Vision
To influence the improvement of health and well-being for all Ohioans.

Mission
To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy.
HPIO core funders

• Interact for Health
• Mt. Sinai Health Care Foundation
• The George Gund Foundation
• Saint Luke’s Foundation of Cleveland
• The Cleveland Foundation
• HealthPath Foundation of Ohio
• Sisters of Charity Foundation of Canton
• Sisters of Charity Foundation of Cleveland
• Cardinal Health Foundation
• North Canton Medical Foundation
• Mercy Health
• CareSource Foundation
• United Way of Central Ohio
Staff at HPIO

Amy Rohling McGee
President
arohlingmcgee@hpio.net

Reem Aly
Vice President, Healthcare System and Innovation Policy
raly@hpio.net

Amy Bush Stevens
Vice President, Prevention and Public Health Policy
astevens@hpio.net
Agenda

Welcome and background

2017 Health Value Dashboard activities and impact

2019 Health Value Dashboard process and timeline

Opportunities for improving the effectiveness of the 2019 Dashboard

Advisory Group member next steps
HMAG

Health Measurement Advisory Group

March 8, 2018 meeting materials

- Agenda
- Meeting presentation slides [to be posted]
- Webinar recording [to be posted]

Meeting information for 2017 Dashboard

2017 Health Value Dashboard
2014 Health Value Dashboard
Questions about meeting logistics?

Alana Clark-Kirk

Phone: 614.545.0755

E-mail: aclarkkirk@healthpolicyohio.org
First meeting objectives

• Review objectives of the HPIO Health Measurement Advisory Group
• Review 2017 Dashboard activities and impact
• Review 2019 Dashboard HMAG member participation, timeline and workgroups
• Discuss feedback regarding opportunities for improving the effectiveness of the 2019 Dashboard
Pathway to improved health value: A conceptual framework

Systems and environments that affect health

<table>
<thead>
<tr>
<th>Healthcare system</th>
<th>Public health and prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>Physical environment</td>
</tr>
<tr>
<td>Social and economic environment</td>
<td>Equitable, effective and efficient systems</td>
</tr>
<tr>
<td></td>
<td>Optimal environments</td>
</tr>
</tbody>
</table>

Improved population health

IMPROVED HEALTH VALUE

Sustainable healthcare spending

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.
<table>
<thead>
<tr>
<th>Category</th>
<th>America’s Health Rankings</th>
<th>Commonwealth Scorecard</th>
<th>County Health Rankings</th>
<th>Kaiser State Health Facts</th>
<th>Gallup-Healthways Wellbeing Index</th>
<th>RWJF DataHub</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population health</td>
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<tr>
<td>Healthcare spending</td>
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<td>Healthcare system</td>
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<td>Access</td>
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<td></td>
<td></td>
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<tr>
<td>Health value</td>
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</tr>
</tbody>
</table>

= adequately covered  = minimally covered  = not covered
What makes this different?

✓ Includes spending
✓ Comprehensive set of health determinants
✓ Concise at-a-glance format for policymaker audience
Focus is on state policymakers
**Health Value Dashboard logic model**

**Dashboard key components**
- Data in context
- Value (health + spending)
- Health equity
- Comprehensive range of factors that impact health
- Accurate and credible
- Visual, compelling, relevant and easy to understand

**Short-term outcomes**
- Policymakers have a tool to track Ohio’s progress in improving health value
- Policymakers are motivated to address Ohio’s challenges and factors within and beyond health care
- Public and private stakeholders have uniform set of metrics and common understanding of health value

**Long-term outcomes**
- Policymakers make informed health policy decisions
- Public and private stakeholders implement effective strategies
- Improved population health outcomes
- Sustainable healthcare spending
## Data in context

<table>
<thead>
<tr>
<th>Rankings</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress and trends</td>
<td></td>
</tr>
<tr>
<td>Highlighting other states</td>
<td>Most improved state(s)</td>
</tr>
<tr>
<td>Disparities and inequities</td>
<td>Little to no disparity</td>
</tr>
</tbody>
</table>

Most improved state(s): TN, NV, LA
How does Ohio do?
Where does Ohio rank?

Population health: 43
Healthcare spending: 31
Health value in Ohio: 46

Health + Spending = Value
2017 Dashboad
activities and impact

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• Released March 1 at HPIO forum (142 participants)
• 1 webinar (92 total participants)
• 38 presentations
• 5 regional forums
• 16 media stories
• 6,175 page views on Dashboard website (avg. 1,775)
• HPIO testimony on Dashboard content
  – 2x in budget hearings
  – 1x for legislative task force
• HPIO documented 7 examples of witnesses from other organizations citing the Dashboard in their own testimony
HPIO’s top 5 most useful publications of 2017

“Which publications/resource pages did you find most useful for influencing the policymaking process?” (n=245)

- **Health Value Dashboard**: 58%
- **State Health Improvement Plan**: 52%
- **Medicaid Basics**: 45%
- **Social Determinants of Infant Mortality**: 36%
- **Connections between Income and Health**: 31%

*Source: HPO Annual Stakeholder Survey*
Comments from stakeholders

“The Dashboard has really become a go-to report. Now it's part of the fabric of what we do.”

-Rep. Mark J. Romanchuk, Chair, Finance Subcommittee on Health and Human Services
Comments from stakeholders

“The Health Dashboard is the benchmark for conversation around population health issues.”

-HPIO Annual Stakeholder Survey Respondent
Comments from stakeholders

“I think the Health Value Dashboard has influenced policy considerations at the state level.”

-HPIO Annual Stakeholder Survey Respondent
“How did your organization use the 2017 Dashboard?”
(n=42 Dashboard Evaluation Survey respondents)

- Helped to **identify community priorities**: 42%
- Help **identify organizational priorities**: 37%
- Local health department
  - Community Health Assessment or Community Health Improvement Plan: 32%
- Selected or aligned specific metrics for an organizational dashboard, evaluation or report: 26%
- Hospital Community Health Assessment or Implementation Strategy: 21%
- Educated policymakers: 18%
- Advocated for issues or lobby for specific legislation: 8%
### “The Health Value Dashboard…”

#### Percent “agree” or “strongly agree”
(n=43 Dashboard Evaluation Survey respondents)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides state policymakers with a useful tool to track Ohio's progress in improving health value.</td>
<td>100%</td>
</tr>
<tr>
<td>Raises awareness among state policymakers of Ohio's greatest health value challenges.</td>
<td>98%</td>
</tr>
<tr>
<td>Provides public and private stakeholders with a uniform set of metrics.</td>
<td>98%</td>
</tr>
<tr>
<td>Raises awareness among state policymakers of factors beyond medical care that affect health value.</td>
<td>93%</td>
</tr>
<tr>
<td>Motivates public and private stakeholders to implement effective strategies.</td>
<td>49%</td>
</tr>
<tr>
<td>Is used by state policymakers to make informed health policy decisions.</td>
<td>30%</td>
</tr>
</tbody>
</table>
2019 Dashboard
Process and Timeline
Pathway to improved health value: A conceptual framework

Systems and environments that affect health

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Equitable, effective and efficient systems

Optimal environments

Improved population health

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## Data in context

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<th>Rankings</th>
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<td>Greatly improved</td>
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<tr>
<td>Highlighting other states</td>
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HMAG Objectives

Members of the Advisory Group provide input on:

– ways to improve the effectiveness of the Dashboard
– metrics that need to be updated, replaced or added
– methodology, layout, design and dissemination
Advisory Group members

45 members (as of 3/7/18)
# Advisory Group: Sectors

As of March 6, 2018

<table>
<thead>
<tr>
<th>Sector</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>8</td>
</tr>
<tr>
<td>Local health department</td>
<td>7</td>
</tr>
<tr>
<td>State agency</td>
<td>7</td>
</tr>
<tr>
<td>Housing</td>
<td>0</td>
</tr>
<tr>
<td>Provider/clinician</td>
<td>10</td>
</tr>
<tr>
<td>Hospital/health system</td>
<td>10</td>
</tr>
<tr>
<td>Researcher/academic</td>
<td>13</td>
</tr>
<tr>
<td>Social service provider</td>
<td>2</td>
</tr>
<tr>
<td>Regional collaborative/other</td>
<td>5</td>
</tr>
<tr>
<td>Health plan/private insurer/managed care</td>
<td>3</td>
</tr>
<tr>
<td>Grassroots/consumer group</td>
<td>1</td>
</tr>
<tr>
<td>Community/economic development</td>
<td>0</td>
</tr>
<tr>
<td>Education/job training</td>
<td>1</td>
</tr>
<tr>
<td>Philanthropy</td>
<td>3</td>
</tr>
<tr>
<td>Employment services/income</td>
<td>0</td>
</tr>
<tr>
<td>Business</td>
<td>1</td>
</tr>
</tbody>
</table>
Advisory Group: Sectors
As of March 6, 2018

- Advocacy (8)
- Local health department (7)
- State agency (7)
- Housing (0)
- Provider/clinician (10)
- Hospital/health system (10)
- Researcher/academic (13)
- Social service provider (2)
- Regional collaborative/other (5)
- Health plan/private insurer/managed care (3)
- Grassroots/consumer group (1)
- Community/economic development (0)
- Education/job training (1)
- Philanthropy (3)
- Employment services/income (0)
- Business (1)
2019 Dashboard timeline

- **2018**
  - March
  - April
  - May
  - June
  - July
  - August
  - September
  - October
  - November
  - December

- **2019**
  - Q1

**Review and finalize metrics**

**Dashboard metric and equity workgroups**

**Data compilation and analysis**

**Layout and design**

**Dashboard release and dissemination**

- HMAG meeting 1
- HMAG meeting 2
Dashboard workgroups

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

Health equity
Dashboard workgroups

- Healthcare system (14)
- Access to care (15)
- Public health and prevention (19)
- Social and economic environment (12)
- Physical environment (3)
- Population health (24)
- Healthcare spending (10)
- Health equity (19)
Consistency over time

2014

2017

2019
Opportunities for improving the 2019 Dashboard
“How useful are the following Dashboard components for communicating with state policymakers?”

<table>
<thead>
<tr>
<th>Component</th>
<th>Percent “very useful”</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of greatest challenges</td>
<td>80%</td>
</tr>
<tr>
<td>Trends section</td>
<td>68%</td>
</tr>
<tr>
<td>Guide to Improving Health Value page</td>
<td>66%</td>
</tr>
<tr>
<td>Equity profiles</td>
<td>63%</td>
</tr>
<tr>
<td>Crosswalk to sources that display local-level data</td>
<td>54%</td>
</tr>
<tr>
<td>Most improved states column</td>
<td>52%</td>
</tr>
<tr>
<td>Excel appendix with metric descriptions, years, source and Ohio data</td>
<td>39%</td>
</tr>
</tbody>
</table>

(n=27-30 Dashboard Evaluation Survey respondents)
“If resources and capacity were available, what added HVD features would be most useful for reaching state policymakers and influencing the policymaking process?”
(n=39 Dashboard Evaluation Survey respondents)

- A concise list of specific evidence-based strategies to improve health value within the Dashboard document: 67%
- Local data on selected metrics: 56%
- More dissemination and sharing tools (e.g. social media links and messaging, PowerPoint slide decks, chart packs, etc.): 44%
- More direct links to evidence-based strategies within the Dashboard document: 41%
- Follow-up work to address data gaps and challenges: 28%
- Identification of data gaps and challenges: 21%
- Expansion of the Guide to Improving Health Value resource page: 3%
“If resources and capacity were available, what added HVD features would be most useful for reaching state policymakers and influencing the policymaking process?”
(n=39 Dashboard Evaluation Survey respondents)

- A concise list of specific evidence-based strategies to improve health value within the Dashboard document: 67%
- More direct links to evidence-based strategies within the Dashboard document: 41%
- Expansion of the Guide to Improving Health Value resource page: 3%
"If resources and capacity were available, what added HVD features would be most useful for reaching state policymakers and influencing the policymaking process?"

(n=39 Dashboard Evaluation Survey respondents)

<table>
<thead>
<tr>
<th>Feature</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local data on selected metrics</td>
<td>56%</td>
</tr>
<tr>
<td>More dissemination and sharing tools (e.g. social media links and messaging, PowerPoint slide decks, chart packs, etc.)</td>
<td>44%</td>
</tr>
<tr>
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<tr>
<td>Identification of data gaps and challenges</td>
<td>21%</td>
</tr>
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Comments from evaluation survey

“The tool should be used to focus work vs boil the ocean...”

“Continue to simplify the path between sets of indicators and sets of policy changes that would make the most difference.”
Next steps

- Metric selection workgroups (consensus via email or GoToMeeting)
- HMAG in-person meeting two in Sept./Oct. 2018
Contact

Reem Aly
Amy Stevens

Health Policy Institute of Ohio
raly@hpio.net
astevens@hpio.net