Where does Ohio rank?

43 Population health

28 Healthcare spending

46 Health value in Ohio
Ohio ranks in the bottom quartile on nearly 30 percent of metrics.
Where do other states rank on population health?
Where do other states rank on healthcare spending?
Where do other states rank on health value?
Top and bottom states on health value rank

Top quartile states
- Hawaii
- Utah
- California
- Colorado
- Arizona
- Nevada
- Virginia
- Washington
- Georgia
- New Mexico
- Idaho
- Oregon
- Maryland

Bottom quartile states
- Tennessee
- District of Columbia
- North Dakota
- Oklahoma
- Indiana
- Maine
- Alabama
- Missouri
- Ohio
- Arkansas
- Louisiana
- Mississippi
- Kentucky
- West Virginia

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Why do we rank poorly?

Access to care

Social and economic environment

Healthcare system

Physical environment

Public health and prevention
Why do we rank poorly on health value?

Too many Ohioans are left behind

Resources are out of balance

Addiction is holding Ohioans back
Too many Ohioans left behind

Without a strong foundation, not all Ohioans have the same opportunity to be healthy

Birth

- Adverse childhood experiences*: 38
- Child poverty: 35
- Preschool enrollment: 28
- High school graduation: 29
- Some college: 31

Adulthood

- Adult incarceration: 38 (out of 50)
- Unemployment: 43

112,873 black children in Ohio would not be living in poverty if gap between white and black children in Ohio was eliminated

11,372 Ohioans with low incomes would graduate high school if gap between low- and high-income Ohioans was eliminated

29,251 Ohioans with disabilities, ages 18-64, would be employed if gap between Ohioans with and without disabilities was eliminated
Resources are **out of balance**

**Modifiable factors that influence health**

- **32** Social and economic environment
- **18** Access to care
- **36** Healthcare system
- **40** Physical environment
- **47** Public health and prevention

Bottom quartile spending metrics

<table>
<thead>
<tr>
<th>Rank</th>
<th>Category</th>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>Nursing home care spending, per capita</td>
<td>Medicaid benefit spending, per full year equivalent enrollee, aged category, 2014</td>
<td>$18,218</td>
</tr>
<tr>
<td>41</td>
<td>Hospital care spending, per capita</td>
<td></td>
<td>$13,063</td>
</tr>
<tr>
<td>39</td>
<td>Total Medicare spending, per beneficiary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Average total cost, per Medicare beneficiary with three or more chronic conditions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: 2014 Medicaid Statistical Information System (MSIS) and Urban Institute estimates from CMS-64 reports, as compiled by the Kaiser Family Foundation. Includes full or partial benefit enrollees; State Health Access Data Assistance Center. “State Health Compare.”
State and local public health funding in Ohio

State public health funding, per capita (2017)¹  $12.46

Local public health agency spending, per capita (2015)² $35.74

Addiction is holding Ohioans back

Critical gaps remain in addressing Ohio’s addiction crisis

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>50</td>
<td>Drug overdose deaths</td>
</tr>
<tr>
<td>48</td>
<td>Child in household with a smoker</td>
</tr>
<tr>
<td>44</td>
<td>Adult smoking</td>
</tr>
</tbody>
</table>
All states in the top quartile for health value have lower rates of adult smoking than Ohio.

Sources: HPIO 2019 Health Value Dashboard (value rank), 2017 Behavioral Risk Factor Surveillance System (smoking)
Policy goals

Create opportunities for all Ohio children to thrive

Invest upstream in employment, housing and transportation

Build and sustain a high-quality addiction prevention, treatment and recovery system
Dashboard analysis led to 3 policy goals

- Too many Ohioans are left behind
  - Create opportunities for all Ohio children to thrive

- Strategies and resources are out of balance
  - Invest upstream in employment, housing and transportation

- Addiction is holding Ohioans back
  - Build and sustain a high-quality addiction prevention, treatment and recovery system
9 strategies that work to improve health value

<table>
<thead>
<tr>
<th>Create opportunities for all Ohio children to thrive</th>
<th>Invest upstream in employment, housing and transportation</th>
<th>Build and sustain a high-quality addiction prevention, treatment and recovery system</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Home visiting</td>
<td>4. Earned income tax credit</td>
<td>7. Tobacco prevention and cessation</td>
</tr>
</tbody>
</table>

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Percent of Medicaid managed care enrollees aged 18+ who received tobacco cessation counseling or medication

Percent of Medicaid enrollees age 19-64 who smoke

46%

Source for counseling and medication data: Ohio Department of Medicaid, 2016
Note: Counseling refers to cessation counseling of various durations (procedures). Medication refers to smoking determinants and nicotine receptor partial agonists (i.e., therapeutic class).
Source for smokers in Medicaid data: Data provided by the Ohio Colleges of Medicine Government Resource Center. Ohio Medicaid Assessment Survey. Provided March 18, 2019.