## How is Ohio doing?

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<tbody>
<tr>
<td>Overall</td>
<td>47</td>
<td>40</td>
<td>31</td>
<td>47</td>
</tr>
<tr>
<td>Health outcomes*</td>
<td>40</td>
<td>39</td>
<td>42</td>
<td>NA</td>
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<tr>
<td>(“Health outcomes” for AHR; “Healthy Lives” for Commonwealth)</td>
<td>40</td>
<td>39</td>
<td>42</td>
<td>NA</td>
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*Similar to HVD Population Health domain*
Project objectives and goals
Overall objectives

Align population health priority areas, measures, objectives and evidence-based strategies with the design and implementation of the Patient-Centered Medical Home (PCMH) model in Ohio.

**Objective 1.** Identify an initial set of population health priority areas, measures and objectives to inform PCMH model design

**Objective 2.** Develop a menu of evidence-based strategies that can lead to improved population health outcomes

**Objective 3.** Provide recommendations for aligning identified population health objectives with PCMH model design
Overall objectives

Provide recommendations to strengthen the population health planning and implementation infrastructure in Ohio.

Objective 4. Provide recommendations for improving the State Health Assessment (SHA) and State Health Improvement Plan (SHIP)  
Objective 5. Provide recommendations for a framework for state and community-level population health planning that:  
  – Aligns state and community-level population health planning processes, priorities and objectives  
  – Provides state and local/regional coordination for implementation of community-based health improvement activities  
  – Identifies existing financing mechanisms for implementation of community-based health improvement activities  
Objective 6. Develop an evaluation framework for tracking Ohio’s progress on improving population health
Process

Population Health Planning Advisory Group
- Local health departments
- Equity
- Consumers
- Community integrators
- Hospitals
- Providers
- Behavioral health
- Philanthropy
- Governor’s Office of Health Transformation
- Medicaid
- Purchasers
- Department of Health

Population Health Infrastructure Subgroup
- Hospitals
- Department of Health
- Governor’s Office of Health Transformation
- Local health departments
- Medicaid
Subgroup overall objectives

Provide recommendations for the development of a framework for state and regional population health planning that:

• Aligns state and community-level population health planning processes, priorities and objectives; and

• Provides regional coordination for the implementation of community-based health improvement activities;

• Identifies existing financing mechanisms for implementation of community-based health improvement activities.
Population health planning infrastructure in Ohio

Ohio Department of Health
Ohio Medicaid
Governor’s Office of Health Transformation

State Health Assessment (SHA) and State Health Improvement Plan (SHIP)
SIM Population Health Plan

Community-level public and private partners

Local health departments
Hospitals

Community health assessment (CHA) and Community health improvement plan (CHIP)
Community health needs assessment (CHNA) and Implementation strategy (IS)

Other community plans: Federally qualified health centers • Local behavioral health boards • Family and Children First Councils • Community Action Agencies • United Ways • Banks
State Health Assessment (SHA)
State Health Improvement Plan (SHIP)

Local health departments
Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)

Hospitals
Community Health Needs Assessment (CHNA) and Implementation Strategy (IS)
**Process and timeline**

**Population Health Planning Advisory Group**

<table>
<thead>
<tr>
<th>First meeting</th>
<th>Second meeting</th>
<th>Third meeting</th>
<th>Fourth meeting</th>
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</table>
| - Need to improve population health infrastructure  
  - Criteria for selecting population health priority areas  
  - Discuss population health priority areas  | - SHA/SHIP recommendations  
  - Discuss state and community-level health planning alignment  
  - Discuss financing options  | - Propose a template for population health planning infrastructure reform  
  - Discuss PCMH alignment  
  - Review McKinsey & Company baseline population health outcome/cost data  | - Recommendations for population health planning infrastructure reform  
  - Discuss PCMH alignment  
  - Evaluation framework |

**Population Health Infrastructure Subgroup**

<table>
<thead>
<tr>
<th>First meeting</th>
<th>Second meeting</th>
<th>Third meeting (tentative)</th>
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Process and timeline

Population Health Infrastructure Subgroup

**First meeting**
- Oct. 19, 2015
- Affirm goals for population health planning infrastructure
- Identify strengths, challenges and opportunities for community health planning
- Discuss preliminary infrastructure design decisions

**Second meeting**
- Nov. 10, 2015
- Review and refine framework for improved pop health infrastructure
- Identify key recommendations

**Third meeting** (tentative)
- Nov. 19, 2015
- Reserve for continued discussion and refinement of framework and recommendations if needed

Population Health Planning Advisory Group

**First meeting**
- Oct. 1, 2015

**Second meeting**
- Oct. 13, 2015

**Third meeting**
- Nov. 3, 2015

**Fourth meeting**
- Nov. 17, 2015
Meeting objectives

By the end of this meeting, the group will:

Objective 1. Affirm overall goals of developing a population health planning infrastructure framework for Ohio.

Objective 2. Identify strengths, challenges and opportunities for improvement for community health planning led by local health departments and hospitals.

Objective 3. Identify key elements of a “straw man” framework to present to the broader Advisory Workgroup at November 3rd meeting.
Affirming overall goals
“Rowing upstream in the same direction to move the needle on population health outcomes”
Affirming overall goals

Improve the health of Ohioans by deploying a strategic set of evidence-based, upstream population health activities at the scale needed to measurably improve population health outcomes.
Affirming overall goals

Develop a more efficient and effective way to do high-quality community health assessment and improvement planning in Ohio that:

- Results in widespread implementation and evaluation of evidence-based strategies
- Helps nonprofit hospitals and local health departments to meet IRS and PHAB requirements
- Balances local innovation with statewide alignment and coordination
- Increases and supports collaboration between hospitals and local health departments, and with other community partners
Strengths, challenges and opportunities
Strengths, challenges and opportunities

1. What are the ideal characteristics?
2. What’s working well and should NOT change?
3. What could be improved or changed?
“Straw person” framework
### Timeline for Local Planning

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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| Dec 2012 | - Prevention Agenda issued
| Nov 2013 | - NYSDOH directs LHDs and Hospitals to work together with local stakeholders to conduct assessment and develop improvement plan *(required to choose two Prevention Agenda priorities and one that addresses health disparities)*
| April 2014 | - LHD CHA and CHIP and Hospital CSP developed and submitted
| Nov 2014 | - Plans reviewed and feedback letters developed and mailed to LHDs and Hospitals
| Nov 2014 | - LHDs and Hospitals asked to submit annual progress report online
| Dec 2014 | - Annual progress reports received from LHDs and Hospitals; Data analyzed and TA organized to respond to challenges.
Assessment and Plan

Health Priority focus areas

Goals

Measurable Objectives

Interventions

By sector

By health impact pyramid
Health Impact Pyramid

**Counseling and education**
- Dietary counseling
- Public education about drunk driving, physical activity, youth violence, etc.

**Clinical interventions**
- Treatment of hypertension and hyperlipidemia
- Screening for fall risk

**Long-lasting protective interventions**
- Immunizations
- Tobacco cessation services
- Dental sealants
- Grab bars and hand rails to prevent falls

**Changing the context to make individuals’ default decisions healthy**
- Clean water
- Fluoridation
- Elimination of lead paint and asbestos exposure
- Smoke-free workplaces
- Impaired driving and helmet laws
- Built environment redesign to promote physical activity

**Socioeconomic factors**
- Poverty reduction
- Improved education
- Improved housing and sanitation

Closer look: New York model

New York State Prevention Agenda
Priorities Selected by Counties, 2013

Priority Areas (% Selected by Counties)
- Chronic Disease (n=57)
- Mental Health and Substance Abuse (n=30)
- Women, Infants, Children (n=16)
- Environment (n=9)
- HIV, STD, Vaccines & HAI (n=3)
Closer look: New York model

**Community health needs assessments**

Work collaboratively with local health departments and community partners in developing shared health priorities

**Implementation strategies**

Develop joint implementation strategies with measurable objectives and clear delineation of partner roles

**Community benefit**

Align funding in a way that is impactful in achieving shared objectives
Preliminary infrastructure design decisions
Standardize

Align in principle

Differ by design
What parts of the population health assessment, planning and implementation process do you want help with?

Be thinking about what could be provided at a local (city or county), regional (more than one county) or state level.
Preliminary infrastructure design decisions

1. Which elements should be standardized, aligned in principle, or differ by design?

2. What tools would be most helpful to you? Who should be responsible for providing the tools?

3. Which elements would be most effective if conducted at the local (city or county), regional (more than one county), and/or state level?
Next steps