2017 **Health Value** Dashboard™

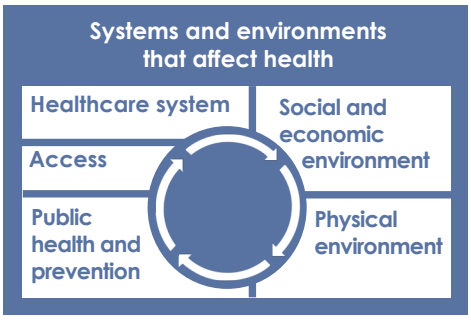
Snapshot

What is the *Health Value Dashboard*?

The Health Policy Institute of Ohio *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. With 118 metrics, the *Dashboard* examines Ohio's performance relative to other states, tracks change over time and identifies Ohio's greatest health disparities and inequities.

Where does Ohio rank?

Ohio ranks 46 out of 50 states and the District of Columbia (D.C.) on health value, landing in the bottom quartile. This means that Ohioans are living less healthy lives and spending more on health care than people in most other states.



Why do we rank so poorly?

Ohio performs well on access to care, but poorly on population health. This indicates that access is necessary, but not sufficient, to improving overall health. In addition, Ohio performs poorly on the other factors that impact health value.

Policymakers and others can look to evidence on the cost-effectiveness of services and programs to guide spending decisions and ensure that dollars are being used wisely to improve performance across all drivers of health value.

Key findings

Challenges

There are several metrics on which Ohio ranked in the bottom quartile, including: adult smoking, drug overdose deaths, infant mortality, food insecurity and average monthly marketplace premiums. Notably, a state's adult smoking rate strongly correlates with health value rank. This means that states with a lower percentage of adults who smoke perform better on health value.

Strengths

Like most other states, Ohio's performance is moving in the right direction, with more metrics that improved than worsened. Greatly improved metrics include: percent of adults reporting that they went without care because of cost, heart failure readmissions, youth all-tobacco use, youth marijuana use and the unemployment rate.

Notable disparities and inequities

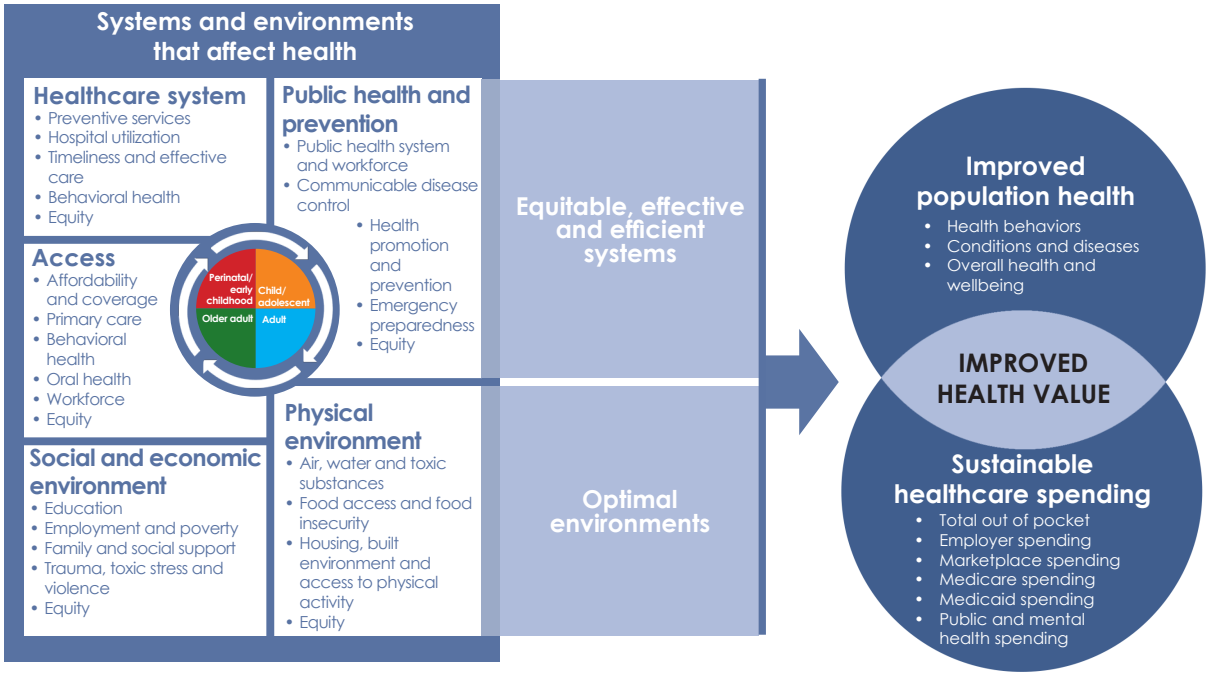
The *Dashboard* examines disparities across a set of 29 metrics by race and ethnicity, income level, education level and disability status. Some of Ohio's largest disparities and inequities include: children exposed to second-hand smoke, neighborhood safety, uninsured adults and adverse childhood experiences.

View all 2017 *Health Value Dashboard* material at:
www.hpio.net/2017-health-value-dashboard/

Overview

The *2017 Health Value Dashboard* is based on the *Pathway to Health Value* conceptual framework developed by Ohio stakeholders who participated on HPIO's multi-sector Health Measurement Advisory Group (HMAG). The framework defines health value as the combination of improved population health outcomes and sustainable healthcare spending, and outlines the systems and environments that affect health. The 2017 *Health Value Dashboard* builds on the inaugural *Dashboard* released in December 2014.

Pathway to improved health value: A conceptual framework



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.

The *2017 Dashboard* tracks Ohio's performance across the seven domains above through metrics selected in partnership with HMAG. Each domain includes a set of metrics divided into several "subdomains." In total, this *Dashboard* includes 118 metrics across 29 subdomains.

What's new in the 2017 Health Value Dashboard?

- **Emphasizes change over time** and includes a trend section highlighting the extent to which Ohio's performance improved or worsened on specific metrics
- **Examines disparities and inequities** across a set of 29 metrics by race and ethnicity, education level, income level and disability status when data is available
- **Uses an improved ranking methodology** that takes a more nuanced look at data variation in state performance on individual metrics, resulting in fewer ties between states when calculating the subdomain and domain ranks
- **Highlights evidence-informed strategies** that can be strategically deployed to improve Ohio's health value performance
- **Includes additional and/or refined metrics,** for example, when previous metrics are no longer available or when better metrics are available

Where does Ohio rank?

Ohioans are living less healthy lives and spending more on health care than people in most other states.

43 Population health

Ohio ranks 43rd on a composite measure of population health. Forty-two states are healthier. This domain rank includes subdomain rankings for*:

- 41 **Health behaviors**
- 44 **Conditions and diseases**
- 38 **Overall health and wellbeing**

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31 Healthcare spending

Ohio ranks 31st on a composite measure of healthcare spending. Thirty states spend less. This domain rank includes subdomain rankings for*:

- 27 **Employer spending**
- 38 **Marketplace spending**
- 29 **Medicare spending**
- 30 **Total out-of-pocket spending**

46 Health value in Ohio

Ohio ranks 46th on a composite measure of health value—the combination of healthcare spending and population health, weighted equally.

Health + Spending = Value

Note: Most recent-year data for population health and spending ranks are from 2014 to 2016. A ranking of 1 is the best and 51 is the worst. See process and methodology section for details.
*The domain and subdomain ranks are the composite of individual metric ranks (e.g. average family premium per enrolled employee) within each domain or subdomain. Due to wide variability in Medicaid program eligibility levels, benefits and administration across states, Medicaid spending metrics are not included in the healthcare spending rank.

Why does Ohio rank 46th on health value?

Ohio performs well on access to care, but poorly on population health. This indicates that access is necessary, but not sufficient, to improving overall health. In addition, Ohio performs poorly on the other factors that impact health value.

Policymakers and others can look to evidence on the cost-effectiveness of services and programs to guide spending decisions and ensure that dollars are being used wisely to improve performance across all drivers of health value.

Factors that influence health[1]

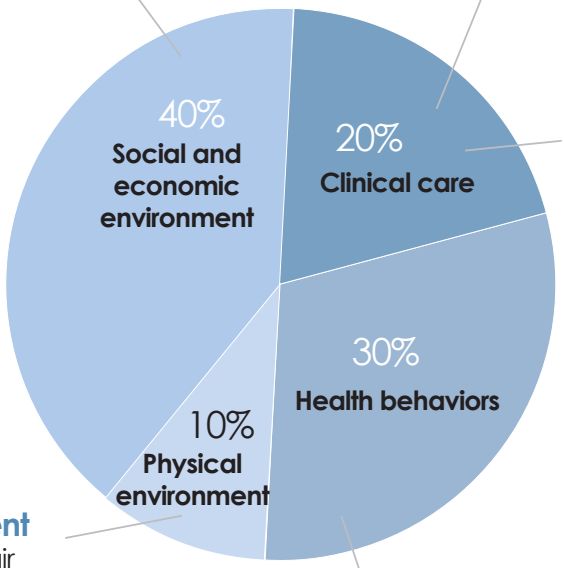
Research estimates that of the modifiable factors that influence our overall health outcomes, 80 percent is attributed to non-clinical factors including our social, economic and physical environment, as well as our health behaviors, and only 20 percent is attributed to clinical care.

29 Social and economic environment

- **Improved:** Fourth-grade reading, Unemployment
- **Worsened:** Social capital and cohesion
- **Notable disparities:** Adult poverty (by race and educational attainment), Child poverty (by race), Unemployment (by race, income, education and disability status), Adverse childhood experiences (by income)

17 Access to care

- **Improved:** Uninsured adults, Unable to see a doctor due to cost, Unmet need for illicit drug use treatment
- **Worsened:** Medical home, children
- **Notable disparities:** Unable to see a doctor due to cost (by race, income and disability status), Uninsured (by race and income), No usual source of care (by race and income)



37 Healthcare system

- **Improved:** Heart failure readmissions for Medicare beneficiaries, Breastfeeding support in hospitals, Stroke care, Prenatal care
- **Worsened:** None
- **Notable disparities:** Diabetes with long-term complications for Medicare beneficiaries (by race), Mortality amenable to health care (by race)

35 Physical environment

- **Improved:** Outdoor air quality, Children exposed to second-hand smoke, Bike and pedestrian infrastructure funding
- **Worsened:** None
- **Notable disparities:** Children exposed to secondhand smoke (by race and income), Unsafe neighborhoods (by race and income)

50 Public health and prevention

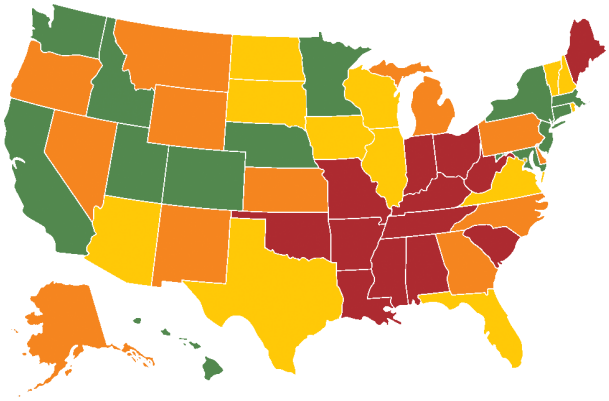
- **Improved:** Youth marijuana use
- **Worsened:** Child immunization*, Foodborne illness monitoring
- **Notable disparities:** Teen birth rate (by race)

Trend note: Improved or worsened refers to a change that exceeds one-half standard deviation in the metric's value from baseline year to most recent year. Changes that do not meet this threshold are marked "no change."
Disparities note: Disparities are based on disparity ratios calculated across a set of 29 metrics by race and ethnicity, education level, income level and disability status categories when data was available. Only metrics for which large disparities exist are included in this graphic. See methodology section for how disparity ratios and thresholds were calculated.
* See data limitation in metric description in appendix

Where do other states rank?

There is wide regional variation in health value rank.

Population health rank



States along parts of the Appalachian region and some southern states tend to have the worst population health outcomes. However, the regional pattern among states with better population health outcomes is less pronounced.

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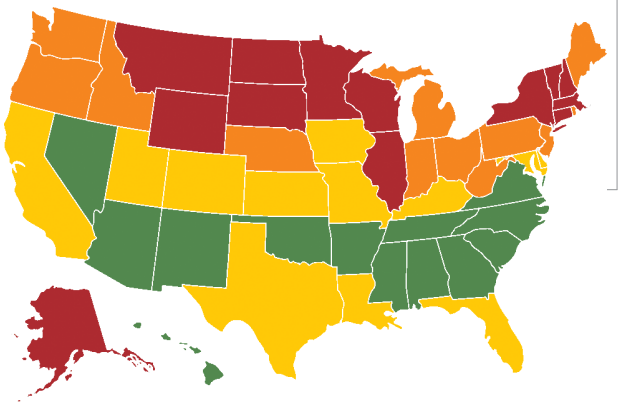
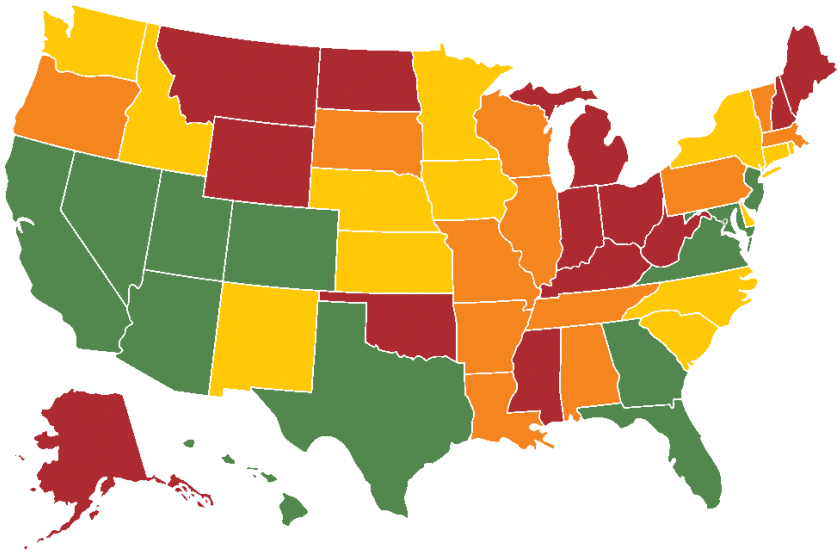
Healthcare spending rank



There is a clear regional pattern for healthcare spending rank. States in the north tend to have higher healthcare spending, while states in the south have lower healthcare spending.

Health value rank



There is wider regional variation in health value rank. States in the southwest tend to be in the top quartile, along with a few states in the south and on the east coast. Similarly, there are pockets of states across the U.S. in the bottom quartile on health value, including Ohio and its neighboring states.

Top quartile | Second quartile | Third quartile | Bottom quartile

Of the 50 states and D.C.

Note: Most recent-year data for population health and spending ranks are from 2014 to 2016. A ranking of 1 is the best and 51 is the worst. See process and methodology section for details.

Ohio's greatest health value challenges

Bottom quartile metrics

Domain	Metric	Ohio's rank	Trend
Population health	**Infant mortality.** Number of infant deaths per 1,000 live births (within 1 year) (rank-2014, trend-2015)	39	Moderately worsened
	Cardiovascular disease mortality. Number of deaths due to all cardiovascular diseases, including heart disease and strokes, per 100,000 population (age adjusted) (2015)	40	No change
	Limited activity due to health problems. Average number of days in the previous 30 days when a person reports limited activity due to physical or mental health difficulties (ages 18 and older) (2014)	41	No change
	Adult smoking. Percent of population age 18 and older that are current smokers (2015)	43	Moderately improved
	Drug overdose deaths. Number of deaths due to drug overdoses per 100,000 population (age-adjusted) (2015)	49	**Greatly worsened**
Healthcare spending	**Average monthly marketplace premiums, after advanced premium tax credit.** Average monthly premium for all enrollees in the federal marketplace after application of an advanced premium tax credit (2016)	38 (out of 38)	**Greatly increased**
	Total Medicare spending (Parts A and B), per Medicare enrollee. Price, age, sex and race-adjusted Medicare reimbursements per Medicare enrollee (Parts A and B) (2012)	46	No change
Healthcare system	**Hospital admissions for asthma per 100,000 population, ages 2-17.** Admissions for asthma per 100,000 population, ages 2-17 (2013)	31 (out of 41)	No change
	Mortality amenable to healthcare. Number of deaths before age 75 per 100,000 population that resulted from causes considered at least partially treatable or preventable with timely and appropriate medical care (2012-2013)	39	No change
	Cancer early stage diagnosis, female breast cancer cases. Percent of female breast cancer cases diagnosed at an early stage (2009-2013)	40 (out of 50)	No change
	Diabetes with long-term complications. Admissions for Medicare beneficiaries with a principal diagnosis of diabetes with long-term complications per 100,000 beneficiaries, ages 18 years and older (2014)	41	No change
	Cancer early stage diagnosis, colon and rectal cancer cases. Percent of colon and rectal cancer cases diagnosed at an early stage (2009-2013)	41 (out of 50)	No change
	Avoidable emergency department visits for Medicare beneficiaries. Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries (2013)	45	No change
	Cancer early stage diagnosis, all. Percent of all cancer cases diagnosed at an early stage (2009-2013)	46 (out of 50)	No change
Public health and prevention	**State public health workforce.** Number of state public health agency staff FTEs per 100,000 population (2012)	44 (out of 49)	No change
	Emergency preparedness funding. Total per capita funding for state and local health departments' emergency preparedness (2016)	44	N/A
	Child immunization. Percent of children ages 19 to 35 months who received all recommended vaccines (2013)	48 (out of 50)	**Greatly worsened**
	Foodborne illness monitoring. Proportion of foodborne illness outbreaks for which an etiologic agent is confirmed (2015)	50	Moderately worsened
Physical environment	**Outdoor air quality.** Average exposure of the general public to particulate matter of 2.5 microns or less in size (PM2.5) (2012-2014)	45	Moderately improved
	Food insecurity. Percent of households with limited or uncertain access to adequate food (2013-2015)	45	No change
	Children exposed to secondhand smoke. Percent of children who live in a home where someone uses tobacco and smokes inside the home (2011/2012)	49	**Greatly improved**

Other metrics that worsened

Domain	Metric	Ohio's rank	Trend
Population health	**Adult insufficient physical activity.** Percent of adults 18 years and older not meeting physical activity guidelines for muscle strength and aerobic activity (2015)	30	Moderately worsened
	Poor oral health. Percent of adults who have lost teeth due to decay, infection or disease (2014)	38	Moderately worsened
Healthcare spending	**Average family premium, per enrolled employee.** Average total family premium per enrolled employee for employer-sponsored health insurance (2015)	21	Moderately increased
	Average single premium, per enrolled employee. Average total single premium per enrolled employee for employer-sponsored health insurance (2015)	31	Moderately increased
Access to care	**Medical home, children.** Percent of children who have a personal doctor or nurse, have a usual source for sick and well care, receive family-centered care, have no problems getting needed referrals and receive effective care coordination when needed (2011/2012)	24	**Greatly worsened**
Social and economic environment	**Social capital and cohesion.** Composite measure that includes connections with neighbors, supportive neighborhoods, voter turnout and volunteerism (2015)	24 (out of 50)	**Greatly worsened**

Ohio's greatest health value strengths

Top quartile metrics

Domain	Metric	Ohio's rank	Trend
Access to care	**Underserved, primary care physicians.** Percent of need not met by current supply in designated primary care health professional shortage areas (2016)	11	No change
	Uninsured adults. Percent of 18-64 year olds that are uninsured (2014)	13	Moderately improved
	Employer-sponsored health insurance coverage. Percent of all workers who work at a company that offers health insurance to its employees (2015)	13	No change
	Unable to see doctor due to cost. Percent of adults who went without care because of cost in the past year (2015)	13	**Greatly improved**
Physical environment	**Fluoridated water.** Percent of the population served by a community water system with optimally fluoridated water (2014)	12	No change

Other metrics that improved

Domain	Metric	Ohio's rank	Trend
Population health	**Youth all-tobacco use.** Percent of youth ages 12-17 who used cigarettes, smokeless tobacco, cigars or pipe tobacco during past 30 days (2013-2014)	37	**Greatly improved**
	Life expectancy. Life expectancy at birth based on current mortality rates (2010)	37	Moderately improved
	Adult smoking. Percent of population age 18 and older that are current smokers (2015)	43	Moderately improved
Access to care	**Unmet need for illicit drug use treatment.** Percent of individuals, ages 12 and older, needing but not receiving treatment for illicit drug use in the past year (2013-2014)	26	Moderately improved
Healthcare system	**Heart failure readmissions for Medicare beneficiaries.** Rate of Medicare beneficiaries discharged from the hospital with a principal diagnosis of heart failure who were readmitted for any cause within 30 days after the index admission date, per 100 index cases (2014)	17	**Greatly improved**
	Breastfeeding support in hospitals. Average Maternity Practice in Infant Nutrition and Care (mPINC) score among hospitals and birthing facilities to support breastfeeding (2013)	24	Moderately improved
	Stroke care. Percent of ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started (2014-2015)	25 (out of 50)	**Greatly improved**
	Prenatal care. Percent of women who completed a pregnancy in the last 12 months and who received prenatal care in the first trimester (2014)	28 (out of 48)	Moderately improved
Public health and prevention	**Youth marijuana use.** Past-year initiation of marijuana use (used it for the first time), percent of youth ages 12-17 (2014)	18	**Greatly improved**
Social and economic environment	**Fourth-grade reading.** Percent of 4th graders proficient in reading by a national assessment (NAEP) (2015)	18	Moderately improved
	Unemployment. Annual average unemployment rate, ages 16 and older (2015)	21	**Greatly improved**
Physical environment	**Bike and pedestrian infrastructure.** Per capita federal transportation funding obligated to bike and/or pedestrian projects (2012-2014)	22 (out of 50)	Moderately improved
	Outdoor air quality. Average exposure of the general public to particulate matter of 2.5 microns or less in size (PM2.5) (2012-2014)	45	Moderately improved
	Children exposed to second-hand smoke. Percent of children who live in a home where someone uses tobacco and smokes inside the home (2011/2012)	49	**Greatly improved**

Top quartile **Second quartile** **Third quartile** **Bottom quartile**
Of the 50 states and D.C.

Trend note: Improved or worsened refers to a change that exceeds one-half standard deviation in the metric's value from baseline year to most recent year. Changes that do not meet this threshold are marked "no change."

How to improve health value in Ohio

How can we improve health value in Ohio?

The good news is we know what works to improve health behaviors and support healthy communities. Many evidence-informed strategies are already being implemented, but more can be done to ensure that the most effective policies and programs are deployed at the scale needed to measurably improve health value. The following sources provide guidance on how to do this:

Ohio 2017-2019 state health improvement plan (SHIP)

Developed with input from a wide range of Ohio stakeholders, the **SHIP** is a strategic menu of priorities, outcome objectives and evidence-based strategies designed to address:

- Mental health and addiction
- Chronic disease
- Maternal and infant health

Taking a comprehensive approach, the plan highlights powerful underlying drivers of wellbeing, such as student success, housing affordability and tobacco prevention. The plan also includes strategies that are likely to reduce health disparities and provides guidance on adapting programs to reach priority populations.

Evidence for what works to improve health value

The HPIO **Guide to Improving Health Value** resource page includes:

- State policy option fact sheets on tobacco use, food insecurity and Ohio's other top health challenges
- Additional resources for evidence-based policymaking, including cost-effectiveness research
- Tools for local community health improvement planners

What approaches are most likely to yield positive outcomes?

States with better outcomes in the social and economic environment and public health and prevention domains have better population health outcomes. The following approaches are therefore likely to yield the biggest improvements.

Improve Ohio's social and economic environment

Strategies that increase income, labor force participation and access to stable housing, such as:

- Earned income tax credits (including outreach to increase uptake, removing the cap, and/or making the credit refundable)
- Vocational training
- Low-income housing tax credits and state housing subsidies/vouchers

Strengthen Ohio's commitment to public health and prevention

Strategies that promote healthy behaviors and support healthy community conditions, such as:

- Increasing cigarette and other tobacco product taxes
- Smoking cessation services
- Fruit and vegetable incentive programs
- Green space, parks and "complete streets" policies that promote physical activity

Start early with children and families

Strategies that help children thrive, such as:

- Early childhood education and home visiting
- Services that promote healthy birth spacing, including access to comprehensive contraception options
- School-based programs to prevent drug/alcohol use and violence