



# THE STATE OF OHIO'S HEALTH

2023 HEALTH VALUE DASHBOARD™





# Mission

HPIO is an independent and nonpartisan organization. Our mission is to advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.

# Vision

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

# THANK YOU

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# **Amy Bush Stevens, MSW, MPH**

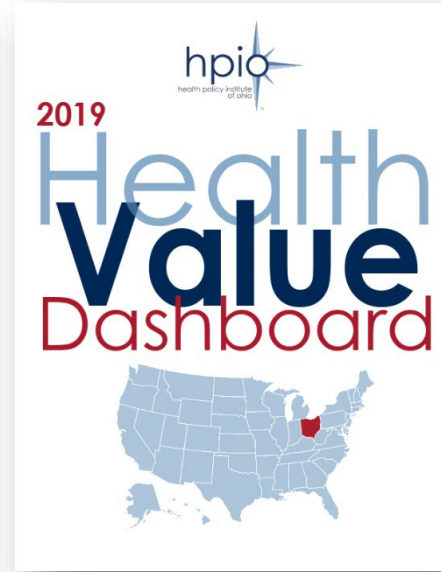
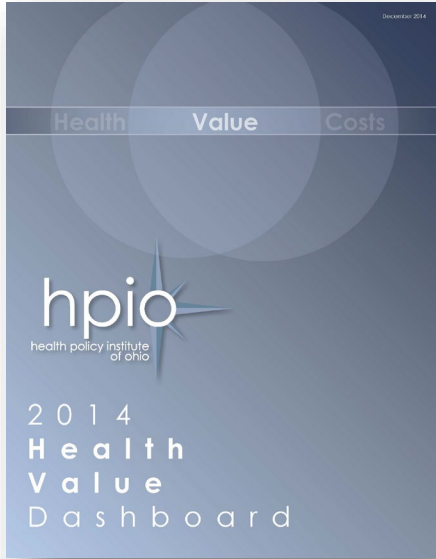
Vice President of Research and Evaluation  
Health Policy Institute of Ohio

# **Carrie Almasi, MPA**

Director of Assessment and Planning  
Health Policy Institute of Ohio

The HPIO *Health Value Dashboard* was funded in part by Health Action Council.





2014



2023



# 2023 *Health Value Dashboard*

124

Total Health Value  
Dashboard Advisory  
Group members

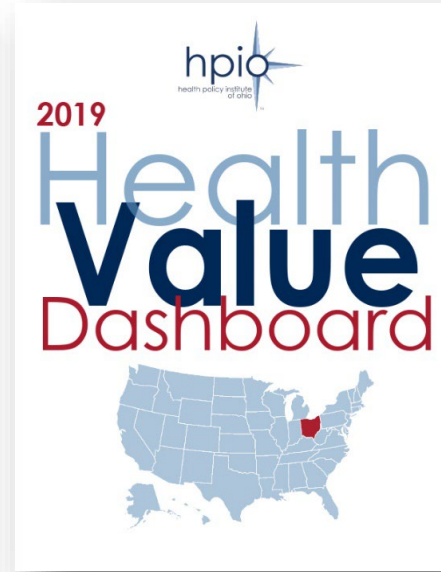
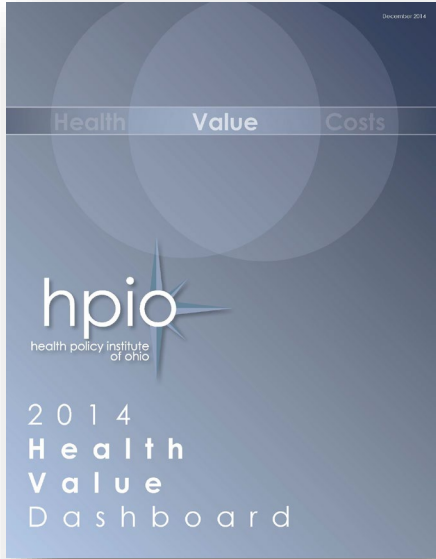
104

Total Equity Advisory  
Group members



OHIO  
UNIVERSITY

**Voinovich School of  
Leadership and Public Affairs**



2014

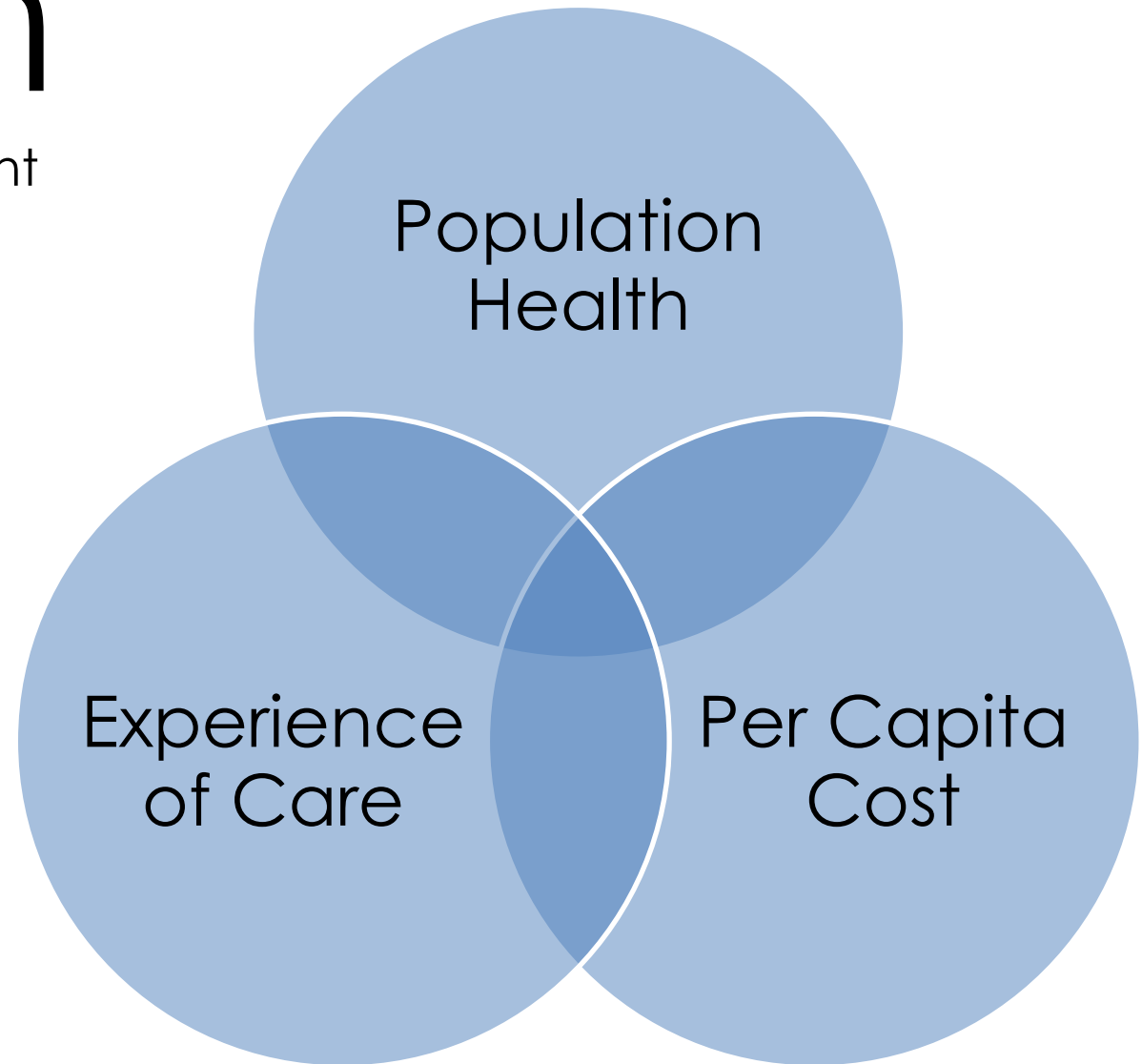


2023

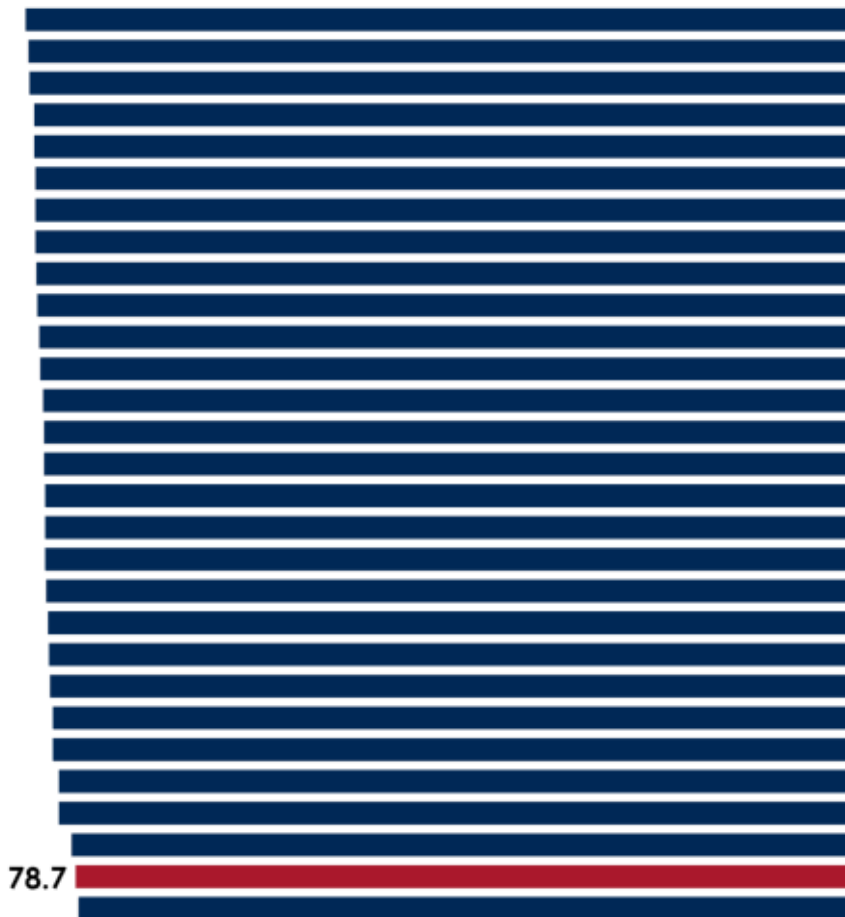


# “Triple Aim”

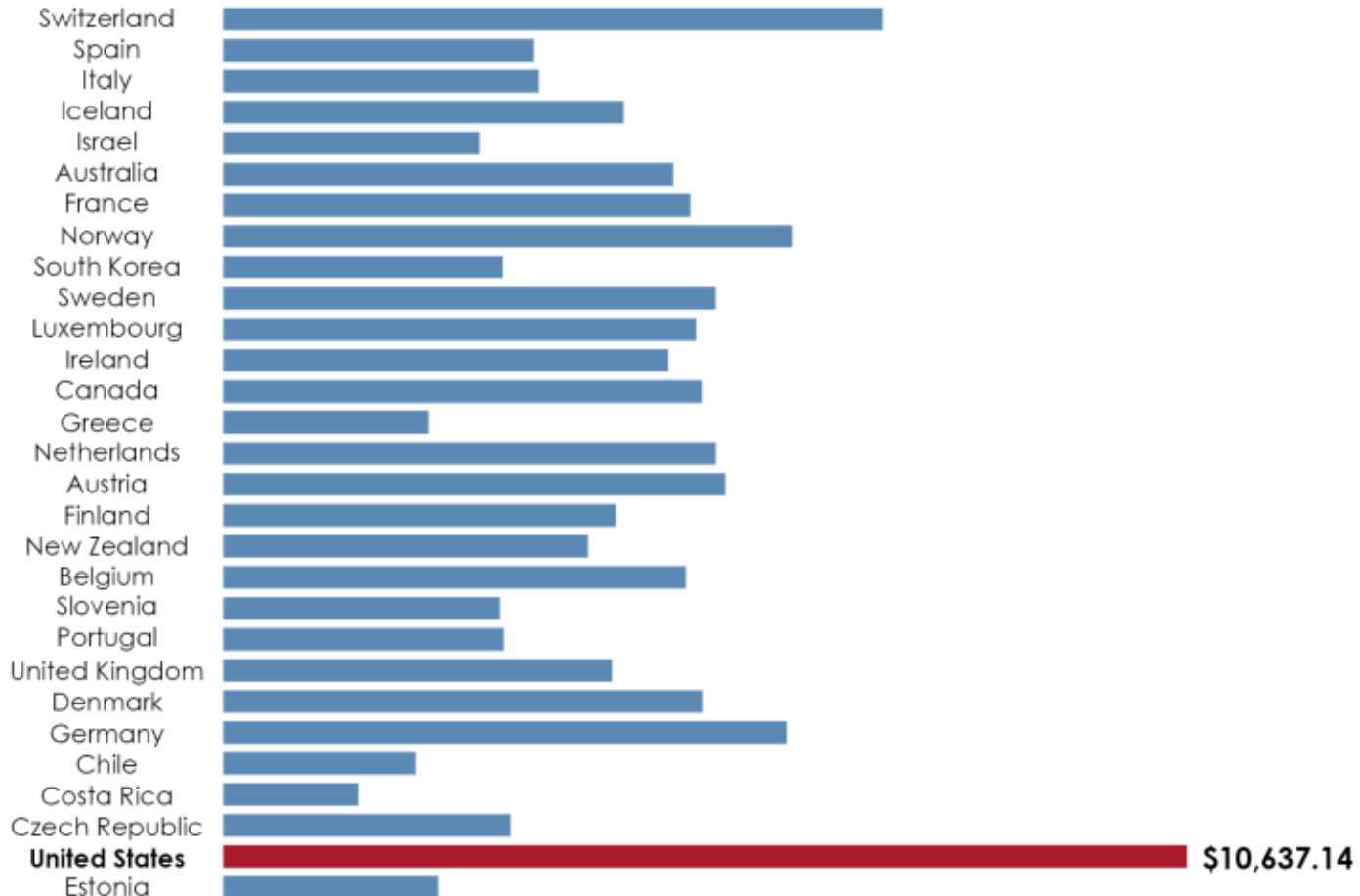
Institute for Healthcare Improvement



## Life expectancy at birth (2018)

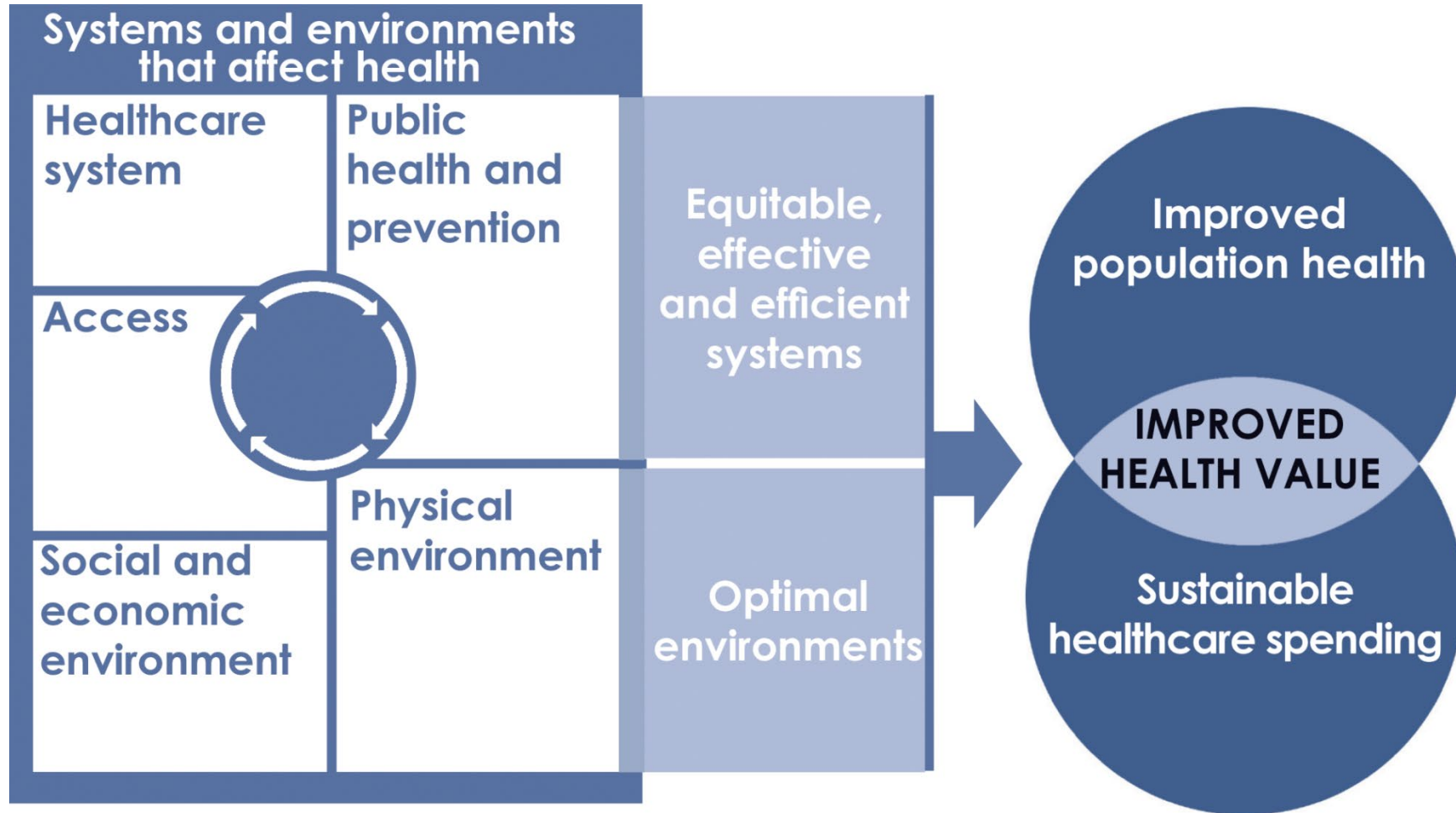


## Total healthcare spending per capita (2018)



Source: OECD

# Pathway to improved health value



**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.



# Informed policy decisions



Data in  
context



Concise key  
findings



Highlight  
what works





# 2023 HEALTH VALUE DASHBOARD™

# KEY FINDINGS

# Value factors

**43** Population health

**40** Healthcare spending



# Health value rank

**44**

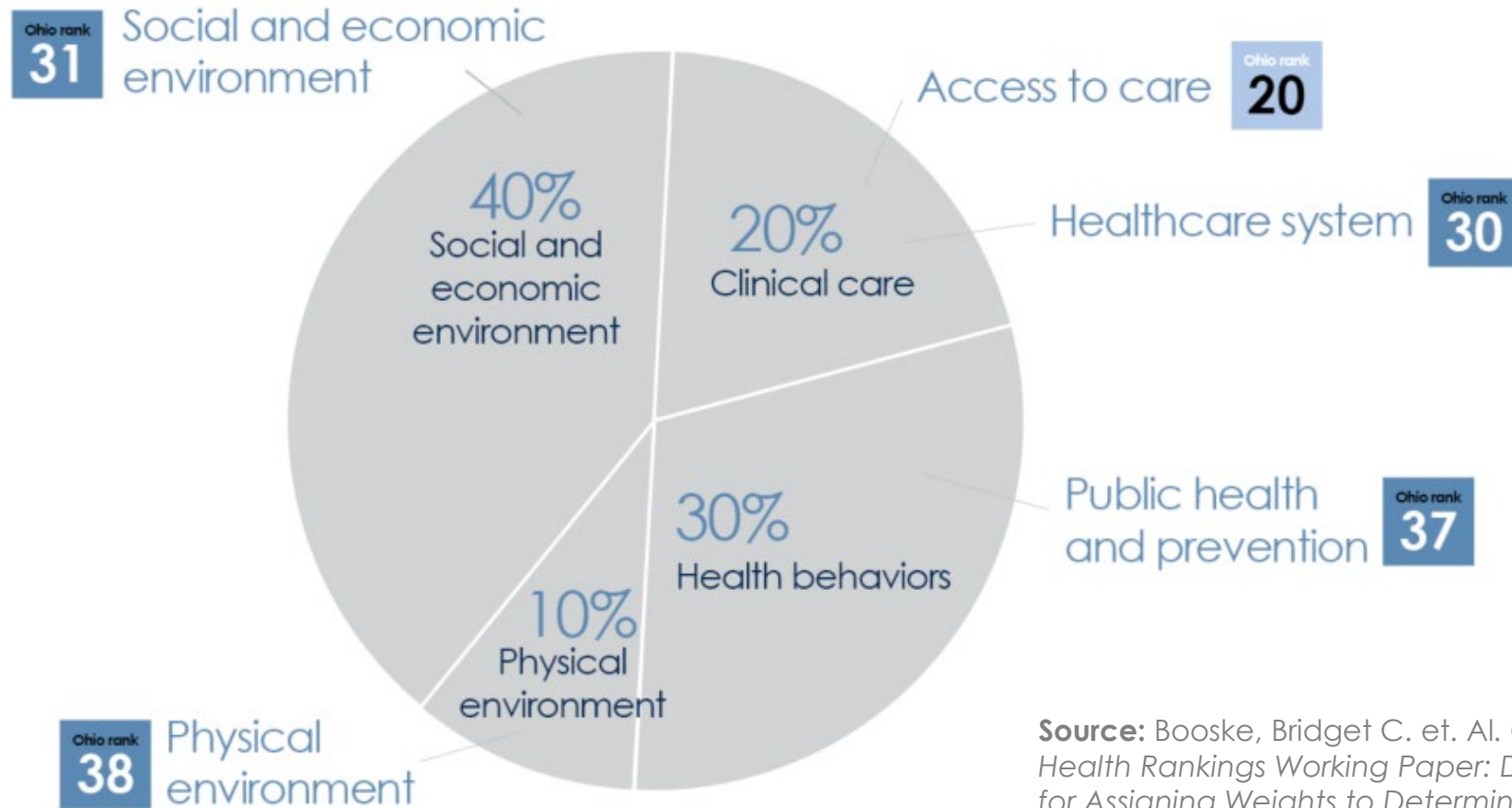
Top quartile (best)

Second quartile

Third quartile

Bottom quartile (worst)

# Ohio's domain ranks and the modifiable factors that contribute to health value



**Source:** Booske, Bridget C. et. Al. *County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health.* University of Wisconsin Public Health Institute, 2010.

## Contributing factors

- 20 Access to care
- 30 Healthcare system
- 37 Public health and prevention
- 31 Social and economic environment
- 38 Physical environment

## Value factors

- 43 Population health
- 40 Healthcare spending

## Health value rank

44

Top quartile (best)

Second quartile

Third quartile

Bottom quartile (worst)





# Ohio's health value rank



2014



2017



2019



2021



2023

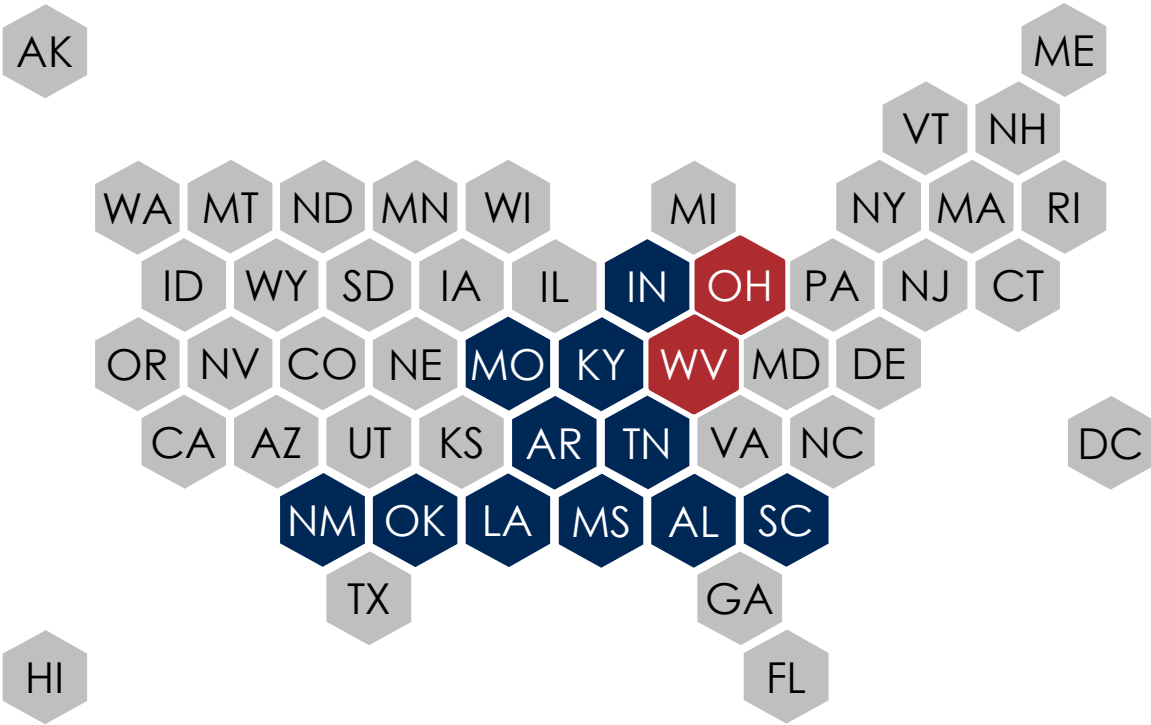
Top quartile (best)

Second quartile

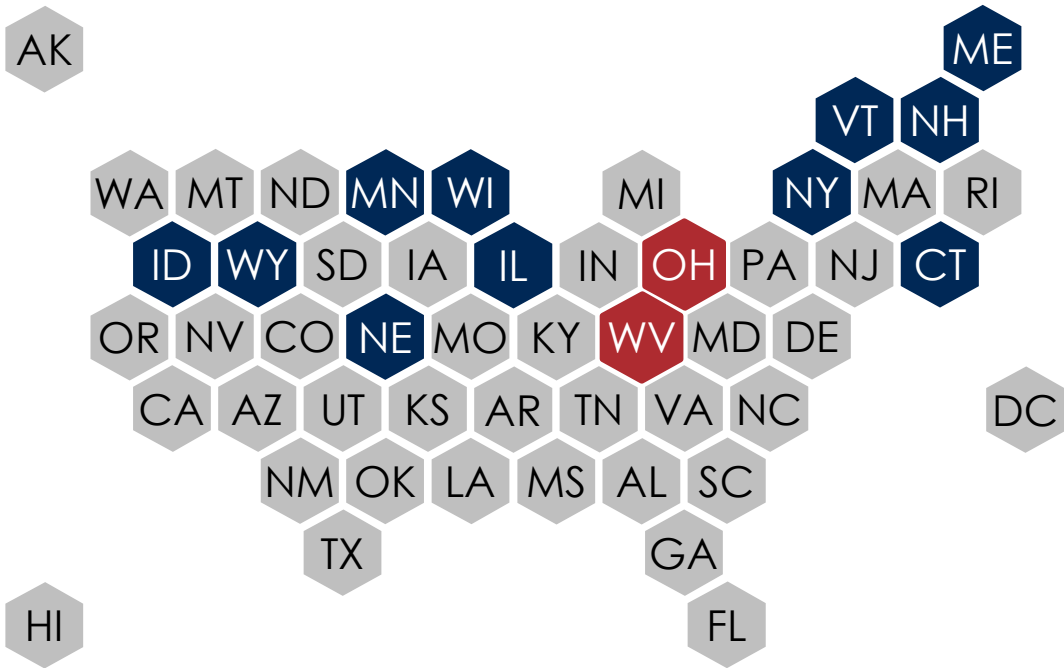
Third quartile

Bottom quartile (worst)

# Bottom quartile population health



# Bottom quartile healthcare spending





# How can Ohio improve?

 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



# Policies that drive improvement



## Strengthen Ohio's workforce

- Career technical education (CTE)
- Childcare subsidy
- Paid family leave



## Foster mental well-being

- Mental health and addiction workforce recruitment and retention
- Integration of mental and physical health
- Recovery housing



## Improve healthcare effectiveness

- Primary care workforce training
- School-based health services
- Cost containment



# How can Ohio improve?

 Strengthen Ohio's workforce

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## Building on strengths

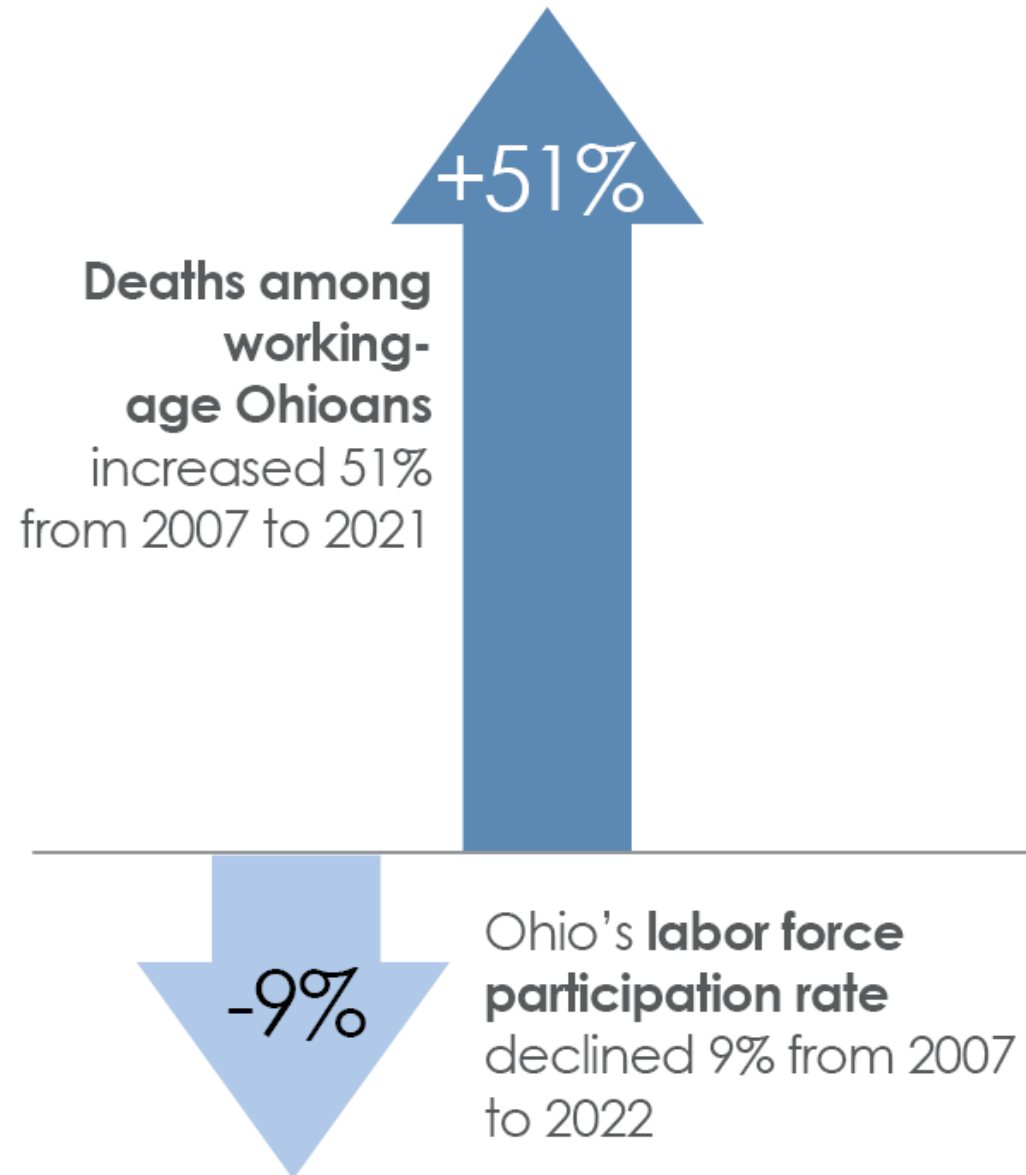
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Ohio can build upon strengths in access to care to reinvigorate approaches to improving outcomes and controlling healthcare spending



# Economic conditions, labor force participation and health are linked



# Labor force participation in Ohio

Labor force participation rate in Ohio from April 2007 to April 2022



Data source: Health Policy Institute of Ohio analysis of data from the Federal Reserve Economic Data (FRED), St. Louis Federal Reserve

# Labor force participation for Ohioans with disabilities

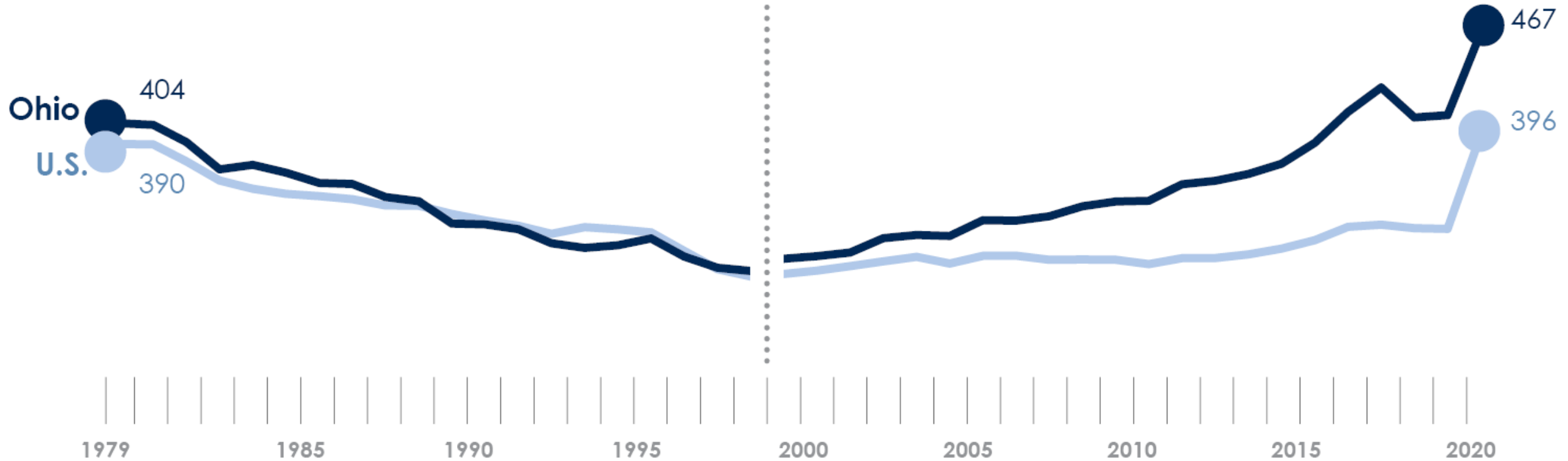
Percent of people, ages 16 and older, who are **NOT** in the labor force, Ohio, 2017-2021



Source: U.S. Census Bureau, 2021 American Community Survey 5-year estimates

# Ohio's working-age death rate compared to U.S.

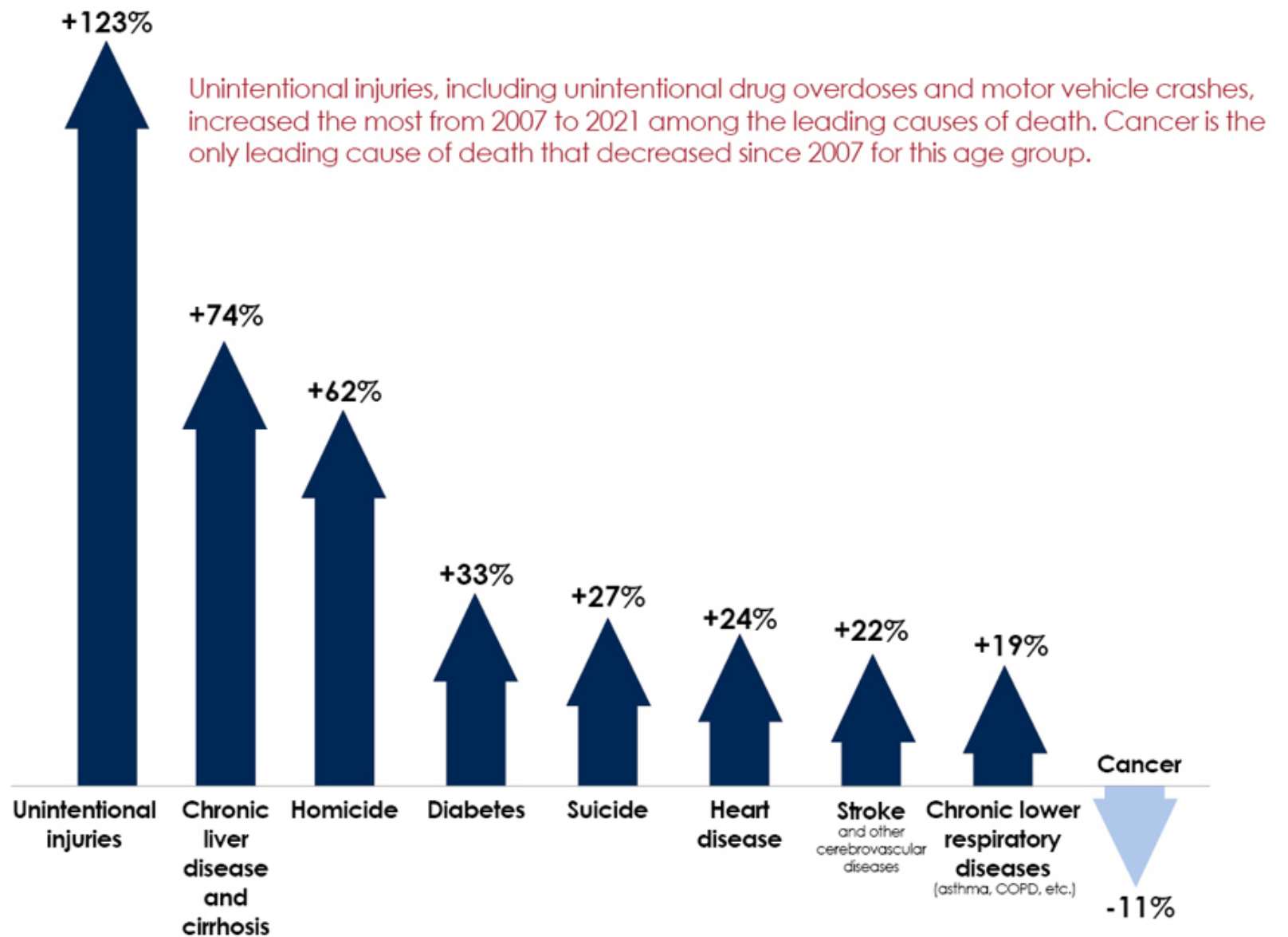
Number of deaths, per 100,000 population, Ohio and U.S., ages 15-64, 1979-2020



**Note:** Data is not age-adjusted. The CDC does not recommend trending across 1998 -1999 due to methodological changes in how deaths were reported during that time. The 1979-1998 data is based on compressed mortality with ICD-9 codes (classification of causes of death), and 1999-2020 data is based on underlying causes of death using ICD-10 codes.

**Source:** Health Policy Institute of Ohio analysis of data from CDC Wonder

# Changes in leading causes of death for working-age Ohioans from 2007 to 2021



\*2021 data is preliminary

**Note:** All data is reported as of May 6, 2022

**Data source:** Health Policy Institute of Ohio analysis of data from Ohio Department of Health, Public Health Data Warehouse



Child abuse  
and neglect

Some  
college

Adult  
poverty

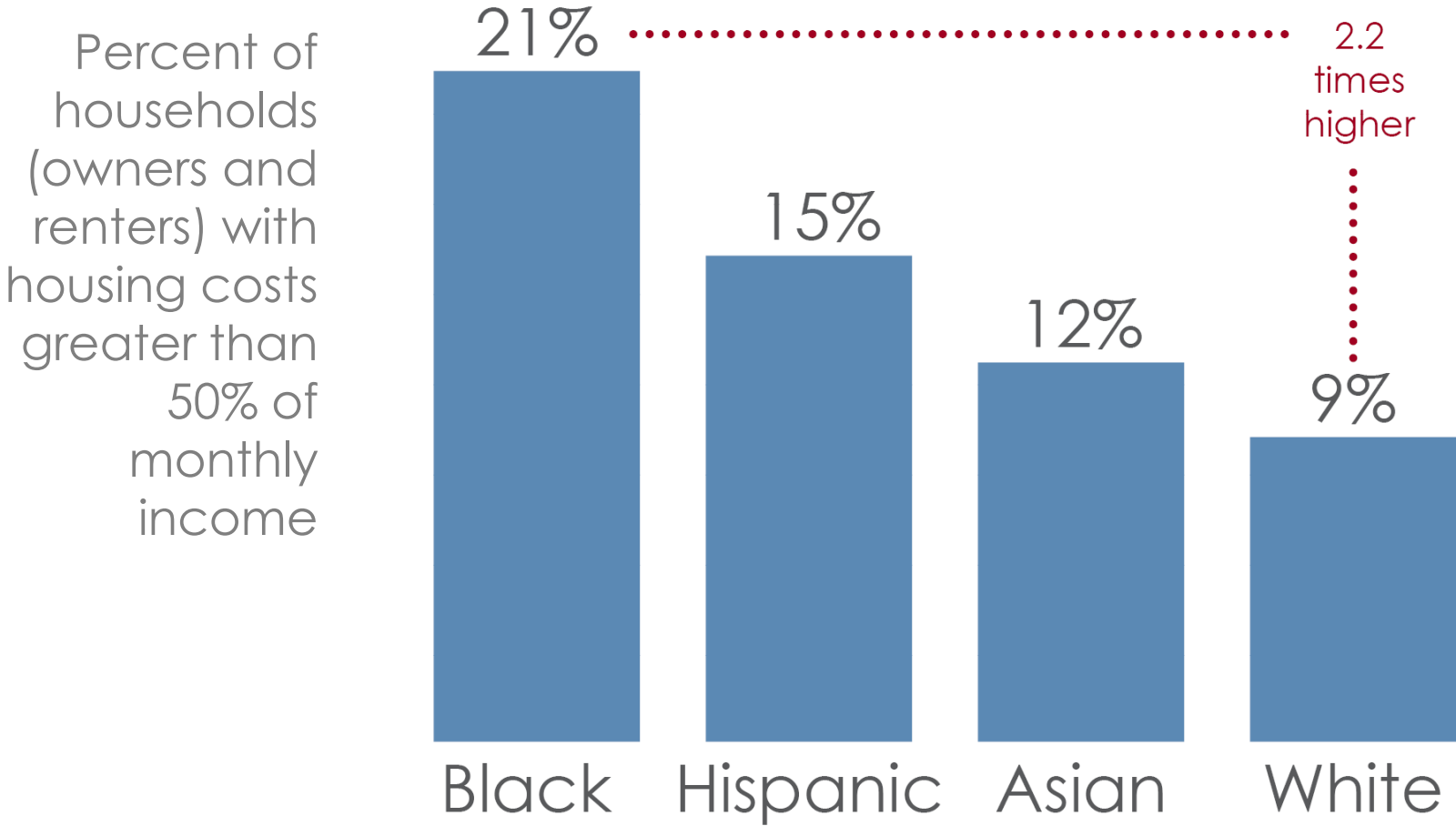
Child  
poverty

Food insecurity

Incarceration



# Severe housing cost burden among Ohioans, by race, 2015-2019

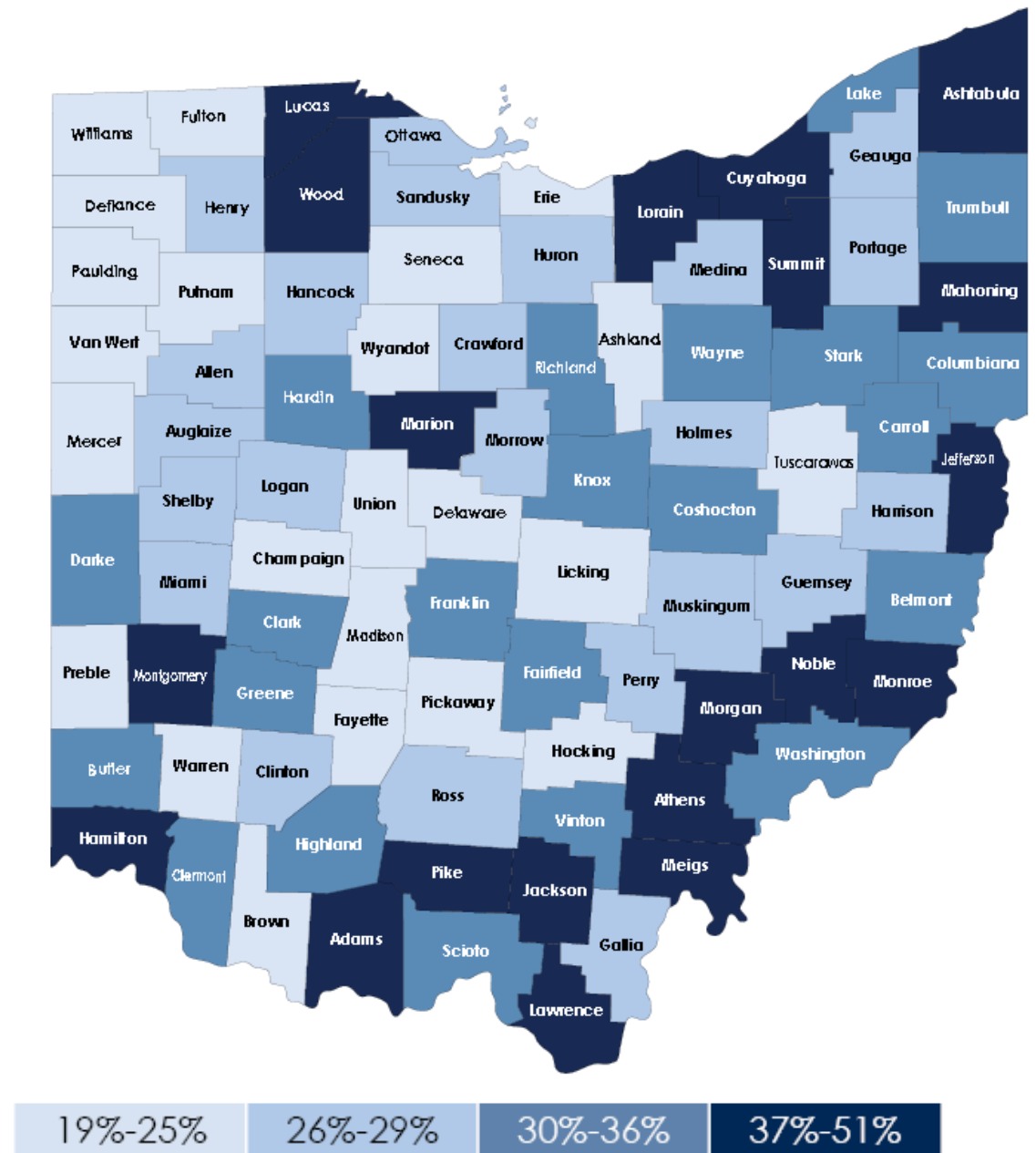


**Source:** Analysis of American Community Survey as compiled by the U.S. Department of Housing and Urban Development, Office of Policy Development and Research, Comprehensive Housing Affordability Strategy data by HPIO and The Voinovich School of Leadership & Public Affairs, Ohio University

# Child care cost burden

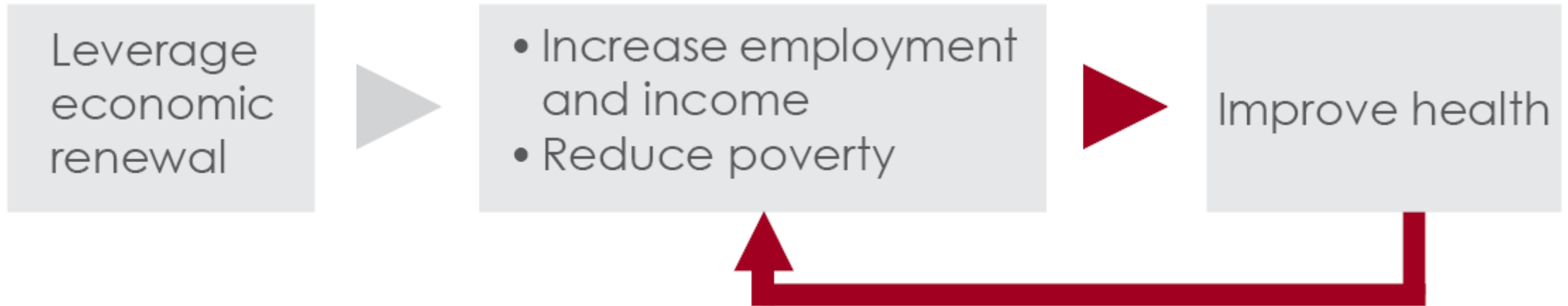
## by Ohio county 2021-2022

Child care costs for a household with two children as a percent of median household income



Source: County Health Rankings

# Connecting a stronger workforce to better health and equity



Factors like low educational attainment, trauma, incarceration and discrimination negatively affect both income and health.

**BUSINESS**

# **Intel picks Columbus area for largest chip factory in the world**

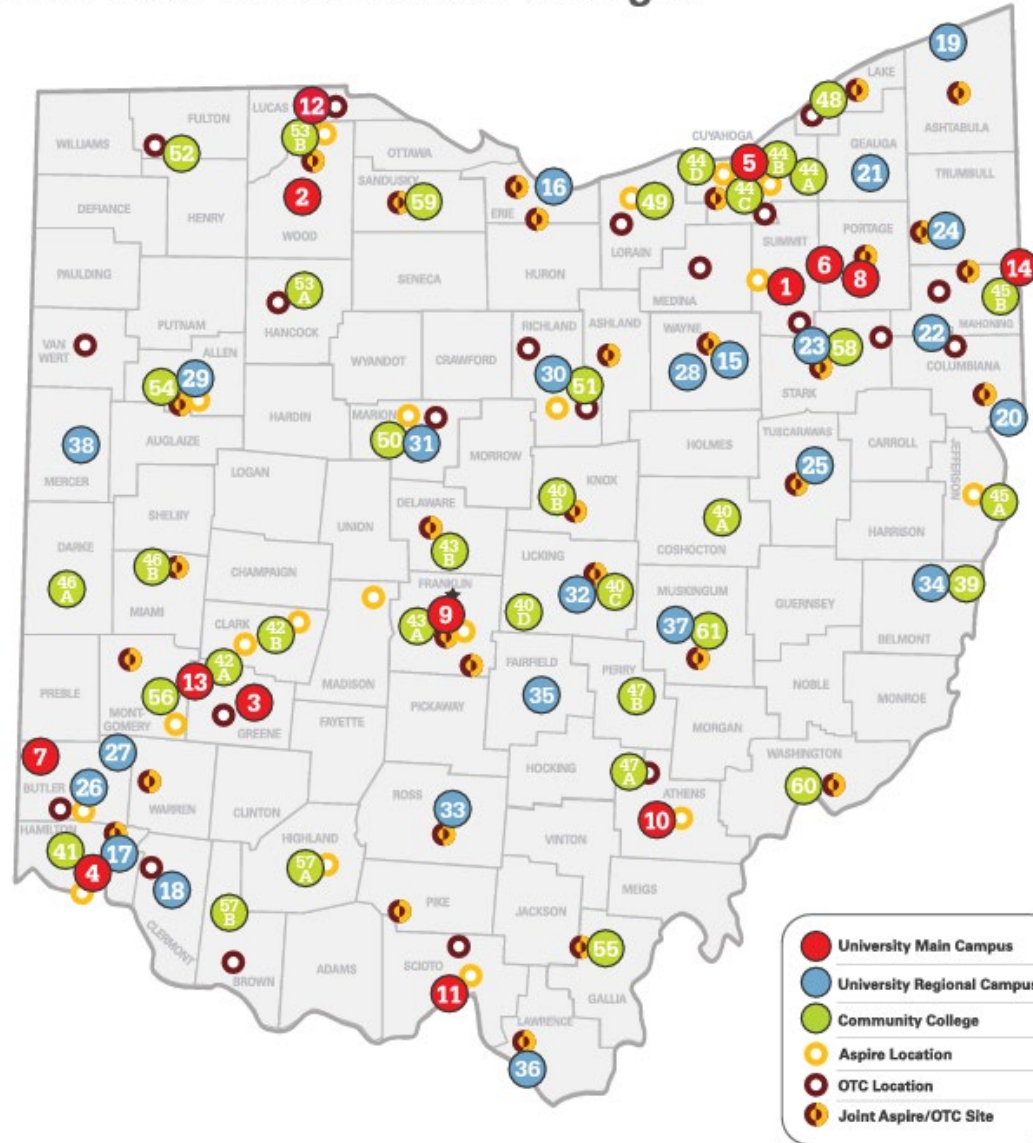
**HONDA LG ENERGY SOLUTIONS**

**Honda JV breaks ground on \$3.5 billion EV battery plant with LG Energy Solutions in Ohio**

**Abbott Laboratories to build \$536 million plant in Ohio to produce powder formula**



# Ohio Public Universities & Colleges

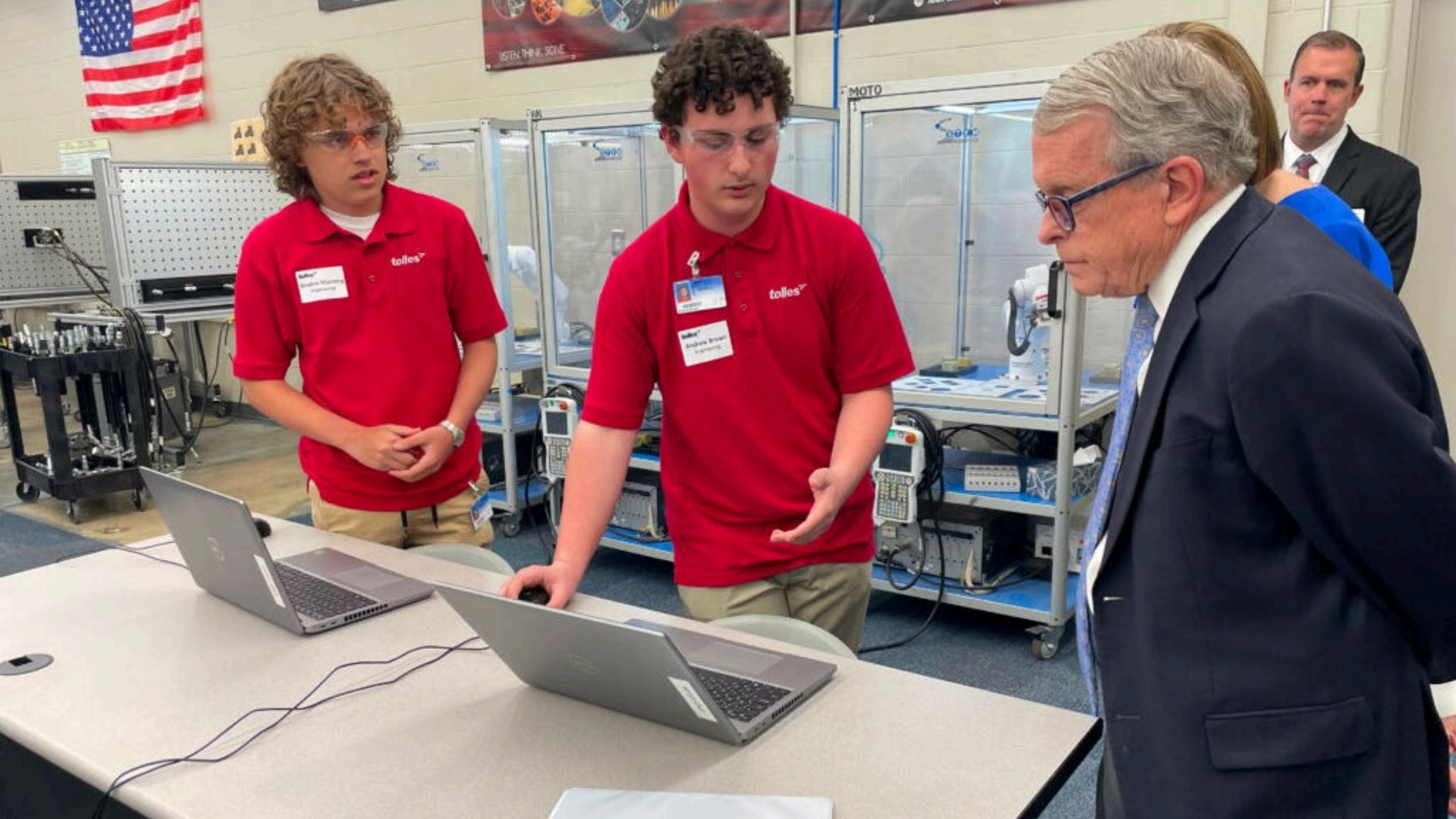




# Policies that drive improvement

## Strengthen Ohio's workforce

- Career technical education (CTE)
- Childcare subsidy
- Paid family leave







Bb Cc Dd Ee Ff Gg Hh Ii Jj Kk Ll Mm Nn Oo Pp  
black came did eat four get he info  
but do good

EEEEEE

The Writing Center  
Writing Process



Aa Bb Cc Dd Ee Ff Gg Hh Ii Jj Kk Ll Mm Nn Oo Pp  
Rr Ss Tt Uu Vv Ww Xx Yy Zz

**Circle Time Calendar**

Today is \_\_\_\_\_

Days of the Week

Letter of the Day  
**Rr**

Left

**Weather**

Sunny, Rainy, Cloudy, Snowy

**Months**

September, October, November, December

**Days of the Week**

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

**Dress the Weather**

cool, warm, hot, cold

**4**

ARCHIVE

Writing Center







# How can Ohio improve?

▶ 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

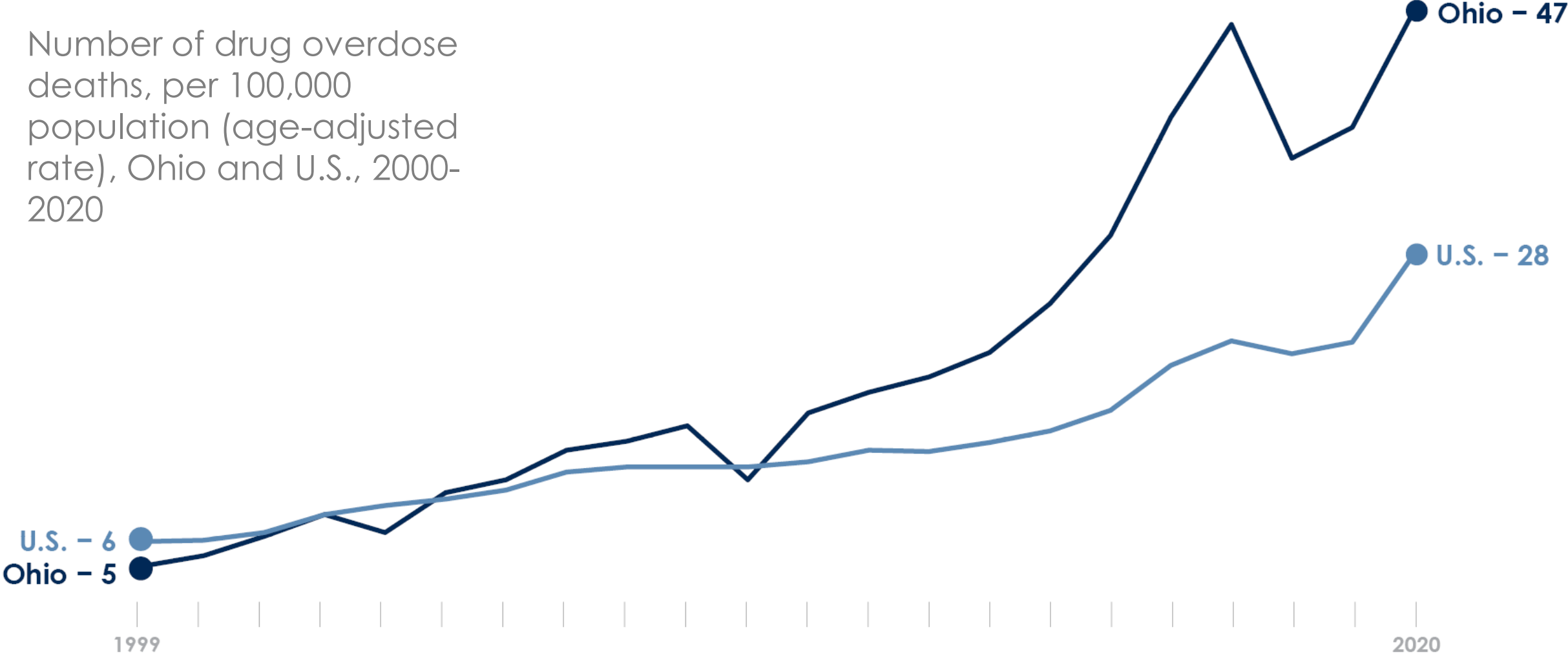


Goodwill  
Easter Seals  
Miami Valley

Miracle Clubhouse

# Drug overdose deaths

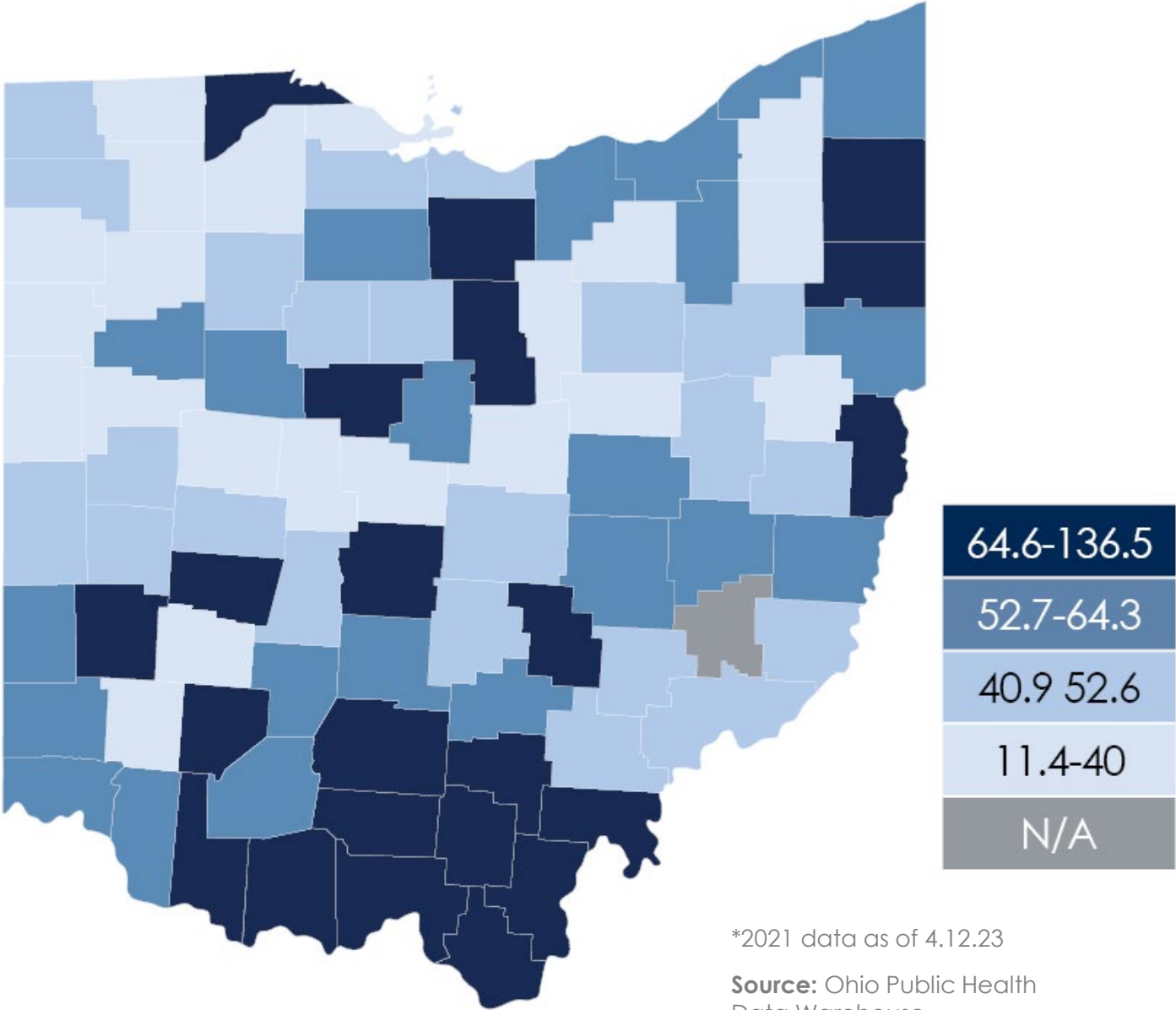
Number of drug overdose deaths, per 100,000 population (age-adjusted rate), Ohio and U.S., 2000-2020



Source: Center for Disease Control and Prevention, Wide-ranging Online Data for Epidemiological Research, 2000-2020.

# Overdose and suicide deaths

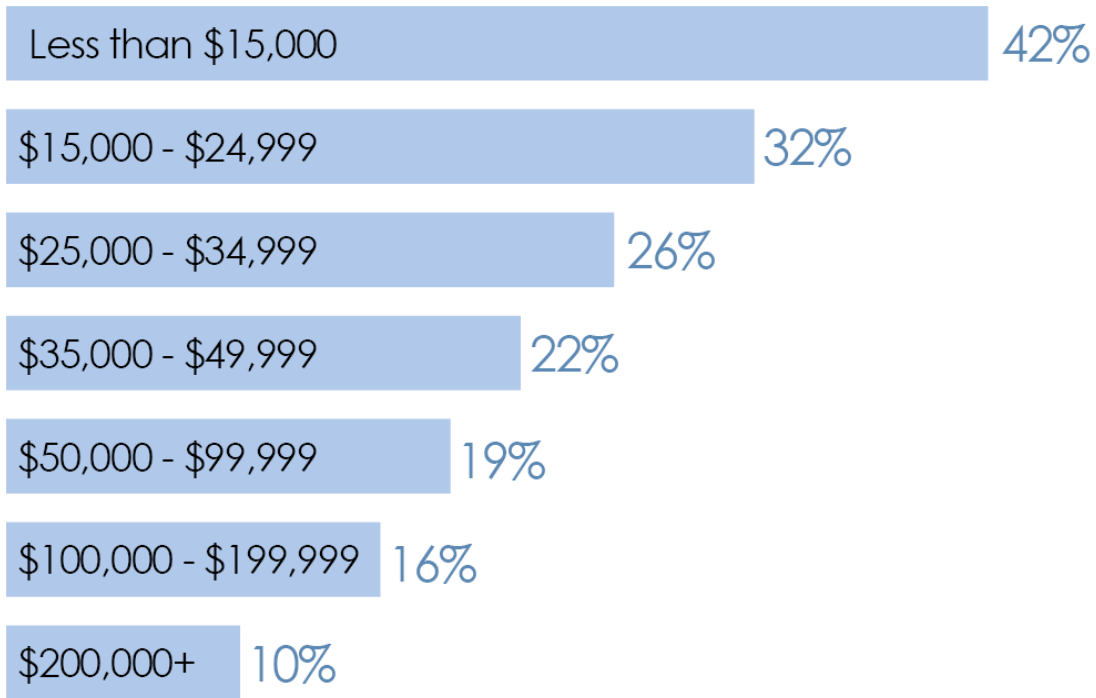
by county, per 100,000 population, 2020-2021\* (crude rate)



\*2021 data as of 4.12.23  
**Source:** Ohio Public Health Data Warehouse

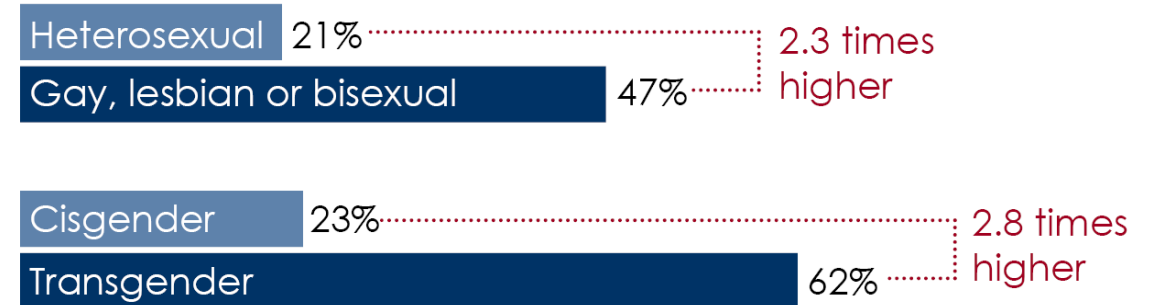
# Adult depression

Percent of adults with depression in Ohio, by annual household income, 2021



Source: 2021 Behavioral Risk Factor Surveillance System

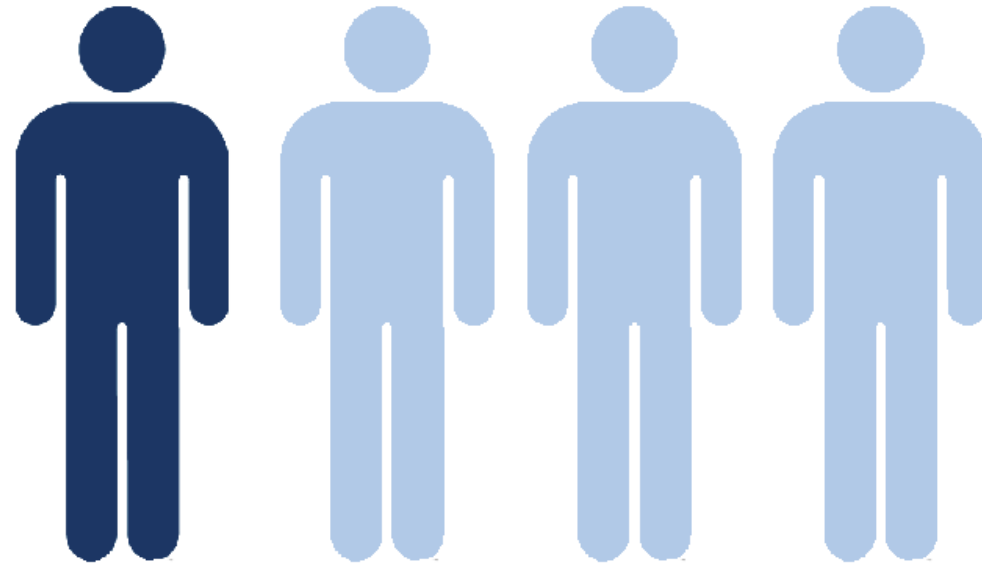
Percent of adults who have ever been told by a health professional that they have depression, 2020-2021



Source: Behavioral Risk Factor Surveillance System

# Mental health treatment

Percent of Ohio adults with any mental illness who had a need for mental health treatment or counseling and did not receive it in the past year, 2018-2019



**Data source:** National Survey on Drug Use and Health, via The Commonwealth Fund, 2018-2019

**Source:** Health Policy Institute of Ohio data snapshot, "Trends in mental health among Ohioans."

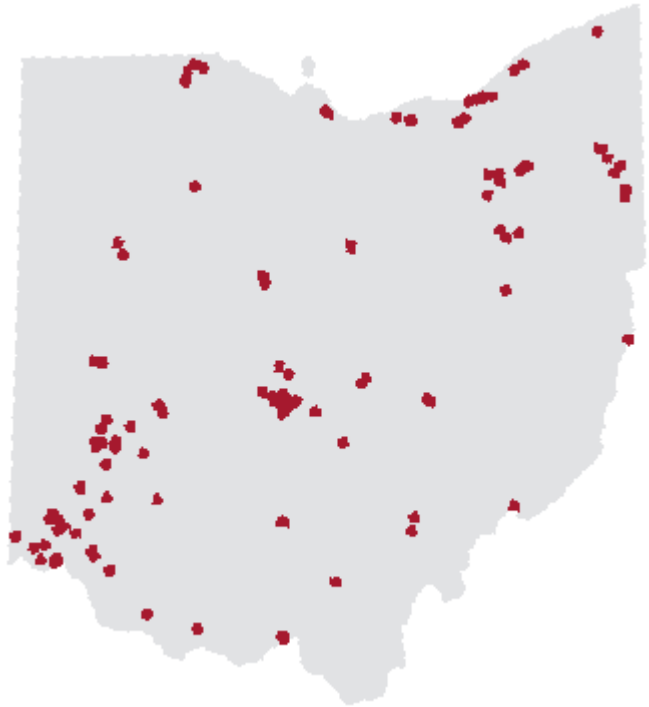


# Mental health and addiction strengths

- State leadership and local community partnerships
- Progress on treatment access, including medication-assisted treatment (MAT), telehealth and Medicaid expansion
- Opioid settlement funds
- Increased prevention in schools
- 988 crisis line launch and other crisis system improvements
- 1,500 Peer Recovery Specialists

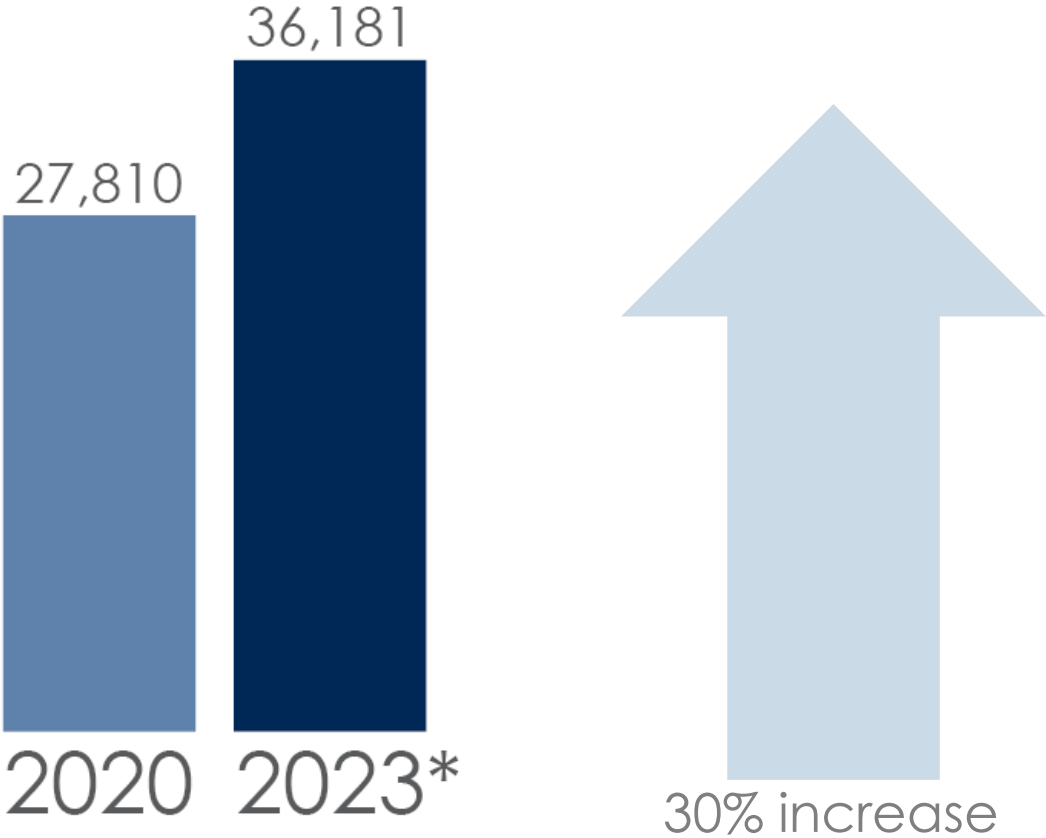
# Opioid use disorder treatment

Certified opioid treatment program sites in Ohio (including medication units)



Source: SAMHSA Opioid Treatment Program Directory

Number of opioid treatment program patients treated



\*As of March 2023  
Source: Ohio Department of Mental Health and Addiction Services, March 2023



# Connecting improved treatment to better well-being and health equity

Leverage Ohio's leadership and treatment assets



Improve treatment and recovery outcomes



Improve overall well-being and health equity



# Policies that drive improvement

## Foster mental well-being

- Mental health and addiction workforce recruitment and retention
- Integration of mental and physical health
- Recovery housing



COLONNADE  
MEDICAL OFFICES

1550

200







# How can Ohio improve?

▶ 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

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





# Ohio's rank on healthcare spending



Healthcare spending

Total out-of-pocket spending



Employer-sponsored health insurance outpatient spending, per enrollee



Total Medicare spending, per beneficiary



# Life expectancy

At birth, Ohio

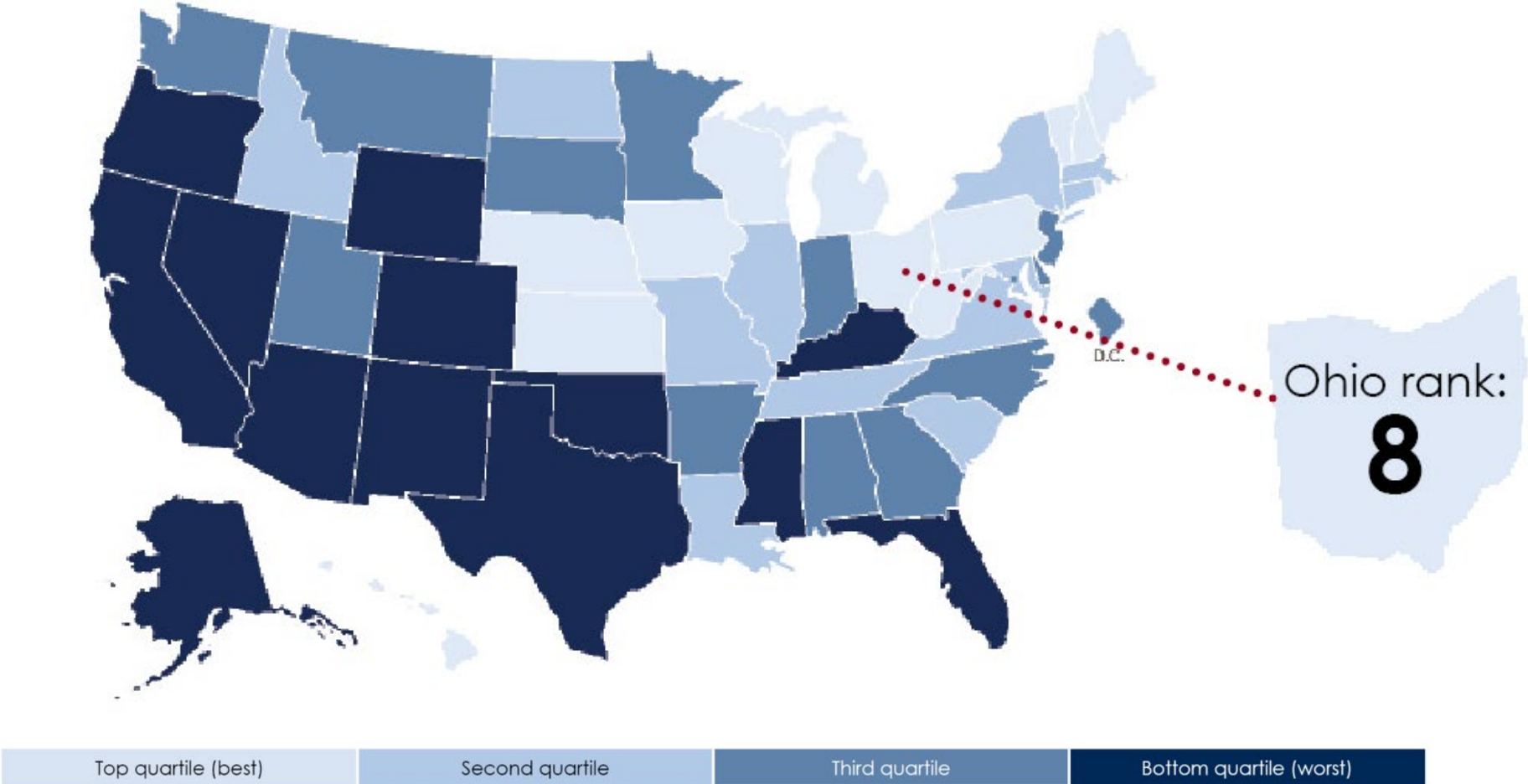
76.8 years  
(2018)



75.3 years  
(2020)

**Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention National Center for Health Statistics National Vital Statistics System Report. Vol. 7. No. 1

# Ohio's rank on primary care access





# Connecting access to better health outcomes and reduced spending

Leverage access and primary care assets



Provide leadership to control spending



- Improve healthcare outcomes
- Prevent need for costly downstream care and reduce spending growth



# Policies that drive improvement

## Improve healthcare effectiveness

- Primary care workforce training
- School-based health services
- Cost containment



Lower Lights  
Christian Health Center

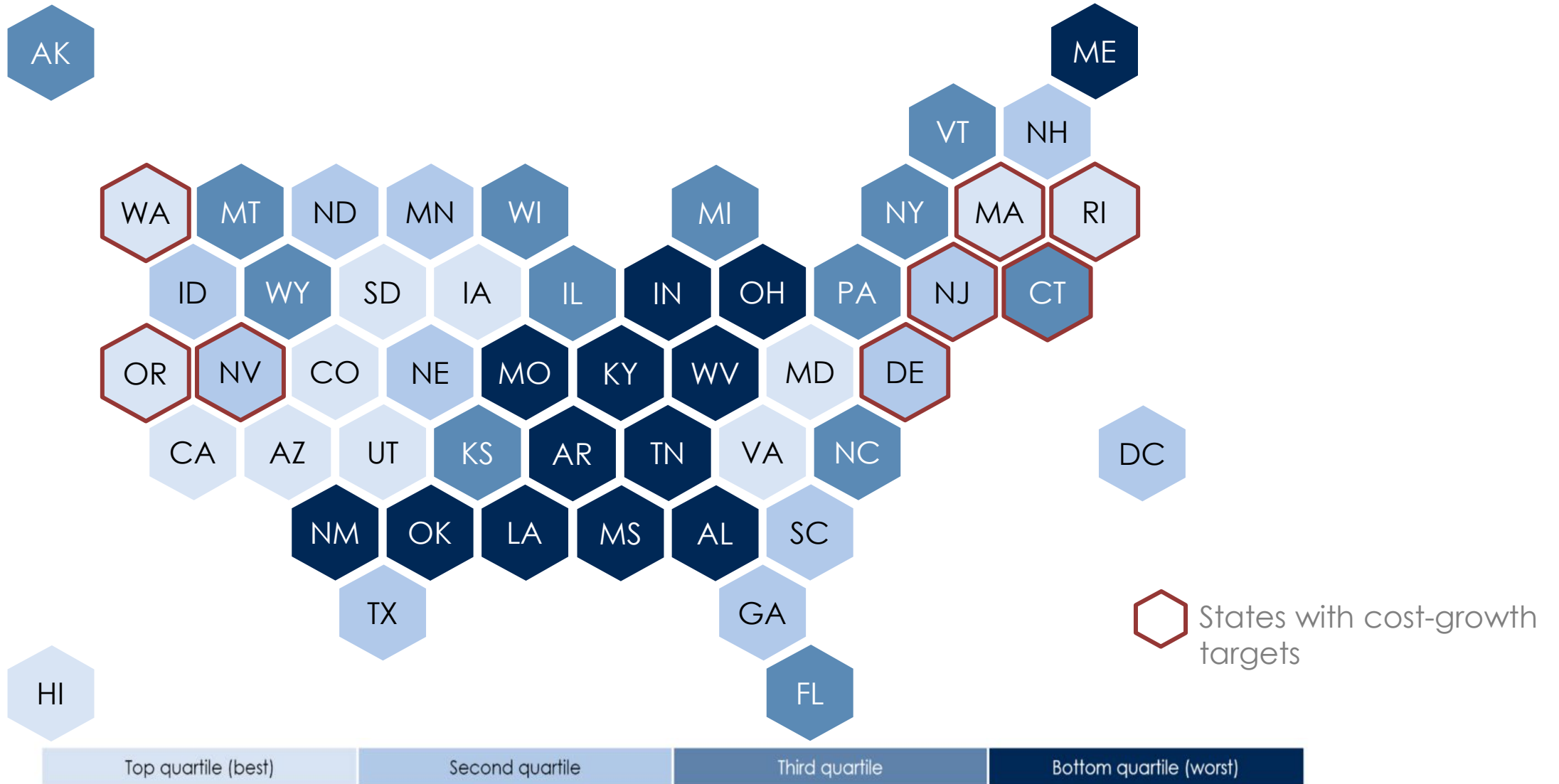
1160







# Health value rank



# Policies that drive improvement



## Strengthen Ohio's workforce

- Career technical education (CTE)
- Childcare subsidy
- Paid family leave



## Foster mental well-being

- Mental health and addiction workforce recruitment and retention
- Integration of mental and physical health
- Recovery housing



## Improve healthcare effectiveness

- Primary care workforce training
- School-based health services
- Cost containment



# Progress toward health value

Percent of metrics that improved or worsened



# How policy change contributes to improvement



Care within reach



Hospital quality for mothers and infants



Health department quality



Better food access



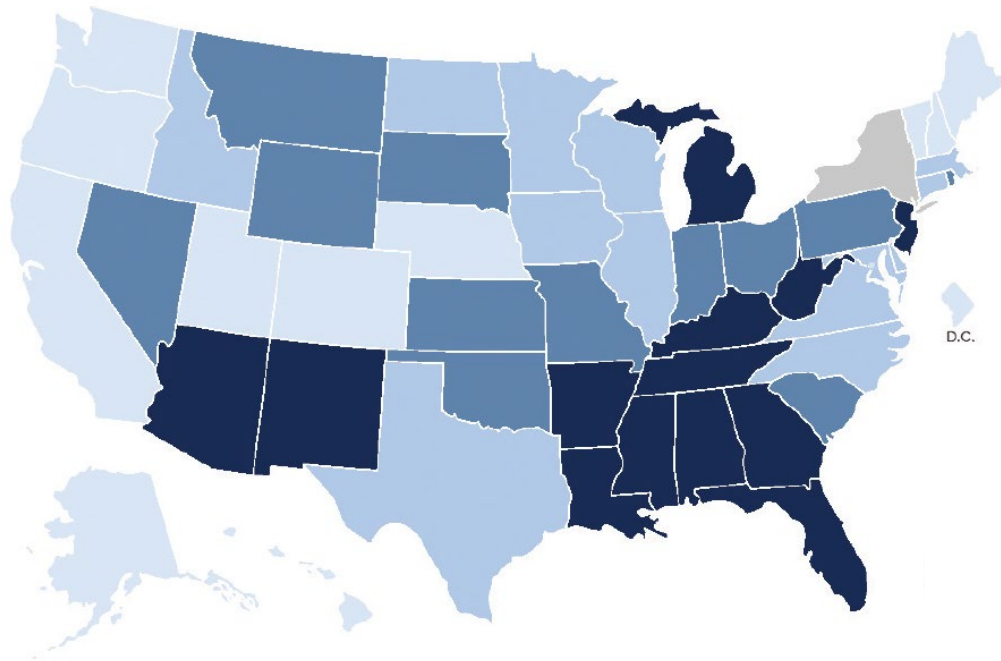
Cleaner air



Evidence-based addiction treatment

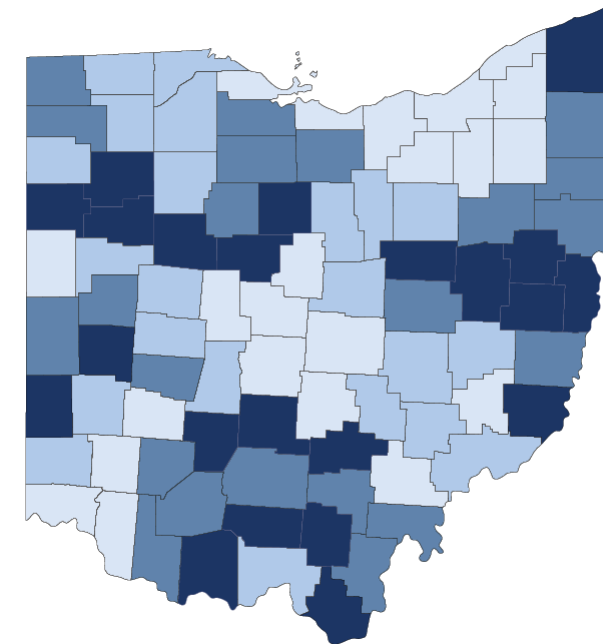
# Deaths from COVID-19

Number of deaths from COVID-19 per 100,000 population (Jan. 21, 2020 to Dec. 27, 2022)



**Source:** Centers for Disease Control and Prevention  
COVID Data Tracker

Number of deaths from COVID-19 per 100,000 population (age-adjusted) by county, 2020-2022\*



\*2021 and 2022 data were marked as incomplete at the time of data compilation

**Source:** Ohio Department of Health, Public Health Data Warehouse

# How did COVID-19 and the pandemic response affect other outcomes?

## ▶ Some harms may reverberate for decades

- Life expectancy
- Mental health and addiction
- K-12 student success

## ▶ Federal policies protected many Ohioans from economic hardship

- Food
- Access to care
- Poverty



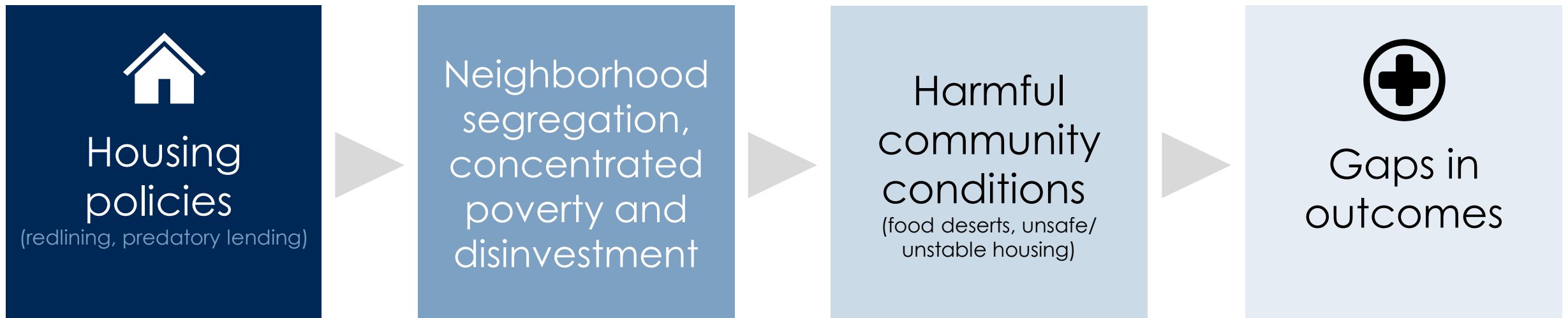


2023 HEALTH VALUE DASHBOARD™

# EQUITY PROFILES



# How can policies create barriers to health?

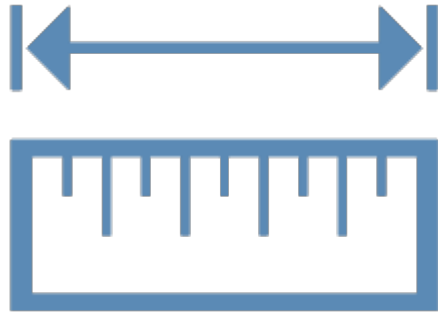


# EQUITY PROFILES

# BLACK OHIOANS

Physical environment	
Food insecurity, children	3.5
Zero-vehicle households	3.5
Severe housing cost burden	2.2
Air pollution	1.4

# How can you use the equity profiles?



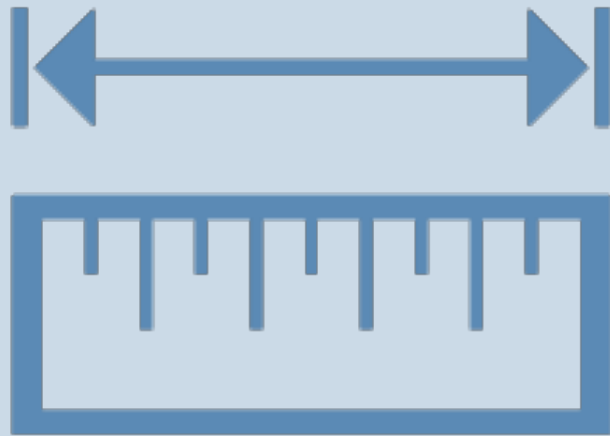
Measure gaps in  
outcomes



Target and tailor  
programs, services  
and policies



Monitor progress



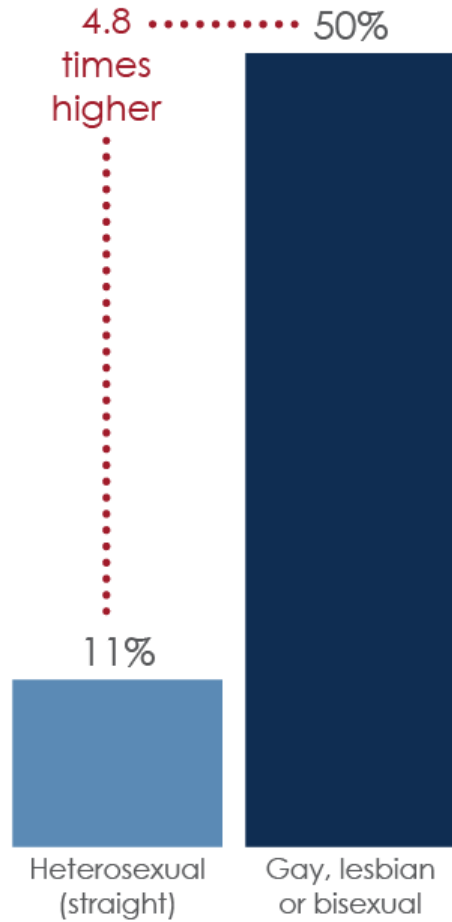
Measure gaps in  
outcomes

# Equity profiles:

- ▶ Black Ohioans
- ▶ Hispanic/Latino Ohioans
- ▶ Ohioans with disabilities
- ▶ Ohioans with lower incomes and/or less education
- ▶ LGBTQ+ Ohioans

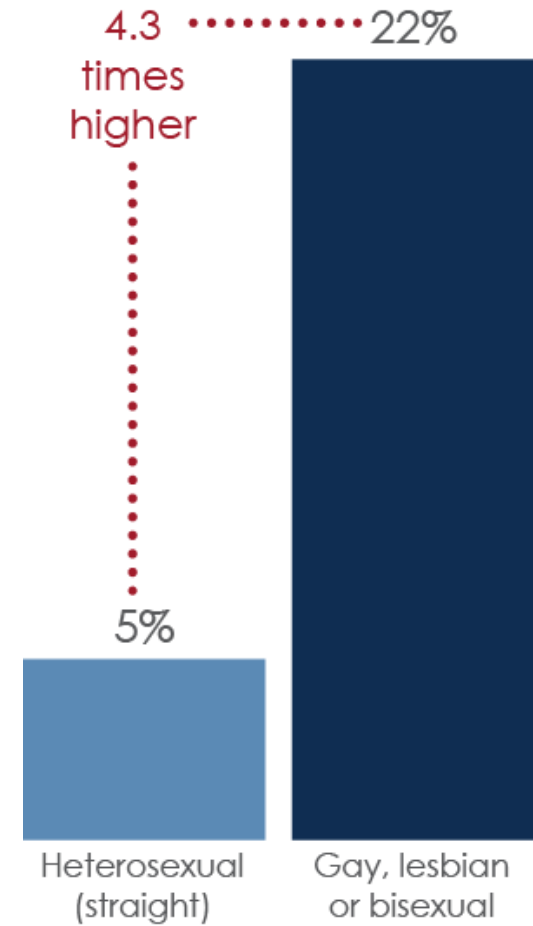
# Youth suicide

Youth **considering** suicide, Ohio, 2019



**Source:** Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey

Youth suicide **attempt**, Ohio, 2019



**Source:** Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey

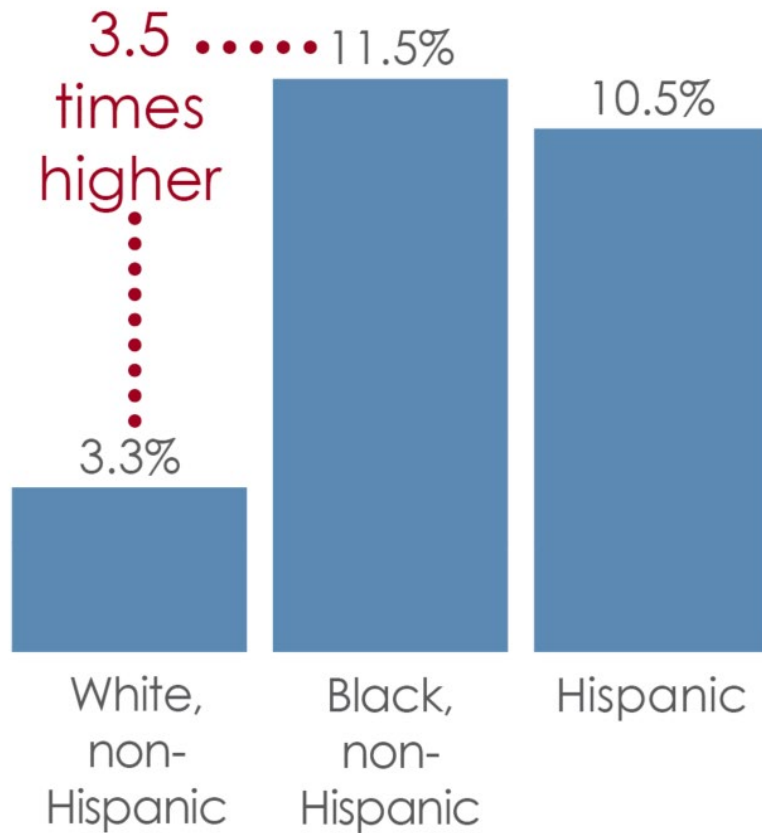


# Target and tailor programs, services and policies

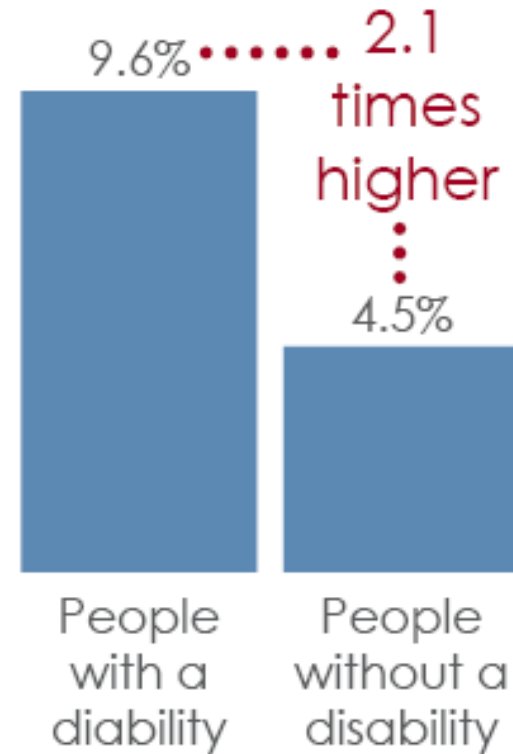
# Food insecurity among Ohio children

2018-2021

By race



By disability status



Source: Analysis of Health Resources and Services Administration, National Survey of Children's Health by HPIO and The Voinovich School of Leadership & Public Affairs, Ohio University



# If disparities were eliminated...

- 30,385 Black children
- 12,512 Hispanic/Latino children
- 7,103 children with disabilities
- 36,972 children from families with low incomes

... in Ohio would not experience  
food insecurity



# Monitor progress

# Improvement is possible

## Unemployment

(2012-2016, 2017-2021 5-year estimates)

- Black Ohioans **33% decrease**
- Ohioans with less than a high school education **28% decrease**
- Hispanic Ohioans **26% decrease**
- Ohioans with low incomes **22% decrease**
- Ohioans with disabilities **20% decrease**

## Heart disease mortality

(2015, 2020)

Black Ohioans **28% decrease**

## Unable to see a doctor due to cost

(2015, 2021)

- Ohioans with less than a high school education **26% decrease**
- Hispanic Ohioans **22% decrease**
- Black Ohioans **20% decrease**
- Ohioans with low incomes **13% decrease**

## High school graduation

(2017-2018, 2021-2022 school years)

- Black Ohioans **24% increase**
- Hispanic Ohioans **13% increase**

## Child poverty

(2015, 2021)

- Hispanic Ohioans **17% decrease**
- Black Ohioans **16% decrease**
- Ohioans with disabilities **16% decrease**

# Improvement is possible

## Unemployment

(2012-2016, 2017-2021 5-year estimates)

- Black Ohioans 33% decrease
- Ohioans with less than a high school education 28% decrease
- Hispanic Ohioans 26% decrease
- Ohioans with low incomes 22% decrease
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## High school graduation

(2017-2018, 2021-2022 school years)

- Black Ohioans 24% increase
- Hispanic Ohioans 13% increase

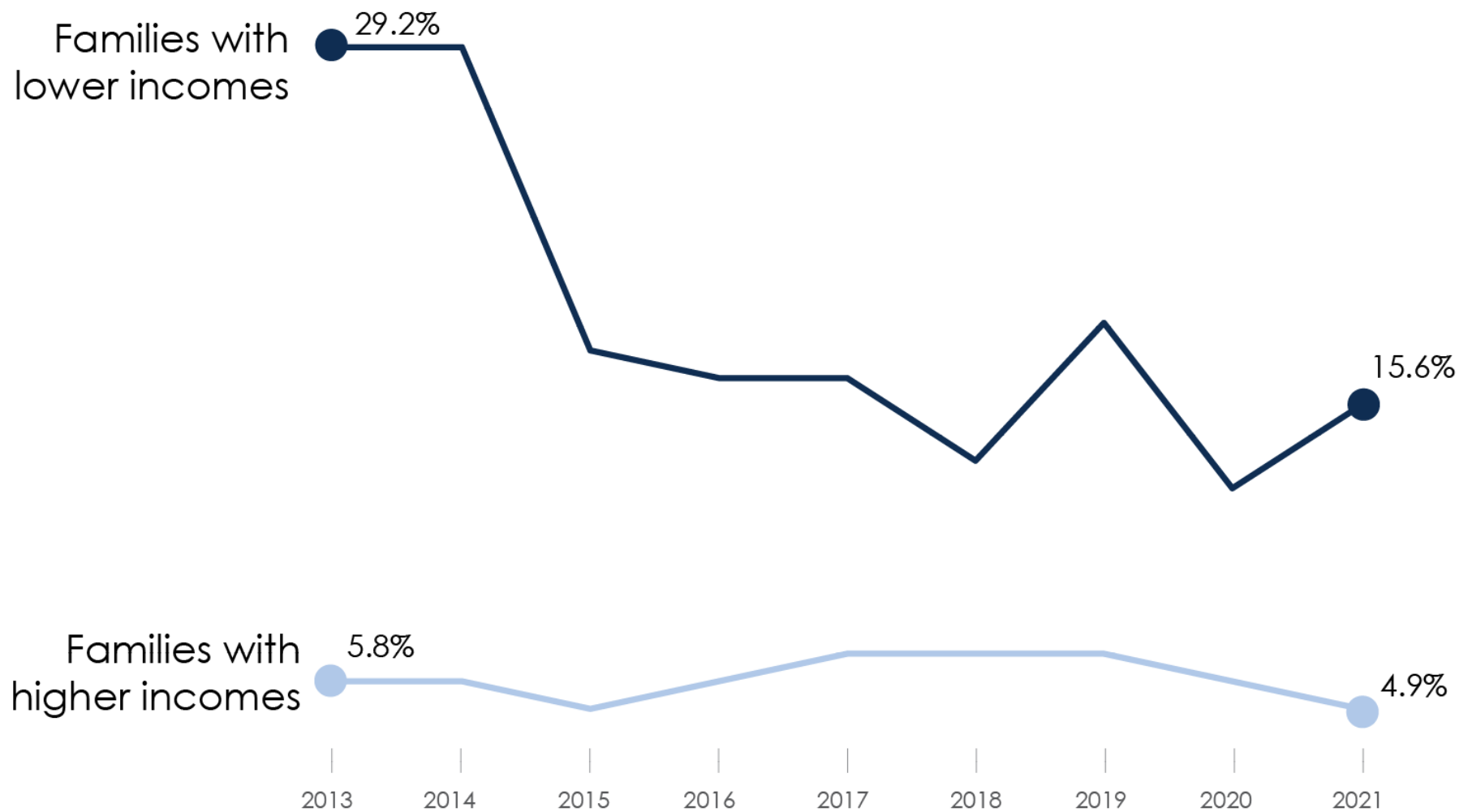
## Child poverty

(2015, 2021)

- Hispanic Ohioans 17% decrease
- Black Ohioans 16% decrease
- Ohioans with disabilities 16% decrease

# Affordable health care

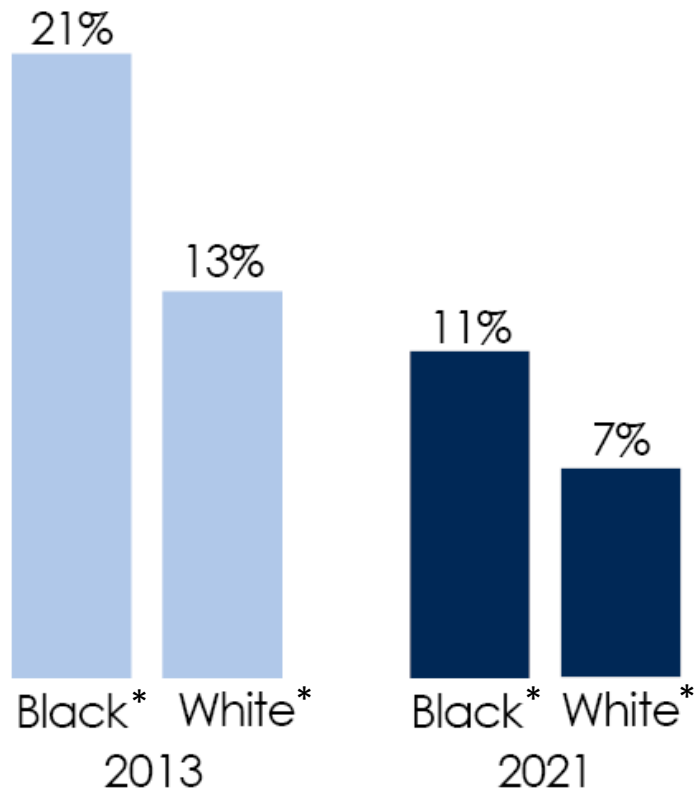
Unable to see doctor due to cost, Ohio, 2013-2020



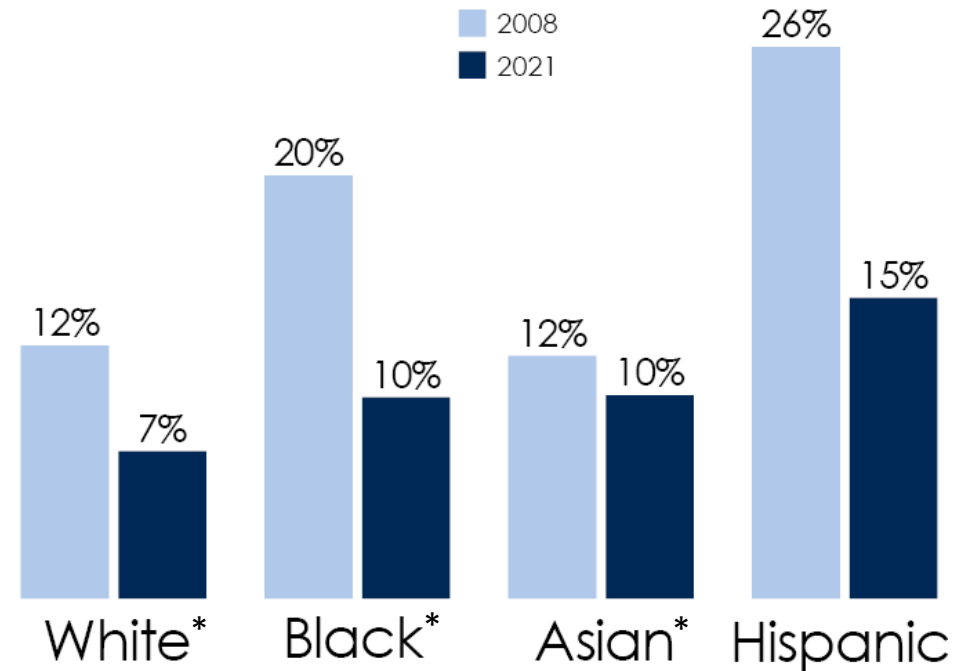
**Source:** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey

# Access and coverage

Percent of adult Ohioans who went without health care because of cost in the past year



Percent of Ohioans who are uninsured, ages 0-64



Source: American Community Survey, as compiled by Kaiser Family Foundation State Health Facts

\* non-Hispanic



# Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visit your organization or speak at a meeting you host



# 2023 HEALTH VALUE DASHBOARD™

# QUESTIONS?



# CONTACT

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[calmasi@hpio.net](mailto:calmasi@hpio.net)



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# 2023 HEALTH VALUE DASHBOARD™

# THANK YOU



