Moving toward health value
Where we are now and how we can improve

Reem Aly and Amy Bush Stevens
Health Policy Institute of Ohio
<table>
<thead>
<tr>
<th>Local health commissioners</th>
<th>Ohio Department of Health</th>
<th>Ohio Department of Mental Health and Addiction Services</th>
<th>Philanthropy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and early childhood</td>
<td>Regional health initiatives</td>
<td>Provider associations</td>
<td>Employer associations</td>
</tr>
<tr>
<td>Ohio Hospital Association</td>
<td>Consumer advocacy</td>
<td>Managed care plans</td>
<td>Ohio Department of Medicaid</td>
</tr>
<tr>
<td>Academia</td>
<td>Ohio Commission on Minority Health</td>
<td>Ohio Association of Health Plans</td>
<td>Community-based organizations</td>
</tr>
</tbody>
</table>
Where does Ohio rank?
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?
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
Ohio rank

Social and economic environment
Ohio rank

Healthcare system
Ohio rank

Physical environment
Ohio rank

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

Too many Ohioans are left behind

Resources are out of balance

Addiction is holding Ohioans back
Why do we rank poorly on health value?

Too many Ohioans are left behind
Too many Ohioans left behind

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

Birth

Adverse childhood experiences* 38

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

Child poverty 35

28

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

Preschool enrollment

High school graduation 29

Some college 31

Adult incarceration 38 (out of 50)

Unemployment 43

29,251 Ohioans with disabilities, ages 18-64, would be employed if gap between Ohioans with and without disabilities was eliminated
Lead Exposure Risk by County Using Poverty and Housing Data, 2013–2017

Source: Children’s Defense Fund Ohio and Groundwork Ohio
Lead Exposure Risk by County Using Poverty and Housing Data, 2013–2017

Source: Children’s Defense Fund Ohio and Groundwork Ohio

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“My husband and I didn’t know that lead was in the apartment when we moved in,”
-Diana King
Why do we rank poorly on health value?

Resources are out of balance
Resources are out of balance

Modifiable factors that influence health

- Social and economic environment: 32%
- Access to care: 18%
- Clinical care: 20%
- Healthcare system: 36%
- Public health and prevention: 47%
- Health behaviors: 30%
- Physical environment: 40%

Bottom quartile spending metrics

<table>
<thead>
<tr>
<th></th>
<th>Medicaid benefit spending, per full year equivalent enrollee, aged category, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>Nursing home care spending, per capita</td>
</tr>
<tr>
<td>41</td>
<td>Hospital care spending, per capita</td>
</tr>
<tr>
<td>39</td>
<td>Total Medicare spending, per beneficiary</td>
</tr>
<tr>
<td>39</td>
<td>Average total cost, per Medicare beneficiary with three or more chronic conditions</td>
</tr>
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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)  
$12.46

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

Why do we rank poorly on health value?

Addiction is holding Ohioans back
Addiction is holding Ohioans back

Critical gaps remain in addressing Ohio’s addiction crisis

<table>
<thead>
<tr>
<th>50</th>
<th>Drug overdose deaths</th>
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<tr>
<td>48</td>
<td>Child in household with a smoker</td>
</tr>
<tr>
<td>44</td>
<td>Adult smoking</td>
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“Tobacco Nation”

Source: Truth Initiative, “tobacco use in these 12 U.S. states is on par with a number of developing countries. Why?”
Health Value Dashboard: bottom quartile states for population health
“Tobacco Nation”

Poor population health nation
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)
Why do we rank poorly on health value?

- Too many Ohioans are left behind
- Resources are out of balance
- Addiction is holding Ohioans back
Improvement is possible.
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

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9 strategies that work to improve health value

Create opportunities for all Ohio children to thrive

1. Home visiting
2. Quality early childhood education and child care subsidies
3. Lead screening and abatement

Invest upstream in employment, housing and transportation

4. Earned income tax credit
5. Safe, accessible and affordable housing
6. Public transportation

Build and sustain a high-quality addiction prevention, treatment and recovery system

7. Tobacco prevention and cessation
8. K-12 drug prevention and social-emotional learning
9. Behavioral health workforce
ROI of lead poisoning prevention

Every $1 invested returns…

$1.33
Removing leaded drinking water service lines

$1.39
Eradicating lead paint hazards from older homes

$3.10
Ensuring contactors comply with EPA lead-safe renovation rule

ROI of lead poisoning prevention

Based on change in number of children born in 2018 who
• Earn high school diplomas
• Become teen parents
• Are convicted of crimes
• Complete 4-year college degree

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2% public transportation

Ohio Department of Transportation budget
SFY 2019

(Transportation Budget Bill Greenbook Analysis of Enacted Budget)
9 strategies that work to improve health value

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Ohio’s greatest health value strengths and challenges

Top and bottom quartile metrics in the domains that contribute to health value

Social and economic environment
- Unemployment
- Adult incarceration

Physical environment
- Child in household with a smoker
- Outdoor air quality
- Food insecurity

Access to care
- Medicaid home, clients
- Preventive dental care, clients

Healthcare system
- Access to recommended treatment
- Cancer early stage diagnosis
- Potentially avoidable hospital readmissions for employer-insured enrollees
- 30-day hospital readmissions for employer-insured enrollees

Public health and prevention
- Comprehensive public health system
- Health security surveillance
- Emergency preparedness training, per capita
- Child immunization
- State public health workforce
- Environmental and occupational health
- Sedentary use

Population health
- Drug overdose deaths
- Infant mortality
- Adult smoking
- Premature death
- Life expectancy
- Poor oral health
- Adult obesity
- Adult insufficient physical activity
- Cardiovascular disease mortality

Healthcare spending
- Employee contributions to employer-sponsored insurance premiums
- Average total cost, per Medicare beneficiary with three or more chronic conditions
- Average total cost, per Medicare beneficiary with three or more chronic conditions

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• All Ohioans who want to quit smoking get the help they need to quit.
• The current generation of children never start using nicotine.
What would effective cessation policy look like?

• Media campaigns are everywhere
• Call volume to Ohio Tobacco Quit Line increases
• Cessation is prioritized in Medicaid
• Baby and Me Tobacco Free is available everywhere
• Cessation services are tailored to meet the needs of Ohio’s most at-risk groups, including Ohioans living with toxic stress, mental illness and disability
Tips from former smokers

Those things you say will never happen to you? They happen.

Learn More
Quit Line service utilization, Ohio and U.S.
Q4 2016

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Counseling</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2014</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>FY 2015</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>FY 2016</td>
<td>2%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Percent of Medicaid enrollees age 19-64 who smoke

2017: 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 (DM 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.

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Adult smoking and adverse childhood experiences in Ohio, 2015

Percent of adults who currently smoke

- 0-1 ACEs: 16%
- 2-3 ACEs: 30%
- 4+ ACEs: 41%

Source: Behavioral Risk Factor Surveillance Survey data provided by the Ohio Department of Health, 2/28/19
All of the [cessation] counseling in the world is not going to help unless your life is where you need it to be, and it has to be. Because if you have your problems and your kids, it’s just going to pile up and you’re just going to be like “why quit smoking?”

--Athens focus group participant

Source: Dr. Carol Carstens, OMHAS, 2017
E-cigarette use among U.S. high school students

Source: CDC, Vital Signs. Tobacco use by youth is rising, Feb. 2019

<table>
<thead>
<tr>
<th>Year</th>
<th>E-cigarette Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>12%</td>
</tr>
<tr>
<td>2018</td>
<td>21%</td>
</tr>
</tbody>
</table>

US surgeon general warns of teen risks from e-cigarettes

Dec. 18, 2018

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What would effective youth prevention look like?

• All tobacco products, including e-cigarettes, are more expensive and harder to get.

• Youth-oriented media campaigns are everywhere.

• Local communities are mobilized to keep kids tobacco-free.
• All Ohioans who want to quit smoking get the help they need to quit.
• The current generation of children never start using nicotine.
What can my organization do?

• Share the *Dashboard*
• Select one or more of the nine *strategies* and advocate
• Focus on *equity*
@HealthPolicyOH

www.hpio.net/2019-health-value-dashboard
Create opportunities for all Ohio children to thrive

1. Home visiting
2. Quality early childhood education and child care subsidies
3. Lead screening and abatement

Invest upstream in employment, housing and transportation

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Build and sustain a high-quality addiction prevention, treatment and recovery system

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8. K-12 drug prevention and social-emotional learning
9. Behavioral health workforce
Achieving health equity: Framework for action

Source: HPIO adaptation of County Health Rankings and Roadmaps Action Cycle
Key takeaways

1. Ohioans are less healthy and spend more on health care than people in most other states.

2. Improvement is possible. The Dashboard includes nine evidence-based strategies to advance health value in Ohio.

3. You can contribute to improving health value in Ohio. Everyone has a role to play!
The state of Ohio’s health
2019 Health Value Dashboard release