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

Chat
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Raise hand
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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
## 2023 Dashboard Timeline

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Today’s agenda

• Overview of equity in the 2021 Dashboard and feedback from Dashboard AG discussion group
• Group discussions:
  – Feedback on potential data additions
  – Feedback on potential context additions
• Next steps
Today’s objectives

As a result of this meeting, Workgroup members will provide guidance on:

• Potential inclusion of metrics for additional populations (e.g., LGBTQ+ Ohioans, urban/Appalachian Ohioans)
• Potential addition of additional context surrounding health disparities and inequities into the equity profiles
Pathway to improved health value

Systems and environments that affect health

- Healthcare system
- Access
- Social and economic environment

Public health and prevention

Equitable, effective and efficient systems

Optimal environments

Improved population health

Sustainable healthcare spending

World Health Organization definition of health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
WHY DO WE RANK POORLY ON HEALTH VALUE?

1. Childhood adversity and trauma have long-term consequences

2. Ohioans with the worst outcomes face systemic disadvantages

3. Sparse public health workforce leads to missed opportunities for prevention
Why does Ohio rank poorly?

Ohioans with the worst outcomes face systemic disadvantages

• Racism and other forms of discrimination drive troubling differences in outcomes across Ohio. This includes racist and discriminatory beliefs and interactions among Ohioans and structural racism and discrimination embedded within systems and across sectors, rooted in ageism, ableism, xenophobia, homophobia and other “isms” or “phobias.”
• Ohioans experiencing the worst health outcomes are also more likely to be exposed to risk factors for poor health. These include trauma and adversity, toxic stress, violence and stigma, and inequitable access to resources.

Our systems, policies and beliefs unfairly favor some Ohioans over others

One in 10 Black children in Ohio is treated unfairly due to their race, 17 times higher than the rate for white children

Inequitable distribution of infrastructure, power, resources and dollars result in obstacles to accessing education, food, transportation, housing, health care and other resources for Ohio’s most vulnerable groups.

If these inequities were eliminated:

- 58,507 fewer Black children and 13,031 fewer Hispanic children would experience food insecurity
- 342,917 fewer low-income households would be severely cost-burdened for housing
- 238,174 more Ohioans with less than a high school diploma would have broadband internet access
- 181,488 children with disabilities would not have to delay health care due to cost

How can we improve through state policy?

• Advance anti-racist and anti-discriminatory policies by promoting diversity, equity and inclusion in leadership; engaging in training on racism, discrimination and its impacts; and improving access to culturally and linguistically competent information and services
• Level the playing field: starting with increasing funding and/or allocating one-time federal COVID-19 relief funding to food, housing, mental health, and other services; addressing structural racism through enforcement of fair housing; quality housing for people with very low incomes; rental assistance initiatives and eviction prevention
• Identify gaps in outcomes and evaluate policy impacts: by building systems and capacity across the public and private sectors to collect and break out data on systematically disadvantaged Ohioans (e.g., race and ethnicity, disability status, education and income)

Data sources are available in data appendices posted on the HPIO Health Vive Dashboard web page.
Nine policies that work to improve health value

<table>
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<th>CHILDREN</th>
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| - Close widening academic gaps  
- Strengthen K-12 student wellness  
- Expand access to quality early childhood care and education | - Advance anti-racist and anti-discriminatory policies  
- Level the playing field, starting with affordable housing  
- Identify gaps in outcomes and evaluate policy impacts | - Strengthen the public health workforce and data systems  
- Prevent addiction and overdose deaths  
- Prevent chronic disease through improved access to healthy food |
## EQUITY PROFILES

### Black Ohioans

Racist and discriminatory policies, systems and beliefs uniquely limit Black Ohioans’ access to resources, representation and opportunity and result in, for example:
- Disproportionate incarceration
- Residential segregation
- Discrimination within the healthcare system

**If the playing field was leveled:**

- **16,690** Black Ohioans would not be incarcerated
- **19,700** more Black youth would be working or in school
- **68,009** Black Ohioans would not be severely cost burdened by housing
- **171,447** Black Ohioans would not experience the physical or emotional impacts of poor treatment due to race

Black Ohioans experience much worse outcomes than white Ohioans across measures of health, healthcare and the social, economic and physical environment. Racism is a primary driver of the poor outcomes facing Black Ohioans:

### Health

- Infant mortality: 2.8 times worse for Black Ohioans
- Premature death: 1.4 times worse for Black Ohioans
- Adult disease: 1.2 times worse for Black Ohioans
- Heart disease mortality: 1.2 times worse for Black Ohioans
- Poor oral health: 1.2 times worse for Black Ohioans

### Access to healthcare system

- Unable to see doctor due to cost: 1.3 times worse for Black Ohioans
- Uninsured adults: 1.4 times worse for Black Ohioans
- Prenatal care: 1.4 times worse for Black Ohioans
- Flu vaccinations: 1.2 times worse for Black Ohioans

### Social and economic environment

- Incarceration: 3.4 times worse for Black Ohioans
- Child poverty: 3 times worse for Black Ohioans
- Chronic absenteeism: 2.8 times worse for Black Ohioans
- Unemployment: 2.7 times worse for Black Ohioans
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- Disconnected youth: 2 times worse for Black Ohioans
- Adverse childhood experiences: 1.8 times worse for Black Ohioans
- Fourth-grade reading: 1.5 times worse for Black Ohioans
- College enrollment within two years: 1.3 times worse for Black Ohioans

### Physical environment

- Food insecurity: 3.5 times worse for Black Ohioans
- Zero-vehicle households: 3.5 times worse for Black Ohioans
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- Living in a high-homicide county: 1.7 times worse for Black Ohioans
- Broadband Internet access: 1.3 times worse for Black Ohioans
- Air pollution: 1.4 times worse for Black Ohioans

### Experiences of racism

- Unfair treatment due to race for children: 17.3 times worse for Black Ohioans
- Physical or emotional symptoms experienced due to treatment based on race: 5.6 times worse for Black Ohioans
- Treated worse in healthcare due to race: 5.5 times worse for Black Ohioans
- Treated worse at work due to race: 4.8 times worse for Black Ohioans

This profile describes the magnitude of difference in outcomes between Black Ohioans and white Ohioans. Data sources are available in data appendices posted on the HPIO Health Value Dashboard webpage.
# EQUITY PROFILES

## Black Ohioans

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### Access to healthcare system
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- **Uninsured adults**: 3.5 times worse for Black Ohioans
- **Prenatal care**: 3.5 times worse for Black Ohioans
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### Air pollution
- **Experiences of racism**
  - **Untreated treatment due to race for children**: 2.8 times worse for Black Ohioans
  - **Physical or emotional symptoms experienced due to treatment based on race**: 2.8 times worse for Black Ohioans
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If the playing field was leveled:

- **16,690** Black Ohioans would not be incarcerated.
- **19,700** more Black youth would be working or in school.
- **68,009** Black Ohioans would not be severely cost burdened by housing.
- **173,447** Black Ohioans would not experience the physical or emotional impacts of poor treatment due to race.

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2021 Equity Profiles

1. Black Ohioans
2. Hispanic/Latino(a) Ohioans
3. Ohioans with Disabilities
4. Ohioans with low incomes or educational attainment
Other systematically disadvantaged Ohioans

Not all groups that experience poorer outcomes are represented in existing and/or publicly available data due to factors discussed in the data challenges section below. In addition, many Ohioans are part of more than one systematically disadvantaged group, and as a result, experience more disparate outcomes than what is captured in data.

Racial, xenophobic, homophobic, transphobic, aged, and other discriminatory policies, systems and beliefs lead to acts of hate and violence and unfairly limit equitable access to resources, representation and opportunity for these additional groups of Ohioans:

- In 2019, the percent of adults who were unable to see a doctor due to cost was 1.6 times higher for Asian American Ohioans than for white Ohioans.
- In 2016-2019, the percent of American Indian/Alaskan Native adults in Ohio who have ever been treated or judged unhealthily because of their race was 1.3 times higher than for white adults.
- In 2018, 52.9% of Ohioans who identified as LGBTQ reported poor mental health for more than two weeks out of the past month, compared to 13.7% who did not identify as LGBTQ.
- In 2018, the percent of Ohioans with very low incomes who identified as transgender or gender non-conforming was 4.3 times higher than in the general population.
- As of March 2021, 9.9% of people who died with COVID-19 were age 65 or older and 38.1% of all deaths were for residents of long-term care facilities. Living in a congregate setting is a risk factor for contracting COVID-19.
- In 2017, between 7.8% and 14.5% of Ohioans, ages 65 and older, avoided health care due to lack of transportation.
- In 2018, the youth suicide rate in Appalachia counties was 1.3 times higher than the overall youth suicide rate.
- There is a gap of more than 25 years in the expectancy of birth in Ohio depending on the census tract where a person lives.

Data challenges

- Limited ability to identify data on multiple levels. Disaggregated data for Ohioans, who are part of more than one systematically disadvantaged group, are very limited (e.g., Ohioans of color with disabilities).
- Lack of comprehensive data collection. Comprehensive information to identify gaps in outcomes is not consistently collected across systems and sections (e.g., sexual and gender identity, disability status, and ethnicity), and immigration and/or refugee status information.
- Data not reported for small population groups. Data for groups with smaller population sizes is sometimes not reported or aggregated with data for other groups, thus, not reporting data on communities of color living in Appalachian counties or aggregating data for all Asian and Pacific Islanders. This is done to protect privacy or due to concerns about the reliability of data collected from small samples. The consequence, however, is a lack of data to identify inequities and disparities to be addressed by these groups.
- Lack of local data. Disaggregated data is often not available for localities such as counties, zip codes or census tracts.
- Non-response. Inaccurate training on how to collect demographic data including lack of explanation on why data is being collected, can lead to high “no response” rates.

Notes


Additional equity profile data, including data for American Indian Ohioans, is available in the equity data appendices posted on the HPI Health Value Dashboard webpage.
Advisory Group small group discussion themes

• The equity profiles are important and a “powerful tool” for communicating with policymakers about disparities and inequities
• It would be great to have additional profiles for other groups of Ohioans that experience inequities, such as children, older adults, LGBTQ+ and Appalachian
• Adding a human element to the data is important, such as the “level playing field” sections and/or stories from real Ohioans
Discussion

Potential data additions to the equity profiles
EQUITY PROFILES

Other systematically disadvantaged Ohioans

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Racial, xenophobic, homophobic, transphobic, ageist and other discriminatory policies, systems and beliefs lead to acts of hate and violence and unfairly limit equitable access to resources, representation and opportunity for these additional groups of Ohioans:

- In 2019, the percent of adults who were unable to see a doctor due to cost was 1.6 times higher for Asian American Ohioans than for white Ohioans.
- In 2014-2019, the percent of Asian American children in Ohio who have ever been treated or judged unruly because of their race was 1.3 times higher than for white children.
- In 2018, 27.9% of Ohioans, including 32.5% of Ohioans who identified as LGBTQ, reported poor mental health for more than two weeks out of the past month, compared to 13.7% who did not identify as LGBTQ.
- In 2019, the percent of Ohioans with very low incomes who identified as transgender or gender non-conforming was 4.3 times higher than in the general population.
- As of March 2020, 9.7% of people who died with COVID-19 were age 65 or older and 38.5% of total deaths were for residents of long-term care facilities. Living in a congregate setting is a risk factor for contracting COVID-19.
- In 2017, between 7.8% and 14.5% of Ohioans, ages 65 and older, avoided health care due to lack of transportation.
- In 2018, the youth suicide rate in Appalachian counties was 1.5 times higher than the overall youth suicide rate.
- There is a gap of more than 29 years in the expectancy of birth in Ohio depending on the census tract where a person lives.

Data challenges:
- Limited ability to identify data on multiple levels. Disaggregated data for Ohioans, who are part of more than one systematically disadvantaged group, is very limited (e.g., Ohioans of color with disabilities).
- Lack of comprehensive data collection. Comprehensive information to identify gaps in outcomes is not consistently collected across systems and sectors (e.g., sexual and gender identity, disability status and ethnicity, and immigration and/or refugee status information).
- Data not reported for small population groups. Disaggregated data for groups with smaller population sizes is sometimes not reported or aggregated with data for other groups, even if reporting data on communities of color living in Appalachian counties or aggregating data for all Asian and Pacific Islanders. This is done to protect privacy or due to concerns about the reliability of data collected from small samples. The consequence, however, is a lack of data to identify inequalities and disparities to be addressed by these groups.
- Lack of local data. Disaggregated data is often not available for localities, such as county, zip code or census tract.
- Non-response. Inaccurate or incomplete data collection may lead to lower response rates, non-response rates, and lack of understanding about the extent of the problem.

Notes:
Potential additions

LGBTQ+

- BRFSS: Sexual orientation and gender identity data
  - Data on health status, health outcomes, substance use, etc.
- YRBS and OhYES: Sexual orientation data
  - Data on physical activity, substance use, unintentional injuries
  - Specific to adolescence
- Census (ACS): Same-sex partner households
  - Data on economic and physical environments
Potential additions

Geography

• County Health Rankings and Census data
  – HPIO can do county type analysis and report results for urban, suburban, Appalachian, and rural non-Appalachian

• Ohio Medicaid Assessment Survey
  – Includes county type analysis; Ohio only data

• Public Health Data Warehouse
  – County level; Ohio only data
Potential additions

More Ohio-only data sources

• Expand the number of metrics in some of the current equity profiles, like disability
• Deviates further from the main Dashboard metrics
Questions?
Discussion

• What are your reactions to these potential additions?
• If there are data limitations for a certain group (e.g., immigrants and refugees), how can we make sure that the disparities and inequities they experience are not minimized?
• How do you feel about including Ohio-specific sources of data in the equity profiles? Is it problematic that the source would be different in the main Dashboard?
Poll question

If we can only make one data addition to the 2023 Dashboard equity profiles, which addition is most important?

• LGBTQ+ equity profile
• Geography equity profile(s)
• More Ohio-only data
Discussion

Potential context additions to the equity profiles
### EQUITY PROFILES

**Black Ohioans**

Racist and discriminatory policies, systems and beliefs unfairly limit Black Ohioans’ access to resources, representation and opportunity and result in, for example:
- Disproportionate incarceration
- Residential segregation
- Discrimination within the healthcare system

#### If the playing field was leveled:

- **16,490** Black Ohioans would not be incarcerated.
- **19,700** more Black youth would be working or in school.
- **68,009** Black Ohioans would not be severely cost burdened by housing.
- **173,447** Black Ohioans would not experience the physical or emotional impacts of poor treatment due to race.

---

**Black Ohioans experience much worse outcomes than white Ohioans across measures of health, healthcare and the social, economic and physical environment. Racism is a primary driver of the poor outcomes facing Black Ohioans.**

<table>
<thead>
<tr>
<th>Health</th>
<th>Measure</th>
<th>Difference</th>
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<tbody>
<tr>
<td>Infant mortality</td>
<td>3.8 times worse for Black Ohioans</td>
<td></td>
</tr>
<tr>
<td>Premature death</td>
<td>1.6 times worse for Black Ohioans</td>
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<tr>
<td>Adult diabetes</td>
<td>2.2 times worse for Black Ohioans</td>
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<tr>
<td>Heart disease mortality</td>
<td>2.2 times worse for Black Ohioans</td>
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<tr>
<td>Poor oral health</td>
<td>2.2 times worse for Black Ohioans</td>
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</table>

**Access to healthcare system**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Difference</th>
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<tbody>
<tr>
<td>Unable to see doctor due to cost</td>
<td>1.5 times worse for Black Ohioans</td>
</tr>
<tr>
<td>Uninsured adults</td>
<td>1.4 times worse for Black Ohioans</td>
</tr>
<tr>
<td>Preventive care</td>
<td>1.4 times worse for Black Ohioans</td>
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<tr>
<td>Flu vaccinations</td>
<td>1.2 times worse for Black Ohioans</td>
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</tbody>
</table>

**Social and economic environment**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incarceration</td>
<td>3.4 times worse for Black Ohioans</td>
</tr>
<tr>
<td>Child poverty</td>
<td>3.3 times worse for Black Ohioans</td>
</tr>
<tr>
<td>Chronic absenteeism</td>
<td>2.8 times worse for Black Ohioans</td>
</tr>
<tr>
<td>Unemployment</td>
<td>2.7 times worse for Black Ohioans</td>
</tr>
<tr>
<td>High school graduation</td>
<td>2.3 times worse for Black Ohioans</td>
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<tr>
<td>Disconnected youth</td>
<td>2.2 times worse for Black Ohioans</td>
</tr>
<tr>
<td>Adverse childhood experiences</td>
<td>1.8 times worse for Black Ohioans</td>
</tr>
<tr>
<td>Fourth-grade reading</td>
<td>1.3 times worse for Black Ohioans</td>
</tr>
<tr>
<td>College enrollment within two years</td>
<td>1.0 times worse for Black Ohioans</td>
</tr>
</tbody>
</table>

**Physical environment**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Difference</th>
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<tbody>
<tr>
<td>Food insecurity</td>
<td>3.3 times worse for Black Ohioans</td>
</tr>
<tr>
<td>Zero-vehicle households</td>
<td>3.3 times worse for Black Ohioans</td>
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<tr>
<td>Child in a household with a person who smokes</td>
<td>2.4 times worse for Black Ohioans</td>
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<tr>
<td>Severe housing cost burden</td>
<td>2.2 times worse for Black Ohioans</td>
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<tr>
<td>Living in a high-crime county</td>
<td>1.7 times worse for Black Ohioans</td>
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<tr>
<td>Broadband Internet access</td>
<td>1.5 times worse for Black Ohioans</td>
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<tr>
<td>Air pollution</td>
<td>1.4 times worse for Black Ohioans</td>
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**Experiences of racism**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Difference</th>
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<tbody>
<tr>
<td>Unfair treatment due to race for children</td>
<td>17.3 times worse for Black Ohioans</td>
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<tr>
<td>Physical or emotional symptoms experienced due to treatment based on race</td>
<td>5.6 times worse for Black Ohioans</td>
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<tr>
<td>Treated worse in healthcare due to race</td>
<td>5.4 times worse for Black Ohioans</td>
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<tr>
<td>Treated worse at work due to race</td>
<td>4.8 times worse for Black Ohioans</td>
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</table>

This profile describes the magnitude of difference in outcomes between Black Ohioans and white Ohioans. Data sources are available in data appendixes posted on the HPIO Health Value Dashboard website.
Discussion

• Do we have the right balance of data and context? Do we need to add additional background information on the drivers of inequities?

• What is the best way to incorporate stories from people with lived experience?
Poll question

If we can only make one context addition to the 2023 Dashboard equity profiles, which addition is most important?

• Additional background information on systemic drivers
• More “level the playing field” analysis
• Stories from real Ohioans
Next steps
## 2023 Dashboard Timeline

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THANK YOU