

2024 HEALTH VALUE DASHBOARD SNAPSHOT



Where does Ohio rank, and what can we do about it?

Ohio ranks 44th on health value (a combination of population health and healthcare spending metrics) out of 50 states and D.C. This means that Ohioans live less healthy lives and spend more on health care than people in most other states. This snapshot describes four policy priorities to improve health value, based on 2024 Dashboard findings.

Policy priorities to improve health value

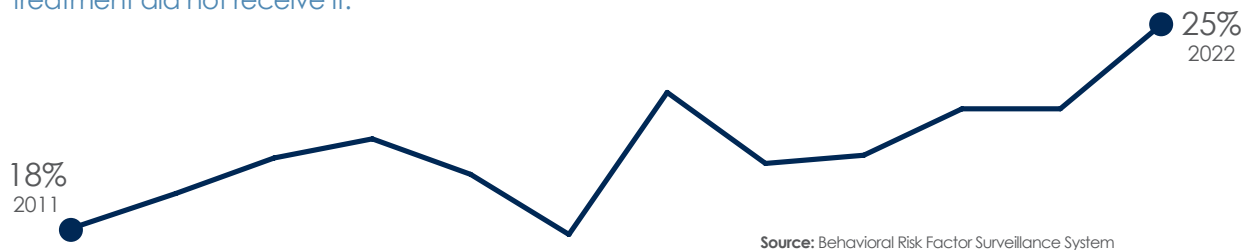
Mental well-being

Data shows that mental health challenges are common among Ohioans of all ages.



Adult depression

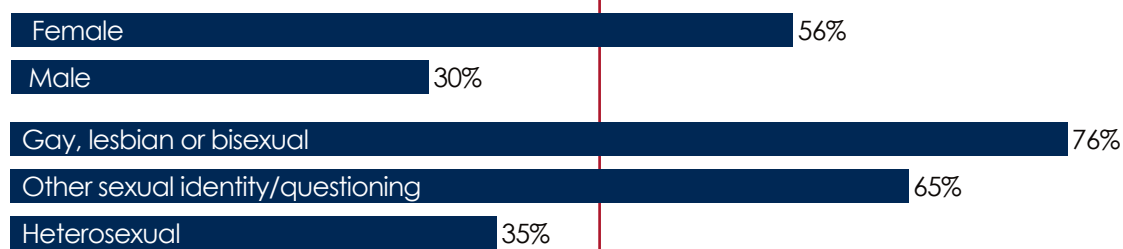
The rate of depression increased from 2011 to 2022, with a quarter of Ohio adults now reporting this condition. Additionally, in 2018 and 2019, one in every four Ohio adults who needed mental health treatment did not receive it.¹



Mental health challenges among high school students

Significant disparities in mental well-being exist among Ohio teens, especially for female students and students who are members of the LGBTQ+ community.

In 2021, 43% of high school students reported consistently feeling sad or hopeless.



Ohio overall: 43%

Note: Question asked "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?"
Source: Youth Risk Behavior Surveillance System



Policies to drive improvement in Ohio

- Improve access to **telemental health services** and reduce existing barriers for patients, such as gaps in insurance coverage and lack of broadband availability.
- Fund programs with evidence of mental health benefits, such as **mental health first aid**, **cross-age youth peer mentoring** and **trauma-informed schools**.
- Improve the behavioral health crisis system, including the **988 lifeline** and mobile crisis response, ensuring that these services are adequately funded and available across the state.

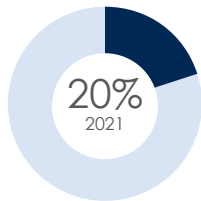
Policy priorities to improve health value

Tobacco and cannabis prevention

Use of tobacco products

Nicotine dependence and tobacco are leading drivers of poor health outcomes, such as cancer, heart disease and stroke, and contribute to higher healthcare spending.

Ohio rank 33 out of 43 Youth e-cigarette use



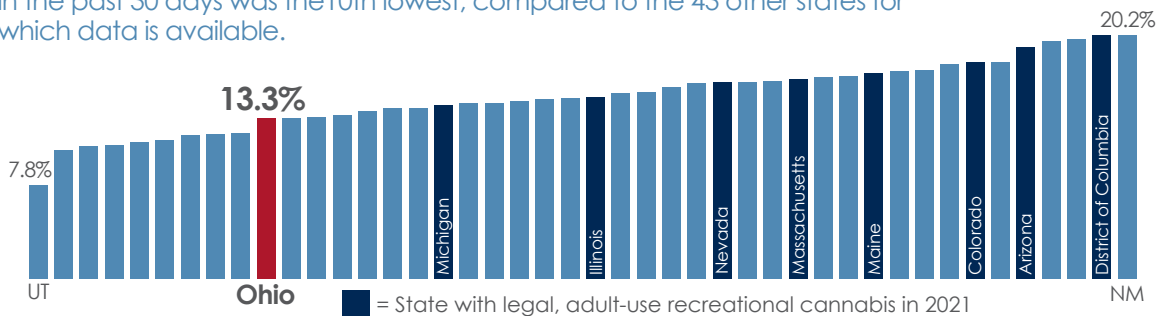
In 2021, one in five Ohio high school students reported using an electronic vapor product at least once in the past 30 days. High rates of tobacco use continue for Ohioans into adulthood; Ohio ranks 46th on adult smoking.²

Source: Youth Risk Behavior Surveillance System

Cannabis use

Cannabis use among Ohio teens was relatively low in 2021, but with the recent legalization of recreational use for adults, policymakers will have to consider strategies to ensure that use does not increase among teens. Policymakers will need to weigh public health, public safety and equity considerations, and draw upon **lessons learned** from decades of tobacco control policy as they create recreational cannabis regulations.

In 2021, the percent of Ohio high school students who had used cannabis in the past 30 days was the 10th lowest, compared to the 43 other states for which data is available.



Note: Data is not available for Alaska, California, Georgia, Minnesota, Oregon, Washington and Wyoming. Adult-use recreational cannabis was legal in Washington, Alaska, California and Oregon in 2021.

Source: Youth Risk Behavior Surveillance System



Policies to drive improvement in Ohio

- Establish state-level tobacco retailer licensing and fund robust public health enforcement of “**Tobacco 21**” age restrictions.
- Implement **marketing restrictions** on tobacco and cannabis products and prohibit product types that are attractive to children and adolescents (including flavors and products that look like candy).
- Ensure that Ohio’s new cannabis regulatory framework **balances important policy goals** such as protecting youth health and promoting equity.

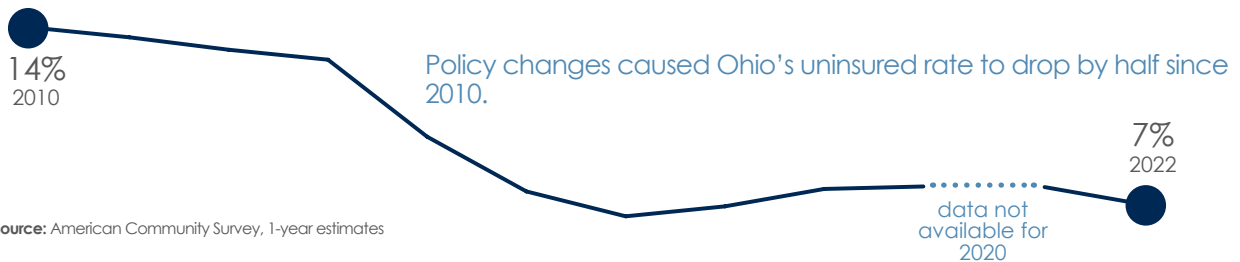
Policy priorities to improve health value

Healthcare affordability

Though Ohio's uninsured rate has dropped significantly over the past decade and is lower than most other states, access to affordable care is still out of reach for many Ohioans.

Ohio rank **16** Uninsured rate

Over the past decade, there have been major policy changes to improve access to care, including Ohio's expansion of Medicaid eligibility in 2014. Policymakers should monitor Ohio's uninsured rate as the state continues **unwinding** COVID-related policy changes to Medicaid eligibility.



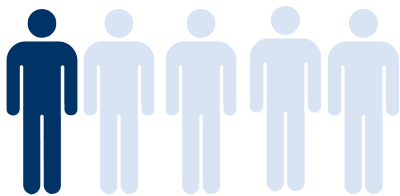
Source: American Community Survey, 1-year estimates

Healthcare access and affordability

Many Ohioans are facing substantial out-of-pocket healthcare expenses, and Ohioans are more likely to seek care in emergency department (ED) settings than people in most other states, which can increase costs.

Ohio rank **35** Total out-of-pocket spending

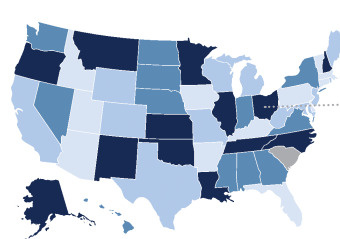
In 2021, nearly one in five Ohioans — over **2,159,000 people** — lived in families with high out-of-pocket healthcare spending, paying more than 10% of their annual household income for health care.



Source: State Health Access Data Assistance Center analysis of Current Population Survey Annual Social and Economic Supplement microdata

Potentially avoidable emergency department visits for employer-insured enrollees

Receiving care in the ED is very costly, and some ED visits could be prevented if affordable care was accessible earlier in a lower-intensity setting.



143.2 potentially avoidable ED visits per 1,000 enrollees in 2021

Source: Merative MarketScan, as compiled by The Commonwealth Fund



Policies to drive improvement in Ohio

- Establish a healthcare cost study commission to examine the key contributors to high healthcare spending, as well as ways to lower costs for consumers and employers, such as those created in **Indiana** and **other states**.
- Ensure timely access to primary care, mental health, substance use disorder and dental services by strengthening **provider network accuracy and adequacy** and increasing provider workforce capacity.
- Monitor the results of the new federal **All-Payer Health Equity Approaches and Development (AHEAD) model**, through which the federal government will collaborate with selected states to improve health, advance health equity and reduce healthcare cost growth.

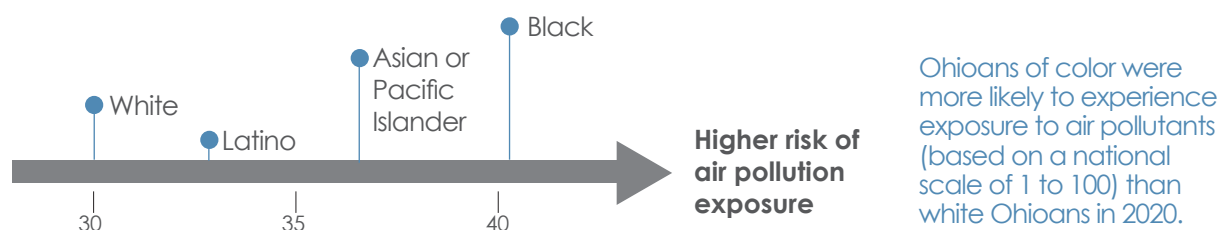
Policy priorities to improve health value

Creating opportunities to thrive

Not all communities in Ohio have access to the resources, experiences and environments needed to thrive. Many Ohioans, including Ohioans of color, Ohioans with disabilities, Ohioans with low incomes, Ohioans with less education, Ohioans living in rural and Appalachian areas, and LGBTQ+ Ohioans, continue to face barriers to health where they live, work and play.

Ohio rank **41** Outdoor air quality

Discriminatory policies and practices have shaped where Ohioans of color live and whether they have access to safe neighborhoods free from harmful conditions, such as air pollution. Historical practices like **redlining** resulted in disinvestment, concentrated poverty and depleted property values in neighborhoods where Ohioans of color lived. Those areas then became vulnerable to highway and industry development, resulting in exposure to greater levels of air pollution that continue today.³

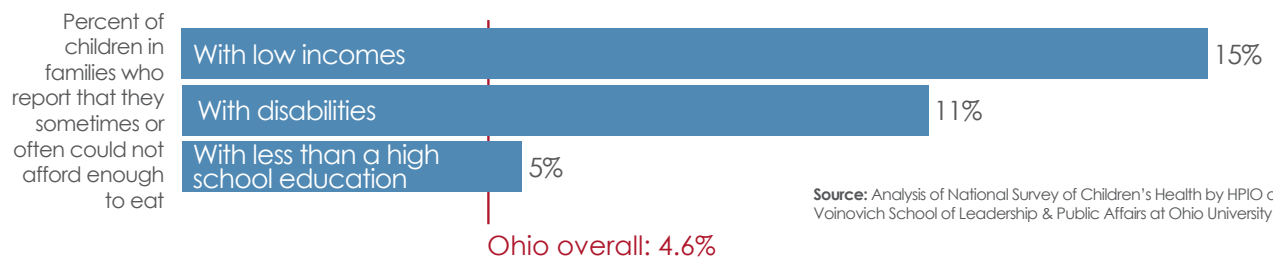


Source: U.S. Environmental Protection Agency data compiled by the National Equity Atlas

Food insecurity among children

Factors like discrimination and poverty can cause barriers to opportunity, such as an inability to access healthy foods, stable housing and meaningful employment, for groups of Ohioans.

Children with disabilities, from families with low incomes and from families with low educational attainment were more likely to be food insecure than Ohioans overall in 2019-2022.



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



Policies to drive improvement in Ohio

- Increase the presence and accessibility of **green spaces and parks** that provide **environmental and health benefits to communities**, prioritizing areas that have historically lacked access to green spaces.
- Increase food access for Ohioans most at-risk of food insecurity through initiatives such as **the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and Senior Farmers' Market Nutrition Programs**.
- Use **health equity impact assessments** to identify the potential health impacts of proposed policies, programs and services on systematically disadvantaged groups.

Download the full Dashboard at www.hpio.net/our-work/publications/2024-health-value-dashboard

