Vision
To improve the health and well-being of all Ohioans.

Mission
To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy.
HPIO core funders

• Interact for Health
• Mt. Sinai Health Care Foundation
• The George Gund Foundation
• Saint Luke’s Foundation of Cleveland
• The Cleveland Foundation
• HealthPath Foundation of Ohio
• Sisters of Charity Foundation of Canton
• Sisters of Charity Foundation of Cleveland
• Cardinal Health Foundation
• North Canton Medical Foundation
• Mercy Health
• CareSource Foundation
Concise
State policymakers
Effective narrative
Where does Ohio rank?
Where does Ohio rank?

Population health: 43
Healthcare spending: 28

Health value in Ohio: 46

Copyright © 2019 Health Policy Institute of Ohio. All rights reserved.
Ohio ranks in the bottom quartile on nearly 30 percent of metrics.
# Population health

<table>
<thead>
<tr>
<th>Ohio's rank</th>
<th>Metric</th>
<th>Most recent data</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>44</strong></td>
<td><strong>Conditions and diseases</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td><strong>Adult diabetes.</strong> Percent of adults who have ever been told by a health professional that they have diabetes (2017)**</td>
<td>11.3%</td>
<td>No change</td>
</tr>
<tr>
<td>39</td>
<td><strong>Cardiovascular disease mortality.</strong> Number of deaths due to all cardiovascular diseases, including heart disease and strokes, per 100,000 population (2016)**</td>
<td>276.4</td>
<td>No change</td>
</tr>
<tr>
<td>41</td>
<td><strong>Adult obesity.</strong> Percent of adults, ages 18 and older, who are obese (body mass index of 30 or higher) (2017)**</td>
<td>33.8%</td>
<td>Greatly worsened</td>
</tr>
</tbody>
</table>
### Population Health

<table>
<thead>
<tr>
<th>Ohio's rank</th>
<th>Metric</th>
<th>Most recent data</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>46</strong></td>
<td><strong>Health behaviors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Excessive drinking. 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 drinking more than one (women) or two (men) drinks per day on average (2017)</td>
<td>20.2%</td>
<td>No change</td>
</tr>
<tr>
<td>40</td>
<td>Adult insufficient physical activity. Percent of adults, ages 18 and older, not meeting physical activity guidelines for muscle strength and aerobic activity (2017)</td>
<td>81.7%</td>
<td>No change</td>
</tr>
<tr>
<td>44</td>
<td>Adult smoking. Percent of adults, ages 18 and older, who are current smokers (2017)</td>
<td>21.1%</td>
<td>No change</td>
</tr>
</tbody>
</table>
# Healthcare spending

<table>
<thead>
<tr>
<th>Ohio's rank</th>
<th>Metric</th>
<th>Most recent data</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Medicare spending</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Average total cost, per Medicare beneficiary without chronic conditions (2016)</td>
<td>$3,946</td>
<td>Greatly increased</td>
</tr>
<tr>
<td>24</td>
<td>Average total cost, per Medicare beneficiary with one chronic condition</td>
<td>$5,539</td>
<td>No change</td>
</tr>
<tr>
<td>22</td>
<td>Average total cost, per Medicare beneficiary with two chronic conditions</td>
<td>$6,554</td>
<td>No change</td>
</tr>
<tr>
<td>39</td>
<td>Average total cost, per Medicare beneficiary with three or more chronic conditions</td>
<td>$14,086</td>
<td>Moderately increased</td>
</tr>
<tr>
<td>Ohio's rank</td>
<td>Metric</td>
<td>Most recent data</td>
<td>Trend</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------------------------</td>
<td>------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>50</td>
<td>Air, water and toxic substances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Child in household with a smoker. Percent of children, ages 0-17, who live in households where someone smokes (cigarettes, cigars or pipe tobacco) (2016-2017)</td>
<td>23%</td>
<td>N/A</td>
</tr>
<tr>
<td>33</td>
<td>Food access and food insecurity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Healthy food access. Percent of population with limited access to healthy food, defined as the percent of low-income individuals (&lt;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 (2015)</td>
<td>6.8%</td>
<td>No change</td>
</tr>
<tr>
<td>40</td>
<td>Food insecurity. Percent of households that are food insecure (2015-2017)</td>
<td>13.7%</td>
<td>Moderately improved</td>
</tr>
<tr>
<td>16</td>
<td>Housing, built environment and access to physical activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Access to exercise opportunities. Percent of individuals who live reasonably close to a location for physical activity, defined as parks or recreational facilities (2010 and 2016)</td>
<td>84.7%</td>
<td>No change</td>
</tr>
</tbody>
</table>
Where do other states rank?
Where do other states rank on population health?
Where do other states rank on healthcare spending?
Where do other states rank on health value?
Top and bottom states on health value rank

**Top quartile states**
- Hawaii
- Utah
- California
- Colorado
- Arizona
- Nevada
- Virginia
- Washington
- Georgia
- New Mexico
- Idaho
- Oregon
- Maryland

**Bottom quartile states**
- Tennessee
- District of Columbia
- North Dakota
- Oklahoma
- Indiana
- Maine
- Alabama
- Missouri
- Ohio
- Arkansas
- Louisiana
- Mississippi
- Kentucky
- West Virginia

Copyright © 2019 Health Policy Institute of Ohio. All rights reserved.
Why do we rank poorly?

Access to care
- Ohio rank: 18

Social and economic environment
- Ohio rank: 32

Healthcare system
- Ohio rank: 36

Physical environment
- Ohio rank: 40

Public health and prevention
- Ohio rank: 47

Copyright © 2019 Health Policy Institute of Ohio. All rights reserved.
Why do we rank poorly on health value?

- Too many Ohioans are left behind
- Resources are out of balance
- Addiction is holding Ohioans back
Why do we rank poorly on health value?

Too many Ohioans are left behind.
Equity profiles

Education and income

- Post-secondary education lays the foundation for positive employment outcomes and higher earnings, over a person's lifetime.
- Having a sufficient income is critical for covering basic needs, such as housing, food, transportation, child care, and health care. Because of this, Ohioans with less than a high school degree do not have the same opportunity to provide for their families or live healthy lives as Ohioans with a college degree.

This profile describes the magnitude of differences in outcomes between Ohioans with less than a high school education and Ohioans with college degrees. When educational attainment data is not available, the difference in outcomes between low-income and high-income Ohioans is displayed.

- Ohioans with less than a high school education are six times more likely to be unemployed than Ohioans with college degrees.

Employment provides many benefits, including higher income, access to health insurance coverage. Ohioans with less than a high school education are 6.6 times more likely to be uninsured compared to those with college degrees.

Social economic factors

<table>
<thead>
<tr>
<th>Social economic factors</th>
<th>Low income</th>
<th>High income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult poverty</td>
<td>7.3</td>
<td>2.5</td>
</tr>
<tr>
<td>Unemployment</td>
<td>6.0</td>
<td>1.5</td>
</tr>
<tr>
<td>High school graduation</td>
<td>3.6</td>
<td>2.0</td>
</tr>
<tr>
<td>Fourth grade reading</td>
<td>1.7</td>
<td>2.2</td>
</tr>
</tbody>
</table>

Community conditions

<table>
<thead>
<tr>
<th>Community conditions</th>
<th>Low income</th>
<th>High income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing quality</td>
<td>3.7</td>
<td>2.0</td>
</tr>
<tr>
<td>Food security</td>
<td>3.4</td>
<td>2.9</td>
</tr>
</tbody>
</table>

Health care

<table>
<thead>
<tr>
<th>Health care</th>
<th>Low income</th>
<th>High income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured, adults</td>
<td>6.4</td>
<td>3.3</td>
</tr>
<tr>
<td>Pediatric care</td>
<td>3.2</td>
<td>1.8</td>
</tr>
<tr>
<td>Unable to see doctor</td>
<td>2.2</td>
<td>1.3</td>
</tr>
<tr>
<td>Without a usual source of care</td>
<td>1.1</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Health outcomes

<table>
<thead>
<tr>
<th>Health outcomes</th>
<th>Low income</th>
<th>High income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall health status</td>
<td>4.6</td>
<td>3.4</td>
</tr>
<tr>
<td>Infant mortality</td>
<td>2.6</td>
<td>1.4</td>
</tr>
<tr>
<td>Adult diabetes</td>
<td>2.8</td>
<td>1.5</td>
</tr>
<tr>
<td>Adult depression</td>
<td>0.9</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Note: Dashes (-) indicate data not available. Estimates are based on unrounded data. *Shading based on unrounded data.
Too many Ohioans left behind

Without a strong foundation, not all Ohioans have the same opportunity to be healthy

Birth

- Adverse childhood experiences: 38%
- Child poverty: 35%
- Preschool enrollment: 28%
- High school graduation: 29%
- Some college: 31%

Adulthood

- Adult incarceration: 38%
- Unemployment: 43%

- 112,873 black children in Ohio would not be living in poverty if gap between white and black children in Ohio was eliminated
- 11,372 Ohioans with low incomes would graduate high school if gap between low- and high-income Ohioans was eliminated
- 29,251 Ohioans with disabilities, ages 18-64, would be employed if gap between Ohioans with and without disabilities was eliminated

Copyright © 2019 Health Policy Institute of Ohio. All rights reserved.
Adult diabetes is...

| 1.3 times **worse** for black Ohioans |
| 2 times **worse** for people with less than high school education |
| 2.2 times **worse** for Ohioans with disabilities |
Lead Exposure Risk by County Using Poverty and Housing Data, 2013–2017

Source: Children’s Defense Fund Ohio and Groundwork Ohio

Copyright © 2019 Health Policy Institute of Ohio. All rights reserved.
Why do we rank poorly on health value?

Resources are out of balance
Resources are out of balance

Modifiable factors that influence health

- **Social and economic environment**: 32%
- **Access to care**: 18%
- **Healthcare system**: 36%
- **Public health and prevention**: 47%
- **Physical environment**: 40%
- **Clinic care**: 20%
- **Health behavior**: 30%

### Bottom quartile spending metrics

| 41 | Nursing home care spending, per capita | $18,218 |
| 41 | Hospital care spending, per capita    | $13,063 |
| 39 | Total Medicare spending, per beneficiary |            |
| 39 | Average total cost, per Medicare beneficiary with three or more chronic conditions |            |

Source: 2014 Medicaid Statistical Information System (MSIS) and Urban Institute estimates from CMS-64 reports, as compiled by the Kaiser Family Foundation. Includes full or partial benefit enrollees; State Health Access Data Assistance Center. “State Health Compare.”
State and local public health funding in Ohio

State public health funding, per capita (2017)

$12.46

Local public health agency spending, per capita (2018)

$35.74


Copyright © 2019 Health Policy Institute of Ohio. All rights reserved.
Why do we rank poorly on health value?

Addiction is holding Ohioans back
Addiction is holding Ohioans back

Critical gaps remain in addressing Ohio’s addiction crisis

<table>
<thead>
<tr>
<th></th>
<th>Drug overdose deaths</th>
<th>Child in household with a smoker</th>
<th>Adult smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>50</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>48</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>44</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Copyright © 2019 Health Policy Institute of Ohio. All rights reserved.
“Tobacco Nation”

Source: Truth Initiative, “tobacco use in these 12 U.S. states is on par with a number of developing countries: why?”

Copyright © 2019 Health Policy Institute of Ohio. All rights reserved.
Health Value Dashboard bottom quartile states for population health
Poor population health nation

“Tobacco Nation”
All states in the top quartile for health value have lower rates of adult smoking than Ohio.
Why do we rank poorly on health value?

- Too many Ohioans are left behind
- Resources are out of balance
- Addiction is holding Ohioans back

Copyright © 2019 Health Policy Institute of Ohio. All rights reserved.
Improvement is possible.
Policy goals

Create opportunities for all Ohio children to thrive

Invest upstream in employment, housing and transportation

Build and sustain a high-quality addiction prevention, treatment and recovery system
Dashboard analysis led to 3 policy goals

- Too many Ohioans are left behind → Create opportunities for all Ohio children to thrive
- Strategies and resources are out of balance → Invest upstream in employment, housing and transportation
- Addiction is holding Ohioans back → Build and sustain a high-quality addiction prevention, treatment and recovery system
### 9 Strategies that Work to Improve Health Value

<table>
<thead>
<tr>
<th>Create opportunities for all Ohio children to thrive</th>
<th>Invest upstream in employment, housing and transportation</th>
<th>Build and sustain a high-quality addiction prevention, treatment and recovery system</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Home visiting</td>
<td>4. Earned income tax credit</td>
<td>7. Tobacco prevention and cessation</td>
</tr>
</tbody>
</table>

Copyright © 2019 Health Policy Institute of Ohio. All rights reserved.
9 strategies that work to improve health value

Create opportunities for all Ohio children to thrive
1. Home visiting
2. Quality early childhood education and child care subsidies
3. Lead screening and abatement

Invest upstream in employment, housing and transportation
4. Earned income tax credit
5. Safe, accessible and affordable housing
6. Public transportation

Build and sustain a high-quality addiction prevention, treatment and recovery system
7. Tobacco prevention and cessation
8. K-12 drug prevention and social-emotional learning
9. Behavioral health workforce

Copyright © 2019 Health Policy Institute of Ohio. All rights reserved.
ROI of lead poisoning prevention

Every $1 invested returns...

$1.33  Removing leaded drinking water service lines

$1.39  Eradicating lead paint hazards from older homes

$3.10  Ensuring contactors comply with EPA lead-safe renovation rule

Based on change in number of children born in 2018 who
- Earn high school diplomas
- Become teen parents
- Are convicted of crimes
- Complete 4-year college degree

9 strategies that work to improve health value

- Create opportunities for all Ohio children to thrive
  1. Home visiting
  2. Quality early childhood education and child care subsidies
  3. Lead screening and abatement

- Invest upstream in employment, housing and transportation
  4. Earned income tax credit
  5. Safe, accessible and affordable housing
  6. Public transportation

- Build and sustain a high-quality addiction prevention, treatment and recovery system
  7. Tobacco prevention and cessation
  8. K-12 drug prevention and social-emotional learning
  9. Behavioral health workforce

Copyright © 2019 Health Policy Institute of Ohio. All rights reserved.
Ohio Department of Transportation budget

SFY 2019

2% public transportation

(Transportation Budget Bill Greenbook Analysis of Enacted Budget)
# 9 Strategies that Work to Improve Health Value

<table>
<thead>
<tr>
<th>Create opportunities for all Ohio children to thrive</th>
<th>Invest upstream in employment, housing and transportation</th>
<th>Build and sustain a high-quality addiction prevention, treatment and recovery system</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Home visiting</td>
<td>4. Earned income tax credit</td>
<td>7. Tobacco prevention and cessation</td>
</tr>
</tbody>
</table>

Copyright © 2019 Health Policy Institute of Ohio. All rights reserved.
<table>
<thead>
<tr>
<th>Social and economic environment</th>
<th>Physical environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>43 Unemployment</td>
<td>46 Child in household with a smoker</td>
</tr>
<tr>
<td>35 Adult incarceration*</td>
<td>47 Outdoor air quality</td>
</tr>
<tr>
<td>39 Food insecurity</td>
<td>48 Food insecurity</td>
</tr>
</tbody>
</table>

### Healthcare system

<table>
<thead>
<tr>
<th>11 Access to care</th>
<th>13 Healthcare system</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Workforce health, children</td>
<td>13 Neck pain recommended treatment</td>
</tr>
<tr>
<td>37 Preventive dental care, children</td>
<td></td>
</tr>
</tbody>
</table>

### Public health and prevention

<table>
<thead>
<tr>
<th>7 Public health and prevention</th>
<th>15 Cancer care stage diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>55 Health care worker</td>
<td>44 Potentially avoidable emergency room stay for child less than 6 years old***</td>
</tr>
<tr>
<td>46 Emergency preparedness</td>
<td>44 Potentially avoidable emergency room stay for child less than 6 years old**</td>
</tr>
<tr>
<td>48 Child care worker</td>
<td>43 Cancer care stage diagnosis</td>
</tr>
<tr>
<td>49 Maternal mortality</td>
<td>42 30-day hospital readmission for child less than 6 years old**</td>
</tr>
<tr>
<td>50 Child care worker</td>
<td>41 30-day hospital readmission for child less than 6 years old***</td>
</tr>
<tr>
<td>51 Child health worker</td>
<td>40 30-day hospital readmission for child less than 6 years old***</td>
</tr>
</tbody>
</table>

### Population health

<table>
<thead>
<tr>
<th>10 Drug overdose deaths</th>
<th>3 Employment participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 Adult smoking</td>
<td>41 Average total cost per Medicare beneficiary with three or more chronic conditions</td>
</tr>
<tr>
<td>43 Premature death</td>
<td>40 Total Medicare spending, per beneficiary</td>
</tr>
<tr>
<td>44 Maternal mortality</td>
<td>39 Average total cost per Medicare beneficiary with three or more chronic conditions</td>
</tr>
<tr>
<td>45 Adult obesity</td>
<td>38 Total Medicare spending, per beneficiary</td>
</tr>
<tr>
<td>46 Adult insufficient physical activity</td>
<td></td>
</tr>
<tr>
<td>47 Cardiovascular disease mortality</td>
<td>37 Total Medicare spending, per beneficiary</td>
</tr>
</tbody>
</table>

---

*Ranking out of 48 states
**Ranking out of 47 states
***Ranking out of 48 states

Some metrics in the top quartile that poorly reflect population health were not included. Ohio has the top quartile metrics for social and economic environment, physical environment, and population health.
• All Ohioans who want to quit smoking get the help they need to quit.
• The current generation of children never start using nicotine.
What would effective cessation policy look like?

• Media campaigns are everywhere
• Call volume to Ohio Tobacco Quit Line increases
• Cessation is prioritized in Medicaid
• Baby and Me Tobacco Free is available everywhere
• Cessation services are tailored to meet the needs of Ohio’s most at-risk groups, including Ohioans living with toxic stress, mental illness and disability
Quit Line service utilization, Ohio and U.S. Q4 2016

Adult smoking and adverse childhood experiences in Ohio, 2015

Percent of adults who currently smoke

- 0-1 ACEs: 16%
- 2-3 ACEs: 30%
- 4+ ACEs: 41%

Source: Behavioral Risk Factor Surveillance Survey data provided by the Ohio Department of Health, 2/28/19
All of the [cessation] counseling in the world is not going to help unless your life is where you need it to be, and it has to be. Because if you have your problems and your kids, it’s just going to pile up and you’re just going to be like “why quit smoking?”

--Athens focus group participant

Source: Dr. Carol Carstens, OMHAS, 2017
Achieving health equity: Framework for action

Source: HPIO adaptation of County Health Rankings and Roadmaps Action Cycle
Key takeaways

1. Ohioans are less healthy and spend more on health care than people in most other states.

2. Improvement is possible. The Dashboard includes nine evidence-based strategies to advance health value in Ohio.

3. Everyone has a role to play in improving health value.
Questions?
Contact

Rebecca Carroll, MPA
Health Policy Institute of Ohio

bcarroll@hpio.net
@CarrollHPIO
Connect with us

Visit
www.hpio.net

Subscribe to
• HPIO mailing list (link on our homepage)
• Ohio Health Policy News (healthpolicynews.org)

Follow us
• Twitter: @HealthPolicyOH
• Facebook: facebook.com/healthpolicyOH