Assessment of Child Health and Health Care in Ohio

Snapshot

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. In the Assessment of Child Health and Healthcare, Ohio ranked in the bottom half of states on 65 percent of metrics with national ranking data.

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. According to the Health Policy Institute of Ohio (HPIO) 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.

Why are we doing poorly?
Health is influenced by several factors, including clinical care access and quality, health behaviors and the social, economic and physical environments in which families live. All of these factors contribute to Ohio’s poor child-health outcomes.

How can we improve child health in Ohio?
Ohio needs a comprehensive approach to address child health as outlined in the policy framework below. The framework (informed by the findings of the Assessment and advisory committee feedback) 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 such as suicide deaths, asthma morbidity and infant mortality (see policy framework on back for full list)
- **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.
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 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
- Unintentional drug overdose deaths

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

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

All policy priorities

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

About the Assessment
This Assessment was commissioned by the Ohio Children’s Hospital Association and developed by HPIO with a multi-sector advisory committee.

Notes
1. America’s Health Rankings: Health of Women and Children, 2018 (Ohio ranks 32 out of 50); Kid Count Overall Child Wellness, 2018 (Ohio ranks 25 out of 50). A ranking of one is best.