1. Welcome and Introductions
   Greg Moody and Amy Rohling McGee

2. What are the State Health Assessment and State Health Improvement Plan?
   Amy Bush Stevens

3. State Health Assessment and State Health Improvement Plan process overview
   Reem Aly

4. Guiding concepts
   Amy Bush Stevens

5. Secondary data
   Reem Aly and Amy Bush Stevens

6. Next steps
   Greg Moody, Richard Hodges and Amy Rohling McGee
Glossary

Evidence-based prevention strategy — A policy, program or service that has been evaluated and demonstrated to be effective in preventing health problems based upon the best-available research evidence, rather than upon personal belief or anecdotal evidence (from HPIO publication “What is ‘Evidence-Based Prevention?’” [2016]).

Health disparities — Differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities.

Health equity — The absence of differences in health that are caused by social and economic factors. Achieving health equity means that all people have the opportunity to achieve their full health potential, with no one at a disadvantage because of social or economic circumstances.

Health inequity — A subset of health disparities that are a result of systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity.

Life course perspective — A multidisciplinary approach to understanding the mental, physical and social health of individuals, which incorporates both life span and life stage concepts that determine the health trajectory.

SMART objectives — Objectives that are specific, measurable, achievable, realistic and time-bound.

Population Health — The distribution of health outcomes across a geographically-defined group that result from the interaction between individual biology and behaviors; the social, familial, cultural, economic and physical environments that support or hinder wellbeing; and the effectiveness of the public health and healthcare systems (as defined by HPIO Population Health Definition Workgroup and published in HPIO publication “What is ‘Population Health?’” [2015]).

State health agencies

ODA — Ohio Department of Aging
DODD — Ohio Department of Developmental Disabilities
OFCF — Ohio Family and Children First
OHT — Governor’s Office of Health Transformation
ODH — Ohio Department of Health
ODJFS — Ohio Department of Job and Family Services
ODM — Ohio Department of Medicaid
OMHAS — Ohio Department of Mental Health and Addiction Services
ODVS — Ohio Department of Veterans Services

Acronyms

State assessments and plans
SHA — State health assessment
SHIP — State health improvement plan

Hospital assessments and plans
CHNA — Community health needs assessment
IS — Implementation strategy

Local health department (LHD) assessments and plans
CHA — Community health assessment
CHIP — Community health improvement plan

Organizations
HCNO — Hospital Council of Northwest Ohio
HPIO — Health Policy Institute of Ohio
PHAB — Public Health Accreditation Board

Miscellaneous
MAPP — Mobilizing for Action through Planning and Partnerships (planning model)
PCMH — Patient-Centered Medical Home
CHR — County Health Rankings

State health assessment/state health improvement plan
Ohio regions and county types

Regions defined by the Association of Ohio Health Commissioners
County types defined by the Ohio Medicaid Assessment Survey

Note: These regions and county types will be used in the State Health Assessment to analyze priorities identified by local health departments and hospitals in their community health assessments/plans.

County type
- Appalachian
- Urban
- Suburban
- Rural, non-Appalachian
Ohio SHA/SHIP implementation logic model

**Key components**
- Includes social determinants of health, health equity and life-course perspective
- Aligns with other state and national initiatives
- Puts data in context to inform action

**Short-term outcomes (2016)**
1. SHIP planners and other stakeholders have comprehensive and meaningful data to inform identification of state-level health priorities
2. State agencies, local health departments, hospitals and other local entities have template for community assessments (uniform set of health categories and metrics to track at state and county level)
3. Health stakeholders, policymakers and general public are aware of Ohio’s greatest health challenges, factors contributing to those challenges, and resources/assets to address challenges

**Key components**
Includes:
- Priorities
- Measurable objectives
- Evidence-based strategies
- Implementation, financing and evaluation plans

**Short-term outcomes (2016)**
4. State agency leaders, legislators and other key health stakeholders have an actionable set of strategies that they are motivated to pursue
5. Local health departments, hospitals and other local entities have a menu of health priorities, objectives and evidence-based strategies to align with in their health improvement plans
6. Sectors beyond health understand how their goals intersect with SHIP priorities and strategies
7. The general public is motivated to support SHIP strategies

**Medium-term outcomes (2017-19 and ongoing)**
8. Public and private stakeholders implement a strategic set of evidence-based, upstream population health activities at the scale needed to measurably improve health outcomes for specific health priorities, including efficient and effective:
   - Resource allocation
   - Service delivery
   - Systems reform and innovation
   - Program implementation
   - State and local-level policy changes (including legislative or funding changes)
9. State agency leaders and local partners monitor implementation of SHIP strategies, evaluate impact and make improvements.

**Long-term outcomes (2017-19 and ongoing)**
10. Improved population health outcomes
11. Decreased health disparities and health inequities
12. Sustainable healthcare costs

HPIO-facilitated project (March-December 2016)