Prepared by the Health Policy Institute of Ohio for the Ohio Children’s Hospital Association.

Graphics can be saved as jpgs or dragged into a Word document.
Ohio’s performance on child health relative to other states

Source: Assessment of Child Health and Health Care in Ohio, figure ES.1
Data source: HPIO analysis of secondary data included in the Assessment of Child Health and Healthcare in Ohio
Ohio’s overall performance (all ages) over time on health and healthcare spending

Source: Assessment of Child Health and Health Care in Ohio, figure ES.2
Data source for health ranking: UnitedHealth Foundation, America’s Health Rankings
Data source for healthcare spending: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, compiled by the Kaiser Family Foundation
Modifiable factors that influence health

Physical environment
- Housing conditions
- Air quality
- Access to green space and parks

Social and economic environment
- Education
- Income
- Neighborhood violence
- Racism and discrimination

Clinical care
- Access
- Quality
- Care coordination
- Transitions of care

Health behaviors
- Physical activity
- Nutrition
- Impulse control and self regulation
- Tobacco use

Source: Assessment of Child Health and Health Care in Ohio, figure ES.3
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 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**

- **Mental health and addiction**
  - Suicide deaths
  - Depression
  - Anxiety
  - Attention Deficit/Hyperactivity Disorder
  - Tobacco/nicotine
  - Alcohol
  - Marijuana
  - Intentional drug overdose deaths

- **Chronic disease**
  - Asthma morbidity
  - Physical activity
  - Food insecurity
  - Healthy weight

- **Maternal and infant health**
  - Infant mortality
  - Preterm birth
  - Prenatal care

**Evidence-informed policy goals**

- **Young Ohioans:**
  - Are socially and emotionally healthy
  - Do not use or abuse tobacco, nicotine, alcohol, marijuana and opiates
  - Have access to high-quality, coordinated behavioral health services

- **Young Ohioans:**
  - With asthma live in healthy, smoke-free homes
  - Are physically active and eat healthy
  - Have access to high-quality, coordinated health services for asthma and healthy weight management

- **Ohioans:**
  - Have access to high-quality, coordinated pregnancy and infant health services

- **Ohio families have access to high-quality early childhood services**

**Source:** Assessment of Child Health and Health Care in Ohio, figure ES.4
Example of a public and private prevention and treatment approach to mental health and addiction

Creating optimal conditions for children

Community: Safe and supportive community environments, including economic vitality, stable housing, social connectedness, positive social norms and access to healthy food and places to be physically active

Family: Nurturing and supportive families, parents and caregivers

School: High-quality education and positive school climate

Health care: High-quality pediatric primary care

Evidence-based prevention strategies*

- Earned Income Tax Credit
- Child care subsidies
- Home improvement loans and grants
- Green spaces and parks
- Evidence-based home visiting programs
- Parenting education
- High-quality early childhood education
- Universal K-12 school-based prevention programs, social-emotional learning and positive behavior initiatives (e.g., Signs of Suicide, Life Skills, Good Behavior Game, PATHS, Second Step)
- Universal pediatric screening for depression, substance use and Adverse Childhood Experiences

Evidence-based treatment strategies*

- Evidence-based behavioral health treatment services in schools (e.g., school-based or school-linked health centers)
- Trauma-informed care
- High-quality and coordinated behavioral health treatment services
- Increased behavioral health access and workforce (e.g., telemedicine and higher education financial incentives for behavioral health professionals working in underserved areas)

Providing care for children in need

Children at risk for mental, emotional and behavioral problems

Children with behavioral health conditions
- Depression
- Anxiety
- Attention Deficit/Hyperactivity Disorder
- Alcohol, tobacco and other drug use and abuse

Downstream impact
- Suicide deaths
- Drug overdose deaths

Source: Assessment of Child Health and Health Care in Ohio, figure ES.5
*Data sources: Assessment of Child Health and Health Care in Ohio and 2017-2019 State Health Improvement Plan
Download the complete report, executive summary or two-page snapshot at