



20

HEALTH VALUE DASHBOARD™

23





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## What is the Health Value Dashboard?

The Health Policy Institute of Ohio's *Health Value Dashboard* is a data-rich tool to track Ohio's progress towards health value — a composite measure of population health outcomes and healthcare spending.

The *Dashboard* provides a picture of Ohio's performance compared to other states using the most recently available data. The *Dashboard* relies upon publicly available data from 77 sources. Most of the metrics in the *Dashboard* have data from 2020 onward, allowing for analysis of the impact of the COVID-19 pandemic.

### For more information

Visit the [2023 Health Value Dashboard webpage](#) to access the following materials that provide additional detail about the *Dashboard* methodology and data:

- Process and methodology
- Frequently Asked Questions (FAQ)
- Ranked metric appendix with descriptions, years, sources and Ohio data
- Equity metric appendix with descriptions, years, sources and Ohio data

### Note on language HPIO uses to describe populations and individuals

HPIO follows the [Associated Press Stylebook](#) in descriptions of races and ethnicities. See [HPIO's webpage](#) for a more detailed explanation.



# 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

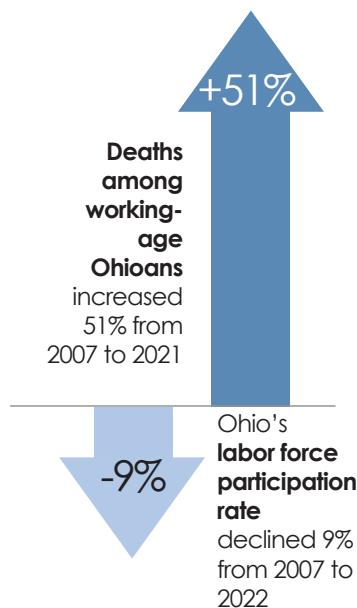
#### Building on strengths

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

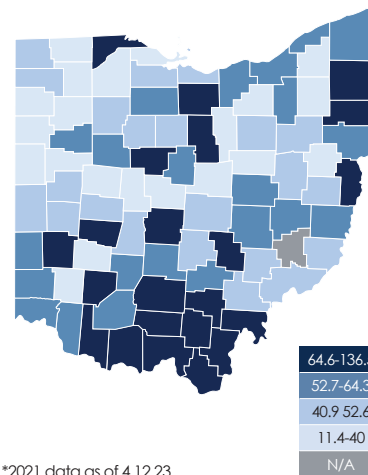
Ohio can build upon strengths in access to care to reinvigorate approaches to improving outcomes and controlling healthcare spending

Economic conditions, labor force participation and health are linked



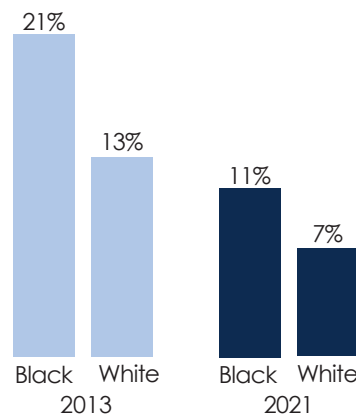
Ohio leaders can support resilience, well-being and recovery across the state, in every community

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.



# Strengthen Ohio's workforce

## The challenge

**Ohio's workforce is facing serious challenges:**

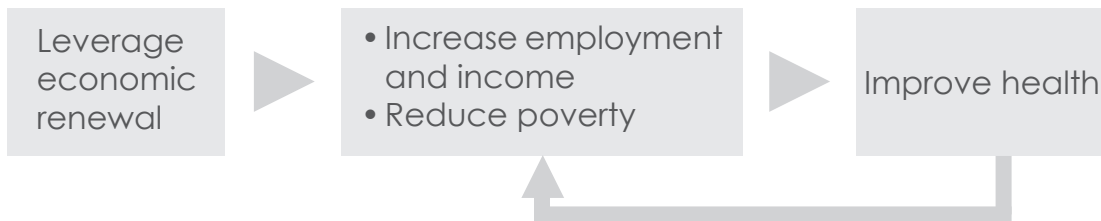
- Labor force participation continues its long-term decline<sup>1</sup>, with Ohio falling behind most other states.
- Ohio has more barriers to employment and wage growth than most other states, such as lower rates of post-secondary education and higher rates of incarceration and child abuse and neglect.
- Deaths among working age Ohioans are **increasing**, driven by addiction, violence, suicide and chronic disease.
- Many working Ohioans do not earn enough to cover housing and child care costs, leaving too many families experiencing poverty, food insecurity and housing instability.

## The opportunity

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

- The state's strong manufacturing base, strategic location and educational infrastructure has attracted new investments from major employers, such as Intel, Honda, Ford and LG Energy Solutions.
- Further building upon these strengths — including 200 corporate headquarters, 14 public universities and 23 community colleges — can lead to a robust workforce that meets the needs of employers and reinvigorates local communities.
- With strategic investments in vocational education and work supports, more Ohioans can join the labor force and increase their earnings, which will reduce poverty and improve health.

## Connecting a stronger workforce to better health and equity



- Stable employment and self-sustaining income contribute to healthcare access and healthier behaviors.
- Better health, in turn, supports higher income-earning potential because healthy workers are less likely to miss work or leave a job due to illness or death.
- Other factors like low educational attainment, trauma, incarceration and discrimination negatively affect both income and health.

## Policies to drive improvement

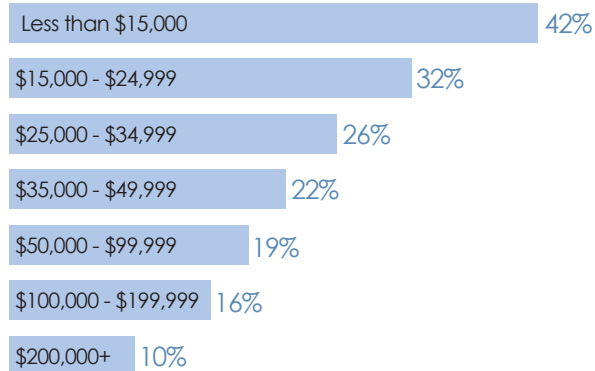
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- **Childcare subsidy.** Expand initial eligibility for childcare subsidies to 200% FPL to provide access to child care for more families with low and moderate incomes, allowing them to enter or stay in the workforce.
- **Paid family leave.** Offer 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

## The challenge

- Across the U.S. and in Ohio, the toll of behavioral health crises continues to rise, including increases in drug overdose and suicide deaths.
- Ohio performs worse than most other states on drug overdose, adult smoking and youth e-cigarette use rates.
- The adult depression rate has worsened, and significant disparities in depression rates persist for Ohioans with low incomes and those who are part of the LGBTQ+ community.
- Ohio's behavioral health workforce is not large enough to meet rising demand.

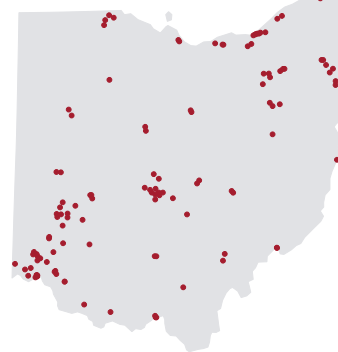
Adult depression in Ohio, by annual household income, 2021



## The opportunity

- Ohio has decades of expertise in responding to the addiction crisis and fighting stigma and is committed to building the behavioral health workforce for the future.
- There is strong support for leveraging telehealth services and medication-assisted treatment to address addiction.
- The state has also improved overall access to care over the past decade, which is an important advantage to getting more Ohioans the help they need.

Certified opioid treatment program sites in Ohio



Ohio now has more widespread access to medication for opioid use disorder than many other states. Progress also has been made in the use of telehealth, the launch of the 988 crisis line and other crisis system improvements, and training of Peer Recovery Supporters.

## 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 to drive improvement

- **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.
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# Improve healthcare effectiveness

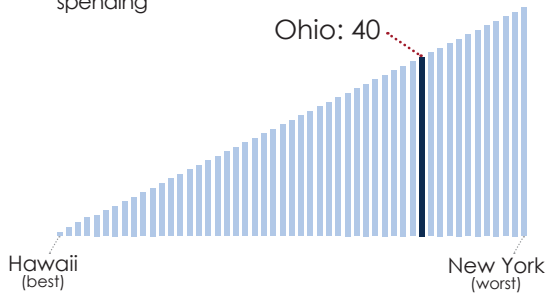
## The challenge

- Ohioans have higher total out-of-pocket spending on health care than people in most other states, and per-person costs to Medicare and employers are also high.
- Ohioans live shorter lives than people in most other states, and life expectancy has declined in recent years.
- While factors outside of health care play a significant role in Ohioans' poor health, Ohio performs worse than other states on many metrics related to healthcare utilization and quality.

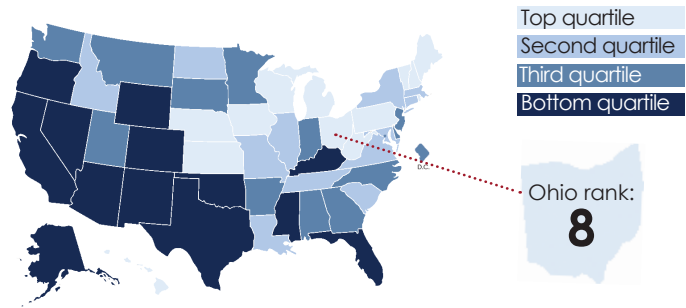
## The opportunity

- Ohio can reinvigorate approaches to improving outcomes and controlling healthcare spending.
- Ohio's relatively low uninsured rate has reduced affordability barriers, and progress has been made toward more equitable access to care.
- Ohio can build upon the success of collaborative healthcare quality improvement projects<sup>2</sup> and advanced alternative payment models.
- Healthcare organizations, including Ohio's hospitals, local health departments, commercial insurers and Medicaid managed care plans, are well-positioned to lean into these strengths to improve outcomes.

Health Value Dashboard ranks for healthcare spending



Health Value Dashboard rank for primary care access subdomain



## 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 to drive improvement

- **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.
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# PROGRESS TOWARD HEALTH VALUE

When looking at trends in individual metrics, Ohio saw slightly more improvement than worsening:



## How policy change contributes to improvement

The following examples illustrate ways that policy change contributes to progress:

| Metric                                                                                                                                                                                                           | Factors that likely contributed to progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>Care within reach</b>                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>The percent of Ohioans unable to see a doctor due to cost declined from 12% in 2019 to 8% in 2021. Similarly, the percent of Ohioans without a usual source of care fell from 20% in 2019 to 14% in 2021.</p> | <p>Starting in 2020, the federal government prohibited states from removing enrollees from Medicaid as a requirement for receiving additional federal funds, which contributed to a <b>27.2% increase</b> in the number of Ohioans covered by the program (from March 2020 to January 2023) and prevented the uninsured rate from rising due to job loss at the beginning of the pandemic. The continuous enrollment policy ended in April 2023.</p>                                                                                                                                                                                                                     |
|  <b>Hospital quality for mothers and infants</b>                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>Ohio's score on breastfeeding and infant care supports provided at hospitals and birthing facilities increased from 78 in 2018 to 84 in 2020 (out of 100 as the highest possible score).</p>                  | <p>Healthcare and public health organizations have led several efforts to increase breastfeeding in Ohio. For example, in 2015, the Ohio Department of Health and Ohio Hospital Association launched the <b>Ohio First Steps for Healthy Babies</b> program, which offers resources for hospitals and birthing centers to implement best practices to support breastfeeding. An evaluation found that longer participation in the program and achievement of more <b>"baby-friendly" policy and practice steps</b> was associated with increased breastfeeding rates.<sup>3</sup> As of early 2023, 99% of Ohio's delivery hospitals were participating.<sup>4</sup></p> |
|  <b>Health department quality</b>                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>As of January 2023, 70% of Ohio's local health departments were accredited through the national Public Health Accreditation Board (PHAB), up from 35% in November 2020.</p>                                   | <p>Ohio is the only state with an accreditation requirement for local health departments.<sup>5</sup> Health departments report that the accreditation process catalyzes quality improvement, strengthens collaboration and improves efficiency.<sup>6</sup></p>                                                                                                                                                                                                                                                                                                                                                                                                         |
|  <b>Better food access</b>                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>The percent of Ohioans who were food insecure fell from 14% in 2018 to 12% in 2020.</p>                                                                                                                       | <p>As part of the Families First Coronavirus Response Act of 2020, Congress authorized Supplemental Nutrition Assistance Program (SNAP) emergency allotments that increased nutrition assistance. These provisions ended in February 2023.</p>                                                                                                                                                                                                                                                                                                                                                                                                                           |





## Cleaner air

Outdoor air quality has been steadily improving for many years, including a 20% drop in average exposure of the general public to particulate matter air pollution (known as PM 2.5) from 2012-2014 to 2018-2020 in Ohio.

The Clean Air Act, initially passed in 1970, regulates air pollutant emissions through air quality standards which are enforced by the state and federal governments. Improvements to energy production, vehicle emissions and use of renewable energy have contributed to a gradual reduction in air pollution.



## Evidence-based addiction treatment

The estimated percent of outpatient substance use disorder treatment facilities that offer methadone/buprenorphine maintenance or naltrexone treatment increased from 45% in 2018 to 56% in 2020.

OhioMHAS has leveraged federal grants to promote wider use of medication-assisted treatment (MAT) throughout the state by increasing the number of providers actively prescribing buprenorphine and paying for treatment and travel expenses when health insurance does not cover costs. In 2016, **Senate Bill 319** paved the way for a rapid expansion of Opioid Treatment Programs. This foundational change, combined with Ohio Medicaid's coverage of MAT since 2011, has led to improved access to evidence-based care.<sup>7</sup> Medicaid is a major source of reimbursement for MAT.<sup>8</sup>



## More progress needed to reduce tobacco use

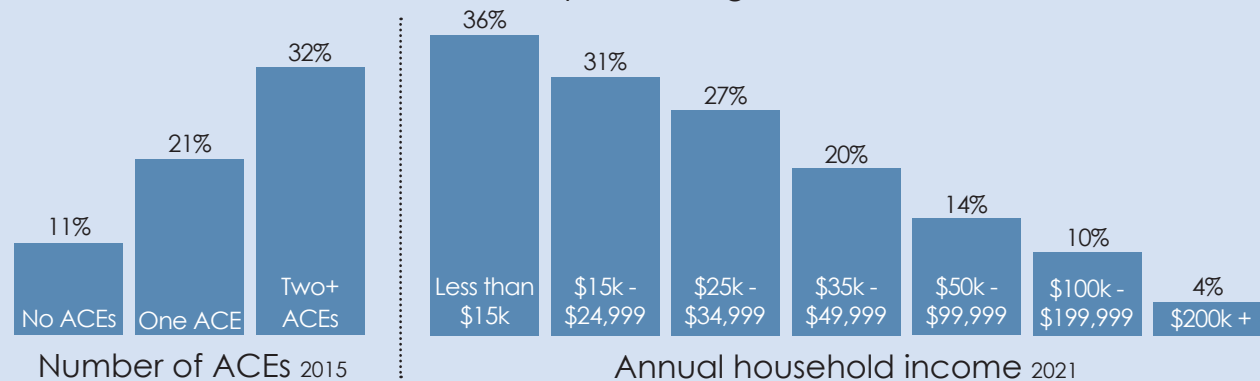
### Reducing tobacco use and nicotine dependence is a powerful way to improve health, advance health equity and reduce healthcare spending.

- While adult smoking rates decreased in Ohio from 2019 to 2021, the pace of improvement has been slower than in the U.S. overall.<sup>9</sup>
- Tobacco use is one of the key factors contributing to Ohio's poor performance on the *Health Value Dashboard*. Ohio's persistently poor rank on the adult smoking metric (44<sup>th</sup> in this edition) helps to explain why the state struggles to improve health and control spending relative to other states.<sup>10</sup>

### Addressing the links between smoking, trauma and poverty is critical to make further progress.

- Trauma and toxic stress contribute to higher smoking rates among adults who have low incomes, have experienced childhood adversity and/or have poor mental health.<sup>11</sup>
- **HPIO analysis** found that 33% of smoking in Ohio is attributable to adverse childhood experiences (ACEs). This means that doing more to prevent harms such as child maltreatment would lead to less smoking, saving an estimated \$2.2 billion dollars in tobacco-related healthcare costs each year.
- Tailored cessation services are also needed for people who face extra challenges to quitting, such as people with mental illness.<sup>12</sup>

Percent of Ohio adults who currently smoke cigarettes



Source: Behavioral Risk Factor Surveillance Survey

# POPULATION HEALTH



Ohio's population health ranking in previous Dashboard editions: 40 (2014) | 43 (2017) | 43 (2019) | 43 (2021)

| Ohio's rank | Metric                                                                                                                                                                                                                                                                                                                         | Most recent data | Trend*              |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------|
| <b>48</b>   | <b>Health behaviors</b>                                                                                                                                                                                                                                                                                                        |                  |                     |
| 34          | <b>Excessive drinking.</b> Percent of adults that report either binge drinking, defined as consuming more than four (women) or five (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as having seven or more (women) or 14 or more (men) drinks per week (2021). Rank out of 50. | 18.2%            | No change           |
| 33          | <b>Youth e-cigarette use.</b> Percent of youth, grades 9-12, who used electronic vapor products on at least one day in the past 30 days (2019). Rank out of 43.                                                                                                                                                                | 29.8%            | N/A                 |
| 38          | <b>Physical inactivity.</b> Percent of adults, ages 18 and older, reporting no leisure time physical activity during the past 30 days (2021). Rank out of 50.                                                                                                                                                                  | 25.9%            | Moderately improved |
| 44          | <b>Adult smoking.</b> Percent of adults, ages 18 and older, who currently smoke (2021). Rank out of 50.                                                                                                                                                                                                                        | 18%              | Moderately improved |
| <b>42</b>   | <b>Conditions and diseases</b>                                                                                                                                                                                                                                                                                                 |                  |                     |
| 20          | <b>Suicide deaths.</b> Number of deaths due to suicide, per 100,000 population (age adjusted) (2020). Rank out of 51.                                                                                                                                                                                                          | 13.8             | No change           |
| 31          | <b>Adult depression.</b> Percent of adults who have ever been told by a health professional that they have depression (2021). Rank out of 50.                                                                                                                                                                                  | 22%              | Moderately worsened |
| 29          | <b>COVID-19 mortality.</b> Number of deaths from COVID-19 per 100,000 population since January 21, 2020 (data current as of December 27th, 2022). Rank out of 50.                                                                                                                                                              | 348              | N/A                 |
| 39          | <b>Poor oral health.</b> Percent of adults, ages 18-64, who have lost six or more teeth because of tooth decay, infection or gum disease (2020). Rank out of 51.                                                                                                                                                               | 10.8%            | Moderately improved |
| 40          | <b>Adult diabetes.</b> Percent of adults who have ever been told by a health professional that they have diabetes (2021). Rank out of 51.                                                                                                                                                                                      | 12.6%            | No change           |
| 41          | <b>Heart disease mortality.</b> Number of deaths due to heart diseases, per 100,000 population (age adjusted) (2020). Rank out of 51.                                                                                                                                                                                          | 196.9            | No change           |
| 47          | <b>Drug overdose deaths.</b> Number of deaths due to drug overdose, per 100,000 population, including intentional and unintentional overdose deaths due to any drug or biological substance (age adjusted) (2020). Rank out of 51.                                                                                             | 47.2             | Moderately worsened |
| <b>41</b>   | <b>Overall health and well-being</b>                                                                                                                                                                                                                                                                                           |                  |                     |
| 36          | <b>Overall health status.</b> Percent of adults who report excellent, very good or good health (2021). Rank out of 50.                                                                                                                                                                                                         | 83.2%            | Moderately improved |
| 38          | <b>Life expectancy at birth.</b> Life expectancy at birth based on current mortality data and population estimates (2020). Rank out of 50.                                                                                                                                                                                     | 75.3             | Moderately worsened |
| 39          | <b>Premature death.</b> Average number of years of potential life lost before age 75, per 100,000 population (2020). Rank out of 51.                                                                                                                                                                                           | 9,187            | Moderately worsened |
| 41          | <b>Infant mortality.</b> Number of infant deaths, per 1,000 live births (within one year) (2020). Rank out of 50.                                                                                                                                                                                                              | 6.7              | No change           |
| 41          | <b>Limited activity due to health problems.</b> 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 (2021). Rank out of 50.                                                                                                 | 1.8              | No change           |

|                     |                 |                |                         |
|---------------------|-----------------|----------------|-------------------------|
| Top quartile (best) | Second quartile | Third quartile | Bottom quartile (worst) |
|---------------------|-----------------|----------------|-------------------------|

Of the 50 states and D.C.

N/A Data not available for trend

\* Worsened or improved compares Ohio's change from baseline to most recent year relative to other states' performance on the metric. For more details, see the methodology section on the [2023 Health Value Dashboard webpage](#).

Data sources are available in data appendices posted on the [HPIO Health Value Dashboard webpage](#).

## HEALTHCARE SPENDING

Ohio rank

40

◀ Contributes to health value rank


 Ohio's **healthcare spending** ranking in previous Dashboard editions:
 

|      |      |      |      |
|------|------|------|------|
| 40   | 31   | 28   | 37   |
| 2014 | 2017 | 2019 | 2021 |

| Ohio's rank | Metric                                                                                                                                                                                                                                                            | Most recent data | Trend*               |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------|
| <b>39</b>   | <b>Out-of-pocket spending</b>                                                                                                                                                                                                                                     |                  |                      |
| 31          | <b>Employer-sponsored health insurance out-of-pocket spending, per enrollee.</b> Out-of-pocket spending, such as co-payments, co-insurance and deductibles, per enrollee under age 65, in major employer-sponsored health insurance plans (2020). Rank out of 50. | \$799.68         | No change            |
| 47          | <b>Total out-of-pocket spending.</b> Percent of individuals who are in families where out-of-pocket spending on health care, including premiums, accounts for more than 10 percent of annual income (2020). Rank out of 51.                                       | 21%              | No change            |
| <b>41</b>   | <b>Healthcare service area spending</b>                                                                                                                                                                                                                           |                  |                      |
| 19          | <b>Nursing home average daily cost, per capita.</b> Average cost for an individual to pay the full, private pay cost for a shared room in a nursing home (i.e., without insurance contribution) (October 2021). Rank out of 51.                                   | \$240            | No change            |
| 28          | <b>Employer-sponsored health insurance prescription drug spending, per enrollee.</b> Spending on pharmacy claims for prescription drugs and devices, per enrollee under age 65, in major employer-sponsored health insurance plans (2020). Rank out of 50.        | \$1,279.22       | Moderately increased |
| 38          | <b>Hospital adjusted expenses per inpatient day.</b> Adjusted expenses per inpatient day for community hospitals (2020). Rank out of 51.                                                                                                                          | \$3,226          | Moderately increased |
| 41          | <b>Employer-sponsored health insurance outpatient spending, per enrollee.</b> Spending on outpatient services, per enrollee under age 65, in major employer-sponsored health insurance plans (2020). Rank out of 50.                                              | \$1,937.89       | No change            |
| <b>34</b>   | <b>Private health insurance spending</b>                                                                                                                                                                                                                          |                  |                      |
| 16          | <b>Employee contributions to employer-sponsored insurance premiums.</b> Employee contributions to employer-sponsored health insurance premiums as a percent of state median income (2020). Rank out of 51.                                                        | 6.1%             | No change            |
| 29          | <b>Total employer-sponsored health insurance spending, per enrollee.</b> Total spending on medical and pharmacy claims, per enrollee under age 65, in major employer-sponsored health insurance plans (2020). Rank out of 50.                                     | \$5,732.51       | No change            |
| 46          | <b>Average monthly marketplace premium.</b> Average monthly premium for enrollees in the federal Affordable Care Act health insurance marketplace or state-based exchanges after application of an advanced premium tax credit (2022). Rank out of 49.            | \$230            | No change            |
| <b>25</b>   | <b>Medicare spending</b>                                                                                                                                                                                                                                          |                  |                      |
| 18          | <b>Average total cost, per Medicare beneficiary without chronic conditions.</b> Average total cost per Medicare beneficiary without chronic conditions (2021). Rank out of 51.                                                                                    | \$3,881          | No change            |
| 18          | <b>Average total cost, per Medicare beneficiary with one chronic condition.</b> Average total cost per Medicare beneficiary with one chronic condition (2021). Rank out of 51.                                                                                    | \$5,230          | Moderately decreased |
| 20          | <b>Average total cost, per Medicare beneficiary with two chronic conditions.</b> Average total cost per Medicare beneficiary with two chronic conditions (2021). Rank out of 51.                                                                                  | \$5,975          | Moderately decreased |
| 38          | <b>Average total cost, per Medicare beneficiary with three or more chronic conditions.</b> Average total cost per Medicare beneficiary with three or more chronic conditions (2021). Rank out of 51.                                                              | \$13,178         | Moderately decreased |
| 42          | <b>Total Medicare spending, per beneficiary.</b> Total Medicare reimbursements, per Medicare beneficiary (Parts A and B), ages 65-99 (2019). Rank out of 51.                                                                                                      | \$11,665.92      | Moderately increased |

Top quartile (best)

Second quartile

Third quartile

Bottom quartile (worst)

Of the 50 states and D.C.

\* Worsened or improved compares Ohio's change from baseline to most recent year relative to other states' performance on the metric. For more details, see the methodology section on the [2023 Health Value Dashboard webpage](#).

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# ACCESS TO CARE

20



Ohio's **access to care** ranking in previous Dashboard editions: 25 (2014) | 17 (2017) | 18 (2019) | 7 (2021)

| Ohio's rank | Metric                                                                                                                                                                                                                                                                                          | Most recent data | Trend*                  |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------|
| <b>16</b>   | <b>Coverage and affordability</b>                                                                                                                                                                                                                                                               |                  |                         |
| 10          | <b>Employer-sponsored health insurance coverage.</b> Percent of all workers who work at a company that offers health insurance to its employees (2021). Rank out of 51.                                                                                                                         | 87.3%            | No change               |
| 20          | <b>Unable to see doctor due to cost.</b> Percent of adults who went without care because of cost in the past year (2021). Rank out of 50.                                                                                                                                                       | 8.2%             | <b>Greatly improved</b> |
| 21          | <b>Uninsured, non-elderly.</b> Percent of population ages 64 and under who are uninsured (2021). Rank out of 51.                                                                                                                                                                                | 7.8%             | No change               |
| <b>8</b>    | <b>Primary care access</b>                                                                                                                                                                                                                                                                      |                  |                         |
| 4           | <b>Routine checkup.</b> Percent of adults, ages 65 and older, with self-reported fair or poor health, who had a routine checkup in the past 12 months (2021). Rank out of 50.                                                                                                                   | 95.6%            | No change               |
| 15          | <b>Without a usual source of care.</b> Percent of adults, ages 18 and older, who do not have at least one person they think of as their personal healthcare provider (2021). Rank out of 50.                                                                                                    | 14%              | <b>Greatly improved</b> |
| 20          | <b>Medical home, children.</b> Percent of children, ages 0-17, who have a personal doctor or nurse, have a usual source for sick care, receive family-centered care, have no problems getting needed referrals and receive effective care coordination when needed (2020-2021). Rank out of 51. | 50.1%            | Moderately worsened     |
| <b>18</b>   | <b>Behavioral health</b>                                                                                                                                                                                                                                                                        |                  |                         |
| 12          | <b>Medication for Opioid Use Disorder.</b> Percent of outpatient substance use treatment facilities that offer methadone/buprenorphine maintenance or naltrexone treatment (2020). Rank out of 51.                                                                                              | 56%              | Moderately improved     |
| 23          | <b>Unmet need for mental health treatment, adults.</b> Percent of adults, ages 18 and older, 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). Rank out of 51.                                              | 25%              | <b>Greatly worsened</b> |
| 29          | <b>Received mental health treatment in past year, children.</b> Percent of children, ages 3-17, who received treatment or counseling from a mental health professional when needed during the past 12 months (2019-2020). Rank out of 51.                                                       | 81.8%            | No change               |
| <b>41</b>   | <b>Oral health</b>                                                                                                                                                                                                                                                                              |                  |                         |
| 31          | <b>Dental visit in past year, adults.</b> Percent of adults, ages 18 and older, who have visited a dentist, dental clinic or dental specialist within the past year (2020). Rank out of 51.                                                                                                     | 65.3%            | Moderately worsened     |
| 50          | <b>Preventive dental care, children.</b> Percent of children, ages 1-17, who have seen a dentist or other oral health care provider for preventive dental care, such as check-ups, dental cleanings, dental sealants or fluoride treatments in the past year (2020-2021). Rank out of 51.       | 69.6%            | <b>Greatly worsened</b> |
| <b>30</b>   | <b>Workforce</b>                                                                                                                                                                                                                                                                                |                  |                         |
| 23          | <b>Underserved, mental health.</b> Percent of need not met by current supply of mental health professionals in designated mental health care professional shortage areas (October 12, 2022). Rank out of 50.                                                                                    | 70.2%            | <b>Greatly worsened</b> |
| 27          | <b>Underserved, primary care physicians.</b> Percent of need not met by current supply of primary care physicians in designated primary care health professional shortage areas (October 12, 2022). Rank out of 51.                                                                             | 52.1%            | Moderately worsened     |
| 37          | <b>Underserved, dentists.</b> Percent of need not met by current supply of dentists in designated dental care health professional shortage areas (October 12, 2022). Rank out of 51.                                                                                                            | 72.6%            | No change               |

Top quartile (best) | Second quartile | Third quartile | Bottom quartile (worst)

Of the 50 states and D.C.

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# HEALTHCARE SYSTEM



Ohio's **healthcare system** ranking in previous Dashboard editions: 39 (2014) | 37 (2017) | 36 (2019) | 38 (2021)

| Ohio's rank | Metric                                                                                                                                                                                                                                                                           | Most recent data | Trend*                  |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------|
| <b>25</b>   | <b>Preventive services</b>                                                                                                                                                                                                                                                       |                  |                         |
| 10          | <b>Breastfeeding and infant care supports in hospitals.</b> Composite Maternity Practice in Infant Nutrition and Care (mPINC) score of breastfeeding and infant care supports provided at hospitals and birthing facilities (2020). Rank out of 49.                              | 84               | <b>Greatly improved</b> |
| 26          | <b>Prenatal care.</b> Percent of women who completed a pregnancy in the last 12 months and who received prenatal care in the first trimester (2020). Rank out of 51.                                                                                                             | 76.8%            | No change               |
| 28          | <b>Female breast cancer early stage diagnosis.</b> Percent of female breast cancer cases diagnosed at an early stage (2015-2019). Rank out of 51.                                                                                                                                | 72%              | <b>Greatly improved</b> |
| 43          | <b>Colon and rectal cancer early stage diagnosis.</b> Percent of colon and rectal cancer cases diagnosed at an early stage (2015-2019). Rank out of 51.                                                                                                                          | 34.4%            | <b>Greatly worsened</b> |
| <b>NR</b>   | <b>Behavioral health</b>                                                                                                                                                                                                                                                         |                  |                         |
| NR          | <b>Substance use disorder treatment retention.</b> Percent of Medicaid enrollees, ages 12 and older, with an intake assessment who received one outpatient service within a week and two additional outpatient clinical services within 30 days of intake (SFY 2021). Ohio only. | 51.5%            | N/A                     |
| <b>42</b>   | <b>Hospital utilization</b>                                                                                                                                                                                                                                                      |                  |                         |
| 31          | <b>Diabetes with long-term complications.</b> Number of admissions with a principal diagnosis of diabetes with long-term complications for Medicare fee-for-service Part A beneficiaries, ages 18 and older, per 100,000 beneficiaries (2021). Rank out of 51.                   | 231              | Moderately improved     |
| 33          | <b>30-day hospital readmissions for employer-insured enrollees.</b> Number of readmissions for people, ages 18-64, with employer-sponsored insurance within 30 days of an acute hospital stay for any cause, per 1,000 enrollees (2019). Rank out of 48.                         | 3.3              | No change               |
| 41          | <b>Heart failure admissions for Medicare beneficiaries.</b> Number of admissions with a principal diagnosis of heart failure for Medicare fee-for-service Part A beneficiaries, ages 18 and older, per 100,000 beneficiaries (2021). Rank out of 51.                             | 1,326            | <b>Greatly improved</b> |
| 41          | <b>Potentially avoidable emergency department visits for employer-insured enrollees.</b> Number of potentially avoidable emergency department visits for people, ages 18-64, with employer-sponsored insurance, per 1,000 enrollees (2019). Rank out of 48.                      | 187.2            | Moderately worsened     |
| <b>24</b>   | <b>Timeliness, effectiveness and quality of care</b>                                                                                                                                                                                                                             |                  |                         |
| 15          | <b>Back pain recommended treatment.</b> Percent of outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy (FY 2021). Rank out of 51.                                                                                | 43.6%            | <b>Greatly worsened</b> |
| 22          | <b>Hospitals with better-than-average patient experience ratings.</b> Percent of hospitals in the state with overall patient experience ratings higher than the national average (2020). Rank out of 50.                                                                         | 52%              | Moderately worsened     |
| 24          | <b>Nursing home pressure ulcers.</b> Percent of long-stay, high-risk nursing home residents with pressure ulcers (Q1-Q4 2021). Rank out of 51.                                                                                                                                   | 7.8%             | Moderately worsened     |
| 28          | <b>Central line-associated bloodstream infections.</b> Standardized infection ratio for central line-associated bloodstream infections in acute care hospitals (2021). Rank out of 51.                                                                                           | 0.9              | Moderately worsened     |
| 37          | <b>Mortality amenable to healthcare.</b> Number of deaths before age 75 that resulted from causes considered at least partially treatable or preventable with timely and appropriate medical care, per 100,000 population (2019-2020). Rank out of 51.                           | 96.3             | No change               |
| <b>24</b>   | <b>Healthcare system structure</b>                                                                                                                                                                                                                                               |                  |                         |
| 11          | <b>Large group insurance market competition.</b> Herfindahl-Hirschman Index (HHI) score, a measure of how evenly market share is distributed across insurers in the large group insurance market (2019). Rank out of 51.                                                         | 2,811            | No change               |
| 14          | <b>Private insurance reimbursement rates.</b> Relative price ratio, a measure of how much more private insurers pay for hospital services than Medicare (2018). Rank out of 46.                                                                                                  | 2.4              | N/A                     |
| 33          | <b>Hospital beds, per capita.</b> Number of hospital beds, per 1,000 population (2020). Rank out of 51.                                                                                                                                                                          | 2.7              | No change               |
| 43          | <b>Primary care physicians.</b> Ratio comparing the number of specialist physicians to the number of primary care physicians (August 2022). Rank out of 51.                                                                                                                      | 1.2              | N/A                     |

|                     |                 |                |                         |
|---------------------|-----------------|----------------|-------------------------|
| Top quartile (best) | Second quartile | Third quartile | Bottom quartile (worst) |
|---------------------|-----------------|----------------|-------------------------|

Of the 50 states and D.C.

NR Not ranked | N/A Data not available for trend

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# PUBLIC HEALTH AND PREVENTION



Ohio's **public health and prevention** ranking in previous Dashboard editions: 51 (2014) | 50 (2017) | 47 (2019) | 32 (2021)

| Ohio's rank | Metric                                                                                                                                                                                                                                                                                                                                                                                                                   | Most recent data | Trend*                  |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------|
| <b>6</b>    | <b>Public health system and workforce</b>                                                                                                                                                                                                                                                                                                                                                                                |                  |                         |
| 2           | <b>Accreditation of local health departments.</b> Percent of local health departments that have achieved accreditation and reaccreditation (Jan. 2023). Rank out of 49.                                                                                                                                                                                                                                                  | 70%              | <b>Greatly improved</b> |
| 34          | <b>State public health funding, per capita.</b> State public health funding during the fiscal year, per capita (2021). Rank out of 46.                                                                                                                                                                                                                                                                                   | \$24             | No change               |
| 48          | <b>State public health workforce.</b> Number of state public health agency full-time equivalent (FTE) employees, per 100,000 population (2019). Rank out of 51.                                                                                                                                                                                                                                                          | 8.9              | No change               |
| NR          | <b>Local public health workforce.</b> Median number of local health department FTE employees, per 100,000 population (2019). Ohio only.                                                                                                                                                                                                                                                                                  | 43               | N/A                     |
| NR          | <b>Local public health department spending, per capita.</b> Median annual local health expenditures, per capita (FY 2019). Ohio only.                                                                                                                                                                                                                                                                                    | \$21.40          | N/A                     |
| <b>37</b>   | <b>Communicable disease control and environmental health</b>                                                                                                                                                                                                                                                                                                                                                             |                  |                         |
| 25          | <b>Child immunization.</b> Percent of children, ages 19-35 months, who received recommended vaccines (2020). Rank out of 51.                                                                                                                                                                                                                                                                                             | 73%              | No change               |
| 35          | <b>Chlamydia.</b> Number of reported cases of chlamydia, per 100,000 population (2020). Rank out of 51.                                                                                                                                                                                                                                                                                                                  | 509.2            | No change               |
| 35          | <b>COVID-19 vaccinations.</b> Percent of the total population that has received the primary series of the COVID-19 vaccination (As of October 20, 2022). Rank out of 51.                                                                                                                                                                                                                                                 | 60%              | N/A                     |
| 41          | <b>Environmental and occupational health.</b> Composite score of the Environmental and Occupational Health domain of the National Health Security Preparedness Index (NHSPI), which measures actions to maintain the security and safety of water and food supplies, to test for hazards and contaminants in the environment and to protect workers and emergency responders from health hazards (2020). Rank out of 51. | 6.3              | Moderately improved     |
| <b>33</b>   | <b>Health promotion and prevention</b>                                                                                                                                                                                                                                                                                                                                                                                   |                  |                         |
| 7           | <b>Youth marijuana use.</b> Percent of high school students who used marijuana in the past 30 days (2019). Rank out of 45.                                                                                                                                                                                                                                                                                               | 15.8%            | N/A                     |
| 22          | <b>Falls among older adults.</b> Percent of adults ages 65 and older who reported falling in the past 12 months (2020). Rank out of 51.                                                                                                                                                                                                                                                                                  | 28%              | No change               |
| 22          | <b>Motor vehicle crash deaths.</b> Number of deaths due to traffic accidents involving a motor vehicle, per 100,000 population (2020). Rank out of 51.                                                                                                                                                                                                                                                                   | 11.7             | No change               |
| 28          | <b>Cigarette tax.</b> State excise tax per pack of cigarettes (2022). Rank out of 51.                                                                                                                                                                                                                                                                                                                                    | \$1.60           | No change               |
| 32          | <b>Low birth weight.</b> Percent of live births where the infant weighed less than 2,500 grams (5.5 pounds) (2020). Rank out of 51.                                                                                                                                                                                                                                                                                      | 8.5%             | No change               |
| 32          | <b>Prescription opioid use.</b> Rate of dispensed prescriptions for opioids, per 100 population (2020). Rank out of 51.                                                                                                                                                                                                                                                                                                  | 47.4             | No change               |
| 32          | <b>Tobacco prevention spending.</b> Tobacco prevention and control spending as a percent of the Centers for Disease Control and Prevention-recommended level (2022). Rank out of 51.                                                                                                                                                                                                                                     | 13.1%            | No change               |
| 33          | <b>Teen birth.</b> Rate of births to females, ages 15-19, per 1,000 females, ages 15-19 (2020). Rank out of 51.                                                                                                                                                                                                                                                                                                          | 17.6             | No change               |
| 43          | <b>Seat belt use.</b> Percent of front seat occupants observed using a seat belt (2021). Rank out of 51.                                                                                                                                                                                                                                                                                                                 | 84.1%            | No change               |
| <b>51</b>   | <b>Emergency preparedness and surveillance</b>                                                                                                                                                                                                                                                                                                                                                                           |                  |                         |
| 29          | <b>Epidemiologists.</b> Rate of full-time equivalent epidemiologist in state public health agencies, per 100,000 population (2019). Rank out of 47.                                                                                                                                                                                                                                                                      | 0.82             | No change               |
| 44          | <b>Emergency preparedness funding, per capita.</b> State public health agency Public Health Emergency Preparedness cooperative agreement funding, per capita (FY 2022). Rank out of 51.                                                                                                                                                                                                                                  | \$1.55           | No change               |
| 51          | <b>Health security surveillance.</b> Composite score of the Health Security Surveillance domain of the NHSPI, which measures actions to monitor and detect health threats, and to identify where hazards start and spread so that they can be contained rapidly (2020). Rank out of 51.                                                                                                                                  | 6.8              | No change               |

|                     |                 |                |                         |
|---------------------|-----------------|----------------|-------------------------|
| Top quartile (best) | Second quartile | Third quartile | Bottom quartile (worst) |
|---------------------|-----------------|----------------|-------------------------|

Of the 50 states and D.C.

NR Not ranked | N/A Data not available for trend

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# SOCIAL AND ECONOMIC ENVIRONMENT

Ohio rank

31


 Ohio's **social and economic environment** ranking in previous Dashboard editions: 29 (2014) | 29 (2017) | 32 (2019) | 34 (2021)

| Ohio's rank | Metric                                                                                                                                                                                                                                                                                                         | Most recent data | Trend*                  |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------|
| <b>26</b>   | <b>Education</b>                                                                                                                                                                                                                                                                                               |                  |                         |
| 8           | <b>Fourth-grade reading.</b> Percent of fourth grade public school students proficient in reading by a national assessment (National Assessment of Educational Progress) (2022). Rank out of 51.                                                                                                               | 35%              | Moderately worsened     |
| 24          | <b>Preschool enrollment.</b> Percent of 3- and 4-year-olds enrolled in preschool (2017-2019). Rank out of 51.                                                                                                                                                                                                  | 46%              | No change               |
| 28          | <b>High school graduation.</b> Percent of incoming ninth graders who graduate in four years from a public high school with a regular degree (2019-2020 school year). Rank out of 49.                                                                                                                           | 84.4%            | Moderately improved     |
| 32          | <b>Some college.</b> Percent of adults, ages 25-44, with some post-secondary education, such as enrollment in vocational/technical schools, junior colleges or four-year colleges, including individuals who pursued education following high school but did not receive a degree (2016-2020). Rank out of 51. | 65.9%            | No change               |
| <b>32</b>   | <b>Employment and poverty</b>                                                                                                                                                                                                                                                                                  |                  |                         |
| 29          | <b>Income inequality.</b> Ratio of median household income at the 80th percentile to that at the 20th percentile (2016-2020). Rank out of 51.                                                                                                                                                                  | 4.6              | No change               |
| 29          | <b>Unemployment.</b> Percent of people, ages 16 and older, who are jobless, looking for a job and available for work (2021). Rank out of 51.                                                                                                                                                                   | 5.1%             | No change               |
| 30          | <b>Labor force participation.</b> Percent of people, ages 16 and older, who are in the labor force (2021). Rank out of 51.                                                                                                                                                                                     | 61.5%            | No change               |
| 34          | <b>Adult poverty.</b> Percent of people, ages 18 and older, in households with incomes below the federal poverty level in the past 12 months (2021). Rank out of 51.                                                                                                                                           | 11.9%            | No change               |
| 38          | <b>Child poverty.</b> Percent of people under age 18, in households with incomes below the federal poverty level in the past 12 months (2021). Rank out of 51.                                                                                                                                                 | 18.6%            | No change               |
| <b>35</b>   | <b>Family and social support</b>                                                                                                                                                                                                                                                                               |                  |                         |
| 20          | <b>Disconnected youth.</b> Percent of youth, ages 16-24, who are not working or in school (2021). Rank out of 50.                                                                                                                                                                                              | 11.1%            | No change               |
| 37          | <b>Children in single-parent households.</b> Percent of children, ages 0-17, who live in a household headed by a single parent (2016-2020). Rank out of 51.                                                                                                                                                    | 26.9%            | <b>Greatly improved</b> |
| 40          | <b>Incarceration.</b> Number of people sentenced and imprisoned under the jurisdiction of state or federal correctional authorities, per 100,000 population (2020). Rank out of 50.                                                                                                                            | 385              | No change               |
| <b>19</b>   | <b>Trauma, toxic stress and violence</b>                                                                                                                                                                                                                                                                       |                  |                         |
| 18          | <b>Violent crime.</b> Number of violent crimes (murder, rape, robbery and aggravated assault), per 100,000 population (2020). Rank out of 51.                                                                                                                                                                  | 309              | No change               |
| 22          | <b>Adverse childhood experiences.</b> Percent of children who have experienced two or more adverse experiences (2021). Rank out of 51.                                                                                                                                                                         | 21.2%            | Moderately improved     |
| 28          | <b>Child abuse and neglect.</b> Number of reported and substantiated child maltreatment victims, per 1,000 children (Fiscal Year 2019). Rank out of 51.                                                                                                                                                        | 9.9              | No change               |

Top quartile (best)

Second quartile

Third quartile

Bottom quartile (worst)

Of the 50 states and D.C.

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# PHYSICAL ENVIRONMENT



Ohio's **physical environment** ranking in previous Dashboard editions: 34 (2014) | 35 (2017) | 40 (2019) | 38 (2021)

| Ohio's rank | Metric                                                                                                                                                                                                                                                                                                                                                                                       | Most recent data | Trend*                  |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------|
| <b>50</b>   | <b>Air, water and toxic substances</b>                                                                                                                                                                                                                                                                                                                                                       |                  |                         |
| 41          | <b>Outdoor air quality.</b> Average exposure of the general public to particulate matter of 2.5 microns or less in size (PM2.5), measured in micrograms per cubic meter, (2018-2020). Rank out of 51.                                                                                                                                                                                        | 8.5              | <b>Greatly improved</b> |
| 47          | <b>Child in a household with a person who smokes.</b> Percent of children, ages 0-17, who live in households where someone smokes (cigarettes, cigars or pipe tobacco) (2020-2021). Rank out of 51.                                                                                                                                                                                          | 20.6%            | Moderately improved     |
| 50          | <b>Toxic pollutants (Risk-Screening Environmental Indicators score).</b> Unitless value that accounts for the size of the chemical release, the fate and transport of chemicals through the environment, the size and location of the exposed population and the chemical's toxicity (2020). Rank out of 51.                                                                                 | 17,331,932       | N/A                     |
| NR          | <b>Lead poisoning.</b> Percent of children, ages 0-5, who received a blood lead test and had elevated blood lead levels (BLL > 5 ug/dL) (2021). Ohio only.                                                                                                                                                                                                                                   | 2%               | N/A                     |
| <b>34</b>   | <b>Food access and food insecurity</b>                                                                                                                                                                                                                                                                                                                                                       |                  |                         |
| 29          | <b>Healthy food access.</b> Percent of population with limited access to healthy food, defined as the percent of low-income individuals (<200% federal poverty guideline) living more than 10 miles from a grocery store in rural areas and more than one mile in non-rural areas (2019). Rank out of 51.                                                                                    | 6.9%             | No change               |
| 40          | <b>Food insecurity.</b> Percent of households that are food insecure (2020). Rank out of 51.                                                                                                                                                                                                                                                                                                 | 11.6%            | Moderately improved     |
| <b>19</b>   | <b>Housing, built environment and access to physical activity</b>                                                                                                                                                                                                                                                                                                                            |                  |                         |
| 11          | <b>Severe housing problems.</b> Composite measure of the percent of households that have one or more of the following problems: 1) housing unit lacks complete kitchen facilities, 2) housing unit lacks complete plumbing facilities, 3) household is severely overcrowded, 4) monthly housing costs, including utilities, exceed 50 percent of monthly income (2015-2019). Rank out of 51. | 13.1%            | Moderately improved     |
| 16          | <b>Long commute, driving alone.</b> Percent of commuters, among those who commute to work by car, truck, or van, alone, who drive 30 minutes or longer to work each day (2021). Rank out of 51.                                                                                                                                                                                              | 29.3%            | No change               |
| 17          | <b>Neighborhood resources.</b> Composite measure of the percent of children living in a neighborhood that contains each of the following amenities: sidewalks or walking paths; parks or playgrounds; recreation centers, community centers or boys' and girls' club; and libraries or bookmobiles (2020-2021). Rank out of 51.                                                              | 37%              | No change               |
| 25          | <b>Access to exercise opportunities.</b> Percent of individuals who live reasonably close to a location for physical activity, defined as parks or recreational facilities (2010 and 2019). Rank out of 51.                                                                                                                                                                                  | 77.2%            | Moderately worsened     |
| 32          | <b>Alternative commute modes.</b> Percent of trips to work via bicycle, walking or mass transit (combined) (2021). Rank out of 51.                                                                                                                                                                                                                                                           | 2.9%             | No change               |
| 37          | <b>Neighborhood safety.</b> Percent of children living in a safe neighborhood as reported by a parent or guardian (2020-2021). Rank out of 51.                                                                                                                                                                                                                                               | 94.9%            | No change               |

|                     |                 |                |                         |
|---------------------|-----------------|----------------|-------------------------|
| Top quartile (best) | Second quartile | Third quartile | Bottom quartile (worst) |
|---------------------|-----------------|----------------|-------------------------|

Of the 50 states and D.C.

NR Not ranked | N/A Data not available for trend

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# EQUITY PROFILES

## What are the equity profiles?

Every Ohioan should have the opportunity to live a long and healthy life, free from environments and experiences that expose them to harm. However, many Ohioans continue to face unhealthy conditions and barriers to health in their homes, schools, workplaces and communities.

The *Health Value Dashboard* equity profiles explore gaps in outcomes among groups of Ohioans and analyze the barriers to health that contribute to these gaps. The profiles display data for:

- Black Ohioans
- Hispanic/Latino Ohioans
- Ohioans with disabilities
- Ohioans with low incomes and/or low educational attainment
- New for 2023: LGBTQ+ Ohioans

## How do experiences and environments shape health over time?

Ohioans' experiences throughout their lives can lay the foundation for good health and well-being as they age. Challenging life circumstances can overburden individuals and families, limiting their ability to build those strong foundations. For example, financial strain and poverty can lead to hunger and housing instability, and a lack of transportation can keep people from accessing jobs and physical, mental and oral health care. These harmful conditions and stressful experiences can accumulate over a person's lifetime and contribute to health problems and even early death.

In addition, experiencing racism and other forms of discrimination can add to the load that Ohioans of color, Ohioans with disabilities, LGBTQ+ Ohioans and others bear. Therefore, improving the health, well-being and economic vitality of Ohio involves ending racism and discrimination and their harmful effects, so that all Ohioans, regardless of race, ethnicity, education, disability status, income, sexual orientation or gender identity, have the opportunity to reach their full health potential.

## How can Ohio close gaps in outcomes?

Despite these challenges, Ohioans are resilient, and barriers to good health and well-being can be overcome. Ohio's leaders in the public and private sectors can improve health by enacting programs and policies that eliminate racism and discrimination; support safe, stable and strong communities; and provide opportunities for every Ohioan to thrive.

## Why prioritize equity?

Equity is when every Ohioan has the opportunity to reach their full potential. Gaps in health outcomes among groups of Ohioans indicate that resources, experiences and environments that support health are not available to everyone.

To ensure Ohio is a model of health, well-being and economic vitality, it is critical to eliminate systems, policies and beliefs that unfairly favor some Ohioans over others and create obstacles to good health.

# What improvement has Ohio seen in equity profile outcomes?

Since HPIO released the first edition of the equity profiles in 2017, there has been mixed progress on metrics measured in the profiles. Some groups have seen considerable improvements on certain metrics, as displayed below. Progress on some of these metrics, such as the percentage unable to see a doctor due to cost, likely resulted from policy changes, including those that expanded health insurance coverage for millions of Ohioans.

Other metrics, such as those related to premature death, fourth grade reading and adult diabetes, have worsened over time for certain groups. Further improvement is possible by maintaining gains in access to care and focusing efforts on eliminating gaps in outcomes across the healthcare system and social, economic and physical environments.

## Top five most improved Equity Profile metrics, 2017-2023

| Metric (metric years)                                             | Extent of improvement                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Unemployment</b> (2012-2016, 2017-2021 5-year estimates)       | <ul style="list-style-type: none"> <li>Black Ohioans <b>33% decrease</b></li> <li>Ohioans with less than a high school education <b>28% decrease</b></li> <li>Hispanic Ohioans <b>26% decrease</b></li> <li>Ohioans with low incomes <b>22% decrease</b></li> <li>Ohioans with disabilities <b>20% decrease</b></li> </ul> |
| <b>Heart disease mortality</b> (2015, 2020)                       | Black Ohioans <b>28% decrease</b>                                                                                                                                                                                                                                                                                          |
| <b>Unable to see a doctor due to cost</b> (2015, 2021)            | <ul style="list-style-type: none"> <li>Ohioans with less than a high school education <b>26% decrease</b></li> <li>Hispanic Ohioans <b>22% decrease</b></li> <li>Black Ohioans <b>20% decrease</b></li> <li>Ohioans with low incomes <b>13% decrease</b></li> </ul>                                                        |
| <b>High school graduation</b> (2017-2018, 2021-2022 school years) | <ul style="list-style-type: none"> <li>Black Ohioans <b>24% increase</b></li> <li>Hispanic Ohioans <b>13% increase</b></li> </ul>                                                                                                                                                                                          |
| <b>Child poverty</b> (2015, 2021)                                 | <ul style="list-style-type: none"> <li>Hispanic Ohioans <b>17% decrease</b></li> <li>Black Ohioans <b>16% decrease</b></li> <li>Ohioans with disabilities <b>16% decrease</b></li> </ul>                                                                                                                                   |

## Resources and recommendations for action

Continued focus, effort and investment are necessary from all sectors, both public and private, to ensure that every Ohioan has the opportunity to reach their full health potential. The following plans and resources provide recommendations for further action:

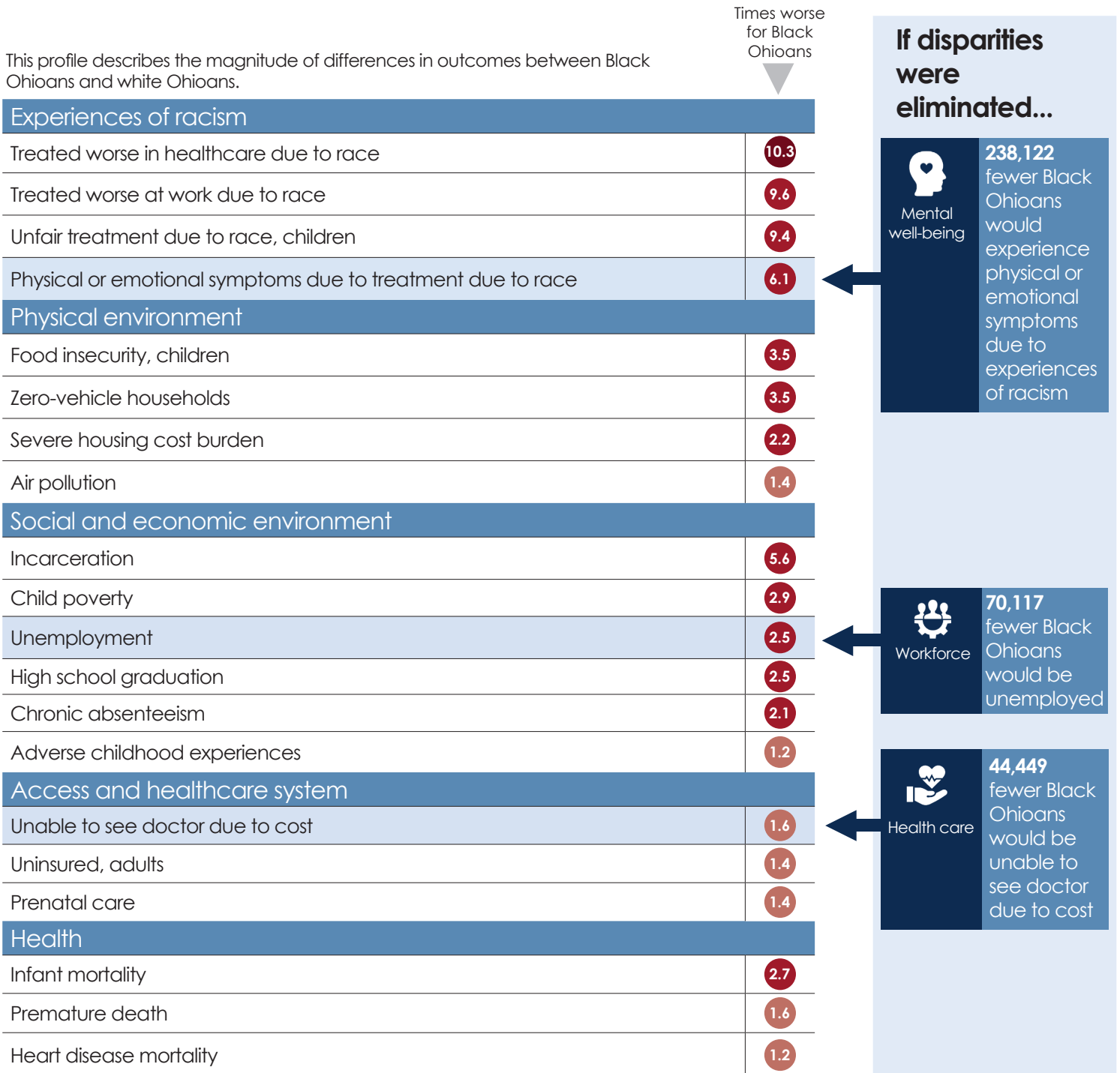
- **Connections between racism and health: Taking action to eliminate racism and advance equity**, Health Policy Institute of Ohio
- **Final Recommendations of the Eliminating Disparities in Infant Mortality Task Force**, Ohio Department of Health
- **Social Drivers of Infant Mortality: Recommendations for Action and Accountability**, Health Policy Institute of Ohio
- Ohio Commission on Minority Health **Goals and Strategies: 2020-2025**
- **2023-2026 State Plan on Aging**, Ohio Department of Aging
- **2020-2022 State Health Improvement Plan**, Ohio Department of Health

# EQUITY PROFILES

# BLACK OHIOANS

Racism is a primary driver of poor outcomes experienced by Black Ohioans.<sup>13</sup> Racism is a system, built from policies, practices and beliefs, that unfairly distributes resources, power and opportunity. Consequently, **Black Ohioans often experience worse outcomes than white Ohioans** across measures of health, healthcare access and the social, economic and physical environment.

Examples of policies and systems that contribute to gaps in outcomes include discrimination in employment and lending, disinvestment in public transportation and the legacy of redlining and zoning policies. By identifying and replacing these policies and systems, Ohio can become a place where everyone can thrive.



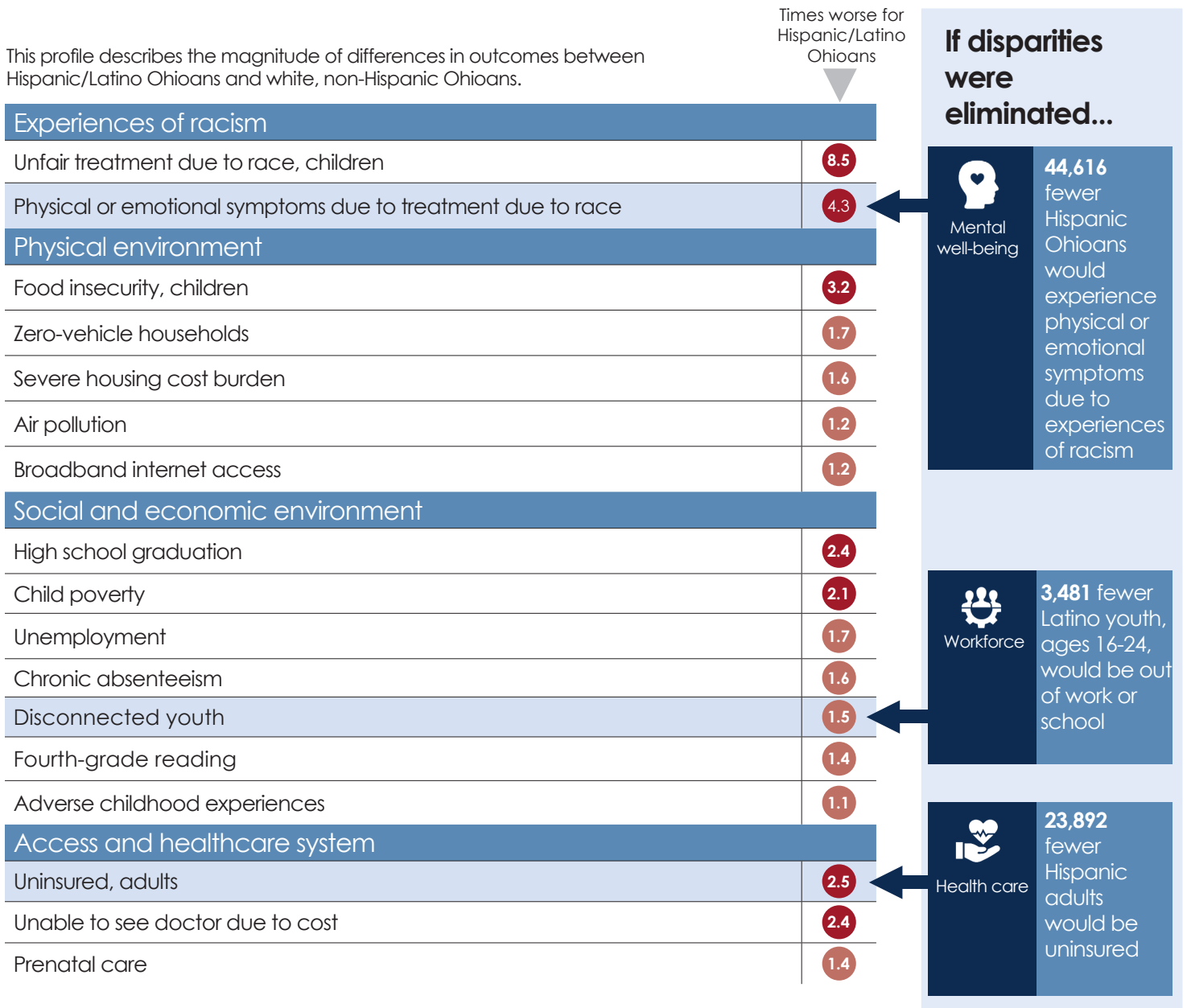
Sources and details are available in data appendices posted on the [Health Value Dashboard webpage](#).

# EQUITY PROFILES

# HISPANIC/LATINO OHIOANS

**Hispanic/Latino Ohioans often experience worse outcomes than white, non-Hispanic Ohioans** across measures of healthcare access and the social, economic and physical environment. Biases ingrained in health care and other systems and unequally distributed community resources are primary drivers of poor outcomes experienced by Hispanic/Latino Ohioans.<sup>14</sup>

Examples of policies and systems that contribute to gaps in outcomes include discrimination within the healthcare system and limited access to health insurance and translation and interpretation services to assist with accessing and navigating care. Increasing translation and interpretation services, provider diversity and cultural humility trainings can close gaps in outcomes for Hispanic/Latino Ohioans.



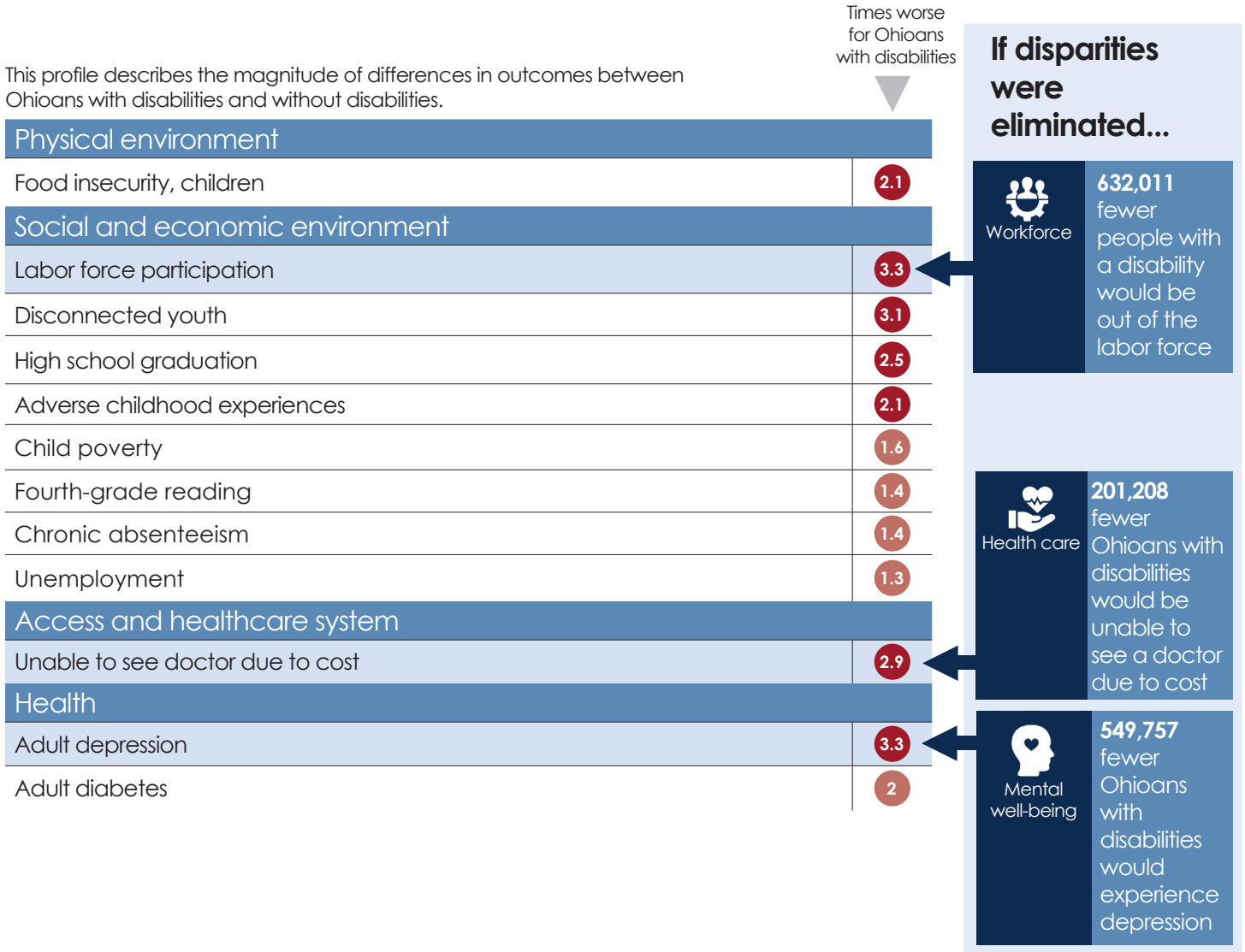
Sources and details are available in data appendices posted on the [Health Value Dashboard webpage](#).

# EQUITY PROFILES

# OHIOANS WITH DISABILITIES

Over 3 million Ohioans have a disability<sup>15</sup>, and these individuals often experience worse outcomes than Ohioans without disabilities across measures of health, healthcare access and the social, economic and physical environment. Ableism, insufficient provider training and lack of accommodations are primary drivers of poor outcomes experienced by Ohioans with disabilities.<sup>16</sup>

Systems and environments that are not designed with the needs of people with disabilities in mind limit access and opportunity. Improving provider education, employment accommodations and transportation accessibility can close gaps in outcomes for Ohioans with disabilities and improve health.



Sources and details are available in data appendices posted on the [Health Value Dashboard webpage](#).

# EQUITY PROFILES

## OHIOANS WITH LOWER INCOMES AND/OR LESS EDUCATION

Ohioans with less than a high school education and/or lower incomes often experience worse outcomes across measures of health, healthcare access and the social, economic and physical environment than Ohioans with higher educational attainment and/or incomes.

A lack of opportunities to build wealth and the high cost of post-secondary education can prevent people with low incomes from furthering their education, contributing to reduced employment opportunities, high student debt and lower wages. Improving access to post-secondary education and higher-wage jobs that pay a self-sufficient income can also increase access to resources that are critical for health, such as safe and quality housing, healthy foods and health care.

### Ohioans with lower incomes

This profile describes the magnitude of differences in outcomes between Ohioans with lower incomes and Ohioans with higher incomes.

|                                        | Times worse for Ohioans with lower income |
|----------------------------------------|-------------------------------------------|
| <b>Physical environment</b>            |                                           |
| Severe housing cost burden             | 191.3                                     |
| Food insecurity, children              | 55.3                                      |
| <b>Social and economic environment</b> |                                           |
| Adverse childhood experiences          | 3.7                                       |
| High school graduation                 | 3.3                                       |
| Chronic absenteeism                    | 2.6                                       |
| Disconnected youth                     | 2.4                                       |
| Fourth-grade reading                   | 1.5                                       |
| <b>Health</b>                          |                                           |
| Poor oral health                       | 3.6                                       |
| Adult diabetes                         | 2.6                                       |
| Adult depression                       | 2.4                                       |

**If disparities were eliminated...**



**50,354** fewer Ohioans with low incomes would experience two or more ACEs

### Ohioans with less education

This profile describes the magnitude of differences in outcomes between Ohioans with less than a high school education and those with a college degree or higher.

|                                               | Times worse for Ohioans with less education |
|-----------------------------------------------|---------------------------------------------|
| <b>Physical environment</b>                   |                                             |
| Broadband internet access                     | 7.6                                         |
| Child in a household with a person who smokes | 4.1                                         |
| <b>Social and economic environment</b>        |                                             |
| Unemployment                                  | 5.1                                         |
| Labor force participation                     | 3.8                                         |
| <b>Access and healthcare system</b>           |                                             |
| Uninsured, adults                             | 6.3                                         |
| Prenatal care                                 | 3.9                                         |
| Unable to see doctor due to cost              | 2.7                                         |



**43,351** fewer Ohioans with less than a high school education would be unemployed



**5,347** fewer women with less than a high school education would receive delayed prenatal care

# EQUITY PROFILES

# LGBTQ+ OHIOANS

Homophobia and transphobia are primary drivers of poor outcomes experienced by LGBTQ+ Ohioans.<sup>17</sup> Experiencing these forms of discrimination can cause toxic stress, leading to poor health outcomes over time. Thus, **LGBTQ+ Ohioans often experience worse outcomes than heterosexual and/or cisgender Ohioans** across measures of health and the social environment.

Policies and practices that limit access to necessary health care and a lack of protections for Ohioans based on sexual orientation and gender identity contribute to worse health outcomes for LGBTQ+ people compared to their heterosexual and/or cisgender peers.<sup>18</sup> By ensuring access to developmentally appropriate care, improving provider education and including sexual orientation and gender identity in anti-discrimination laws, Ohio can close gaps in health outcomes for LGBTQ+ Ohioans.

## Lesbian, gay and bisexual Ohioans

This profile describes the magnitude of differences in outcomes between lesbian, gay and bisexual Ohioans and heterosexual Ohioans.

Times worse for lesbian, gay and bisexual Ohioans

| Social and economic environment    |     |
|------------------------------------|-----|
| Experiences with online bullying   | 2   |
| Experiences with physical bullying | 1.7 |
| Health                             |     |
| Youth considering suicide          | 4.8 |
| Youth suicide attempt              | 4.3 |
| Youth poor mental health           | 2.6 |
| Youth all-tobacco use              | 1.8 |
| Youth binge drinking               | 1.6 |
| Adult smoking                      | 1.2 |

## Transgender Ohioans

This profile describes the magnitude of differences in outcomes between transgender Ohioans and cisgender Ohioans.

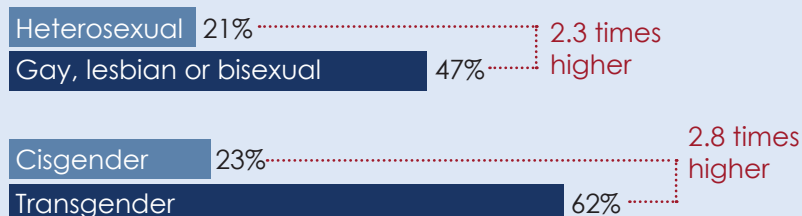
Times worse for transgender Ohioans

| Health                |     |
|-----------------------|-----|
| Adult depression      | 2.8 |
| Excessive drinking    | 1.8 |
| Overall health status | 1.6 |

## Connection between discrimination and depression

Researchers have found that the odds of having depression are three times higher among those who experience discrimination, and that nearly one in six LGBTQ+ adults experienced discrimination in 2020 alone.<sup>19</sup> In Ohio, LGBTQ+ adults are much more likely to be diagnosed with depression than their heterosexual and/or cisgender peers, as displayed to the right.

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



Source: Behavioral Risk Factor Surveillance System

Sources and details are available in data appendices posted on the [Health Value Dashboard webpage](#).

**Note:** Analysis of estimated impact could not be completed for this equity profile because population estimates of LGBTQ+ Ohioans are not available. Intentionally sampling underrepresented groups, like LGBTQ+ people, can improve data quality and reporting.

# Other Ohioans who experience barriers to health and well-being

Other groups of Ohioans who often experience barriers to health, or systematic disadvantage, include:

## Asian American Ohioans

In 2018-2021, Asian American children in Ohio were 9.4 times more likely than their white peers to be treated or judged unfairly because of their race or ethnicity.

## Ohioans who are immigrants or refugees

Despite being more likely to have an advanced degree and participate in the labor force, Ohioans who were born outside of the United States were more likely to live in poverty than their U.S. born peers in 2021.<sup>20</sup>

## Ohioans who live in rural or Appalachian areas

More youth living in Appalachian regions (17.2%) seriously considered attempting suicide during the past year than Ohio youth overall (15.8%) in 2020-2021.<sup>21</sup>

## Older Ohioans

There were 33,396 reports of abuse, neglect or exploitation of Ohioans, ages 60 and older, in state fiscal year 2021.<sup>22</sup>

## Data challenges

While public and private partners have worked to improve data availability and quality in recent years, several challenges remain, such as:

- **Inconsistent data collection.** Data on race/ethnicity, income, geography, disability status and other factors is often not collected or is collected inconsistently across data sources and years.
- **Small sample size.** Measuring disparities can be hindered by small sample sizes for specific groups of Ohioans, which results in:
  - Limited ability to measure outcomes because of suppressed data and unreliable estimates
  - Limited ability to analyze data on multiple levels for Ohioans who are part of more than one systematically disadvantaged group (e.g., Ohioans of color with disabilities)
  - Limited ability to measure disparities when populations are grouped together (e.g., Asian Americans, as a group, tend to perform well on many indicators; however, **existing data** on those from Southeast Asia and Bhutanese and Nepali refugees suggest that these communities experience poorer outcomes).
- **Lack of local data.** Disaggregated data often is not available at county, zip code or census tract levels.
- **Non-response and missing data.** Inadequate training on how to collect demographic data, including lack of explanation on why data is being collected, can lead to high “no response” rates.



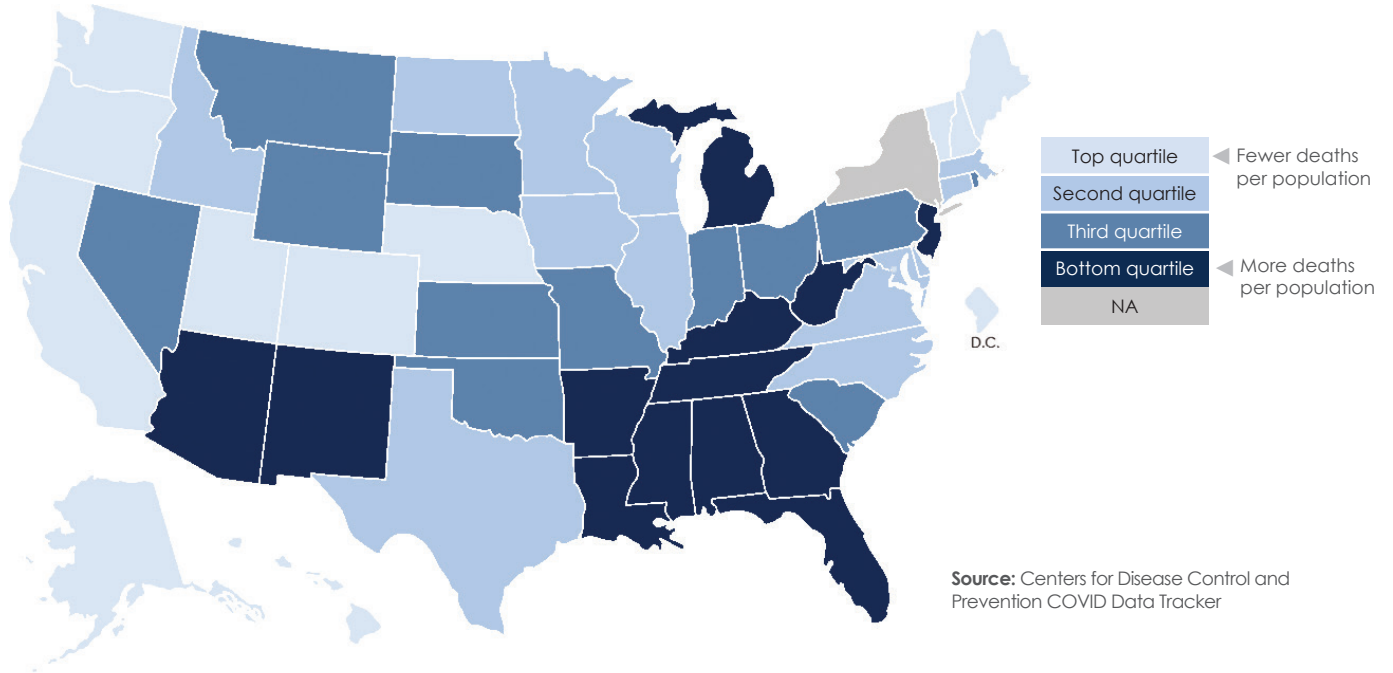


# IMPACT OF COVID-19 ON HEALTH VALUE

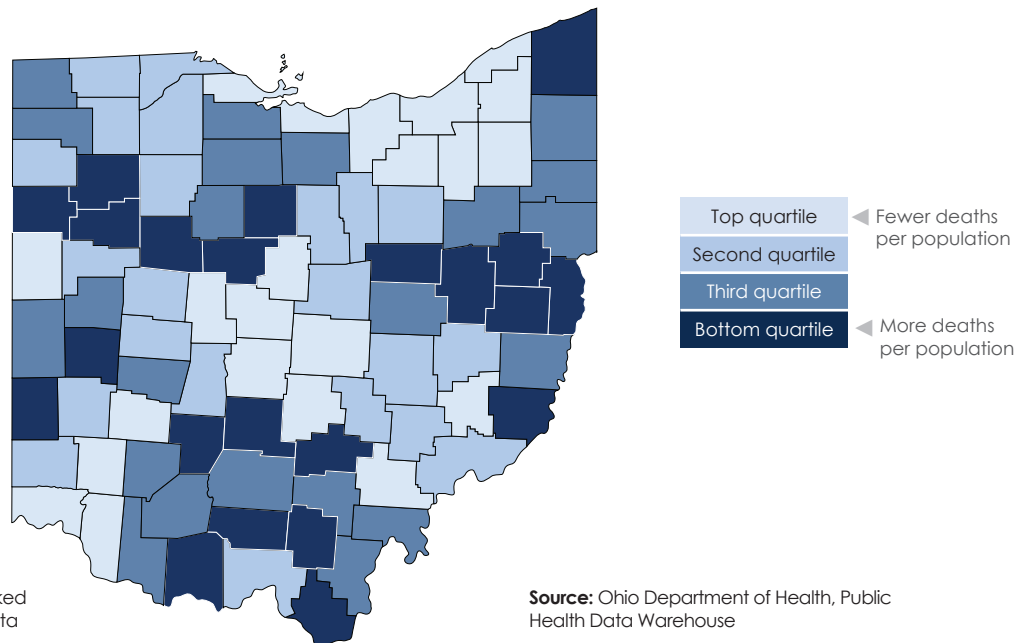
## How does Ohio compare to other states on COVID-19 metrics?

Ohio ranked 37<sup>th</sup> for COVID-19 deaths and 35<sup>th</sup> for COVID-19 vaccinations. In 2021, COVID-19 was the third-leading cause of death in Ohio.<sup>23</sup> COVID-19 death rates varied across the state, with older adults and rural counties being particularly hard hit.

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



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

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

## Some pandemic harms may reverberate for decades

The full impact of the COVID-19 pandemic may not be known for many years. However, data from 2020 and 2021 indicate that several health outcomes and disparities worsened as a result of the pandemic and pandemic response, such as:

- **Life expectancy.** COVID-19 deaths were a major factor that led to Ohioans losing 1.5 years of life expectancy, on average, from 2018 to 2020. Premature death increased 13% overall in Ohio from 2018 to 2020.
- **Mental health and addiction.** Pandemic stress and disruptions may have contributed to increases in depression and overdose deaths. While adult depression rates increased for most groups, Ohioans with low incomes experienced the biggest rise from 2015 to 2020. Preliminary data indicate that 2021 saw Ohio's highest number of drug overdose deaths ever<sup>24</sup>, with rates highest among Black Ohioans in 2021.<sup>25</sup> Ohio's suicide death rate decreased from 2018 to 2020, but has since begun to increase, and research indicates that the impact of the pandemic on suicide rates may be delayed by several years.<sup>26</sup>
- **K-12 student success.** The disruptions caused by school closures and remote learning appeared to exacerbate education disparities. For example, chronic absenteeism is far higher among economically disadvantaged students, and this rate increased from 26% in the 2018-2019 school year to 44% in the 2021-2022 school year.<sup>27</sup> Fourth grade reading proficiency for Ohio overall also suffered, dropping from 39% in 2017 to 35% in 2022.

## Federal policies protected many Ohioans from economic hardship

Federal pandemic policies helped Americans to weather the storm by blunting the effect of economic disruption. Enhanced SNAP benefits, suspension of Medicaid eligibility redetermination, the 2021 Child Tax Credit, emergency rental assistance and the CDC eviction moratorium likely contributed to the following outcomes:

- **Food.** The percent of Ohioans experiencing food insecurity fell from 14% in 2018 to 12% in 2020.
- **Access to care.** The percent of Ohioans unable to see a doctor due to cost declined from 12% in 2019 to 8% in 2021.
- **Poverty.** The percent of Ohio children in poverty fell slightly from 20% in 2018 to 19% in 2021. Adult poverty was largely unchanged.

## Preparing for the future

Ohio faces several challenges going forward:

- **Public health workforce.** Ohio's public health workforce is smaller than most other states', ranking 48<sup>th</sup> (based on most recent data from 2019), and research indicates that many experienced workers left public health agencies in the wake of the pandemic.<sup>28</sup> Sustained, long-term funding at the federal, state and local levels is needed to ensure health departments are equipped to respond to emerging health threats.
- **Public health infrastructure.** Ohio is ranked in the bottom quartile for health security surveillance, a composite measure that includes public health laboratory capabilities and epidemiological investigation capacity. Modern data systems are critical for informing timely decision making in crisis situations involving infectious diseases, toxic pollutants, food-borne illness outbreaks, fentanyl analogues and other public health challenges.
- **Protecting older adults.** As of March 2023, a total of 36,544 Ohioans, age 60 and older, had died from COVID-19, and an average of 200 Ohioans continue to die from COVID-19 every month.<sup>29</sup> Older Ohioans are highly vulnerable to serious illness and death from COVID-19. Vaccinations for Ohioans ages 60 and up are critical for reducing deaths and "long COVID."
- **End of the federal COVID-19 Public Health Emergency.** State and local partners must be prepared for a rise in unmet needs due to decreases in SNAP benefits and the potential loss of Medicaid coverage. Many Medicaid enrollees will need assistance navigating complex health insurance systems to either remain enrolled in Medicaid or transition to employer-sponsored or marketplace coverage.



# STRENGTHS AND CHALLENGES

## Where Ohio is doing well Metrics in which Ohio ranks in the **top quartile**

Ohio rank

|    |                                                                 |
|----|-----------------------------------------------------------------|
| 10 | <b>Employer-sponsored health insurance coverage</b> (out of 51) |
| 4  | <b>Routine checkup</b> (out of 50)                              |
| 12 | <b>Medication for Opioid Use Disorder</b> (out of 51)           |
| 11 | <b>Large group insurance market competition</b> (out of 51)     |

Ohio rank

|    |                                                              |
|----|--------------------------------------------------------------|
| 2  | <b>Accreditation of local health departments</b> (out of 49) |
| 7  | <b>Youth marijuana use</b> (out of 45)                       |
| 8  | <b>Fourth-grade reading</b> (out of 51)                      |
| 11 | <b>Severe housing problems</b> (out of 51)                   |
| 10 | <b>Breastfeeding support</b> (out of 49)                     |

## Where Ohio can improve Metrics in which Ohio ranks in the **bottom quartile**

Contributing factors ..... Health value factors

Ohio rank

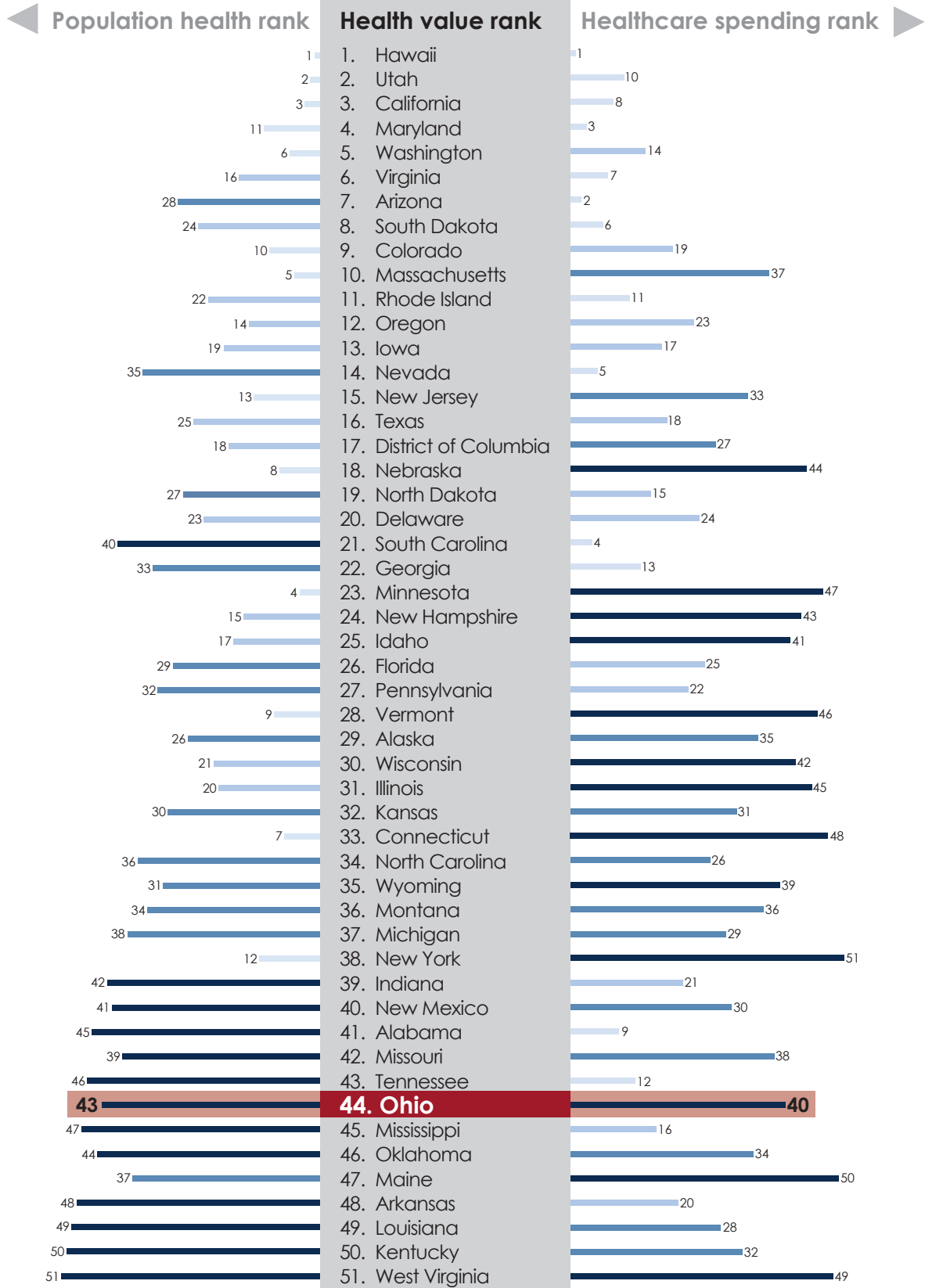
|                                 |                                                                                                     |
|---------------------------------|-----------------------------------------------------------------------------------------------------|
| Physical environment            |                                                                                                     |
| 50                              | <b>Toxic pollutants</b> (out of 51)                                                                 |
| 41                              | <b>Outdoor air quality</b> (out of 51)                                                              |
| 47                              | <b>Child in a household with a person who smokes</b> (out of 51)                                    |
| 40                              | <b>Food insecurity</b> (out of 51)                                                                  |
| Access to care                  |                                                                                                     |
| 50                              | <b>Preventive dental care, children</b> (out of 51)                                                 |
| Healthcare system               |                                                                                                     |
| 43                              | <b>Colon and rectal cancer early-stage diagnosis</b> (out of 51)                                    |
| 41                              | <b>Heart failure admissions for Medicare beneficiaries</b> (out of 51)                              |
| 41                              | <b>Potentially avoidable emergency department visits for employer-insured enrollees</b> (out of 48) |
| 43                              | <b>Primary care physicians</b> (out of 51)                                                          |
| Public health and prevention    |                                                                                                     |
| 48                              | <b>State public health workforce</b> (out of 51)                                                    |
| 41                              | <b>Environmental and occupational health</b> (out of 51)                                            |
| 44                              | <b>Emergency preparedness funding, per capita</b> (out of 51)                                       |
| 43                              | <b>Seat belt use</b> (out of 51)                                                                    |
| 51                              | <b>Health security surveillance</b> (out of 51)                                                     |
| Social and economic environment |                                                                                                     |
| 40                              | <b>Incarceration</b> (out of 50)                                                                    |

Ohio rank

|                     |                                                                                          |
|---------------------|------------------------------------------------------------------------------------------|
| Population health   |                                                                                          |
| 33                  | <b>Youth e-cigarette use</b> (out of 43)                                                 |
| 38                  | <b>Physical inactivity</b> (out of 50)                                                   |
| 44                  | <b>Adult smoking</b> (out of 50)                                                         |
| 40                  | <b>Adult diabetes</b> (out of 50)                                                        |
| 41                  | <b>Heart disease mortality</b> (out of 51)                                               |
| 39                  | <b>Poor oral health</b> (out of 51)                                                      |
| 47                  | <b>Drug overdose deaths</b> (out of 51)                                                  |
| 41                  | <b>Infant mortality</b> (out of 50)                                                      |
| 41                  | <b>Limited activity due to health problems</b> (out of 50)                               |
| 39                  | <b>Premature death</b> (out of 51)                                                       |
| 38                  | <b>Life expectancy</b> (out of 50)                                                       |
| Healthcare spending |                                                                                          |
| 47                  | <b>Total out-of-pocket spending</b> (out of 51)                                          |
| 41                  | <b>Employer-sponsored health insurance outpatient spending, per enrollee</b> (out of 50) |
| 46                  | <b>Average monthly marketplace premium</b> (out of 49)                                   |
| 42                  | <b>Total Medicare spending, per beneficiary</b> (out of 51)                              |



# WHERE STATES RANK



Top quartile (best)      Second quartile      Third quartile      Bottom quartile (worst)

Of the 50 states and D.C.

Data sources are available in data appendices posted on the [HPIO Health Value Dashboard webpage](#).



# NOTES

1. Federal Research Economic Data (FRED), as compiled by St. Louis Federal Reserve, as displayed in: Health Policy Institute of Ohio. "Data Snapshot: Death Trends among Working-age Ohioans," June 2022.
2. Such as the following quality improvement studies: Bolen, Shari D., et al. "A Medicaid Statewide Hypertension Quality Improvement Project: Initial Results." *Cureus* 15, no. 3 (2023): e36132. DOI: 10.7759/cureus.36132; Crane, Dushka, et al. "A statewide quality improvement (QI) initiative for better health outcomes and family stability among pregnant women with opioid use disorder (OUD) and their infants." *Journal of substance abuse treatment* 102, no. 1 (2019): 53-59. DOI: 10.1016/j.jsat.2019.04.010
3. Furman, Lydia, et al. "Ohio First Steps for Healthy Babies: A Program Supporting Breastfeeding Practices in Ohio Birthing Hospitals." *Ohio Journal of Public Health* 3, no. 1 (2020): 19-27. DOI: 10.18061/ojph.v3i1.9017
4. Data provided by the Ohio Hospital Association via email. Provided March 27, 2023.
5. The Public Health Accreditation Board (PHAB) reports that Ohio is the only state that requires PHAB accreditation. Ohio Revised Code (ORC) § 3701.13 specifies that "As a condition precedent to receiving funding from the department of health, the director of health may require general or city health districts to apply for accreditation by July 1, 2018, and be accredited by July 1, 2020, by an accreditation body approved by the director." In addition, the 2022-2023 state budget (HB 110) included accreditation requirements related to specific funding streams and city health departments serving populations less than 50,000.
6. Public Health Accreditation Board (PHAB)-*The Value and Impact of Public Health Department Accreditation: A Review of Quantitative and Qualitative Data July 2022*. Alexandria, VA: PHAB. 2022. <https://phaboard.org/wp-content/uploads/PHAB-Value-and-Impact.pdf>
7. Ohio Department of Medicaid, Section 1115 Substance Use Disorder *Treatment Demonstration Waiver Application*, by James G. Tassie, Columbus, OH: Ohio Department of Medicaid, 2019. <https://bh.medicaid.ohio.gov/Portals/0/About/CMS%20Approved%20Waiver%20Application%20and%20Implementation%20Plan%20092419.pdf?ver=2019-09-25-060624-387> (Accessed March 31, 2023).
8. Ibid
9. Data from the Behavioral Risk Factor Surveillance Survey (BRFSS). "BRFSS Prevalence and Trends." Centers for Disease Control and Prevention (CDC). Accessed April 14, 2023. <https://www.cdc.gov/brfss>
10. Researchers estimate that 20.3% of Medicaid spending in the U.S. between 2010 and 2014 was attributable to cigarette smoking. Source: Xu, Xin, et al. "US healthcare spending attributable to cigarette smoking in 2014." *Preventive Medicine* 150, no. 1 (2021): 106529. doi: 10.1016/j.ypmed.2021.106529
11. Health Policy Institute of Ohio. "Tobacco, Alcohol and Health Series: Health Impacts of Tobacco Use in Ohio," December 2021.
12. Ibid
13. Williams, David R., Jourdyn A. Lawrence, and Brigitte A. Davis. "Racism and Health: Evidence and Needed Research." *Annual Review of Public Health* 40, no. 1 (2019): 105-25. doi: 10.1146/annurevpublichealth-040218-043750
14. *Hispanic Americans & Health Equity*. Washington, D.C.: National Institute of Health Care Management (NIHCM), 2021.; González Burchard, Esteban, et al. "Latino Populations: A Unique Opportunity for the study of Race, Genetics, and Social Environment in Epidemiological Research." *American Journal of Public Health* 95, no. 12 (2005): 2161-2168. doi: 10.2105/AJPH.2005.068668; see also, Balch, Bridget. "How recognizing diversity among Hispanics could improve health outcomes." *Association of American Medical Colleges*, Dec. 15, 2022. <https://www.aamc.org/news-insights/how-recognizing-diversity-among-hispanics-could-improve-health-outcomes>; see also, Hill, Latoya, Nambi Ndugga, and Samantha Artiga. "Key Data on Health and Health Care by Race and Ethnicity." *Kaiser Family Foundation*, March 15, 2023. <https://www.kff.org/racial-equity-and-health-policy/report/key-data-on-health-and-health-care-by-race-and-ethnicity/> <https://nihcm.org/publications/hispanic-americans-health-equity>; González Burchard, Esteban, et al. "Latino Populations: A Unique Opportunity for the study of Race, Genetics, and Social Environment in Epidemiological Research." *American Journal of Public Health* 95, no. 12 (2005): 2161-2168. doi: 10.2105/AJPH.2005.068668; Balch, Bridget. "How recognizing diversity among Hispanics could improve health outcomes." *Association of American Medical Colleges*, December 15, 2022. <https://www.aamc.org/news-insights/how-recognizing-diversity-among-hispanics-could-improve-health-outcomes>; Hill, Latoya, Nambi Ndugga, and Samantha Artiga. "Key Data on Health and Health Care by Race and Ethnicity." *Kaiser Family Foundation*, March 15, 2023. <https://www.kff.org/racial-equity-and-health-policy/report/key-data-on-health-and-health-care-by-race-and-ethnicity/>
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# SUPPORT FOR THE DASHBOARD



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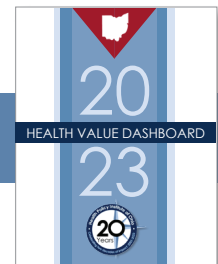
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HPIO thanks its core funders, who support the creation of the *Health Value Dashboard* and advance the health of Ohioans through informed policy decisions.

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## **HPIO advisory groups**

Health Value Dashboard Advisory Group (HVDAG) members contributed expertise on development of the conceptual framework, selection of metrics, and layout and design of the *Dashboard*. A complete list of HVDAG members is posted on the [HVDAG webpage](#).

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