State Health Assessment (SHA) and State Health Improvement Plan (SHIP) Advisory Committee

June 22, 2016 Meeting Agenda
10:00 am – 12:30 pm
Ohio Department of Medicaid
50 W Town St., Columbus, Ohio 43205

Welcome

SHA draft overview and timeline

Preparation for SHIP prioritization process

Review selected sections of draft SHA
Each advisory group member will review independently

Small group discussions of draft SHA

Large group discussion

Upcoming meeting dates and next steps
- SHIP meeting one: August 18, 2016
- SHIP meeting two: September 13, 2016
- SHIP meeting three: October 13, 2016

All meetings are from 10:00 am to 12:30 pm at Medicaid
SHA feedback timeline (updated 6/20/16)

1. June 15: HPIO submitted SHA Draft #1 to the Ohio Department of Health (ODH) and the Ohio Governor’s Office of Health Transformation (OHT)
   • Feedback was provided by the Internal Population Health Infrastructure Team

2. June 22: HPIO shares sections of SHA Draft #2 with Advisory Committee
   • Advisory Committee will review and provide feedback during meeting
   • Committee members are welcome to provide feedback on the SHA through July 5th either by submitting comments directly to HPIO or through the online survey

3. June 24 to July 5: SHA Draft #3 available for public/stakeholder groups for feedback
   • Feedback will be elicited through an online survey (link will be provided to stakeholders)
   • June 24-July 5: Window of opportunity for public/stakeholder groups to provide feedback on SHA Draft #3

4. July 5-15: HPIO will make revisions to SHA Draft #3 based on public/stakeholder feedback

5. July 15: Complete SHA document will be submitted to ODH and OHT
Draft questions for SHA online feedback survey

About you
1. Organization type
   a) Local health department
   b) Hospital
   c) State agency staff
   d) Other stakeholder
2. SHA/SHIP participant type (choose all that apply)
   a) SHA/SHIP Advisory Committee member (see Appendix X for list of organizations)
   b) Internal Population Health Infrastructure Team member (small group of state agency staff)
   c) SHA forum participant (attended one of the regional forums in April-May 2016)
   d) Other

Accuracy and clarity
3. Have you identified any data values in the draft SHA that are inaccurate? Yes/No
   a) If yes, please provide the page number, figure number and data point that you believe is incorrect and provide a link to the correct data [multiple comment boxes]
4. Is there anything in the draft SHA that you think is unclear or confusing? Yes/No
   a) If yes, please provide the page number and a direct quote of the wording or graphic you think is unclear [multiple comment boxes]

Usefulness
5. To what extent do you think the SHA will be useful in informing the State Health Improvement Plan (SHIP), including identification of state-level priorities?
   a) Very useful
   b) Somewhat useful
   c) Not very useful
   d) Not at all useful
6. [Logic] If you selected “not very” or “not at all” useful above, please describe how the SHA could be more useful as a template for other state-level assessments.

7. To what extent do you think this SHA will be useful in providing a template for other state-level assessments, such as needs assessments conducted by state agencies?
   a) Very useful
   b) Somewhat useful
   c) Not very useful
   d) Not at all useful
8. [Logic] If you selected “not very” or “not at all” useful above, please describe how the SHA could be more useful as a template for other state-level assessments.

9. To what extent do you think this SHA will be useful in providing a template for local-level assessments, such as community health assessments conducted by hospitals and local health departments?
   a) Very useful
   b) Somewhat useful
   c) Not very useful
d) Not at all useful
10. [Logic] If you selected “not very” or “not at all” useful above, please describe how the SHA could be more useful as a template for local-level assessments.

Other comments and suggestions
11. What other suggestions or comments do you have regarding the draft SHA?
12. If your organization is listed anywhere in the document (such as in Appendix X), is it listed correctly? Yes/No/Not applicable
   a) If not, please provide the page number let us know the correct way your organizations should be referred to. (e.g. correct misspellings, let us know if your organization has been inaccurately listed as a member of the Advisory Committee, etc.)

Contact information
13. (Optional) Contact information (first name, last name, organization, email address and county)
14. Is it OK if we contact you if we need to ask any questions about your suggestions? Yes/No
## Preliminary proposed prioritization criteria for the SHIP

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<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
<th>Relevant SHA sections or other information sources</th>
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<tbody>
<tr>
<td><strong>Nature of the problem</strong></td>
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| 1. **Magnitude of the problem** | Number or percent of Ohioans affected | • SHA: Data profiles  
• Topic-specific reports or assessments, such as Impact of Chronic Disease in Ohio report |
| 2. **Severity of the health problem** | Risk of morbidity and mortality associated with the problem | • SHA: Leading causes of death and premature death  
• Stakeholder expertise |
| 3. **Magnitude of disparities and impact on vulnerable populations** | • Size of gap between racial/ethnic and income/poverty groups  
• Impact on children, families living in poverty, people with disabilities, etc. | • SHA: Data profiles (disparities graphics)  
• SHA: Key informant interview findings  
• Stakeholder expertise |
| 4. **Ohio’s performance relative to benchmarks** | Extent to which Ohio is doing much worse than national benchmarks and/or the U.S. overall | • SHA: Data profiles (Healthy People 2020 targets and U.S. comparison) |
| 5. **Change over time** | Extent to which the problem has been getting worse in recent years | • SHA: Data profiles (notable changes and long-term trend graphics)  
• SHA: Regional forum “forces of change” findings  
• Stakeholder expertise |
| **Alignment** | | |
| 6. **Alignment with local and regional priorities** | Extent to which the issue has been prioritized at the local and regional level in Ohio | • SHA: Review of local health department and hospital assessments/plans  
• SHA: Regional forum priority findings |
| 7. **Alignment with Ohio’s SIM PCMH model** | Relevance to PCMH clinical quality measures | • PCMH clinical quality measures |
| **Potential for impact** | | |
| 8. **Availability of evidence-based strategies** | • Existence of population health strategies  
• Strength of evidence for available strategies | • CDC Community Guide, What Works for Health and other systematic reviews and evidence registries  
• Stakeholder expertise |
### 9. Potential strategies are cross-cutting or have co-benefits

| Existing evidence-based strategies to address this health problem would also address other health problems (e.g., healthy eating and active living strategies impact obesity, diabetes, heart disease, mental health, etc.) | • Analysis of upstream determinants, including community conditions and the broader social, economic and environment
• Stakeholder expertise |

### 10. Ability to track progress at the state and county level

| Progress on the issue can be tracked using existing (or new) population-level indicators with data available at the state and county level | • SHA: Appendix X
• Stakeholder expertise |

### Additional considerations for prioritization, based upon stakeholder expertise

- **Opportunity to add value.** There is a need for increased activity and/or alignment on the issue at the state level
- **Preventability of disease or condition.** Disease or condition is largely caused by behaviors, community environments and/or other modifiable factors (rather than genetics or biological characteristics) that can be addressed by prevention programs or policies.
- **Potential impact on healthcare spending.** Extent to which addressing the problem may reduce healthcare spending.
- **Potential impact on employment and productivity.** Extent to which addressing the problem may increase employment and the productivity of Ohio’s workforce.
## Small group facilitator/domain list

<table>
<thead>
<tr>
<th>Small group facilitator</th>
<th>Domain profile section</th>
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<tbody>
<tr>
<td>1. Becky Sustersic</td>
<td>• Demographics</td>
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<td>• Social and economic environment</td>
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<td>2. Amy Rohling McGee</td>
<td>• Leading causes of death</td>
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<td></td>
<td>• Access</td>
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<td>3. Amy Bush Stevens</td>
<td>• Population health</td>
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<td>4. Reem Aly</td>
<td>• Healthcare spending</td>
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<td>• Healthcare system</td>
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<td>5. Sarah Bollig Dorn</td>
<td>• Public health and prevention</td>
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<td>• Physical environment</td>
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## Small group discussion questions

### Strengths and challenges

1. Based upon your review of the draft, what other strengths or challenges do you think we should highlight in the Discussion and Conclusions section?

2. What are the contributing factors to these strengths and challenges?
   a) Strengths: Why do you think Ohio is doing well in these areas? Are there recent policy or programmatic changes that may be contributing to better performance? What seems to be working well and should be continued or expanded?
   b) Challenges: Why do you think Ohio is struggling in these areas? Are there recent policy or programmatic changes that may have contributed to worse performance? What needs to change?

### Notable changes and disparities

3. When looking at the “notable changes” in the data profiles, what do you think are some of the reasons for these changes? Which changes do you think are most important to highlight in the SHA?

4. When looking at the disparities in the data profiles, what do you think are some of the reasons for these disparities?

### Clarity and usefulness

5. Do you have any recommendations for how to improve the clarity of any aspects of the SHA (layout, wording, etc.)?

6. To what extent do you think the SHA will be useful in informing the State Health Improvement Plan (SHIP), including identification of state-level priorities? Do you have any recommendations for how to improve the usefulness of the document for informing the SHIP?
Additional feedback questions (to be addressed after this meeting)

1. **Priorities and data profiles.** To what extent are the priorities identified at the local and regional levels supported by the data profiles? Where is there strong support/overlap, vs. differences? What are some potential reasons for these differences?

2. **Priorities and key informant interviews.** To what extent are the priorities identified at the local and regional levels supported by the findings of key informant interviews? Where is there strong support/overlap, vs. differences? Why do you think there are these differences?

3. **Universal themes.** What issues and themes seem to be fairly universal across Ohio—for all/most regions, all/most county types, all/most racial/ethnic groups, etc.?

4. **Differences and disparities.** What issues and themes seem more specific to different regions, different county types, different racial/ethnic groups, etc.?