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.
The relationship between state policy and local health and social services

Evidence-informed policy decisions support state and local health improvement efforts

Inform state policymaking process

Philanthropy
Objectives

1. Understand how Ohio performs on overall health, spending and disparities/inequities

2. Learn about the state health assessment and the state health improvement plan

3. Share examples of opportunities to strengthen focus on evidence-informed policies and practices to improve health and achieve equity
Modifiable factors that impact health

- 40% Social and economic environment
- 30% Health behaviors
- 20% Clinical care
- 10% Physical environment

Modifiable factors that impact health

- **Social and economic environment**
  - Housing conditions
  - Air quality
  - Access to green spaces and parks

- **Clinical care**
  - Access
  - Quality
  - Care coordination

- **Health behaviors**
  - Physical activity
  - Nutrition
  - Tobacco use

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>$4,519</td>
</tr>
<tr>
<td>Spain</td>
<td>$3,248</td>
</tr>
<tr>
<td>Italy</td>
<td>$3,391</td>
</tr>
<tr>
<td>Australia</td>
<td>$4,708</td>
</tr>
<tr>
<td>France</td>
<td>$4,600</td>
</tr>
<tr>
<td>Norway</td>
<td>$6,647</td>
</tr>
<tr>
<td>Sweden</td>
<td>$5,487</td>
</tr>
<tr>
<td>Israel</td>
<td>$2,822</td>
</tr>
<tr>
<td>South Korea</td>
<td>$2,729</td>
</tr>
<tr>
<td>New Zealand</td>
<td>$3,590</td>
</tr>
<tr>
<td>Finland</td>
<td>$4,033</td>
</tr>
<tr>
<td>Netherlands</td>
<td>$5,385</td>
</tr>
<tr>
<td>Ireland</td>
<td>$5,528</td>
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<td>Great Britain</td>
<td>$4,192</td>
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<td>Switzerland</td>
<td>$2,835</td>
</tr>
<tr>
<td>Canada</td>
<td>$4,753</td>
</tr>
<tr>
<td>United States</td>
<td>$9,892</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>$2,544</td>
</tr>
</tbody>
</table>

Source: Organization for Economic Co-operation and Development
State policymakers
Where does Ohio rank?
Where does Ohio rank?

Population health: 43

Healthcare spending: 28

Health value in Ohio: 46

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Why do we rank poorly?

Modifiable factors that influence health

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

Why do we rank poorly on health value?

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

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Why do we rank poorly on health value?

Too many Ohioans are left behind
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 (out of 50)
- 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.
Gaps in outcomes by geography

Statewide life expectancy: 77.8 years

- 88.6 years
  Census tract: Shaker Heights (Cuyahoga County)

- 89.2 years
  Census tract: Stow area (Summit County)

- 61.6 years
  Census tract: Pleasant Heights/Downtown, Steubenville (Jefferson County)

- 61.6 years
  Census tract: Hilltop, Columbus (Franklin County)

- 61.1 years
  Census tract: McCook Field, Dayton (Montgomery County)

- 88.2 years
  Census tract: Montgomery, Indian Hill, Loveland and Remington (Hamilton County)

- 60 years
  Census tract: Franklin, Columbus (Franklin County)

Source: Centers for Disease Control and Prevention, U.S. Small-area Life Expectancy Estimates Project

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Equity profiles

Race/ethnicity: Black Ohioans

- Racism policies such as slavery, Jim Crow laws and redlining were eliminated years ago, but
the long-term impact of these policies persists.
- Coupled with continued discrimination and racism, these policies have led to poorer
socioeconomic and community conditions for black Ohioans. Because of this, black
Ohioans do not have the same opportunity as white Ohioans to live healthy lives.

The profile describes the magnitude of difference in outcomes between black Ohioans and white
Ohioans.

Socio-economic factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child poverty</td>
<td>2.9 times</td>
</tr>
<tr>
<td>Unemployment</td>
<td>2.7 times</td>
</tr>
<tr>
<td>High school graduation</td>
<td>2.7 times</td>
</tr>
<tr>
<td>Adult poverty</td>
<td>2.8 times</td>
</tr>
<tr>
<td>Fourth-grade reading</td>
<td>1.8 times</td>
</tr>
</tbody>
</table>

Community conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending a high-potential school</td>
<td>4.7 times</td>
</tr>
<tr>
<td>Housing quality</td>
<td>2.3 times</td>
</tr>
<tr>
<td>Living in a high-quality county</td>
<td>1.7 times</td>
</tr>
<tr>
<td>Food deserts</td>
<td>Little or no disparity</td>
</tr>
</tbody>
</table>

Health care

<table>
<thead>
<tr>
<th>Service</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal care</td>
<td>1.2 times</td>
</tr>
<tr>
<td>Unable to see doctor due to cost</td>
<td>1.6 times</td>
</tr>
<tr>
<td>Uninsured adults</td>
<td>1.4 times</td>
</tr>
<tr>
<td>Without a usual source of care</td>
<td>1.3 times</td>
</tr>
</tbody>
</table>

Health outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant mortality</td>
<td>2.5 times</td>
</tr>
<tr>
<td>Premature death</td>
<td>1.8 times</td>
</tr>
<tr>
<td>Adult diabetes</td>
<td>1.3 times</td>
</tr>
<tr>
<td>Overall health status</td>
<td>Little or no disparity</td>
</tr>
<tr>
<td>Adult overweight and obesity</td>
<td>1.3 times</td>
</tr>
<tr>
<td>Adult depression</td>
<td>Little or no disparity</td>
</tr>
</tbody>
</table>

Note: Table red indicates larger magnitude of difference. Metric information (definition, year source) is in the Dashboard appendix.

*Denotes ratio is less than 1, indicating that outcomes are better for black Ohioans compared to white Ohioans.
Why do we rank poorly on health value?

Resources are out of balance
Bottom quartile spending metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing home care spending, per capita</td>
<td>$18,218</td>
<td>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.”</td>
</tr>
<tr>
<td>Hospital care spending, per capita</td>
<td>$13,063</td>
<td></td>
</tr>
<tr>
<td>Total Medicare spending, per beneficiary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average total cost, per Medicare beneficiary with three or more chronic conditions</td>
<td></td>
<td></td>
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ROI of lead poisoning prevention

Every $1 invested in these strategies 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

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>50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>44</td>
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</tbody>
</table>
All states in the top quartile for health value have lower rates of adult smoking than Ohio.

Sources: HPIO 2019 Health Value Dashboard (value rank), 2017 Behavioral Risk Factor Surveillance System (smoking)
1. Understand how Ohio performs on overall health, spending and disparities/inequities

2. Learn about the state health improvement plan

3. Discuss opportunities to strengthen investment in evidence-informed policies and practices to improve health and achieve equity
Improvement is possible.
State Health Assessment and State Health Improvement Plan

Vision
Ohio is a model of health, wellbeing and economic vitality.

Mission
Improve the health of Ohioans by implementing a strategic set of evidence-based population health activities at the scale needed to measurably improve population health outcomes and achieve health equity.
Executive summary

State Health Assessment
Ohio 2019

Executive summary

What is the SHA?
The 2019 State Health Assessment (SHA) is a comprehensive and actionable picture of health and wellbeing in Ohio. The 2019 SHA presents information from several different sources to identify Ohio’s greatest health challenges. The SHA has two main components:

- Summary report prepared by the Health Policy Institute of Ohio (HPI)
- Online, interactive data website prepared by the Ohio Department of Health (ODH)

Key findings
1. Overall wellbeing for Ohioans has declined. Negative trends in premature death, life expectancy, and overall health status indicate that the health of Ohioans has worsened in recent years. Unintentional injuries (including drug overdoses), cancer, and heart disease were the leading causes of premature death in 2017.

2. Many Ohioans lack opportunities to reach their full health potential. Online SHA data identifies several groups that experience much worse outcomes than the state overall, including Ohioans who are black/African American, have lower incomes, have disabilities or live in Appalachian counties.

3. Underlying drivers of health must be addressed. Online SHA data and regional forum findings support the need to address the following cross-cutting factors: physical activity, tobacco use, access to dental and mental health care, income and unemployment, adverse childhood experiences, transportation, lead poisoning risk, and racism.

4. Mental health and addiction, chronic disease, and maternal and infant health continue to be significant challenges in Ohio. Ohio’s performance on these profiles has worsened or remained unchanged in recent years.

5. New concerns emerge in the wake of Ohio’s addiction crisis. Drug use has contributed to troubling increases in Hepatitis C and children in foster care.

Life expectancy in Ohio

| Year | Life Expectancy
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>77.4 years</td>
</tr>
<tr>
<td>2017</td>
<td>76.5 years</td>
</tr>
</tbody>
</table>

Impact of racism and discrimination persists. Historical and contemporary injustices compound over a lifetime, leading to higher rates of infant deaths, blood pressure, late-stage cancer diagnoses and shorter lives for some groups, particularly black/African American Ohioans.

Multi-sector collaboration to improve health is critical. Researchers estimate that 80 percent of the modifiable factors that impact overall health are attributed to community conditions at the opportunity to make healthy choices.
2020-2022 State Health Improvement Plan (SHIP) framework

**Equity**
To ensure all Ohioans achieve their full health potential, SHIP strategies must be targeted and tailored to communities where the need is greatest and coupled with efforts to address racism, discrimination and other forms of oppression.

**Priorities**
The SHIP identifies three priority factors and three priority health outcomes that affect the overall health and wellbeing of children, families and adults of all ages.

**What shapes our health and wellbeing?**
Many factors, including these SHIP priority factors:

- **Community conditions**
  - Housing affordability and quality
  - Poverty
  - K-12 student success
  - Adverse childhood experiences

- **Health behaviors**
  - Tobacco/nicotine use
  - Nutrition
  - Physical activity

- **Access to care**
  - Health insurance coverage
  - Local access to healthcare providers
  - Unmet need for mental health care

**How will we know if health is improving in Ohio?**
The SHIP is designed to track and improve these priority health outcomes:

- **Mental health and addiction**
  - Depression
  - Suicide
  - Youth drug use
  - Drug overdose deaths

- **Chronic disease**
  - Heart disease
  - Diabetes
  - Childhood conditions (asthma, lead)

- **Maternal and infant health**
  - Preterm births
  - Infant mortality
  - Maternal morbidity

**Strategies**
The SHIP provides state and local partners with a menu of effective policies and programs to improve Ohio’s performance on these priorities.

* These factors are sometimes referred to as the social determinants of health or the social drivers of health.
Systematic reviews and evidence inventories

- What Works for Health (UW/RWJF)
- Community Guide (CDC)
- Hi-5 and 6/18 (CDC)
- Additional topic-specific sources
State-level partners

SHA/SHIP vision
Ohio is a model of health, well-being and economic vitality
Local SHA/SHIP partners

SHA/SHIP vision
Ohio is a model of health, well-being and economic vitality
SHIP components

- Equity
- Priorities
- Tracking progress
- Effective strategies
Equity in the SHIP

- **Priority populations** (track progress using disaggregated data)
- **Universal targets** with goal of eliminating disparities and inequities
- **Target and tailor strategies** to communities where need is greatest
- **Address racism, discrimination and other forms of oppression**