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

Reem Aly and Amy Bush Stevens
Health Policy Institute of Ohio
2019 Health Value Dashboard
Concise

Effective narrative

State policymakers
<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?

- Population health: 43
- Healthcare spending: 28
- Health value in Ohio: 46
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
Why do we rank poorly?

Access to care
Ohio rank: 18

Social and economic environment
Ohio rank: 32

Healthcare system
Ohio rank: 36

Physical environment
Ohio rank: 40

Public health and prevention
Ohio rank: 47

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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
- 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
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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Lead Exposure Risk by County Using Poverty and Housing Data, 2013–2017

Source: Children’s Defense Fund Ohio and Groundwork Ohio
“My husband and I didn’t know that lead was in the apartment when we moved in,”
-Diana King

The King family
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%
- **Physical environment**: 10%

## Bottom quartile spending metrics

<table>
<thead>
<tr>
<th>Rank</th>
<th>Description</th>
<th>2014 Median Spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>Nursing home care spending, per capita</td>
<td>$18,218</td>
</tr>
<tr>
<td>41</td>
<td>Hospital care spending, per capita</td>
<td>$13,063</td>
</tr>
<tr>
<td>39</td>
<td>Total Medicare spending, per beneficiary</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Average total cost, per Medicare beneficiary with three or more chronic conditions</td>
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</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) $12.46
Local public health agency spending, per capita (2015) $35.74


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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>
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<th>Drug overdose deaths</th>
<th>Child in household with a smoker</th>
<th>Adult smoking</th>
</tr>
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<tbody>
<tr>
<td>50</td>
<td></td>
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<tr>
<td>48</td>
<td></td>
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<td></td>
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<tr>
<td>44</td>
<td></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
Poor population health nation

“Tobacco 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

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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

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
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Invest upstream in employment, housing and transportation

4. Earned income tax credit
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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
Ohio Department of Transportation budget

SFY 2019

Source: Legislative Service Commission, July 2017. (Transportation Budget Bill Greenbook Analysis of Enacted Budget)
9 strategies that work to improve health value

Create opportunities for all Ohio children to thrive
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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
• 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

- Counseling
- 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>
<tr>
<td>2017</td>
<td>46%</td>
<td></td>
</tr>
</tbody>
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Note: Counseling refers to cessation counseling of various durations (procedures). Medication refers to smoking determinants and nicotine receptor partial agonists (e.g., therapeutic class).

Source for counseling and medication data: Ohio Department of Medicaid, 2016

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.
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

- 2017: 12%
- 2018: 21%

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

@HealthPolicyOH

Snapshot and executive summary

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

7. Tobacco prevention and cessation
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!
Background information
How did we prioritize the 9 strategies?

- Dashboard analysis
- Strong evidence of effectiveness
- Alignment with evidence-based initiatives in Ohio
- Cost savings or cost effectiveness
- Likely to reduce disparities
- Actionable for state policymakers
What Works for Health
Evidence matters. Our What Works for Health tool will help you find policies and programs that are a good fit for your community’s priorities.

Find Strategies by Topic

- Health Behaviors
  - Alcohol and Drug Use
  - Diet and Exercise
- Clinical Care
  - Access to Care
  - Quality of Care
- Social & Economic Factors
  - Community Safety
  - Education
- Physical Environment
  - Air and Water Quality
  - Housing and Transit

The Community Guide

- School-Based Programs to Increase Physical Activity
- School-Based Violence Prevention
- Safe Routes to School
- Motorcycle Injury Prevention
- Tobacco Control Interventions
- Access to Clean Syringes
- Pricing Strategies for Alcohol Products
- Multi-Component Worksite Obesity Prevention

Changing the Context
Making the healthy choice the easy choice

Social Determinants of Health
HI-5
HEALTH IMPACT IN 5 YEARS

- Early Childhood Education
- Clean Diesel Bus Fleets
- Public Transportation System
- Home Improvement Loans and Grants
- Earned Income Tax Credits
- Water Fluoridation
Assessment of Child Health and Health Care in Ohio

A new approach to reduce infant mortality and achieve equity

Policy recommendations to improve housing, transportation, education, and employment
Impact on spending

HI-5

Approaches with evidence reporting cost effectiveness and/or cost savings over the lifetime of the population or earlier

Example: Researchers estimate a return of investment of $2.49-$10.83 for early childhood education, depending on the model used
Impact on spending

Washington State Institute for Public Policy (WSIPP)

Benefit-cost analyses for substance use disorder, public health and prevention and other topics

Example: The Good Behavior Game nets a benefit of $66.29 for every $1 spent
Impact on spending

Community Health Advisor

Estimates of health and cost impact of policies and programs designed to reduce tobacco use and cardiovascular disease and increase physical activity

Example: Expanded anti-tobacco media campaigns projected to save Ohio $481 million in medical costs over 10 years
What Works for Health
Rates each strategy’s likely effect on racial/ethnic, socioeconomic, geographic or other disparities

Example: Earned income tax credit rated “likely to decrease disparities” (e.g., decreases low birthweight births, particularly among black mothers)
Community Guide

Recommends health equity strategies, based on systematic reviews of evidence

Example: Recommends center-based early childhood education as an effective health equity strategy if targeted to low-income or racial and ethnic minority communities
The state of Ohio’s health

2019 Health Value Dashboard release