Regional state health assessment forum

April 29, 2016

Ohio | Governor's Office of Health Transformation

hpio health policy institute of ohio

THE HOSPITAL COUNCIL of Northwest Ohio

Ohio Department of Health

Attendees

The following sectors were invited to participate:

- Hospitals and other healthcare providers (including Federally Qualified Health Centers and free clinics)
- Local health departments and other public health organizations
- ADAMH boards and mental health and addiction service providers
- Health insurance plans, including Medicaid managed care plans
- Community-based organizations and social services (housing, homeless and domestic violence shelters, faith-based, aging, community development, emergency assistance, food banks, job training, legal aid, etc.)
- Local government (county commissioners, city councils, mayors, etc.)
- Law enforcement/criminal justice
- Transportation and regional planning
- Education and child care (early childhood, K-12, higher education, educational service centers, Head Start)

Attendees

The following sectors were invited to participate:

- Businesses and employers (including Chambers of Commerce and banks)
- Philanthropy/United Ways
- Advocacy groups and community action agencies
- Community residents and healthcare consumer groups
- Family and Children First Councils
- Job and Family Services
- Agriculture, environmental protection and natural resources
- At risk populations, including Commission on Minority Health; immigrant, refugee and migrant worker organizations; organizations that provide culturally-competent or culturally-specific services; people with disabilities; older adults; lesbian, gay, bisexual and transgender (LGBT) groups; trauma survivors; and any other groups or organizations that are addressing health disparities or promoting health equity

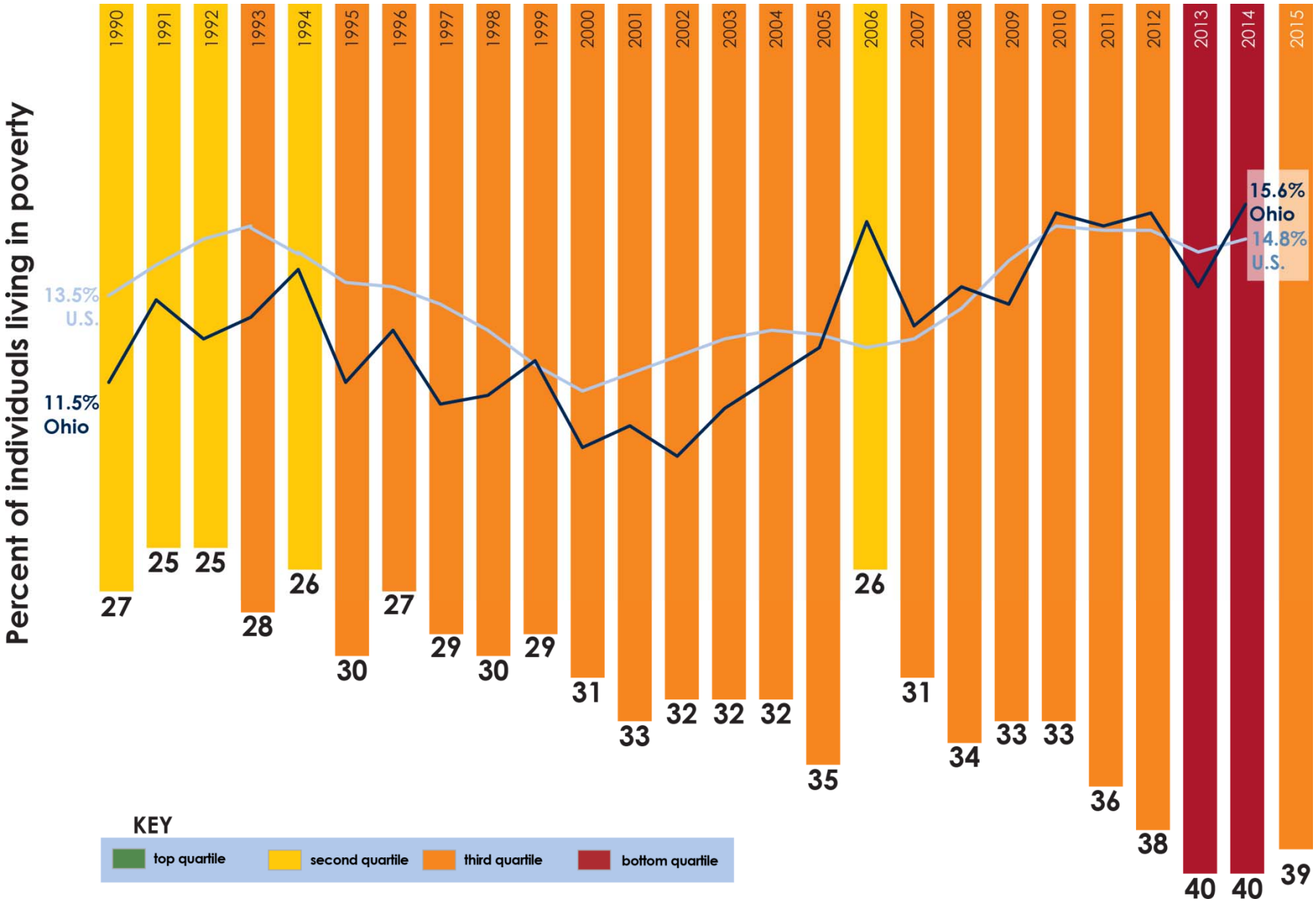
How is Ohio doing?

Ohio's rank	HPIO 2014 *Health Value Dashboard*	America's Health Rankings, 2015 edition	Commonwealth State Scorecare, 2015 edition	Gallup-Healthways Wellbeing Index, 2014
Overall	47	39	33	47
Health outcomes domains*	40	41	41	40

Rank				
	Ohio ranks in the **top quartile** of the 50 states and the District of Columbia.	Ohio ranks in the **second quartile** of the 50 states and the District of Columbia.	Ohio ranks in the **third quartile** of the 50 states and the District of Columbia.	Ohio ranks in the **bottom quartile** of the 50 states and the District of Columbia.

*Similar to HPIO *Dashboard* Population Health domain: ("Health outcomes" for AHR; "Healthy Lives" for Commonwealth; "Physical" for Gallup)

Ohio's rank in America's Health Rankings from 1990 to 2015



Source for poverty rate: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements, Historical Poverty Tables — People.

Improving population health planning in Ohio

Prepared by the Health Policy Institute of Ohio for the Ohio Governor's Office of Health Transformation, Ohio Department of Health and Ohio Department of Medicaid

Jan. 11, 2016

Population health infrastructure in Ohio

Governor's Office of Health Transformation

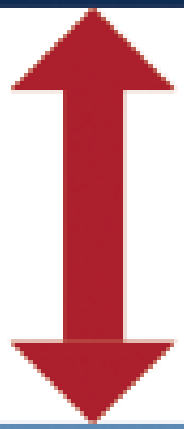
Ohio Department of Health

Other state agencies
Including ODM, OMHAS, ODA, DODD, ODJFS, ODVS, etc.

Community-level public and private partners

- Hospitals and other healthcare providers
- Local health departments and other public health organizations
- ADAMH boards and mental health and addiction service providers
- Health insurance plans
- Community-based organizations and social services
- Local government
- Law enforcement/ criminal justice
- Transportation and regional planning
- Education and child care
- Businesses and employers
- Philanthropy/United Ways
- Advocacy groups and community action agencies
- Community residents and healthcare consumer groups
- Family and Children First Councils
- Job and Family Services
- At-risk populations
- Agriculture, environmental protection and natural resources

State Health Assessment (SHA)
State Health Improvement Plan (SHIP)



Community and regional plans and assessments

Local health departments, Hospitals and other local entities (e.g. Family and Children First Councils, Area Agencies on Aging, Behavioral Health Boards, County Board of Developmental Disabilities, Community Action Agencies, Philanthropy/United Ways)

What is the State Health Assessment?

A comprehensive and actionable picture of health and wellbeing in Ohio

- Informs identification of priorities for the State Health Improvement Plan
- Provides template for state agencies and local partners (uniform set of categories and metrics)

SHA building blocks

Starting with what we already have

Assessments from state agencies

(such as ODH Chronic Disease and Maternal and Child Health reports)

Local health department and hospital community health assessments/plans

***Improving Population Health Planning* in Ohio report**

HPIO *Health Value Dashboard*

County Health Rankings

And other sources

What is the State Health Improvement Plan?

An actionable plan to improve health and control healthcare costs

- Provides state agency leaders, local health departments, hospitals and other state and local partners with strategic menu of priorities, objectives and evidence-based strategies
- Signals opportunities for partnership with sectors beyond health

SHIP building blocks

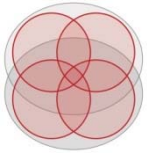
Elevating priorities across agencies and sectors

Plans from state agencies and collaboratives

Such as *Ohio's Plan to Prevent and Reduce Chronic Disease*, *Ohio Infant Mortality Reduction Plan*, *State Plan on Aging*, etc.

SHA/SHIP project management and facilitation team

Subcontractors



KIRWAN INSTITUTE
for the Study of Race and Ethnicity

OnPointe.

2016 SHA key components

	March		April		May		June		July	
Adopt a conceptual framework and vision for the SHA and SHIP										
Identify secondary data metrics for the SHA										
Key informant interviews (with community-based organizations serving Ohio's most vulnerable populations)										
Five regional community forums (NE, NW, Central, SE, SW)										
Identify health priorities in hospital and local health department planning documents										
Compile, analyze and present secondary data										
Draft SHA and obtain feedback (includes public feedback)										
Final SHA										

2016 SHIP key components

	July		Aug		Sept		Oct		Nov		Dec
Health issue prioritization process											
Identify SHIP objectives and strategies											
SHIP implementation and evaluation plan											
Draft SHIP and feedback (includes public feedback)											
Final SHIP											
Agency adoption											

SHA sources of information

Regional community forums
- ✓Five locations around the state
- ✓Priorities, strengths, challenges and trends
- ✓Open to all, with outreach to specific groups and sectors

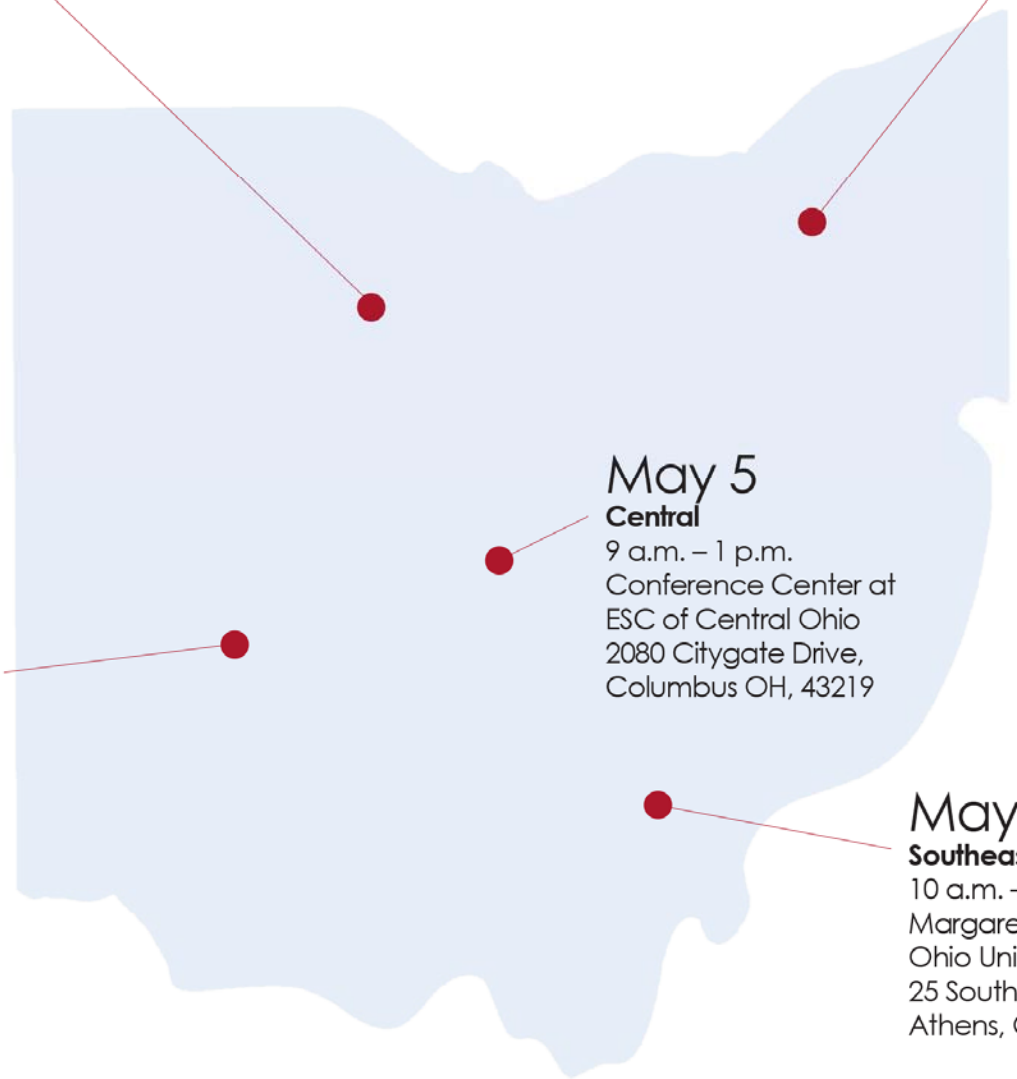
~30 key informant interviews with community-based organizations
- ✓Explore contributing causes of health inequities and disparities
- ✓Special focus on groups with poor health outcomes and groups that may otherwise be underrepresented in SHA/SHIP process

Comprehensive and actionable picture of health and wellbeing in Ohio

Secondary data
- ✓Life-course perspective
- ✓Meaningful data in context
- ✓Alignment with state and national metrics
- ✓Demographics
- ✓Contributing causes of health inequities, disparities and premature death
- ✓Analysis and visual display to highlight health disparities
- ✓Discussion of issues, themes and trends

Updated review of local health department and hospital assessment and planning documents
- ✓Overall top priorities for local communities
- ✓Priorities by region and county type (urban, suburban, rural and Appalachian)

Regional SHA forums



April 29
Northwest
10 a.m. – 2 p.m.
Marathon Center for the Performing Arts—Armes Event Hall
200 W. Main Cross St.
Findlay, OH 45840

May 6
Northeast
10 a.m. – 2 p.m.
Ravenna Elks Lodge
776 N. Freedom St,
Ravenna, OH 44266

May 5
Central
9 a.m. – 1 p.m.
Conference Center at ESC of Central Ohio
2080 Citygate Drive,
Columbus OH, 43219

May 4
Southwest
11 a.m. – 3 p.m.
The Mandalay Catering Company and Ballroom
2700 East River Road,
Dayton, OH 45439

May 2
Southeast
10 a.m. – 2 p.m.
Margaret M. Walter Hall Rotunda
Ohio University
25 South Green Drive
Athens, OH 45701

Targeted outreach for regional SHA forums

- **Hospitals and other healthcare providers** (including Federally Qualified Health Centers, free clinics, long-term care/nursing facilities)
- **Local health departments and other public health organizations**
- **ADAMH boards and mental health and addiction service providers**
- **Health insurance plans**, including Medicaid managed care plans
- **Community-based organizations and social services** (housing, homeless and domestic violence shelters, faith-based, aging, community development, emergency assistance, food banks, job training, legal aid, veterans services, centers for independent living, etc.)
- **Local government** (county commissioners, city councils, mayors, etc.)
- **Law enforcement/criminal justice**
- **Transportation and regional planning**
- **Education and child care** (early childhood, K-12, higher education, educational service centers, Head Start)
- **Businesses and employers** (including Chambers of Commerce and banks)
- **Philanthropy/United Ways**
- **Advocacy groups and community action agencies**
- **Community residents and healthcare consumer groups**

  Family and Children First Councils
- **Job and Family Services**
- **Agriculture, environmental protection and natural resources**
- **At risk populations**, including Commission on Minority Health regional offices and partners; immigrant, refugee and migrant worker organizations; organizations that provide culturally-competent or culturally-specific services; people with disabilities; older adults; lesbian, gay, bisexual and transgender (LGBT) groups; trauma survivors; and any other groups or organizations that address health disparities or promote health equity

SHA will address needs of additional groups through other sources, including secondary data and key informant interviews.

Vision

Ohio is a model of health and economic vitality.

Mission

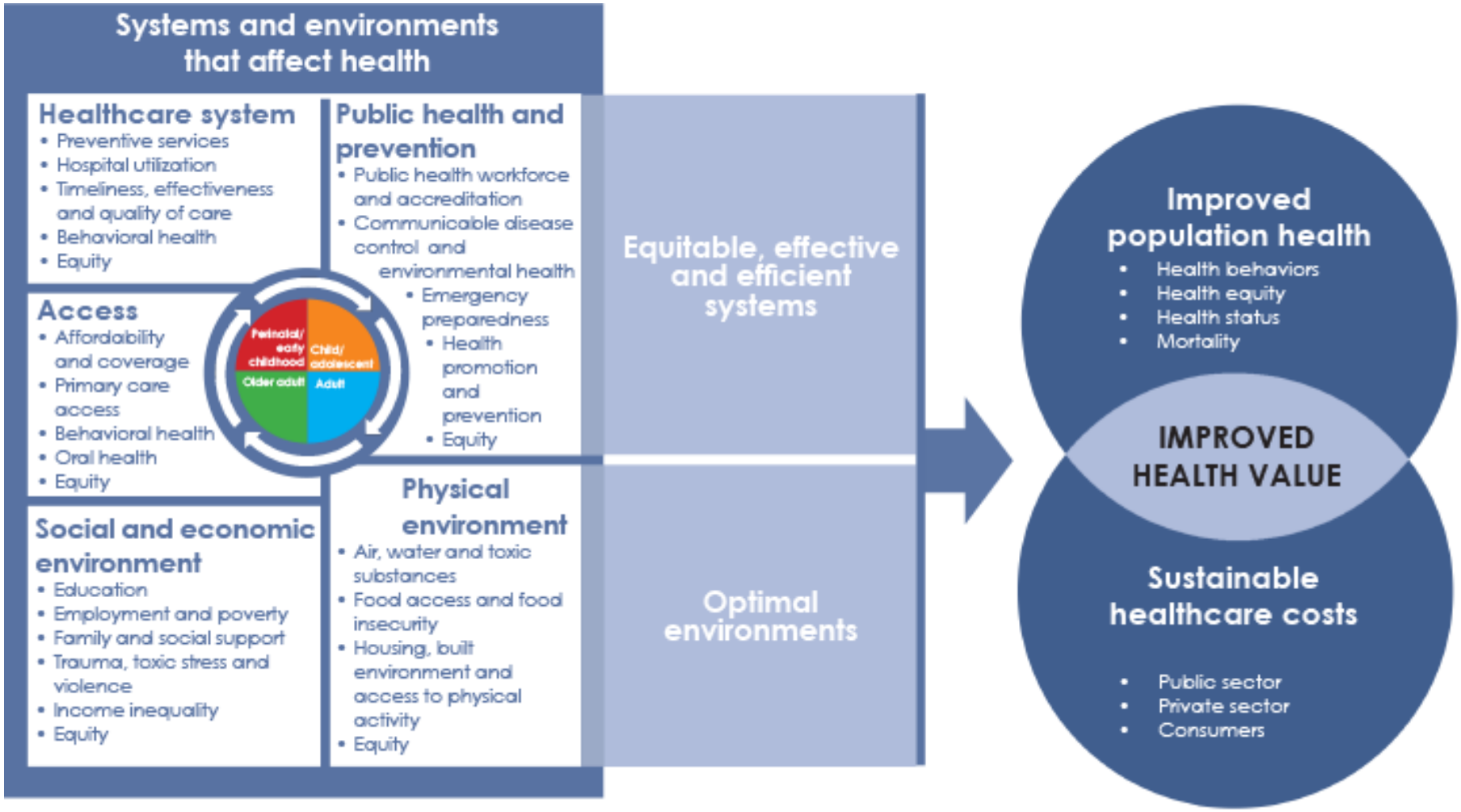
Improve the health of Ohioans by implementing a strategic set of evidence-based population health activities at the scale needed to measurably improve population health outcomes and achieve health equity.

Values

We value an approach to population health improvement that:

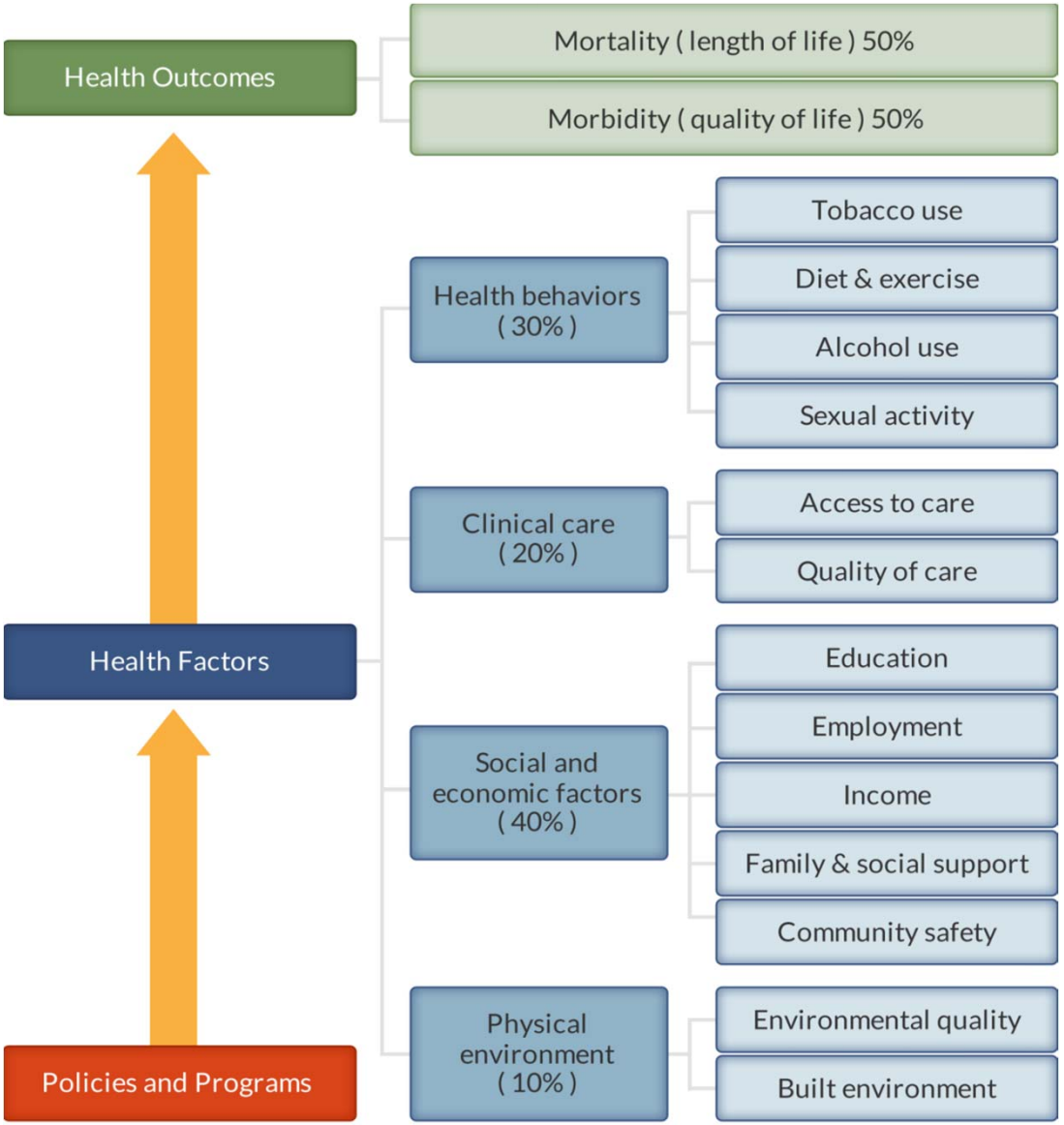
- **Addresses** prevention, the social determinants of health, all stages of the life course and builds upon evidence-based strategies
- **Balances** local needs and innovation with statewide alignment and coordination
- **Fosters** meaningful stakeholder engagement, collaboration across sectors and stronger connections between clinical and community-based organizations
- **Promotes** a culture of health that builds upon Ohio's strengths and assets
- **Results** in actionable recommendations and measurable outcomes and more efficient and effective allocation of state and local-level public and private resources

SHA/SHIP conceptual framework: Pathway to health value



World Health Organization definition of health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

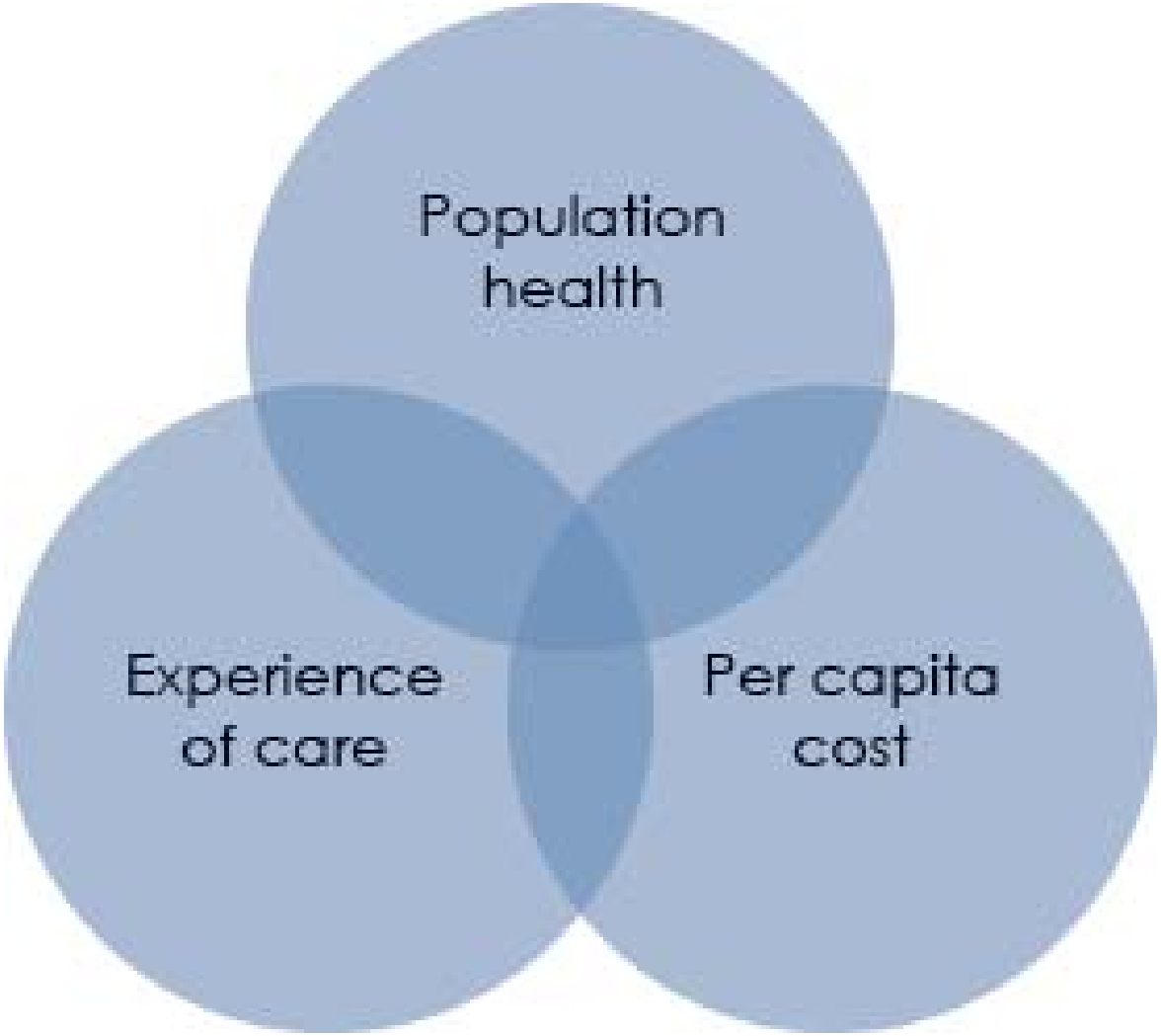
County Health Rankings and Roadmaps Framework



County Health Rankings model ©2012 UWPHI

Triple Aim

Institute for Healthcare Improvement



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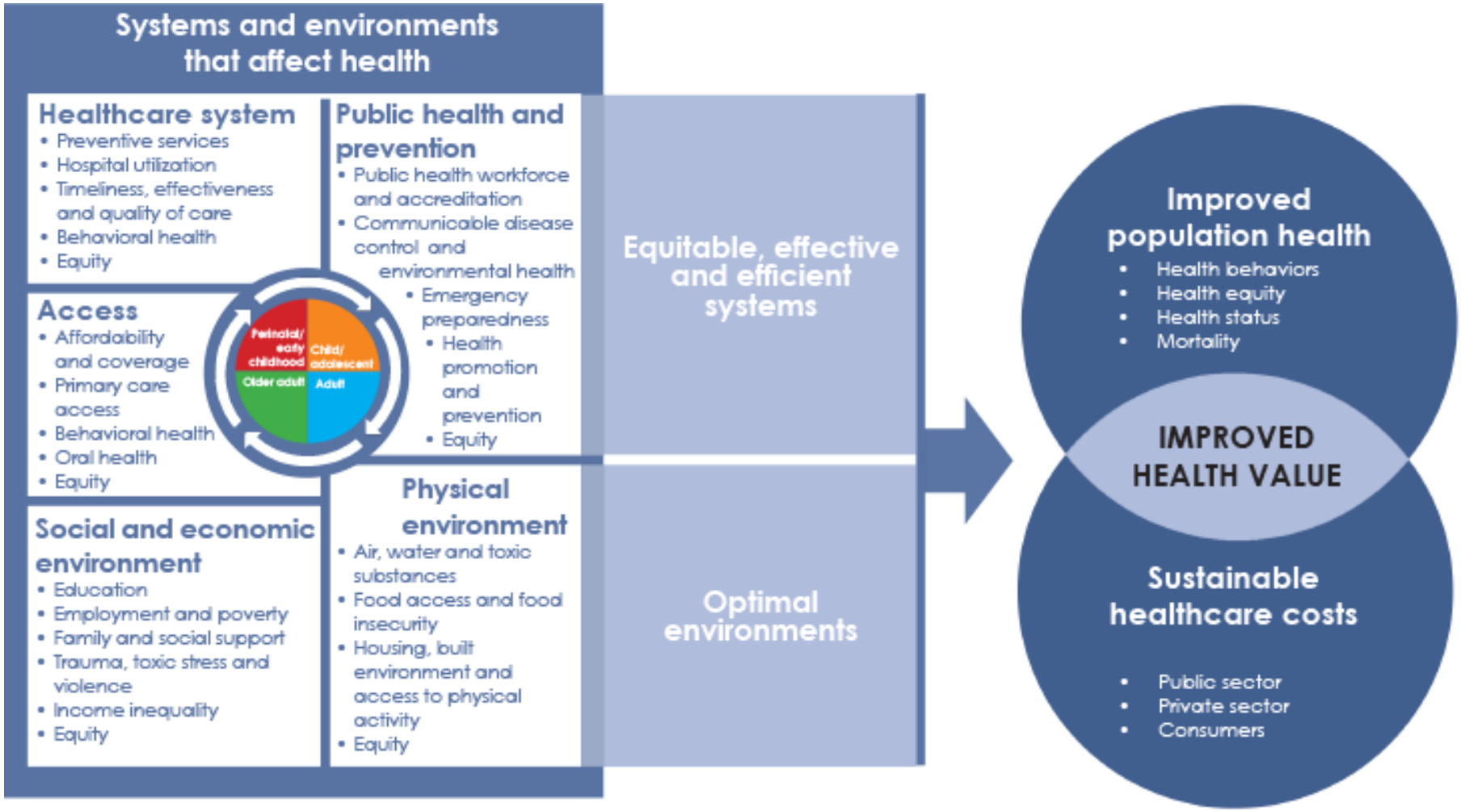
SHA/SHIP conceptual framework: Pathway to health value



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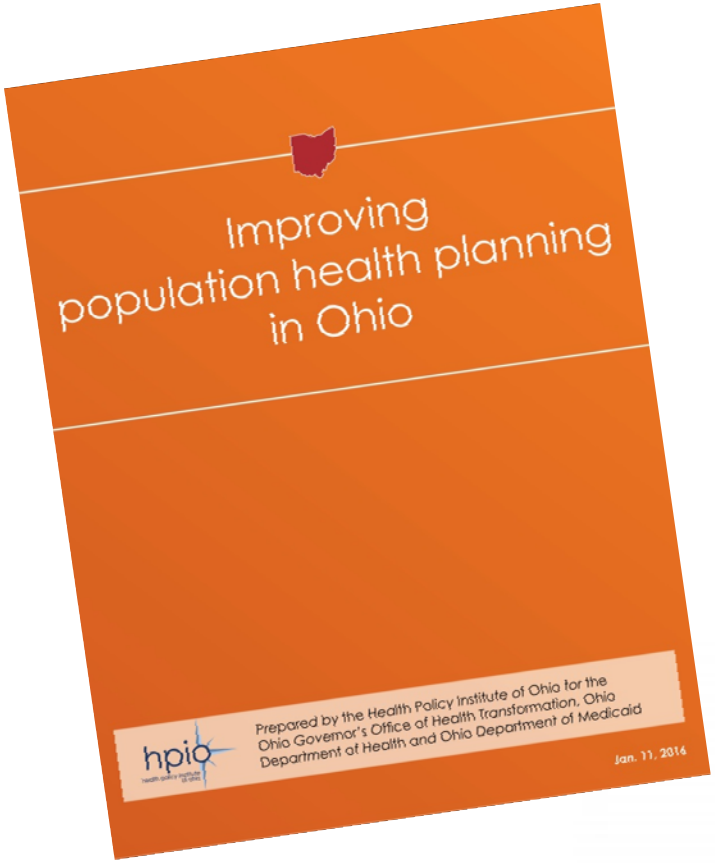
Guidance and standards



MAPP

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

Community themes & strengths Breakout session

1. What do you believe are the 2-3 most important characteristics of a healthy community?
2. What makes you most proud of our community?
3. What are some specific examples of people or groups working together to improve the health and quality of life in our community?
4. What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?
5. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?

Forces of change

What are forces of change?

1. **Forces** are a broad all-encompassing category that includes trends, events, and factors.
2. **Trends** are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
3. **Factors** are discrete elements, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
4. **Events** are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

Forces of change

What kind of areas or categories are included?

1. Social
2. Economic
3. Political
4. Technological
5. Environmental
6. Scientific
7. Legal
8. Ethical

Forces of change Breakout session

How to identify forces of change:

1. What recent changes or trends are occurring or are on the horizon that may impact the health of our community?
2. Of these changes or trends, which are occurring locally? Regionally? Nationally? Globally?
3. What characteristics of our region or state may pose an opportunity or threat to our community's health?
4. What may occur or has occurred that may pose a barrier to achieving the shared vision?

Health status

- Data Crosswalk completed
- Data availability
  - Primary vs. Secondary data
- County-level data
- SHA/SHIP work may lead to recommendations from state on county and regional data collected:
  - Timeframe
  - Primary vs. Secondary
  - Indicator selection

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2016 County Health Rankings data: Northwest region (n=21 counties)

	U.S	Ohio	Number of NW counties that are worse than Ohio	Number of NW counties that are better than Ohio	Allen	Auglaize	Crawford	Defiance	Erie	Fulton	Hancock	Hardin	Henry	Putnam	Lucas	Mercer	Ottawa	Paulding	Putnam	Sandusky	Seneca	Van Wert	Williams	Wood	Wyandot
Health outcomes																									
Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2011-2013)	6,600	7,534	6	15	6,843	6,104	7,629	6,396	7,788	7,157	5,720	8,896	5,885	7,844	8,392	6,180	7,132	6,816	5,553	6,614	8,161	6,829	6,243	5,608	6,178
Percentage of adults reporting fair or poor health (age-adjusted) (2014)	16%	17%	3	17	16%	14%	15%	16%	16%	15%	15%	18%	15%	15%	19%	12%	15%	16%	13%	18%	15%	14%	17%	16%	13%
Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2014)	3.8	4	1	19	3.8	3.4	3.8	3.8	3.8	4	3.4	3.5	4	3.5	3.5	4.2	3.3	3.5	3.7	3.3	3.8	3.6	3.6	3.9	3.5	3.3
Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2014)	3.7	4.3	1	19	3.9	3.9	4	4	4.1	3.8	3.7	4.3	3.9	3.9	3.9	4.5	3.8	3.8	3.9	3.5	4.1	3.9	3.9	4	3.9	3.[illegible]
Percentage of live births with low birthweight (< 2500 grams) (2007-2013)	8%	9%	0	19	8%	8%	7%	6%	8%	7%	8%	9%	6%	7%	9%	5%	7%	7%	5%	8%	8%	8%	8%	6%	8%
Health behaviors																									
Percentage of adults who are current smokers (2014)	17%	21%	0	19	21%	20%	18%	19%	20%	18%	19%	21%	19%	18%	20%	16%	17%	19%	17%	20%	19%	19%	20%	18%
Percentage of adults that report a BMI of 30 or more (2012)	27%	30%	17	1	24%	24%	32%	32%	31%	28%	30%	34%	30%	34%	32%	29%	31%	30%	32%	22%	35%	27%	34%	21[illegible]
Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2013)	7.2	6.9	2	18	6.7	8.3	7.3	7.6	6.9	7.9	7.5	7.4	7.8	7.3	6.5	8.4	7.5	7.5	8.4	7.9	7.5	7.7	7.4		

Ohio is better than U.S.
Ohio is worse than U.S.

Note: Bold indicates six or more northwest counties in bottom quartile
Source: County Health Rankings, 2016 Ohio data (downloaded Excel file accessed

Health status comparisons

Health Outcomes Indicator	Number of NW Counties that are WORSE than Ohio	Number of NW Counties that are BETTER than Ohio	Ohio
Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2011-2013)	6	15	7,534
Percentage of adults reporting fair or poor health (age-adjusted) (2014)	3	17	17%
Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2014)	1	19	4
Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2014)	1	19	4.3
Percentage of live births with low birthweight (< 2500 grams) (2007-2013)	0	19	9%

Red- Ohio worse than U.S. Green- Ohio better than U.S.

Source: County Health Rankings, 2016 Ohio Data (downloaded Excel file accessed April 2016)

Health status comparisons

Health Behaviors Indicator	Number of NW Counties that are WORSE than Ohio	Number of NW Counties that are BETTER than Ohio	Ohio
Percentage of adults who are current smokers (2014)	0	19	21%
Percentage of adults that report a BMI of 30 or more (2012)	17	1	30%
Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2013)	2	18	6.9
Percentage of adults aged 20 and over reporting no leisure-time physical activity (2012)	16	3	26%
Percentage of population with adequate access to locations for physical activity (2010 & 2014)	20	1	83%
Percentage of adults reporting binge or heavy drinking (2014)	1	17	19%
Percentage of driving deaths with alcohol involvement (2010-2014)	6	13	35%
Number of newly diagnosed chlamydia cases per 100,000 population (2013)	2	19	460
Teen birth rate per 1,000 female population, ages 15-19 (2007-2013)	10	10	34

Red- Ohio worse than U.S. Green- Ohio better than U.S.
Source: County Health Rankings, 2016 Ohio Data (downloaded Excel file accessed April 2016)

Health status comparisons

Clinical Care Indicator	Number of NW Counties that are WORSE than Ohio	Number of NW Counties that are BETTER than Ohio	Ohio
Percentage of population under age 65 without health insurance (2013)	2	9	13%
Ratio of population to primary care physicians (2013)	19	2	1296:1
Ratio of population to dentists (2014)	18	3	1713:1
Ratio of population to mental health providers (2015)	19	2	642:1
Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2013)	10	8	65
Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2013)	6	12	85%
Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2013)	11	9	60%

Red- Ohio worse than U.S. Green- Ohio better than U.S.
Source: County Health Rankings, 2016 Ohio Data (downloaded Excel file accessed April 2016)

Health Status Comparisons

Social and Economic Environment Indicator	Number of NW Counties that are WORSE than Ohio	Number of NW Counties that are BETTER than Ohio	Ohio
Percentage of ninth-grade cohort that graduates in four years (2012-2013)	1	20	83%
Percentage of adults ages 25-44 years with some post-secondary education (2010-2014)	5	15	63%
Percentage of population ages 16 and older unemployed but seeking work (2014)	10	10	5.7
Percentage of children under age 18 in poverty (2014)	5	16	23%
Ratio of household income at the 80th percentile to income at the 20th percentile (2010-2014)	1	20	4.8
Percentage of children that live in a household headed by single parent (2010-2014)	6	14	35%
Number of membership associations per 10,000 population (2013)	1	20	11.4
Number of reported violent crime offenses per 100,000 population (2010-2012)	2	19	307
Number of deaths due to injury per 100,000 population (2009-2013)	9	11	63

Red- Ohio worse than U.S. Green- Ohio better than U.S.
Source: County Health Rankings, 2016 Ohio Data (downloaded Excel file accessed April 2016)

Health status comparisons

Physical Environment Indicator	Number of NW Counties that are WORSE than Ohio	Number of NW Counties that are BETTER than Ohio	Ohio
Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2011)	2	14	13.5
Indicator of the presence of health-related drinking water violations. 1 - indicates the presence of a violation, 0 - indicates no violation (FY 2013-2014)	N/A	N/A	N/A
Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2008-2012)	1	17	15%
Percentage of the workforce that drives alone to work (2010-2014)	12	5	84%
Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2010-2014)	6	15	29%

Red- Ohio worse than U.S. Green- Ohio better than U.S.
Source: County Health Rankings, 2016 Ohio Data (downloaded Excel file accessed April 2016)

Health priorities

Community health assessment/plan priority categories

Social and economic environment

- Employment, poverty and income
- Education
- Family and social support

Physical environment

- Housing
- Transportation
- Air, water and toxic substances
- Food environment
- Active living environment

Health conditions

- Cardiovascular disease
- Diabetes
- Chronic respiratory disease
- Obesity
- Cancer
- Maternal and infant health
- Oral Health
- Drug and alcohol abuse
- Mental health
- Chronic disease (unspecified)

Health behaviors, violence and injury

- Tobacco
- Physical activity
- Nutrition
- Sexual and reproductive health
- Violence
- Injury

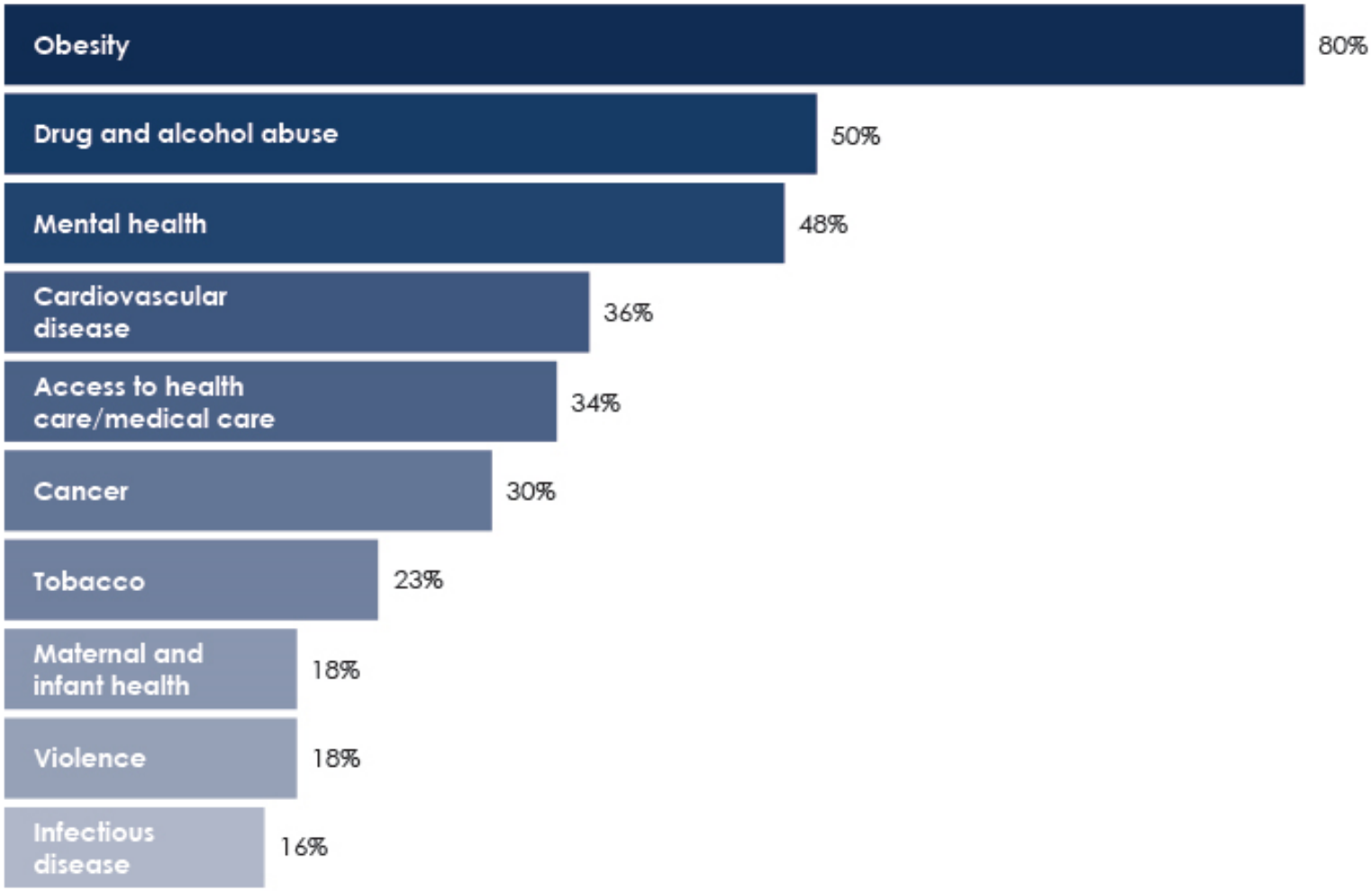
Access

- Coverage and affordabilty
- Access to health care/medical care
- Access to behavioral health care
- Access to dental care

Equity/Disparities

Top 10 priorities identified in community health assessments/plans

(preliminary)



N=44 local health department CHA/CHIPs and hospital CHNA/ISs covering 2012-2018
Source: HPIO preliminary review of assessment and planning documents, April 2016

Top priorities, by county type
(preliminary)

Rural	Urban	Suburban
1. Obesity 2. Drug and alcohol abuse 3. Mental health	1. Mental health 2. Obesity 3. Cardiovascular disease (all tied)	1. Obesity 2. Mental health 3. Cardiovascular disease

N=44 local health department CHA/CHIPs and hospital CHNA/ISs covering 2012-2018
Source: HPIO preliminary review of assessment and planning documents, April 2016

Selection of regional health priorities

- The purpose of this activity is to begin to narrow down the list of priorities to inform the SHIP.
- The results of this activity will inform development of the SHA and will be used along with other sources of information to help guide decision making during the SHIP process later in 2016.
- Please focus on the highest priorities for your county and region (rather than for the state overall).
- Please consider how the priorities are framed: health conditions vs. behaviors or environments

Selection of regional health priorities: Ranking

- **Magnitude** of the health problem: Number or percent affected
- **Severity** of the health problem: Risk of morbidity and mortality associated with the problem
- **Magnitude of health disparities and impact on vulnerable populations**: Gaps in outcomes between sub-population groups (racial/ethnic, income, age, education-level, Appalachian/rural) where applicable
- **Region's performance relative to Ohio and U.S.:** Extent to which region is doing much worse than Ohio, U.S. and national benchmarks

Selection of regional health priorities: Ranking

- Rate Health Issues on a scale of 1-10 for each item

- Health issues with a score of 10 for each criterion would indicate:
  - It is of the greatest magnitude
  - It has the most serious consequences
  - It has the greatest magnitude in terms of health disparities and the impact on vulnerable populations
  - The region is performing much worse than Ohio and U.S.

Community gaps & potential strategies

- A **gap** is an area where the community needs to expand its efforts to reduce a risk, enhance an effort, or address another target for change.

- A **strategy** is an action the community will take to fill the gap.

- **Evidence** is information that supports the linkages between a strategy, outcome, and targeted impact area.

Community gaps & potential strategies

- Keep the following in mind for potential strategies:
  - An **untested approach** has either no documentation that it has ever been used (regardless of the principals it is based upon) or has been implemented successfully with no evaluation.
  - A **promising approach** would be a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient.
  - An **evidence-based approach** has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. Research has provided evidence of statistically significant effectiveness as treatments for specific problems.

Community gaps & potential strategies: Breakout session

- Discuss gaps within your county/region
- Discuss potential strategies that are currently working in your county or other areas of the state or nation
- Discuss strategies that could be implemented at the county level, regional level, and state level

Next steps

- Findings from the regional forums will be posted on the HPIO web page: http://www.healthpolicyohio.org/sha-ship/
- Additional input may be sought through an online survey
- HPIO will seek additional feedback on the draft SHA and SHIP