2023 Health Value Dashboard
COVID-19 workgroup
August 10, 2022
Vision

Ohio is a model of health, well-being and economic vitality.

Mission

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.
Participating in Zoom

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2023 Health Value Dashboard Advisory Group

As HPIO begins developing the next edition of the Health Value Dashboard™, we asked experts from throughout the state to join HPIO’s Health Value Dashboard Advisory Group (Dashboard AG). The Dashboard AG will provide input on development of the 5th edition of the Health Value Dashboard, which will be released in 2023.

The 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 performance relative to other states, tracks change over time and examines Ohio’s greatest health disparities and inequities.

Click here to view a list of Advisory Group members
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Today’s agenda

• Overview of feedback from Dashboard AG workgroup and options for integrating COVID-19 into the 2023 Dashboard
• Group discussion: Feedback on potential metrics and narrative on COVID-19 in the 2023 Dashboard
• Next steps
Today’s objectives

As a result of this meeting, Workgroup members will inform development of the 2023 Dashboard by providing:

• Guidance on potential methodology and messaging regarding the role of COVID-19 in the 2023 Dashboard
2021 Health Value Dashboard – COVID-19 section overview
2021 HEALTH VALUE DASHBOARD
Impact of COVID-19 on health value

The COVID-19 pandemic has resulted in numerous health, social, and economic challenges since March 2020. Though the full impacts of COVID-19 on health value cannot yet be fully assessed, researchers estimate that life expectancy in the U.S. dropped by 1.1 years in 2020, the largest single-year decline in more than 40 years.1

Preliminary data and analysis suggest that COVID-19 has affected, and will continue to affect, the many factors that influence health, including employment, education, public health and healthcare. Examples of specific impacts include:

- **Education**: Reading test scores indicate that Ohio third graders experienced one third of a year of learning loss by fall of 2020.2
- **Unemployment**: The economic downturn stemming from the COVID-19 pandemic led to increased unemployment in the U.S. Ohio's unemployment rate more than tripled in the early months of the pandemic, growing from 4.9% in March 2020 to 16.4% in April 2020. As of Feb. 2021, the rate is 5.2%.3
- **Immunizations**: Ohio immunizations have decreased rapidly since the beginning of the COVID-19 pandemic. Delayed due to delayed routine check-ups.4
- **Early cancer diagnosis**: Cancer screenings decreased early in the pandemic.5
- **Healthcare spending**: More than one in three nonelderly adults in the U.S. have reported that they delayed seeking or getting healthcare since March 2020.6 Year-to-year spending on healthcare services fell by approximately 25% from 2019 to 2020, the first decline in health spending in decades.7
- **Drug overdose deaths**: Rates of substance use and opioid use disorder are likely to increase, although the magnitude of COVID-19’s impact is not yet known. Preliminary data from 2020 show that overdose rates increased by 30% in Ohio compared to 2019, reversing a previous downward trend.8

Impact on health equity

The COVID-19 pandemic is disproportionately impacting socially disadvantaged communities across Ohio, including Ohioans of color, with disabilities and residents of urban or Appalachian counties.9 In many cases, the impact of the pandemic is widening existing inequities and health disparities. For example:

- **Life expectancy**: Researchers estimate that Black and Hispanic Americans will experience an outsized decline in life expectancy — 2.1 years and 3.1 years respectively — compared to the 1.1 years decline in life expectancy for all Americans because of the COVID-19 pandemic.10
- **Education**: Analysis of Ohio data in the fall 2020 found that declines in math and reading test scores for economically disadvantaged students were more pronounced for non-economically disadvantaged students.11
- **Unemployment**: In the fourth quarter of 2020, the unemployment rate for Black Ohioans (11.1%) was 2.3 times that of white Ohioans (4.8%).12

Notes

Decline in life expectancy from 2019 to 2020

Impacts of COVID-19

• Education
• Unemployment
• Immunizations
• Early cancer diagnosis
• Healthcare spending
• Drug overdose deaths
Advisory Committee small group discussion themes

- The COVID-19 pandemic should have a major role in the 2023 Health Value Dashboard
- Highlight the impact of the pandemic on outcomes like overdose deaths and workforce
- Prioritize metrics related to hospitalizations (e.g., ICU admission, hospitalized with COVID-19 and hospitalized for COVID-19) and vaccination
COVID-19 in the 2023 Health Value Dashboard

• Narrative section highlighting the impact of the pandemic on the Dashboard Domains
• One to five COVID-19-specific metrics (e.g., hospitalizations)
  – One to two metrics added to existing domains
  – Additional metrics for COVID narrative and/or graphics
## Metric selection

### Rigor
- Source integrity
- Data quality
- New evidence
- Face value

### Alignment
- Sub-state geography
- Ability to track disparities
- Relevance

### Feasibility
- State-level data that can be ranked
- Availability and consistency
- Timeliness
- Variation across states
Proposed COVID-19 metrics

- **COVID-19 vaccination.** Percent of people fully vaccinated, having received two doses of the Pfizer or Moderna or one dose of Janssen (source: CDC)
  - Can only disaggregate by age (population over 5, over 12, over 18 and over 65 years of age), but no other demographic category (e.g., race)
Proposed COVID-19 metrics

• **COVID-19 hospitalization rate.** New admissions of patients with confirmed COVID-19 expressed as admissions per 100,000 population (source: CDC) – Can only disaggregate by age, but no other demographic category (e.g., race)
Proposed COVID-19 metrics

• **COVID-19 ICU admissions.** Number of patients currently hospitalized in an ICU bed with COVID-19 (source: OHA)
  – Can only disaggregate by region (rural hospitals, urban hospitals)
  – Metric available for Ohio only
Proposed COVID-19 metrics

- **Excess mortality rate during the COVID-19 pandemic.**
  Number of observed deaths compared to the expected number of deaths during the COVID-19 pandemic (source: TBD)
  - Disaggregation to be determined based on data availability
  - Metric might only be available for Ohio
Proposed COVID-19 metrics

• **Number of deaths involving COVID-19.** Number of deaths with confirmed or presumed COVID-19 (source: CDC)
  – Disaggregation to be determined
Proposed COVID-19 metrics

- **Life expectancy.** Number of years lost in life expectancy from 2019 to 2021 (source: TBD)
  - Disaggregation to be determined based on data availability
  - Metric might only be available for Ohio
Discussion

• Is the proposed way of incorporating the COVID-19 pandemic and its impact the best way to include it into the 2023 Dashboard?

• Are these the best metrics directly related to COVID-19 to include in the Dashboard?
Discussion

• If including a COVID death metric, how should we define COVID-19 deaths (e.g., excess deaths related to the pandemic, deaths because of COVID-19, deaths with COVID-19)?

• In what domain should each metric go?
Proposed COVID-19 narrative

Describe the broad impact of the pandemic on
1. Each Domain;
2. Specific measures, such as overdose, workforce and education; and/or
3. A theme, trend, equity, correlation analysis or other concept
Discussion

• What is the best approach to building out the narrative in the COVID-19 section?
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Workgroup meeting dates

• Healthcare spending: August 16, 10-11:30am
• Equity: September 13, 1-2:30pm