Overall goals of population health planning infrastructure

1. Improve the health of Ohioans by deploying a strategic set of evidence-based, upstream population heath activities at the scale needed to measurably improve population health outcomes.
2. Develop a more efficient and effective way to do high-quality community health assessment and improvement planning in Ohio that:
    a. Results in widespread implementation and evaluation of evidence-based strategies
    b. Helps nonprofit hospitals and local health departments to meet IRS and PHAB requirements
    c. Balances local needs and innovation with statewide alignment and coordination
    d. Increases and supports collaboration between hospitals and local health departments, and with other community partners

Key assumptions

1. State Health Assessment (SHA)and State Health Improvement Plan (SHIP) will:
    a. Be guided by a broad conceptual framework that includes the social determinants of health, health equity, and a life-course perspective.
    b. Be developed through meaningful community leader input and engagement, including local health departments, hospitals and input from sectors outside of public health and health care.
    c. Take into account existing information about Ohio's health needs, informed by local-level assessments and planning documents.
    d. Be actionable documents that can be used as a go-to source for priorities, metrics, objectives and evidence-based strategies.
2. More strategic allocation of resources is needed to implement population health activities at the scale needed to improve population health outcomes in Ohio.
3. A hospital system that serves more than one county may have some priorities in common with their entire service area as well as priorities that address more local health needs.
4. Development of tools (e.g. templates, checklists) and providing other forms of technical assistance to communities will support and strengthen the population health planning infrastructure in Ohio (see page 6 for examples).
5. Additional guidance or requirements around community-level health planning will not conflict with federal and national requirements and standards.
6. Some communities are further along in collaborating and aligning on their plans and assessments and should be provided with opportunities to spread best practices to other communities.
7. Improved population health planning will provide hospitals and local health departments with a streamlined approach to more effectively and efficiently target and amplify resources to address the health needs of their community, while also meeting IRS and PHAB requirements.
8. Improved population health planning supports the transition to value-based payment models and delivery system reform.

	Where we are today	Align in principle	Standardize
1. State (SHA/SHIP) and local level (Hospital and LHD) assessment and plan alignment			
Health priorities	• Limited intentional alignment of Hospital and LHD plan health priorities with the SHIP	State **issues guidance** encouraging Hospitals and Local Health Departments to address at least two health priorities in their plans from a menu of priorities identified in the SHIP (***referred to hereinafter as SHIP-aligned priorities***)	State **requires** Hospitals and Local Health Departments to address at least two health priorities in their plans from a menu of priorities identified in the SHIP (***referred to hereinafter as SHIP-aligned priorities***)
Measures (metrics, indicators) (see page 7 for examples)	• Not all SHIP objectives are specific and measurable • Very limited intentional alignment of Hospital and LHD assessment and plan metrics with the SHIP	State **issues guidance** encouraging Hospitals and Local Health Departments to include some core metrics from the SHA/SHIP in their assessments and plans for SHIP-aligned priorities (select at least one core metric for relevant priorities)	State **requires** Hospitals and Local Health Departments to include set number of metrics from the SHA/SHIP in their assessments and plans for SHIP-aligned priorities (select set number of core metrics for relevant priorities)
Evidence-based strategies	• No common definition of evidence-based strategies • Limited or unknown use of evidence-based strategies to address population-level health outcomes	State **issues guidance** encouraging Hospitals and Local Health Departments to select evidence-based strategies from a menu of strategies in the SHIP by priority area	State **requires** Hospitals and Local Health Departments to select set number of evidence-based strategies from a menu of strategies in the SHIP by priority area
2. Hospital and LHD alignment			
Collaboration on assessments and plans	• Significant variation across and within counties along collaboration continuum (from input to joint process) • Collaboration more common in assessment than implementation phase	State **issues guidance** encouraging Hospitals and Local Health Departments in the same counties or with shared populations to partner on their assessments and plans through a common: • conceptual framework • process template or checklist	State **requires** Hospitals and Local Health Departments in the same counties or with shared populations to partner on their assessments through common: • conceptual framework • process template or checklist

Assessment = Hospital Community Health Needs Assessment (CHNA); Local Health Department Community Health Assessment (CHA)
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		• set of metrics • health prioritization criteria • set of health priorities • set of objectives • set of evidence-based strategies that can be implemented in community-based and clinical settings • evaluation framework, • shared accountability • exchange of data and information	• set of metrics • health prioritization criteria • set of health priorities • set of objectives • set of evidence-based strategies that can be implemented in community-based and clinical settings • evaluation framework, • shared accountability • exchange of data and information
Timeline	• Hospitals are on three-year cycle (as required by IRS), with many starting in 2012 on a rolling basis that varies widely across the state • Most Local Health Departments are on five-year cycles (maximum as required by PHAB) on a rolling basis that varies widely across the state	State **issues guidance** encouraging Local Health Departments and Hospitals to align with a three-year timeline for assessments and plans	State **requires** Local Health Departments and Hospitals to align with a three-year timeline for assessments and plans (phased in approach with full alignment by 2020)
3. Regionalization and funding			
Minimum geographic area covered by assessment and plan	• Local health departments develop assessments and plans for their jurisdiction; Hospitals develop plans for their "community" • Assessments and plans for Hospitals and Local health Departments can cover a geographic area that is smaller than a county	State **issues guidance** encouraging Hospitals and Local Health Departments to develop plans and assessments that cover at least the entire population of a county (i.e. minimum planning unit size is one county)	State **requires** Hospitals and Local Health Departments to develop plans and assessments that cover at least the entire population of a county (i.e. minimum planning unit size is one county)

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State funding for regional implementation	• There is no state funding directed specifically at implementation of Hospital and Local Health Department plans • Some Local Health Departments may receive state grants to support implementation of some plan activities	State **funding is available** for Local Health Departments that collaborate regionally to address SHIP-aligned priorities and implement evidence-based strategies selected from a menu of strategies identified in the SHIP ***(funding distributed through a competitive application process)***	State **provides funding** to Local Health Departments that collaborate regionally to address SHIP-aligned priorities and implement evidence-based strategies selected from a menu of strategies identified in the SHIP ***(boundaries and number of geographic regions to be defined)***
Hospital community benefit	• Hospitals are required to comply with federal IRS Hospital community benefit rules and regulations • Ohio has not added additional requirements or guidance	State **issues guidance** encouraging Hospitals to align their community benefit dollars with upstream community building and community health improvement services **AND** State **issues guidance** encouraging hospitals to submit to the state their Schedule H and report total community benefit expenditures that align with upstream community building and community health improvement services, description of upstream activities, and impact of these activities	State **requires** at least 5% of a Hospital's total community benefit expenditures to align with upstream community building and community health improvement services **AND** State **requires** hospitals to submit to the state their Schedule H and report total community benefit expenditures that align with upstream community building and community health improvement services, description of upstream activities, and impact of these activities

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4. Transparency and accessibility			
Assessments and plans	• No central repository of all assessments or plans • Local health departments submit their assessments and plans to the Ohio Department of Health on a voluntary basis (information is not easily accessible to the public) and many voluntarily post documents on their own websites • Hospitals are required by the IRS to post assessments on their websites and some Hospitals post plans to their website, but this is not required by the IRS	• State **issues guidance** encouraging Hospitals and Local Health Departments to voluntarily submit their assessments and plans to the state • State provides online repository of ***available*** assessments and plans	• State **requires** Hospitals and Local Health Departments submit their assessments and plans to the state • State provides online repository of ***all*** assessments and plans
Outcome reporting	• Hospitals are required to report on their plan progress annually to the IRS • Local Health Departments are required to report on their plan progress annually to PHAB • Outcome data for Hospital and Local Health Department plan progress is not collected by the state and is not made easily accessible to the public or state policymakers	State **issues guidance** encouraging Hospitals and Local Health Departments to annually report on plan progress and outcomes to the state	State **requires** Hospitals and Local Health Departments to annually report on plan progress and outcomes to the state

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Examples of technical assistance and other tools

Type	Description
Technical assistance	• Collaboration, building trust and collective impact • Authentic community engagement and facilitation • Primary and secondary data collection, analysis and presentation • Prioritization process • Identifying evidence-based strategies (CHR community health coaching model for implementation of strategies; use Community Guide, What Works for Health and National Registry of Evidence-Based Programs and Practices) • Developing SMART objectives • Identifying and aligning population health measures with clinical measures • Evaluation and ongoing monitoring
Outside facilitator/neutral convener	List of potential facilitators/neutral conveners (such as the Hospital Council of NW Ohio)
Public list of community health leaders	Regularly updated public list of stakeholders charged with leading their respective organizations community health planning processes (i.e. identifying the hospital and LHD liaisons)
State map of health priorities at the local level	Map that illustrates "community" as defined by each LHD and hospital assessment/plan (indicating overlap) and identifies priorities, strategies and objectives selected for each area
Learning community	Opportunities for peer-to-peer sharing with others who are leading assessments and plans
Templates, checklists, models and guides	• Assessment report template/checklist • Assessment process template/checklist • Plan report template/checklist • Plan process template/checklist • Evaluation plan template/checklist • Evaluation process template/checklist • Examples of logic models, SMART objectives • Progress reporting template/checklist • Community engagement model • Qualitative data collection templates o focus group and key-informant interview guides

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Measurement terminology

Term	Example
Measure, also referred to as a "metric" or "indicator." Observable and measurable characteristics.	*Prevalence* of cigarette smoking among Ohio adults (ages 18+), or *Percent* of Ohio adults who smoke cigarettes.
Objective. A statement about the desired change in a measure, metric or indicator.	*Decrease* the prevalence of cigarette smoking among adults (ages 18+), or *Decrease* percent of Ohio adults who smoke cigarettes.
Target. Numeric statement of desired outcome, often expressed as a number, percent or rate.	Decrease the prevalence of cigarette smoking among adults (ages 18+) *by 3.3 percentage points*, or Reduce the percent of Ohio adults who smoke from 23.3% *to 20%.*
SMART objective. An objective statement that is Specific, Measurable, Achievable, Realistic, and Time-bound. (SMART objectives include targets.)	Decrease the prevalence of cigarette smoking among adults (ages 18+) by 3.3 percentage points *from 2012 to 2020 (data source: BRFSS).*
Outcome. An actual outcome refers to the effect or impact of a program or policy.	Reduced prevalence of adult tobacco use in Ohio.

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