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

Reem Aly and Amy Bush Stevens
Health Policy Institute of Ohio

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Concise

State policymakers

Effective narrative
<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

Social and economic environment

Healthcare system

Physical environment

Public health and prevention

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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

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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

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

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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: 10%


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<table>
<thead>
<tr>
<th></th>
<th>Spending Metric</th>
<th>Ohio</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>Nursing home care spending, per capita</td>
<td>$18,218</td>
<td></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>
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<tr>
<td>39</td>
<td>Average total cost, per Medicare beneficiary with three or more chronic conditions</td>
<td></td>
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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

State public health funding, per capita (2017) 1

$12.46

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

$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>Number</th>
<th>Description</th>
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<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>
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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?”

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Health Value Dashboard bottom quartile states for population health
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
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
ROI of lead poisoning prevention

Every $1 invested returns…

- $1.33 for removing leaded drinking water service lines
- $1.39 for eradicating lead paint hazards from older homes
- $3.10 for 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
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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
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’s greatest health value strengths and challenges

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

#### Social and economic environment
- 41 Unemployment
- 38 Adult incarceration

#### Physical environment
- 49 Child in household with a smoker
- 46 Indoor air quality
- 40 Food insecurity

#### Access to care
- 11 Medical home, children
- 47 Preventive dental care, children

#### Healthcare system
- 43 Socially-prescribed treatment
- 46 Cancer five-year survival
- 44 Potentially avoidable emergency department visit for employee-based enrollees
- 43 Colon and rectal cancer stage diagnosis
- 41 30-day hospital readmissions for employee-based enrollees

#### Public health and prevention
- 7 Comprehensive public health system
- 53 Health-secure surveillance
- 48 Emergency preparedness training, per capita
- 46 Child immunization
- 45 State public health workforce
- 45 Environmental and occupational health
- 42 Safe delivery

#### Population health
- 50 Drug overdose deaths
- 44 Infant mortality
- 41 Adult smoking
- 43 Premature death
- 42 Life expectancy
- 41 Poor mental health
- 41 Adult obesity
- 40 Adult insufficient physical activity

#### Healthcare spending
- 3 Employee contributions to employer-sponsored insurance premiums
- 41 Average per capita spending, per capita
- 40 Hospital care spending, per capita
- 39 Total Medicare spending, per beneficiary
- 38 Average hospital cost per Medicare beneficiary with three or more chronic conditions

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**44**

**48**

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

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

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

Adult smoking and adverse childhood experiences in Ohio, 2015

Percent of adults who currently smoke

<table>
<thead>
<tr>
<th>ACEs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>16%</td>
</tr>
<tr>
<td>2-3</td>
<td>30%</td>
</tr>
<tr>
<td>4+</td>
<td>41%</td>
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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
US surgeon general warns of teen risks from e-cigarettes

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 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

4. Earned income tax credit
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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

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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