



SHIP Work Team Survey: Chronic Disease

Outcomes for the Chronic Disease priority topic

Please help us to narrow down the list of desired outcomes to include in the SHIP for Chronic Disease by considering three criteria:

- **Importance of the problem:** *How important is it to address this problem in order to improve Ohio's overall health and economic vitality?*
Considerations: magnitude and severity of the problem; magnitude of disparities and impact on vulnerable populations; potential impact on wellbeing, healthcare spending, employment and productivity
- **Sources of information:** State Health Assessment, Impact of Chronic Disease in Ohio and other reports
- **Ability to impact:** *How likely is it that we can improve the outcome within 3-6 years?*
Considerations: Availability of evidence-based strategies; feasibility and cost of available evidence-based strategies; extent to which the outcome is preventable and it is realistic to think we can “move the needle” within 3-6 years
- **Sources of information:** Chronic Disease evidence inventory, CDC's Hi-5 and 6/18 recommended strategies, and your own expertise
- **Alignment and connections:** *Will including this outcome in the SHIP help us to build upon related activities in Ohio in a way that will result in greater impact and better connections across topics and sectors?*
Considerations: alignment with PCMH, episode-based payment, behavioral health redesign, Creating Healthy Communities, state-wide collaboratives and plans, local/regional health initiatives, etc.; potential strategies are cross-cutting or have co-benefits (strategies to address this outcome also impact potential outcomes in the other SHIP priority topic areas)
- **Sources of information:** State-level plan crosswalk, outcomes being considered by other work teams, and your own expertise

* 1. How important is it to address this problem in order to improve Ohio's overall health and economic vitality? Please select the three most important outcomes.

- Decreased heart disease prevalence among adults
- Decreased prevalence of adults ever diagnosed with hypertension
- Decreased diabetes prevalence among adults
- Decreased cancer incidence (specifically, cancers of the lung/bronchus, colon/rectum, breast and cervix)
- Decreased asthma hospitalizations for children (asthma morbidity)
- Decreased prevalence of obesity (adult and child)

* 2. How likely is it that we can improve the outcome within 3-6 years? Please select the three outcomes we are most likely to impact.

- Decreased heart disease prevalence among adults
- Decreased prevalence of adults ever diagnosed with hypertension
- Decreased diabetes prevalence among adults
- Decreased cancer incidence (specifically, cancers of the lung/bronchus, colon/rectum, breast and cervix)
- Decreased asthma hospitalizations for children (asthma morbidity)
- Decreased prevalence of obesity (adults and children)

* 3. Will including this outcome in the SHIP help us to build upon related activities in Ohio in a way that will result in greater impact and better connections across topics and sectors? Please select the three outcomes that align best with other initiatives.

- Decreased heart disease prevalence among adults
- Decreased prevalence of adults ever diagnosed with hypertension
- Decreased diabetes prevalence among adults
- Decreased cancer incidence (specifically, cancers of the lung/bronchus, colon/rectum, breast and cervix)
- Decreased asthma hospitalizations for children (asthma morbidity)
- Decreased prevalence of obesity (adults and children)



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Additional information

4. Thinking in particular about the cross-cutting factors (equity, social determinants, public health/prevention/behaviors and healthcare system/access), are there any additional subject matter experts, sectors or organizations that should be included in this Work Team? (Please refer to the current list of [Work Team members](#).)

5. What other sources of evidence for effective strategies should we be considering for this topic? (Please refer to the evidence inventory in the [Chronic Disease packet](#).)

* 6. Contact Information

Last Name

Name of your organization

7. Organization type

- State agency
- Other state-wide organization
- Local or regional organization

8. Additional comments:

