



State Health Assessment (SHA) and State Health Improvement Plan (SHIP) Advisory Committee

April 27, 2016 Meeting Agenda

10 a.m. – 12:30 p.m.

Ohio Department of Medicaid

50 W Town St., Columbus, Ohio 43205

1. Welcome and Introductions

Greg Moody and Amy Rohling McGee

2. What are the State Health Assessment and State Health Improvement Plan?

Amy Bush Stevens

3. State Health Assessment and State Health Improvement Plan process overview

Reem Aly

4. Guiding concepts

Amy Bush Stevens

5. Secondary data

Reem Aly and Amy Bush Stevens

6. Next steps

Greg Moody, Richard Hodges and Amy Rohling McGee



ACRONYMS AND GLOSSARY

Acronyms

State assessments and plans

SHA — State health assessment
SHIP — State health improvement plan

Hospital assessments and plans

CHNA — Community health needs assessment
IS — Implementation strategy

Local health department (LHD) assessments and plans

CHA — Community health assessment
CHIP — Community health improvement plan

Organizations

HCNO — Hospital Council of Northwest Ohio
HPIO — Health Policy Institute of Ohio
PHAB — Public Health Accreditation Board

Miscellaneous

MAPP — Mobilizing for Action through Planning and Partnerships (planning model)
PCMH — Patient-Centered Medical Home
CHR — County Health Rankings

Glossary

Evidence-based prevention strategy — A policy, program or service that has been evaluated and demonstrated to be effective in preventing health problems based upon the best-available research evidence, rather than upon personal belief or anecdotal evidence (from HPIO publication “What is ‘Evidence-Based Prevention?’” [2016]).

Health disparities — Differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities.

Health equity — The absence of differences in health that are caused by social and economic factors. Achieving health equity means that all people have the opportunity to achieve their full health potential, with no one at a disadvantage because of social or economic circumstances.

Health inequity — A subset of health disparities that are a result of systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity.

Life course perspective — A multidisciplinary approach to understanding the mental, physical and social health of individuals, which incorporates both life span and life stage concepts that determine the health trajectory.

SMART objectives — Objectives that are specific, measurable, achievable, realistic and time-bound.

Population Health — The distribution of health outcomes across a geographically-defined group that result from the interaction between individual biology and behaviors; the social, familial, cultural, economic and physical environments that support or hinder wellbeing; and the effectiveness of the public health and healthcare systems (as defined by HPIO Population Health Definition Workgroup and published in HPIO publication “What is ‘Population Health?’” [2015])

State health agencies

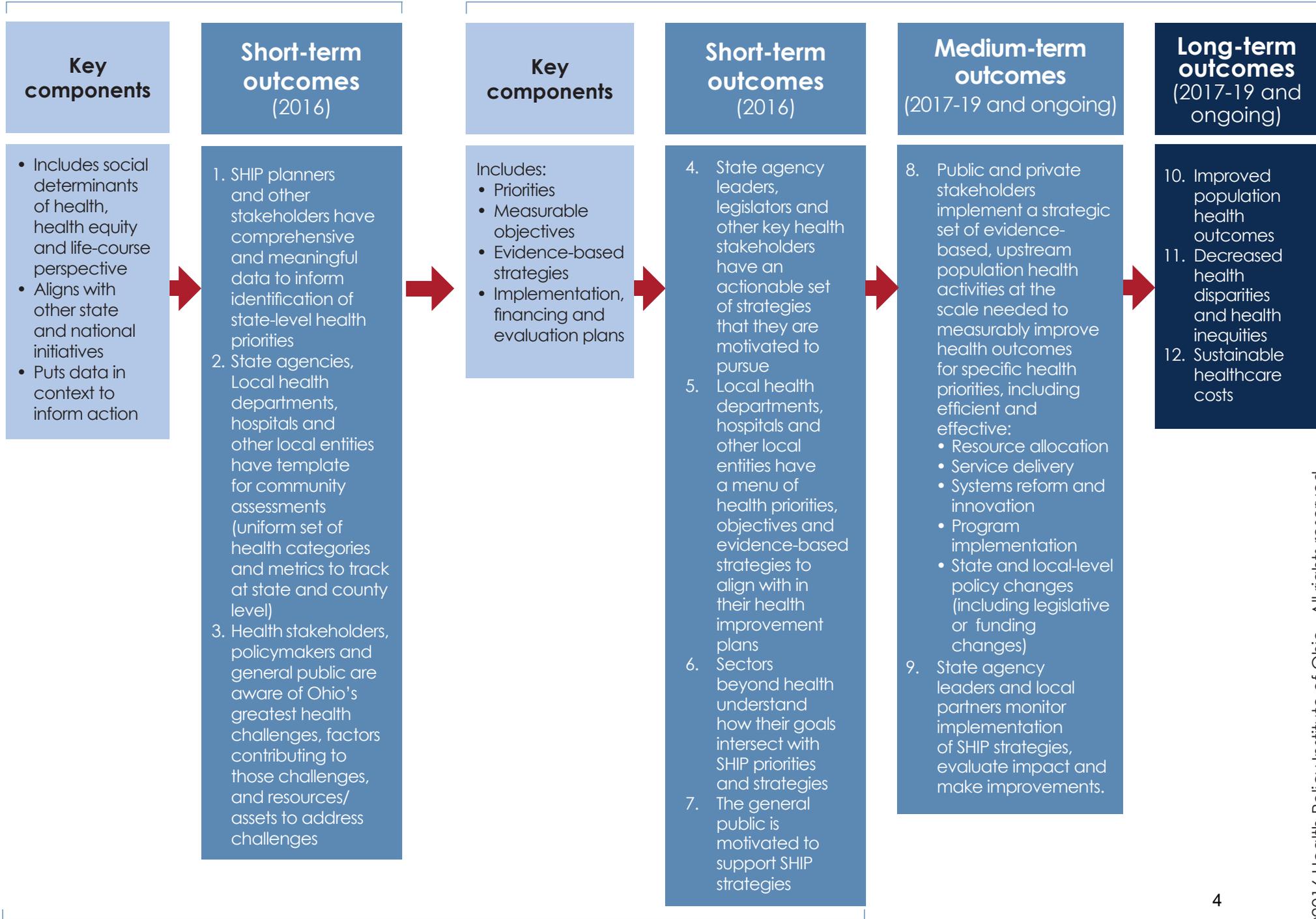
ODA — Ohio Department of Aging
DODD — Ohio Department of Developmental Disabilities
OFCF — Ohio Family and Children First
OHT — Governor’s Office of Health Transformation
ODH — Ohio Department of Health

ODJFS — Ohio Department of Job and Family Services
ODM — Ohio Department of Medicaid
OMHAS — Ohio Department of Mental Health and Addiction Services
ODVS — Ohio Department of Veterans Services

Ohio SHA/SHIP implementation logic model

SHA

SHIP



HPIO-facilitated project (March-December 2016)