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Regional forum findings

A component of the 2019 State Health Assessment

SHA

State Health Assessment

Ohio 2019

Acknowledgements

The Ohio Department of Health (ODH) contracted with the Health Policy Institute of Ohio (HPIO) to facilitate five regional forums and prepare this report. HPIO sub-contracted with the Hospital Council of Northwest Ohio (HCNO) to assist with facilitation for two of the forums.

ODH, HPIO and HCNO are grateful to the hundreds of Ohioans who attended a regional forum or completed the online survey as part of this project.

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2019 State Health Assessment

Regional forum findings

Executive summary

Purpose and process

The Ohio Department of Health (ODH) commissioned the Health Policy Institute of Ohio (HPIO) to facilitate development of Ohio's next State Health Assessment (SHA) and State Health Improvement Plan (SHIP). As part of this process, HPIO facilitated a series of five regional forums in October 2018 and administered an online survey to gather input from from a wide variety of community stakeholders across the state. Findings from the regional forums and survey will be included in Ohio's next SHA and will inform identification of priorities and strategies in the next SHIP.

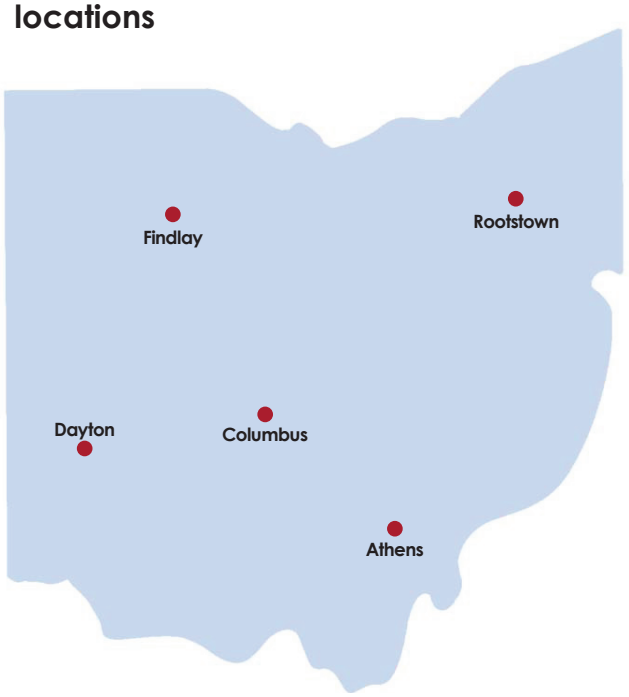
The purposes of the forums and the survey were to gather information across regions and for urban, suburban, Appalachian and non-Appalachian rural counties on:

- **Strengths and challenges:** Identify community strengths and challenges
- **Equity:** Identify priority populations (groups experiencing the worst health outcomes) and key disparities and inequities
- **Priorities:** Gather input on the three priority topics, 10 priority outcomes and cross-cutting factors in the 2017-2019 SHIP
- **SHA/SHIP improvements:** Gather feedback to guide improvements to the next SHA and SHIP documents, supplemental materials and related ODH guidance and technical assistance

A total of 622 Ohioans participated in a regional forum and/or completed the survey, with representation from all 88 Ohio counties. 521 participants attended the regional forums and 308 respondents completed the online survey. (Some participated in both.)

Local health departments and hospitals are the organizations charged with leading SHIP implementation at the local level. Both types of organizations were well-represented in both the forums and the survey. In addition, representatives from many other sectors participated, including behavioral health, education, disability and job training/ workforce development.

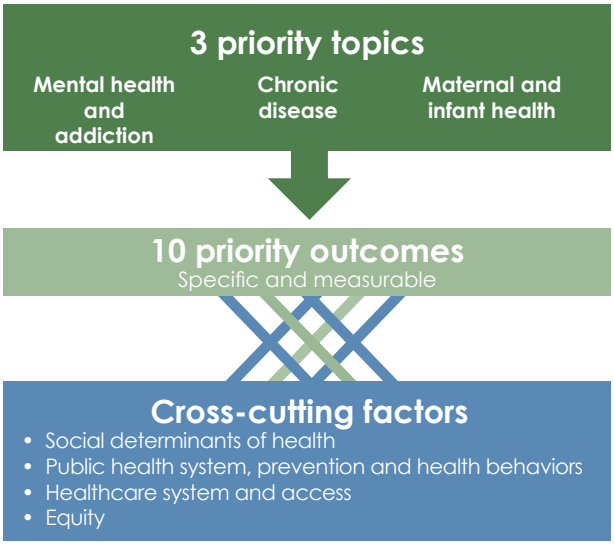
Figure ES.1. **2018 SHA regional forum locations**



Key finding 1. The 2017-2019 SHIP health outcome priorities continue to be consistent with local community priorities. Several cross-cutting factors also rise to the top as important to emphasize in the next SHIP, including poverty, transportation, physical activity, nutrition and access to care.

Survey respondents were asked to provide feedback on the SHIP's three broad priority topics (mental health and addiction, chronic disease, maternal and infant health) and

Figure ES.2. **Main components of SHIP framework**



Note: See figure 1.4 for details

four cross-cutting factors (equity, social determinants of health, public health system/ prevention/health behaviors, and healthcare system and access) (See figure ES.2.).

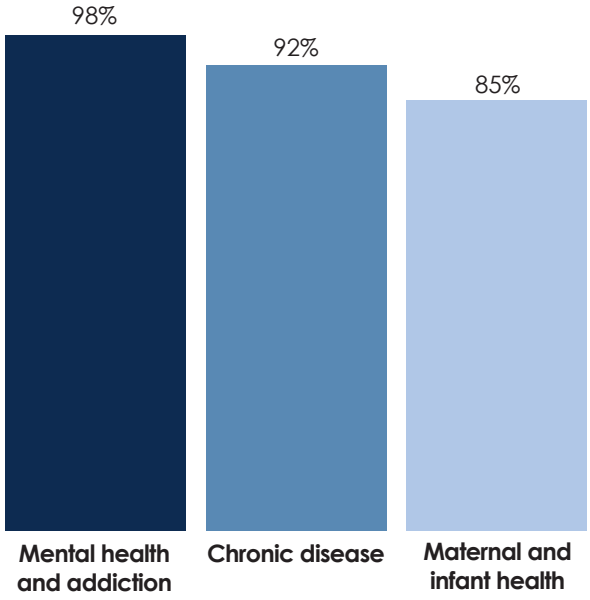
Respondents reported that the three broad priority topics in the 2017-2019 SHIP were still highly consistent with the priorities they identified in their own communities. Figure ES.3 displays the percent of respondents who indicated these priorities were a "high" or "moderate" priority in their county(ies).

In addition, respondents reported that the SHIP cross-cutting factors are also "high" or "moderate" priorities in their community (see figure ES.4).

Finally, respondents prioritized barriers to equity, which provide more specific insight on the social drivers that should be carefully considered during development of the next SHA and SHIP. The top-five "most important" barriers to address in order to improve health outcomes for groups with the worst health outcomes (priority populations) are listed in figure ES.5.

Figure ES.3**. SHIP priority alignment with current local priorities**

"Based on results of community assessments and plans in your community, to what extent are the three broad priority topics from the 2017-2019 SHIP a HIGH or MODERATE priority for your county(ies)?" (n=306-308)



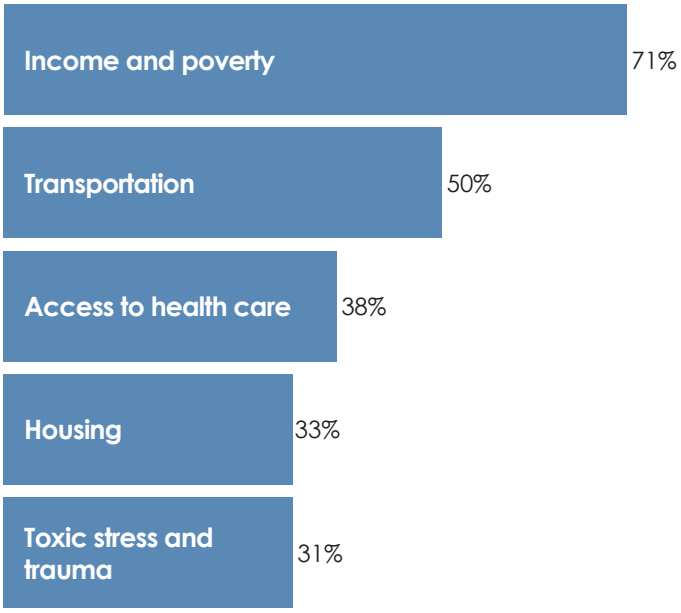
Source: 2018 SHA regional forum online survey

Figure ES.4**. Top-five cross-cutting factors**

"Based on results of community assessments and plans in your community, to what extent are the cross-cutting factors from the 2017-2019 SHIP a HIGH or MODERATE priority in your county(ies)?" (n=282-305)

Source: 2018 SHA regional forum online survey

Figure ES.5. **Top-five barriers to equity**
"Which of the following barriers do you think are most important to address in order to improve [health outcomes for priority populations in your county(ies)]?" (n=302)



Source: 2018 SHA regional forum online survey

Key finding 2. While each Ohio community is unique, there are many shared strengths, challenges and priorities across the state.

During the regional forum small group discussions, participants described many strengths and challenges that were unique to their community or area of the state. For example:

- Urban and suburban participants cited ample resources, availability of specific healthcare services and economic vitality as unique strengths, while Appalachian and rural non-Appalachian participants highlighted positive cultural attitudes in their communities, such as having friendly people and a focus on "taking care of our own."
- The southwest region, which has been particularly hard-hit by the opioid crisis, identified Adverse Childhood Experiences (ACEs), grandparents raising grandchildren and strain on the foster care system as major challenges.
- Transportation is a priority everywhere, but the specific nature of transportation challenges varies by area. In the southeast region, for example, long distances to jobs, grocery stores and health care and limited infrastructure present unique obstacles to wellbeing.

An over-riding theme from the forums and survey results is that there are several major trends, challenges and priorities that are shared by communities of all kinds across the state. For example:

- Increased focus on prevention and the social determinants of health was cited as a top-10 positive trend in small group discussions for all regions and all county types.
- Transportation was identified as a top-10 challenge for all five regions and all county types.
- Mental health and addiction was the top health outcome priority rated by survey respondents from all regions and all county types.
- Access to health care and physical activity and nutrition are high-priority cross-cutting factors in all regions and across county types.

Key finding 3. There are many opportunities to improve the next SHA and SHIP to ensure they are useful for local partners.

Most survey respondents reported that the SHA (72 percent) and SHIP (71 percent) were "very" or "somewhat" effective at contributing to improvements in health assessments and plans developed by local health departments and hospitals in 2017 and 2018. Most respondents agreed that the SHA, SHIP and related ODH guidance led to increased:

- Alignment between local health departments and state SHIP priorities
- Identification of useful indicators/metrics and development of measurable outcome objectives
- Partnerships with sectors beyond health (education, housing, transportation, etc
- Collaboration between local health departments and hospitals on community health improvement activities

Many forum attendees reported confusion about how to use the SHA, SHIP and guidance documents and offered actionable suggestions for increasing awareness and ease of use, for example:

- Make the SHA and SHIP more concise and user-friendly
- Expand dissemination and higher-visibility roll-out
- Increase outreach to all partners, including sectors beyond health

See figure ES.6 for additional recommendations.

Figure ES.6. Most frequent recommendations to improve the SHA and SHIP

Top-10 recommendations from forum participants and survey respondents (n=42 small group discussions and 153 survey respondents)

Dissemination and outreach

- Concise and user-friendly
- Expand dissemination/higher-visibility roll out (general)
- Increase outreach and awareness to sectors beyond health
- Increase outreach and awareness to health-related organizations
- Increase outreach to partners and awareness (general, unspecified)
- Tailor for different audiences (talking points or user guides for different types of organizations and sectors)

ODH guidance, technical assistance and implementation infrastructure

- Provide technical assistance (general)
- Fund SHIP strategies at state and local level
- More efficient data process for locals (state should provide locals with data for their assessments and/or coordinate use of the same surveys and other data sources to avoid duplication of effort and to allow for comparisons between local and state-level data)
- Peer-to-peer sharing (facilitate opportunities for local communities to learn from each other about assessments and SHIP strategy selection, implementation and evaluation)

SHA format and content

- Local or regional data in SHA
- Additional disaggregated data (by disability status, race/ethnicity, etc.) in SHA
- Additional specific metrics/topics related to social determinants of health

SHIP format and content

- Include success stories (provide examples of communities that have implemented SHIP strategies and achieved positive outcomes
- Flexible options for different types of counties for SHIP implementation
- Regular reporting of progress on SHIP outcomes/SHIP dashboard

Part 1. Purpose and process

In 2016-2017, the Ohio Department of Health (ODH) contracted with the Health Policy Institute of Ohio (HPIO) to develop the 2016 State Health Assessment (SHA) and 2017-2019 State Health Improvement Plan (SHIP). In 2018-2019, HPIO is working with ODH to update the SHA and the SHIP to ensure that it provides actionable information to state and local-level leaders to improve health outcomes, reduce disparities and control healthcare spending.

As part of this process, HPIO facilitated a series of five SHA regional forums in October 2018 in partnership with the Hospital Council of Northwest Ohio (HCNO) and conducted an online survey that was completed by forum attendees and other stakeholders. The purposes of the forums and the survey were to gather information across regions and for urban, suburban, Appalachian and non-Appalachian rural counties on:

- **Strengths and challenges:** Identify community strengths and challenges
- **Equity:** Identify priority populations (groups experiencing the worst health outcomes) and key disparities and inequities
- **Priorities:** Gather input on the three priority topics, 10 priority outcomes and cross-cutting factors in the 2017-2019 SHIP (see figure 1.4)
- **SHA/SHIP improvements:** Gather feedback to guide improvements to the next SHA and SHIP documents, supplemental materials and related ODH guidance and technical assistance

Overall, a total of 622 stakeholders participated in either a regional forum and/or completed the online survey. This is an increase of 54 percent from 2016 when a total of 404 stakeholders attended a regional SHA forum or completed the supplemental online survey.

This report summarizes the results of information gathered from the following sources:

- **Forum small group discussions:** HPIO and HCNO staff facilitated small group discussions at the forums using a semi-structured group interview script. HPIO coded the open-ended responses to describe the most common themes that emerged from these discussions. (n=42 small groups)
- **Forum participant worksheets:** During the forums, participants were asked to individually complete worksheets to elicit feedback on the 2016 SHA and 2017-2019 SHIP. Results from closed-ended worksheet questions and coded open-ended questions are included in this report. (n=369 completed worksheets)
- **Online survey:** HPIO encouraged all forum participants to complete the online survey. Other stakeholders who were not able to attend a forum were also invited to complete the survey. Results from closed-ended survey questions and coded open-ended questions are included in this report. (n=308 total survey respondents)

Maternal and child health component

In order to strengthen and streamline state-level health assessments and planning, the next SHA and SHIP are being developed in conjunction with the state's Maternal and Child Health (MCH) and Maternal Infant and Early Childhood Home Visiting (MIECHV) assessments. The SHA regional forums therefore included an afternoon session focused on MCH/MIECHV issues and HPIO also conducted an MCH/MIECHV online survey. The findings from those activities are summarized in a separate report.

Forum attendance

A total of 521 stakeholders from across the state attended a regional forum (see figure 1.1). The five regions align with the Association of Ohio Health Commissioners (see figure 1.2 for counties included in each region). Seventy-three of Ohio's 88 counties were represented by at least one participant at the forums.[1]

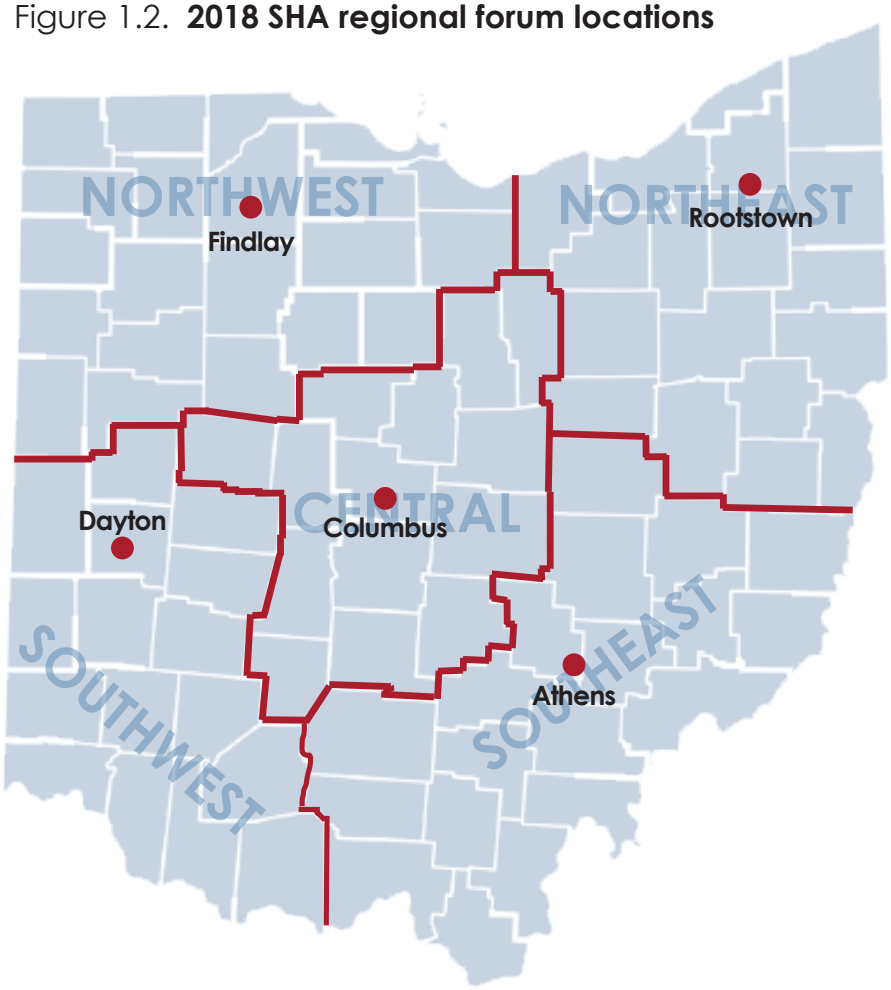
Figure 1.1. **2018 SHA regional forum participation**

Total number of forum attendees*	521
Central region – Columbus, Oct. 3, 2018	110
Southeast region – Athens, Oct. 10, 2018	79
Southwest region – Dayton, Oct. 12, 2018	93
Northwest region – Findlay, Oct. 30, 2018 (co-facilitated by HCNO)	114
Northeast region – Rootstown, Oct. 31, 2018 (co-facilitated by HCNO)	125

*May include some duplicate individuals who attended more than one forum. Does not include HPIO staff.

1. The following counties did not participate in the regional forums: Ashland, Auglaize, Coshocton, Fayette, Fulton, Geauga, Guernsey, Harrison, Highland, Mercer, Monroe, Morrow, Perry, Pickaway, Shelby.

Figure 1.2. **2018 SHA regional forum locations**



HPIO, ODH and HCNO conducted outreach to invite representatives from local health departments, hospitals and behavioral health organizations. In addition, HPIO reached out to several other sectors to recruit forum participants.

Across regional forums, 27 percent of attendees represented local health departments and 13 percent represented hospitals/hospital associations. Many other sectors were represented, including maternal and child health, behavioral health, education and community-based/social service organizations. Appendix A provides additional detail on sector representation at the 2018 SHA regional forums.

Forum structure and process

Each forum was three hours and began with a brief overview presentation from ODH, followed by a progress report on outcomes from the 2017-2019 SHIP. All forum materials are posted on the **HPIO website**.

Regional forum attendees were seated in small groups with an assigned facilitator and asked to provide feedback on a series of questions based on a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) process.

During the first round of discussion regarding community strengths and challenges, participants were grouped by county and county type (urban, suburban, Appalachian, non-Appalachian rural). While HPIO structured the first round of small group discussions in order to identify distinctions between county types (urban/suburban vs. Appalachian/ non-Appalachian rural), there are limitations on how these results could be analyzed and reported. Some participants represented organizations serving multiple counties (including different county types) or the entire

Figure 1.3. **Online survey respondents by region** (n=308)

	Number of respondents	Response rate
Total number of online survey respondents	**308**	NA*
Total among forum attendees	215	41%
Central	38	35%
Southeast	33	42%
Southwest	48	52%
Northwest	50	44%
Northeast	46	37%
Did not attend a forum	101	NA*

*Convenience and snowball sample. Denominator not available.
Note: Survey question allowed respondents to select all that apply because some respondents attended more than one forum.

state, rather than a single county. During the second round of discussions, which elicited feedback on the current SHA and SHIP, participants were encouraged to sit with representatives from other counties.

Online survey

A total of 308 respondents completed the online survey (see figure 1.3). Of these, 215 were forum attendees (41 percent response rate). All 88 counties were represented by at least one survey respondent.

Almost half of online survey respondents (48 percent) represented local health departments and 16 percent represented hospitals/hospital associations. Other sectors included community-based/social services organizations (10 percent); other public health organizations (six percent); maternal and child health agency or advocate (four percent); and other sectors (such as law enforcement, criminal justice, EMS, transportation, regional planning, housing, education, early childhood, workforce development) (four percent). See Appendix A for more information.

Figure 1.4. **SHIP framework**

Ohio 2017-2019 state health improvement plan (SHIP)

Overall health outcomes

- ⬆ Health status
- ⬇ Premature death

3 priority topics

Mental health and addiction	Chronic disease	Maternal and infant health

10 priority outcomes

Mental health and addiction	Chronic disease	Maternal and infant health
⬇ Depression	⬇ Heart disease	⬇ Preterm births
⬇ Suicide	⬇ Diabetes	⬇ Low birth weight
⬇ Drug dependency/ abuse	⬇ Asthma	⬇ Infant mortality
⬇ Drug overdose deaths		

Equity: Priority populations for each outcome above

Cross-cutting outcomes and strategies

The SHIP addresses the 10 priority outcomes through cross-cutting factors that impact all 3 priority topics

Cross-cutting factors	Outcome examples
Social determinants of health	Student success Economic vitality Housing affordability and quality Violence-free communities
Public health system, prevention and health behaviors	Tobacco prevention and cessation Active living Healthy eating Population health infrastructure
Healthcare system and access	Access to quality health care Comprehensive primary care
Equity	= Strategies likely to decrease disparities for priority populations

The SHIP includes outcome indicators and evidence-based strategies for each cross-cutting factor

Part 2. Strengths and challenges: Forum findings

This section describes findings from small group discussions at the regional forums regarding:

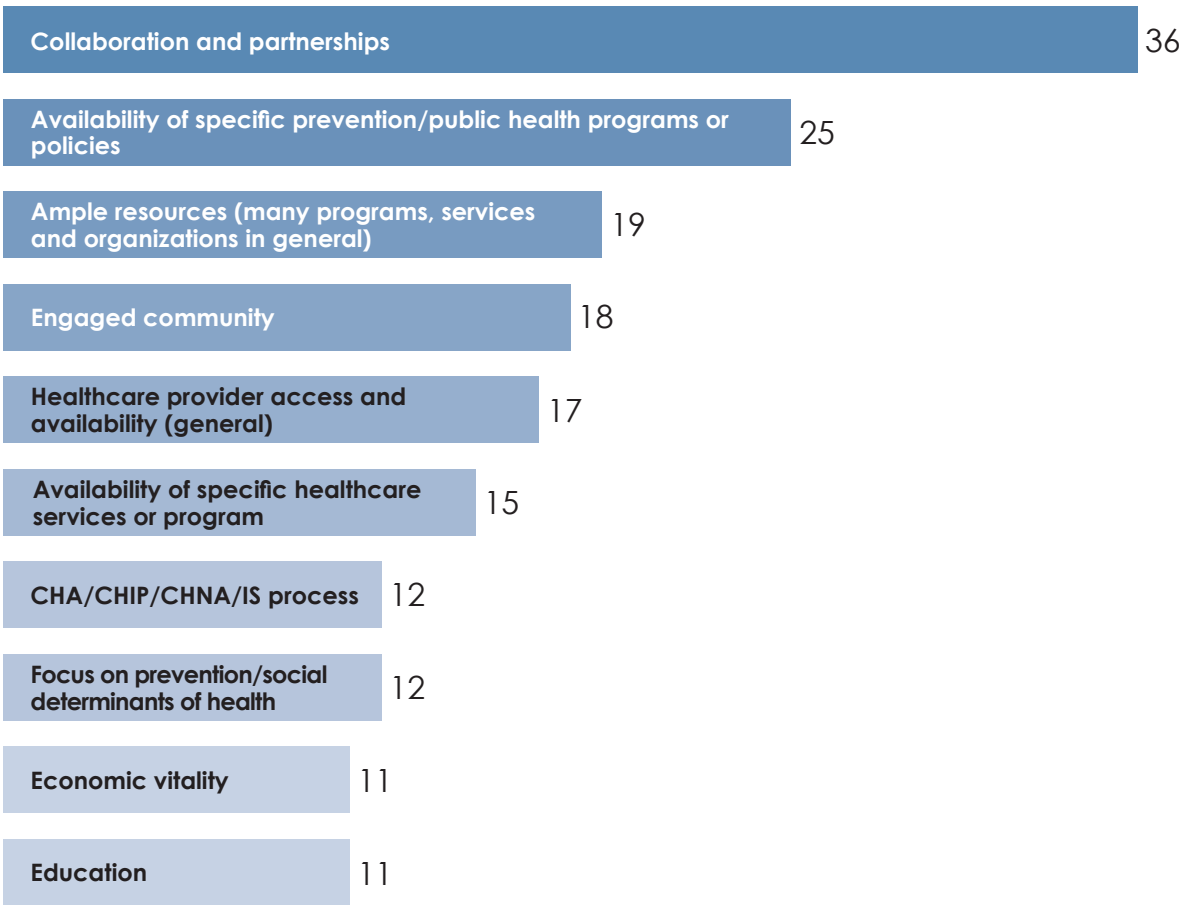
- Community strengths and positive trends
- Community challenges and negative trends

Strengths and positive trends

Collaboration and partnerships were most commonly cited when participants were asked to describe their community's greatest strengths. Stakeholders provided several examples, such as new partnerships between public health and schools, strong buy-in for collective impact initiatives and increased coordination between behavioral health and law enforcement in the wake of the opioid crisis. Other frequently-mentioned strengths are listed in figure 2.1.

Collaboration and partnerships and engaged community members were consistently cited as strengths across all regions and all county types. Strengths unique to specific regions are highlighted in figure 2.2 and differences by county type in figure 2.3. Urban and suburban participants emphasized having access to ample resources, availability of specific healthcare services or programs and economic vitality as strengths. Appalachian/rural participants, on the other hand, talked about positive cultural attitudes such as having an "Appalachian spirit," friendly people and a focus on "taking care of our own."

Figure 2.1. **Top-10 community strengths**
"What are your community's greatest strengths?"
Number of small groups that mentioned each strength (n=42 small groups)



Source: 2018 SHA regional forum small-group discussions

Figure 2.2. **Top-10 strengths, by region**
"What are your community's greatest strengths?"

Southeast n=6 small groups	**Northwest** n=9 small groups	**Central** n=9 small groups	**Southwest** n=8 small groups	**Northeast** n=10 small groups
Availability of specific prevention/public health programs or policies (5)	Collaboration and partnerships (8) ▲	Collaboration and partnerships (6) ▲	Collaboration and partnerships (8) ▲	Collaboration and partnerships (9) ▲
Collaboration and partnerships (5) ▲	Education (5) ★	Ample resources (many programs, services and organizations in general) (5)	Availability of specific prevention/public health programs or policies (6)	Ample resources (many programs, services and organizations in general) (8)
Positive cultural attitudes (4)	Healthcare provider access and availability (general) (5)	Availability of specific health care services or program (5)	Engaged community (4) ▲	Availability of specific prevention/public health programs or policies (7)
Engaged community (3) ▲	Engaged community (4) ▲	Availability of specific prevention/public health programs or policies (5)	Ample resources (general) (3)	CHA/CHIP/CHNA/ IS process (7)
Availability of specific health care services or program (3)	Ample resources (many programs, services and organizations in general) (3)	Economic vitality (4)	Availability of safety-net provider(s) (3) ★	Healthcare provider access and availability (general) (7)
	Availability of specific health care services or program (3)	Engaged community (4) ▲	Focus on prevention/SDOH (3)	Focus on prevention/SDOH (4)
	Economic vitality (3)	Quality health care (3) ★	Healthcare provider access and availability (general) (3)	Creativity and innovation (3) ★
	Focus on prevention/SDOH (3)	CHA/CHIP/CHNA/ IS process (2)		Engaged community (3) ▲
	Positive cultural attitudes (3)	Institutional assets (2) ★		Natural resources and greenspace (3) ★
		Transportation assets (2) ★		

▲ Common across all regions
★ Strength unique to region

Note: This graphic is a concise display of the most commonly mentioned strengths. If ties resulted in more than 10 strengths, fewer strengths are displayed. In some regions (e.g. southeast and southwest), there were a large number of ties for topics mentioned by one or two tables. In these cases, only topics mentioned by three or more tables are listed.
Source: 2018 SHA regional forum small-group discussions

Figure 2.3. **Top-10 strengths, by county type**
"What are your community's greatest strengths?"
Number of small groups that mentioned each strength (n=42 small groups)

Urban/ Suburban n=30 small groups*	**Appalachian/ Rural non-Appalachian** n=24 small groups**
Collaboration and partnerships (25)	Collaboration and partnerships (22)
Ample resources (many programs, services and organizations in general) (18) ★	Availability of specific prevention/public health programs or policies (15)
Availability of specific prevention/public health programs or policies (16)	Engaged community (12)
Healthcare provider access and availability (general) (13)	Healthcare provider access and availability (general) (10)
Engaged community (12)	Positive cultural attitudes (9) ★
Availability of specific health care services or program (11) ★	CHA/CHIP/CHNA/IS process (8)
CHA/CHIP/CHNA/IS process (8)	Education (8)
Economic vitality (8) ★	Focus on prevention/SDOH (8) ★
Education (7)	

★ Strength unique to county type

*Includes small groups that had any participants representing urban and/or suburban counties.
**Includes small groups that had any participants representing Appalachian and/or Rural non-Appalachian counties. See Appendix A for list of counties.
Source: 2018 SHA regional forum small group discussions

Overall, the positive trends most frequently mentioned by participants across all five regions were:

- Increasing collaboration and partnerships (23 small groups)
- Increasing focus on prevention, social determinants of health, and a "health in all policies" approach[2] (21)
- Availability of specific healthcare services or programs (18)
- Availability of specific prevention/public health programs or policies (18)

Figure 2.4 describes similarities and differences by county type. Urban/suburban participants were more likely to mention technology, increasing funding/resources or healthy food access as positive changes on the horizon for their communities. Appalachian/rural participants talked more frequently about education as a positive trend, often reflecting a sense of optimism about their K-12 school districts and the availability of vocational training programs.

2. Health in All Policies, or Health and Equity in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

Figure 2.4. **Top-10 positive trends, by county type**
"What recent changes or trends are occurring or are on the horizon that may positively impact the health of your community?"
Number of small groups that mentioned each positive trend (n=41 small groups)

Urban/ Suburban n=30 small groups*	**Appalachian/ Rural non-Appalachian** n=23 small groups**
Increasing focus on prevention/SDOH/HIAP (18)	Increasing collaboration and partnership (15)
Increasing collaboration and partnership (16)	Availability of specific prevention/public health programs or policies (11)
Availability of specific healthcare service or program (14)	Increasing focus on prevention/SDOH/HIAP (10)
Availability of specific prevention/public health programs or policies (13)	Availability of specific healthcare service or program (9)
Economic vitality (8)	Economic vitality (8)
Healthy food access (7) ★	Education (6) ★
Increasing funding/resources (7) ★	
Technology (7) ★	

★ Trend unique to county type

*Includes small groups that had any participants representing urban and/or suburban counties. See Appendix A for list of counties.
**Includes small groups that had any participants representing Appalachian and/or Rural non-Appalachian counties. See Appendix A for list of counties.
Source: 2018 SHA regional forum small group discussions

Challenges and negative trends

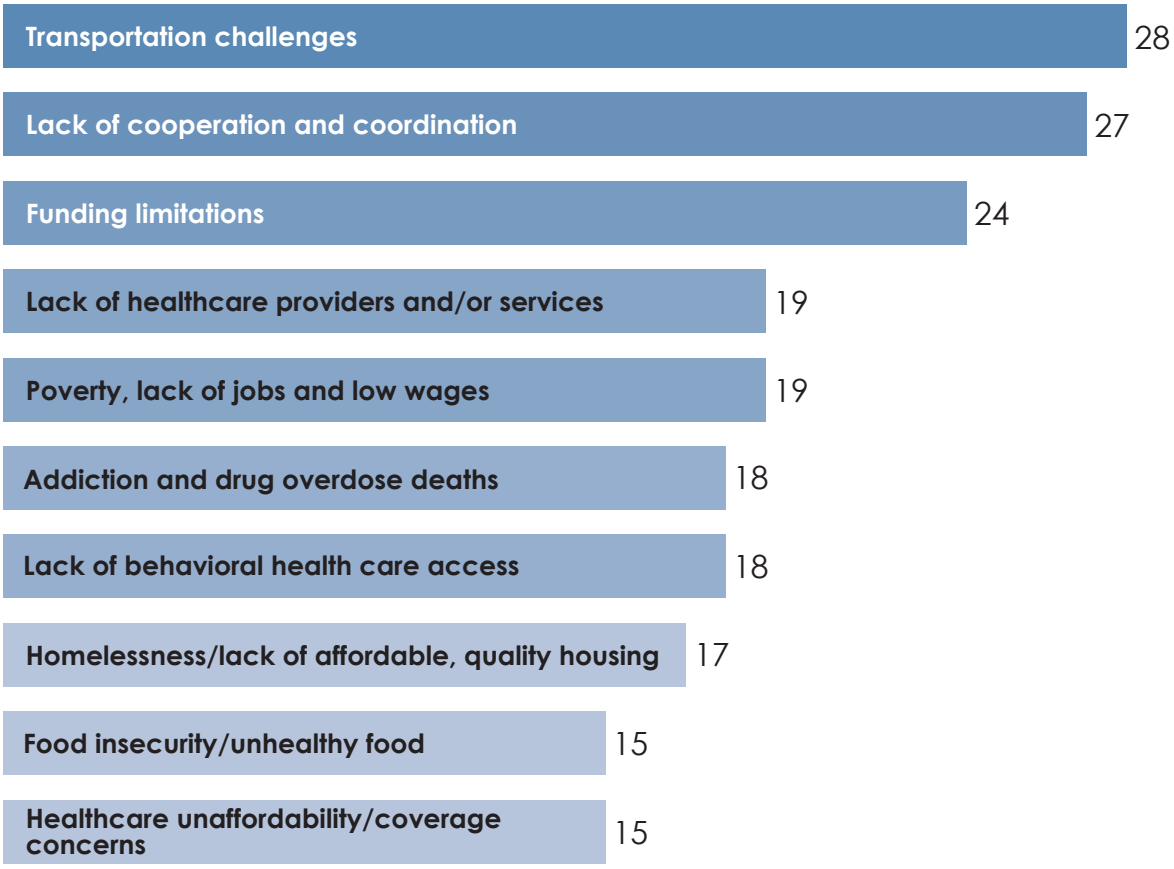
Transportation was the most frequently mentioned challenge overall. Notably, transportation was also the only challenge that was in the top-10 list of challenges for every region and all county types. The specific nature of transportation challenges, however, varied widely by region. In the southeast region, for example, long distances to jobs, grocery stores and health care and limited infrastructure present unique obstacles to wellbeing. In larger metropolitan areas, participants talked about limitations of bus systems and lower-income residents moving into suburban areas where it is difficult to get around without a car.

Additional challenges are listed in figure 2.5. Figure 2.6 highlights unique challenges for each region. Participants from southeast Ohio were more likely than other regions to cite a poor economy and benefit cliffs[3] as challenges. The southwest region, which has been particularly hard-hit by the opioid crisis, identified Adverse Childhood Experiences (ACEs), grandparents raising grandchildren, kinship care issues and strain on the foster care system as major challenges. Northwest participants talked about the need for increased political will to make change and concerns about mental health.

As shown in figure 2.7, there were many challenges shared across all county types. However, urban/suburban participants were more likely to cite homelessness or lack of affordable housing, while Appalachian/rural participants were more likely to talk about challenges with the economy.

3. The abrupt end of public assistance (e.g. child care subsidies, SNAP, Medicaid, etc.) participants experience when their earned income increases to levels above program eligibility.

Figure 2.5. **Top-10 challenges**
"What are your community's greatest challenges?"
Number of small groups that mentioned each challenge (n=42 small groups)



Source: 2018 SHA regional forum small-group discussions

Figure 2.6. **Top-10 challenges, by region**
"What are your community's greatest challenges?"

Southeast n=6 small groups	**Northwest** n=9 small groups	**Central** n=9 small groups	**Southwest** n=8 small groups	**Northeast** n=10 small groups
Transportation challenges (6) ▲	Lack of cooperation and coordination (9)	Addiction and drug overdose deaths (4)	Lack of cooperation and coordination (6)	Funding limitations (6)
Poverty, lack of jobs and low wages (5)	Funding limitations (8)	Funding limitations (4)	Lack of healthcare providers and/or services (5)	Lack of cooperation and coordination (6)
Food insecurity/ unhealthy food (4)	Transportation challenges (7) ▲	Homelessness/ lack of affordable, quality housing (4)	Transportation challenges (5) ▲	Transportation challenges (6) ▲
Homelessness/ lack of affordable, quality housing (4)	Addiction and drug overdose deaths (4)	Lack of behavioral health access (4)	Food insecurity/ unhealthy food (4)	Addiction and drug overdose deaths (5)
Poor economy (4) ★	Homelessness/ lack of affordable, quality housing (4)	Lack of cooperation and coordination (4)	Funding limitations (4)	Healthcare unaffordability/ coverage concerns (5)
Benefit cliffs (3) ★	Lack of political will/political infighting (4) ★	Poverty, lack of jobs and low wages (4)	Grandparents raising grandchildren/ kinship care issues (4) ★	Lack of healthcare providers and/or services (5)
Lack of behavioral health access (3)	Mental health (4) ★	Transportation challenges (4) ▲	Healthcare unaffordability/ coverage concerns (4)	
Lack of healthcare providers and/or services (3)			Lack of behavioral health access (4)	
			Poor quality education/low educational attainment (4) ★	
			Trauma and ACEs (4) ★	

▲ Common across all regions
★ Challenge unique to region

Note: This graphic is a concise display of the most commonly mentioned challenges. If ties resulted in more than 10 challenges, fewer challenges are displayed. In some regions (e.g. northwest and central), there were a large number of ties for topics mentioned by two or three tables. In these cases, only topics mentioned by four or more tables are listed.
Source: 2018 SHA regional forum small-group discussions

Figure 2.7. **Top-10 challenges, by county type**
"What are your community's greatest challenges?"
Number of small groups that mentioned each challenge (n=42 small groups)

Urban/ Suburban n=30 small groups*	**Appalachian/ Rural non-Appalachian** n=24 small groups**
Lack of cooperation and coordination (20)	Transportation challenges (20)
Funding limitations (17)	Lack of cooperation and coordination (16)
Transportation challenges (17)	Addiction and drug overdose deaths (13)
Lack of healthcare providers and/or services (13)	Funding limitations (13)
Homelessness/lack of affordable, quality housing (12) ★	Lack of healthcare providers and/or services (13)
Healthcare unaffordability/coverage concerns (11)	Poverty, lack of jobs and low wages (13)
Lack of behavioral health access (11)	Healthcare unaffordability/coverage concerns (12)
Poverty, lack of jobs and low wages (11)	Poor economy (11) ★
Addiction and drug overdose deaths (10)	Lack of behavioral health access (10)
Food insecurity/unhealthy food (10)	Food insecurity/unhealthy food (9)

★ Challenge unique to county type

*Includes small groups that had any participants representing urban and/or suburban counties. See Appendix A for list of counties.
**Includes small groups that had any participants representing Appalachian and/or Rural non-Appalachian counties. See Appendix A for list of counties.
Source: 2018 SHA regional forum small group discussions

Overall, the negative trends mentioned most often in small group discussions were:

- Addiction and drug overdose deaths (23 small groups)
- Funding limitations (14)
- Mental health (13)
- Poverty, lack of jobs and low wages (11)
- State approach/change in administration (10)
- Aging population (10)
- Lack of healthcare providers (9)
- Lack of behavioral health access (9)
- Concerns about potential changes to Medicaid eligibility and enrollment (9)
- Poor economy (8)

Figure 2.8 describes similarities and differences by county type. Urban/suburban participants were more likely to mention Medicaid eligibility concerns (referring to possible work requirements or other eligibility changes), the state approach (typically referring to frustration with state agencies) and the upcoming change in the administration (new Governor). Appalachian/rural participants talked more frequently about lack of behavioral health access and a poor economy.

Figure 2.8. **Top-10 negative trends, by county type**

"What recent changes or trends are occurring or are on the horizon that may harm the health of your community?"

Number of small groups that mentioned each negative trend (n=41 small groups)

Urban/ Suburban n=29 small groups*	**Appalachian/ Rural non-Appalachian** n=23 small groups**
Addiction and drug overdose deaths (13)	Addiction and drug overdose deaths (15)
Funding limitations (11)	Mental health (9)
Mental health (9)	Funding limitations (8)
Poverty, lack of jobs, and low wages (9)	Aging population (general) (7)
State approach/change in administration (9) ★	Lack of healthcare providers (7)
Concerns about potential changes to Medicaid eligibility and enrollment (8) ★	Lack of behavioral health access (6) ★
Aging population (general) (7)	Poor economy (6) ★
Lack of healthcare providers (6)	Poverty, lack of jobs, and low wages (6)

★ Trend unique to county type

*Includes small groups that had any participants representing urban and/or suburban counties. See Appendix A for list of counties.

**Includes small groups that had any participants representing Appalachian and/or Rural non-Appalachian counties. See Appendix A for list of counties.

Source: 2018 SHA regional forum small group discussions

Part 3. SHIP priorities: Survey results

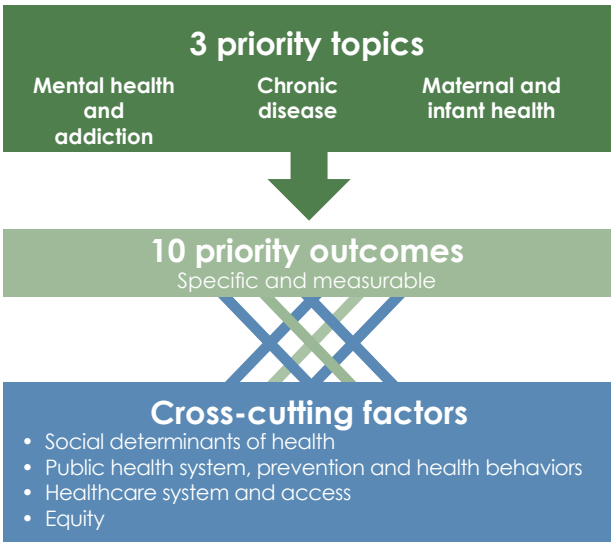
This section reports the results of the online survey regarding:
- Scope of SHIP priority topics and outcomes
- SHIP priority topics
- SHIP priority outcomes
- SHIP cross-cutting factors
- Equity and social determinants of health

Scope of SHIP priority topics and outcomes

The 2017-2019 SHIP is structured around three broad priority topics: Mental health and addiction, chronic disease and maternal and infant health (see figure 3.1). Within these priority topics, 10 priority outcomes were identified. The SHIP addresses these 10 priority outcomes through cross-cutting factors that impact all three priority topics.

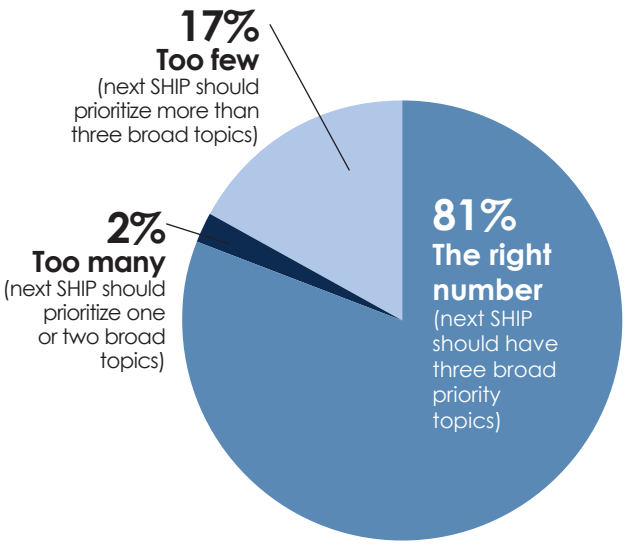
Most survey respondents agreed that the number of broad priority topics and specific outcomes in the 2017-2019 SHIP are appropriate:
- 81 percent reported that three broad priority topics was the right number (the next SHIP should have three broad priority topics).
- 55 percent reported that 10 priority outcomes was the right number (the next SHIP should have 10 specific outcomes), although 40 percent thought it was too many.

Figure 3.1. **2017-2019 SHIP framework**



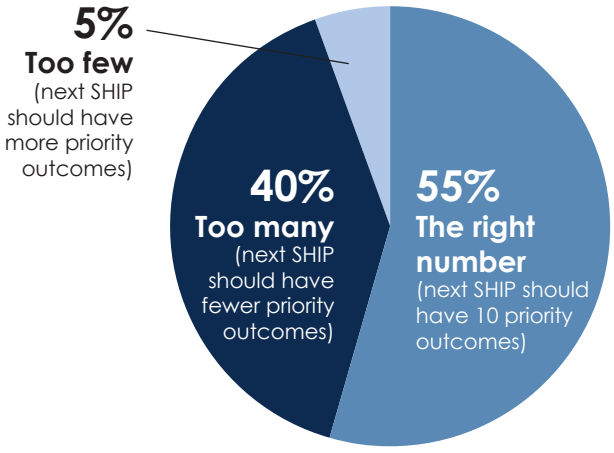
Note: See figure 1.4 for details

Figure 3.2. **"Having <u>three broad priority topics</u> in the SHIP is…."** (n=248)



Source: 2018 SHA regional forum online survey

Figure 3.3. **"Having <u>10 priority outcomes</u> in the SHIP is…."** (n=242)



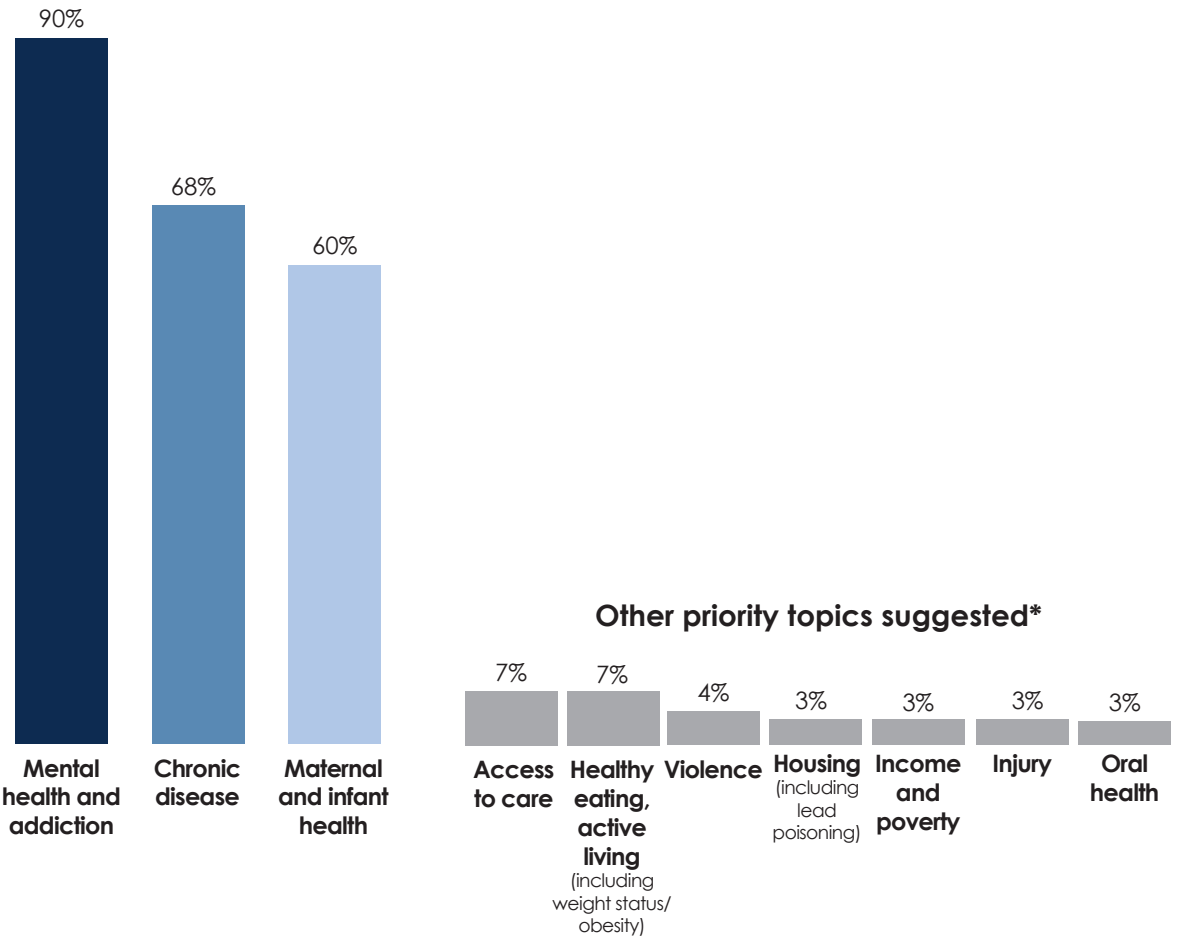
Source: 2018 SHA regional forum online survey

Figure 3.4. **SHIP priority topic alignment with local priorities**
"Based on results of community assessments and plans in your community, to what extent are the three broad priority topics from the 2017-2019 SHIP priorities for your county(ies)?"

	High or moderate priority	Low or not a priority	Don't know/not familiar
Mental health and addiction (n=306)	299 (98%)	4 (1%)	3 (1%)
Chronic disease (n=306)	282 (92%)	18 (6%)	6 (2%)
Maternal and infant health (n=308)	261 (85%)	41 (13%)	6 (2%)

Source: 2018 SHA regional forum online survey

Figure 3.5. **SHIP priority topic alignment with local priorities**
"Based on results of community assessments and plans in your community, to what extent are the three broad priority topics from the 2017-2019 SHIP a HIGH priority for your county(ies)?" (Also includes other high priority topic areas suggested by respondents) (n=308)



* The survey question allowed respondents to write in additional topics. The most commonly reported topics are included in this graphic.
Source: 2018 SHA regional forum online survey

SHIP priority topics

Most respondents indicated that the three broad priority topics in the 2017-2019 SHIP align well with priorities in their own community. The strongest alignment was for mental health and addiction; 98 percent of respondents reported that this was a high or moderate priority in their county(ies). Consensus was less strong for maternal and infant health; 13 percent reported that this is a low priority or not a priority in their county(ies) (see figure 3.4).

In addition to indicating alignment with the current SHIP priority areas, respondents had the option to specify "another broad health topic that is a HIGH PRIORITY for your county or service area." As shown in figure 3.5, access to care and healthy eating and active living were the most commonly added health outcome topics—although the percent rating these as a "high priority" was still much lower than the existing priorities.

Respondents from local health departments and hospitals largely agreed on priorities, although local health departments were more likely to report chronic disease as a priority, while hospitals were more likely to prioritize maternal and infant health (see figure 3.6).

Figure 3.7 displays differences in local prioritization by county types. The most notable difference is that maternal and infant health was highly-prioritized by urban respondents, compared to rural and Appalachian respondents.

Figure 3.6. **SHIP priority topic alignment with local priorities, by sector**
"Based on results of community assessments and plans in your community, to what extent are the three broad priority topics from the 2017-2019 SHIP a HIGH priority for your county(ies)?" (Also includes other high priority topic areas suggested by respondents)

	High priority	
	Local health departments (n=147)	**Hospitals/hospital associations** (n=48)
2017-2019 SHIP priority topics		
Mental health and addiction	139 (95%)	46 (96%)
Chronic disease	112 (76%)	33 (69%)
Maternal and infant health	82 (56%)	31 (65%)
Other priority topics suggested*		
Access to care	13 (9%)	4 (8%)
Healthy eating, active living (includes weight status/obesity)	15 (10%)	3 (6%)
Violence	6 (4%)	2 (4%)
Injury	6 (4%)	1 (2%)
Oral health	6 (4%)	2 (4%)
Housing (includes lead poisoning)	4 (3%)	0 (0%)
Income and poverty	5 (3%)	2 (4%)

*The survey question allowed respondents to write in additional topics. The most commonly reported topics are included in this table.
Source: 2018 SHA regional forum online survey

Figure 3.7. **SHIP priority topic alignment with local priorities, by county type**
"Based on results of community assessments and plans in your community, to what extent are the three broad priority topics from the 2017-2019 SHIP a HIGH or MODERATE priority for your county(ies)?"

	High or moderate priority			
	Urban (n=108-110)	**Suburban** (n=70-71)	**Rural, non-Appalachian** (n=75-76)	**Appalachian** (n=93-94)
Mental health and addiction	105 (97%)	70 (99%)	76 (100%)	94 (100%)
Chronic disease	97 (89%)	63 (90%)	72 (96%)	91 (98%)
Maternal and infant health	103 (94%)	60 (85%)	56 (74%)	76 (81%)

Note: The number of respondents in this table are displayed as ranges (e.g. "n=70-71") because some respondents skipped one or more topics. This format is used throughout the report.
Source: 2018 SHA regional forum online survey

SHIP outcomes

The 2017-2019 SHIP includes 10 specific, measurable outcomes that fall within the three priority topics. The online survey asked respondents to indicate the level of alignment between these 10 outcomes and priorities in their own communities. As shown in figure 3.8, there was strong alignment with most outcomes. The vast majority of respondents reported that drug dependence/abuse (96 percent) and drug overdose deaths (94 percent) were a high or moderate priority in their county. Support was also strong for the mental health outcomes and adult chronic disease outcomes. The maternal and infant health outcomes, as well as child asthma, were somewhat less likely to be rated as high or moderate priorities.

Figure 3.8. **SHIP priority outcome alignment with local priorities**
"Based on results of community assessments and plans in your community, to what extent are the ten specific outcomes from the 2017-2019 SHIP priorities for your county(ies)?"

	High or moderate priority	**Low or not a priority**	**Don't know/ not familiar**
Drug dependency/abuse (n=305)	293 (96%)	6 (2%)	6 (2%)
Drug overdose deaths(n=304)	287 (94%)	12 (4%)	5 (2%)
Diabetes (n=301)	260 (86%)	32 (11%)	9 (3%)
Heart disease (n=303)	254 (84%)	40 (13%)	9 (3%)
Suicide (n=302)	252 (83%)	38 (13%)	12 (4%)
Depression (n=301)	250 (83%)	41 (14%)	10 (3%)
Infant mortality (n=304)	227 (75%)	67 (22%)	10 (3%)
Preterm births (n=303)	220 (73%)	70 (23%)	13 (4%)
Low birth weight (n=304)	216 (71%)	72 (24%)	16 (5%)
Child asthma (n=301)	162 (54%)	119 (40%)	20 (7%)

Source: 2018 SHA regional forum online survey

Key

- Mental health and addiction outcomes
- Chronic disease outcomes
- Maternal and infant health outcomes

The survey gave respondents the opportunity to list additional outcomes that are high priorities in their community. Weight status (obesity) (20 percent of those who added outcomes), access to health care (17 percent) and food insecurity (13 percent) were the most frequently added outcomes. Others are listed in figure 3.9.

Figure 3.9. **Additional SHIP priority outcomes suggested by respondents**
"What additional measurable outcomes, if any, are HIGH priorities for your county(ies)?"

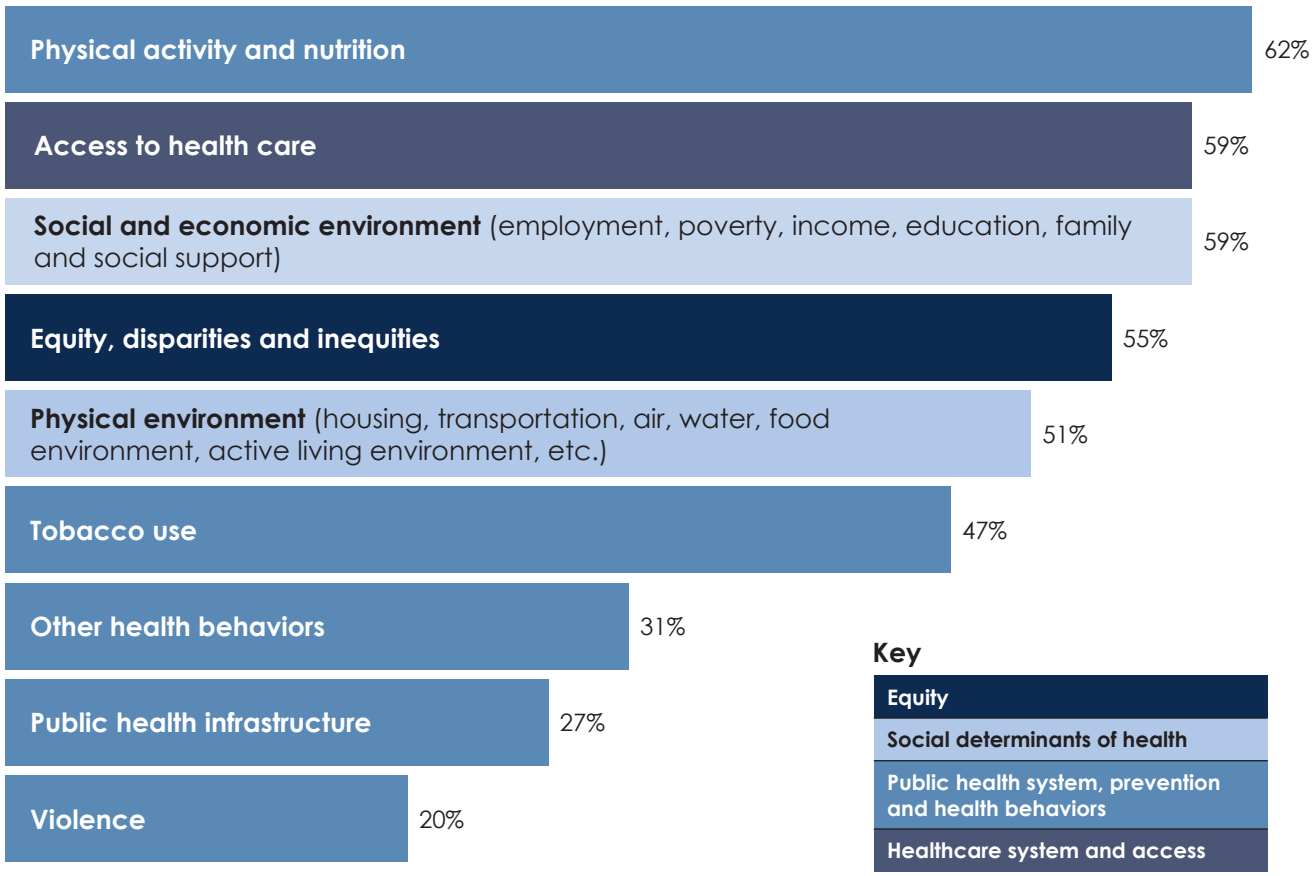
	High priority
	All respondents (n=127)
Other measurable health outcomes suggested*	
Weight status (obesity)	25 (20%)
Cancer	11 (9%)
Other outcomes suggested (cross-cutting factors)*	
Access to health care	21 (17%)
Food insecurity	16 (13%)
Access to behavioral healthcare	15 (12%)
Tobacco	13 (10%)
Housing (including lead exposure)	12 (9%)
Education	11 (9%)
Disparities, inequities and racism	10 (8%)
Physical activity	10 (8%)
Transportation	10 (8%)

* The survey question allowed respondents to write in additional outcomes. The most commonly reported outcomes are included in this table.
Source: 2018 SHA regional forum online survey

SHIP cross-cutting factors

The SHIP includes several cross-cutting factors that affect all of the SHIP priority outcomes. The survey asked respondents to rate each of these factors as a high, moderate or low priority for their community. Most respondents indicated that these issues are significant priorities in their county(ies), with physical activity and nutrition and access to health care as the most important (see figure 3.10). Figure 3.11 shows several notable differences between urban and rural/Appalachian respondents. Equity and violence were rated as higher priorities for urban communities, while the social and economic environment was the most important cross-cutting factor for Appalachian communities.

Figure 3.10. **High priority cross-cutting factors**
"Based on results of community assessments and plans in your community, to what extent are the cross-cutting factors from the 2017-2019 SHIP a HIGH priority for your county(ies)?"
(n=282-305)



Source: 2018 SHA regional forum online survey

Figure 3.11. **High-priority cross-cutting factors, by county type**

"Based on results of community assessments and plans in your community, to what extent are the cross-cutting factors from the 2017-2019 SHIP a HIGH or MODERATE priority in your county(ies)?

	High or moderate priority			
	Urban (n=101-108)	**Suburban** (n=65-71)	**Rural, non-Appalachian** (n=69-76)	**Appalachian** (n=86-94)
Physical activity and nutrition	96 (89%)	63 (89%)	69 (92%)	88 (94%)
Social and economic environment (employment, poverty, income, education, family and social support)	97 (90%)	57 (81%)	61 (81%)	90 (97%)
Access to health care	98 (92%)	63 (90%)	66 (89%)	89 (95%)
Equity, disparities and inequities	103 (96%)	60 (85%)	59 (78%)	85 (90%)
Physical environment (housing, transportation, air, water, food environment, active living environment, etc.)	95 (88%)	61 (86%)	56 (74%)	85 (91%)
Tobacco use	86 (85%)	52 (80%)	55 (80%)	84 (92%)
Other health behaviors	82 (81%)	50 (75%)	57 (81%)	72 (84%)
Public health infrastructure	70 (65%)	43 (61%)	48 (63%)	62 (67%)
Violence	81 (76%)	37 (53%)	43 (58%)	51 (55%)

Source: 2018 SHA regional forum online survey

Key

- **Equity**
- **Social determinants of health**
- **Public health system, prevention and health behaviors**
- **Healthcare system and access**

Equity and social determinants of health

Equity is an important component of the SHIP, which specifies priority populations for health outcomes. Priority populations are the groups experiencing the worst outcomes.

When asked to indicate which groups have the worst health outcomes in their community, survey respondents identified people with low incomes, African Americans and residents of rural or Appalachian areas.

Figure 3.12. **Priority populations**

"From your experience and expertise, and any available data, which groups have the worst health outcomes in your county(ies)?"

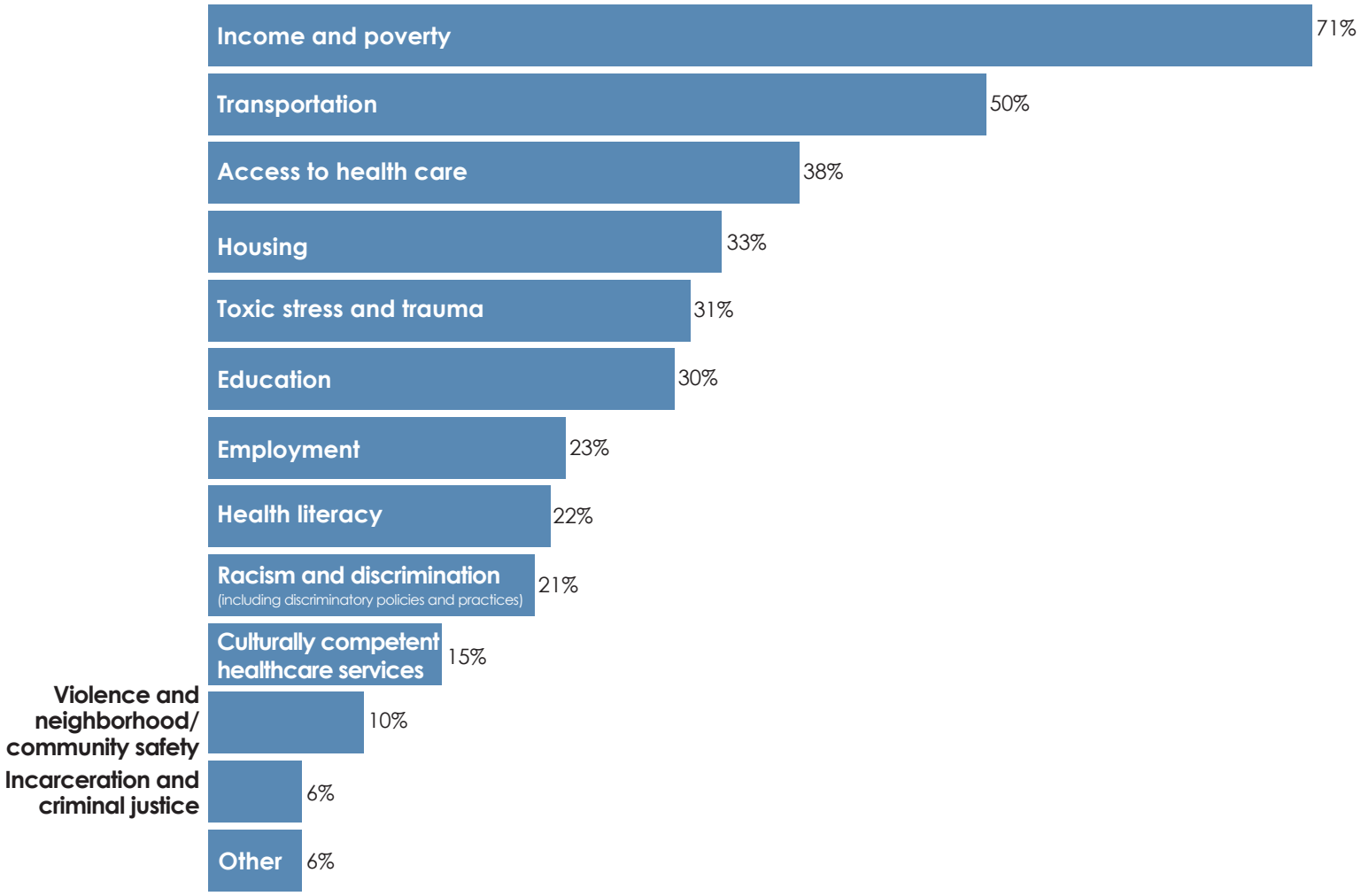
Groups listed in survey	All respondents (n=302)
People with low incomes	280 (93%)
African-American/black	150 (50%)
Residents of rural or Appalachian areas	134 (44%)
People with disabilities	91 (30%)
Hispanic/Latino/Latina	66 (22%)
Immigrants or refugees	48 (16%)
Other racial or ethnic minority	42 (14%)
Lesbian, gay, bi-sexual, transgender or queer (LGBTQ)	31 (10%)
Other groups suggested*	
People with low educational attainment	7 (2%)
Amish	3 (1%)
Older adults	3 (1%)
Geography (including redlined areas and under-resourced neighborhoods)	3 (1%)
People experiencing mental illness, addiction or trauma	3 (1%)

* The survey question allowed respondents to write in additional groups with poor health outcomes. The most commonly reported topics are included in this table.

Source: 2018 SHA regional forum online survey

Disparities in health outcomes are largely caused by inequities in the social, economic and physical environment. These social determinants of health continue to be important to address in SHIP implementation. Survey respondents were therefore asked to identify the barriers they think are most important to address in order to improve outcomes for priority populations. Income and poverty, transportation, access to health care, housing and toxic stress and trauma emerged as the most significant factors (see figure 3.13).

Figure 3.13. **Barriers to equity**
"Which of the following barriers do you think are most important to address in order to improve the health outcomes of the group(s) [with the worst health outcomes]?" (n=302)



Source: 2018 SHA regional forum online survey

Part 4a. Feedback on the 2016 SHA and 2017-2019 SHIP: Forum findings

This section draws upon small group discussions and worksheets completed by forum participants to describe:

- Use of the SHA and SHIP
- Usefulness of specific SHA and SHIP documents and supplemental materials
- Suggestions for improving the SHA and SHIP

Use of the SHA and SHIP among forum participants

Overall, 81 percent of forum participants said they had used the SHA and/or SHIP in some way to inform or guide their work. Local health departments were the group most likely to report using the SHA/SHIP (94 percent).

The most common reasons participants gave for not using the documents were that they were unfamiliar with the SHA/SHIP or that the SHA/SHIP were not relevant to their position or organization.

Figure 4.a.1. **Use of the SHA and SHIP among SHA regional forum participants**
"Has your organization used the SHA and/or SHIP in any way to inform or guide your work?" (n=340 participant worksheets)

Type of participant organization	Yes (have used the SHA and/or SHIP): Percent of forum participants
All forum participants (n=340)*	81%
Local health department (n=125)	94%
Hospital or hospital association (n=55)	84%
Maternal and child health agency or advocate (n=23)	78%
Behavioral health (ADAMH board or behavioral health provider) (n=15)	73%

*Worksheets filled out by participants and turned in to table facilitators.
Source: Forum participant worksheets

Usefulness of SHA/SHIP documents and supplemental materials for forum participants

Participants were asked to rate the usefulness of each SHA/SHIP document and tool on a three-point scale: "very useful," "somewhat useful" or "not useful—tried to use it but had problems." Participants could also indicate if they were unfamiliar with the component. The results are displayed in figure 4.a.2 and indicate that the SHIP and SHA documents were the most useful components, while some of the supplemental materials were either less useful or were not familiar to the participants.

Notably, more than one-third of participants did not know about the following materials:

- SHIP master list of indicators (an Excel sheet listing indicators and sources locals can use for evaluating their community health improvement activities)
- ODH guidance document (provides guidance on how to use the SHIP at the local level)
- ODH repository of local health department and hospital assessments and plans by county
- ODH repository of hospital community benefit information by county

Figure 4.a.2. **Usefulness of SHA/SHIP documents and supplemental materials**
"How useful are the following materials for your organization?" (n=369 participants)

	Very useful	Somewhat useful	Not useful - Tried to use it but had problems	Not relevant for my organization or Not familiar
2017-2019 SHIP document (n=341)	35%	40%	3%	22%
2016 online SHA* (n=338)	33%	35%	1%	31%
2016 SHA Document (n=340)	30%	45%	3%	22%
SHIP community strategy and indicator toolkits (Mental health and addiction; Chronic disease; Maternal and infant health) (n=338)	29%	36%	2%	33%
SHIP master list of indicators (spreadsheet) (n=336)	25%	34%	3%	38%
ODH guidance document (Improving population health planning in Ohio: Guidance for alignment of state and local efforts) (n=335)	24%	34%	3%	39%
ODH repository of local health department and hospital assessments and plans by county (n=337)	19%	32%	3%	46%
ODH repository of hospital community benefit information by county (n=331)	15%	21%	5%	59%
ODH letter to tax-exempt hospitals about community benefit reporting requirements (n=333)	12%	18%	3%	68%

*The "online SHA" refers to an interactive version of the SHA that includes some county data. Many forum participants, however, interpreted "online SHA" to refer to the PDF of the SHA document that is posted on the ODH website.
Source: Forum participant worksheets

Figures 4.a.3-4.2.5 include the percent of participants who described each component as "very useful" and the percent who were not familiar with it, by organization type. These findings indicate there is a need to raise the visibility and usefulness of the SHA/SHIP materials among behavioral health and maternal and child health organizations and among other sectors.

Figure 4.a.3. **Usefulness of the SHA document, by organization type**

	Percent "very useful"*	Percent "not familiar or not relevant for my organization"
Local health department (n=122)	30%	6%
Hospital or hospital association (n=56)	32%	29%
Maternal and child health agency or advocate (n=25)	24%	28%
Behavioral health (ADAMH board or behavioral health provider) (n=16)	19%	50%
Other (n=127)	30%	33%
All forum participants (n=340)	30%	22%

*Among participants familiar with the material
Source: Forum participant worksheets

Figure 4.a.4. **Usefulness of the SHIP document, by organization type**

	Percent "very useful"*	Percent "not familiar or not relevant for my organization"
Local health department (n=122)	41%	6%
Hospital or hospital association (n=57)	37%	23%
Maternal and child health agency or advocate (n=24)	25%	42%
Behavioral health (ADAMH board or behavioral health provider) (n=17)	24%	41%
Other (n=127)	31%	34%
All forum participants (n=341)	35%	22%

*Among participants familiar with the material
Source: Forum participant worksheets

Figure 4.a.5. **Usefulness of the ODH guidance document (*Improving Population Health Planning in Ohio: Guidance for Alignment of State and Local Efforts*), by organization type**

	Percent "very useful"*	Percent "not familiar or not relevant for my organization"
Local health department (n=118)	28%	28%
Hospital or hospital association (n=53)	23%	40%
Maternal and child health agency or advocate (n=23)	26%	43%
Behavioral health (ADAMH board or behavioral health provider) (n=15)	7%	53%
Other (n=132)	21%	46%
All forum participants (n=335)	24%	39%

*Among participants familiar with the material
Source: Forum participant worksheets

Suggestions for improvement from regional forum participants

During the second round of small group discussions, facilitators asked participants what suggestions they had for improving the next SHA and SHIP. Overall, the most common suggestions were related to dissemination and outreach. Participants suggested that the SHA/SHIP documents and related materials should be concise and user-friendly. Many were daunted by the length of the SHA document and confused by or unaware of the ODH guidance and toolkits. Stakeholders called for brief summaries with simple "how to" steps, robust dissemination and outreach to raise the visibility of the SHA/SHIP among many different state and local partners. They also suggested tailoring talking points or user guides for different types of organizations and sectors.

Regarding the SHA document, participants called for local or regional-level data and more data disaggregated by race, ethnicity, income, disability status, LGBTQ status and other factors.

Regarding the SHIP document, participants suggested adding success stories that provide examples of communities that have implemented SHIP strategies and achieved positive outcomes.

Additional suggestions are listed in figure 4.a.6.

Figure 4.a.6. **Suggestions for improving the SHA, SHIP and supplemental materials** from SHA forum small group discussions (most common responses mentioned by five or more small groups)

Dissemination and outreach (including formatting suggestions that apply to SHA and SHIP, or unclear which they refer to) (n=42 small groups)	
Concise and user-friendly	30
Expand dissemination/Higher-visibility roll-out (general)	25
Increase outreach and awareness: To sectors beyond health	21
Increase outreach to partners and awareness (general, unspecified)	16
Tailor for different audiences (talking points or user guides for different types of organizations and sectors)	15
Increase outreach and awareness: To health-related organizations	12
Infographics	7
Presentations (more presentations at conferences, town halls, etc. and/or provide slide deck for locals to present)	7
App (create a mobile app)	6
Webinars (host more webinars on the SHA/SHIP and post recorded webinars)	6
SHA format and content (n=34 small groups)	
Local or regional data	19
Additional disaggregated data (by disability status, race/ethnicity, etc.)	12
Add data visualizations and interactive features	10
Add specific metrics/topics- health-related (e.g. hepatitis C, methamphetamine use)	10
More recent data	10
SHIP format and content (n=29 small groups)	
Include success stories (provide examples of communities that have implemented SHIP strategies and achieved positive outcomes)	12
More policy	6
Guidance on which outcomes to select	5
More flexible options for different types of counties	5
New outcome objective related to social determinants of health, or greater focus on social determinants in general	5
ODH guidance, technical assistance and implementation infrastructure (n=39 small groups)	
Provide technical assistance (general)	17
Fund SHIP strategies at state and local level	14
More efficient data process for locals (state should provide locals with data for their assessments and/or coordinate use of the same surveys and other data sources to avoid duplication of effort and to allow for comparisons between local and state-level data)	12
Peer-to-peer sharing (facilitate opportunities for local communities to learn from each other about assessments and SHIP strategy selection, implementation and evaluation)	12
Improve planning timeline (go to 5-10-year cycle instead of 3-year cycle; release SHA and SHIP earlier to allow time for local alignment)	6
More state agency collaboration (more collaboration at the cabinet level within the Governor's administration)	6
Hospital data (ODH should coordinate with the Ohio Hospital Association to provide aggregate hospital discharge data for local assessments)	5
Improve hospital-LHD collaboration through incentives, pressure or mandate	5
Require entities, such as state agencies or other sectors, to use the SHIP	5
Hospital community benefit (n=10 small groups)	
Increase awareness of the community benefit repository on the ODH website	5
Provide additional guidance on community benefit	5

Source: 2018 SHA regional forum small group discussions

Part 4b. Feedback on the 2016 SHA and 2017-2019 SHIP: Survey results

This section summarizes online survey results regarding:
- Evaluation of the SHA, SHIP and related materials
- Suggestions for improving the next SHA and SHIP

Effectiveness of the SHA, SHIP and ODH guidance

Most survey respondents reported that the SHA (72 pecent) and SHIP (71 percent) were "very" or "somewhat" effective at contributing to improvements in health assessments and plans by local health departments and hospitals from 2017-2018, although about one-quarter said they were not sure or that it is too soon to tell if the SHA and SHIP have been effective (see figure 4.b.1). Local health departments and hospitals gave very similar responses to this question (see Appendix B), indicating that the SHA/SHIP have been useful to both types of entities.

Figure 4.b.1. **Effectiveness of SHA, SHIP and ODH guidance**
"How effective have the following materials been at contributing to improvements in health assessments and plans by local health departments and hospitals from 2017-2018?"

	Very effective	Somewhat effective	Not at all effective	Not sure or too soon to tell
2016 SHA (n=229*)	18%	54%	7%	21%
2017-2019 SHIP (n=246*)	20%	51%	6%	23%
ODH guidance document (Improving population health planning in Ohio: Guidance for alignment of state and local efforts) (n=224*)	12%	54%	8%	25%

*Among respondents familiar with each document. Respondents who selected "not familiar" (28-56) were not included in this table.
Source: 2018 SHA regional forum online survey

Impact of the SHA, SHIP and ODH guidance on population health planning

The majority of survey respondents reported that the 2016 SHA and 2017-2019 SHIP contributed to many process improvements (see figure 4.b.2). For example, 71 percent of respondents strongly agreed or agreed that the current SHA and SHIP have increased alignment between local health department and state priorities:
- "I think when the state communicates what the focus of our health initiatives should be, all the stakeholders can align and move in the same direction."
- "I believe that aligning some priorities with the SHA and SHIP gives more credence to local health departments' CHAs and CHIPs. I wish the hospital system could be influenced to participate in the CHIPs more along the lines of population health."
- "Aligning state identified priorities and local priorities promotes cooperation between agencies and focuses resources on the root causes."

The 2016 SHA and 2017-2019 SHIP have also impacted identification of useful indicators/ metrics and development of measurable outcome objectives:
- "The SHIP has provided guidance (evidence-based strategies, measures) on issues that are relevant to our community."
- "In our county, the Community Health Improvement Plan (objectives, outcomes and strategies) was largely guided by the State Health Improvement Plan."

Lastly, survey respondents note that the current SHA and SHIP have increased collaboration between local health departments and hospitals on community health improvement activities:

- "The hospitals and the health department in our community have been working together to align CHNAs, CHAs, strategic plans, and CHIPs with one another and the state. These efforts have led to the use of measurable outcomes, the implementation of evidence-based programs and novel partnerships."

Although many respondents strongly agreed or agreed that the objectives of the 2016 SHA and 2017-2019 SHIP had been met, some opportunities for improvement were identified. For example, 14 percent of respondents disagreed or strongly disagreed that the current SHA and SHIP increased implementation of evidence-based policies and programs:

- "There has not been enough time to get to implementation at the local level."
- "So much of the focus, at least in Cuyahoga County, has been on the assessment. We are moving in to the implementation planning phase and I would expect now to see more implementation of evidence-based programs and partnerships with non-traditional partners. So the "not sure" is really a hopeful "not yet."

Additionally, although collaboration between local health departments and hospitals on community health improvement activities has improved, those partnership could be stronger:

- "While the hospital system has been a part of our CHA and CHIP, they aren't as involved as many of our other partners."
- "Haven't seen any collaboration between our health department and hospital. The LHD has tried to get the hospital involved in our CHA and CHIP. They just aren't interested."

Finally, 13 percent of respondents disagreed or strongly disagreed that the current SHA and SHIP increased efforts to achieve health equity by reducing or eliminating disparities and inequities:

- "Discussions of health equity have occurred but efforts to achieve equity are not easily identifiable."

Figure 4.b.2. **Impact of SHA, SHIP and ODH guidance on population health planning**

"The 2016 SHA, 2017-2019 SHIP and related ODH guidance on population health planning have contributed to increased…." (n=284-286)

	Strongly agree or Agree	Not sure	Disagree or Strongly disagree
Alignment between local health department and state priorities	71%	23%	6%
Identification of useful indicators/metrics and development of measurable outcome objectives	68%	24%	8%
Collaboration between local health departments and hospitals on community health improvement activities	67%	20%	13%
Identification of evidence-based policies and programs	64%	26%	10%
Partnerships with sectors beyond health (education, housing, transportation, etc.)	61%	29%	10%
Efforts to achieve health equity by reducing or eliminating disparities and inequities	55%	33%	13%
Implementation of evidence-based policies and programs	50%	36%	14%
Alignment between hospital and state priorities	48%	41%	11%

Source: 2018 SHA regional forum online survey

Suggestions for improvement

The online survey asked respondents to make suggestions for improving the next SHA and SHIP (open-ended questions). Similar to the feedback gathered at the regional forums, the most common suggestions were related to dissemination and outreach. Participants suggested that the SHA/SHIP documents and related materials should be concise and user-friendly. They also recommended a much higher-visibility roll-out of the next SHA and SHIP with a wide variety of outreach activities.

Regarding the SHA document, respondents called for local or regional-level data and data on the social determinants of health.

Regarding the SHIP document, participants called for more flexible options for different types of counties (e.g. a larger menu of strategies to meet the needs of rural communities); examples of communities successfully implementing SHIP strategies; and regular reporting on SHIP outcomes.

Respondents also emphasized the importance of technical assistance and funding for local partners to implement the SHIP strategies. Finally, respondents expressed the need for a more efficient data collection and analysis process for locals to use in their own assessments. They suggested that the state provide local-level data and/or coordinate use of the same surveys and other data sources to avoid duplication of effort and allow for comparisons between local and state-level data. There are many opportunities to address current data gaps and limitations that make it difficult for communities to complete comprehensive assessments in a cost-effective way.

Table 4.b.3. **Suggestions for improving the SHA and SHIP** from online survey respondents (most common responses; number of respondents who mentioned each suggestion)

	Online survey respondents (n=150-153*)
Dissemination and outreach (including formatting suggestions that apply to SHA and SHIP, or unclear which they refer to)	
Concise and user-friendly	19
Expand dissemination/Higher-visibility roll-out (general)	18
Increase outreach (general)	18
SHA format and content	
Local or regional data	14
Add specific metrics/topics related to social determinants of health	8
SHIP format and content	
Flexible options for different types of counties	11
Include success stories (provide examples of communities that have implemented SHIP strategies and achieved positive outcomes)	10
Regular reporting of progress on SHIP outcomes/SHIP dashboard	5
Guidance, technical assistance and implementation infrastructure	
Provide technical assistance (general)	14
Fund SHIP strategies at state and local level	12
More efficient data process for locals (state should provide locals with data for their assessments and/or coordinate use of the same surveys and other data sources to avoid duplication of effort and to allow for comparisons between local and state-level data)	7

*Respondents were asked one question about suggestions to improve the SHA (n=153) and another question about suggestions to improve the SHIP (n=150). Respondents, however, provided suggestions for the SHA and SHIP in response to both questions and are therefore reported together in this table. (Note that many respondents did not seem to understand the difference between the SHA and the SHIP.)

Source: 2018 SHA regional forum online survey

Part 5. Discussion and implications for updating the SHA and SHIP

This report is one source of information that will be used by the SHA/SHIP Advisory Committee to identify priorities and strategies for the next SHIP. The key findings in this report synthesize information from three sources of stakeholder input:

- Small group discussions at regional forums
- Worksheets completed individually by participants at regional forums
- Online survey

This triangulation approach provides a comprehensive look at community issues. The updated SHA will also include secondary data on a broad range of indicators, including some county-level data and social determinants of health indicators.

This section summarizes the findings from this report that will be most relevant for the SHA/SHIP Advisory Committee to consider as they update the priority topics, outcome objectives, priority populations and strategies in the next SHIP, as well as considerations for ensuring that the SHA/SHIP materials are useful for local partners.

Health priorities

Priority topics. There was widespread agreement among stakeholders that having three broad priority topics in the SHIP is useful. There was also widespread agreement across the state that mental health and addiction and chronic disease align with local priorities. Maternal and infant health is also a high priority for many communities, although this priority is less prominent for rural non-Appalachian areas. This may reflect the lower prevalence of infant mortality in some rural counties.

Stakeholders also had the opportunity to indicate issues that are not elevated as priority topics in the 2017-2019 SHIP. Access to care and healthy eating and active living were most commonly mentioned, although far fewer respondents said these were high-priority topics compared to the current SHIP priority topic areas.

Priority outcomes. The majority of stakeholders surveyed indicated that the 10 specific priority outcomes in the current SHIP are high or moderate priorities in their communities. In addition, respondents also identified weight status (obesity) and access to health care as important, although far fewer respondents said these were high priorities compared to the current SHIP priority outcomes.

Overall, these findings suggest that the current SHIP priority topics and outcomes remain relevant in local communities. However, stakeholders also voiced a desire for the next SHIP to place a stronger focus on social determinants of health and other cross-cutting factors that affect health outcomes.

Social determinants of health

When asked to describe the greatest challenges in their community, stakeholders often talked about social determinants (transportation, poverty, food insecurity, etc.) and structural issues, such as lack of coordination and funding limitations. Furthermore, stakeholders expressed strong interest in several cross-cutting factors and identified poverty, transportation problems and lack of access to health care as major barriers to equity (see figure 5.1).

Figure 5.1. Summary of top challenges, priority topics and priority outcomes
(in rank order; **bold**=social determinants of health)

Community challenges most frequently mentioned in forum small group discussions	**Cross-cutting factors** rated by most* survey respondents as a high priority	**Barriers to equity** rated by most** survey respondents as important
1. **Transportation challenges** 2. Lack of cooperation and coordination 3. Funding limitations 4. Lack of healthcare providers and/or services 5. **Poverty, lack of jobs and low wages** 6. Addiction and drug overdose deaths 7. Lack of behavioral health care access 8. **Homelessness/lack of affordable, quality housing** 9. **Food insecurity/unhealthy food** 10. Healthcare unaffordability/ coverage concerns	1. Physical activity and nutrition 2. Access to health care 3. **Social and economic environment (employment, poverty, income, education, family and social support)** 4. **Equity, disparities and inequities** 5. **Physical environment (housing, transportation, air, water, food environment, active living environment, etc.)**	1. **Income and poverty** 2. **Transportation** 3. Access to health care 4. **Housing** 5. **Toxic stress and trauma**

*More than 50%.
**More than 30%

Equity and rural/urban differences

Overall, stakeholders identified the following groups as having the worst health outcomes in their community based on their expertise and local data (see figure 3.12. for complete list):

- People with low incomes
- African-American/black
- Residents of rural or Appalachian areas
- People with disabilities

It will therefore be important for the next SHA to include disaggregated data for these groups, when available, and for the next SHIP to include a focus on these priority populations.

It is important to note that disparities vary by geography. While people with low incomes were identified by stakeholders from all county types as the group experiencing the worst outcomes, other groups varied by county type (see figure 5.2). Local communities must therefore have the flexibility to select and tailor SHIP strategies in a way that addresses their unique gaps and inequities and reaches groups of residents most in need of help.

Figure 5.2. Top three priority populations, by county type
"From your experience and expertise, and any available data, which groups have the worst health outcomes in your county(ies)?" (n=302 survey respondents)

Urban	Suburban	Appalachian	Rural non-Appalachian
• People with low incomes • African-American/ black • Hispanic/ Latino/ Latina	• People with low incomes • African-American/ black • Residents of rural or Appalachian areas	• People with low incomes • Residents of rural or Appalachian areas • People with disabilities	• People with low incomes • African-American/ black • Hispanic/ Latina/ Latino (tie) • People with disabilities (tie)

Source: 2018 SHA regional forum online survey

SHA and SHIP improvements

It was clear from the forum small group discussions that there is a wide range of awareness and use of the SHA, SHIP, ODH guidance and related materials. Some local health departments, for example, have found the SHA/SHIP tools to be very useful as they developed their community health assessments and community health improvement plans, and many stakeholders reported that the SHA and SHIP have increased alignment and collaboration.

Many other participants, however, had never seen or read the SHA or SHIP, and were confused about how it was being used. Even though several SHA/SHIP materials have been posted on the ODH website since February 2017 (including 2-page summaries and guidance and toolkits on how to use the SHIP), many forum participants were new to the SHA/SHIP process and were therefore unfamiliar with these tools. A more robust communication and technical assistance strategy could improve awareness and ongoing utilization.

It was also clear from the small group conversations and survey responses that stakeholders would benefit from simple and concise information about the SHA and SHIP. A challenge going forward will be to address all of the topics stakeholders want the SHA and SHIP to cover (including social determinants, geographic differences and disaggregated data), while also presenting the information in a streamlined, at-a-glance format.

Figure 5.3 summarizes the most common recommendations offered by forum participants and survey respondents. These should guide efforts to improve the next SHA, SHIP and guidance materials.

Figure 5.3. Most frequent recommendations to improve the SHA and SHIP

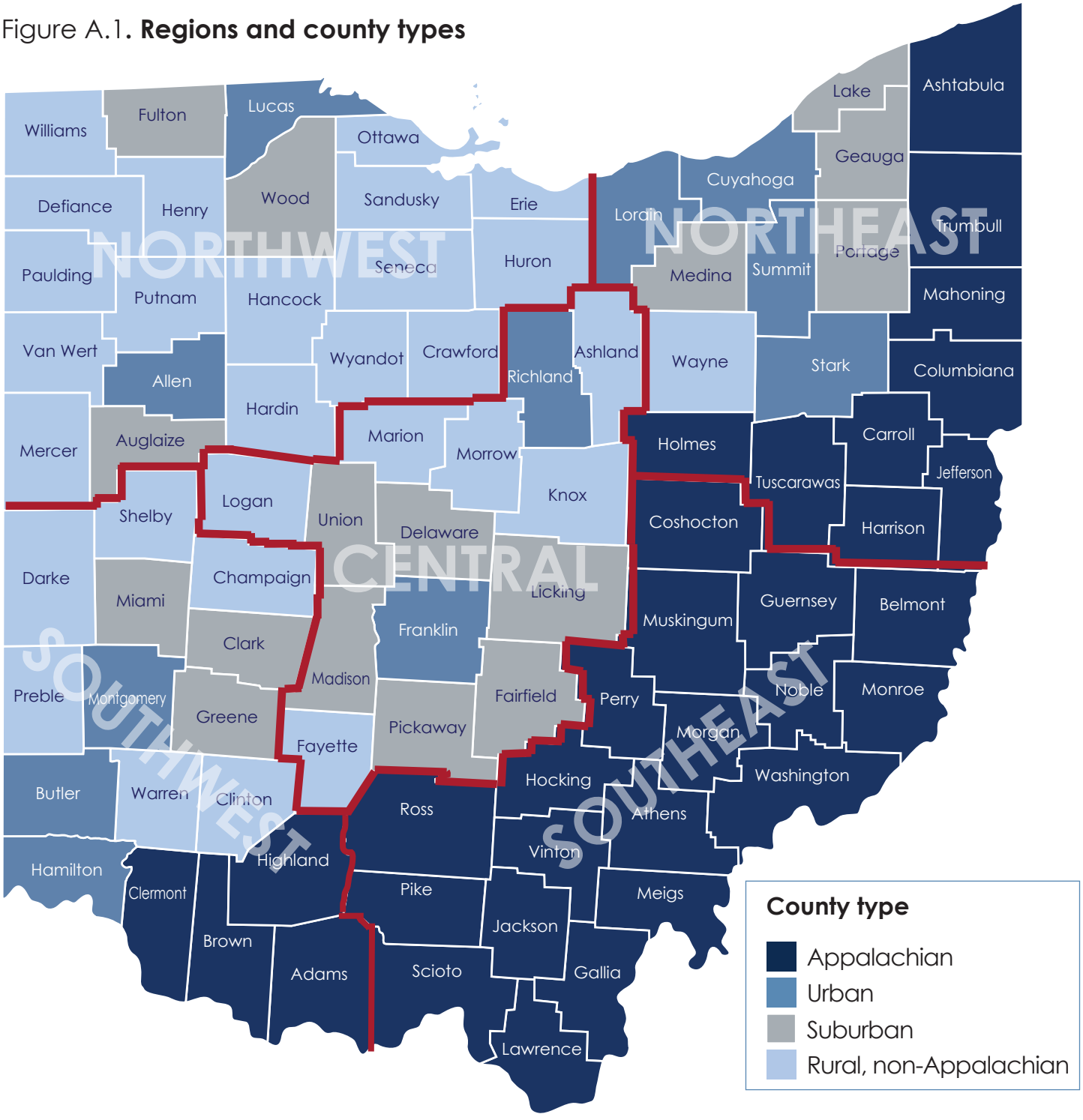
Top-10 recommendations from forum participants and survey respondents (n=42 small group discussions and 153 survey respondents)

- Concise and user-friendly
- Expand dissemination/Higher-visibility roll-out (general)
- Increase outreach and awareness to sectors beyond health
- Local or regional data in SHA
- Provide technical assistance (general)
- Increase outreach to partners and awareness (general, unspecified)
- Tailor for different audiences (talking points or user guides for different types of organizations and sectors)
- Fund SHIP strategies at state and local level
- Increase outreach and awareness to health-related organizations
- Additional disaggregated data (by disability status, race/ethnicity, etc.) in SHA
- Include success stories (provide examples of communities that have implemented SHIP strategies and achieved positive outcomes)
- More efficient data process for locals (state should provide locals with data for their assessments and/or coordinate use of the same surveys and other data sources to avoid duplication of effort and to allow for comparisons between local and state-level data)
- Peer-to-peer sharing (facilitate opportunities for local communities to learn from each other about assessments and SHIP strategy selection, implementation and evaluation)
- Flexible options for different types of counties for SHIP implementation
- Add specific metrics/topics related to social determinants of health
- Regular reporting of progress on SHIP outcomes/SHIP dashboard

Appendix A

Process and methodology detail

Figure A.1. **Regions and county types**



Region boundary source: Association of Ohio Health Commissioners
County type source: Ohio Medicaid Assessment Survey

Figure A.2. **2018 SHA forum attendees, by sector**

Sectors Represented	Number	Percent
Local health department	140	26.9%
Maternal and child health agency or advocate	75	14.4%
Hospital	70	13.4%
Other public health organization	58	11.1%
Community-based organization or social services (housing, faith-based, aging, community development, etc.)	50	9.6%
Advocacy group or community action agency	48	9.2%
Other healthcare provider	44	8.4%
Children or adolescents	40	7.7%
Other	40	7.7%
Health insurance plan, including Medicaid managed care plan	30	5.8%
Education and child care (early childhood, K-12, higher education, educational service centers, Head Start)	30	5.8%
Behavioral health (ADAMH board or provider)	29	5.6%
People with disabilities	28	5.4%
Trauma survivors	25	4.8%
Transition-age youth, young adults	24	4.6%
Other organization addressing culturally-competent/specific services or health disparities	22	4.2%
Older adults	22	4.2%
Family and Children First Council	19	3.6%
Community residents, grassroots organization, community organizer or healthcare consumer group	15	2.9%
Lesbian, gay, bisexual, transgender (LGBT community)	13	2.5%
Philanthropy/United Way	10	1.9%
Job and Family Services, job training or workforce development	7	1.3%
Local government (county commissioners, city councils, mayors, etc.)	5	1.0%
Commission on Minority Health regional office or other minority health organization	2	0.4%
Not applicable/Individual participant not representing a specific organization or sector	2	0.4%
Immigrant/refugee/migrant worker organization	2	0.4%
Business or employer (including chambers of commerce and banks)	1	0.2%
Law enforcement/criminal justice	1	0.2%
Transportation or regional planning	1	0.2%
Amish	1	0.2%
Agriculture, environmental protection or natural resources	0	0.0%

Figure A.3. **Online survey respondents, by sector** (n=308)

Sector	Number	Percent
Local health department	147	48%
Hospital or hospital association	48	16%
Community-based organization, social services or advocacy	32	10%
Other public health organization	17	6%
Maternal and child health agency or advocate	12	4%
Other sector, such as law enforcement, criminal justice, EMS, transportation, regional planning, housing, education, early childhood, workforce development, etc.	12	4%
Health insurance plan, including Medicaid managed care plan	8	3%
Behavioral health (ADAMH board or behavioral health provider)	7	2%
Philanthropy/United Way	7	2%
Other healthcare provider	5	2%
Community resident, grassroots organization, community organizer or healthcare consumer group	3	1%
Local government (county commissioner, city council, mayor, etc.)	1	0%
Business or employer (including Chambers of Commerce and banks)	0	0%
Other (please specify)	9	3%

Note: Survey question allowed respondents to select all that apply.
Source: 2018 SHA regional forum online survey

Forum evaluation survey results

A total of 300 evaluation surveys were completed. The response rate was 58 percent.

Figure A.4. **"The morning session was structured in a way that allowed me to share useful information about…"** (n=281-299)

	Strongly agree or Agree	Not sure	Strongly disagree or Disagree
Strengths and challenges in my community. (first small group discussion)	97%	1%	2%
Opportunities to improve the next SHA and SHIP. (second small group discussion)	85%	10%	5%

Source: Forum evaluation surveys

Figure A.5. **"Please rate the following aspects of the forum…"** (n=288-296)

	Good, Very good or Excellent	Poor or Fair
ODH presentation	96%	4%
HPIO presentation	97%	3%
Information emailed before the forum (agenda, parking, materials to review, etc.)	91%	9%
Small group questions and facilitation	97%	3%
Participants (representation from different parts of the region, different sectors, diversity, etc.)	96%	4%

Source: Forum evaluation surveys

Most common negative comments and suggestions for improvement:
- Hard to hear (34)
- Invite more voices (e.g., mental health, people with disabilities, businesses, etc.) (18)

Appendix B

Online survey results, by sector

Scope of SHIP priority topics and outcomes

Figure B.1. **"Having <u>three broad priority topics</u> in the SHIP is…."**

	Local health departments (n=125)	Hospitals/hospital associations (n=35)
The right number (next SHIP should have three broad priority topics)	102 (82%)	28 (80%)
Too many (next SHIP should prioritize one or two broad topics only)	3 (2%)	1 (3%)
Too few (next SHIP should prioritize more than three broad topics)	20 (16%)	6 (17%)

Source: 2018 SHA regional forum online survey

Figure B.2. **"Having <u>10 priority outcomes</u> in the SHIP is…."**

	Local health departments (n=123)	Hospitals/hospital associations (n=39)
The right number (next SHIP should have about 10 measurable priority outcomes)	66 (54%)	20 (51%)
Too many (next SHIP should have fewer than 10 measurable priority outcomes)	52 (42%)	16 (41%)
Too few (next SHIP should have more than 10 priority outcomes)	5 (4%)	3 (8%)

Source: 2018 SHA regional forum online survey

SHIP priority topics

Figure B.3. **SHIP priority topic alignment with local priorities, by sector**

"Based on results of community assessments and plans in your community, to what extent are the three broad priority topics from the 2017-2019 SHIP a HIGH priority for your county(ies)?" (Also includes other high priority topic areas suggested by respondents)

	High priority	
	Local health departments (n=147)	**Hospitals/hospital associations** (n=48)
Mental health and addiction	139 (95%)	46 (96%)
Chronic disease	112 (76%)	33 (69%)
Maternal and infant health	82 (56%)	31 (65%)
Other priority health topics suggested*		
Violence	6 (4%)	2 (4%)
Injury	6 (4%)	1 (2%)
Oral health	6 (4%)	2 (4%)
Other priority topics suggested (cross-cutting factors)*		
Access to care	13 (9%)	4 (8%)
Healthy eating, active living (includes weight status/obesity)	15 (10%)	3 (6%)
Income and poverty	5 (3%)	2 (4%)
Housing (includes lead poisoning)	4 (3%)	0 (0%)

*The survey question allowed respondents to write in additional topics. The most commonly report topics are included in this table.

Source: 2018 SHA regional forum online survey

Figure B.4. **SHIP priority outcome alignment with local priorities, by sector**

"Based on the results of community assessments and plans in your community, to what extent are the ten specific outcomes from the 2017-2019 SHIP a HIGH priority in your county(ies)?"

	High priority	
	Local health departments (n=146)	**Hospitals/hospital associations** (n=48)
Drug dependency/abuse	135 (92%)	41 (85%)
Drug overdose deaths	126 (86%)	40 (83%)
Infant mortality	64 (44%)	24 (50%)
Diabetes	79 (54%)	26 (55%)
Suicide	70 (48%)	27 (56%)
Depression	67 (47%)	27 (56%)
Heart disease	70 (48%)	24 (50%)
Preterm births	55 (38%)	22 (46%)
Low birth weight	49 (34%)	21 (44%)
Child asthma	16 (11%)	10 (21%)

Source: 2018 SHA regional forum online survey

Key

- Equity
- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access

Figure B.5. **Additional SHIP priority outcomes suggested by respondents, by sector**
"What additional measurable outcomes, if any, are HIGH priorities for your county(ies)?"

	High priority	
	Local health departments (n=63)	**Hospitals/hospital associations** (n=16)
Other measurable outcomes suggested*		
Weight status (obesity)	15 (24%)	5 (31%)
Cancer	5 (8%)	2 (13%)
Other outcomes suggested (cross-cutting factors)*		
Access to health care	10 (16%)	3 (19%)
Food insecurity	10 (16%)	3 (19%)
Access to behavioral healthcare	8 (13%)	1 (6%)
Tobacco	10 (16%)	0 (0%)
Housing (including lead exposure)	4 (6%)	1 (6%)
Education	5 (8%)	2 (13%)
Disparities, inequities and racism	4 (6%)	1 (6%)
Physical activity	10 (16%)	0 (0%)
Transportation	3 (5%)	1 (6%)

*The survey question allowed respondents to write in additional outcomes. The most commonly report outcomes are included in this table.
Source: 2018 SHA regional forum online survey

SHIP cross-cutting factors

Figure B.6. **High-priority cross-cutting factors, by sector**
"Based on results of community assessments and plans in your community, to what extent are the cross-cutting factors from the 2017-2019 SHIP a HIGH priority in your county(ies)?"

	High priority	
	Local health departments (n=133-146)	**Hospitals/hospital associations** (n=42-48)
Physical activity and nutrition	102 (70%)	29 (60%)
Social and economic environment (employment, poverty, income, education, family and social support)	84 (58%)	26 (55%)
Access to health care	84 (58%)	29 (60%)
Equity, disparities and inequities	79 (54%)	21 (45%)
Physical environment (housing, transportation, air, water, food environment, active living environment, etc.)	76 (52%)	18 (38%)
Tobacco use	76 (57%)	16 (36%)
Other health behaviors	37 (28%)	12 (29%)
Public health infrastructure	44 (31%)	4 (9%)
Violence	19 (13%)	9 (19%)

Source: 2018 SHA regional forum online survey

Key

- **Equity**
- **Social determinants of health**
- **Public health system, prevention and health behaviors**
- **Healthcare system and access**

Equity and social determinants of health

Figure B.7. **Priority populations, by sector**

"From your experience and expertise, and any available data, which groups have the worst health outcomes in your county(ies)?"

	Local health departments (n=144)	Hospitals/hospital associations (n=46)
People with low incomes	139 (97%)	43 (93%)
African-American/black	60 (42%)	25 (54%)
Residents of rural or Appalachian areas	68 (47%)	13 (28%)
People with disabilities	37 (26%)	12 (26%)
Hispanic/Latino/Latina	29 (20%)	15 (33%)
Immigrants or refugees	20 (14%)	7 (15%)
Other racial or ethnic minority	13 (9%)	7 (15%)
Lesbian, gay, bi-sexual, trans gender or queer	16 (11%)	1 (2%)
Other groups suggested*		
People with low educational attainment	4 (3%)	0 (0%)
Amish	1 (1%)	0 (0%)
Older adults	3 (2%)	0 (0%)
Geography (including redlined areas and under-resourced neighborhoods)	3 (2%)	0 (0%)
People experiencing mental illness, addiction or trauma	2 (1%)	0 (0%)

*The survey question allowed respondents to write in additional groups with poor health outcomes. The most commonly report topics are included in this table.
Source: 2018 SHA regional forum online survey

Figure B.8. Barriers to equity, by sector

"Which of the following barriers do you think are most important to address in order to improve the health outcomes of the group(s) you identified above?"

	Local health departments (n=143)	Hospitals/hospital associations (n=47)
Income and poverty	109 (76%)	32 (68%)
Transportation	71 (50%)	24 (51%)
Access to health care	55 (38%)	15 (32%)
Housing	50 (35%)	13 (28%)
Toxic stress and trauma	34 (24%)	12 (26%)
Education	41 (29%)	18 (38%)
Employment	37 (26%)	10 (21%)
Health literacy	37 (26%)	9 (19%)
Racism and discrimination (including discriminatory policies and practices)	24 (17%)	10 (21%)
Culturally competent healthcare services	18 (13%)	6 (13%)
Violence and neighborhood/community safety	10 (7%)	4 (9%)
Incarceration and criminal justice	7 (5%)	4 (9%)
Other	7 (5%)	1 (2%)

Source: 2018 SHA regional forum online survey

Evaluation of SHA, SHIP and related materials

Figure B.9. **Effectiveness of SHA, SHIP and ODH guidance, by sector**
"How effective have the following materials been at contributing to improvements in health assessments and plans by local health departments and hospitals from 2017-2018?": Percent "very" or "somewhat" effective

	"Very" or "Somewhat" effective		
	All respondents (n=224-246*)	**Local health departments** (n=114-129*)	**Hospitals/ hospital associations** (n=36-39*)
2016 SHA	72%	74%	78%
2017-2019 SHIP	71%	76%	77%
ODH guidance document (Improving population health planning in Ohio: Guidance for alignment of state and local efforts)	67%	70%	67%

*Among respondents familiar with each document. Respondents who selected "not familiar" (28-56) were not included in this table.
Source: 2018 SHA regional forum online survey

Figure B.10. **Impact of SHA, SHIP and ODH guidance, by sector**
"The 2016 SHA, 2017-2019 SHIP and related ODH guidance on population health planning have contributed to increased….": Percent "strongly agree" or "agree"

	"Strongly agree" or "agree"		
	All respondents (n=284-286)	**Local health departments** (n=135-136)	**Hospitals/ hospital associations** (n=44-45)
Alignment between local health department and state priorities	71%	76%	76%
Identification of useful indicators/metrics and development of measurable outcome objectives	68%	70%	78%
Collaboration between local health departments and hospitals on community health improvement activities	67%	65%	80%
Identification of evidence-based policies and programs	64%	59%	82%
Partnerships with sectors beyond health (education, housing, transportation, etc.)	61%	66%	62%
Efforts to achieve health equity by reducing or eliminating disparities and inequities	55%	52%	60%
Implementation of evidence-based policies and programs	50%	49%	52%
Alignment between hospital and state priorities	48%	44%	78%

Source: 2018 SHA regional forum online survey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