

2021 HEALTH VALUE DASHBOARD™

Fact sheet: A closer look at public health and prevention

Strengths and challenges

From addressing the addiction crisis to combatting infectious disease, public health and prevention play an important role in ensuring that Ohioans live longer, healthier lives and rely less on clinical care. While Ohio has made some improvements in preventing illness and injuries, policymakers and others can take additional actions to strengthen Ohio's public health system.

Public health and prevention is one of seven topic areas included in the 2021 *Health Value Dashboard™*. Ohio's strengths in this area include decreases in opioid prescribing and senior falls. Overall, however, Ohio performed worse than many other states, ranking 32nd out of 50 states and D.C. on an overall ranking of public health and prevention metrics. Public health workforce, funding and emergency preparedness and response stand out as areas needing improvement.

This fact sheet provides additional information on the public health and prevention metrics included in HPIO's 2021 *Dashboard*, with a focus on state and local public health. Because most *Dashboard* data was collected prior to 2020, this fact sheet describes the status of public health in Ohio prior to the COVID-19 pandemic. The large number of deaths in 2020 caused by COVID-19 and a new surge in overdose deaths¹ indicate major threats to health that further strained the public health system over the past year.

Value of public health

Analysis of 2021 *Dashboard* data finds that public health and prevention have a much stronger impact on the overall health of a state than do access to care or healthcare system performance. Figure 1 shows the strength of the relationship between different categories in

3 key findings for policymakers

- **Strengthening public health and prevention** is the most effective way to empower Ohioans to lead healthier lives.
- **Ohio invests far less** in public health than most other states, resulting in an undersized state and local public health workforce that was strained even before the COVID-19 pandemic.
- **Policymakers have many opportunities** to build Ohio's public health workforce, ensure decision makers have actionable health data and improve access to community-based prevention across the state.

the *Dashboard*, revealing that public health and prevention, followed by the physical environment (air and water quality, food access and housing), are strongly connected to a state's overall health.

Public health organizations work to prevent health problems and advance equity, often through policies and programs that move upstream beyond the provision of clinical care. Several outcomes could be improved in Ohio by stronger community-based prevention efforts, such as grass-roots naloxone distribution to prevent drug overdose deaths, enforcement of the tobacco 21 law to prevent youth nicotine use and home visiting to prevent infant mortality. Strengthening Ohio's public health system would improve population health outcomes across the state.

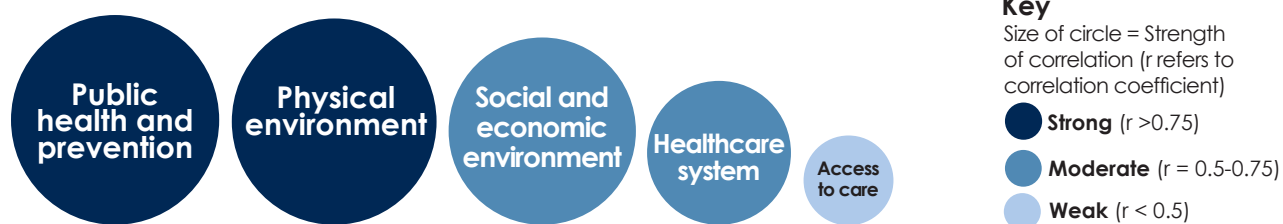
For all HPIO Health Value *Dashboard™* material, visit

www.hpio.net/2021-health-value-dashboard



Figure 1. Public health and prevention drive population health

Strength of relationship between state performance on 2021 *Health Value Dashboard* domains and population health



Source: HPIO 2021 *Health Value Dashboard* analysis

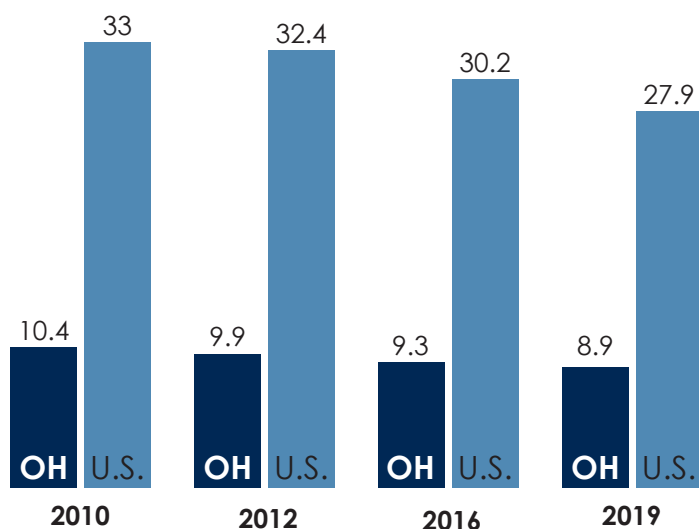
Strained workforce

Ohio's state public health workforce has declined in recent years and is smaller than most other states' (see figure 2). The COVID-19 pandemic revealed the challenges of having a small public health workforce at the state and local levels. Along with antiquated data systems, decades of decline in the number of public health workers led to significant capacity challenges as health departments struggled to scale up testing, data reporting, case investigation and contact tracing, guidance, public information and vaccinations.²

In addition to pandemic response, public health workers also provide a variety of services that protect Ohioans from harm and promote well-being, such as restaurant inspections, safety-net clinics, birth and death certificates, early childhood home visiting and nutrition education. Public health leaders also facilitate cross-sector partnerships to address factors prioritized in the [2020-2022 State Health Improvement Plan](#), such as housing, education, childhood trauma and adversity, and access to care.

Figure 2. State public health workforce in Ohio, 2010-2019

Number of state public health agency full-time equivalent (FTE) employees, per 100,000 population

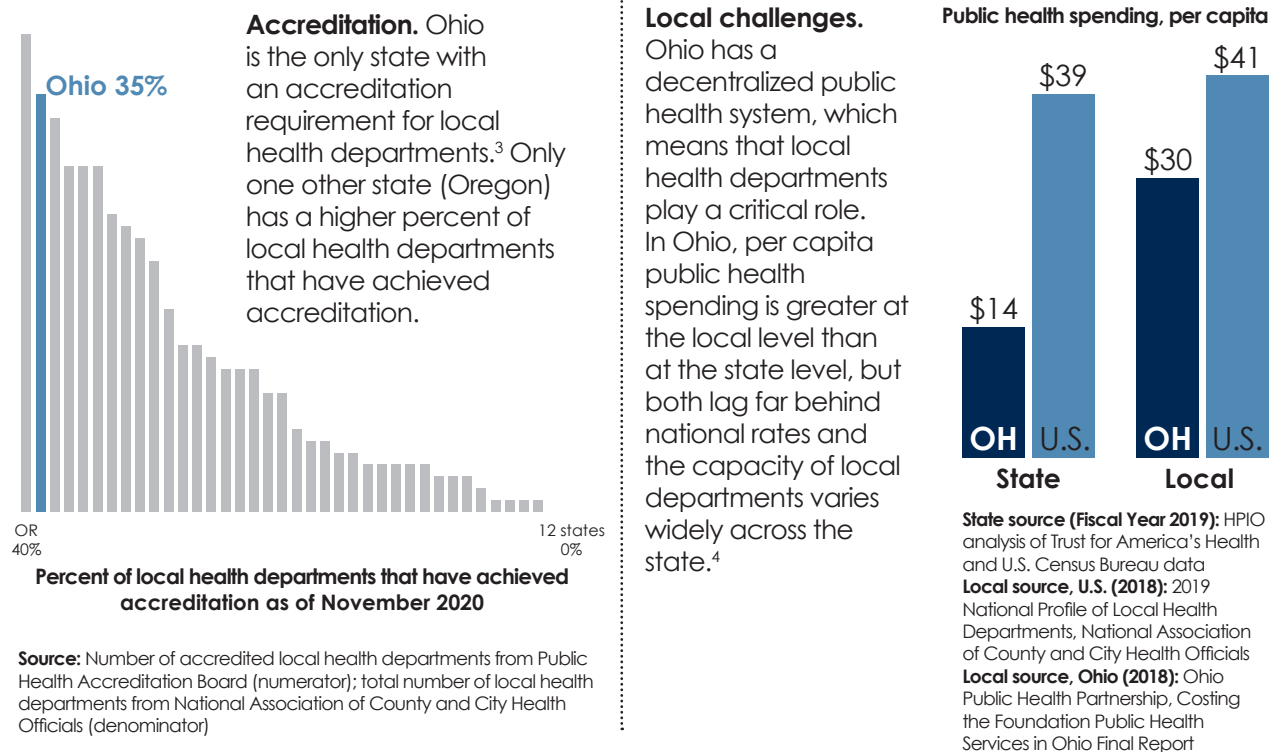


Source: Association of State and Territorial Health Officials, as compiled for HPIO *Health Value Dashboards* (2014-2021)

High standards, low resources

Ohio had mixed performance on the public health system and workforce category in the *Dashboard*, which includes health department accreditation, workforce and funding metrics. Despite high expectations for health departments to demonstrate quality and performance through a national accreditation process launched in 2011, Ohio invests far less in public health than most other states (see figure 3). This has resulted in an undersized state and local public health systems and challenges to emergency preparedness and surveillance, such as outmoded data systems.

Figure 3. **Strong performance on accreditation vs. relatively low investment**



Path forward

Policymakers have many opportunities to strengthen Ohio's public health system at the state and local levels. Policy options include:



Local workforce

- Ensure that all local health departments have resources to support adequate staffing for important functions like epidemiology, communicable disease control and communications⁵
- Increase the diversity and reach of public health workers through financial incentives to recruit and retain public health professionals in underserved areas



State workforce

- Reverse the decline in the state public health workforce through adequate funding
- Increase the number of staff dedicated to data analysis and informatics, data reporting, providing guidance to local communities on best practices and partnering with local health departments



Actionable data

- Engage public health and healthcare partners to inform continuous improvements to Ohio's public health data systems, including efforts to increase timeliness, detail and accuracy of data relevant to communicable disease response and implementation of the **State Health Improvement Plan**
- Fully implement the recommendations of the March 2021 **Ohio Department of Health COVID-19 Data Performance Audit**

These improvements will help Ohioans to be more prepared to prevent and respond to future health threats. In addition, they will set a stronger foundation for Ohio to become a leader in health value through implementation of evidence-informed policies identified in the *2021 Health Value Dashboard*, such as K-12 student wellness, lead hazard mitigation and improved access to healthy food.

Notes

1. *Vital Statistics Rapid Release: Provisional Life Expectancy Estimates for 2020*. Report No. 015. Hyattsville, MD: U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Health Statistics, 2021.
2. *The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks and Recommendations, 2021*. Washington, D.C.: Trust for America's Health
3. The Public Health Accreditation Board (PHAB) reports that Ohio is the only state that requires PHAB accreditation. Ohio Revised Code section 3701.13 specifies that "As a condition precedent to receiving funding from the department of health, the director of health may require general or city health districts to apply for accreditation by July 1, 2018, and be accredited by July 1, 2020, by an accreditation body approved by the director." In addition, the recently passed 2022-2023 state budget (HB 110) included accreditation requirements related to specific funding streams and city health departments serving populations less than 50,000.
4. *Costing the Foundational Public Health Services in Ohio: Final Report*. Ohio Public Health Partnership, 2019.
5. For recommended staffing levels, see *Costing the Foundational Public Health Services in Ohio: Final Report*. Ohio Public Health Partnership, 2019.