Issue	Feedback	Additional considerations
Characteristics of an ideal infrastructure	• One SHA/SHIP reflecting total health in Ohio	• All interested state level agencies, coalitions, and advocacy groups are involved in the planning process • SHA/SHIP is an "umbrella plan" that can be utilized by all entities
	• Alignment with state and national priorities	• HP 2020, National Prevention Strategies
	• Local priorities and strategies feed into SHA/SHIP	
	• Similar process for assessment	
	• Similar core questions	
	• Similar methodology	
	• Similar timing (same intervals for CHNAs and CHIPs)	• A 3 year cycle would work for most
	• Consistent data elements and standards, benchmarks and measurements	• Local, regional, state level progress can be measured both by process and outcome measures • Allow for a statewide "roll up " of effort and impact
	• Work as a coalition; multiple sectors	• Steering committee that leverages multiple perspectives
	• Mechanism with "teeth" or a "carrot" to assure collaboration with critical partners	• Include public health and health care, but also other critical partners that are essential in addressing population health issues upstream
	• Maximum flexibility in current and future funding streams to allow communities to tackle their high priority issues	
	• Neutral, well respected convener in the region	• Staff with diverse backgrounds (degrees, rural vs. urban)
	• Multiple funders paying for the assessment	
	• Delineate clear roles and responsibilities	• Include name of contact person, not just entity • Ensure contact person can "get the work done"
	• Meet regularly with coalition to track	• Monthly is better than quarterly

	outcomes	
	• Develop annual goals	
	• Use evidence-based strategies in the CHIP/IS	• Mix of policies, programs and environmental strategies • Stress use of fidelity and pre/post tests
	• Transparent and easily useable HA/IPs	•
	• CHNA/IP identifies needs and seeks improvements across the life course	• SDH provides a clear common denominator
	• Use existing resources effectively	• Make key stakeholders aware of statewide data sources and relevant population health measures
	• Disparities are a fundamental component of every assessment and plan	
	• Common definition of community	• Defining need at the neighborhood level (micro) may be vital as interventions are put into place (or tested, initially at smaller scale)
	• Frequent measurement	• Population-based data from multiple sectors • Neighborhood-level assessments may be more relevant than state- or county-level • Facilitating linkages between datasets from different sectors relevant to health
What should not change?	• Assessing needs at both the state and local levels	
	• No issue around hospital/LHD collaboration in NW Ohio	
	• Hospitals help inform LHD assessment and implementation strategies in NE Ohio	
	• Build on existing collaboration efforts	• Highlight models that are working and spend some time discussing how similar models might work where there is not an exact "fit" between public health and the health care system
What should be improved or changed?	• More collaboration around implementation strategies	

	• One plan with multiple levels	
	• Many routes for health improvement	• Local level choice as to which route to take
	• Regional health priorities	• Start with a solid CHNA • Take into consideration rural and urban counties
	• Better and more frequent community health data collection	• Data should be shared • Data should be at the neighborhood level
	• Better dispersal of evidence-based practices	
	• Increase funding for prevention	
	• Increase incentives for prevention	• Example: reimbursements for services like legal aid connections • Removing barriers that compete with achievement of health (like housing or food insecurity)
	• Redefine community benefit	• Remove barriers: make health achievable for high risk populations • Transparency: aligning community benefit activities around SMART local and state objectives • "Make it easy" for hospitals to truly make change that benefits the community
	• The state can and should play a critical role in bringing together the health care system and the public health system	• No need for health care to build its own separate structure and resources to attack population health issues • Local public health is a ready and willing partner with expertise, experience, data, lots of other benefits to bring to the table • Need communication, collaboration, and maximum leveraging of available resources

Team member providing feedback	Organization
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