incoming ninth graders who **did not** graduate in four years from a public high school with a regular degree

Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Physical environment</b>						
Air, water and toxic substances	Outdoor air quality	Average exposure of the general public to particulate matter of 2.5 microns or less in size (PM2.5)	2010 - 2012	2011-2013	2012 - 2014	U.S. Environmental Protection Agency, as compiled by America's Health Rankings 2015 edition
Air, water and toxic substances	Children exposed to second-hand smoke =	Percent of children who live in a home where someone uses tobacco and smokes inside the home	2007	—	2011-2012	National Survey of Children's Health
Air, water and toxic substances	Safe drinking water	Percent of population exposed to water exceeding a violation limit during the past year	FY 2012-2013	—	FY 2013-2014	US EPA Safe Drinking Water Information System, as compiled by County Health Rankings
Air, water and toxic substances	Fluoridated water	Percent of the population served by a community water system with optimally fluoridated water	2010	2012	2014	Centers for Disease Control and Prevention, Water Fluoridation Reporting System
Air, water and toxic substances	Toxic pollutants	Total pounds of toxic chemicals released into the environment per capita (total on-site disposal or other releases for all industries and all chemicals). The Toxic Release Inventory (TRI) includes information about releases of toxic chemicals from facilities (including air, water, land on-site, and deepwell injection) but does not reveal whether or to what degree the public is exposed to these chemicals. For this dashboard, the total pounds of chemicals released in each state from the TRI database were applied to the total population size of each state to calculate a per capita amount. The numerator is from EPA, reported total on-site disposal or other releases. Denominator from American Community Survey 2011/2012 1-year population estimates.	2012	2013	2014	U.S. Environmental Protection Agency, Toxic Release Inventory; and American Community Survey
Air, water and toxic substances	Lead poisoning	Percent of young children with elevated blood lead levels (BLL > 5 ug/dL)	2012	2013	2014	Ohio Department of Health, Lead Test Results (Venous), 2010-2014, as compiled by the Kirwan Institute.
Food access and food insecurity	Healthy food access	Percent of population with limited access to healthy food, defined as the percent of low-income individuals (<200% FPG) living more than 10 miles from a grocery store in rural areas and more than 1 mile in non-rural areas	—	—	2011	U.S. Department of Agriculture, Food Environment Atlas, as compiled by County Health Rankings 2016 edition
Food access and food insecurity	Food insecurity	Percent of households that are food insecure	2011-2013	2012-2014	2013-2015	U.S. Census Bureau, Current Population Survey

Subdomain	Metric	Metric Description	Base year	Mid-year	Most recent year	Source
<b>Physical environment (cont.)</b>						
Housing, built environment and access to physical activity	Severe housing problems	Percent of households that have one or more of the following problems: 1) housing unit lacks complete kitchen facilities; 2) housing unit lacks complete plumbing facilities, 3) household is severely overcrowded, 4) monthly housing costs, including utilities, that exceed 50% of monthly income	2006-2010	2007-2011	2008-2012	U.S. Department of Housing and Urban Development, as compiled by County Health Rankings 2016 edition
Housing, built environment and access to physical activity	Access to exercise opportunities	Percent of individuals in who live reasonably close to a location for physical activity, defined as parks or recreational facilities	2010 & 2012	2010 & 2013	2010 & 2014	Business Analyst, Delorme map data, ESRI, & U.S. Census Tigerline Files, as compiled by County Health Rankings 2016 edition
Housing, built environment and access to physical activity	Alternative commute modes	Percent of trips to work via bicycle, walking, or mass transit (combined)	2013	2014	2015	U.S. Census Bureau, American Community Survey
Housing, built environment and access to physical activity	Neighborhood safety =	Percent of parents who report their children are living in a safe neighborhood	2003	2007	2011-2012	National Survey of Children's Health
Housing, built environment and access to physical activity	Safe Routes to School programs	Percent of K-8 public district schools with a completed school travel plan as of September 2014 (cumulative total). The number of schools with a completed school travel plan (numerator) was reported directly from the Ohio Department of Transportation and divided by the number of K-8 regular public school (1,560) from the Common Core Data Institute of Education Sciences.	—	—	2016	Ohio Department of Transportation (numerator) and Common Core Data Institute of Education Sciences (denominator)
Housing, built environment and access to physical activity	Bike and pedestrian infrastructure	Per capita federal transportation funding obligated to bike and/or pedestrian projects (Average annual spending per capita on bike/ped projects, FY 2006-08, 2009-11, 2012-14)	2006-2008	2009-2011	2012-14	Alliance for Biking and Walking 2016 Benchmarking Report
Housing, built environment and access to physical activity	Residential segregation =	Black-White dissimilarity index for Ohio's biggest metro areas (Columbus, Cleveland, Cincinnati, Toledo, Akron, Dayton)	—	—	2010-2014	U.S. Census Bureau, American Community Survey, as compiled by the Kirwan Institute

= Metrics are also examined in the 2017 *Dashboard* health equity profiles.



# Acknowledgments

## Health Policy Institute of Ohio

### Authors

Reem Aly, JD, MHA ([raly@healthpolicyohio.org](mailto:raly@healthpolicyohio.org))

Amy Bush Stevens, MSW, MPH ([astevens@healthpolicyohio.org](mailto:astevens@healthpolicyohio.org))

### Graphic design and layout

Nick Wiselogel, MA

### Contributors

Hailey Akah, JD, MA

Zach Reat, MPA candidate

Amy Rohling McGee, MSW

Rebecca Sustersic Carroll, MPA

Caleb Ball, HPIO intern

Rachel Besse, HPIO intern

## HPIO Health Measurement Advisory Group (HMAG)

HMAG members contributed expertise on development of the conceptual framework, selection of metrics, and layout and design of the *Dashboard*. A complete list of HMAG members is posted on the [HMAG web page](#).



**OHIO**  
UNIVERSITY

Voinovich School of  
Leadership and Public Affairs

## Voinovich School of Leadership and Public Affairs, Ohio University

### Data analysis

Anirudh Ruhil, PhD

Francesca Gordon, PhD



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