

Moving toward health value

Where we are now and
how we can improve

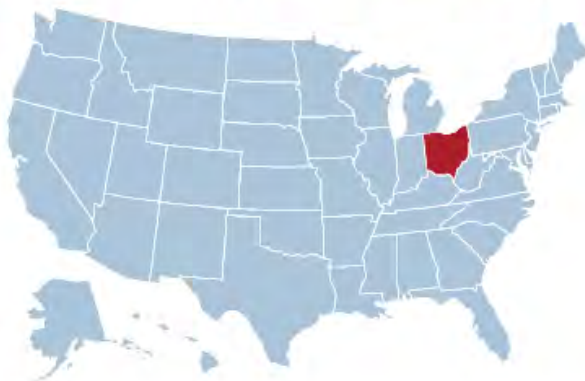


Reem Aly and Amy Bush Stevens
Health Policy Institute of Ohio

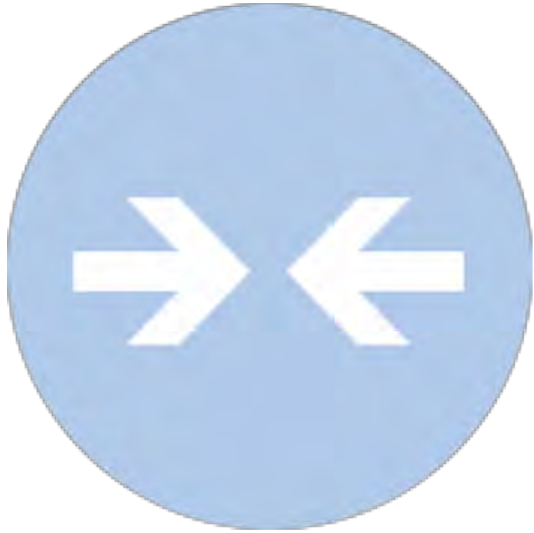


2019

Health Value Dashboard



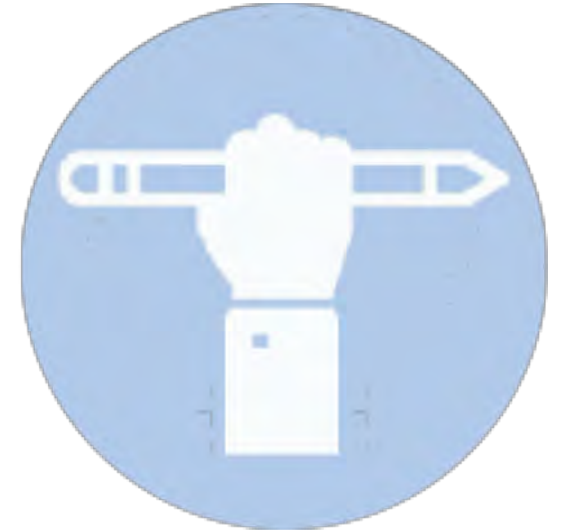




Concise



State
policymakers



Effective
narrative

Thank you

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



OHIO
UNIVERSITY

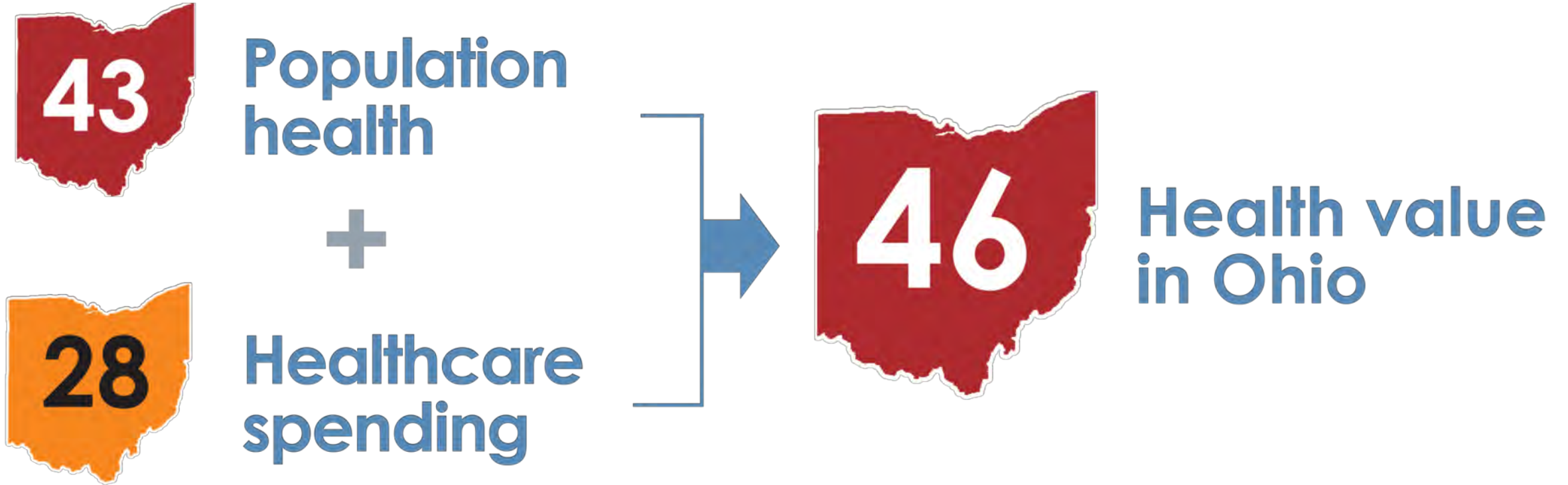
**Voinovich School of
Leadership and Public Affairs**

Where does Ohio rank?

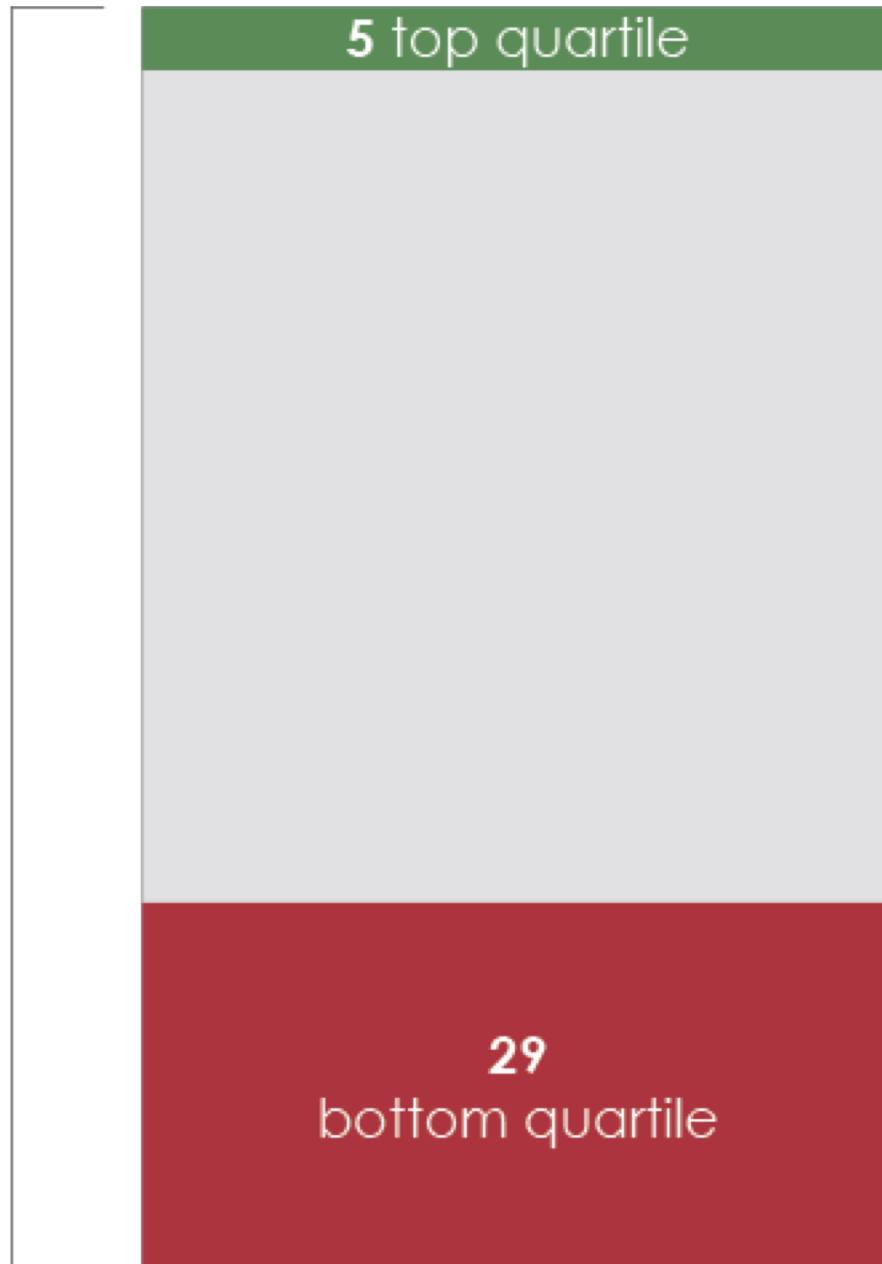
A large, rectangular sign with a blue border and a tan background. The sign is mounted on a metal truss structure. The text on the sign reads "Welcome To Ohio" in red and blue fonts. The word "Ohio" is written in a blue, cursive script with a small red star above the letter 'i'.

Welcome To *Ohio*

Where does Ohio rank?



100
ranked metrics

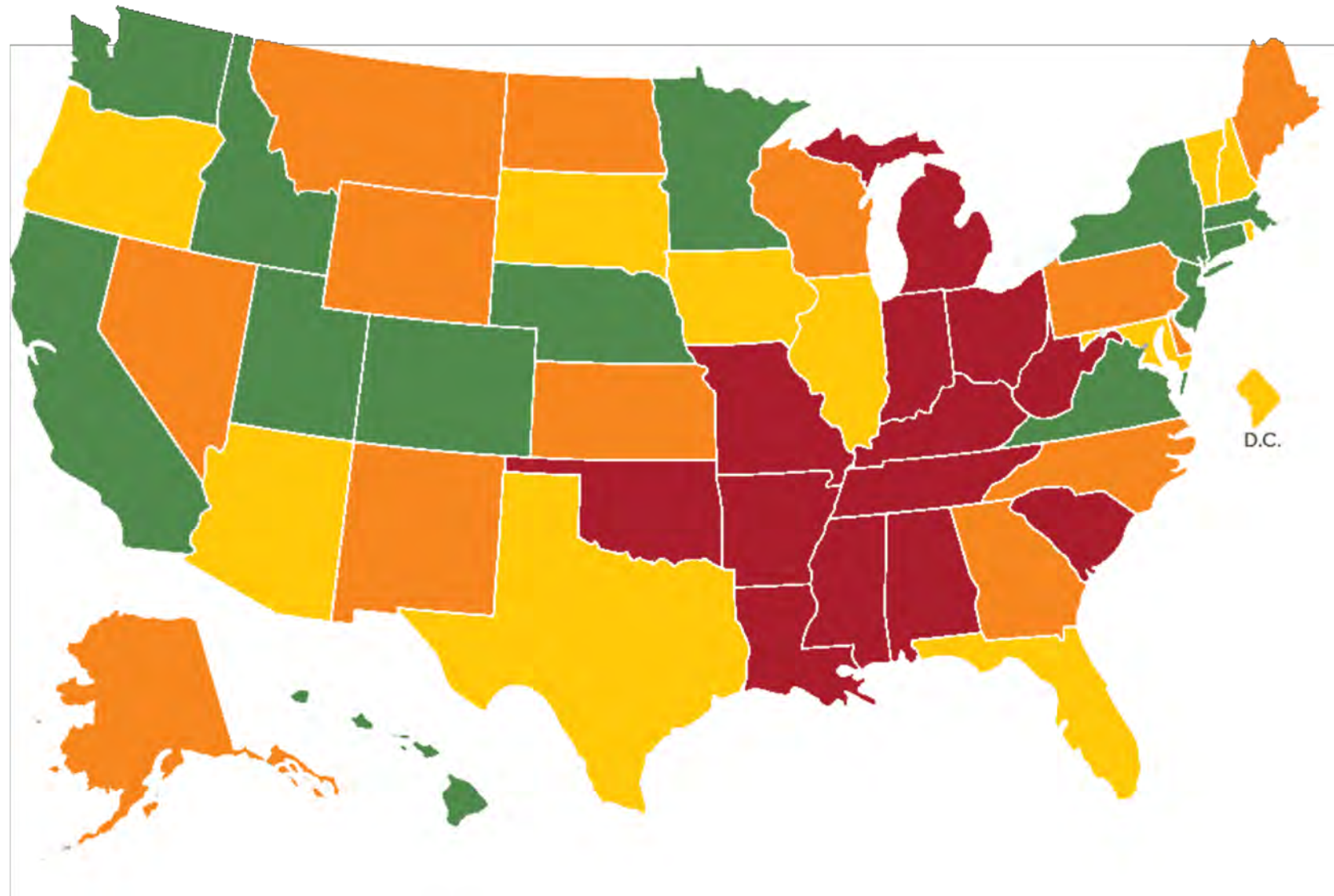


Ohio ranks in the bottom quartile on nearly 30 percent of metrics

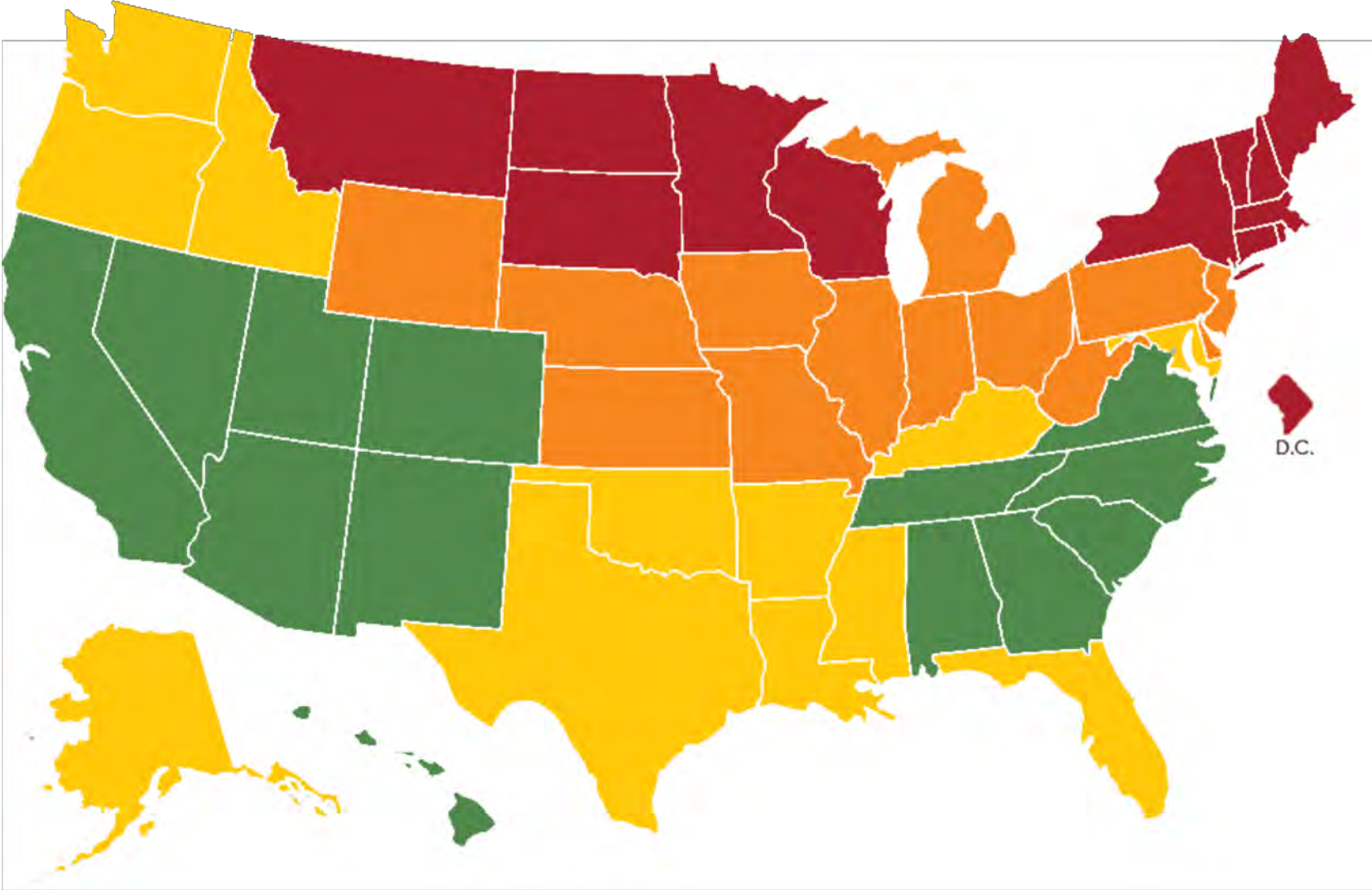
Where do **other states** rank?



Where do other states rank on population health?

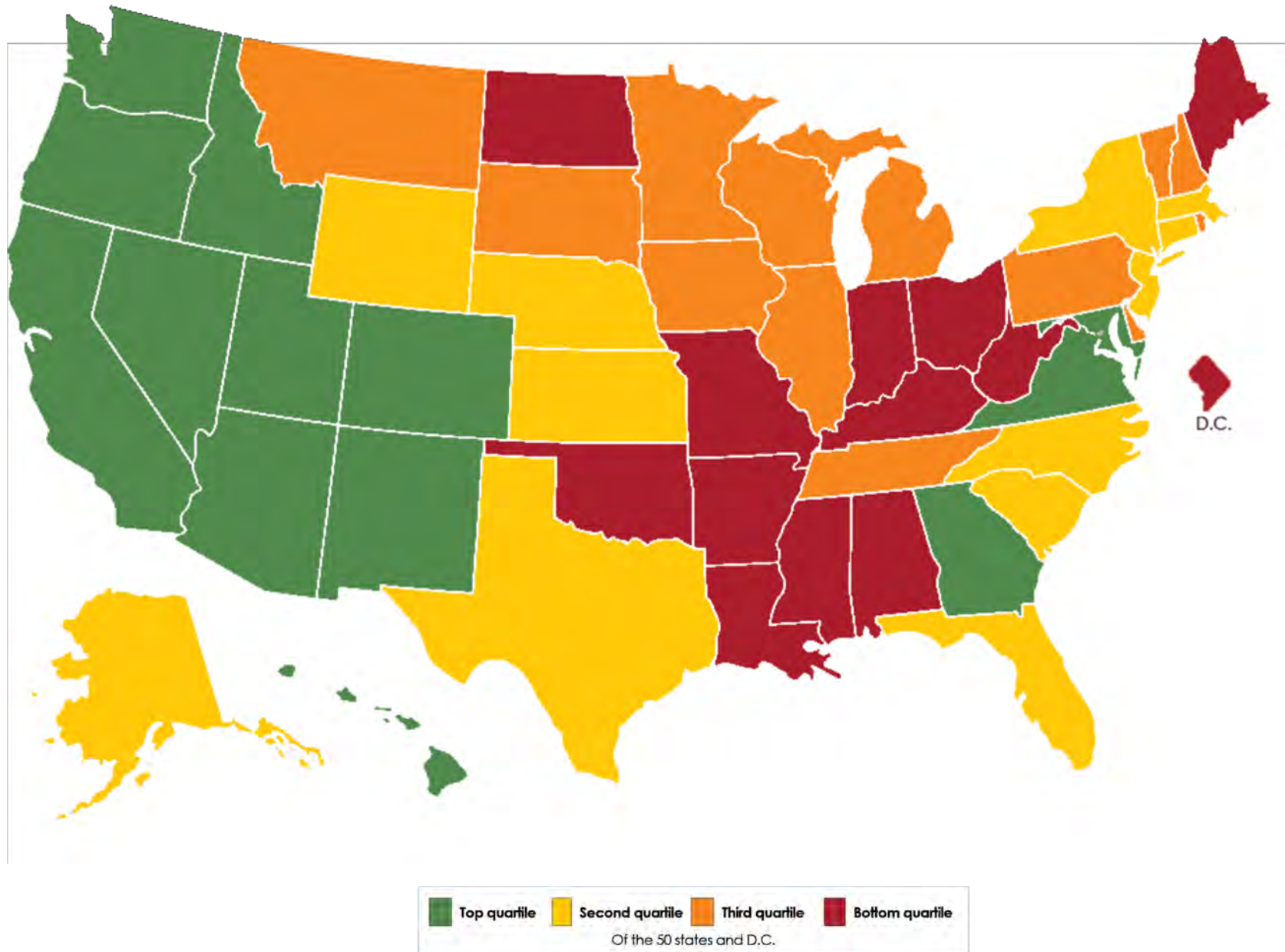


Where do other states rank on healthcare spending?



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

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

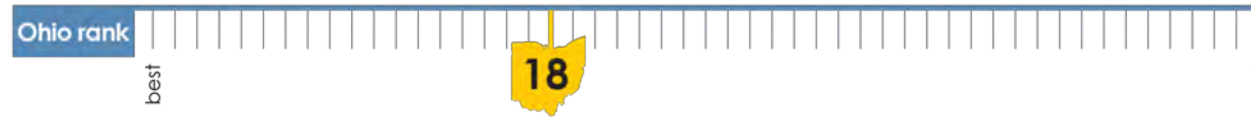


Bottom quartile states

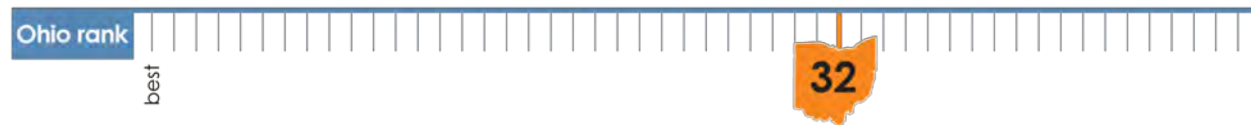
- Tennessee
- District of Columbia
- North Dakota
- Oklahoma
- Indiana
- Maine
- Alabama
- Missouri
- Ohio
- Arkansas
- Louisiana
- Mississippi
- Kentucky
- West Virginia

Why do we rank poorly?

Access to care



✓ 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



low lead exposure risk high lead exposure risk

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

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?

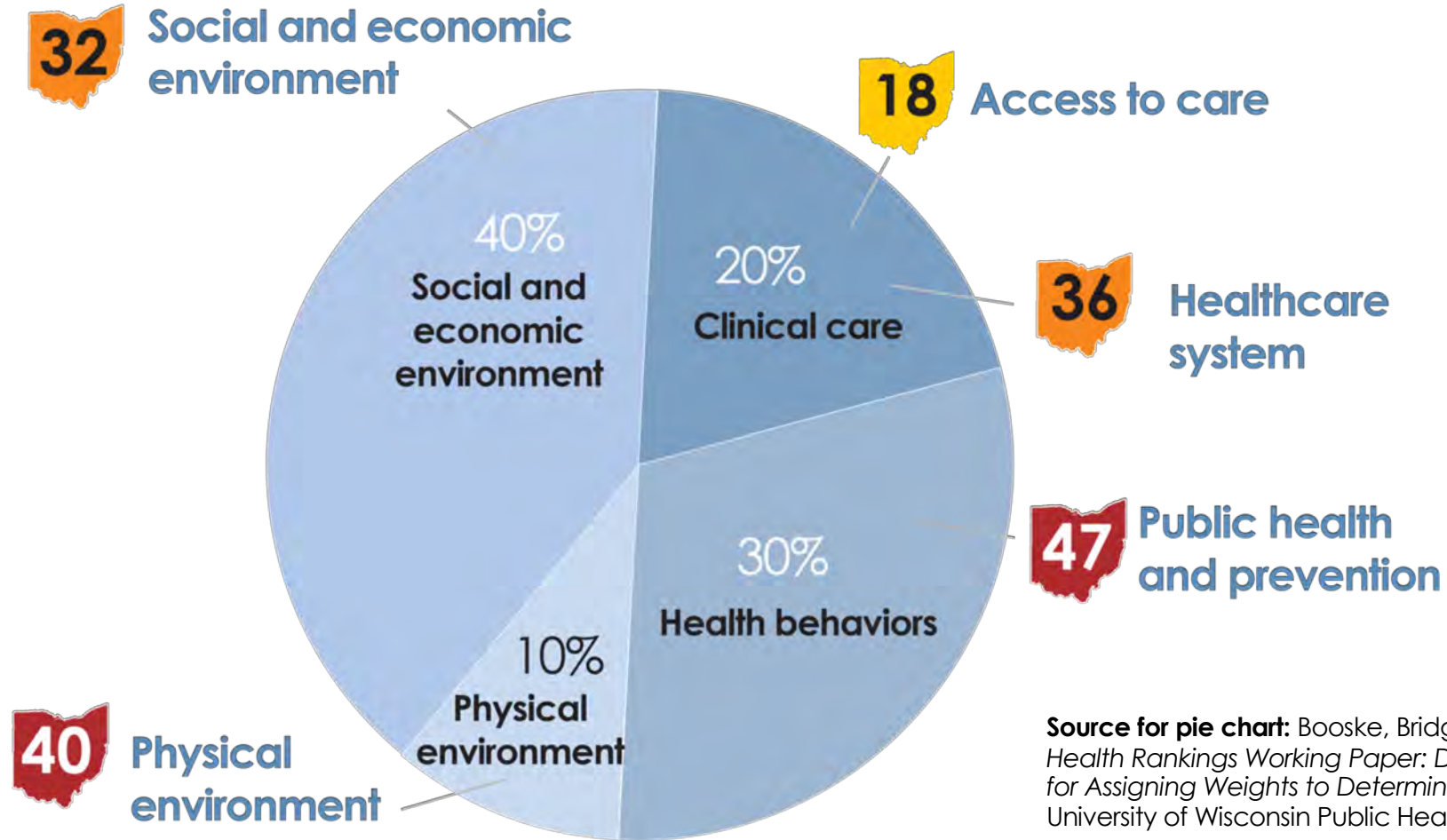


**Resources are out
of balance**

Resources are out of balance



Modifiable factors that influence health

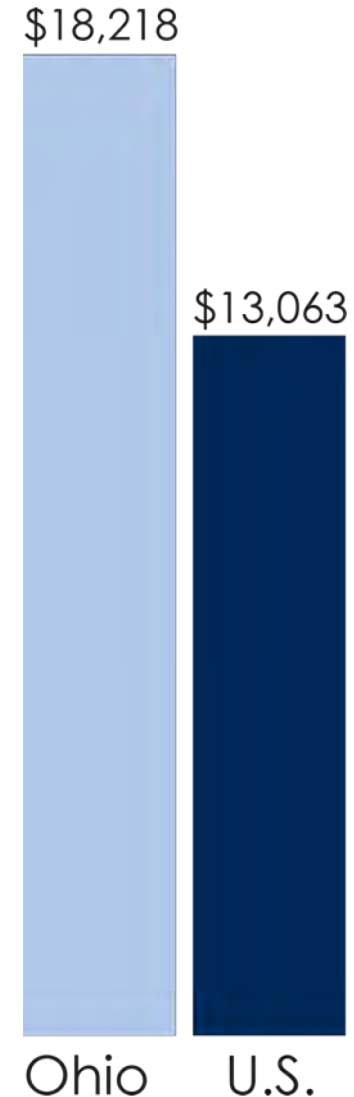


Source for pie chart: Booske, Bridget C. et. Al. *County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health.* University of Wisconsin Public Health Institute, 2010.

Bottom quartile **spending** metrics

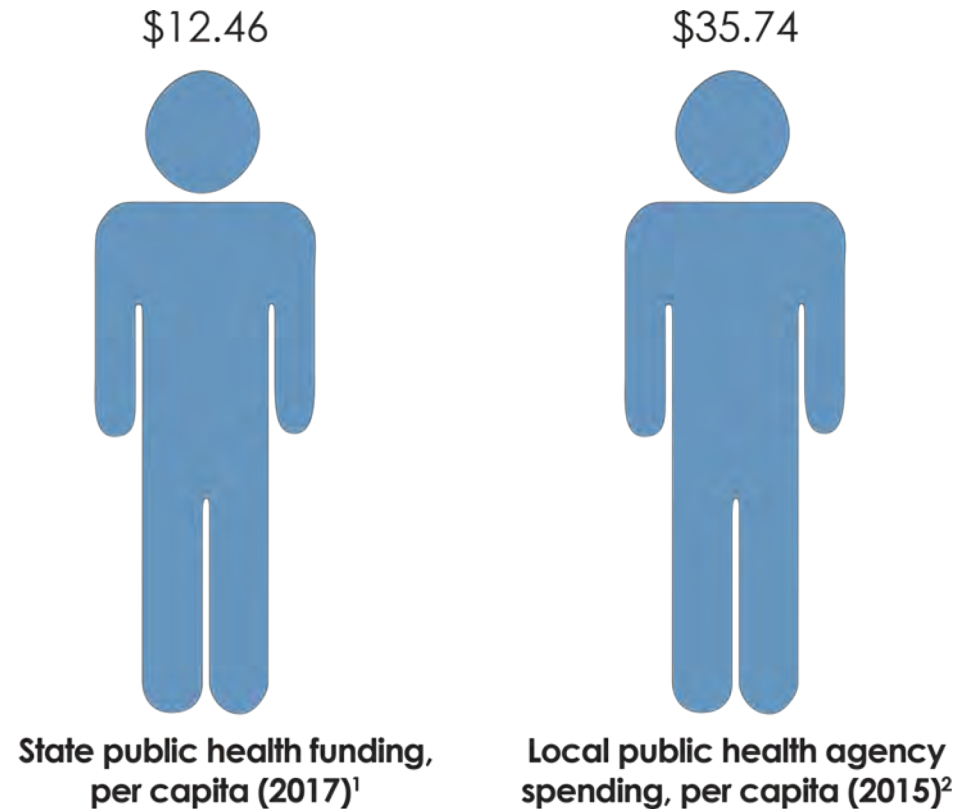
41	Nursing home care spending, per capita
41	Hospital care spending, per capita
39	Total Medicare spending, per beneficiary
39	Average total cost, per Medicare beneficiary with three or more chronic conditions

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

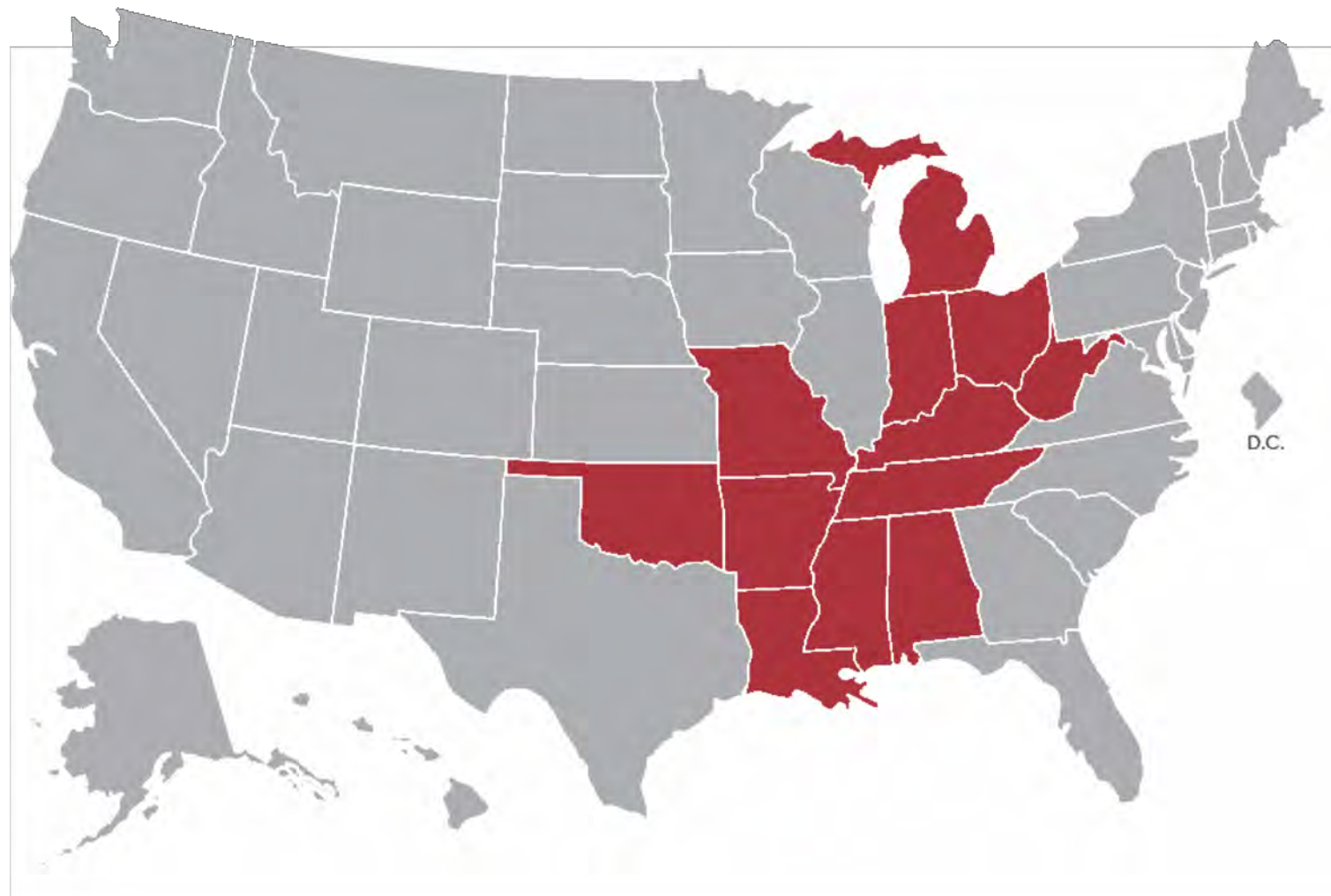
48

Child in household with a smoker

44

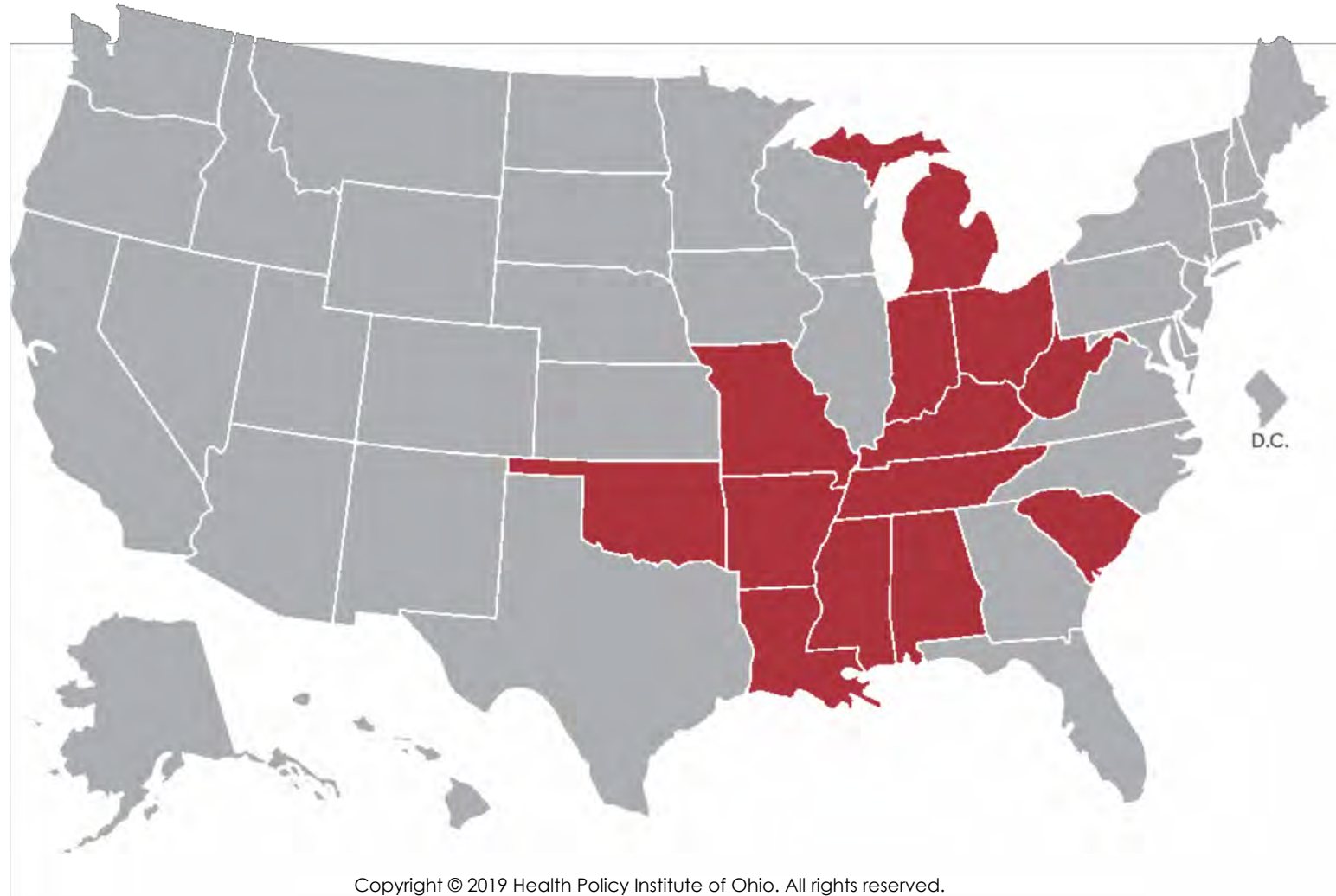
Adult smoking

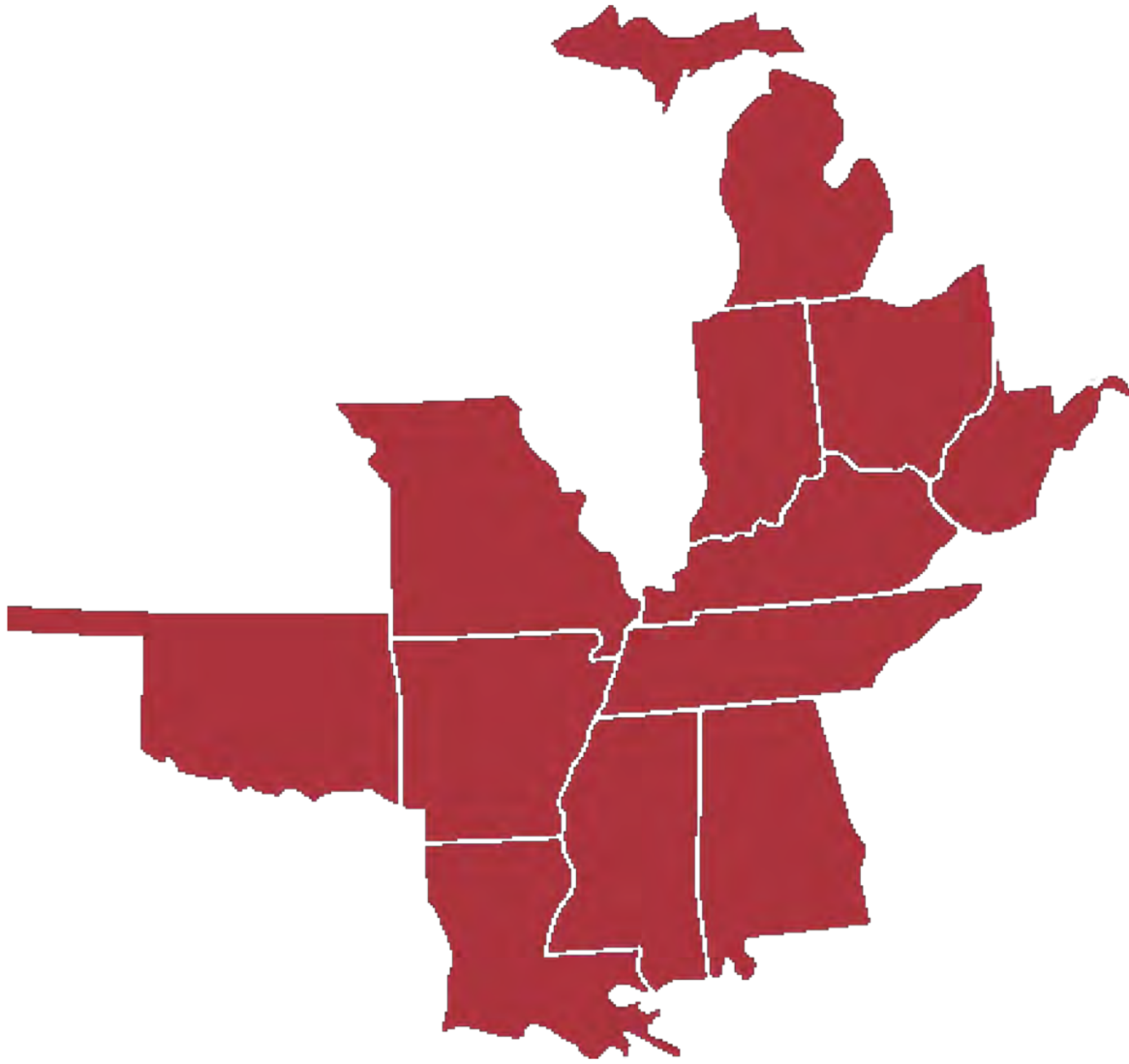
“Tobacco Nation”



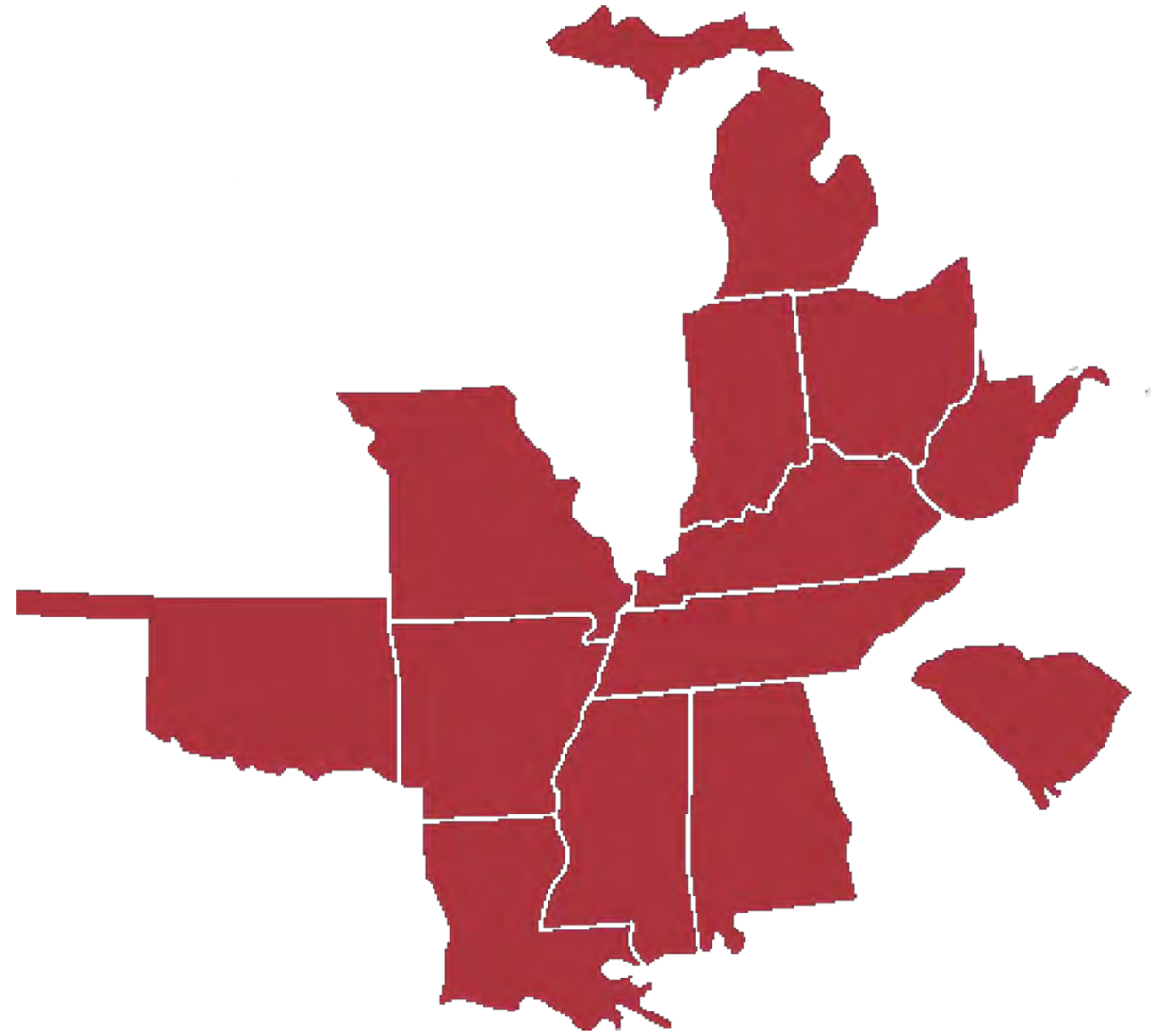
Source: Truth Initiative, “tobacco use in these 12 u.s. states is on par with a number of developing countries. why?”

Health Value Dashboard bottom quartile states for population health



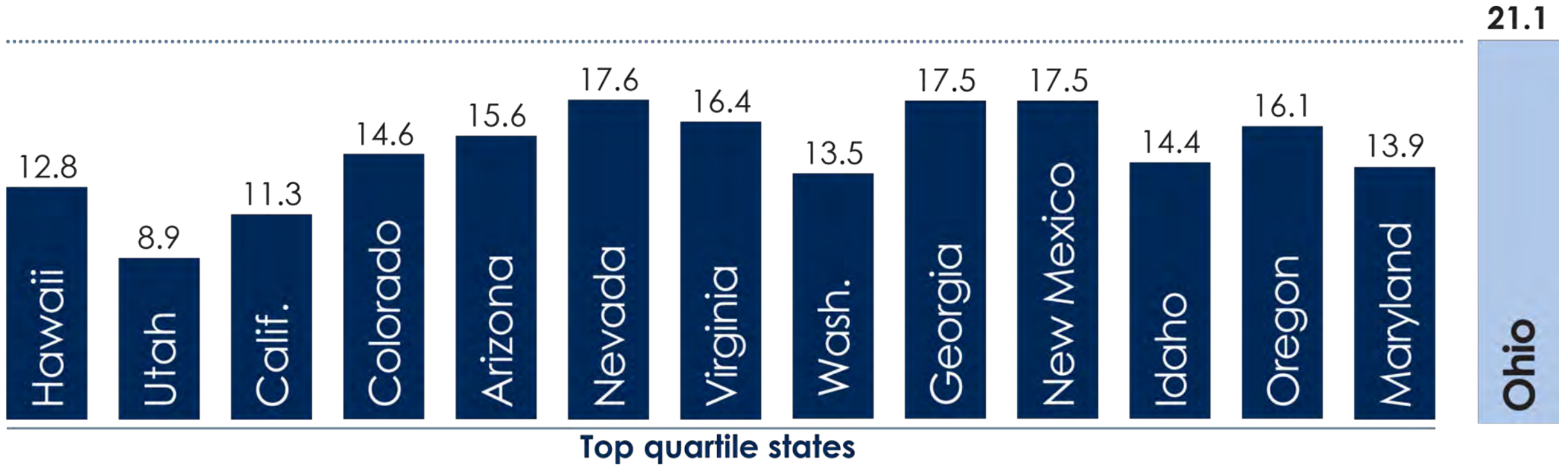


“Tobacco Nation”



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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Events

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Videos

Community

Reviews

Posts

Info and Ads



Like



Follow



Share



Call Now



Send Message

Create Post



Write a post...



Photo/Video



Tag Friends



Check in



No Rating Yet

Community

See All



Invite your friends to like this Page



44 people like this



46 people follow this

Upcoming Events

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 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 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

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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

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 30 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.

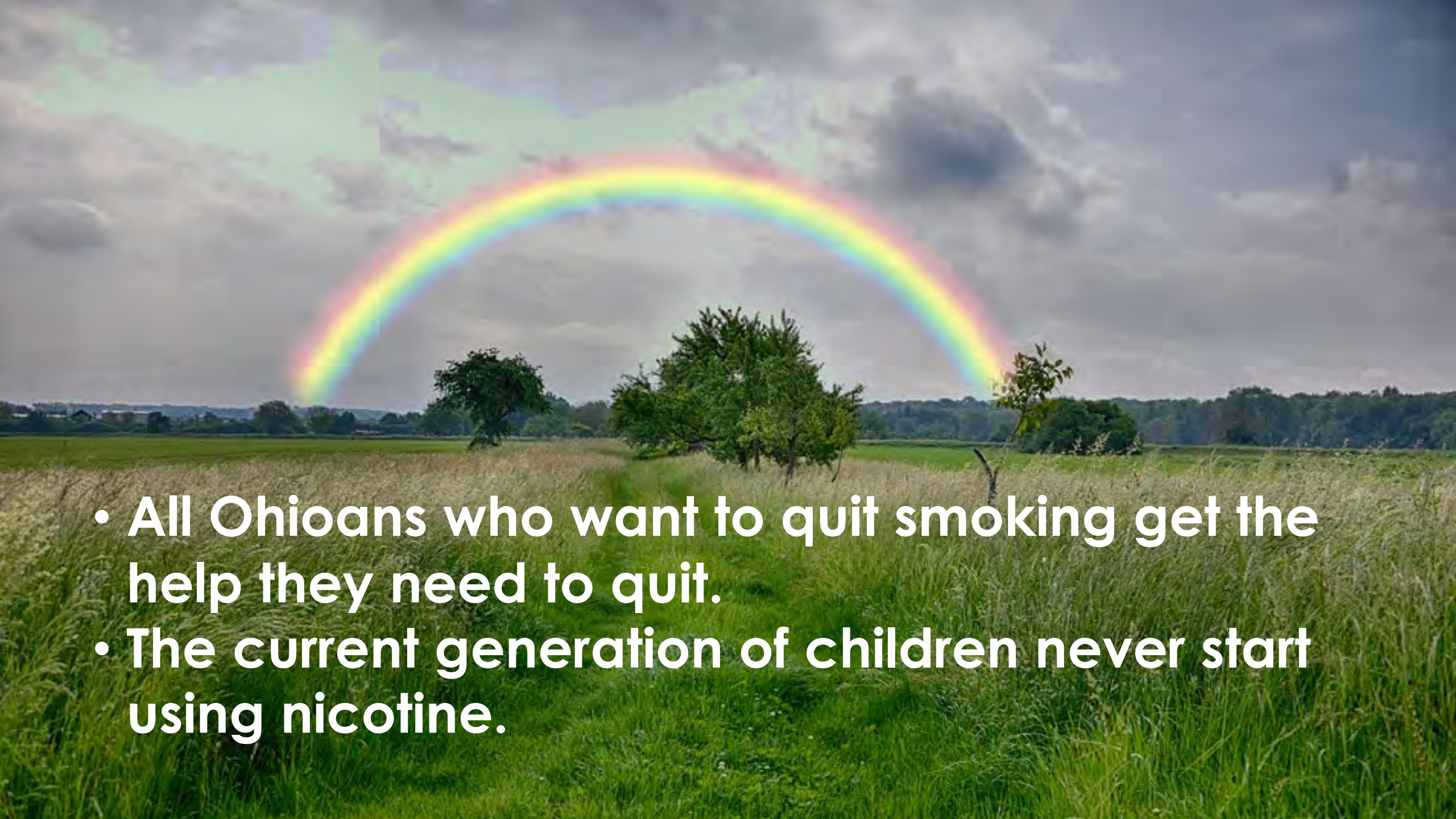


Adult smoking



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**

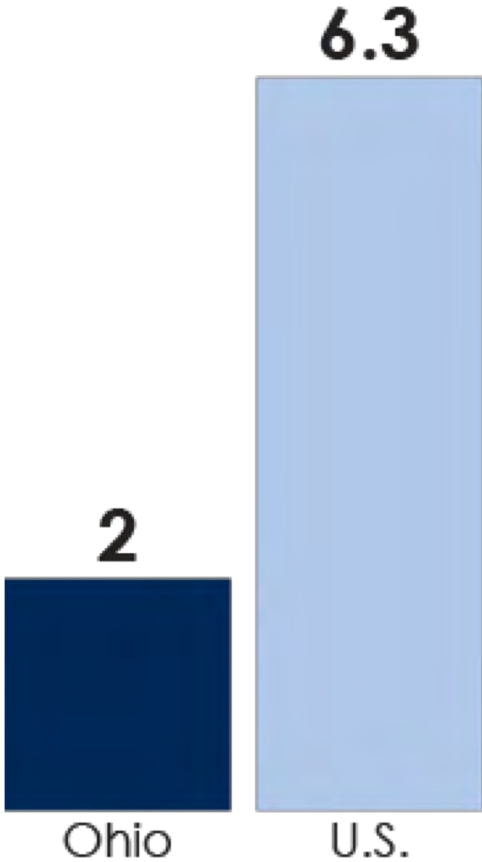
**Those things you
say will never happen
to you? They happen.**

Learn More 

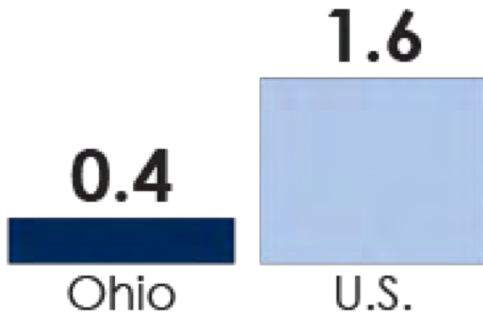
Quit Line service utilization, Ohio and U.S.

Q4 2016

Incoming calls per 10,000 state population

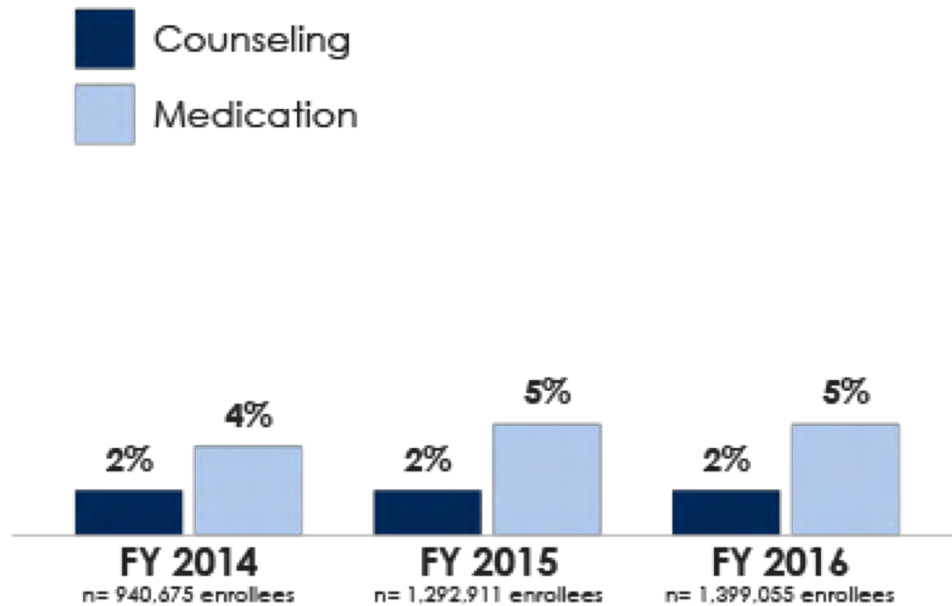


Callers who received counseling and/or medication per 1,000 tobacco users



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

46%



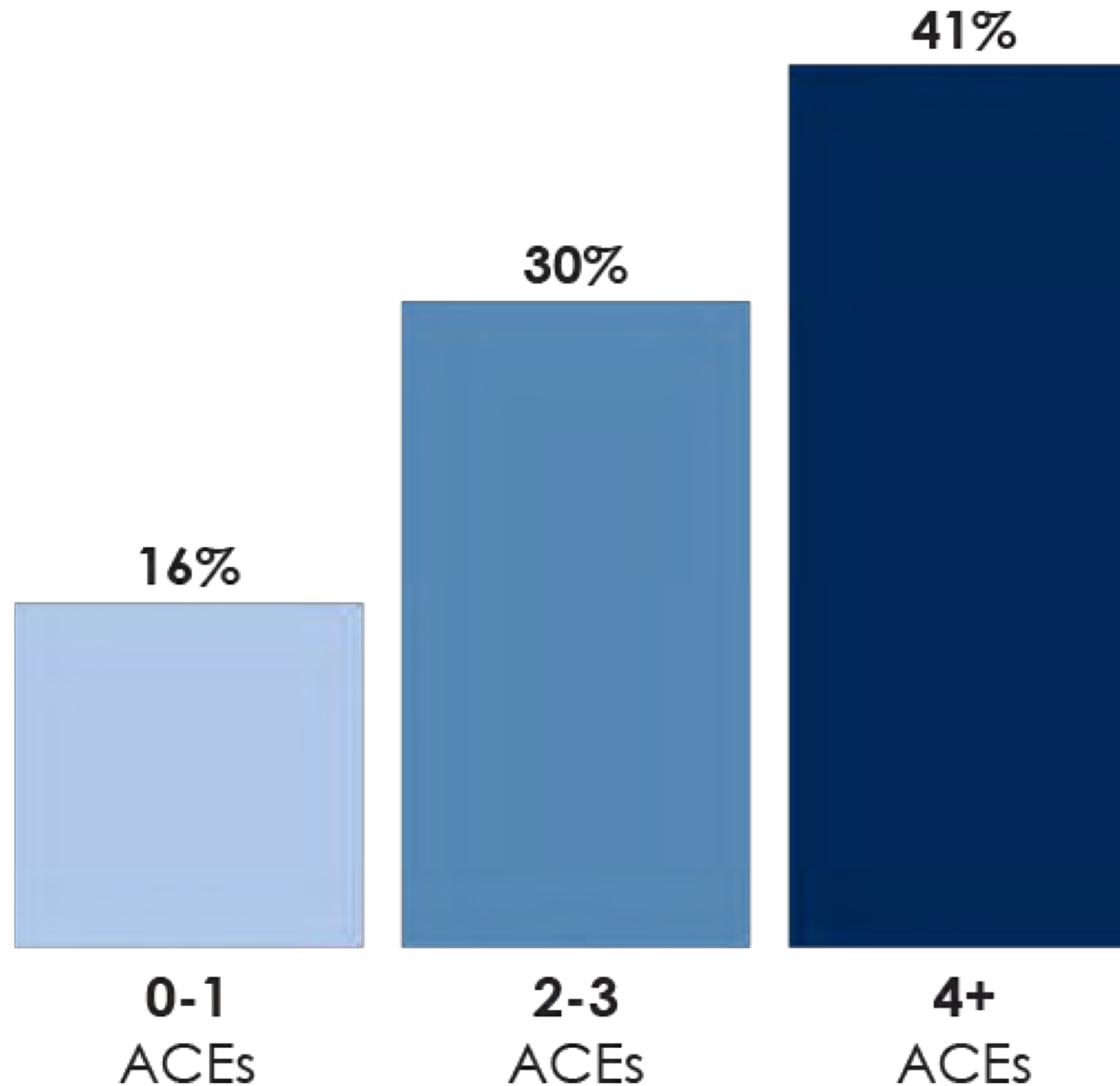
Source for counseling and medication data: Ohio Department of Medicaid, 2016

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 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?"

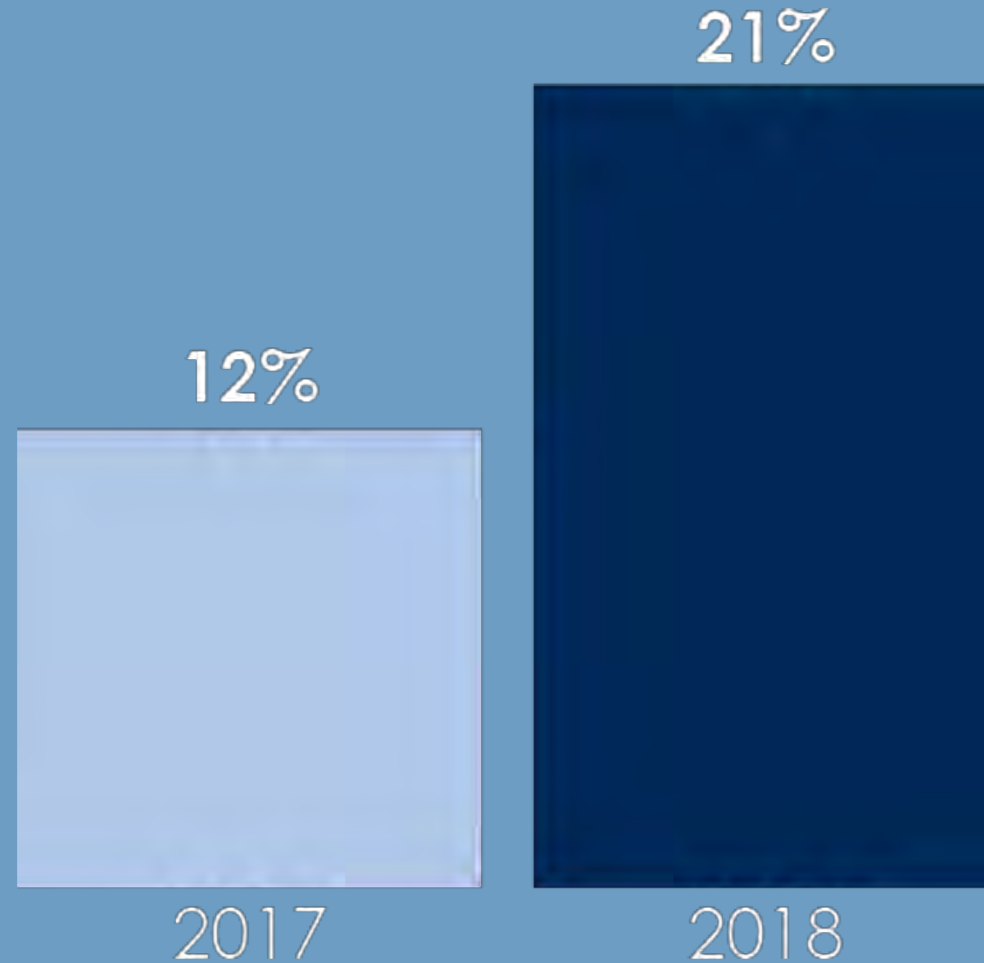
--Athens focus group participant

Dec. 18, 2018

US surgeon general warns of teen risks from e-cigarettes

AP

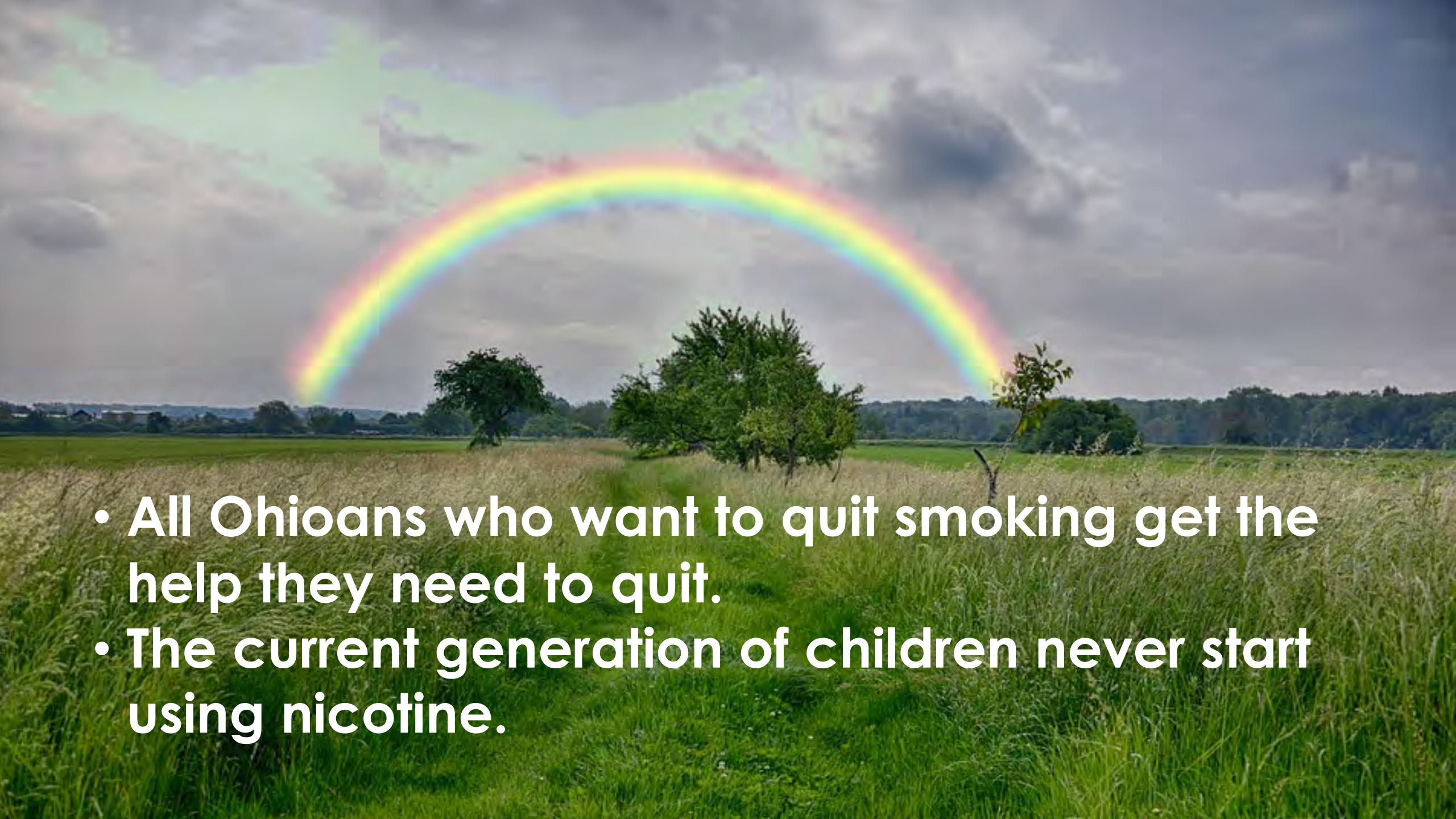
E-cigarette use among U.S. high school students



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.

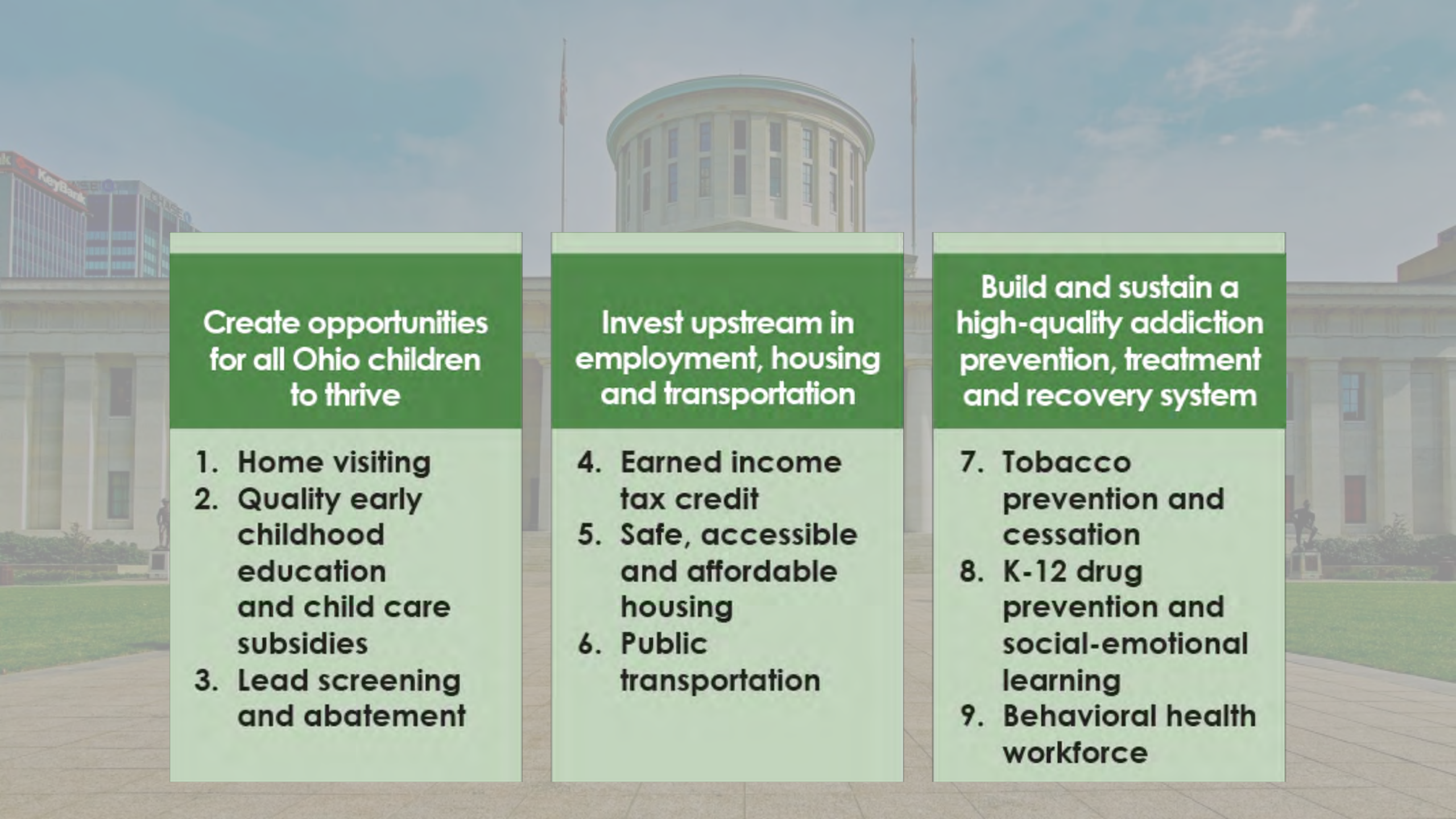
Why does Ohio rank poorly?

- 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

Snapshot and executive summary

www.hpio.net/2019-health-value-dashboard



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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
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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!



The state of Ohio's health

2019 *Health Value Dashboard* release

