



# 2023 HEALTH VALUE DASHBOARD™ SNAPSHOT



44

## Ohio ranks 44<sup>th</sup> on health value out of 50 states and D.C.

**Health value** = Population health metrics + healthcare spending metrics

### What have we learned?

After compiling five editions of the *Health Value Dashboard* over the past 10 years, it is clear that Ohioans *continue to live less healthy lives and spend more on health care* than people in most other states.

### How can Ohio improve?

Ohio policymakers have many options to build on Ohio's assets to create opportunities for prosperity and well-being throughout the state.

Strengthen Ohio's workforce

Foster mental well-being

Improve healthcare effectiveness

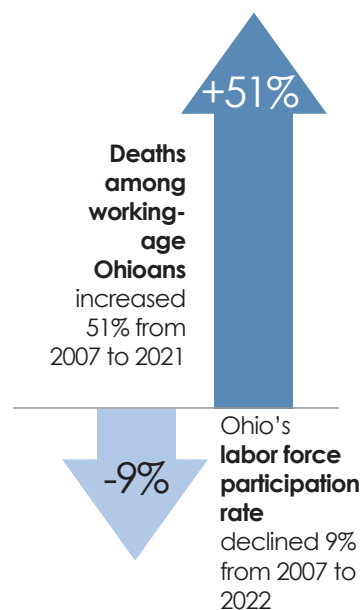
#### Building on strengths

Ohio can build upon recent success in attracting employers in high-growth industries to strengthen the workforce and reduce poverty

Ohio can build upon expertise with, and community response to, the addiction crisis to become a national leader in behavioral health

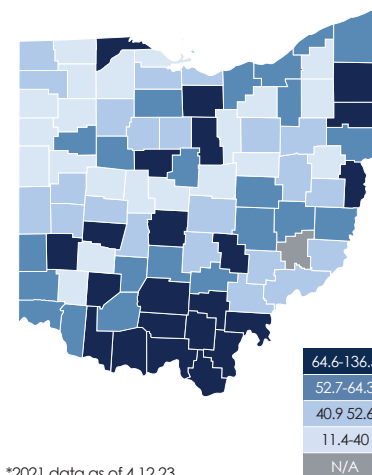
Ohio can build upon strengths in access to care to reinvigorate approaches to improving outcomes and controlling healthcare spending

Economic conditions, labor force participation and health are linked



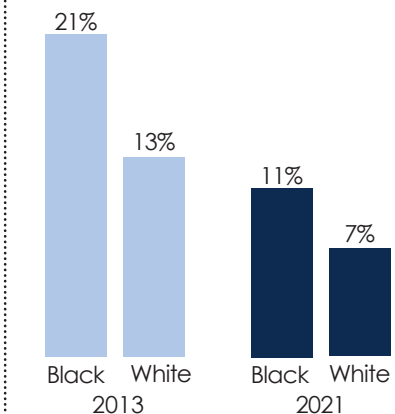
Ohio leaders can support resilience, well-being and recovery across the state, in every community

Rate of **overdose deaths and suicides**, by county, per 100,000 population, 2020-2021\*



Policy change has led to improvements in access to care, but new efforts are needed to improve outcomes and control spending

Percent of adult Ohioans who **went without health care** because of cost in the past year (Black and white, non-Hispanic)



Data sources are available in data appendices posted on the [2023 Health Value Dashboard webpage](#). For more information about how health value is calculated, see [methodology](#).



# NINE POLICIES THAT WORK

By adopting evidence-informed policies and working with private sector partners, policymakers can establish Ohio as a leader in health value. Below are examples of policy options to achieve this goal.

## Strengthen Ohio's workforce

- **Career technical education (CTE).** Increase funding for CTE facilities and equipment and foster collaboration between K-12 CTE programs, Ohio Technical Centers, community colleges and employers. Sector-based workforce initiatives and work-based learning programs, such as the **Innovative Workforce Incentive Program**, can increase the number of industry-recognized credentials earned by Ohio students for in-demand jobs, as well as increase the variety of available credentials.
- **Childcare subsidy.** Expand initial eligibility for childcare subsidies to 200% of the federal poverty level (FPL) to provide access to child care for more families with low and moderate incomes, allowing them to enter or stay in the workforce.
- **Paid family leave.** Offer paid family leave benefits for 12 weeks or more and eliminate or mitigate the impact of waiting periods to access paid leave benefits (public and private employers), increasing the ability of workers with caregiving responsibilities to remain in the labor force.

## Foster mental well-being

- **Mental health and addiction workforce recruitment and retention.** Establish a long-term, sustained state commitment to build the capacity of behavioral health providers, including tuition reimbursement, loan repayment, paid internships and pipeline training programs focused on underserved areas, and evaluate professional licensure laws to ease entry into professional jobs after graduation.
- **Integration of mental and physical health.** Expand statewide implementation of **Certified Community Behavioral Health Clinics (CCBHC)**, a coordinated, comprehensive care model that includes medication-assisted treatment, crisis services, peer support, quality standards and other evidence-based approaches.
- **Recovery housing.** Increase the supply and quality of housing options for adults and families in recovery through partnerships between recovery housing operators and affordable housing developers and add requirements that residences be certified or accredited (as designated by the Ohio Department of Mental Health and Addiction Services [OhioMHAS]).

## Improve healthcare effectiveness

- **Primary care workforce training.** Build on existing momentum toward increasing access to high-quality, community-based primary care. Support the **Primary Care Workforce Initiative** to increase the capacity of Federally Qualified Health Centers, focusing on evidence-based chronic disease prevention and dental care in underserved areas.
- **School-based health services.** Extend the reach of primary care, dental and mental health services to children and families by funding expansion of school-based health services to more Ohio schools and exploring payment models that remove barriers to market entry and enhance school-based healthcare reimbursement.
- **Cost containment.** Provide strong state leadership to reinvigorate efforts focused on controlling healthcare spending. One option used by states with better performance on health value has been to set a **cost growth benchmark** — an annual target for the state's overall per capita healthcare cost growth, supported by transparency, accountability and cost-growth-mitigation strategies.

Download the full Dashboard at  
[www.hpio.net/2023-health-value-dashboard/](http://www.hpio.net/2023-health-value-dashboard/)

