

Assessment of Child Health and Health Care in Ohio

Executive summary

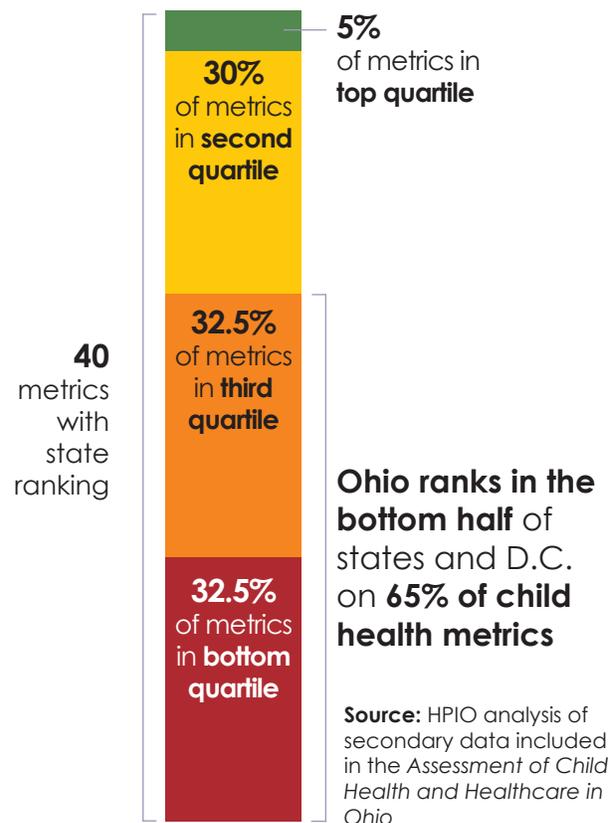
Ohio performs poorly on child health

Ohio's performance is consistently in or near the bottom half of states on rankings of child health and wellbeing. For example, Ohio ranked 32nd (out of 50 states) on *America's Health Rankings 2018 Health of Women and Children* report, and 25th (out of 50 states) in the 2018 *Kids Count Child Wellbeing* report.

Even more concerning, Ohio is in the bottom quartile of states for African-American child wellbeing based on the Annie E. Casey Foundation *Race for Results Index of Child Wellbeing and Opportunity* – indicating that not all children in Ohio have the same opportunities to achieve optimal health.

In the *Assessment of Child Health and Health Care*, Ohio ranked in the bottom half of states on 65 percent of metrics with national ranking data (see **figure ES.1**).

Figure ES.1 Ohio's performance on child health relative to other states



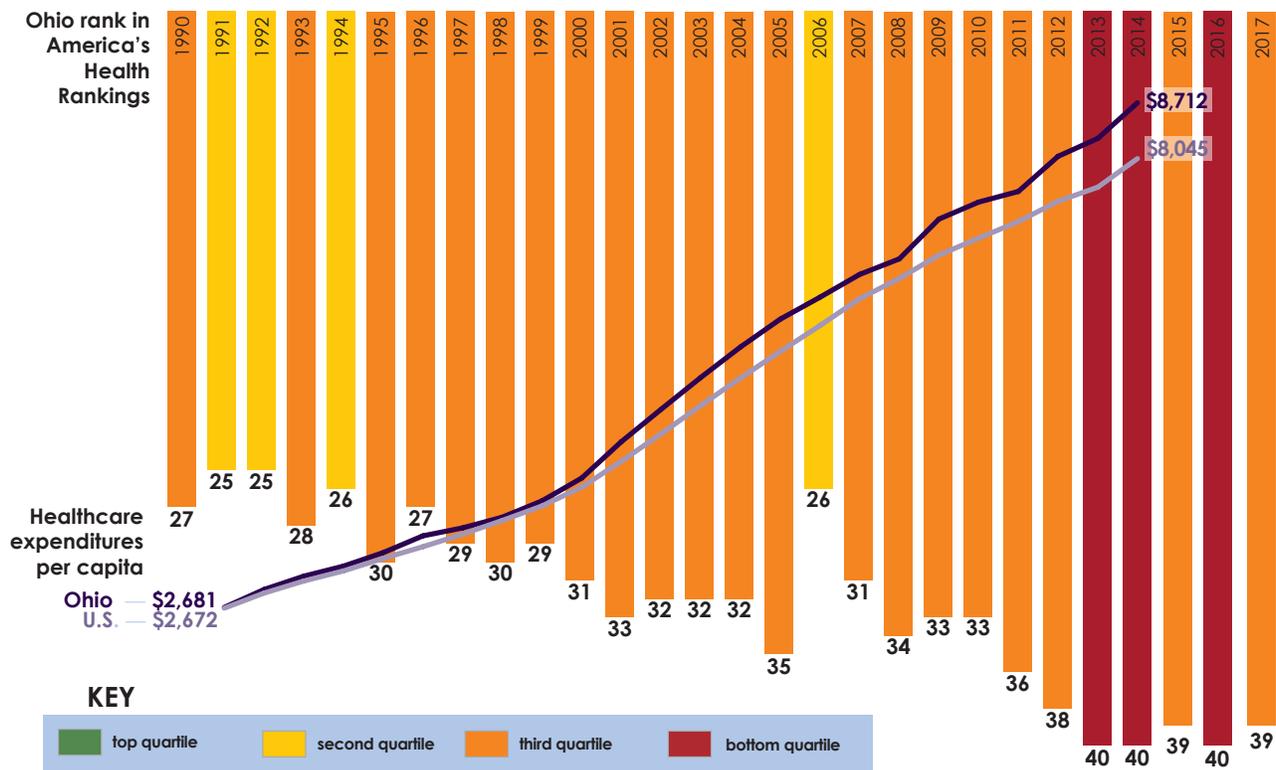
About the Assessment

There are many organizations working to improve child health and wellbeing in Ohio at both the state and local level. These organizations, however, do not share a common framework for their work. The *Assessment of Child Health and Health Care in Ohio* was commissioned by the Ohio Children's Hospital Association (OCHA) and developed by the Health Policy Institute of Ohio (HPIO) with a multi-sector advisory committee. The *Assessment* identifies Ohio's top child health and healthcare-related priorities and provides a starting place for a child-focused health policy agenda that can pave the way for a healthier Ohio.

Top child health priorities identified in the *Assessment* are informed by:

- Analysis of 58 child health specific metrics
- Review of local health department and children's hospital community health planning documents
- Healthcare utilization and cost data on young Ohioans from the Ohio Department of Medicaid and the Ohio Hospital Association
- Feedback from a multi-sector advisory committee

Figure ES.2 Ohio's overall performance (all ages) over time on health and healthcare spending



Source for health ranking: UnitedHealth Foundation, America's Health Rankings

Source for healthcare spending: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, compiled by the Kaiser Family Foundation

Why does child health matter?

For decades, Ohioans have struggled with high healthcare spending and a steady decline in health outcomes relative to other states (see **figure ES.2**). According to HPIO's 2017 *Health Value Dashboard*, Ohio ranks 46th out of 50 states and D.C. on health value. This means that Ohioans live less healthy lives and spend more on health care than people in most other states. Ohioans cannot afford to continue this trajectory.

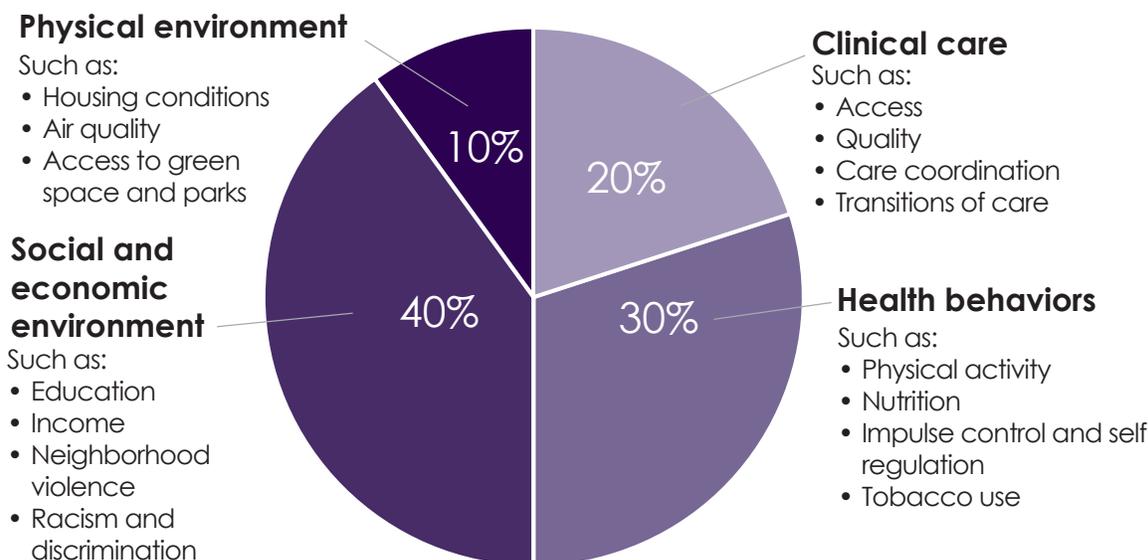
Many of the health challenges Ohioans face today are rooted in experiences and conditions that could have been better managed or prevented during childhood. Research confirms that focusing on the health of children is a wise investment because poor health outcomes during childhood can lead to permanent impairment later in life.¹ For example, children who lack access to healthy food are at greater risk for developing diabetes and heart disease in adulthood, and adolescent drug use increases the likelihood of addiction later in life.

Why are we doing poorly?

Health is influenced by several modifiable factors, including clinical care access and quality, health behaviors and the social, economic and physical environments in which families live (see **figure ES.3**). Although Ohio has many strengths related to health care access, we perform worse than other states on the social, economic and physical environment, public health and prevention, and many health behaviors.² All of these factors contribute to Ohio's poor child-health outcomes.

Notably, children in Ohio are more likely than children in other states to have two or more adverse childhood experiences (ACEs).³ ACEs, which are strongly linked to the development of a wide range of health problems, include a child's exposure to family dysfunction, violence in the home or neighborhood and living in a family with financial hardship.

Figure ES.3 Modifiable factors that influence health



Source: Booske, Bridget C. et. al. County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health. University of Wisconsin Public Health Institute, 2010.

What are the most important priorities for child health?

The top three child health priorities identified in the *Assessment* are: Mental health and addiction, chronic disease and maternal and infant health.



Mental health and addiction

- **Ohio ranked in the bottom quartile of states on drug overdose deaths for young adults ages 18-25.** Unintentional drug overdose deaths for ages 18 to 25 have more than tripled from 2007 at 138 deaths to 448 deaths in 2017.
- **Suicide deaths for Ohio's children and young adults have increased dramatically from 2007 to 2017.** Suicide deaths have increased more than two-fold for ages 8-17 (35 deaths to 80 deaths) and by nearly 1.5 times for ages 18-25 (155 to 225 deaths) from 2007 to 2017. The youngest suicide victim from 2007 to 2017 was age 8.
- **Attention deficit hyperactivity disorder (ADHD) medications were the most commonly prescribed drug for all Ohio Medicaid enrollees ages 0-17.** ADHD medications were also the highest cost drugs covered by Ohio Medicaid for children ages 0-17. Medicaid spent nearly \$120 million on ADHD medications in 2017, about six times more than the next highest cost drug.



Chronic disease

- **Children in Ohio have more hospital admissions for asthma than children in most other states.** This issue is compounded by the fact that children who are black are 4.3 times more likely to have an emergency department visit related to asthma compared to white peers in 2016.
- **Ohio children struggle with maintaining a healthy weight.** In 2016, 36 states had a higher percentage of children reporting a healthy weight compared to Ohio.
- **There are more children living in food insecure households in Ohio than in most other states.** One fifth of children in Ohio lived in a household where there was uncertainty of having, or an inability to acquire, enough food for all household members from 2013 to 2015.



Maternal and infant health

- **Over the past few decades, Ohio has had one of the highest infant mortality rates in the nation.** Even more troubling, in 2016 Ohio's black infant mortality rate (15.2 infant deaths per 1,000 live births) was almost three times as high as the white rate (5.8 infant deaths per 1,000 live births). Black women in Ohio are also less likely to receive prenatal care during their first trimester of pregnancy and are more likely to deliver their baby preterm, before 37 weeks of gestation, than white women.

- **Pregnancy- and birth-related conditions were the most common reasons for inpatient hospitalizations among young Medicaid enrollees in Ohio.** Of the top-10 most common inpatient hospitalizations in 2017, pregnancy- and birth-related conditions accounted for 84 percent of hospitalizations among children (ages

0-17) and 79 percent of hospitalizations among young adults (ages 18-25) in Ohio Medicaid. Notably, newborn care only represented 6 percent of all medical encounters for the top-10 highest-cost conditions in Medicaid, but had the highest per-person cost (approximately \$6,500) for the 0-17 age group.

Policy framework for improved child health in Ohio: A starting place

Figure ES.4 lays out a policy priority framework for improving child health, informed by the findings of the *Assessment* and advisory committee feedback. The framework sets the stage for a child-focused health policy agenda in Ohio by identifying:



Four foundations for healthy children



Three top child health policy priority areas: Mental health and addiction, chronic disease and maternal and infant health

Fifteen specific priority outcomes to measure success

Mental health and addiction

- Suicide deaths
- Depression
- Anxiety
- Attention Deficit/Hyperactivity Disorder
- Tobacco/nicotine
- Alcohol
- Marijuana
- Unintentional drug overdose deaths

Chronic disease

- Asthma morbidity
- Physical activity
- Food insecurity
- Healthy weight

Maternal and infant health

- Infant mortality
- Preterm birth
- Prenatal care



Eight actionable policy goals that drive improved health for Ohio's children



Twenty-two examples of evidence-based strategies that align with the policy goals and can be deployed in the short-term to move the needle on Ohio's top three child health priorities (see **full report** for list of strategies)

Improving child health through this framework requires public and private sector leadership from a wide variety of entities including policymakers, providers of healthcare services, insurers, schools, community-based organizations and the support of parents, caregivers and families.

Figure ES.4 Policy framework for improved child health in Ohio: A starting place

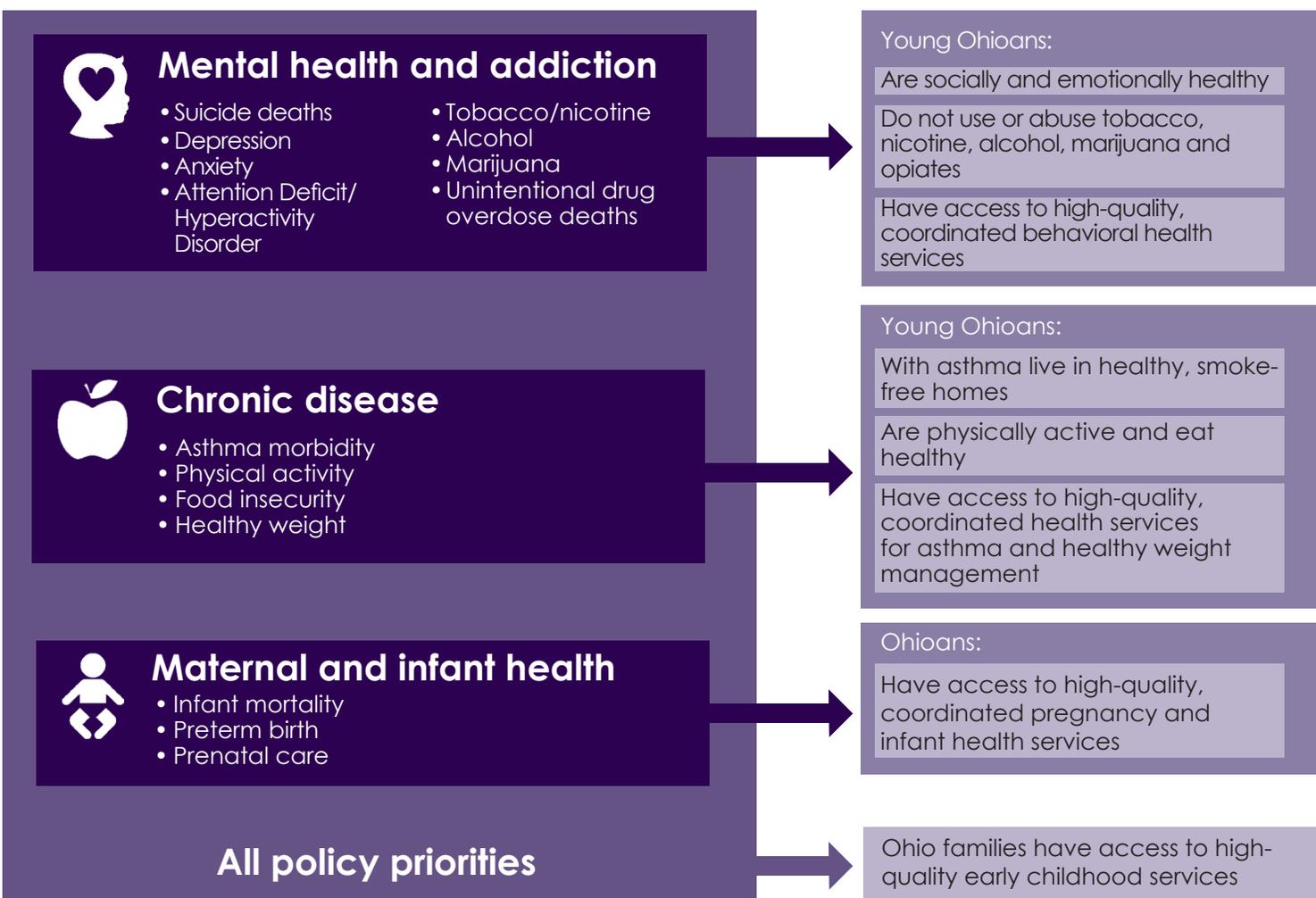
Foundations for healthy children

Improved child health and wellbeing in Ohio can only be achieved if the following goals are met:

- 1. Eliminate gaps in child outcomes.** All young Ohioans have the opportunity to make healthy choices and achieve optimal health, regardless of their race/ethnicity, family income, where they live or other social, economic or demographic factors.
- 2. Promote economic vitality for Ohio families.** All families in Ohio have the opportunity to achieve financial and housing stability.
- 3. Evaluate Ohio's progress toward improving child health.** Ohio makes strong investments in data collection, research and evaluation of strategies to improve the health of young Ohioans.
- 4. Pay for child health and wellbeing.** Payments to providers incentivize improved child health and wellbeing, are based on population-level outcomes, address the modifiable factors of health (see **figure ES.3**) and are stable, predictable and adequate.

Data-driven policy priorities and priority outcomes

Evidence-informed policy goals



How can we improve child health in Ohio?

Ohio needs a comprehensive approach to address child health as outlined in the policy framework. The framework identifies four “foundations for healthy children” (see **figure ES.4**) that are instrumental in ensuring all Ohio’s children are healthy by recognizing the need to:

- 1. Eliminate gaps in child outcomes.** All young Ohioans should have the opportunity to make healthy choices and achieve optimal health, regardless of their race and ethnicity, family income, where they live and other social, economic or demographic factors.
- 2. Promote economic vitality for Ohio families.** All families in Ohio should have the opportunity to achieve financial and housing stability. This includes access to self-sufficient employment⁴ and safe, affordable and quality housing.
- 3. Evaluate Ohio’s progress toward improving child health.** Ohio needs to make strong investments in data collection, research and evaluation of evidence-based strategies implemented to improve the health of young Ohioans. This includes making child health data from payers, providers, schools, state agencies and other entities accessible and real-time tracking of outcomes at the state and local levels and disaggregated by race and ethnicity and other social, economic and demographic factors.
- 4. Pay for child health and wellbeing.** Provider payments should incentivize child health and wellbeing, be based on population-level outcomes and address the modifiable factors that influence health. Payments must be stable, predictable and adequate.

A comprehensive approach to address child health policy goals

In order to achieve the policy goals outlined in **figure ES.4**, it is critical that evidence-based strategies be deployed in a coordinated and sustained way to ensure optimal conditions for child health and wellbeing. **Figure ES.5** applies this comprehensive approach to the mental health and addiction policy priority. The diagram provides examples of upstream

Notes

1. Belli, Paolo C., Flavia Bustreo and Alexander Preker. “Investing in children’s health: what are the economic benefits?” *Bulletin of the World Health Organization* 83, no. 10 (2005): 777-784.
2. 2017 *Health Value Dashboard*. Health Policy Institute of Ohio, 2017; and *A New Approach to Reduce Infant Mortality and Achieve Equity: Policy Recommendations to Improve Housing, Transportation, Education and Employment*. Health Policy Institute of Ohio, 2017.
3. National Survey of Children’s Health, 2016
4. HPIO defines self-sufficient employment as employment that: (1) pays a sufficient income to cover basic needs, such as housing, food, transportation, child care and health care (2) offers health insurance coverage

Achieving optimal health for all Ohio children

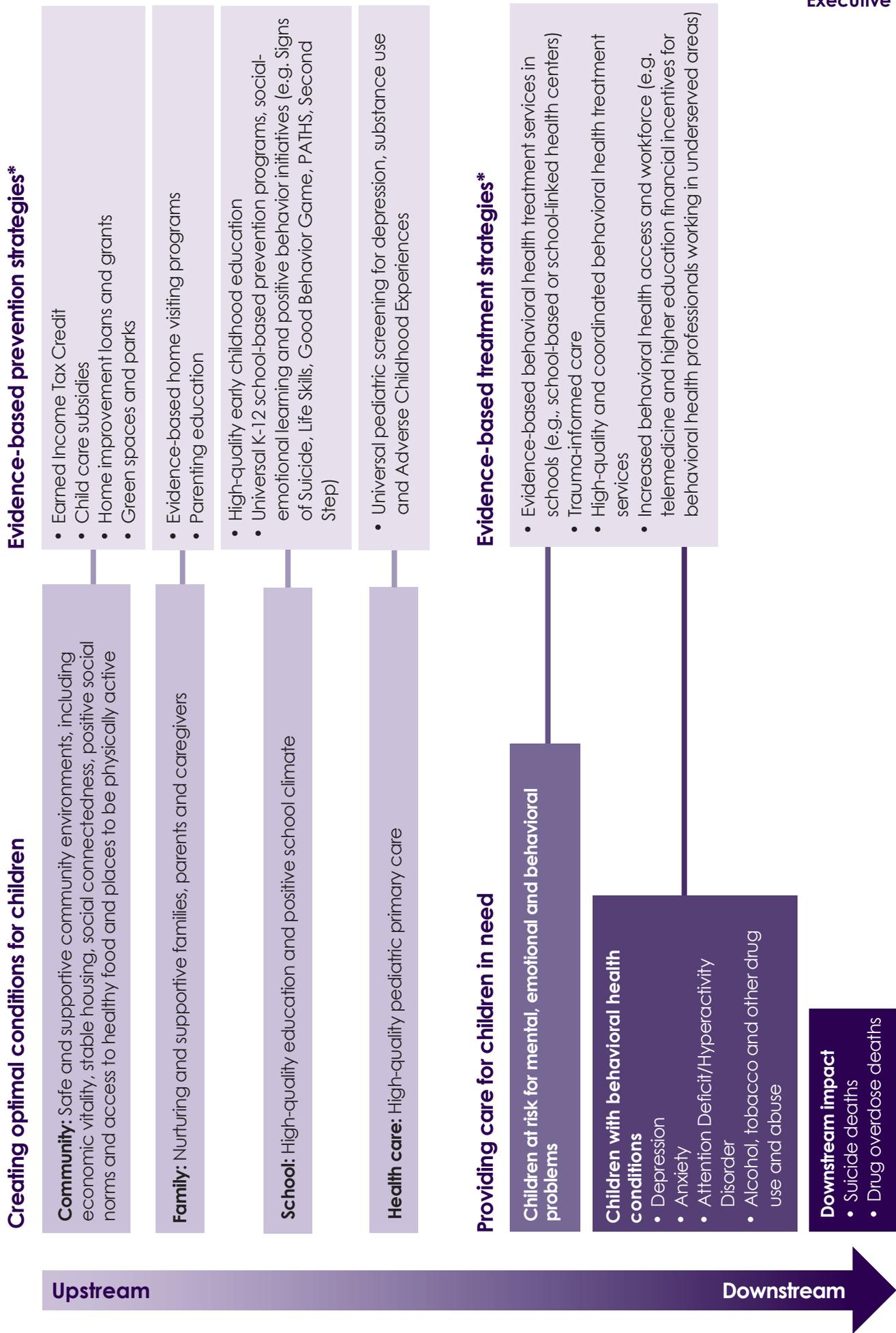
State policymakers and other stakeholders must work together to ensure all children in Ohio have the opportunity to achieve optimal health by:

- Focusing resources, policies and programs towards children who are at the greatest risk of experiencing poor health outcomes
- Prioritizing investment in evidence-based strategies that decrease health gaps in children and address the underlying causes of these gaps, such as improving the social and economic conditions for children living in struggling Ohio communities
- Increasing collection of, and access to, disaggregated data for children to identify gaps in health outcomes (such as by race and ethnicity, family income level, disability status, sexual orientation, zip code, gender, age, etc.) in real time
- Assessing the impact of policies and actions taken to improve reach and evaluate impact on reducing health disparities

evidence-based policies and programs that promote child wellbeing and prevent mental, emotional and behavioral problems in children, as well as downstream strategies to treat children and young adults who are at risk for or have behavioral health conditions.

Widespread and effective implementation of upstream prevention strategies can reduce downstream consequences of mental illness and addiction, such as suicide and drug overdose deaths. A similar approach can be implemented to reduce the downstream impacts for Ohio’s other top child health priority areas – chronic disease and maternal and infant health. Most importantly, the optimal conditions for children in Ohio outlined in **figure ES.5**, such as safe communities and nurturing families, are critical to address all of Ohio’s top child health priorities.

Figure ES.5 Example of a public and private prevention and treatment approach to mental health and addiction



Download the complete report at

<http://bit.ly/2PBjRj4>



Ohio Children's Hospital Association

Saving, protecting and enhancing children's lives

