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.
What is the state health assessment (SHA)?

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 (SHIP)?

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
SHA and 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.
## 2016 SHA timeline

<table>
<thead>
<tr>
<th>Task</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopt a conceptual framework and vision for the SHA and SHIP</td>
<td></td>
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</tr>
<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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<tr>
<td>Five regional community forums (NE, NW, Central, SE, SW)</td>
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<tr>
<td>Identify health priorities in hospital and local health department planning documents</td>
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<tr>
<td>Compile, analyze and present secondary data</td>
<td></td>
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<tr>
<td>Draft SHA and obtain feedback (includes public feedback)</td>
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<tr>
<td>Final SHA</td>
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</tbody>
</table>

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SHA sources of information

Data profiles
- Existing data from several different sources, including surveys, birth and death records, administrative data and claims data.
- Data on all age groups (life-course perspective).
- Disparities for selected metrics by race, ethnicity, income or education level, sex, age, geography or disability status.
- U.S. comparisons, notable changes over time and Ohio performance on Healthy People 2020 targets.

Review of local health department and hospital assessments/plans
- 211 local health department and hospital community health assessment/plan documents.
- Covered 94 percent of Ohio counties.
- Summary of local-level health priorities.

SHA regional forums
- Five locations around the state.
- 372 in-person participants and 32 online survey participants.
- Identified priorities, strengths, challenges and trends.

Key informant interviews
- Interviews with 37 representatives of 29 community-based organizations.
- Explored contributing causes of health inequities and disparities.
- Special focus on groups at-risk for poor health outcomes and those underrepresented in the SHA/SHIP process.
2016 SHA key findings
Ohio performance compared to U.S.

- **Percent of metrics: Ohio is better or same as U.S.**
  - Access to health care: 79% (11 metrics) 21% (3 metrics)
  - Social and economic environment: 59% (10 metrics) 41% (7 metrics)
  - Physical environment: 44% (4 metrics) 56% (5 metrics)
  - Public health and prevention: 27% (3 metrics) 73% (8 metrics)
  - Healthcare system: 25% (3 metrics) 75% (9 metrics)
  - Population health: 18% (7 metrics) 82% (31 metrics)

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SHA key finding #1

Many opportunities exist to improve health outcomes, especially in terms of:

- Mental health and addiction
- Chronic disease
- Maternal and infant health
- Improving health behaviors
Mental health and addiction
The unintentional injury death rate, which includes drug overdoses, increased 30 percent from 2009 to 2014 and emerged as Ohio’s second highest cause of premature death.

Premature death, by cause, Ohio. Years of potential life lost (YPLL) before 75, per 1,000 population (2009 and 2014)

Source: Ohio Department of Health, Bureau of Vital Statistics

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SHA key finding #1

Mental health and addiction

Opiate-related drug overdose deaths stand out as an immediate threat to the wellbeing of Ohioans.
SHA key finding #1

Chronic disease

• **Obesity and hypertension.** Obesity and hypertension are highly-prevalent conditions reported by nearly one-third of Ohio’s adult population.

• **Diabetes.** The prevalence of adult diabetes rose from 10.4 percent in 2013 to 11.7 percent in 2014.

All three of these conditions were more common among middle-aged Ohioans (ages 45-64) than younger Ohioans, indicating that chronic disease will be a significant challenge for Ohio’s aging population in the coming years.
Maternal and infant health
Racial and ethnic disparities in infant mortality stand out as a major challenge for Ohio.

Infant mortality, by race/ethnicity. Number of infant deaths (within 1 year), per 1,000 live births (Ohio, 2014; U.S. 2013)

Source: ODH, Vital Statistics Birth and Mortality Files (2014)
**SHA key finding #1**

**Health behaviors**

- **Tobacco use.** Ohio has higher rates of adult smoking, youth all-tobacco use, mothers smoking during pregnancy and children being exposed to secondhand smoke at home.

- **Nutrition.** Forty-two percent of Ohioans reported that they did not consume fruits on a daily basis and 26 percent did not eat vegetables on a daily basis in 2013; 16.8 percent of Ohioans identified as food insecure.

- **Physical inactivity.** Nearly one quarter of adults in Ohio aged 20 and over did not engage in any leisure-time physical activity.
Many opportunities exist to decrease health disparities by:
- Race and ethnicity
- Income and education-level
- Age and gender
- Disability status
- Geography
**SHA key finding #2**

**Racial and ethnic disparities.** African-American/black Ohioans were much more likely than any other racial and ethnic group to experience poor health outcomes.

**Disparities by income.** Diabetes, obesity, hypertension and tobacco use were all more common among lower-income Ohioans (those with household incomes less than $25,000) than among Ohioans with household incomes at $50,000 or more.
SHA key finding #2

**Disparities by age and gender.** Diabetes and hypertension prevalence increased with age, greatly impacting those ages 65 and older.

**Disparities by disability status.** People with disabilities experienced substantial disparities across metrics related to health outcomes and accessing health care.

**Disparities by geography.** Appalachian counties in southern and eastern Ohio generally had poorer health outcomes, such as higher rates of premature death, although there are counties with significant health challenges in all areas of the state.
Access to health care has improved, but challenges remain especially related to:

- Disparities in accessing care
- Affordability of health insurance coverage and care
- Provider distribution and capacity, particularly for behavioral health and dental care

Unable to see doctor due to cost, by race/ethnicity. Percent of adults reported not seeing a doctor in the past 12 months because of cost (2014)

**Source:** CDC. Behavioral Risk Factor Surveillance System (2014)
SHA key finding #4

Social determinants of health present cross-cutting challenges:
• Employment, poverty and education
• Social support
• Violence, trauma and toxic stress, including the high prevalence of intimate partner violence and adverse childhood experiences
• Physical environment, including transportation, housing, residential segregation, lead poisoning and air and water quality
SHA key finding #5

Opportunities exist to address health challenges at every stage of life

- Perinatal/early childhood
- Child/adolescent
- Older adult
- Adult

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SHA key finding #6

Improved data collection efforts are needed to assess health issues at the local level and for specific groups of Ohioans

- Data is not consistently collected or reported across all population groups
- For many metrics, data is not available at the county-level

*County-level data is limited for 17 metrics (e.g., may not be available for all counties or data for smaller counties may be reported in multi-county regions).*

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Widespread agreement on health issues identified at local, regional and state levels can be an impetus for greater collaboration.

## SHA Key Finding #7

### Health Issues Identified by Local Health Departments and Hospitals and at Regional SHA Forums

<table>
<thead>
<tr>
<th>Top 10 Health Issues</th>
<th>Identified in Local Health Department and Hospital Assessments/Plans</th>
<th>Identified in SHA Regional Forums</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health and Addiction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Drug and alcohol abuse</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Chronic Disease</strong></td>
<td></td>
<td></td>
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<tr>
<td>Obesity</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Diabetes</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic disease (unspecified)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Maternal and Infant Health</strong></td>
<td></td>
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<tr>
<td>Maternal and infant health</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Health Behaviors</strong></td>
<td></td>
<td></td>
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<tr>
<td>Tobacco</td>
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<td></td>
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<tr>
<td>Nutrition</td>
<td></td>
<td>X</td>
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<tr>
<td><strong>Access to Care</strong></td>
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</tr>
<tr>
<td>Access to health care/medical care</td>
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<td></td>
</tr>
<tr>
<td>Access to behavioral health care</td>
<td></td>
<td>X</td>
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<tr>
<td>Access to dental care</td>
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<td>X</td>
</tr>
<tr>
<td><strong>Social Determinants of Health</strong></td>
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<tr>
<td>Employment, poverty and income</td>
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<td>X</td>
</tr>
<tr>
<td>Equity/disparities</td>
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<td>X</td>
</tr>
</tbody>
</table>

*Note: This summary includes the top 10 health issue categories, out of 36 possible categories. See Appendix C for complete analysis.*
SHA key finding #8

**Sustainable healthcare spending remains a concern** including metrics related to consumer out-of-pocket spending on healthcare and Medicare spending.

- Percent of metrics: Ohio spending is lower or same as U.S.
- Percent of metrics: Ohio spending is higher than the U.S.

| Healthcare spending | 40% (6 metrics) | 60% (9 metrics) |
SHIP process
# 2016 SHIP timeline

<table>
<thead>
<tr>
<th></th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health issue prioritization process</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Identify SHIP objectives and strategies</td>
<td></td>
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<tr>
<td>SHIP implementation and evaluation plan</td>
<td></td>
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<tr>
<td>Draft SHIP and feedback (includes public feedback)</td>
<td></td>
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<tr>
<td>Final SHIP</td>
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<tr>
<td>Agency adoption</td>
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</table>
## Population health planning infrastructure recommendations timeline

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Local health department (LHD) and tax-exempt hospital assessments and plans</td>
<td>State enacts tax-exempt hospital and LHD reporting requirements and issues guidance for local assessments and improvement plans</td>
<td>Existing tax-exempt hospital and LHD assessments and plans submitted to state</td>
<td>Tax-exempt hospital and LHD plans (2020-2022)</td>
<td>Tax-exempt hospital and LHD plans (2020-2022)</td>
<td>Tax-exempt hospital and LHD plans (2023-2025)</td>
<td></td>
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</tr>
</tbody>
</table>
Key elements of the SHIP

- SMART objectives, metrics and data sources
- Evidence-based strategies
  - State-level, including key “lever points”
  - Local-level: Menu of strategies with options for: rural/urban/suburban, child/adult/older adult, etc.
  - Identify priority populations and address disparities/equity
- Implementation plan
  - Asset and resource mapping
  - Funding sources and financing mechanisms
  - Responsible agencies and organizations
- Evaluation plan
- Alignment with:
  - Other state-level plans and initiatives
  - National recommendations
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.
SHIP prioritization process

**Step 3.** Review State Health Assessment (SHA) findings

**Step 2.** Compile additional qualitative and quantitative information

- **Secondary data**
  - Information about prevalence, notable change, Ohio vs. U.S. comparison, disparities, Healthy People 2020 targets, etc. for all seven SHA conceptual framework domains

- **Key informant interviews**
  - Information about contributing causes of health inequities and disparities

**Step 1.** Identify priorities at local and regional level*

- **Local priorities**
  - County and multi-county**
    - Review of 211 local health department and hospital assessments/plans covering 2011-2018
    - Prioritization criteria: Varied by local community

- **Regional priorities**
  - Five regions
    - Prioritization activity at SHA regional forums, April-May 2016, 372 participants
    - Prioritization criteria: Magnitude, severity, disparities, region’s performance relative to Ohio and U.S.

↑ “BOTTOM-UP” APPROACH TO IDENTIFYING PRIORITIES ↑

*Note: The asterisk indicates that the details provided are meant to be illustrative and may not reflect the specific methodology or criteria used in the actual prioritization process.

**Final SHA document**
Advisory Committee will review SHA findings

State Health Assessment (SHA)
(March-July 2016)

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SHIP prioritization process

**Step 4. Identify prioritization decision criteria**

*Prioritization decision criteria*
Advisory Committee will identify criteria for selecting SHIP priorities

**Step 5. Frame priority categories**

*SHIP priority categories and framing*
Advisory Committee will discuss ways to combine and organize priority categories, including review of best practice examples from local Ohio communities and other states

**Step 6. Select priorities**

*Concise set of priorities*
Advisory Committee will identify an actionable menu of priorities for the SHIP

*Prioritization process*
Advisory Committee will apply the decision criteria to the priority categories
**SHIP prioritization process**

**Step 6. Select priorities**
Concise set of priorities
Advisory Committee will identify an actionable menu of priorities for the SHIP

**Step 5. Frame priority categories**
Prioritization process
Advisory Committee will apply the decision criteria to the priority categories

**Step 4. Identify prioritization decision criteria**
SHIP priority categories and framing
Advisory Committee will discuss ways to combine and organize priority categories, including review of best practice examples from local Ohio communities and other states

Prioritization decision criteria
Advisory Committee will identify criteria for selecting SHIP priorities

State Health Improvement Plan (SHIP) (July-September 2016)
# SHIP prioritization criteria

<table>
<thead>
<tr>
<th>Nature of the problem</th>
<th>Alignment</th>
<th>Potential for impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnitude of the problem**</td>
<td>Alignment with local and regional priorities**</td>
<td>Availability, feasibility and cost of evidence-based strategies</td>
</tr>
<tr>
<td>Severity of the problem**</td>
<td>Alignment with Ohio’s SIM and PCMH model</td>
<td>Potential strategies are cross-cutting or have co-benefits</td>
</tr>
<tr>
<td>Magnitude of disparities and impact on vulnerable populations**</td>
<td></td>
<td>Ability to track progress at the state and county level</td>
</tr>
<tr>
<td>Ohio’s performance relative to benchmarks</td>
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<tr>
<td>Change over time</td>
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</tbody>
</table>

** Indicates double weighting of the criteria

**Additional considerations:**
- **Opportunity to add value** *(increased activity or alignment at state level is needed)*
- **Potential impact on healthcare spending** *(positive ROI)*
- **Potential impact on employment and productivity**
**SHIP prioritization process**

**Step 5. Frame priority categories**

**SHIP priority categories and framing**
Advisory Committee will discuss ways to combine and organize priority categories, including review of best practice examples from local Ohio communities and other states.

**Step 4. Identify prioritization decision criteria**

**Prioritization decision criteria**
Advisory Committee will identify criteria for selecting SHIP priorities.

**Step 6. Select priorities**

**Concise set of priorities**
Advisory Committee will identify an actionable menu of priorities for the SHIP.

**Prioritization process**
Advisory Committee will apply the decision criteria to the priority categories.
# 2012 SHIP Priority Categories

<table>
<thead>
<tr>
<th>Health improvements</th>
<th>Service improvements</th>
<th>Operational improvements</th>
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</thead>
<tbody>
<tr>
<td>Chronic disease</td>
<td>Access to care</td>
<td>Electronic health</td>
</tr>
<tr>
<td>Injury and violence</td>
<td>Integration of</td>
<td>records/Health</td>
</tr>
<tr>
<td>Infectious disease</td>
<td>physical and</td>
<td>information exchange</td>
</tr>
<tr>
<td>Infant mortality/</td>
<td>behavioral health</td>
<td></td>
</tr>
<tr>
<td>premature birth</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Workforce development</td>
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<tr>
<td></td>
<td></td>
<td>Public health funding</td>
</tr>
</tbody>
</table>
Conceptual framework

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
- Public health funding
- Communicable disease control
- Health promotion and prevention
- Equity

Access
- General access, coverage and affordability
- Behavioral health
- Oral and vision care
- Workforce
- 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

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

Improved health value

Sustainable healthcare spending
- 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.
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>
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<tr>
<td></td>
<td></td>
<td>Maternal and infant health</td>
<td>Injury</td>
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<td></td>
<td></td>
<td>Oral Health</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Drug and alcohol abuse</td>
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<tr>
<td></td>
<td></td>
<td>Mental health</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Chronic disease (unspecified)</td>
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<td></td>
</tr>
</tbody>
</table>

Equity/Disparities
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.
## Proposed SHIP priority categories: Topics

<table>
<thead>
<tr>
<th>Mental health and addiction</th>
<th>Chronic disease</th>
<th>Maternal and infant health</th>
<th>Infectious disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral health</td>
<td>Sexual and reproductive health</td>
<td>Violence</td>
<td>Injury</td>
</tr>
</tbody>
</table>
Proposed SHIP priority categories: Cross-cutting factors

<table>
<thead>
<tr>
<th>Health equity and disparities</th>
<th>Public health and prevention</th>
<th>Healthcare system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social determinants of health</td>
<td>Health behaviors</td>
<td>Access</td>
</tr>
</tbody>
</table>
SHIP prioritization process

Step 6. Select priorities
Concise set of priorities
Advisory Committee will identify an actionable menu of priorities for the SHIP

Prioritization process
Advisory Committee will apply the decision criteria to the priority categories

Step 5. Frame priority categories
SHIP priority categories and framing
Advisory Committee will discuss ways to combine and organize priority categories, including review of best practice examples from local Ohio communities and other states

Step 4. Identify prioritization decision criteria
Prioritization decision criteria
Advisory Committee will identify criteria for selecting SHIP priorities
Prioritization matrix results: Topics

<table>
<thead>
<tr>
<th>Topic</th>
<th>Total score (weighted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic disease</td>
<td>55</td>
</tr>
<tr>
<td>Mental health and addiction (includes drug overdose, suicide)</td>
<td>53</td>
</tr>
<tr>
<td>Maternal and infant health (includes infant mortality)</td>
<td>48</td>
</tr>
<tr>
<td>Injury (excluding drug overdose, suicide)</td>
<td>41</td>
</tr>
<tr>
<td>Violence</td>
<td>39</td>
</tr>
<tr>
<td>Sexual and reproductive health</td>
<td>37</td>
</tr>
<tr>
<td>Oral health</td>
<td>33</td>
</tr>
<tr>
<td>Infectious disease</td>
<td>32</td>
</tr>
</tbody>
</table>
## Prioritization matrix results: Cross-cutting factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Total score (weighted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health behaviors</td>
<td>54</td>
</tr>
<tr>
<td>Access to health care</td>
<td>43</td>
</tr>
<tr>
<td>Social determinants of health (includes trauma, violence)</td>
<td>43</td>
</tr>
<tr>
<td>Health equity and disparities</td>
<td>43</td>
</tr>
<tr>
<td>Healthcare system</td>
<td>40</td>
</tr>
<tr>
<td>Public health system</td>
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</tr>
</tbody>
</table>
Proposed approach to SHIP priorities

<table>
<thead>
<tr>
<th>Cross-cutting factors</th>
<th>Priority topics/conditions</th>
<th>Mental health and addiction</th>
<th>Chronic disease</th>
<th>Maternal and infant health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health equity</strong></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Social determinants of health</strong> <em>(including social, economic and physical environment)</em></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td><strong>Public health, prevention and behaviors</strong> <em>(including active living, healthy eating and tobacco-free living)</em></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Healthcare system and access</strong></td>
<td></td>
<td>X</td>
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</tbody>
</table>
Proposed elements of the SHIP

Within each priority topic section

• Short-term objectives (by 2019) and longer-term objectives
• Address each cross-cutting factor
  – At least one objective for each factor within each priority
  – At least one strategy for each factor within each priority
Discussion
Discussion question #1

Given the vision and mission of the SHIP, SHA findings and the results of the prioritization matrix:

a) Are the three priority topics (mental health and addiction, chronic disease and maternal and infant health) the most important priorities to include in the SHIP? If not, what changes do you suggest and what SHA findings support the change?

b) Are the four cross-cutting factors framed in a way that will help the work teams to develop an effective set of strategies and objectives for the SHIP? If not, what changes do you suggest?
Discussion question #2

• What is the most effective process for forming the work teams?
• What suggestions do you have for how we facilitate this process, including making sure we have the right content experts involved and align well with existing statewide initiatives?
Next steps for the SHIP

- Next meetings:
  - September 13, 2016 from 10am-12:30 pm
  - October 13, 2016 from 10am-12:30 pm