

# Moving toward health value

Where we are now and  
how we can improve

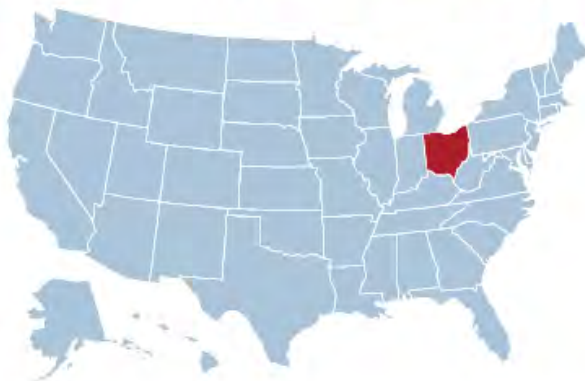


**Reem Aly and Amy Bush Stevens**  
Health Policy Institute of Ohio

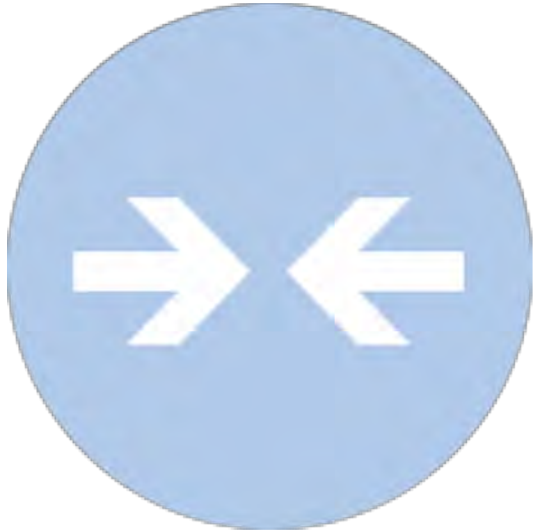


2019

# Health Value Dashboard



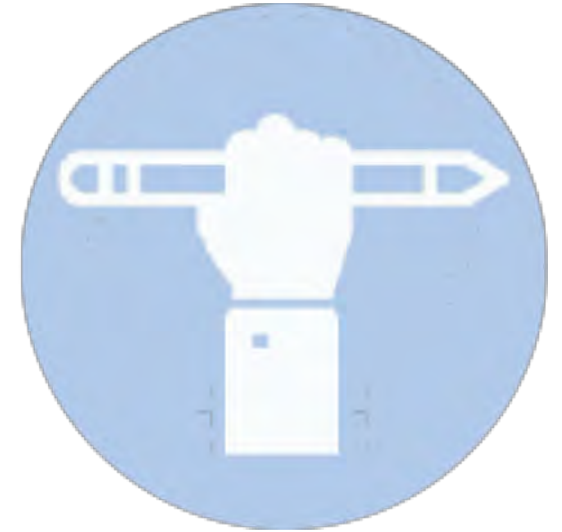




Concise



State  
policymakers



Effective  
narrative

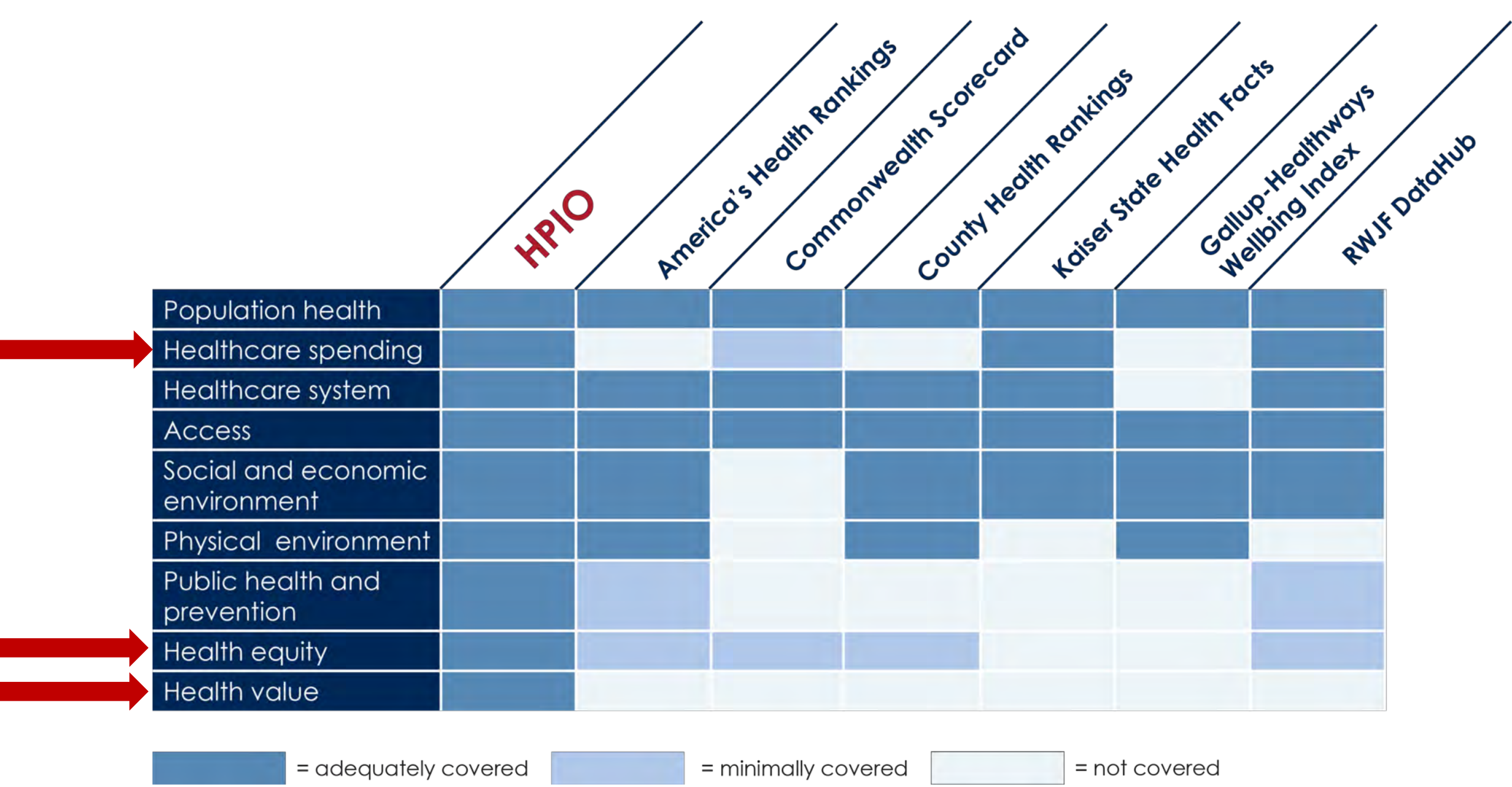
# Thank you

<b>Local health commissioners</b>	<b>Ohio Department of Health</b>	<b>Ohio Department of Mental Health and Addiction Services</b>	<b>Philanthropy</b>
<b>Education and early childhood</b>	<b>Regional health initiatives</b>	<b>Provider associations</b>	<b>Employer associations</b>
<b>Ohio Hospital Association</b>	<b>Consumer advocacy</b>	<b>Managed care plans</b>	<b>Ohio Department of Medicaid</b>
<b>Academia</b>	<b>Ohio Commission on Minority Health</b>	<b>Ohio Association of Health Plans</b>	<b>Community-based organizations</b>



OHIO  
UNIVERSITY

**Voinovich School of  
Leadership and Public Affairs**



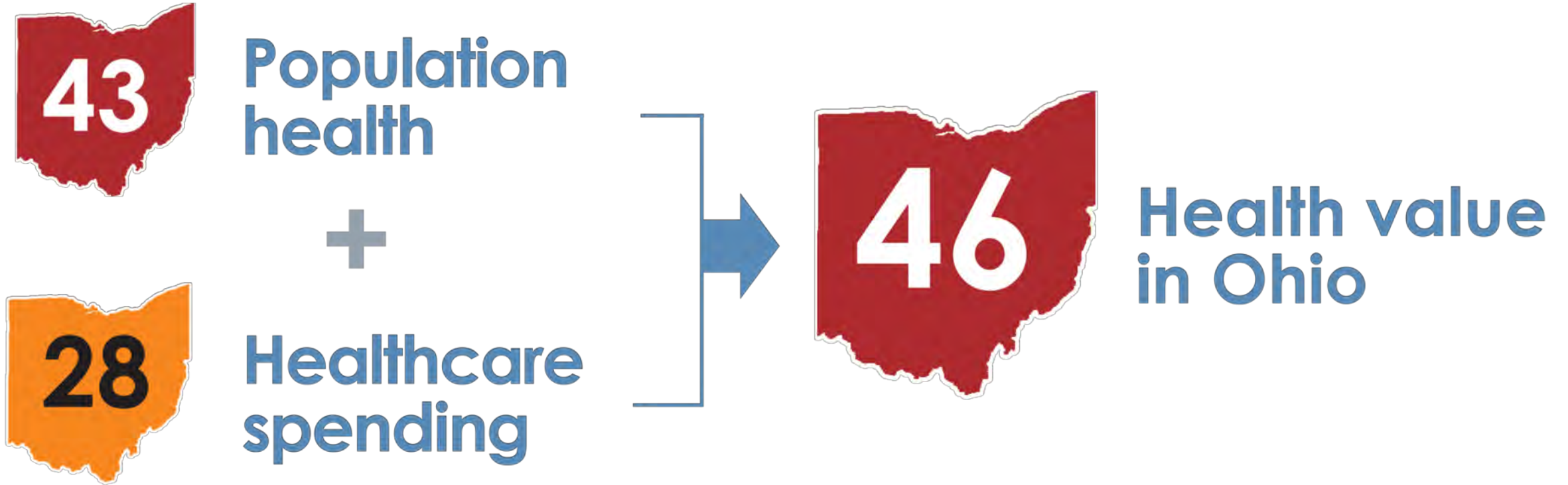
# Where does Ohio rank?

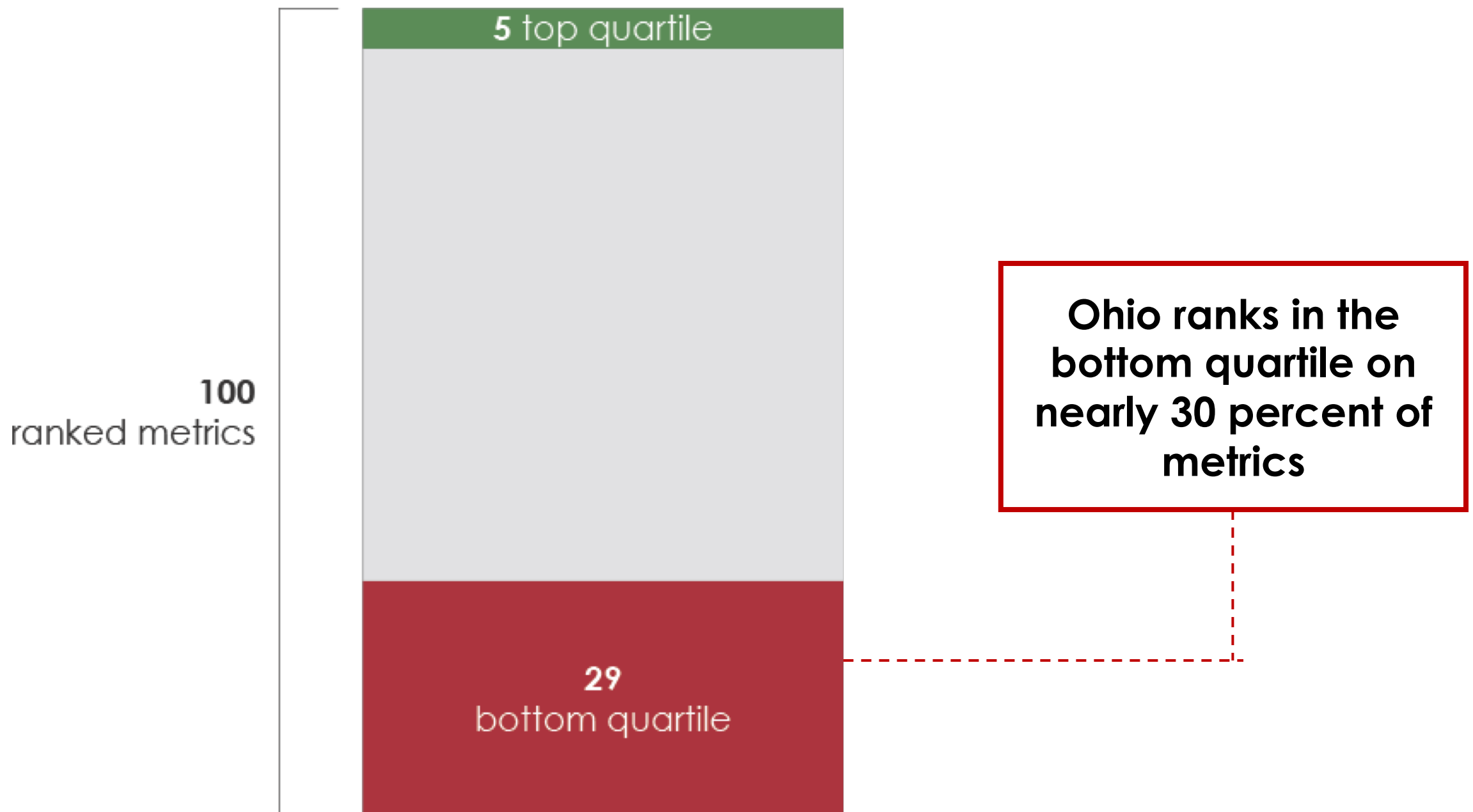
A large, rectangular sign with a blue border and a light-colored background. The sign is mounted on a metal truss structure. The text on the sign reads "Welcome To Ohio" in a mix of red and blue fonts. The word "Welcome" is in red, "To" is in red, and "Ohio" is in blue with a red star above the 'i'.

Welcome To *Ohio*



# Where does Ohio rank?

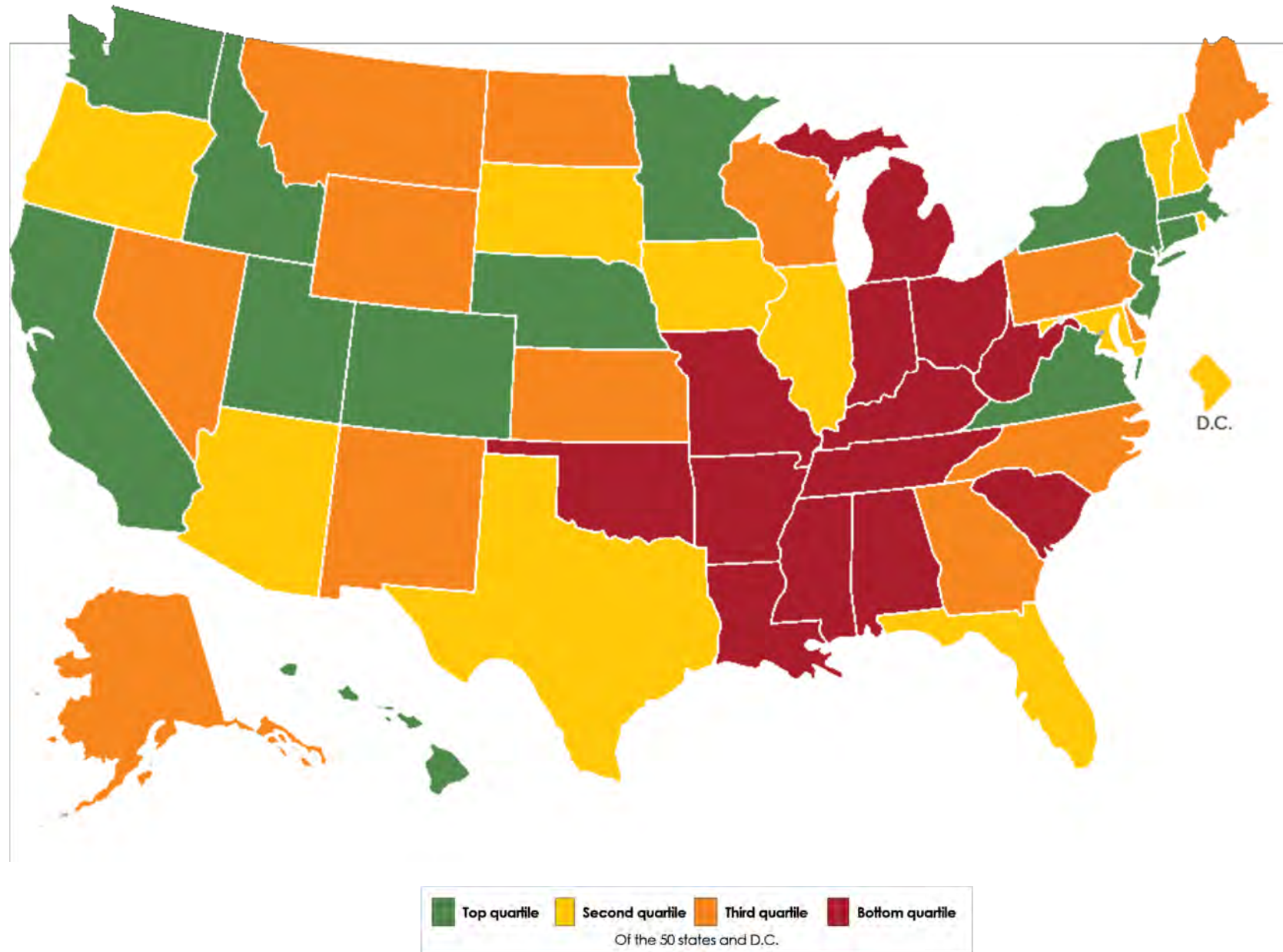




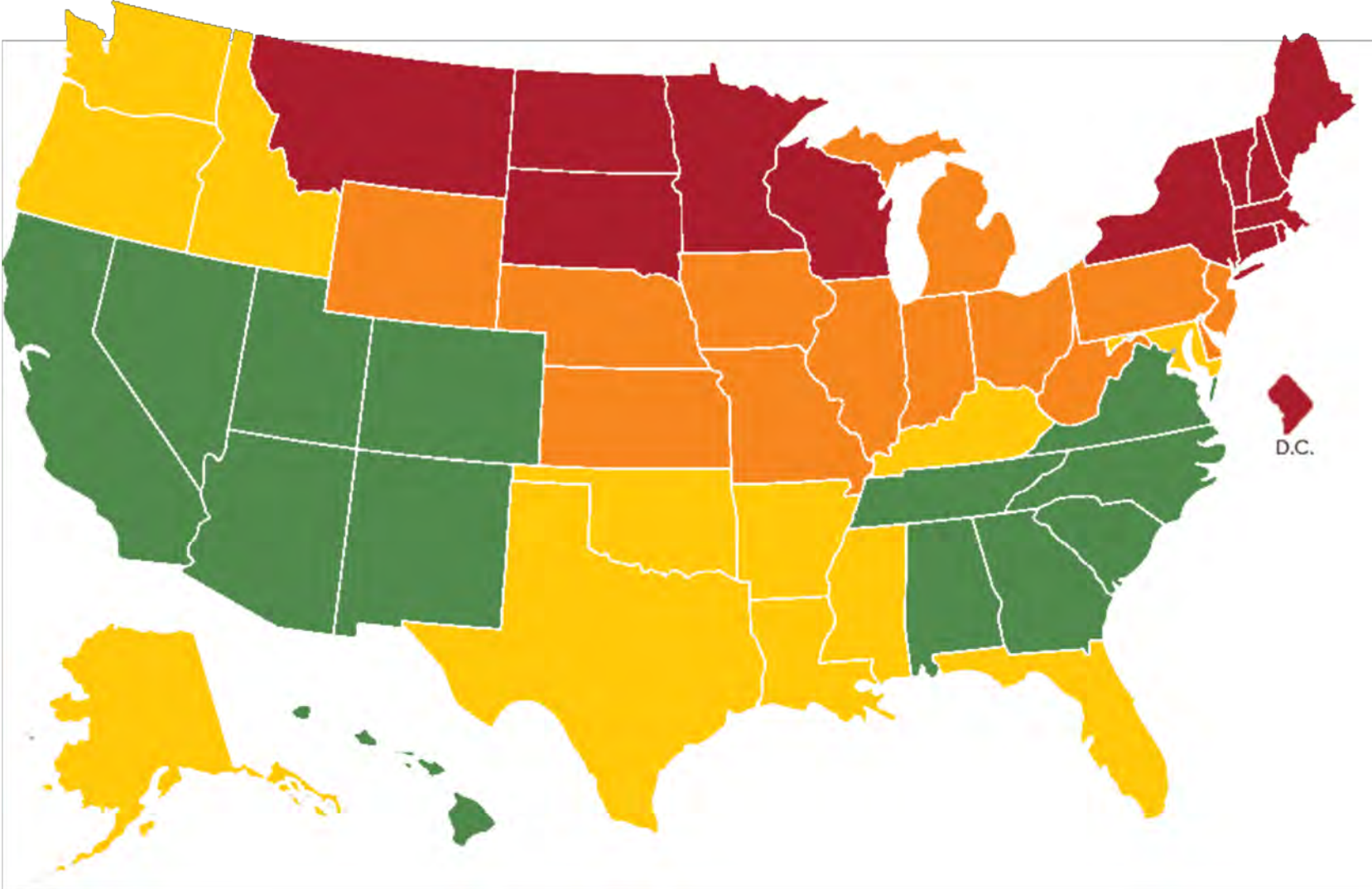
# Where do **other states** rank?



# Where do other states rank on population health?



# Where do other states rank on healthcare spending?



■ Top quartile ■ Second quartile ■ Third quartile ■ Bottom quartile  
Of the 50 states and D.C.



# 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

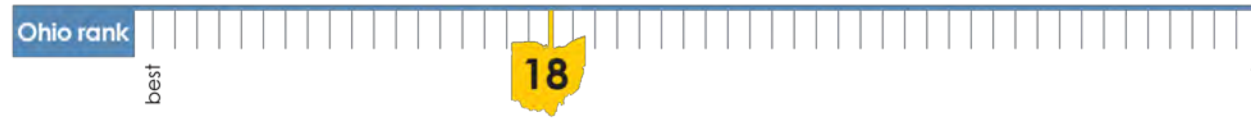


## Bottom quartile states

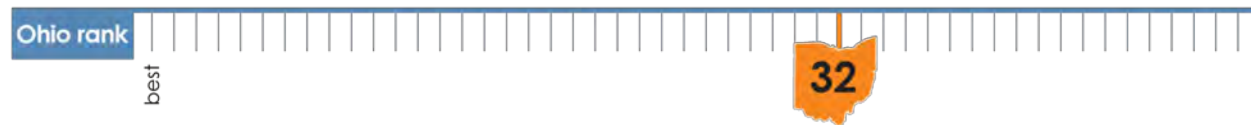
- Tennessee
- District of Columbia
- North Dakota
- Oklahoma
- Indiana
- Maine
- Alabama
- Missouri
- Ohio
- Arkansas
- Louisiana
- Mississippi
- Kentucky
- West Virginia

# Why do we rank poorly?

## Access to care



## ✓ 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**

# 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

Adulthood

Adverse childhood experiences\*

38

Child poverty

35

Preschool enrollment

28

High school graduation

29

Some college

31

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

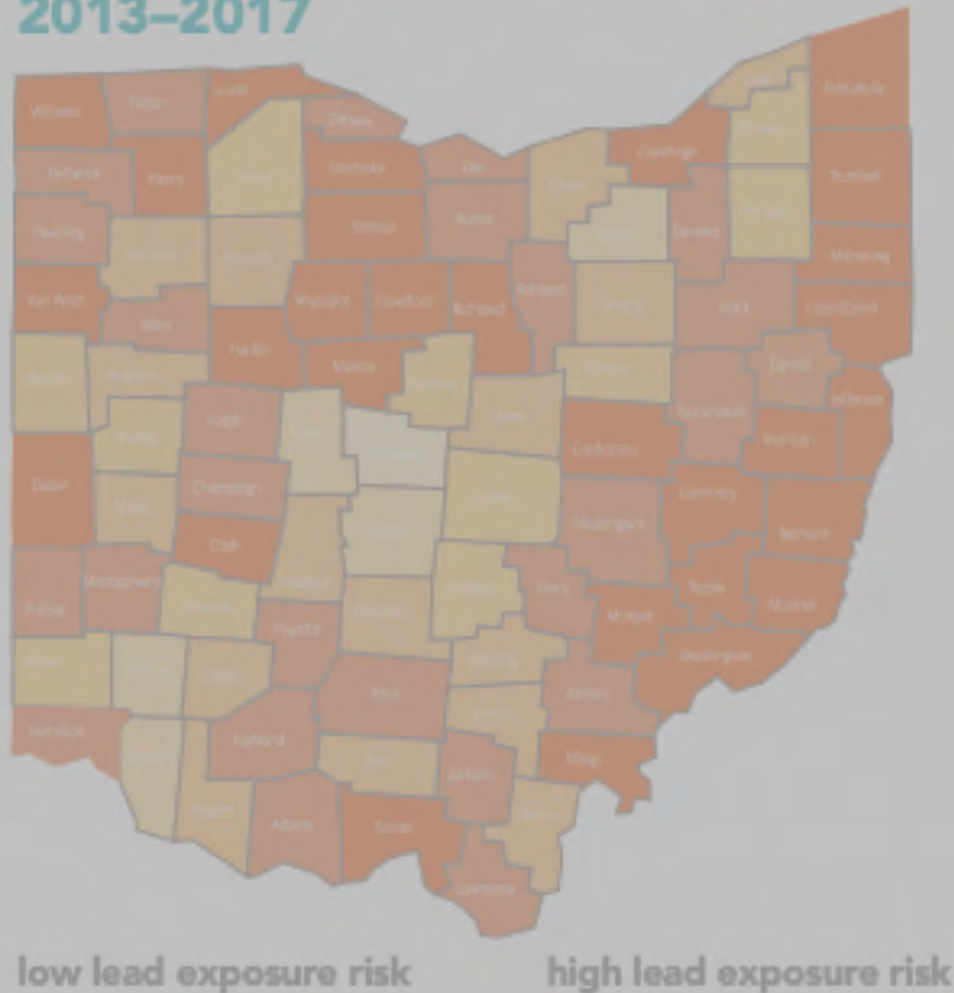
**11,372** Ohioans with low incomes would graduate high school if gap between low- and high-income Ohioans was eliminated

**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

# The King family



**“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?



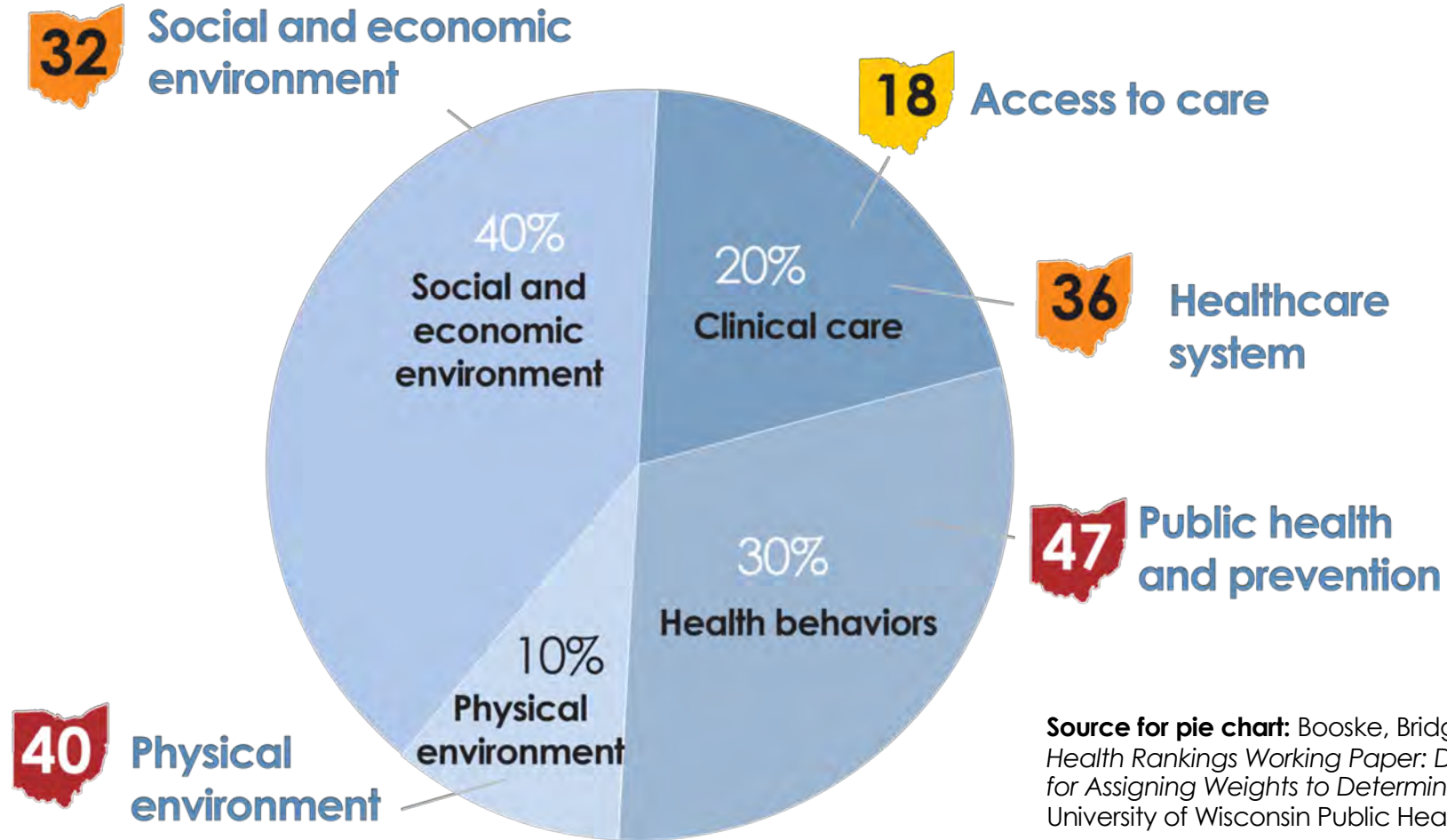
**Resources are out  
of balance**



# Resources are out of balance



## Modifiable factors that influence health

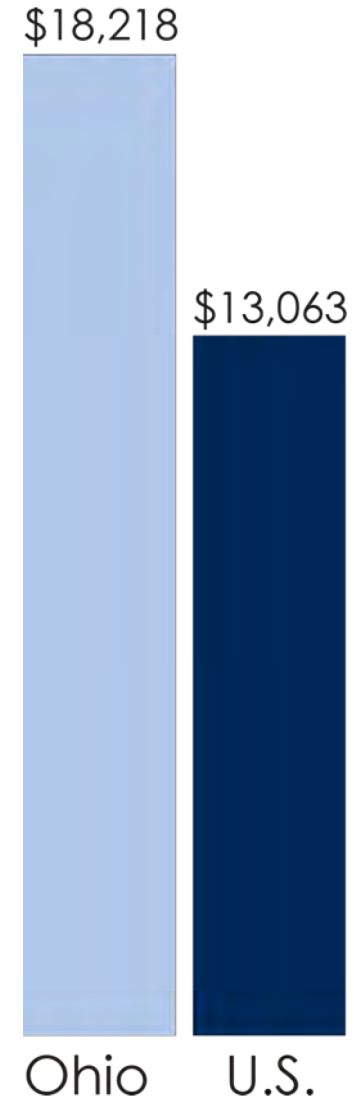


**Source for pie chart:** Booske, Bridget C. et. Al. *County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health.* University of Wisconsin Public Health Institute, 2010.

# Bottom quartile **spending** metrics

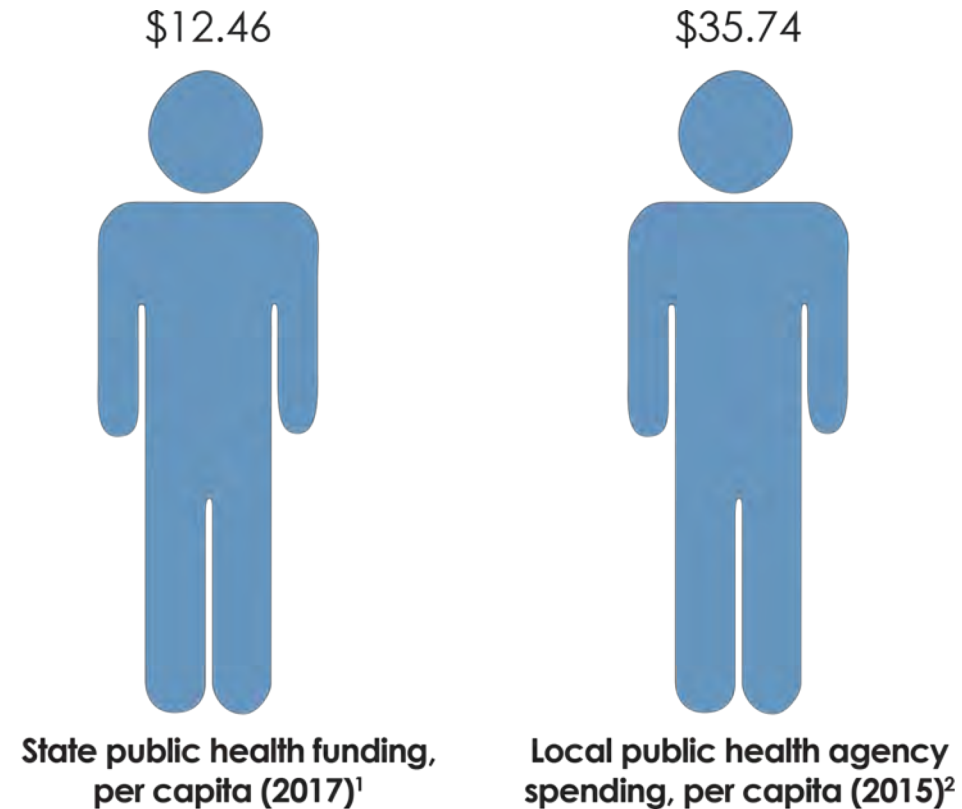
41	Nursing home care spending, per capita
41	Hospital care spending, per capita
39	Total Medicare spending, per beneficiary
39	Average total cost, per Medicare beneficiary with three or more chronic conditions

Medicaid benefit spending, per full year equivalent enrollee, aged category, 2014



**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



Sources: 1. State Health Access Data Assistance Center. "State Health Compare." 2. National Association of County and City Health Officials

# 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

**50**

**Drug overdose deaths**

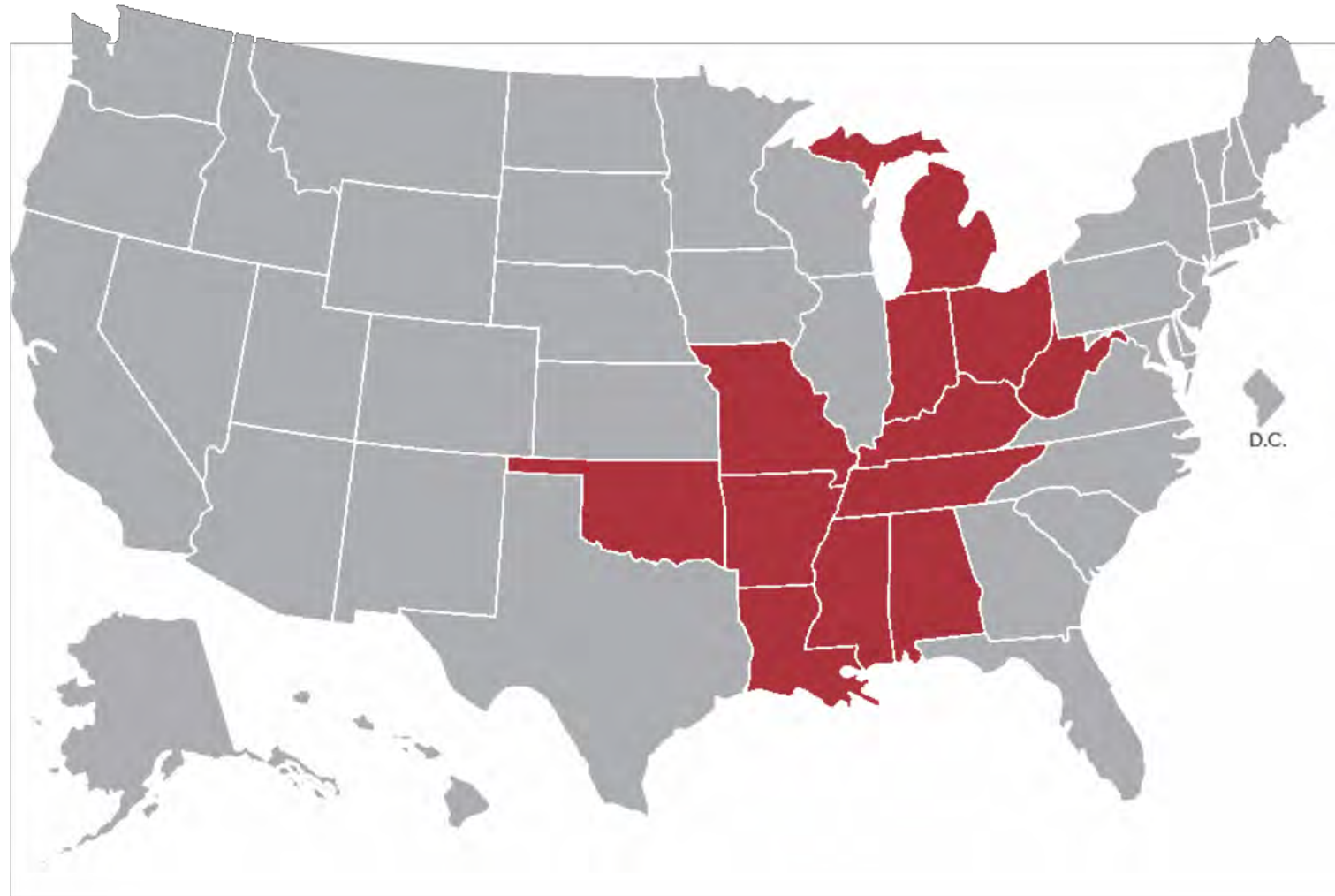
**48**

**Child in household with a smoker**

**44**

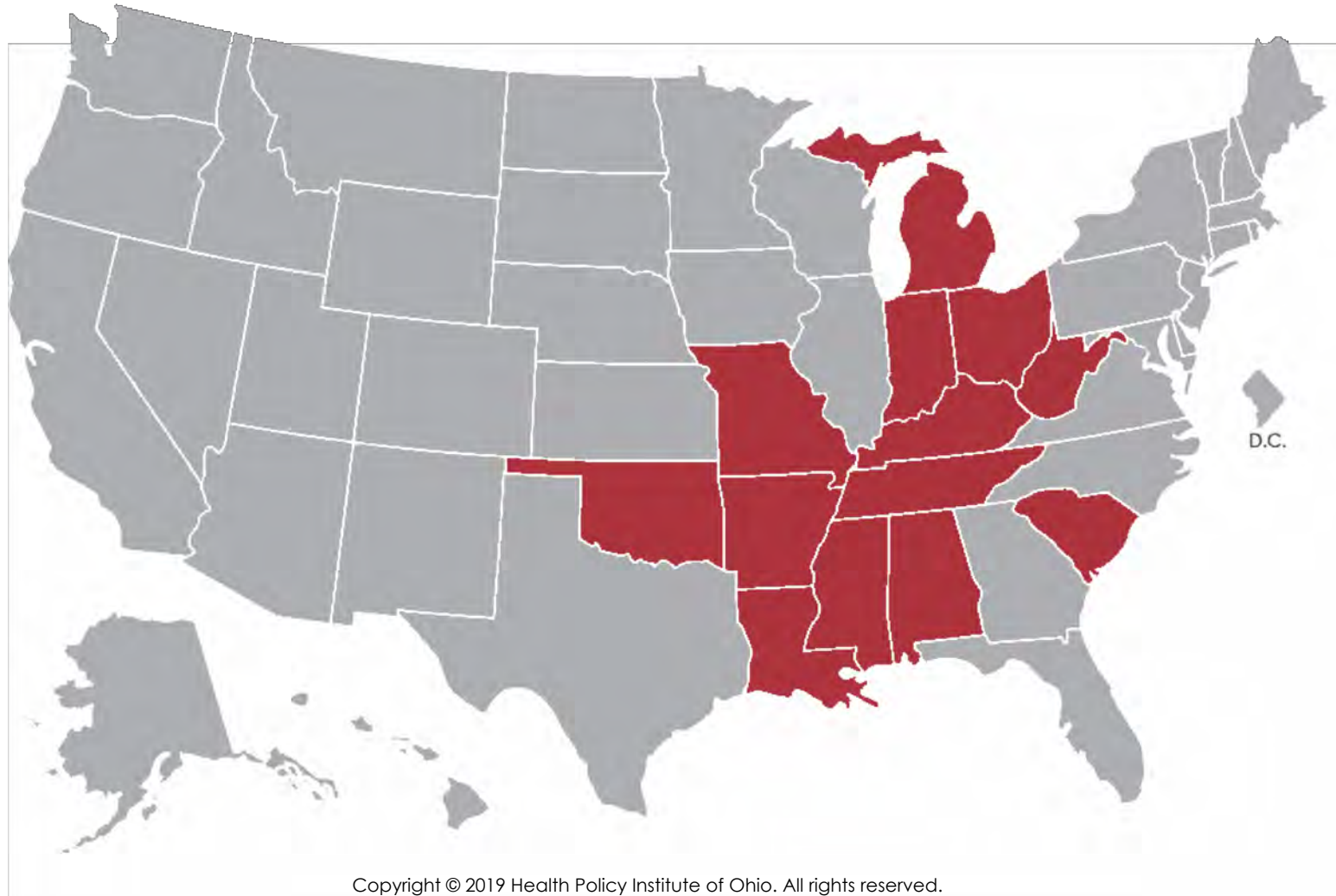
**Adult smoking**

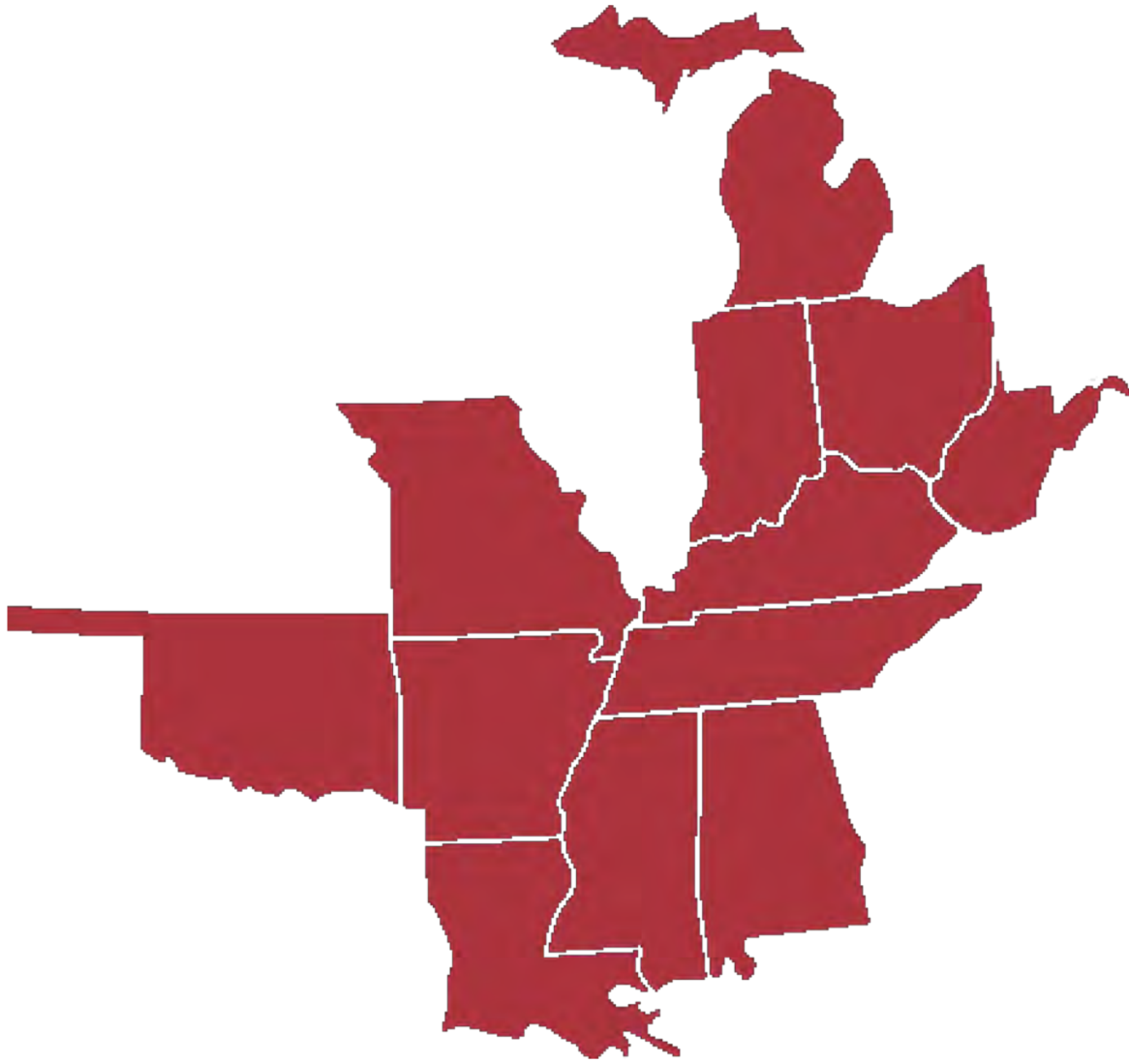
# “Tobacco Nation”



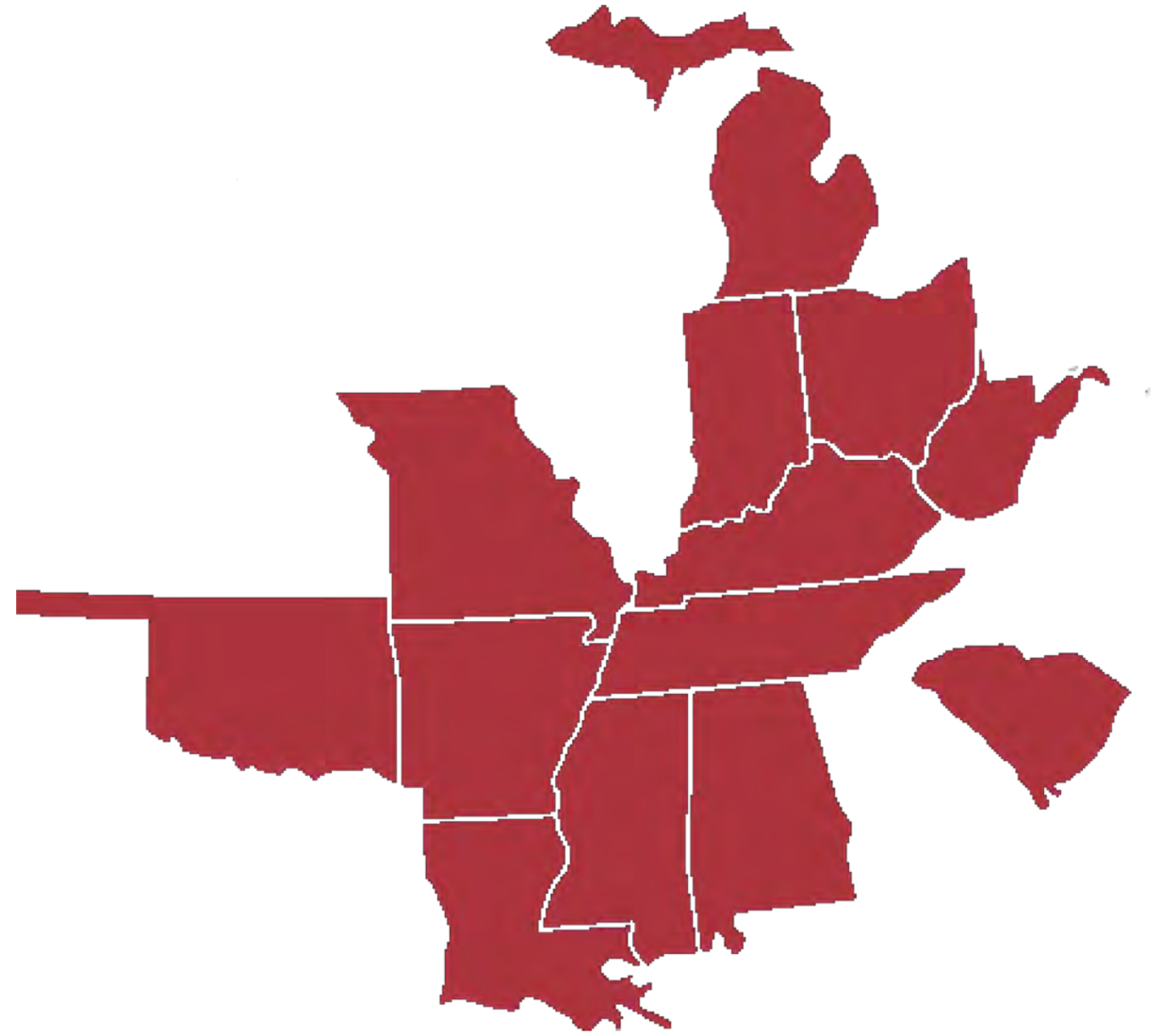
**Source:** Truth Initiative, “tobacco use in these 12 u.s. states is on par with a number of developing countries. why?”

# *Health Value Dashboard* bottom quartile states for **population health**





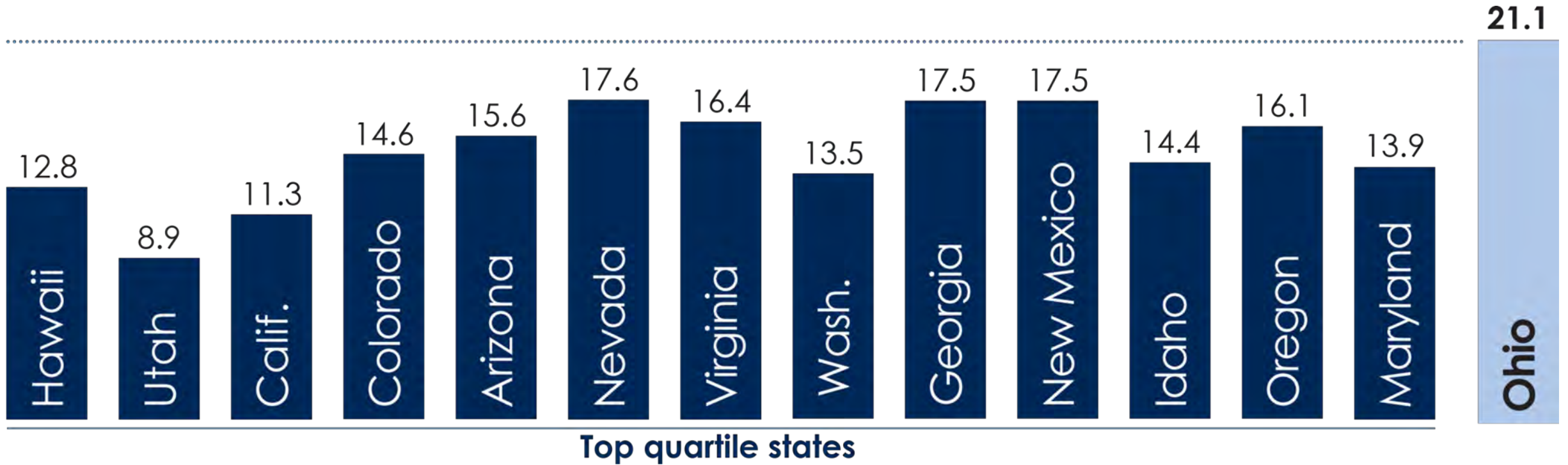
“Tobacco Nation”



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

**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

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Concerned Citizens Organized Against Lead - CCOAL @CCOALinfo



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Community

Reviews

Posts

Info and Ads

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Send Message

Create Post



Write a post...



Photo/Video



Tag Friends



Check in



Upcoming Events



No Rating Yet

Community

See All



Invite your friends to like this Page



44 people like this



46 people follow this

# 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

**Source:** The Pew Charitable Trusts, Robert Wood Johnson Foundation and Health Impact Project, *Ten Policies to Prevent and Respond to Childhood Lead Exposure*, 2017.

# 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

**Source:** The Pew Charitable Trusts, Robert Wood Johnson Foundation and Health Impact Project, *Ten Policies to Prevent and Respond to Childhood Lead Exposure*, 2017.

# 9 strategies that work to improve health value

**Create opportunities  
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# Ohio Department of Transportation budget

SFY 2019

2%

public transportation

**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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## 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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# Ohio addiction policy inventory and scorecard

1. Prevention, treatment and recovery

HPIO  
Addiction  
**Evidence**  
Project

April 2018



# Ohio addiction policy inventory and scorecard

2. Overdose reversal and other forms of harm reduction

HPIO  
Addiction  
**Evidence**  
Project

November 2018

# Recovery **Ohio** Advisory Council

Initial Report | **March 2019**



 **MIKE DEWINE**  
GOVERNOR OF OHIO

 **JON HUSTED**  
LT. GOVERNOR OF OHIO

[www.Governor.Ohio.gov](http://www.Governor.Ohio.gov)

# 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		Physical environment	
43	Unemployment	48	Child in household with a smoker
38	Adult incarceration*	46	Outdoor air quality
		40	Food insecurity

Access to care	Healthcare system	Public health and prevention
11	13	7
Medical home, children	Back pain recommended treatment	Comprehensiveness of public health system***
47	48	51
Preventive dental care, children	Cancer early stage diagnosis	Health security surveillance
	44	48
	Potentially avoidable emergency department visits for employer-insured enrollees**	Emergency preparedness funding, per capita
	43	46
	Colorectal and rectal cancer early stage diagnosis	Child immunization
	41	45
	30-day hospital readmissions for employer-insured enrollees**	State public health workforce*
		45
		Environmental and occupational health
		42
		Seat belt use

Top and bottom quartile metrics for health value

Population health		Healthcare spending	
50	Drug overdose deaths	3	Employee contributions to employer-sponsored insurance premiums
44	Infant mortality	41	Nursing home care spending, per capita
44	Adult smoking	41	Hospital care spending, per capita
43	Premature death	39	Total Medicare spending, per beneficiary
42	Life expectancy	39	Average total cost, per Medicare beneficiary with three or more chronic conditions
42	Poor oral health		
41	Adult obesity		
40	Adult insufficient physical activity		
39	Cardiovascular disease mortality		

\* Ranking out of 50 states  
 \*\* Ranking out of 49 states  
 \*\*\* Ranking out of 48 states  
 Note: Metrics in the top quartile that greatly worsened are not included. Ohio has no top quartile metrics for social and economic environment, physical environment and population health.

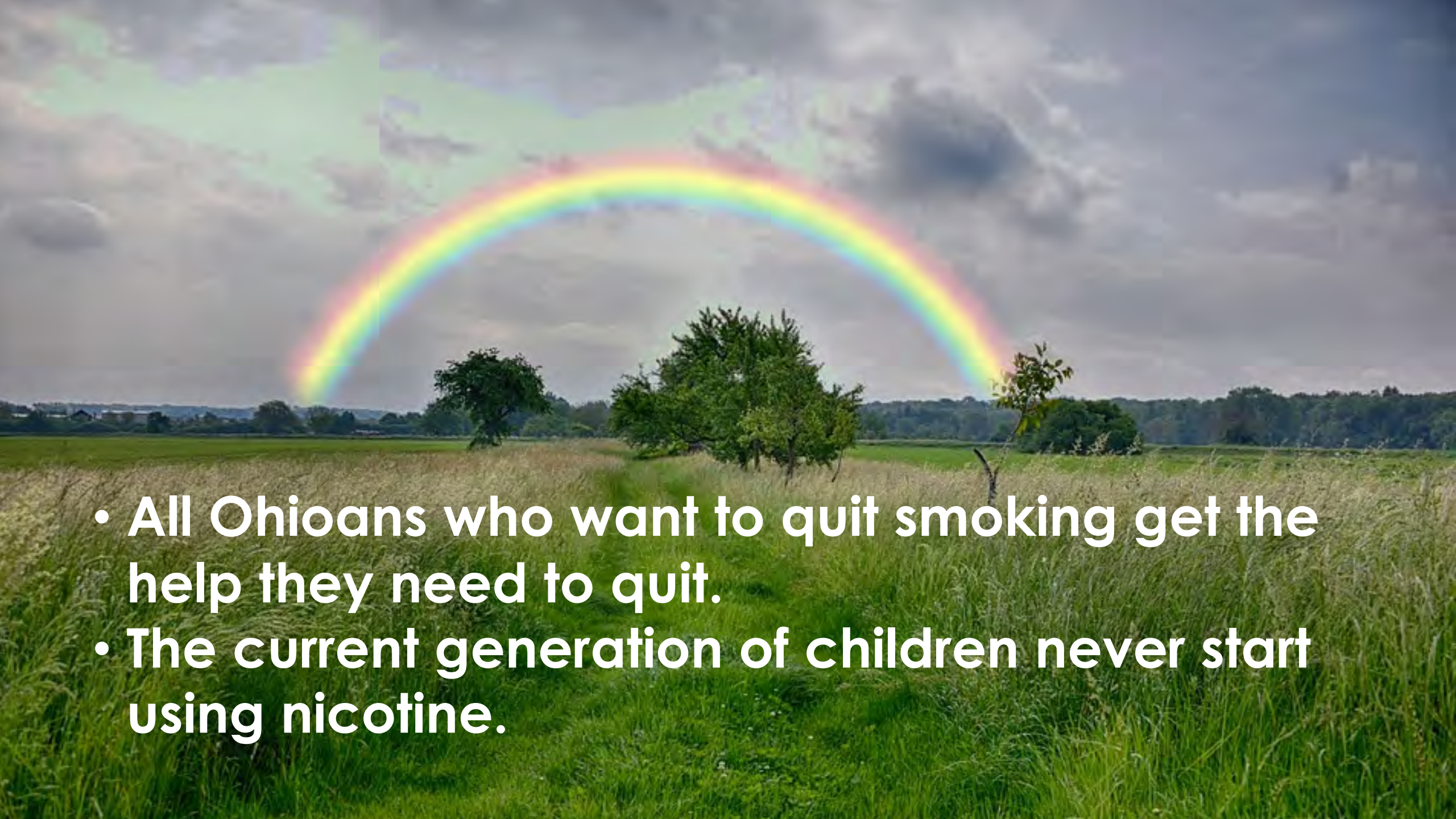


Adult smoking



Child in household with a smoker





- 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



**A TIP FROM A  
FORMER  
SMOKER**

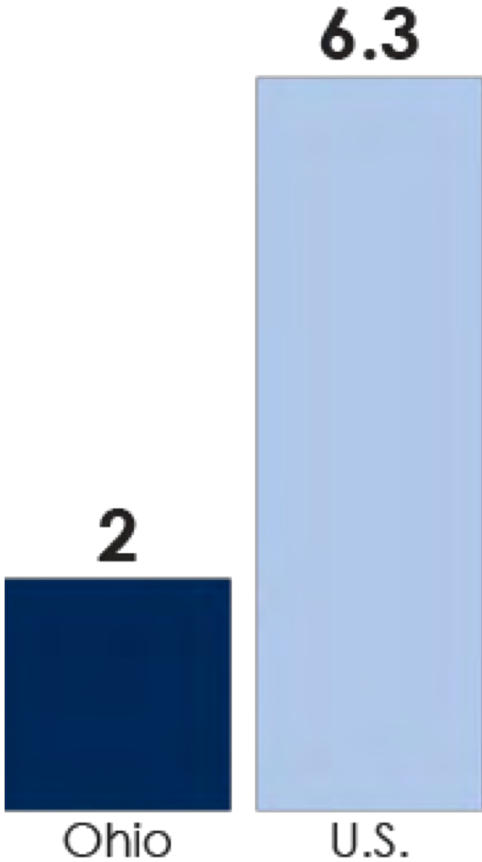
**Those things you  
say will never happen  
to you? They happen.**

**Learn More** 

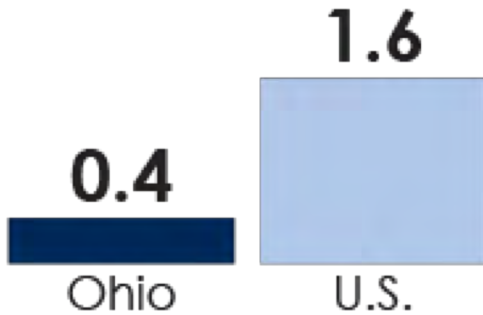
# Quit Line service utilization, Ohio and U.S.

Q4 2016

Incoming calls per 10,000 state population



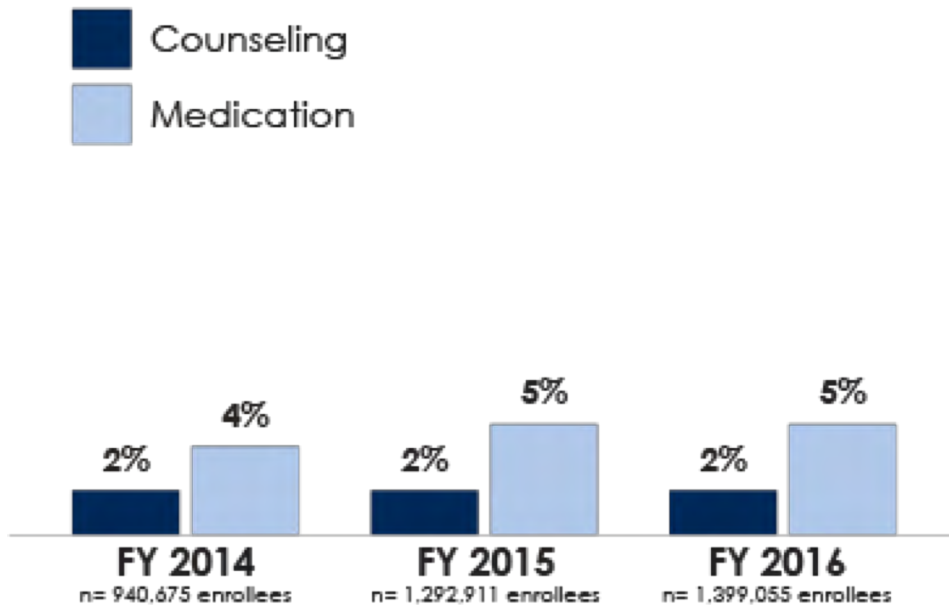
Callers who received counseling and/or medication per 1,000 tobacco users



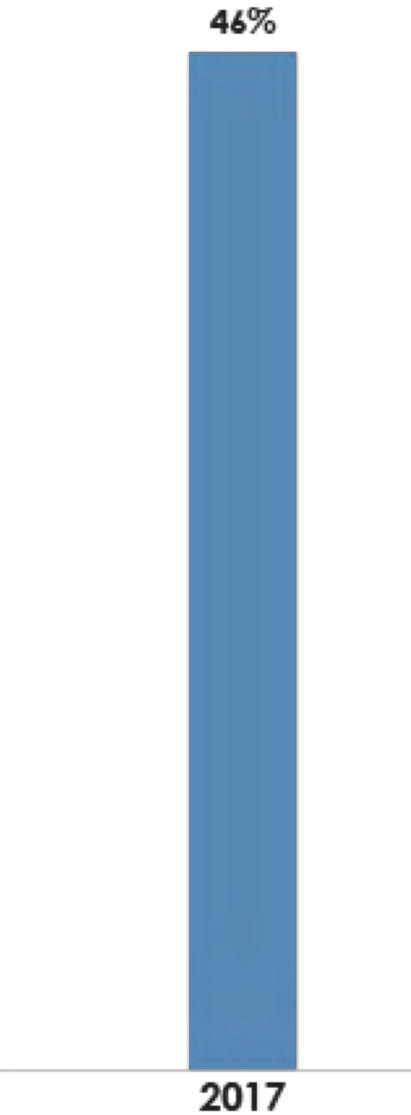
Source: CDC State Tobacco Activities Tracking and Evaluation (STATE) System. Custom report accessed 3/29/19. 2016 Q4 is most recently-available data.



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



## Percent of Medicaid enrollees age 19-64 who smoke



■ Counseling  
■ Medication

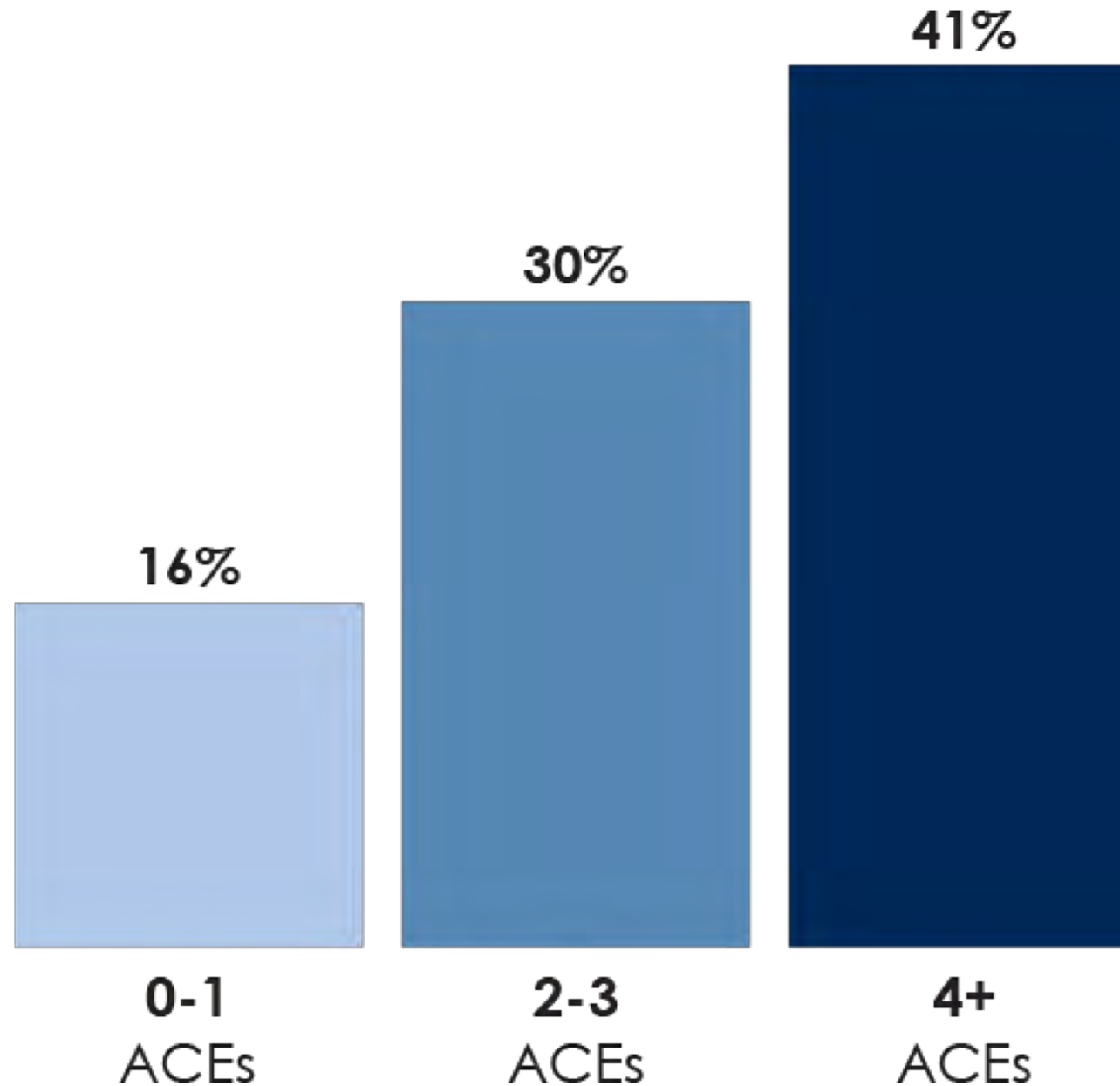
Source for counseling and medication data: Ohio Department of Medicaid, 2016

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 15, 2019.

# Adult smoking and adverse childhood experiences in Ohio, 2015

Percent of adults who currently smoke



**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?"*

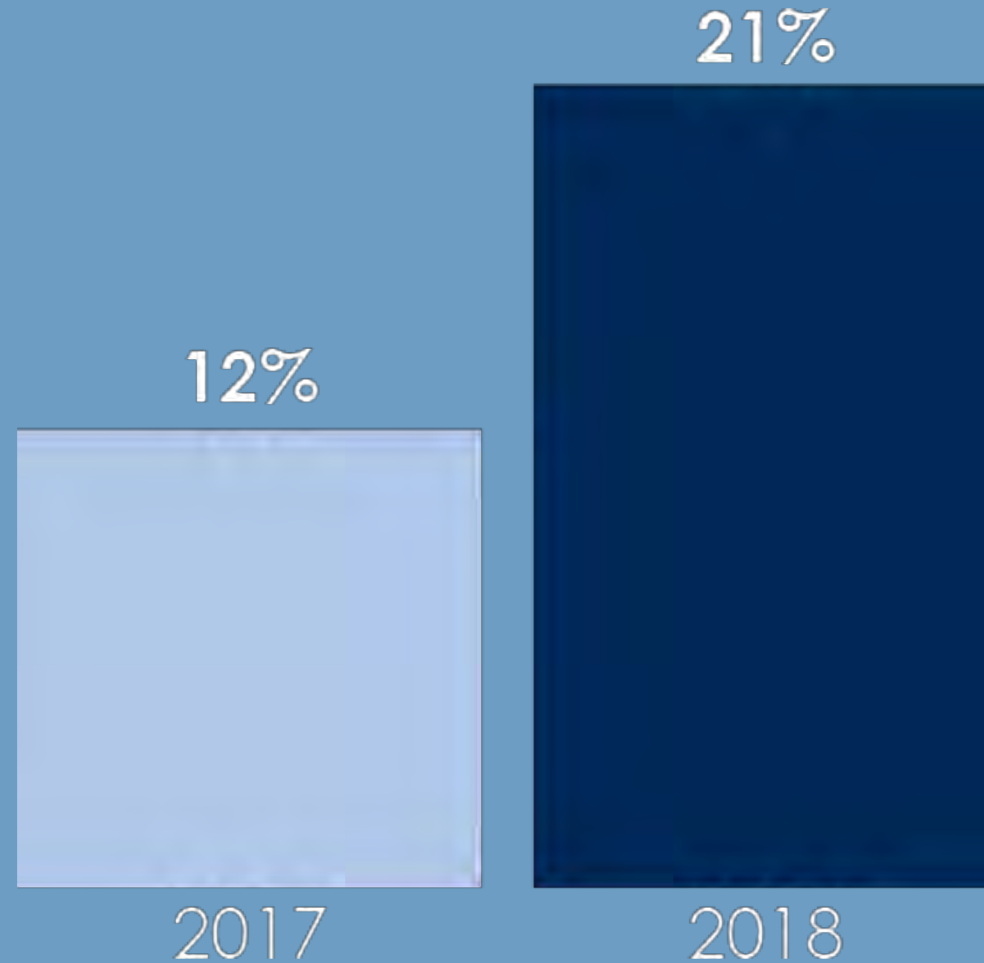
*--Athens focus group participant*

Dec. 18, 2018

# US surgeon general warns of teen risks from e-cigarettes

**AP**

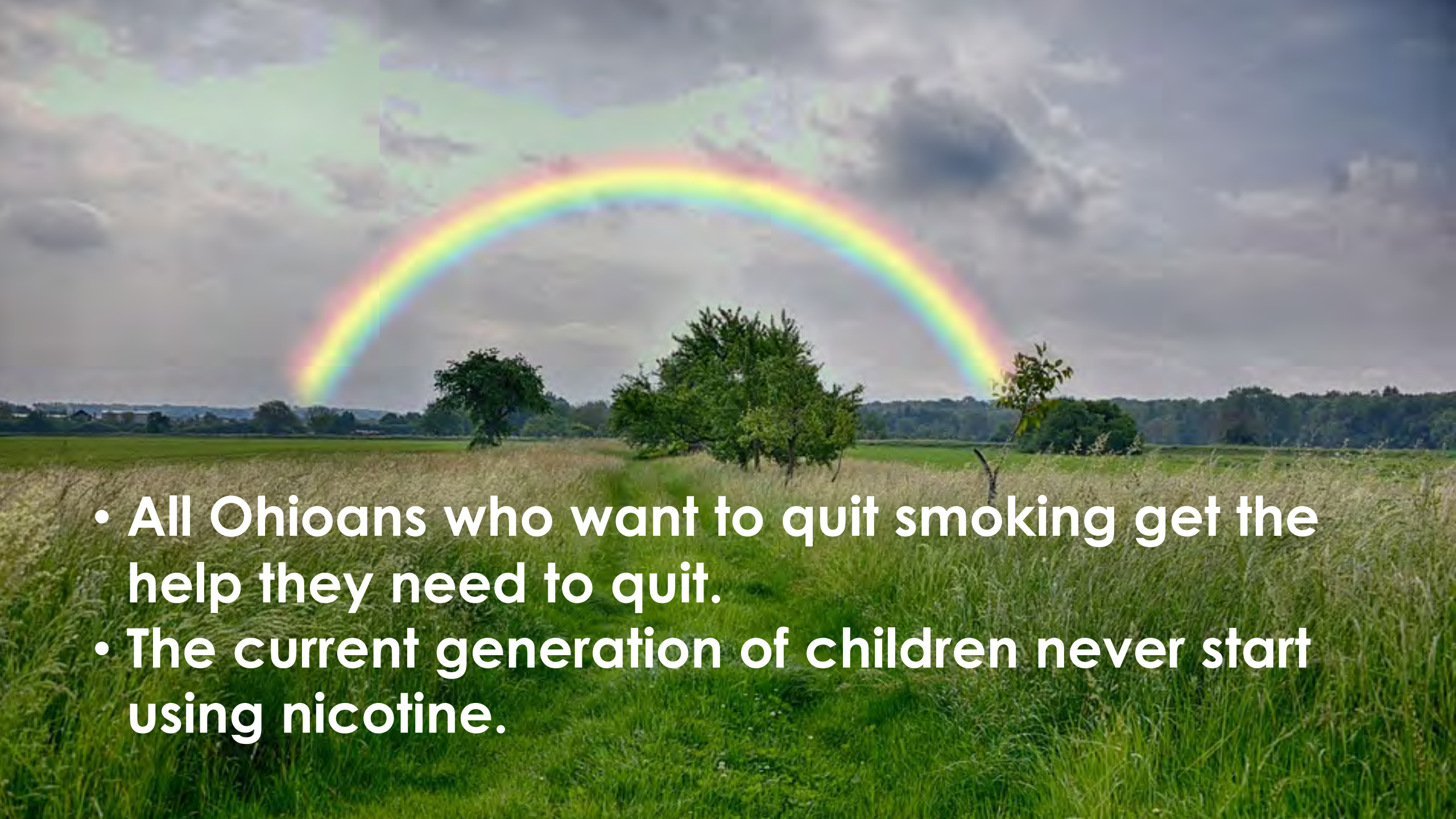
## E-cigarette use among U.S. high school students



**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**



@HealthPolicyOH



**Snapshot**

**What is the Health Value Dashboard?**  
 The Health Policy Institute of Ohio Health Value Dashboard is a tool to track Ohio's progress towards health value — a composite measure of Ohio's performance on population health outcomes and healthcare spending. The Dashboard examines Ohio's rank and trend performance relative to other states and highlights gaps in outcomes between groups for some of Ohio's most at-risk populations.

**Where does Ohio rank?**  
 • Ohio ranks 46 out of 50 states and the District of Columbia (D.C.) on health value, landing in the bottom quartile. This means that Ohioans are living less healthy lives and spending more on health care than people in most other states.  
 • Ohio ranks in the bottom quartile on nearly 30 percent of metrics and in the top quartile on only 5 percent of metrics, out of 100 metrics ranked in the Dashboard.

**Key findings**

- Access to care is necessary, but not sufficient. Ohio performs relatively well on access to care (second quartile) but poorly on the other factors that influence overall health, landing in the bottom half of states for the social and economic environment, physical environment, public health and prevention and health care system domains.
- Tobacco use drives poor health. Ohio ranks in the bottom quartile for adult smoking and the percent of children living in a household with a smoker. All states in the top quartile for health value have lower rates of adult smoking than Ohio.
- Ohio's per person spending for older Medicaid enrollees (aged category) is 1.4 times more than the U.S. rate; however, Ohio's overall Medicaid spending per enrollee is relatively similar to other states. This suggests Ohio's healthcare spending needs to be re-designed to provide greater support for healthy aging and prevention as a way to reduce spending on costly sick care later in life.

**Why does Ohio rank poorly?**

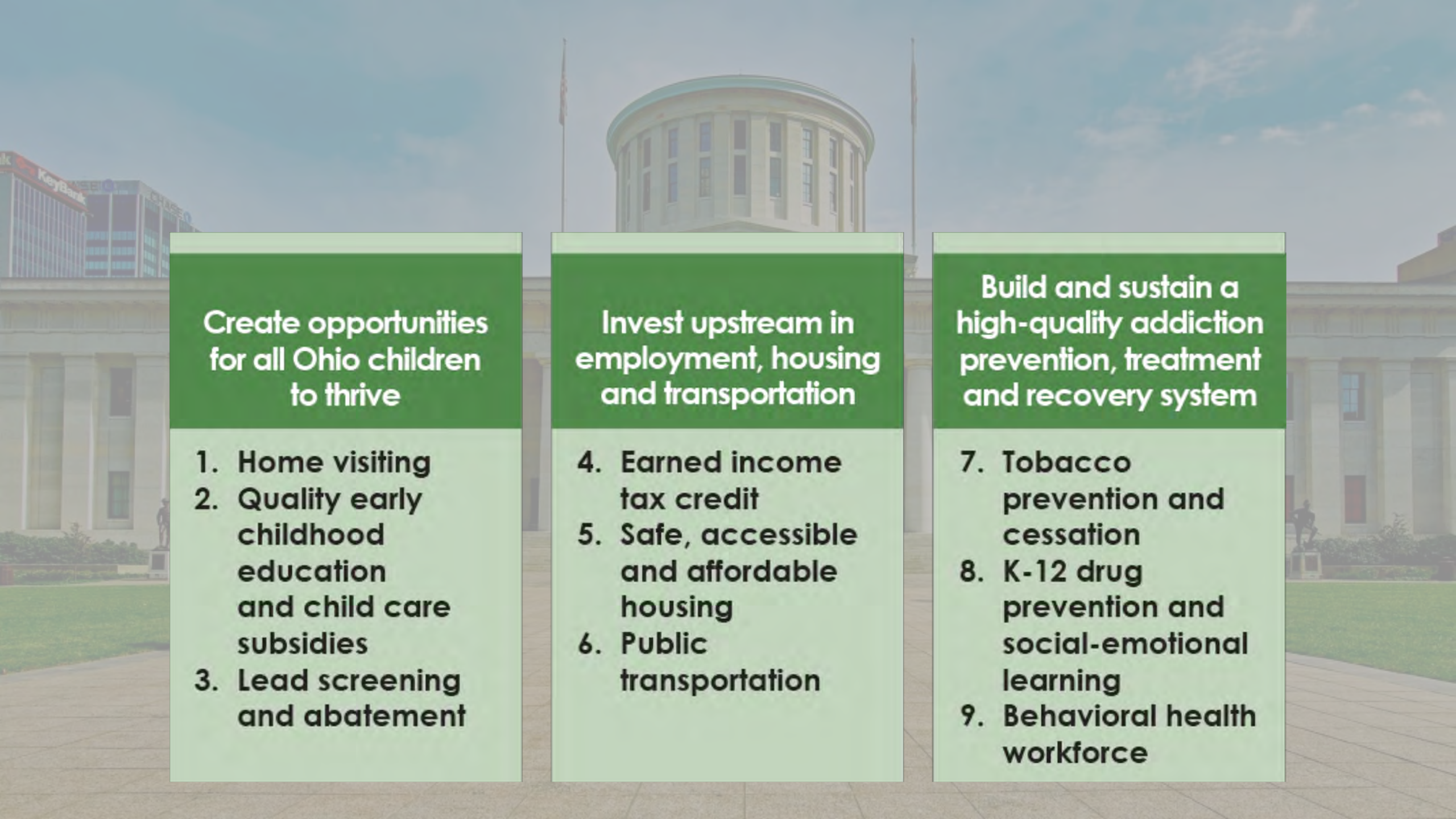
- Too many Ohioans are left behind**  
 Without a strong foundation, not all Ohioans have the same opportunity to be healthy. For example, Ohioans with disabilities or Ohioans who are racial or ethnic minorities, have lower income or educational attainment, are sexual and gender minorities and/or who live in rural or Appalachian counties, are more likely to face multiple barriers to health.
- Resources are out of balance**  
 Ohio's healthcare spending is mostly on costly downstream care to treat health problems that could have been prevented or better managed, leading to many missed opportunities to prevent illness and disability for thousands of Ohioans.
- Addiction is holding Ohioans back**  
 Critical gaps remain in addressing Ohio's addiction crisis, including a patchwork approach to school and community-based prevention and inadequate provider capacity for medication-assisted treatment, psychosocial treatment and recovery services.

View all 2019 Health Value Dashboard material at:  
[www.hpio.net/2019-health-value-dashboard](http://www.hpio.net/2019-health-value-dashboard)

# Snapshot and executive summary

[www.hpio.net/2019-health-value-dashboard](http://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**

- 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**

# Achieving health equity: Framework for action



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

# Key takeaways



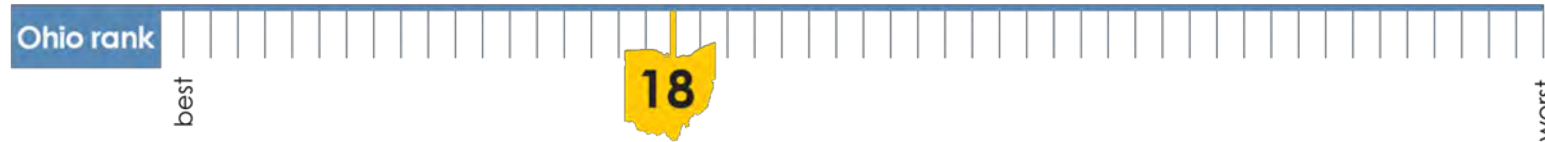
1. Ohioans are less healthy and spend more on health care than people in most other states.
2. **Improvement is possible.** The *Dashboard* includes nine evidence-based strategies to advance health value in Ohio.
3. **You can contribute to improving health value in Ohio.** Everyone has a role to play!

# 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

# Access to care



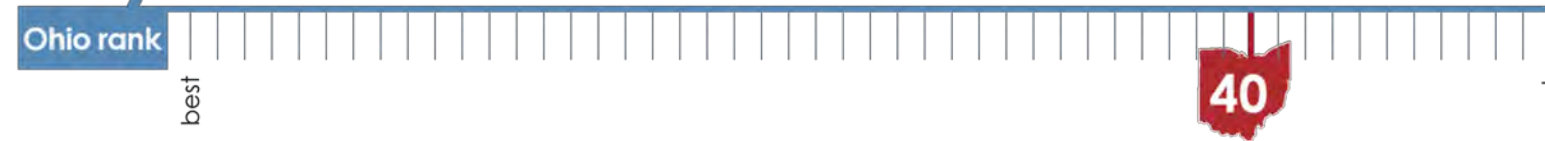
# ✓ Social and economic environment



# Healthcare system



# ✓ Physical environment



# ✓ Public health and prevention



# 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



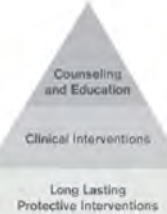
### Physical Environment

- 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

- Early Childhood Education
- Clean Diesel Bus Fleets
- Public Transportation System
- Home Improvement Loans and Grants
- Earned Income Tax Credits
- Water Fluoridation

## Social Determinants of Health

# HI-5



HEALTH IMPACT IN 5 YEARS



**Ohio** 2017-2019  
**STATE HEALTH  
IMPROVEMENT PLAN**

February 2017



# What works to increase self-sufficient employment

This brief provides an overview of the relationship between education and health. In 2017, the Health Policy Institute of Ohio will release a series of fact sheets discussing specific policy recommendations to improve health and educational outcomes in Ohio.

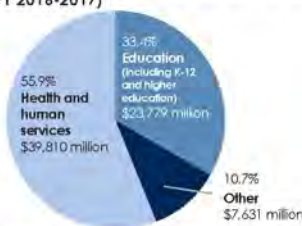
Health and education are areas of significant focus for Ohio policymakers, representing the largest shares of Ohio's biennial budget for state fiscal years (SFY) 2016-2017 (See Figure 1).<sup>1</sup> Among the 971 bills introduced in the 131st General Assembly between Jan. 1, 2015 and Nov. 4, 2016, 42 percent were related to health and/or education.<sup>2</sup>

### The relationship between education and health

There is widespread agreement that factors outside of the healthcare system influence health. Research consistently shows a strong relationship between educational attainment and health, even after accounting for factors such as income, race, ethnicity and access to health care.<sup>3</sup>

People with more education live in healthier communities, practice healthier behaviors, have better health outcomes and live longer than those with less education.<sup>4</sup> At age 25, college graduates in the U.S. can expect to live nine years longer than adults without a high school diploma.<sup>5</sup>

Figure 1. Ohio biennial budget appropriations (SFY 2016-2017)



Note: Includes total state and federal general revenue fund appropriations  
Source: Ohio Legislative Service Commission Budget in Brief (House Bill 64 - As Enacted)

# 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

# Ohio addiction policy inventory and scorecard

## 1. Prevention, treatment and recovery

## 2. Addiction prevention

# Health Policy Brief

## Closing Ohio's health gaps

Moving towards equity

### Ohio has troubling health gaps

There is more than a 29 year gap in life expectancy at birth depending on where a person lives in Ohio. The lowest life expectancy is 60 years in the Franklinton neighborhood of Columbus (Franklin County) compared to 89.2 years in the Stow area (Summit County).<sup>1</sup> This troubling disparity is attributed to the fact that not all Ohioans have the same opportunity to live a healthy life based on geography, race and ethnicity, income, education or other social, economic or demographic factors.

As a result, many groups of Ohioans experience large gaps in health outcomes:

- Black infants are nearly three times as likely to die in the first year of life compared to white infants.<sup>2</sup>
- Ohioans with disabilities are four times as likely to experience depression than Ohioans without disabilities.<sup>3</sup>
- Ohioans with less than a high school education are 2.7 times more likely than Ohioans with some post-high school education to report fair or poor health.<sup>4</sup>

The underlying drivers of these gaps in outcomes are complex and rooted in many factors.

### What is health equity?

Health equity is a term widely used in health policy discussions regarding efforts to eliminate health gaps, but the term has many different definitions. To provide a foundation for advancing health equity in Ohio, HPIO convened an Equity Advisory Group to come to consensus on a definition of health equity. The group reviewed existing definitions of health equity<sup>5</sup> and, after a series of discussions, developed the following:

"Everyone is able to achieve their full health potential. This requires..."

The definition highlights the *what* and the *how* of health equity:

- *What does health equity mean?* Everyone is able to achieve their full health potential.
- *How can we achieve health equity?* By addressing historical and contemporary injustices and removing obstacles to health such as poverty, discrimination, and their consequences.

In addition, the Advisory Group identified the following definitions:

### 3 key findings for policymakers

- **Many groups of Ohioans experience troubling gaps in health outcomes.** Not all Ohioans have the same opportunity to live a healthy life based on geography, race and ethnicity, income, education or other social, economic or demographic factors.
- **The choices we make are often shaped by the environments in which we live.** Because of this, many Ohioans face barriers to being healthy due to, for example, unequal access to high-quality education, a job that pays a self-sufficient income and adequate, stable housing.
- **There are evidence-based approaches to closing Ohio's health gaps.** Closing Ohio's health gaps requires a comprehensive approach that involves multi-sector, public- and private-sector stakeholder collaboration.

# 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*

# Impact on disparities

## 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)*

# Impact on disparities

## 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

