

OHIO

Overall and Dimension Rankings	
OVERALL	19
Access & Affordability	14
Prevention & Treatment	8
Potential to Lead Healthy Lives	36
Equity ^a	27

Summary of Indicator Rankings	
	Count
Total number of indicators	18
Top 5 States	2
Top Quartile	3
2nd Quartile	10
3rd Quartile	5
Bottom Quartile	0
Bottom 5 States	0

Dimension and Indicator	2011 State Scorecard on Child Health System Performance					
	Year	State Rate	All States Median Rate	Top 5 States Average Rate	Best State Rate	Rank
ACCESS & AFFORDABILITY						14
Percent of children ages 0–18 insured	2008–09	92.5	91.4	95.6	96.7	18
Percent of parents ages 19–64 insured	2008–09	88.0	83.7	92.5	95.6	12
Percent of currently insured children ages 0–17 whose health insurance coverage is adequate to meet needs	2007	78.0	77.0	81.5	83.8	20
Average total premium for employer-based family coverage as percent of median income for family household	2009	17.4	18.6	14.4	13.9	19
PREVENTION & TREATMENT						8
Percent of children ages 0–17 with a medical home	2007	66.2	60.7	67.5	69.3	5
Percent of young children (ages 19–35 months) received all recommended doses of six key vaccines	2009	74.8	74.4	81.7	84.1	25
Percent of children ages 0–17 with a preventive medical care visit in the past year	2007	89.7	87.8	96.7	97.7	18
Percent of children ages 1–17 with a preventive dental care visit in the past year	2007	78.7	79.1	85.8	86.9	29
Percent of children ages 2–17 needing mental health treatment/counseling who received mental health care in the past year	2007	66.2	63.0	77.5	81.5	20
Percent of young children (ages 10 months–5 years) received standardized developmental screening during visit	2007	20.8	18.8	35.8	47.0	16
Hospital admissions for pediatric asthma per 100,000 children ages 2–17 ^b	2006	128.7	128.7	55.8	44.1	20
Percent of children with special health care needs ages 0–17 who had no problems receiving referrals when needed	2005–06	86.2	80.3	87.7	89.8	5
Percent of children with special health care needs ages 0–17 whose families received all needed family support services	2005–06	69.3	72.8	81.4	83.0	36
POTENTIAL TO LEAD HEALTHY LIVES						36
Infant mortality, deaths per 1,000 live births	2006	7.8	6.8	5.0	4.7	38
Child mortality, deaths per 100,000 children ages 1–14	2007	18.0	20.0	11.0	9.0	15
Percent of young children (ages 4 months–5 years) at moderate/high risk for developmental or behavioral delays	2007	22.9	25.8	19.2	18.6	17
Percent of children ages 10–17 who are overweight or obese	2007	33.3	30.6	24.7	23.1	37
Percent of children ages 1–17 with oral health problems	2007	27.4	25.8	21.5	20.0	35
Percent of high school students who currently smoked cigarettes ^c	2009	*	18.3	12.6	8.5	*
Percent of high school students not meeting recommended physical activity level ^c	2009	*	56.0	50.4	46.4	*

^a The equity dimension was ranked based on gaps between the most vulnerable group and the U.S. national average for selected indicators. Refer to supplemental *State Scorecard Data Tables* available online <<http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2011/Feb/State-Scorecard-Child-Health.aspx>> that show data by income, insurance, and racial/ethnic groups and gaps for equity indicators.

^b Data available for 39 states.

^c Data available for 42 states.

* Indicates data are not available for this state.

Note: Refer to Appendix B in the *State Scorecard on Child Health System Performance* <<http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2011/Feb/State-Scorecard-Child-Health.aspx>> for indicator descriptions, data sources, and other notes about methodology.

OHIO: Estimated Impact of Improving State Performance

The *State Scorecard on Child Health System Performance, 2011* <<http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2011/Feb/State-Scorecard-Child-Health.aspx>> enables states to compare their performance on child health with those of other states across key indicators of child health system performance. It provides states with achievable targets for improvement by assessing each state’s performance compared with the best performance attained by a state. By moving toward benchmark levels of health system performance, states could improve access to and quality of care for our children.

The table shows the estimated impact if all states improved their performance to the rate of the best-performing state for six *Scorecard* indicators. These examples illustrate only a few important opportunities for improvement. Because some indicators affect the same individuals, these numbers should not be added.

Indicator	If OHIO improved its performance to the level of the best-performing state for this indicator, then:
Insured Children	121,179 more children ages 0–18 would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed.
Insured Parents	190,377 more parents ages 19–64 would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed.
Medical Home	85,748 more children ages 0–17 would have a medical home to help ensure that care is coordinated and accessible when needed.
Vaccinations	20,520 more young children (ages 19–35 months) would be up-to-date on all recommended doses of six key vaccines.
Preventive Care Visits	359,588 more children ages 0–17 would receive both routine preventive medical and dental care visits.
Oral Health Problems	193,552 fewer children ages 1–17 would be suffering from oral health problems, including toothaches, decayed teeth/cavities, broken teeth, and bleeding gums.

NOTES: Estimates of improvements in state performance were calculated as follows: for each indicator, the difference between the best-performing state’s rate and the subject state’s rate was multiplied by the applicable subpopulation of individuals in the subject state. Calculations do not account for potentially interactive effects of indicators (e.g., insurance coverage increases the likelihood of receiving preventive care).

For more information, see *Methodology and Sources Used in State Scorecard on Child Health System Performance Impact Calculations* <http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2011/Feb/Child%20Health%20Scorecard/Child_Health_Scorecard_Impact_Methodology_final.pdf>.