Ohio’s 2016 State Health Assessment (SHA) and State Health Improvement Plan (SHIP) Overview updated May 4, 2016
How is Ohio doing?

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<tbody>
<tr>
<td>Overall</td>
<td>47</td>
<td>39</td>
<td>33</td>
<td>47</td>
</tr>
<tr>
<td>Health outcomes domains*</td>
<td>40</td>
<td>41</td>
<td>41</td>
<td>40</td>
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*Similar to HPIO Dashboard Population Health domain: (“Health outcomes” for AHR; “Healthy Lives” for Commonwealth; “Physical” for Gallup)
Ohio’s rank in America’s Health Rankings from 1990 to 2015

Improving population health planning in Ohio

Prepared by the Health Policy Institute of Ohio for the Ohio Governor’s Office of Health Transformation, Ohio Department of Health and Ohio Department of Medicaid

Jan. 11, 2016
State Health Assessment (SHA)
State Health Improvement Plan (SHIP)

Community and regional plans and assessments

Local health departments, Hospitals and other local entities (e.g. Family and Children First Councils, Area Agencies on Aging, Behavioral Health Boards, County Board of Developmental Disabilities, Community Action Agencies, Philanthropy/United Ways)
What is the State Health Assessment?

A comprehensive and actionable picture of health and wellbeing in Ohio

- Informs identification of priorities for the State Health Improvement Plan
- Provides template for state agencies and local partners (uniform set of categories and metrics)
### SHA building blocks

Starting with what we already have

<table>
<thead>
<tr>
<th>Assessments from state agencies</th>
<th>Local health department and hospital community health assessments/plans</th>
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<tr>
<td>(such as ODH Chronic Disease and Maternal and Child Health reports)</td>
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<table>
<thead>
<tr>
<th>Improving Population Health Planning in Ohio report</th>
<th>HPIO Health Value Dashboard</th>
<th>County Health Rankings And other sources</th>
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</table>
What is the State Health Improvement Plan?

An actionable plan to improve health and control healthcare costs

• Provides state agency leaders, local health departments, hospitals and other state and local partners with strategic menu of priorities, objectives and evidence-based strategies
• Signals opportunities for partnership with sectors beyond health

See logic model handout for additional details
SHIP building blocks
Elevating priorities across agencies and sectors

Plans from state agencies and collaboratives

Such as Ohio’s Plan to Prevent and Reduce Chronic Disease, Ohio Infant Mortality Reduction Plan, State Plan on Aging, etc.
Stakeholder engagement and project management structure

High-Level Steering Committee
Directors of health-related state agencies

Project Management Team
Health Policy Institute of Ohio,
Hospital Council of Northwest Ohio,
Kirwan Institute, OnPointe LLC

Internal Population Health Infrastructure Team
Internal state steering committee:
HPIO, Directors of Governor’s Office
of Health Transformation and
Ohio Department of Health and
representatives from health-related
state agencies

SHA/SHIP Advisory Committee
Broad range of partners, including local health
departments, hospitals and
sectors beyond health

SHIP Work Team A
SHIP Work Team B
SHIP Work Team C, etc.
SHA/SHIP project management and facilitation team

hpio
health policy institute of ohio

Subcontractors

THE HOSPITAL COUNCIL
of Northwest Ohio

KIRWAN INSTITUTE
for the Study of Race and Ethnicity

OnPointe.
## 2016 SHA Key Components

<table>
<thead>
<tr>
<th>Adopt a conceptual framework and vision for the SHA and SHIP</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
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</thead>
<tbody>
<tr>
<td>Identify secondary data metrics for the SHA</td>
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<tr>
<td>Key informant interviews (with community-based organizations serving Ohio’s most vulnerable populations)</td>
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<td>Five regional community forums (NE, NW, Central, SE, SW)</td>
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<td>Identify health priorities in hospital and local health department planning documents</td>
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<td>Compile, analyze and present secondary data</td>
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<td>Draft SHA and obtain feedback (includes public feedback)</td>
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<td>Final SHA</td>
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## 2016 SHIP key components

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<th>July</th>
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<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tbody>
<tr>
<td>Health issue prioritization process</td>
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<tr>
<td>Identify SHIP objectives and strategies</td>
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<tr>
<td>SHIP implementation and evaluation plan</td>
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<tr>
<td>Draft SHIP and feedback (includes public feedback)</td>
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<td>Final SHIP</td>
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<td>Agency adoption</td>
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SHA sources of information

**Regional community forums**
- Five locations around the state
- Priorities, strengths, challenges and trends
- Open to all, with outreach to specific groups and sectors

**Secondary data**
- Life-course perspective
- Meaningful data in context
- Alignment with state and national metrics
- Demographics
- Contributing causes of health inequities, disparities and premature death
- Analysis and visual display to highlight health disparities
- Discussion of issues, themes and trends

**~30 key informant interviews with community-based organizations**
- Explore contributing causes of health inequities and disparities
- Special focus on groups with poor health outcomes and groups that may otherwise be underrepresented in SHA/SHIP process

**Updated review of local health department and hospital assessment and planning documents**
- Overall top priorities for local communities
- Priorities by region and county type (urban, suburban, rural and Appalachian)

Comprehensive and actionable picture of health and wellbeing in Ohio
Regional SHA forums

April 29
Northwest
10 a.m. – 2 p.m.
Marathon Center for the Performing Arts—Armles Event Hall
200 W. Main Cross St.
Findlay, OH 45840

May 2
Southeast
10 a.m. – 2 p.m.
Margaret M. Walter Hall Rotunda
Ohio University
25 South Green Drive
Athens, OH 45701

May 4
Southwest
11 a.m. – 3 p.m.
The Mandalay Catering Company and Ballroom
2700 East River Road
Dayton, OH 45439

May 5
Central
9 a.m. – 1 p.m.
Conference Center at ESC of Central Ohio
2080 Citygate Drive
Columbus OH 43219

May 6
Northeast
10 a.m. – 2 p.m.
Ravenna Elks Lodge
776 N. Freedom St
Ravenna, OH 44266
Targeted outreach for regional SHA forums

- Hospitals and other healthcare providers (including Federally Qualified Health Centers, free clinics, long-term care/nursing facilities)
- Local health departments and other public health organizations
- ADAMH boards and mental health and addiction service providers
- Health insurance plans, including Medicaid managed care plans
- Community-based organizations and social services (housing, homeless and domestic violence shelters, faith-based, aging, community development, emergency assistance, food banks, job training, legal aid, veterans services, centers for independent living, etc.)
- Local government (county commissioners, city councils, mayors, etc.)
- Law enforcement/criminal justice
- Transportation and regional planning
- Education and child care (early childhood, K-12, higher education, educational service centers, Head Start)
- Businesses and employers (including Chambers of Commerce and banks)
- Philanthropy/United Ways
- Advocacy groups and community action agencies
- Community residents and healthcare consumer groups
- Family and Children First Councils
- Job and Family Services
- Agriculture, environmental protection and natural resources
- At risk populations, including Commission on Minority Health regional offices and partners; immigrant, refugee and migrant worker organizations; organizations that provide culturally-competent or culturally-specific services; people with disabilities; older adults; lesbian, gay, bisexual and transgender (LG BT) groups; trauma survivors; and any other groups or organizations that address health disparities or promote health equity

SHA will address needs of additional groups through other sources, including secondary data and key informant interviews.
**Vision**
Ohio is a model of health and economic vitality.

**Mission**
Improve the health of Ohioans by implementing a strategic set of evidence-based population health activities at the scale needed to measurably improve population health outcomes and achieve health equity.
Values

We value an approach to population health improvement that:

• **Addresses** prevention, the social determinants of health, all stages of the life course and builds upon evidence-based strategies

• **Balances** local needs and innovation with statewide alignment and coordination

• **Fosters** meaningful stakeholder engagement, collaboration across sectors and stronger connections between clinical and community-based organizations

• **Promotes** a culture of health that builds upon Ohio’s strengths and assets

• **Results** in actionable recommendations and measurable outcomes and more efficient and effective allocation of state and local-level public and private resources
SHA/SHIP conceptual framework: Pathway to health value

Systems and environments that affect health

**Healthcare system**
- Preventive services
- Hospital utilization
- Timeliness, effectiveness and quality of care
- Behavioral health
- Equity

**Public health and prevention**
- Public health workforce and accreditation
- Communicable disease control and environmental health
  - Emergency preparedness
  - Health promotion and prevention
  - Equity

**Access**
- Affordability and coverage
- Primary care access
- Behavioral health
- Oral health
- Equity

**Social and economic environment**
- Education
- Employment and poverty
- Family and social support
- Trauma, toxic stress and violence
- Income inequality
- Equity

**Physical environment**
- Air, water and toxic substances
- Food access and food insecurity
- Housing, built environment and access to physical activity
- Equity

Equitable, effective and efficient systems

Optimal environments

Improved population health
- Health behaviors
- Health equity
- Health status
- Mortality

IMPROVED HEALTH VALUE

Sustainable healthcare costs
- Public sector
- Private sector
- Consumers

World Health Organization definition of health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
County Health Rankings and Roadmaps Framework

Health Outcomes
- Mortality (length of life) 50%
- Morbidity (quality of life) 50%

Health Factors
- Health behaviors (30%)
  - Tobacco use
  - Diet & exercise
  - Alcohol use
  - Sexual activity
- Clinical care (20%)
  - Access to care
  - Quality of care
- Social and economic factors (40%)
- Physical environment (10%)
  - Education
  - Employment
  - Income
  - Family & social support
  - Community safety
  - Environmental quality
  - Built environment

Policies and Programs
Triple Aim
Institute for Healthcare Improvement

Population health

Experience of care

Per capita cost
SHA/SHIP conceptual framework: Pathway to health value

World Health Organization definition of health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
Guidance and standards