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)
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
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.
**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

### ~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

### 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

### 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)
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.
Population health domain

- Added 2 child health metrics
  - Overall health status-child
  - Neonatal abstinence syndrome

- Challenges obtaining state-level NSDUH data (had to remove age of first use of drugs/alcohol)
• Changed domain name from healthcare “cost” to “spending”
• Consideration of “total health spend”
  – No consensus on how to calculate total health spend
  – Actual impact of social services spending or health outcomes is not clear; need to build evidence base on specific programs/policies
  – Specific problem to address is unsustainable healthcare spend
• Addition of pediatric-specific metric
  – Hospital admissions for pediatric asthma
• Addition of several utilization metrics
  – Hospital readmissions
  – Avoidable emergency department visits
• Consideration of “systemness” metrics
• Replaced diabetic monitoring with admissions for diabetes with long-term complications
• Removed patient experience and nursing home pressure ulcers
Access domain

- Changed name of underserved mental health care to underserved psychiatric care
- Unable to find data around early childhood access to behavioral health services and availability of culturally/linguistically appropriate services
Public health and prevention domain

- Added HPV vaccination rate
- Removed unintended pregnancy
- Added breastfeeding rate
Social and economic environment domain

- Added Kindergarten Readiness Assessment-Literacy (KRA-L)
- Replaced single parent households with low-income working families with children
- Added homicide mortality rate
- Added intimate partner violence lifetime prevalence
- Added incarceration rate
Physical environment domain

• Replaced food environment index (composite) with healthy food access
• Added access to housing assistance (pending data availability)
Data in context

Trend (3-year)

Benchmark (U.S., HP2020)

Equity and long-term trend

Percentage of adults who smoked cigarettes in 2013

Ohio 23.4%
U.S. 19%
HP2020 Goal 12%

One or more of the following elements:
Race and ethnicity, income, age, gender, disability status, county level, geographic hot spots, long-term trend
SHA building blocks
Starting with what we already have

| Assessments from state agencies (such as ODH Chronic Disease and Maternal and Child Health reports) | Improving Population Health Planning in Ohio report | HPIO Health Value Dashboard | County Health Rankings And other sources |
| Local health department and hospital community health assessments/plans |

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**SHA sources of information**

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**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)
State and local-level assessments and plans

Outlining assessment and plan documents that include components such as:

- Defining assessment and plan documents that include components such as:
- Collection of needs, strengths, opportunities, and challenges (including targets and strategies)
Document review of local health department (LHD) and hospital community health assessment and planning documents

- **Number of LHDs/hospitals for which a document was reviewed (CHA, CHIP, CHNA and/or IS):**
  - 299 documents
  - 195 hospitals
  - 104 LHDs

- **Number of LHDs/hospitals that identified priorities in documents reviewed (CHA, CHIP, CHNA and/or IS):**
  - 211 documents
  - 152 hospitals
  - 59 LHDs

### Percent of Ohio counties covered by a document with priorities (n=88)

- **Total:** 94%
- **LHDs:**
  - 57%
  - 50 counties covered by reviewed documents (2011-2018+)
- **Hospitals:**
  - 91%
  - 80 counties covered by reviewed documents

*Counties not covered: Clinton, Fayette, Hocking, Paulding, Vinton*

Preliminary review by HPIO, April 2016 – subject to change
## Community health assessment/plan priority categories

<table>
<thead>
<tr>
<th>Social and economic environment</th>
<th>Physical environment</th>
<th>Health conditions</th>
<th>Health behaviors, violence and injury</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Employment, poverty and income</td>
<td>• Housing</td>
<td>• Cardiovascular disease</td>
<td>• Tobacco</td>
<td>• Coverage and affordability</td>
</tr>
<tr>
<td>• Education</td>
<td>• Transportation</td>
<td>• Diabetes</td>
<td>• Physical activity</td>
<td>• Access to health care/medical care</td>
</tr>
<tr>
<td>• Family and social support</td>
<td>• Air, water and toxic substances</td>
<td>• Chronic respiratory disease</td>
<td>• Nutrition</td>
<td>• Access to behavioral health care</td>
</tr>
<tr>
<td></td>
<td>• Food environment</td>
<td>• Obesity</td>
<td>• Sexual and reproductive health</td>
<td>• Access to dental care</td>
</tr>
<tr>
<td></td>
<td>• Active living environment</td>
<td>• Cancer</td>
<td>• Violence</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Maternal and infant health</td>
<td>• Injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Oral Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Drug and alcohol abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Chronic disease (unspecified)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Equity/Disparities**
Priority information in the SHA

• SHA will include priorities identified in LHD assessments and plans, and at regional forums
• These are not the final SHIP priorities (prioritization process will occur after SHA is complete)
• Categories emerged from review of LHD and hospital documents, plus alignment with SHA conceptual framework
• Analysis presented here is preliminary
• HPIO will conduct additional analysis clustering priority categories
Top 10 priorities identified in community health assessments/plans (preliminary)

- Obesity: 60%
- Mental health: 58%
- Access to health care/medical care: 55%
- Drug and alcohol abuse: 49%
- Maternal and infant health (prenatal through first year of life): 36%
- Cancer: 34%
- Cardiovascular disease: 30%
- Diabetes: 27%
- Tobacco: 24%
- Chronic diseases (unspecified): 19%

N=211 local health department CHA/CHIPs and hospital CHNA/ISs covering 2012-2018
Source: HPIO preliminary review of assessment and planning documents, April 2016
Number of LHD/hospital documents with priorities that were reviewed, by region*

- **NW**: 50 documents (32 hospitals, 18 LHDs)
- **NE**: 68 documents (53 hospitals, 15 LHDs)
- **Central**: 35 documents (23 hospitals, 12 LHDs)
- **SW**: 50 documents (40 hospitals, 10 LHDs)
- **SE**: 20 documents (16 hospitals, 4 LHDs)

* Association of Ohio Health Commissioners region boundaries

**Note:** One document may cover more than one region.
Top 10 priorities identified in community health assessments/plans (preliminary)

- Obesity: 80%
- Drug and alcohol abuse: 50%
- Mental health: 48%
- Cardiovascular disease: 36%
- Access to health care/medical care: 34%
- Cancer: 30%
- Tobacco: 23%
- Maternal and infant health: 18%
- Violence: 18%
- Infectious disease: 16%

N=44 local health department CHA/CHIPS and hospital CHNA/ISs covering 2012-2018
Source: HPIO preliminary review of assessment and planning documents, April 2016
Top 10 priorities identified in community health assessments/plans (preliminary)

- Access to health care/medical care: 77%
- Obesity: 59%
- Mental health: 57%
- Drug and alcohol abuse: 43%
- Diabetes: 37%
- Maternal and infant health: 35%
- Coverage and affordability: 29%
- Cardiovascular disease: 27%
- Cancer: 27%
- Tobacco: 25%

N=68 local health department CHAs/CHIPs and hospital CHNA/ISs covering 2012-2018
Source: HPIO preliminary review of assessment and planning documents, April 2016

Preliminary review by HPIO, April 2016 – subject to change
Top 10 priorities identified in community health assessments/plans (preliminary)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>74%</td>
</tr>
<tr>
<td>Access to health care/medical care</td>
<td>54%</td>
</tr>
<tr>
<td>Obesity</td>
<td>51%</td>
</tr>
<tr>
<td>Violence</td>
<td>49%</td>
</tr>
<tr>
<td>Maternal and infant health</td>
<td>46%</td>
</tr>
<tr>
<td>Drug and alcohol abuse</td>
<td>46%</td>
</tr>
<tr>
<td>Cancer</td>
<td>43%</td>
</tr>
<tr>
<td>Chronic disease (unspecified)</td>
<td>37%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>37%</td>
</tr>
<tr>
<td>Injury</td>
<td>37%</td>
</tr>
</tbody>
</table>

N=35 local health department CHA/CHIPs and hospital CHNA/ISs covering 2011-2018

Source: HPIO preliminary review of assessment and planning documents, April 2016
Top 10 priorities identified in community health assessments/plans (preliminary)

- Mental health: 62%
- Drug and alcohol abuse: 58%
- Maternal and infant health: 50%
- Obesity: 46%
- Access to health care/medical care: 42%
- Cardiovascular disease: 42%
- Diabetes: 36%
- Cancer: 36%
- Chronic respiratory disease: 26%
- Chronic disease (unspecified): 22%

N=50 local health department CHA/CHIPs and hospital CHNA/ISs covering 2011-2019
Source: HPIO preliminary review of assessment and planning documents, April 2016

Preliminary review by HPIO, April 2016 – subject to change
Top 10 priorities identified in community health assessments/plans (preliminary)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to health care/medical care</td>
<td>74%</td>
</tr>
<tr>
<td>Obesity</td>
<td>68%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>58%</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>53%</td>
</tr>
<tr>
<td>Cancer</td>
<td>47%</td>
</tr>
<tr>
<td>Drug and alcohol abuse</td>
<td>42%</td>
</tr>
<tr>
<td>Physical activity</td>
<td>42%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>42%</td>
</tr>
<tr>
<td>Employment, poverty and income</td>
<td>37%</td>
</tr>
<tr>
<td>Mental health</td>
<td>32%</td>
</tr>
</tbody>
</table>

N=19 local health department CHA/CHIPS and hospital CHNA/ISs covering 2012-2018
Source: HPIO preliminary review of assessment and planning documents, April 2016

Preliminary review by HPIO, April 2016 – subject to change
Top 10 priorities identified in community health assessments/plans (preliminary)

Top 10 priority in all 5 regions

- Obesity: 60%
- Mental health: 58%
- Access to health care/medical care: 55%
- Drug and alcohol abuse: 49%
- Maternal and infant health (prenatal through first year of life): 36%
- Cancer: 34%
- Cardiovascular disease: 30%
- Diabetes: 27%
- Tobacco: 24%
- Chronic diseases (unspecified): 19%

N=211 local health department CHA/CHIPS and hospital CHNA/ISs covering 2012-2018
Source: HPIO preliminary review of assessment and planning documents, April 2016
Regional differences in top 10 priorities identified in community health assessments/plans (preliminary)

Priorities in top 10 for region, but not for Ohio

**Northwest**: Violence, Infectious disease

**Northeast**: Coverage and affordability

**Central**: Violence, Injury

**Southwest**: Chronic respiratory disease

**Southeast**: Physical activity; Nutrition; Employment, poverty and income
Number of LHD/hospital documents with priorities that were reviewed, by county type*

*OMAS county types

Note: One document may cover more than one county type.

Preliminary review by HPIO, April 2016 – subject to change
## Top priorities, by county type (preliminary)

<table>
<thead>
<tr>
<th>Appalachian</th>
<th>Suburban</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3. Drug and alcohol abuse (tie)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*N=211 local health department CHA/CHIPS and hospital CHNA/ISs covering 2012-2018*

*Source:* HPIO preliminary review of assessment and planning documents, April 2016
### Top priorities, by county type (preliminary)

#### Common priorities across all county types

<table>
<thead>
<tr>
<th>Appalachian</th>
<th>Suburban</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3. Drug and alcohol abuse (tie)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N=211 local health department CHA/CHIPs and hospital CHNA/ISs covering 2012-2018  
Source: HPIO preliminary review of assessment and planning documents, April 2016
Discussion questions

1. What questions do you have about this review of existing assessments and plans?
2. What recommendations do you have for how to include this information in the State Health Assessment in a way that will be useful for guiding the State Health Improvement Plan?
**SHA sources of information**

**Regional community forums**
- Five locations around the state
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- Life-course perspective
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**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)
Regional forum findings
## Regional forum attendance

<table>
<thead>
<tr>
<th>Region</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio (combined)</td>
<td>400</td>
</tr>
<tr>
<td>Northwest</td>
<td>86</td>
</tr>
<tr>
<td>Northeast</td>
<td>97</td>
</tr>
<tr>
<td>Central</td>
<td>83</td>
</tr>
<tr>
<td>Southwest</td>
<td>71</td>
</tr>
<tr>
<td>Southeast</td>
<td>63</td>
</tr>
</tbody>
</table>
## Sectors represented at regional forums

<table>
<thead>
<tr>
<th>Sector</th>
<th>Represented Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local health department or public health organization</td>
<td>119</td>
</tr>
<tr>
<td>Healthcare providers or associations</td>
<td>87</td>
</tr>
<tr>
<td>Community-based or social services organization</td>
<td>50</td>
</tr>
<tr>
<td>Other</td>
<td>40</td>
</tr>
<tr>
<td>Health plan</td>
<td>35</td>
</tr>
<tr>
<td>At risk population</td>
<td>25</td>
</tr>
<tr>
<td>Mental health and addiction service provider, board or association</td>
<td>25</td>
</tr>
<tr>
<td>Education and child care</td>
<td>19</td>
</tr>
<tr>
<td>Advocacy group or community action agency</td>
<td>16</td>
</tr>
<tr>
<td>Family and Children First Council</td>
<td>13</td>
</tr>
<tr>
<td>Philanthropy/United Way</td>
<td>9</td>
</tr>
<tr>
<td>Local government</td>
<td>7</td>
</tr>
<tr>
<td>Business or employer</td>
<td>4</td>
</tr>
<tr>
<td>Job and Family Services</td>
<td>4</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>3</td>
</tr>
<tr>
<td>Transportation</td>
<td>2</td>
</tr>
</tbody>
</table>
Preliminary regional forum small group discussion – summary of most common findings

“What do you believe are the 2-3 most important characteristics of a healthy county and region?”

<table>
<thead>
<tr>
<th>Region</th>
<th>Characteristics</th>
</tr>
</thead>
</table>
| Ohio (combined) | • Access to care (37)  
                          • Collaboration/cohesiveness (29)  
                          • Access to physical activity opportunities (22)  
                          • Economic vitality (21)  
                          • Access to healthy food (16) |
| Northwest (n=19 tables) | • Access to physical activity opportunities (5-TIE)  
                          • Access to care (5-TIE)  
                          • Economic vitality (5-TIE)  
                          • Collaboration/cohesiveness (4-TIE)  
                          • Education to the community about available resources and how to access them (4-TIE)  
                          • Access to healthy food (4-TIE) |
| Northeast (n=15 tables) | • Access to care (9)  
                          • Collaboration/cohesiveness (7)  
                          • Safe communities (6)  
                          • Access to physical activity opportunities (5-TIE)  
                          • Access to healthy foods (5-TIE) |
| Central (n=19 tables) | • Access to care (12)  
                          • Collaboration/cohesiveness (9)  
                          • Access to physical activity opportunities (6-TIE)  
                          • Access to mental health care and addiction services (6-TIE)  
                          • Health literacy (4-TIE)  
                          • Education (4-TIE)  
                          • Cultural competency (4-TIE)  
                          • Social determinants of health (4-TIE) |
| Southwest (n=11 tables) | • Collaboration/cohesiveness (9)  
                          • Education (4)  
                          • Access to healthy foods (3-TIE)  
                          • Safe and healthy environment (3-TIE)  
                          • Access to care (3-TIE) |
| Southeast (n=10 tables) | • Access to care (8-TIE)  
                          • Economic vitality (8-TIE)  
                          • Accessible transportation (5)  
                          • Access to physical activity opportunities (4)  
                          • Awareness of healthy inequities and means to educate community about issues (3) |
Preliminary regional forum small group discussion — summary of most common findings

“What makes you most proud of your county and region?”

<table>
<thead>
<tr>
<th>Region</th>
<th>Findings</th>
</tr>
</thead>
</table>
| Ohio (combined) | • Collaboration (64)  
• Community support (17)  
• Access to outdoor recreation (15)  
• Access to health care (13)  
• Access to higher education/post-secondary education (10-TIE)  
• Diverse population (10-TIE) |
| Northwest (n=19 tables) | • Collaboration (18)  
• Determination to solve problems/desire to improve the health of the region (3)  
• Community support (2-TIE)  
• Safe community (2-TIE)  
• Access to outdoor recreation (2-TIE)  
• Opiate/addiction task forces (2-TIE)  
• Access to higher education/post-secondary education (2-TIE) |
| Northeast (n=15 tables) | • Collaboration (12)  
• Access to health care (6)  
• Access to higher education/post-secondary education (4)  
• Access to outdoor recreation (3-TIE)  
• Diverse population (3-TIE) |
| Central (n=19 tables) | • Collaboration (16)  
• Diverse population (6)  
• Social resources/services (5)  
• Access to outdoor recreation (4)  
• Access to health care (3)  
• Access to higher education/post-secondary education (3) |
| Southwest (n=11 tables) | • Collaboration (12)  
• Awareness of health issues (4)  
• Available funding/sustainability (3-TIE)  
• Community support (3-TIE)  
• Access to health care (2) |
| Southeast (n=10 tables) | • Community support (12)  
• Volunteerism (8)  
• Collaboration (6)  
• Access to outdoor recreation (5)  
• Access to health care (2) |
### Preliminary regional forum priority rankings (May 2016)

<table>
<thead>
<tr>
<th>State Total</th>
<th>Northwest</th>
<th>Northeast</th>
<th>Central</th>
<th>Southwest</th>
<th>Southeast</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Obesity</td>
<td>Obesity</td>
<td>Equity/Disparities</td>
<td>Access to behavioral health care</td>
<td>Employment, poverty and income</td>
</tr>
<tr>
<td>2</td>
<td>Access to behavioral health care</td>
<td>Drug and alcohol abuse</td>
<td>Drug and alcohol abuse</td>
<td>Obesity</td>
<td>Employment, poverty and income</td>
</tr>
<tr>
<td>3</td>
<td>Drug and alcohol abuse</td>
<td>Mental health</td>
<td>Access to behavioral health care</td>
<td>Drug and alcohol abuse</td>
<td>Equity/Disparities</td>
</tr>
<tr>
<td>4</td>
<td>Mental health</td>
<td>Access to behavioral health care</td>
<td>Access to behavioral health care</td>
<td>Drug and alcohol abuse</td>
<td>Obesity</td>
</tr>
<tr>
<td>5</td>
<td>Employment, poverty and income</td>
<td>Physical activity</td>
<td>Access to health care/medical care</td>
<td>Access to dental care</td>
<td>Access to dental care</td>
</tr>
<tr>
<td>6</td>
<td>Equity/Disparities</td>
<td>Cardiovascular disease</td>
<td>Access to dental care</td>
<td>Maternal and infant health</td>
<td>Mental health</td>
</tr>
<tr>
<td>7</td>
<td>Access to dental care</td>
<td>Maternal and infant health</td>
<td>Maternal and infant health</td>
<td>Mental health</td>
<td>Coverage and affordability</td>
</tr>
<tr>
<td>8</td>
<td>Cardiovascular disease</td>
<td>Access to health care/medical care</td>
<td>Nutrition</td>
<td>Physical activity</td>
<td>Diabetes</td>
</tr>
<tr>
<td>9</td>
<td>Diabetes*</td>
<td>Nutrition</td>
<td>Coverage and affordability</td>
<td>Cardiovascular disease</td>
<td>Maternal and infant health</td>
</tr>
<tr>
<td>10</td>
<td>Nutrition</td>
<td>Diabetes</td>
<td>Access to dental care</td>
<td>Nutrition</td>
<td>Diabetes</td>
</tr>
</tbody>
</table>

*Priority ranking tie (values are equal)
### Preliminary regional forum priority rankings (May 2016)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Category</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Obesity</td>
<td>Northwest</td>
</tr>
<tr>
<td>2</td>
<td>Access to behavioral health care</td>
<td>Northeast</td>
</tr>
<tr>
<td>3</td>
<td>Drug and alcohol abuse</td>
<td>Central</td>
</tr>
<tr>
<td>4</td>
<td>Mental health</td>
<td>Southwest</td>
</tr>
<tr>
<td>5</td>
<td>Employment, poverty and income</td>
<td>Southeast</td>
</tr>
<tr>
<td>6</td>
<td>Equity/Disparities</td>
<td>Northwest</td>
</tr>
<tr>
<td>7</td>
<td>Access to dental care</td>
<td>Northeast</td>
</tr>
<tr>
<td>8</td>
<td>Cardiovascular disease*</td>
<td>Central</td>
</tr>
<tr>
<td>9</td>
<td>Diabetes*</td>
<td>Southwest</td>
</tr>
<tr>
<td>10</td>
<td>Nutrition</td>
<td>Southeast</td>
</tr>
</tbody>
</table>

*priority ranking tie (values are equal)*

**Key**
- Health conditions
- Health behaviors, violence and injury
- Social and economic environment
- Physical environment
- Access
- Equity/disparities

Preliminary review by HPIO, April 2016 – subject to change
Initial insights from community health assessment/plan and regional forum priority analysis

1. Overall, widespread agreement on priorities across regions and county types
2. Some regional variation, particularly for SE
3. Employment, poverty and income and Equity/Disparities only emerge as top priorities when prompted (emerged as high priorities at regional forums, but not in assessments/plans)
Discussion questions

1. What questions do you have about the regional forum findings?
2. What recommendations do you have for how to display this information in the State Health Assessment in a way that will be useful for guiding the State Health Improvement Plan?
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

~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

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

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
Key-informant interviews

**Objective:** Conduct a targeted number of key informant interviews to explore contributing causes of health inequities and disparities for a few of Ohio’s most vulnerable populations

~30 key informant interviews with community-based organizations that work directly with and/or represent these vulnerable populations

Results will be used to inform:
- Identification of health priorities for the SHIP
- Selection of strategies for the SHIP
- Allocation of resources to support implementation of the SHIP and demonstrate PHAB measure 1.1.2S (3)
Identification of vulnerable populations

Decision criteria

Criteria 1. Groups of Ohioans who experience health outcomes at rates worse than the overall Ohio population.

Criteria 2. Groups of Ohioans who are suspected to experience poor health outcomes and for which secondary data is not always available.

Criteria 3. Groups of Ohioans who experience poor health outcomes compared to other groups but whose voices may not be heard or may be underrepresented throughout the State Health Assessment and State Health Improvement Plan process.
Identification of vulnerable populations

**Existing secondary data**
- ✓ HPIO Health Value Dashboard
- ✓ Improving Population Health Planning in Ohio Report (Fig. 3.7)
- ✓ County Health Rankings
- ✓ Robert Wood Johnson Foundation DataHub
- ✓ State-level assessments and plans
- ✓ State Epidemiological Outcomes Workgroup
- ✓ Network of Care
- ✓ Census data

**Feedback from subject matter experts including:**
- ✓ Kirwan Institute
- ✓ Ohio Commission on Minority Health
- ✓ HPIO Health Equity Workgroup
Identification of vulnerable populations

<table>
<thead>
<tr>
<th>Population interviewed</th>
<th>Central region</th>
<th>NE region</th>
<th>NW region</th>
<th>SE region</th>
<th>SW region</th>
</tr>
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<tbody>
<tr>
<td>African American</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
</tr>
<tr>
<td>Low-income</td>
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<td>Urban</td>
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<tr>
<td></td>
<td>Suburban</td>
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<td>Suburban</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>Rural/ Appalachian</td>
<td>Rural</td>
<td>Rural/ Appalachian</td>
<td>Rural/ Appalachian</td>
</tr>
<tr>
<td>Immigrant</td>
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<td>Eastern European</td>
<td>Latino</td>
<td></td>
<td>Latino</td>
</tr>
<tr>
<td></td>
<td>• Latino</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Southeast Asian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refugees</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>People with disabilities</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Organizations identified for interviews

African Americans
(Urban Leagues, Office of Minority Health, Center for Closing the Health Gap and Community Properties of Ohio)

Low income
(Local foodbanks and pantries and community-based social service and religious organizations)

Immigrants and refugees
(Community Refugee & Immigration Services, Ethiopian Tewahedo Social Services, Our Lady of Guadalupe, Ohio Asian American Health Coalition, Adelante, Catholic Charities)

People with disabilities
(Society for Equal Access, Center for Independent Living)
Key informant interview progress

- African Americans: 5 interviewed, 4 identified
- Low income: 15 interviewed, 13 identified
- Immigrants and refugees: 9 interviewed, 7 identified
- People with disabilities: 2 interviewed, 2 identified

Organizations identified for interview (31 total)
Interviewed (26 to date)
Core Questions

- How is the quality of life perceived in the community you serve?
- What do you view as strengths or resources of this community?
- How would you describe the health status of the community you serve?
- What do you think are the biggest health challenges or issues facing this community?
- What do you believe are the main causes of these health challenges/issues?
- What do you believe are the 2-3 most important things that need to change in order to improve the health and quality of life in this community?
- Describe any recent changes or trends that will have an impact on the health and quality of life of the community you serve.
Overall Comments

• Interviews have been very rich
• Themes are definitely emerging, even in populations with fewer interviews
• Almost all populations experience a health status poorer than the majority population, particularly among low-income members of each group
• There do seem to be differences among populations in terms of health challenges/issues
“What do you view as strengths or resources of this community?”

Top themes across state and individual population groups

<table>
<thead>
<tr>
<th>Statewide (n=26 interviews, 36 people)</th>
<th>African American (n=4 interviews, 5 people)</th>
<th>Low income (n=13 interviews, 20 people)</th>
<th>Immigrant/Refugee (n=7 interviews, 9 people)</th>
<th>People with disabilities (n=2 interviews, 2 people)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social service agency resources</td>
<td>Faith community connections</td>
<td>Social service agency resources</td>
<td>Strong social connections</td>
<td>Social service agency resources</td>
</tr>
<tr>
<td>Strong social connections</td>
<td>Resilience and perseverance</td>
<td>Advocacy</td>
<td>Strong principles</td>
<td>Advocacy</td>
</tr>
<tr>
<td>Resilience and perseverance</td>
<td>Advocacy</td>
<td>Social service agency resources</td>
<td>(integrity, trust, etc.)</td>
<td>Positive outlook</td>
</tr>
<tr>
<td>Social service agency collaboration</td>
<td>Social service agency resources</td>
<td>Social service agency collaboration</td>
<td>Resilience and perseverance</td>
<td>Hard working</td>
</tr>
<tr>
<td>Strong principles (integrity, trust, etc.)</td>
<td>Appreciation of diversity</td>
<td>Social service agency resources</td>
<td>Social service agency resources</td>
<td>Strong social connections</td>
</tr>
<tr>
<td>Schools</td>
<td></td>
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</tr>
</tbody>
</table>

Preliminary review by HPIO, April 2016 – subject to change
“How would you describe the health status of the community you serve?”

Top themes across state and individual population groups

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<th>Statewide (n=26 interviews, 36 people)</th>
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<th>People with disabilities (n=2 interviews, 2 people)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health issues</td>
<td>Mental health issues</td>
<td>Diabetes</td>
<td>Poor access to health care</td>
<td>COPD and pulmonary issues</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Substance abuse</td>
<td>Poor health status</td>
<td>Mental health issues</td>
<td>Mental health issues</td>
</tr>
<tr>
<td>Poor health status</td>
<td>Poor nutrition</td>
<td>Physical disabilities and mobility issues</td>
<td>Poor health status</td>
<td>Poor health issues</td>
</tr>
<tr>
<td>Poor nutrition</td>
<td>Diabetes</td>
<td>Mental health issues</td>
<td>Poor nutrition</td>
<td>Poor nutrition</td>
</tr>
<tr>
<td>Physical disabilities and mobility issues</td>
<td>Poor health status</td>
<td></td>
<td>Physical nutrition</td>
<td>Physical nutrition</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>High stress</td>
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<td>Challenges understanding the health care system</td>
<td>Physical disabilities and mobility issues</td>
</tr>
<tr>
<td>Poor access to health care</td>
<td>Hypertension and heart disease</td>
<td></td>
<td>Language barriers</td>
<td></td>
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<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Next Steps

• Complete remaining interviews
• Additional analysis:
  – Additional research questions
  – Analysis within the Low-Income community by Urban, Suburban, Rural and Rural Appalachian
  – Analysis within Immigrant/Refugees to discern differences between target populations
Discussion questions

1. What questions do you have about the key informant interview findings?

2. What recommendations do you have for how to display this information in the State Health Assessment in a way that will be useful for guiding the State Health Improvement Plan?
Next steps for the SHA

• Next meeting:
  – June 22, 2016 from 10am-12:30 pm

• Draft State Health Assessment for review