

Ohio's 2016 State Health Assessment (SHA) and State Health Improvement Plan (SHIP)

Advisory Committee meeting
May 19, 2016



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)

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

See logic model handout for additional details

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.

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

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

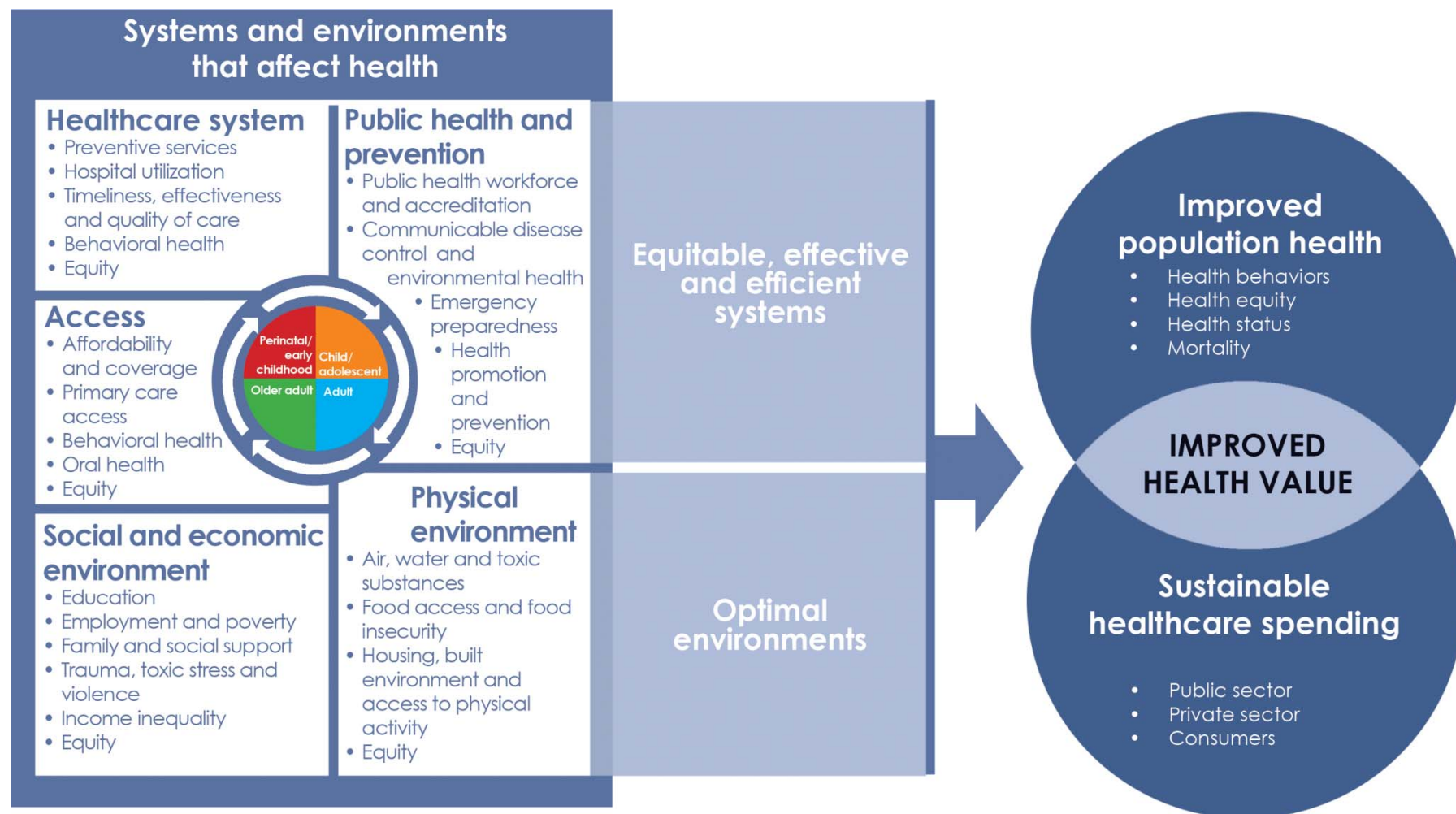
Updated review of local health department and hospital assessment and planning documents

- ✓ Overall top priorities for local communities
- ✓ Priorities by region and county type (urban, suburban, rural and Appalachian)



Comprehensive and actionable picture of health and wellbeing in Ohio

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.

Population health domain

- Added 2 child health metrics
 - Overall health status-child
 - Neonatal abstinence syndrome
- Challenges obtaining state-level NSDUH data (had to remove age of first use of drugs/alcohol)

Healthcare spending domain

- Changed domain name from healthcare “cost” to “spending”
- Consideration of “total health spend”
 - No consensus on how to calculate total health spend
 - Actual impact of social services spending on health outcomes is not clear; need to build evidence base on specific programs/policies
 - Specific problem to address is unsustainable healthcare spend

Healthcare system domain

- Addition of pediatric-specific metric
 - Hospital admissions for pediatric asthma
- Addition of several utilization metrics
 - Hospital readmissions
 - Avoidable emergency department visits
- Consideration of “systemness” metrics
- Replaced diabetic monitoring with admissions for diabetes with long-term complications
- Removed patient experience and nursing home pressure ulcers

Access domain

- Changed name of underserved mental health care to underserved psychiatric care
- Unable to find data around early childhood access to behavioral health services and availability of culturally/linguistically appropriate services

Public health and prevention domain

- Added HPV vaccination rate
- Removed unintended pregnancy
- Added breastfeeding rate

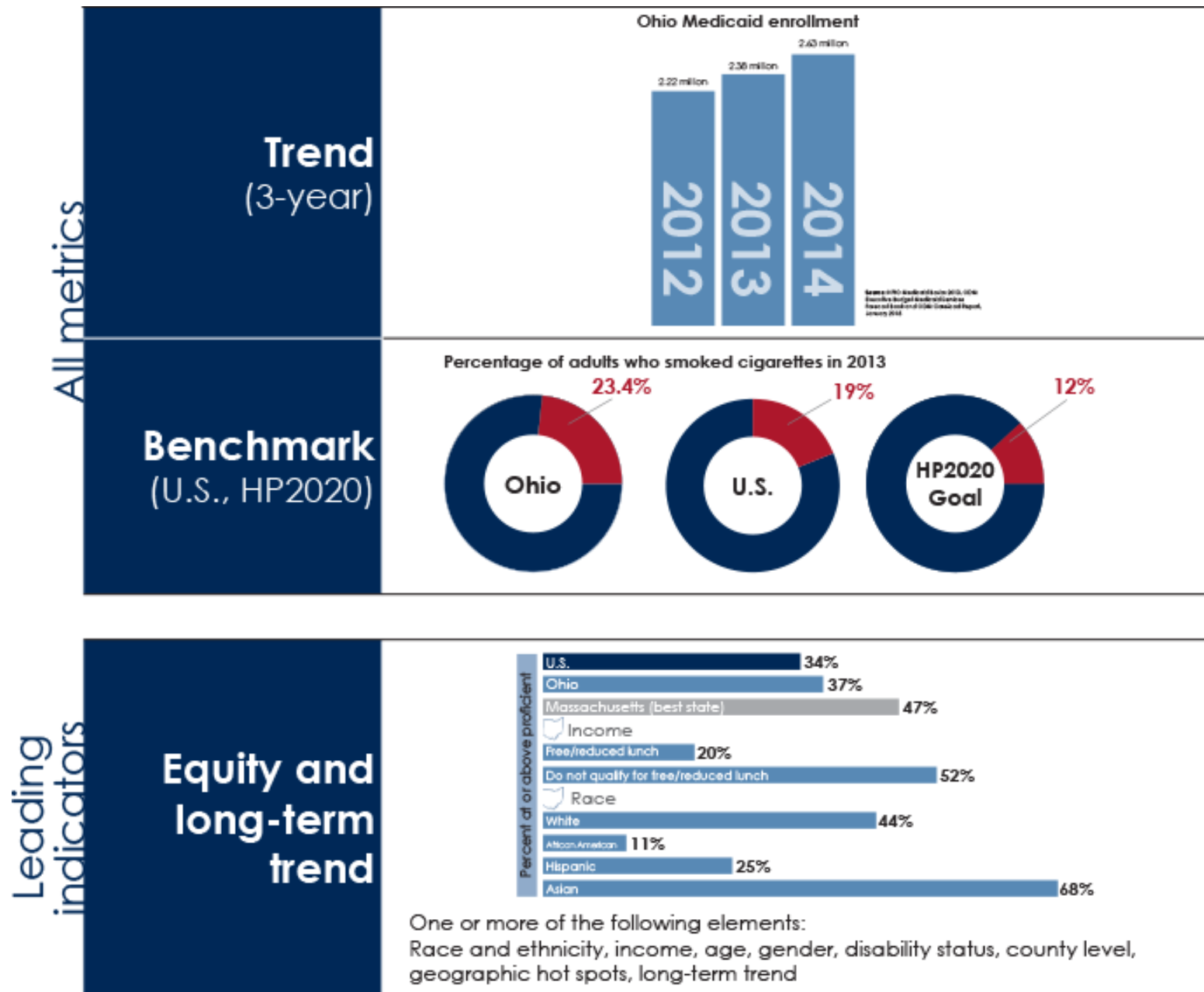
Social and economic environment domain

- Added Kindergarten Readiness Assessment-Literacy (KRA-L)
- Replaced single parent households with low-income working families with children
- Added homicide mortality rate
- Added intimate partner violence lifetime prevalence
- Added incarceration rate

Physical environment domain

- Replaced food environment index (composite) with healthy food access
- Added access to housing assistance (pending data availability)

Data in context



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

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State and local-level assessments and plans

Preliminary draft

State and local-level assessments and plans

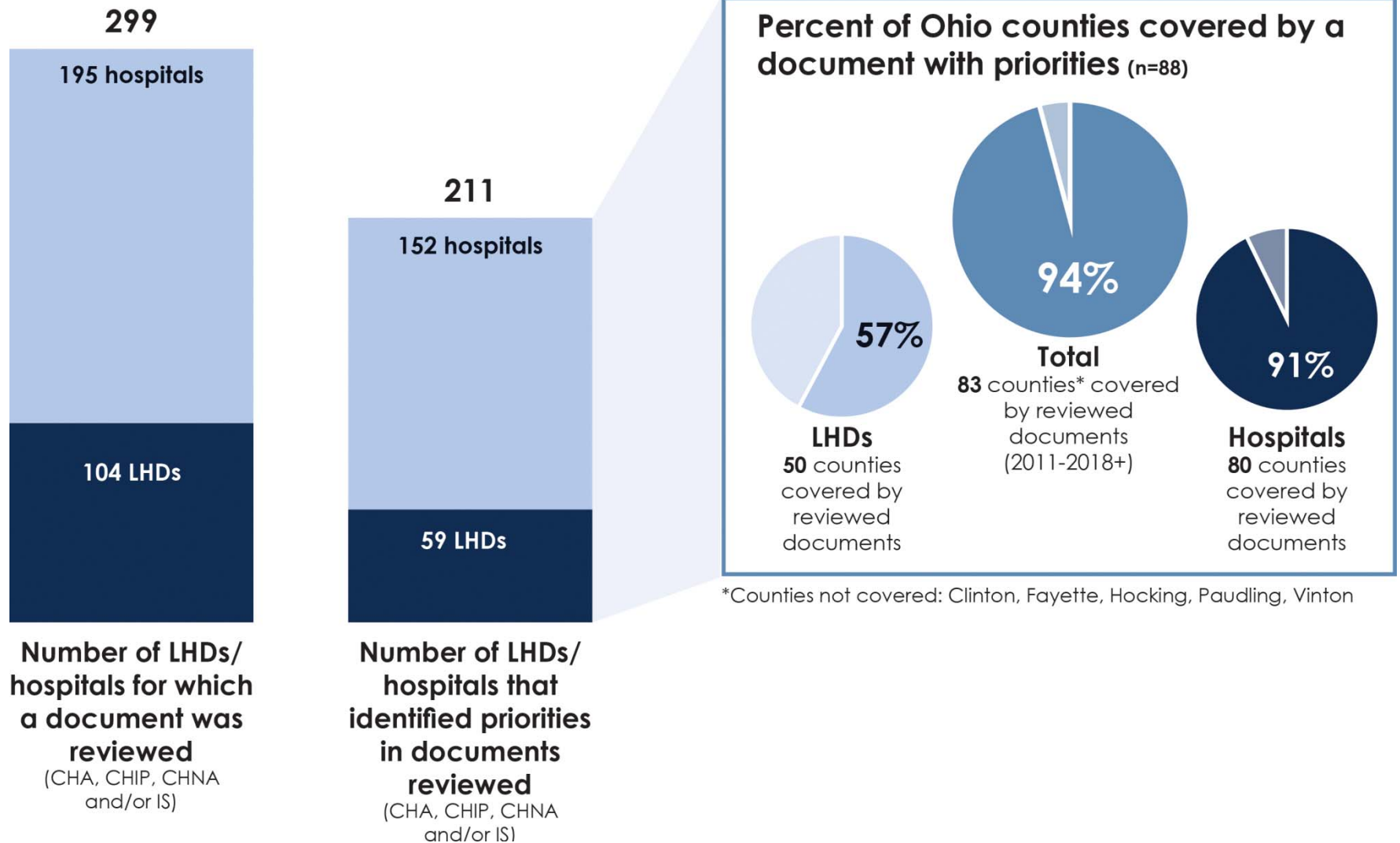
Submitted by members of the SHA/SHIP Internal Population Health Infrastructure Team as of 5/12/16

Outward-facing assessment and plan documents that include components such as:

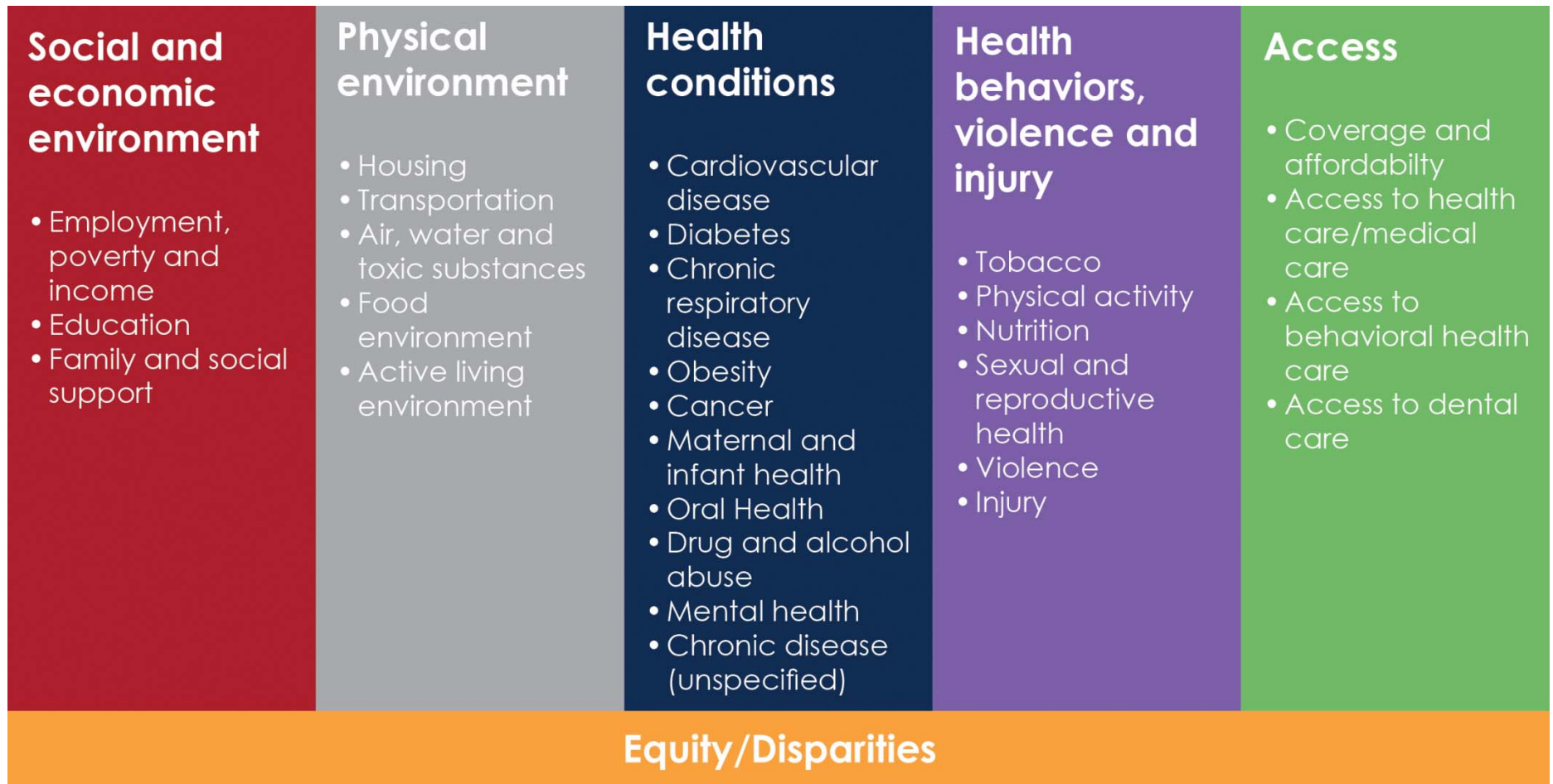
- Description of needs, strengths, resources and challenges (assessments)
- Priorities, goals, objectives, performance metrics and strategies (plans)

Agency	Assessments		Plans	
	State-level	Local-level	State-level	Local-level plans
Ohio Department of Health (and related collaboratives)	<ul style="list-style-type: none"> • The Impact of Chronic Disease in Ohio: 2015 • 2015 Ohio Maternal and Child Health Needs Assessment Comprehensive Community Forum Report • Ohio Department of Health Maternal and Child Health Needs Assessment Stakeholder Survey Results • Title V Maternal and Child Health Five-Year Needs Assessment • Primary care assessment 	Local health departments are required to complete a Community Health Assessment within the past five years as prerequisites for accreditation	<ul style="list-style-type: none"> • Ohio 2015-2016 State Health Improvement Plan Addendum • Ohio's Plan to Prevent and Reduce Chronic Disease: 2014-2018 • The Ohio comprehensive cancer control plan 2015-2020 • Ohio Infant Mortality Reduction Plan 2015-2020 • Ohio Adolescent Health Strategic Plan • Ohio Injury Prevention Partnership, Child Injury Action 	Local health departments are required to complete a Community Health Improvement Plan within the past five years as prerequisites for accreditation

Document review of local health department (LHD) and hospital community health assessment and planning documents



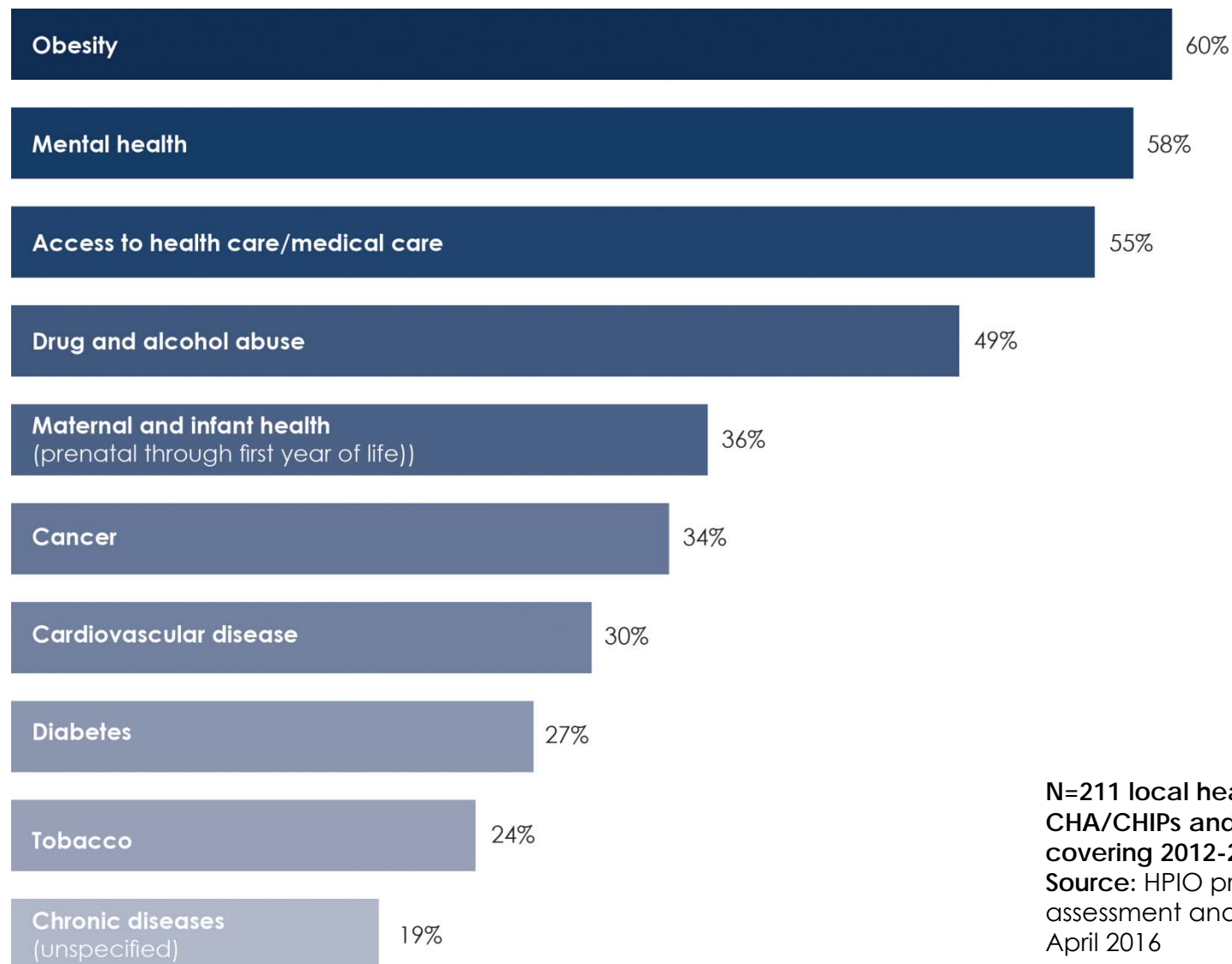
Community health assessment/plan priority categories



Priority information in the SHA

- SHA will include priorities identified in LHD assessments and plans, and at regional forums
- These are not the final SHIP priorities (prioritization process will occur after SHA is complete)
- Categories emerged from review of LHD and hospital documents, plus alignment with SHA conceptual framework
- Analysis presented here is preliminary
- HPIO will conduct additional analysis clustering priority categories

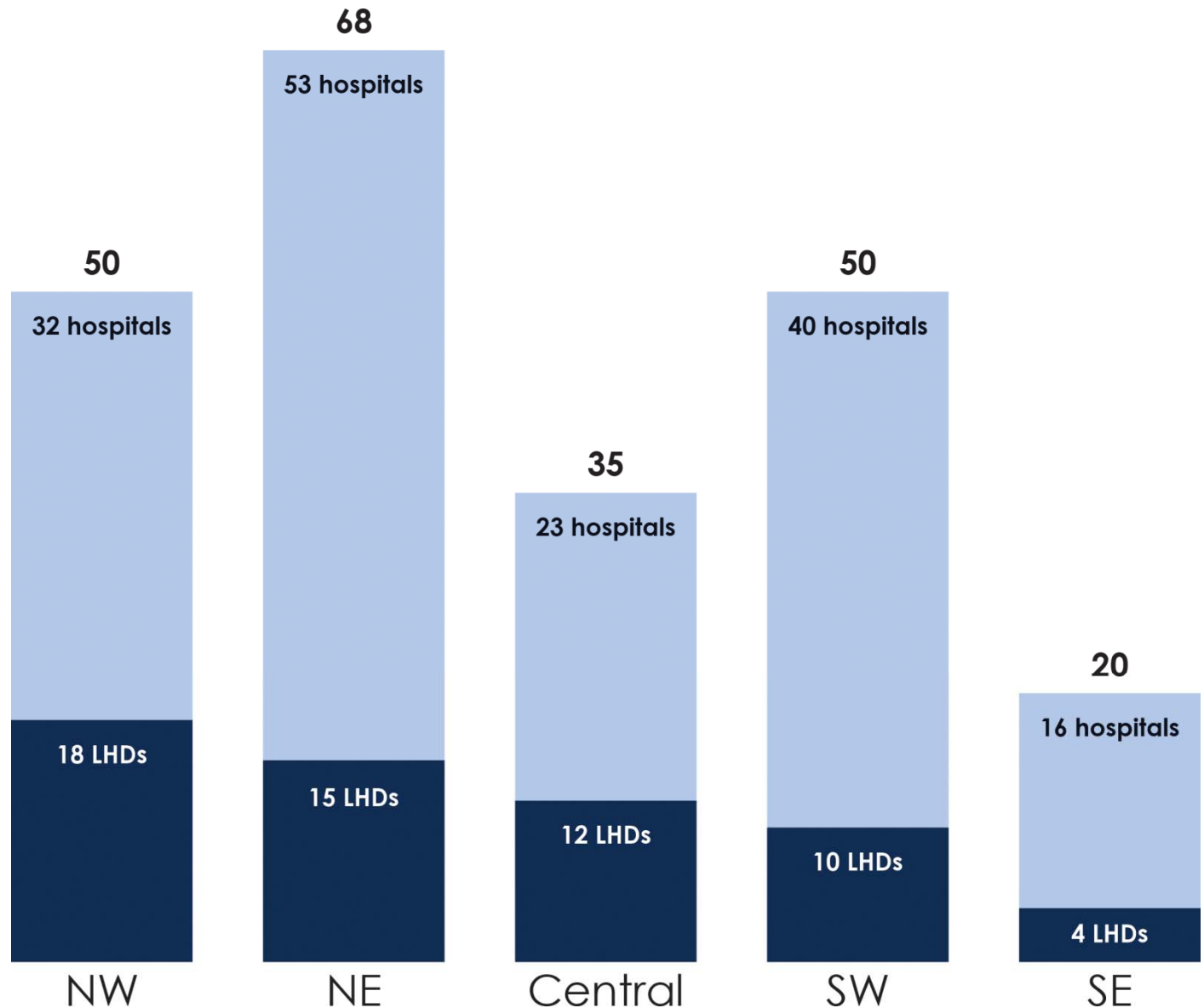
Top 10 priorities identified in community health assessments/plans (preliminary)



N=211 local health department
CHA/CHIPs and hospital CHNA/ISS
covering 2012-2018
Source: HPIO preliminary review of
assessment and planning documents,
April 2016

Preliminary review by HPIO, April 2016 – subject to change

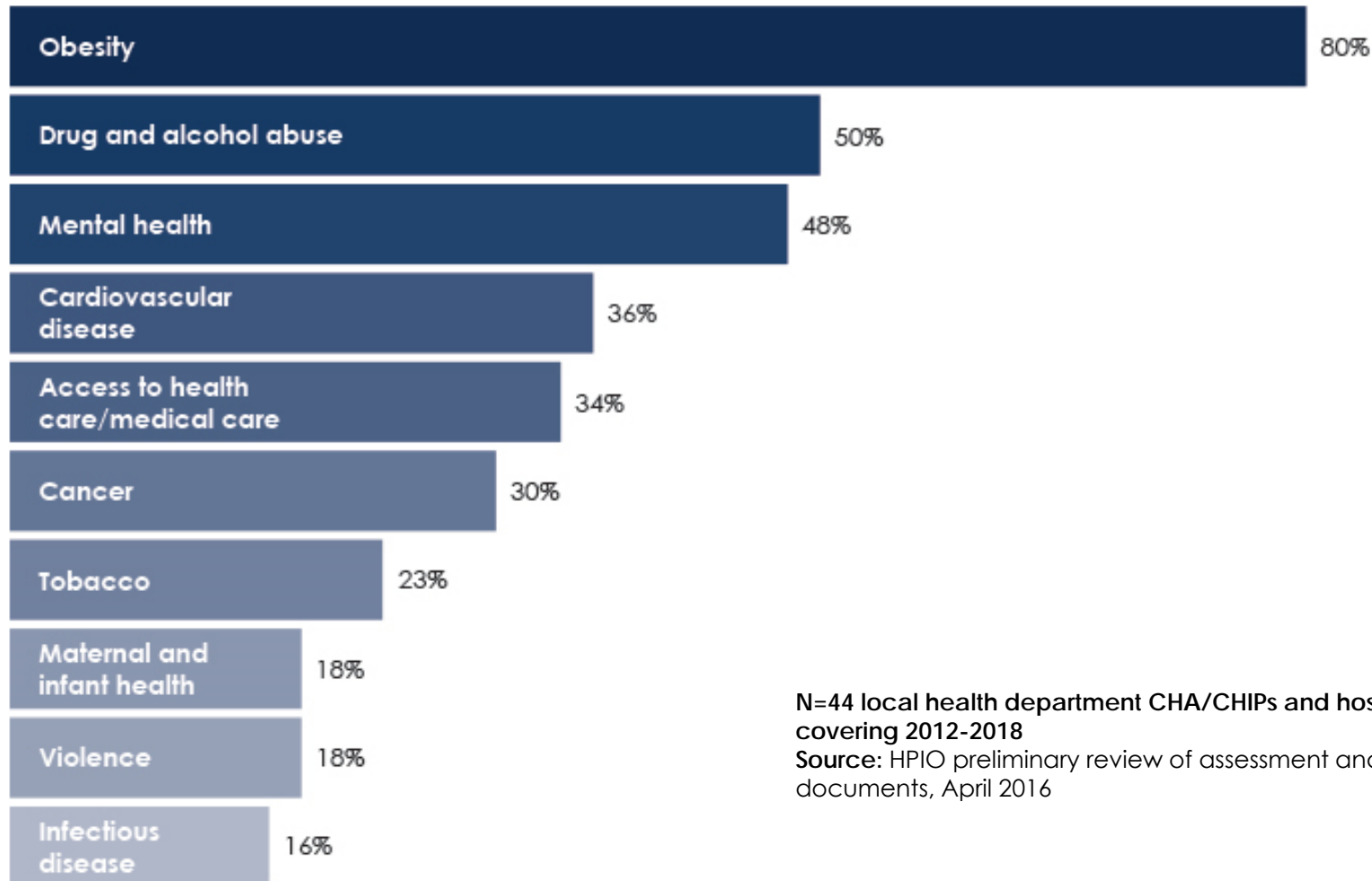
Number of LHD/hospital documents with priorities that were reviewed, by region*



* Association of Ohio Health Commissioners region boundaries

Note: One document may cover more than one region.

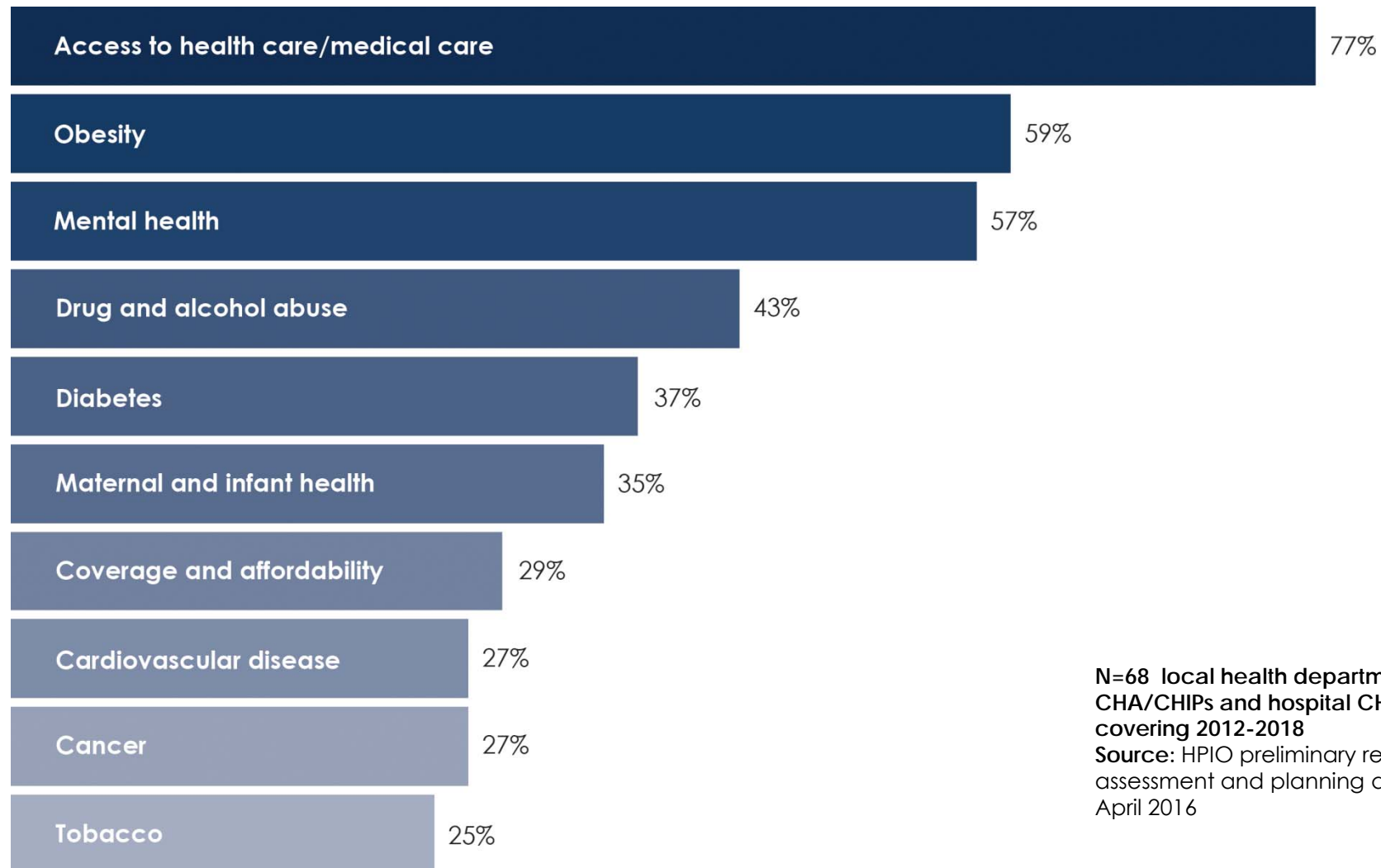
Top 10 priorities identified in community health assessments/plans (preliminary)



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

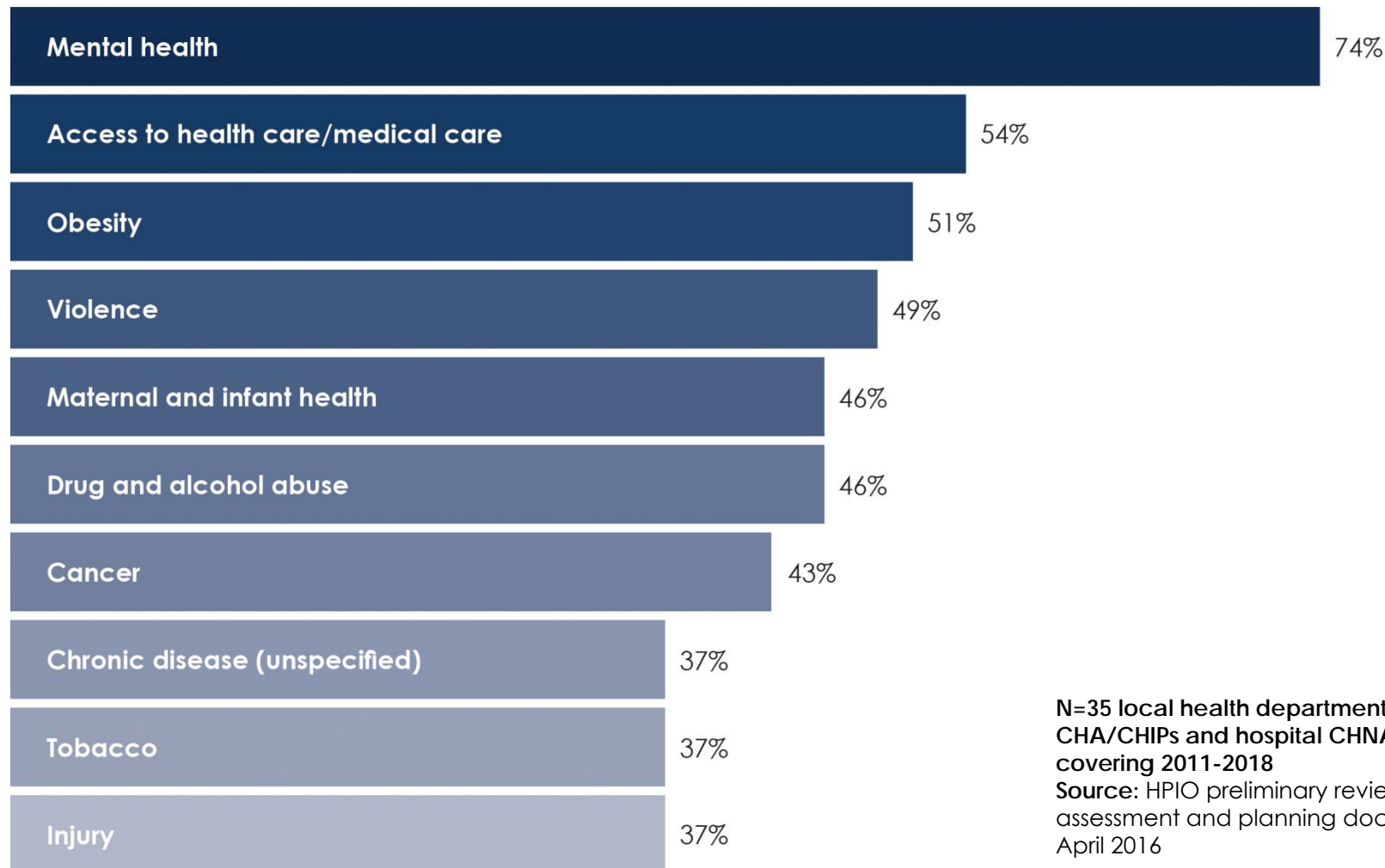
Top 10 priorities identified in community health assessments/plans (preliminary)



N=68 local health department
CHA/CHIPs and hospital CHNA/ISs
covering 2012-2018
Source: HPIO preliminary review of
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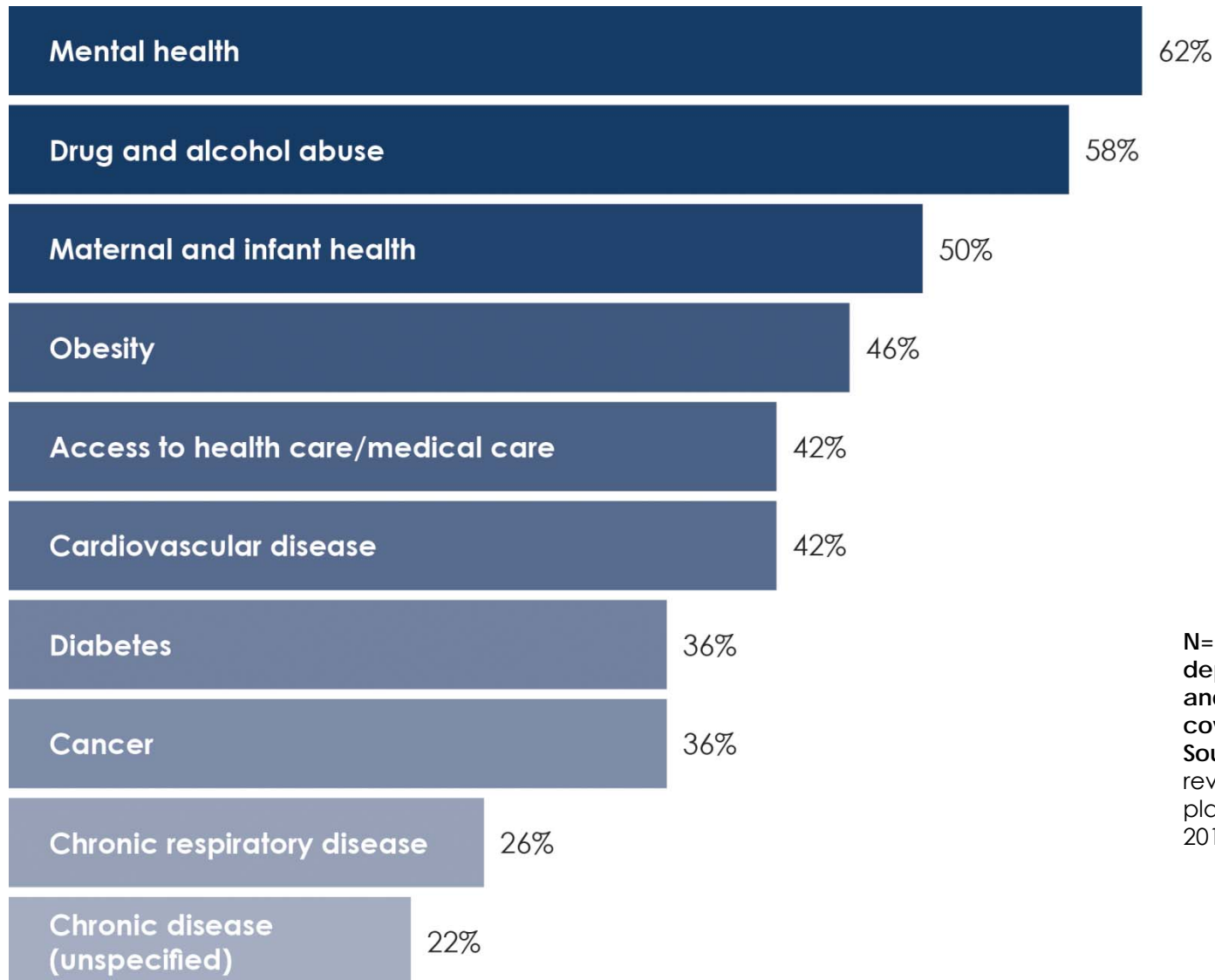
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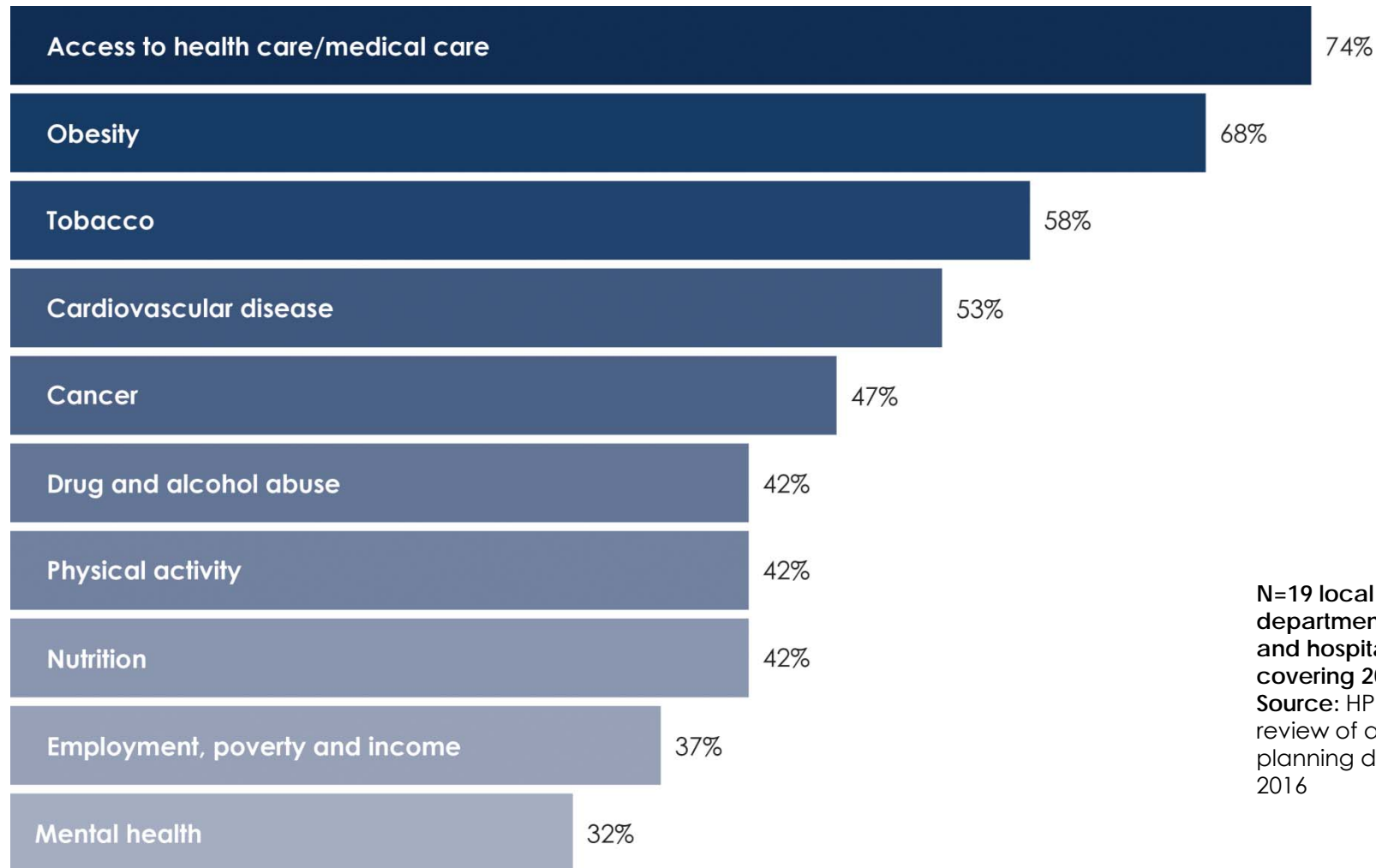
N=35 local health department
CHA/CHIPs and hospital CHNA/ISS
covering 2011-2018
Source: HPIO preliminary review of
assessment and planning documents,
April 2016

Top 10 priorities identified in community health assessments/plans (preliminary)



N=50 local health department CHA/CHIPs and hospital CHNA/ISs covering 2011-2019
Source: HPIO preliminary review of assessment and planning documents, April 2016

Top 10 priorities identified in community health assessments/plans (preliminary)

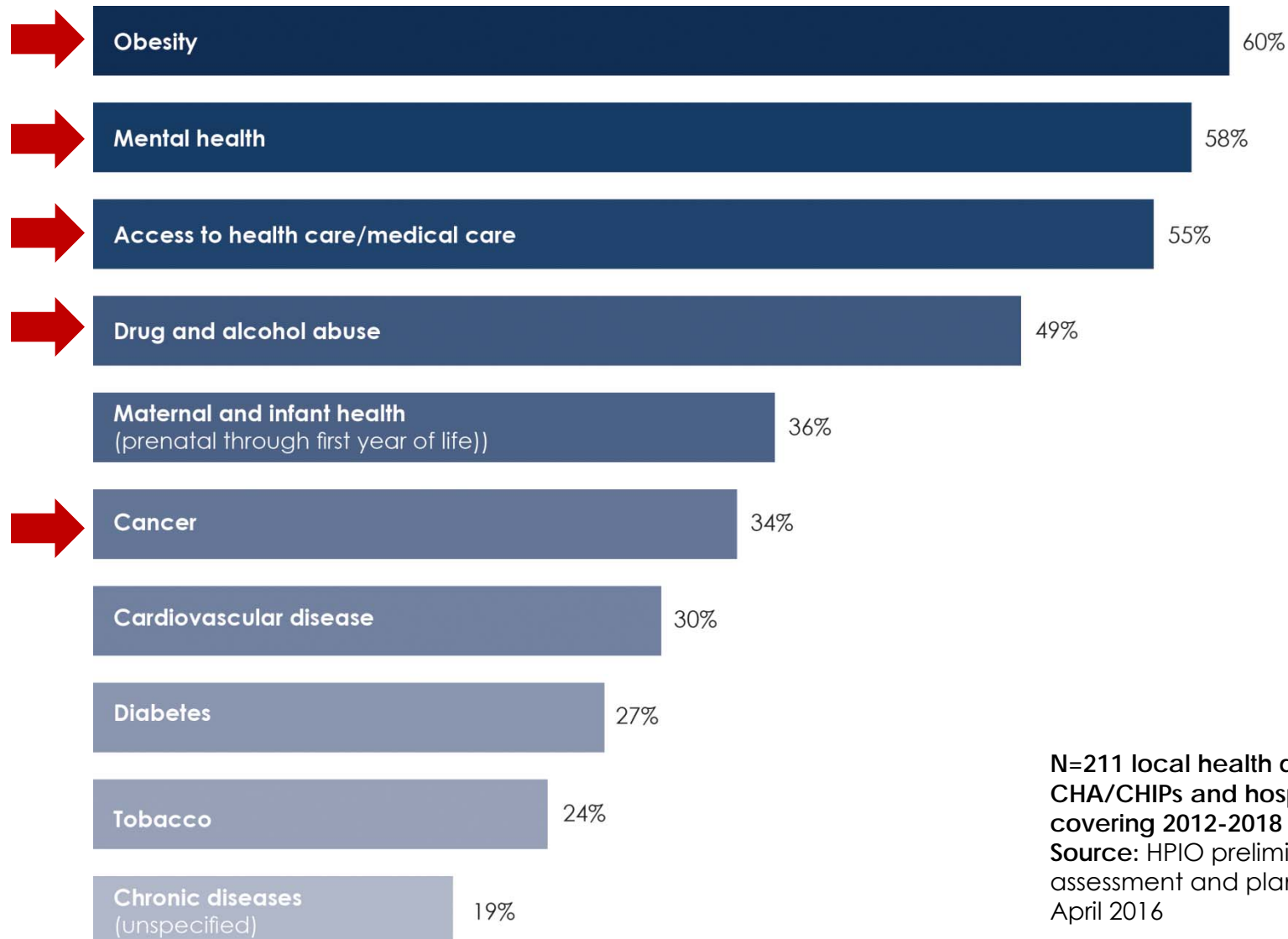


N=19 local health department CHA/CHIPs and hospital CHNA/ISS covering 2012-2018
Source: HPIO preliminary review of assessment and planning documents, April 2016

Top 10 priorities identified in community health assessments/plans (preliminary)



Top 10 priority in all 5 regions



N=211 local health department
CHA/CHIPs and hospital CHNA/ISS
covering 2012-2018
Source: HPIO preliminary review of
assessment and planning documents,
April 2016

Preliminary review by HPIO, April 2016 – subject to change

Regional differences in top 10 priorities identified in community health assessments/plans (preliminary)

Priorities in top 10 for region, but not for Ohio

Northwest: Violence, Infectious disease

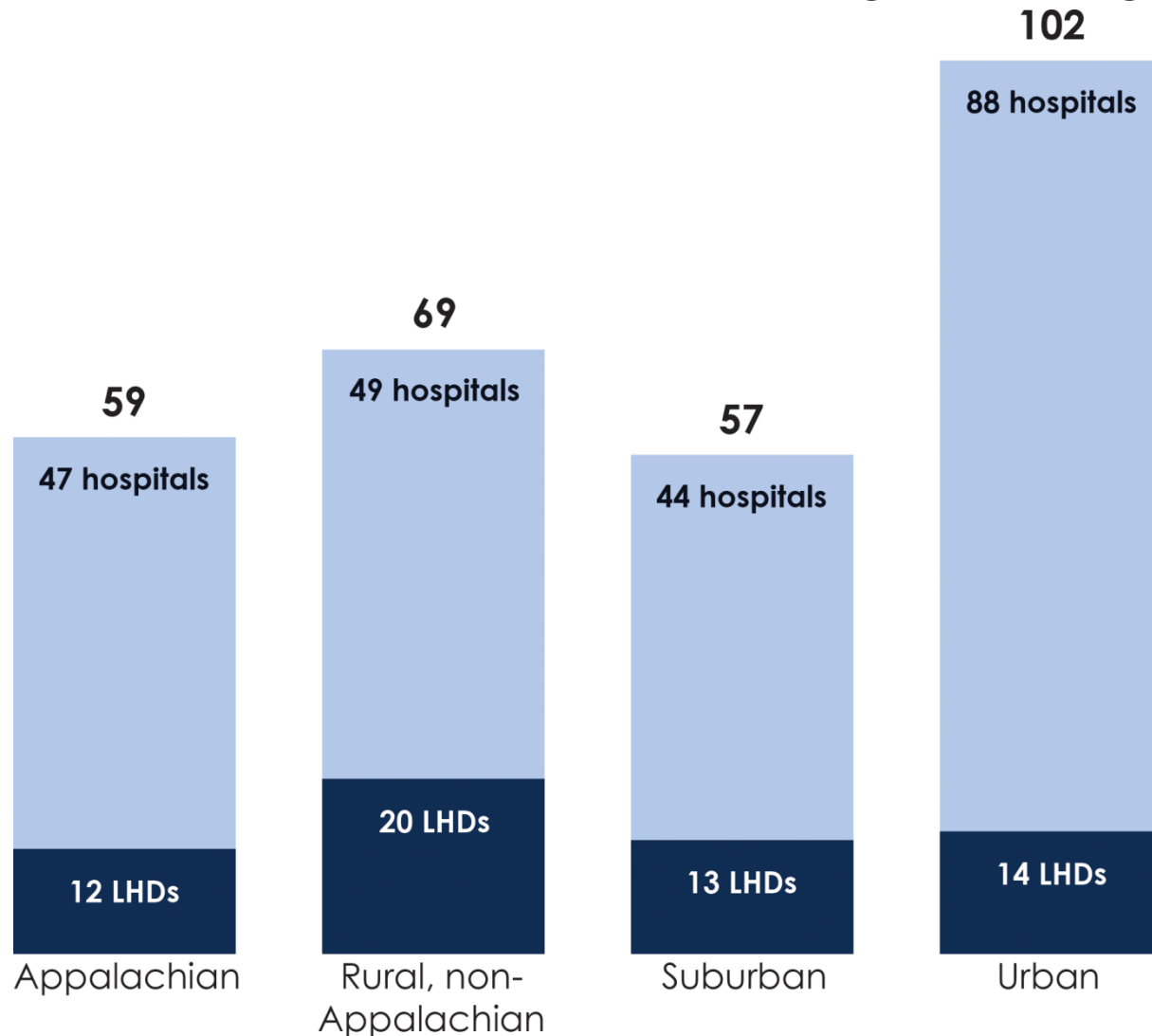
Northeast: Coverage and affordability

Central: Violence, Injury

Southwest: Chronic respiratory disease

Southeast: Physical activity; Nutrition; Employment, poverty and income

Number of LHD/hospital documents with priorities that were reviewed, by county type*



*OMAS county types

Note: One document may cover more than one county type.

Preliminary review by HPIO, April 2016 – subject to change

Top priorities, by county type (preliminary)

Appalachian	Suburban	Rural	Urban
<ol style="list-style-type: none"> 1. Obesity 2. Access to health care/medical care 3. Mental health 	<ol style="list-style-type: none"> 1. Mental health 2. Obesity 3. Access to health care/medical care (tie) 3. Drug and alcohol abuse (tie) 	<ol style="list-style-type: none"> 1. Obesity 2. Mental health 3. Drug and alcohol abuse 	<ol style="list-style-type: none"> 1. Access to health care/medical care 2. Mental health 3. Obesity

N=211 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)

Common priorities across all county types

Appalachian	Suburban	Rural	Urban
1. Obesity	1. Mental health	1. Obesity	1. Access to health care/medical care
2. Access to health care/medical care	2. Obesity	2. Mental health	2. Mental health
3. Mental health	3. Access to health care/medical care (tie)	3. Drug and alcohol abuse	3. Obesity
	3. Drug and alcohol abuse (tie)		

N=211 local health department CHA/CHIPs and hospital CHNA/ISs covering 2012-2018

Source: HPIO preliminary review of assessment and planning documents, April 2016

Discussion questions

1. What questions do you have about this review of existing assessments and plans?
2. What recommendations do you have for how to include this information in the State Health Assessment in a way that will be useful for guiding the State Health Improvement Plan?

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
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Secondary data

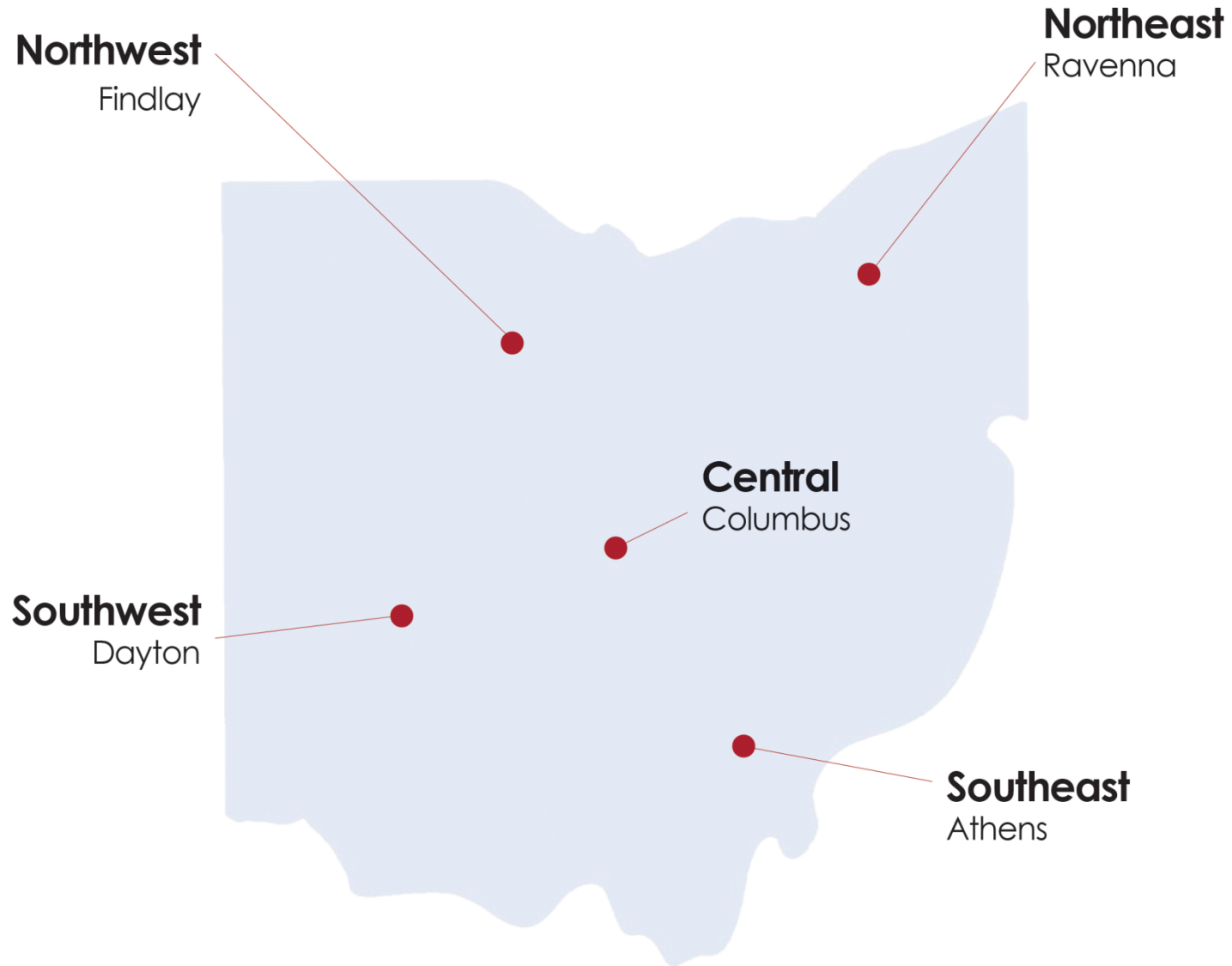
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Updated review of local health department and hospital assessment and planning documents

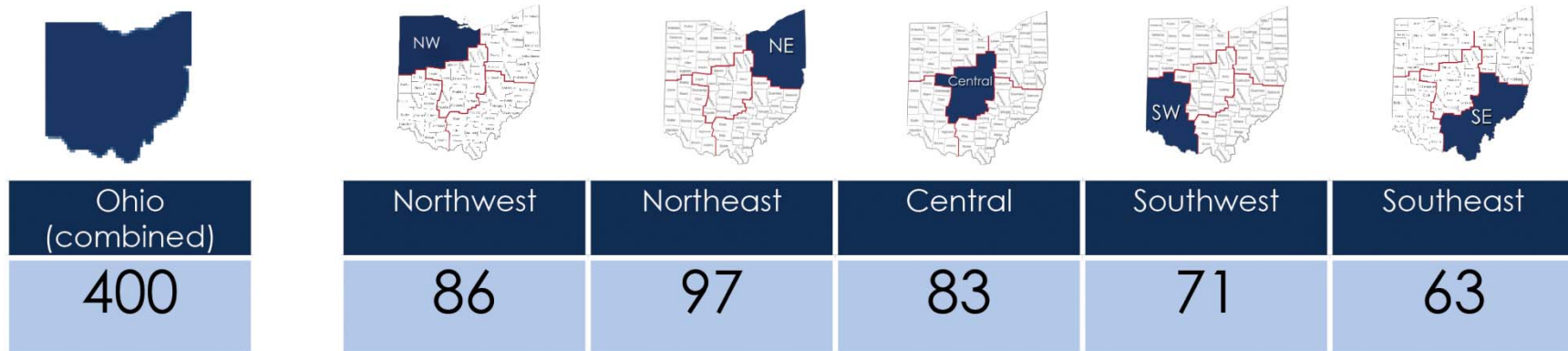
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Comprehensive and actionable picture of health and wellbeing in Ohio

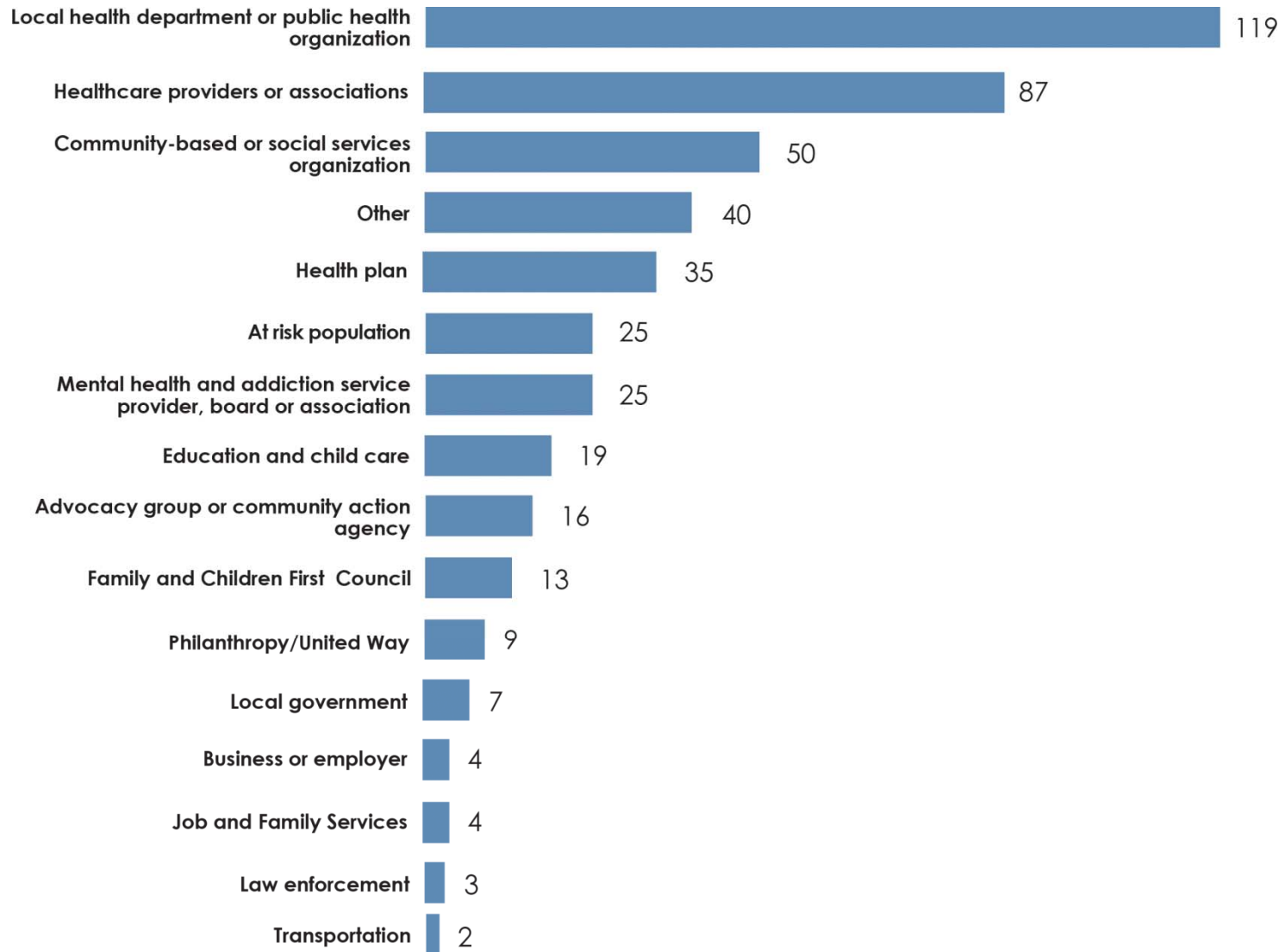
Regional forum findings



Regional forum attendance









Sectors represented at regional forums



Preliminary regional forum small group discussion – summary of most common findings

“What do you believe are the 2-3 most important characteristics of a healthy county and region?”

					
Ohio (combined)	Northwest (n=19 tables)	Northeast (n=15 tables)	Central (n=19 tables)	Southwest (n=11 tables)	Southeast (n=10 tables)
<ul style="list-style-type: none"> • Access to care (37) • Collaboration/cohesiveness (29) • Access to physical activity opportunities (22) • Economic vitality (21) • Access to healthy food (16) 	<ul style="list-style-type: none"> • Access to physical activity opportunities (5-TIE) • Access to care (5-TIE) • Economic vitality (5-TIE) • Collaboration/cohesiveness (4-TIE) • Education to the community about available resources and how to access them (4-TIE) • Access to healthy food (4-TIE) 	<ul style="list-style-type: none"> • Access to care (9) • Collaboration/cohesiveness (7) • Safe communities (6) • Access to physical activity opportunities (5-TIE) • Access to healthy foods (5-TIE) 	<ul style="list-style-type: none"> • Access to care (12) • Collaboration/cohesiveness (7) • Access to physical activity opportunities (6-TIE) • Access to mental health care and addiction services (6-TIE) • Health literacy (4-TIE) • Education (4-TIE) • Cultural competency (4-TIE) • Social determinants of health (4-TIE) 	<ul style="list-style-type: none"> • Collaboration/cohesiveness (9) • Education (4) • Access to healthy foods (3-TIE) • Safe and healthy environment (3-TIE) • Access to care (3-TIE) 	<ul style="list-style-type: none"> • Access to care (8-TIE) • Economic vitality (8-TIE) • Accessible transportation (5) • Access to physical activity opportunities (4) • Awareness of healthy inequities and means to educate community about issues (3)







Preliminary regional forum small group discussion — summary of most common findings

“What makes you most proud of your county and region?”



Ohio (combined)	Northwest (n=19 tables)	Northeast (n=15 tables)	Central (n=19 tables)	Southwest (n=11 tables)	Southeast (n=10 tables)
<ul style="list-style-type: none"> • Collaboration (64) • Community support (17) • Access to outdoor recreation (15) • Access to health care (13) • Access to higher education/post-secondary education (10-TIE) • Diverse population (10-TIE) 	<ul style="list-style-type: none"> • Collaboration (18) • Determination to solve problems/desire to improve the health of the region (3) • Community support (2-TIE) • Safe community (2-TIE) • Access to outdoor recreation (2-TIE) • Opiate/addiction task forces (2-TIE) • Access to higher education/post-secondary education (2-TIE) 	<ul style="list-style-type: none"> • Collaboration (12) • Access to health care (6) • Access to higher education/post-secondary education (4) • Access to outdoor recreation (3-TIE) • Diverse population (3-TIE) 	<ul style="list-style-type: none"> • Collaboration (16) • Diverse population (6) • Social resources/services (5) • Access to outdoor recreation (4) • Access to health care (3) • Access to higher education/post-secondary education (3) 	<ul style="list-style-type: none"> • Collaboration (12) • Awareness of health issues (4) • Available funding/sustainability (3-TIE) • Community support (3-TIE) • Access to health care (2) 	<ul style="list-style-type: none"> • Community support (12) • Volunteerism (8) • Collaboration (6) • Access to outdoor recreation (5) • Access to health care (2)

Preliminary regional forum priority rankings (May 2016)







						
	State Total	Northwest	Northeast	Central	Southwest	Southeast
1	Obesity	Obesity	Obesity	Equity/Disparities	Access to behavioral health care	Employment, poverty and income
2	Access to behavioral health care	Drug and alcohol abuse	Drug and alcohol abuse	Obesity	Employment, poverty and income	Access to behavioral health care
3	Drug and alcohol abuse	Access to behavioral health care	Mental health	Drug and alcohol abuse	Equity/Disparities	Drug and alcohol abuse
4	Mental health	Mental health	Access to behavioral health care	Access to behavioral health care	Drug and alcohol abuse	Obesity
5	Employment, poverty and income	Physical activity	Employment, poverty and income	Mental health	Obesity	Access to health care/medical care
6	Equity/Disparities	Cardiovascular disease	Equity/Disparities	Diabetes	Access to dental care	Access to dental care
7	Access to dental care	Access to dental care	Maternal and infant health	Maternal and infant health	Mental health	Coverage and affordability
8	Cardiovascular disease*	Access to health care/medical care	Nutrition	Physical activity	Diabetes	Transportation
9	Diabetes*	Nutrition	Coverage and affordability	Cardiovascular disease	Maternal and infant health	Mental health
10	Nutrition	Diabetes	Diabetes	Access to dental care	Nutrition	Diabetes

*Priority ranking tie (values are equal)

Key

	Health conditions
	Health behaviors, violence and injury
	Social and economic environment
	Physical environment
	Access
	Equity/disparities

Preliminary regional forum priority rankings (May 2016)

						
	State Total	Northwest	Northeast	Central	Southwest	Southeast
1	Obesity	Obesity	Obesity	Equity/Disparities	Access to behavioral health care	Employment, poverty and income
2	Access to behavioral health care	Drug and alcohol abuse	Drug and alcohol abuse	Obesity	Employment, poverty and income	Access to behavioral health care
3	Drug and alcohol abuse	Access to behavioral health care	Mental health	Drug and alcohol abuse	Equity/Disparities	Drug and alcohol abuse
4	Mental health	Mental health	Access to behavioral health care	Access to behavioral health care	Drug and alcohol abuse	Obesity
5	Employment, poverty and income	Physical activity	Employment, poverty and income	Mental health	Obesity	Access to health care/medical care
6	Equity/Disparities	Cardiovascular disease	Equity/Disparities	Diabetes	Access to dental care	Access to dental care
7	Access to dental care	Access to dental care	Maternal and infant health	Maternal and infant health	Mental health	Coverage and affordability
8	Cardiovascular disease*	Access to health care/medical care	Nutrition	Physical activity	Diabetes	Transportation
9	Diabetes*	Nutrition	Coverage and affordability	Cardiovascular disease	Maternal and infant health	Mental health
10	Nutrition	Diabetes	Diabetes	Access to dental care	Nutrition	Diabetes

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	Health behaviors, violence and injury
	Social and economic environment
	Physical environment
	Access
	Equity/disparities

Initial insights from community health assessment/plan and regional forum priority analysis

1. Overall, widespread agreement on priorities across regions and county types
2. Some regional variation, particularly for SE
3. Employment, poverty and income and Equity/Disparities only emerge as top priorities when prompted (emerged as high priorities at regional forums, but not in assessments/plans)

Discussion questions

1. What questions do you have about the regional forum findings?
2. What recommendations do you have for how to display this information in the State Health Assessment in a way that will be useful for guiding the State Health Improvement Plan?

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Key-informant interviews

Objective: Conduct a targeted number of key informant interviews to explore contributing causes of health inequities and disparities for a few of Ohio's most vulnerable populations



~ 30 key informant interviews with community-based organizations that work directly with and/or represent these vulnerable populations



Results will be used to inform:

- Identification of health priorities for the SHIP
- Selection of strategies for the SHIP
- Allocation of resources to support implementation of the SHIP and demonstrate PHAB measure 1.1.2S (3)

Identification of vulnerable populations

Decision criteria

Criteria 1. Groups of Ohioans who experience health outcomes at rates worse than the overall Ohio population.

Criteria 2. Groups of Ohioans who are suspected to experience poor health outcomes and for which secondary data is not always available.

Criteria 3. Groups of Ohioans who experience poor health outcomes compared to other groups but whose voices may not be heard or may be underrepresented throughout the State Health Assessment and State Health Improvement Plan process

Identification of vulnerable populations

Existing secondary data

- ✓ HPIO Health Value Dashboard
- ✓ *Improving Population Health Planning in Ohio Report* (Fig. 3.7)
- ✓ County Health Rankings
- ✓ Robert Wood Johnson Foundation DataHub
- ✓ State-level assessments and plans
- ✓ State Epidemiological Outcomes Workgroup
- ✓ Network of Care
- ✓ Census data

Feedback from subject matter experts

including:

- ✓ Kirwan Institute
- ✓ Ohio Commission on Minority Health
- ✓ HPIO Health Equity Workgroup

Identification of vulnerable populations

Population interviewed	Central region	NE region	NW region	SE region	SW region
African American	X	X	X		X
Low-income	Urban	Urban	Urban	Urban	Urban
	Suburban	Suburban	Suburban	Suburban	Suburban
	Rural	Rural/ Appalachian	Rural	Rural/ Appalachian	Rural/ Appalachian
Immigrant	<ul style="list-style-type: none"> • East African • Latino • Southeast Asian 	Eastern European	Latino		Latino
Refugees	X	X			X
People with disabilities				X	X

Organizations identified for interviews

African Americans

(Urban Leagues, Office of Minority Health, Center for Closing the Health Gap and Community Properties of Ohio)

Low income

(Local foodbanks and pantries and community-based social service and religious organizations)

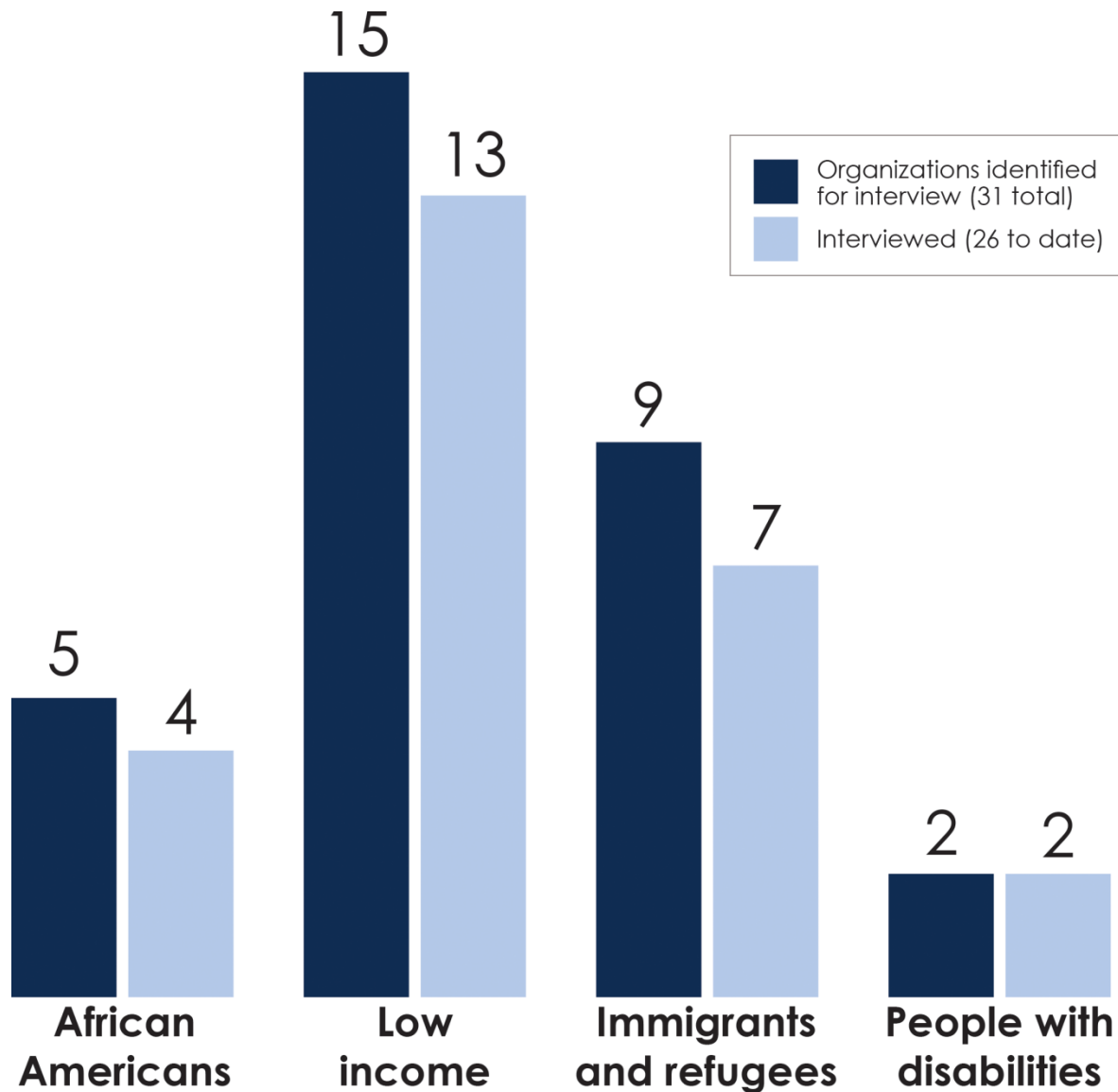
Immigrants and refugees

(Community Refugee & Immigration Services, Ethiopian Tewahedo Social Services, Our Lady of Guadalupe, Ohio Asian American Health Coalition, Adelante, Catholic Charities)

People with disabilities

(Society for Equal Access, Center for Independent Living)

Key informant interview progress



Core Questions

- How is the quality of life perceived in the community you serve?
- What do you view as strengths or resources of this community?
- How would you describe the health status of the community you serve?
- What do you think are the biggest health challenges or issues facing this community?
- What do you believe are the main causes of these health challenges/issues?
- What do you believe are the 2-3 most important things that need to change in order to improve the health and quality of life in this community?
- Describe any recent changes or trends that will have an impact on the health and quality of life of the community you serve.

Overall Comments

- Interviews have been very rich
- Themes are definitely emerging, even in populations with fewer interviews
- Almost all populations experience a health status poorer than the majority population, particularly among low-income members of each group
- There do seem to be differences among populations in terms of health challenges/issues

“What do you view as strengths or resources of this community?”

Top themes across state and individual population groups

Statewide (n=26 interviews, 36 people)	African American (n=4 interviews, 5 people)	Low income (n= 13 interviews, 20 people)	Immigrant/ Refugee (n=7 interviews, 9 people)	People with disabilities (n=2 interviews, 2 people)
<ul style="list-style-type: none"> • Social service agency resources • Strong social connections • Resilience and perseverance • Social service agency collaboration • Strong principles (integrity, trust, etc.) 	<ul style="list-style-type: none"> • Faith community connections • Resilience and perseverance • Advocacy • Social service agency resources • Appreciation of diversity • Schools 	<ul style="list-style-type: none"> • Social service agency resources • Strong social connections • Social service agency collaboration 	<ul style="list-style-type: none"> • Strong social connections • Strong principles (integrity, trust, etc.) • Resilience and perseverance • Social service agency resources 	<ul style="list-style-type: none"> • Social service agency resources • Advocacy • Positive outlook • Hard working • Strong social connections

“How would you describe the health status of the community you serve?”

Top themes across state and individual population groups

Statewide (n=26 interviews, 36 people)	African American (n=4 interviews, 5 people)	Low income (n= 13 interviews, 20 people)	Immigrant/ Refugee (n=7 interviews, 9 people)	People with disabilities (n=2 interviews, 2 people)
<ul style="list-style-type: none"> • Mental health issues • Diabetes • Poor health status • Poor nutrition • Physical disabilities and mobility issues • Substance abuse • Poor access to health care 	<ul style="list-style-type: none"> • Mental health issues • Substance abuse • Poor nutrition • Diabetes • Poor health status • High stress • Hypertension and heart disease 	<ul style="list-style-type: none"> • Diabetes • Poor health status • Physical disabilities and mobility issues • Mental health issues 	<ul style="list-style-type: none"> • Poor access to health care • Mental health issues • Poor health status • Poor nutrition • Poor access to dental care • Challenges understanding the health care system • Language barriers 	<ul style="list-style-type: none"> • COPD and pulmonary issues • Mental health issues • Poor nutrition • Physical disabilities and mobility issues

Next Steps

- Complete remaining interviews
- Additional analysis:
 - Additional research questions
 - Analysis within the Low-Income community by Urban, Suburban, Rural and Rural Appalachian
 - Analysis within Immigrant/Refugees to discern differences between target populations

Discussion questions

1. What questions do you have about the key informant interview findings?
2. What recommendations do you have for how to display this information in the State Health Assessment in a way that will be useful for guiding the State Health Improvement Plan?

Next steps for the SHA

- Next meeting:
 - June 22, 2016 from 10am-12:30 pm
- Draft State Health Assessment for review