Ohio’s 2016 state health improvement plan (SHIP)

Chronic disease Work Team conference call
Sept. 19, 2016
Please type questions in the chat box
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
State health assessment (SHA)
State health improvement plan (SHIP)

Local health departments
Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)

Hospitals
Community Health Needs Assessment (CHNA) and Implementation Strategy (IS)
## Population health planning infrastructure recommendations timeline

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</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 assessments and plans submitted to state</td>
<td>Tax-exempt hospital and LHD plans (2020-2022)</td>
<td>Tax-exempt hospital and LHD plans (2023-2025)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SHA and SHIP 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 mental health and addiction work team
SHIP chronic disease work team
SHIP maternal and infant health work team

Copyright © 2016 Health Policy Institute of Ohio. All rights reserved.
SHA and 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
- 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

Optimal environments

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.
## 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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify secondary data metrics for the SHA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key informant interviews (with community-based organizations serving Ohio’s most vulnerable populations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Five regional community forums (NE, NW, Central, SE, SW)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify health priorities in hospital and local health department planning documents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compile, analyze and present secondary data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Draft SHA and obtain feedback (includes public feedback)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final SHA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Copyright © 2016 Health Policy Institute of Ohio. All rights reserved.
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
SHIP process
SHIP prioritization process

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

Final SHA document
Advisory Committee will review 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/plan 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↑
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
### SHIP priorities

<table>
<thead>
<tr>
<th>Cross-cutting factors</th>
<th>Priority topics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mental health and addiction</td>
</tr>
<tr>
<td>Health equity</td>
<td>X</td>
</tr>
<tr>
<td>Social determinants of health</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Public health system, prevention and health behaviors</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Healthcare system and access</td>
<td>X</td>
</tr>
</tbody>
</table>
Orientation to Work Team process
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 membership and advisory work team

SHIP chronic disease work team

SHIP maternal and infant health work team

You are here
## SHIP priorities

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

<table>
<thead>
<tr>
<th>Chronic disease</th>
<th>Priority topic outcome objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Outcome objective</td>
</tr>
<tr>
<td></td>
<td>2. Outcome objective</td>
</tr>
<tr>
<td></td>
<td>3. Outcome objective</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cross-cutting factors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health equity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Objective(s)</td>
</tr>
<tr>
<td></td>
<td>• Strategies</td>
</tr>
<tr>
<td>Social determinants of health (including social, economic and physical environment)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Objective(s)</td>
</tr>
<tr>
<td></td>
<td>• Strategies</td>
</tr>
<tr>
<td>Public health system, prevention and health behaviors (including active living, healthy eating and tobacco-free living)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Objective(s)</td>
</tr>
<tr>
<td></td>
<td>• Strategies</td>
</tr>
<tr>
<td>Healthcare system and access</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Objective(s)</td>
</tr>
<tr>
<td></td>
<td>• Strategies</td>
</tr>
</tbody>
</table>
Framework for identifying objectives and strategies for the SHIP

<table>
<thead>
<tr>
<th>Chronic disease</th>
<th>1. Outcome objective</th>
<th>2. Outcome objective</th>
<th>3. Outcome objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority topic outcome objectives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross-cutting factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health equity</td>
<td>• Objective(s)</td>
<td>• Strategies</td>
<td></td>
</tr>
<tr>
<td>Social determinants of health (including social, economic and physical environment)</td>
<td>• Objective(s)</td>
<td>• Strategies</td>
<td></td>
</tr>
<tr>
<td>Public health system, prevention and health behaviors (including active living, healthy eating and tobacco-free living)</td>
<td>• Objective(s)</td>
<td>• Strategies</td>
<td></td>
</tr>
<tr>
<td>Healthcare system and access</td>
<td>• Objective(s)</td>
<td>• Strategies</td>
<td></td>
</tr>
</tbody>
</table>
Outcome selection process: Chronic disease

Measurable outcomes from:
- SHA
- State plans
- National sources

Narrowed down by state agency team

Final set of outcomes based on:
- Importance of problem
- Ability to impact
- Alignment and connections
Outcome selection process: Chronic disease

**Measurable outcomes from:**
- SHA
- State plans
- National sources

Narrowed down by **state agency team**

**Final set of outcomes** based on:
- Importance of problem
- Ability to impact
- Alignment and connections

You are here
Chronic disease

Decreased....

1. Heart disease prevalence, adults
2. Heart disease mortality
3. Hypertension prevalence, adults (diagnosed)
4. Diabetes prevalence, adults (diagnosed)
5. Cancer incidence (specifically, cancers of the lung/bronchus, colon/rectum, breast and cervix)
6. Asthma prevalence, children
7. Obesity prevalence, adults
8. Obesity prevalence, children or adolescents
Criteria for selecting 3 outcomes

• Importance of the problem
• Ability to impact
• Alignment and connections
Importance of the problem

How important is it to address this problem in order to improve Ohio’s overall health and economic vitality?
Importance of the problem

Considerations:

• Magnitude and severity of the problem
• Magnitude of disparities and impact on vulnerable populations
• Potential impact on wellbeing, healthcare spending, employment and productivity
Ability to impact

How likely is it that we can improve the outcome within 3-6 years?
Ability to impact

Considerations:

• Availability of evidence-based strategies (see evidence inventories; prioritize Hi-5 and 6/18 strategies)

• Feasibility and cost of available evidence-based strategies

• Extent to which the outcome is preventable and it is realistic to think we can “move the needle” within 3-6 years
CHRONIC DISEASE
SHIP Work Team packet, HPIO 9/14/16

Priority topic definition
Chronic disease includes heart disease, stroke, diabetes, cancer, chronic obstructive pulmonary disease/chronic lower respiratory disease and asthma, arthritis and related clinical risk factors—obesity, hypertension and high cholesterol, as well as behavioral factors associated with these co-use, as defined by the C

Development of prior
The first task of the Work 1 in the SHIP. The internal s have narrowed it down to activity, nutrition and tob

<table>
<thead>
<tr>
<th>Condition or clinical risk factor</th>
<th>Desired outcome (source)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>1. Decreased suicide</td>
</tr>
<tr>
<td></td>
<td>2. Decreased poor health</td>
</tr>
<tr>
<td>Hypertension</td>
<td>3. Decreased hospitalization</td>
</tr>
<tr>
<td>Diabetes</td>
<td>4. Decreased diabetes</td>
</tr>
<tr>
<td>Cancer</td>
<td>5. Decreased cancer</td>
</tr>
<tr>
<td>Asthma</td>
<td>6. Decreased asthma</td>
</tr>
<tr>
<td>Obesity</td>
<td>7. Decreased hospitalization</td>
</tr>
<tr>
<td></td>
<td>8. Decreased asthma</td>
</tr>
</tbody>
</table>

*include in Ohio's Plan to 1

Acronyms
BRFSS: Behavioral Risk Factor Surveillance System
ODH: Ohio Department of Health
OCISS: Ohio Cancer Incidence and Surveillance System
OMAS: Ohio Medicaid Assessment
YRBS: Youth Risk Behavior Survey

MENTAL HEALTH AND ADDICTION
SHIP Work Team packet, HPIO 9/14/16

Priority topic definition
Mental health and addiction, also referred to as "behavioral health," includes:
- Emotional well-being
- Mental illness conditions, such as depression bipolar disorder, schizophrenia, etc.
- Mental, emotional and behavioral disorders
- Substance use disorders (including alcohol misuse, heroin, fentanyl, etc.), etc.

Development of priority topic out
The first task of the Work Team will be to narrow it down to the ones listed

Desired outcome (source)

Mental health
1. Decreased suicide
2. Decreased poor health
3. Decreased drug use
4. Decreased opioid use
5. Decreased hospitalization
6. Decreased illicit drug use among ages 12+
7. Delayed onset of treatment (NSDUH)
8. Past year non-use among adolescents

Addiction: Illicit drugs and prescription drug misuse

MATERNAL AND INFANT HEALTH
SHIP Work Team packet, HPIO 9/14/16

Priority topic definition
Maternal and infant health includes infant and maternal mortality, birth outcomes and related risk factors impacting preconception, pregnancy and infancy such as teen pregnancy, unintended births, women's physical and mental health, and reproductive and sexual health - as well as maternal health and involvement and related family and community contexts.

Development of priority topic outcomes objectives
The first task of the Work Team will be to narrow it down to the ones listed below.

<table>
<thead>
<tr>
<th>Condition or clinical risk factor</th>
<th>Desired outcome (source)</th>
<th>Directly related to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant mortality</td>
<td>1. Decreased infant deaths (ODH Vital Statistics)</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>2. Decreased infant death rate from sudden unexpected infant deaths (SUID), which includes sudden infant death syndrome (SIDS), unknown cause, accidental suffocation, and strangulation in bed (Ohio Child Fatality Review Annual Report)</td>
<td>X</td>
</tr>
<tr>
<td>Birth outcomes</td>
<td>3. Decreased rate of preterm births (&lt;37 weeks of gestation) (ODH Vital Statistics)</td>
<td>X</td>
</tr>
</tbody>
</table>
Alignment and connections

Will including this outcome in the SHIP help us to build upon related activities in Ohio in a way that will result in greater impact and better connections across topics and sectors?
Alignment and connections

Considerations:

• Alignment with PCMH, episode-based payment, behavioral health redesign, Creating Healthy Communities, state-wide collaboratives and plans, local/regional health initiatives, etc.

• Potential strategies are cross-cutting or have co-benefits (strategies to address this outcome also impact potential outcomes in the other SHIP priority topic areas)
## Potential outcomes

<table>
<thead>
<tr>
<th>Chronic disease</th>
<th>Mental health and addiction</th>
<th>Maternal and infant health</th>
</tr>
</thead>
</table>
| Heart disease prevalence | • Suicide  
| Heart disease mortality | • Poor mental health days  
| Hypertension           | • Drug overdose deaths  
| Diabetes               | • Opioid Rx dispensed  
| Cancer incidence       | • Neonatal abstinence syndrome  
| Child asthma           | • Illicit drug dependence or abuse, 12+  
| Adult obesity          | • Delayed onset: illicit drugs  
| Child obesity          | • Adolescent nonmedical use of pain relievers, Adolescent alcohol use/binge drinking  
|                        | • Alcohol dependence or abuse, 12+  
|                        | • Delayed onset: alcohol  
|                        | • Alcohol-related crashes  
|                        | • Infant mortality  
|                        | • Sudden unexpected infant death  
|                        | • Preterm birth  
|                        | • Low birth weight  
|                        | • Birth defects  
|                        | • Unintended pregnancy  
|                        | • Diabetes, pregnant/women  
|                        | • Obesity, pregnant/women  
|                        | • Underweight, pregnant/women  

State Health Improvement Plan (SHIP) Work Team Overview Packet

Packet contents
- Agenda for initial conference calls
- Framework for identifying objectives and strategies for the SHIP
- SHIP objective and strategy template
- SMART objective examples
- SHIP work team checklist
- SHIP strategy selection worksheet [draft - focused on menu of local strategies]
- Background (SHA/SHIP conceptual framework, SHA/SHIP logic model, SHIP work team glossary)

Additional materials to be posted on the SHA/SHIP page
- List of Work Team members (name and organization)
- State-level plan crosswalk: Priorities and objectives
- Overview of CDC Hi-5 (Health impact in 5 years) and 6/18 Accelerating Evidence Into Action Initiatives
1. How important is it to address this problem in order to improve Ohio's overall health and economic vitality? Please select the three most important outcomes.

- Decreased heart disease prevalence among adults
- Decreased heart disease mortality
- Decreased prevalence of adults ever diagnosed with hypertension
- Decreased diabetes prevalence among adults
- Decreased cancer incidence (specially, cancers of the lung/bronchus, colon/rectum, breast and cervix)
- Decreased asthma prevalence among children
- Decreased prevalence of obesity among adults
- Decreased prevalence of obesity among children or adolescents
Discussion questions

1. What clarifying questions do you have so that you are prepared to respond to the online survey?
Chronic disease

Decreased....
1. Heart disease prevalence, adults
2. Heart disease mortality
3. Hypertension prevalence, adults (diagnosed)
4. Diabetes prevalence, adults (diagnosed)
5. Cancer incidence (specifically, cancers of the lung/bronchus, colon/rectum, breast and cervix)
6. Asthma prevalence, children
7. Obesity prevalence, adults
8. Obesity prevalence, children or adolescents
Discussion questions

2. What are some potential connections across priority topics?
### Potential outcomes

<table>
<thead>
<tr>
<th>Chronic disease</th>
<th>Mental health and addiction</th>
<th>Maternal and infant health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Heart disease prevalence</td>
<td>• Suicide</td>
<td>• Infant mortality</td>
</tr>
<tr>
<td>• Heart disease mortality</td>
<td>• Poor mental health days</td>
<td>• Sudden unexpected infant death</td>
</tr>
<tr>
<td>• Hypertension</td>
<td>• Drug overdose deaths</td>
<td>• Preterm birth</td>
</tr>
<tr>
<td>• Diabetes</td>
<td>• Opioid Rx dispensed</td>
<td>• Low birth weight</td>
</tr>
<tr>
<td>• Cancer incidence</td>
<td>• Neonatal abstinence syndrome</td>
<td>• Birth defects</td>
</tr>
<tr>
<td>• Child asthma</td>
<td>• Illicit drug dependence or abuse, 12+</td>
<td>• Unintended pregnancy</td>
</tr>
<tr>
<td>• Adult obesity</td>
<td>• Delayed onset: illicit drugs</td>
<td>• Diabetes, pregnant/women</td>
</tr>
<tr>
<td>• Child obesity</td>
<td>• Adolescent nonmedical use of pain relievers, Adolescent alcohol use/binge drinking</td>
<td>• Obesity, pregnant/women</td>
</tr>
<tr>
<td></td>
<td>• Alcohol dependence or abuse, 12+</td>
<td>• Underweight, pregnant/women</td>
</tr>
<tr>
<td></td>
<td>• Delayed onset: alcohol</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Alcohol-related crashes</td>
<td></td>
</tr>
</tbody>
</table>
Next steps

- Online survey this week
- In-person workshops at HPIO, Oct. 5 1 p.m.-4 p.m.