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
SHIP Work Team initial conference calls
• Chronic Disease: Sept. 19, 10:00-11:30
• Maternal & Infant Health: Sept. 19, 12:00-1:30
• Mental health & Addiction: Sept. 20, 2:30 – 4:00

Agenda
1. Welcome
2. Update on SHA/SHIP process
3. Orientation to Work Team process
4. Discussion of outcome objectives

Discussion questions:
• What is your reaction to the narrowed-down list of outcomes?
• What clarifying questions do you have so that you are prepared to respond to the online survey?
• What are some potential connections between the outcomes identified for this topic and the outcomes identified for the other two topics? What cross-cutting factors may be the same across different priority topics?

5. Next steps
   a. Online survey (week of Sept. 19)
   b. In-person workshops at HPIO
      • Maternal & Infant Health: Oct. 3, 1-4 pm
      • Mental Health & Addiction: Oct. 4, 1-4 pm
      • Chronic Disease: Oct. 5, 1-4 pm
## Framework for identifying objectives and strategies for the SHIP

<table>
<thead>
<tr>
<th>Priority topics</th>
<th>Mental health and addiction</th>
<th>Chronic disease</th>
<th>Maternal and infant health</th>
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### Work Team instructions
For each priority topic, select no more than three outcome objectives (no more than nine total outcome objectives overall).

<table>
<thead>
<tr>
<th>Cross-cutting factors</th>
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<tbody>
<tr>
<td>Health equity</td>
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### Work Team instructions
For each of the four cross-cutting factors:
- Select at least one outcome objective*
- Select at least one state-level strategy**
- Develop a menu of recommended local strategies

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*Outcome objective will address the cross-cutting factor and will contribute to achievement of the key desired outcome for the priority topic. Some objectives will be short-term and others longer-term.

**State-level strategies may include policy change, program change/addition, system reform/innovation, or resource allocation.
SHIP objective and strategy template

Priority topic name

<table>
<thead>
<tr>
<th>Priority targets (priority topic outcome objectives)</th>
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<tbody>
<tr>
<td>1. Outcome objective #1</td>
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<td>2. Outcome objective #2</td>
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<td>3. Outcome objective #3</td>
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Objectives and strategies to address cross-cutting factors

1. Health equity objective #1
   a. State-level strategy
      i. Process objective(s) (performance metric(s) for monitoring implementation)
   b. Menu of recommended local strategies
      i. List of recommended outcome and process metrics
   +Additional objectives and strategies, if applicable

2. Social determinants of health objective #1
   a. State-level strategy
      i. Process objective(s) (performance metric(s) for monitoring implementation)
   b. Menu of recommended local strategies
      i. List of recommended outcome and process metrics
   +Additional objectives and strategies, if applicable

3. Public health system, prevention and health behaviors objective #1
   a. State-level strategy
      i. Process objective(s) (performance metric(s) for monitoring implementation)
   b. Menu of recommended local strategies
      i. List of recommended outcome and process metrics
   +Additional objectives and strategies, if applicable

4. Healthcare system and access objective #1
   a. State-level strategy
      i. Process objective(s) (performance metric(s) for monitoring implementation)
   b. Menu of recommended local strategies
      i. List of recommended outcome and process metrics
   +Additional objectives and strategies, if applicable

Note: This template will provide general guidance to the Work Teams, but can be modified as needed to fit the particular needs of each priority topic and to ensure connections across priorities. Some objectives and strategies may be shared across priority topics.
### SMART objective examples

**S** Specific  
**M** Measurable  
**A** Achievable  
**R** Realistic  
**T** Time-bound

#### Priority target outcome objective examples

<table>
<thead>
<tr>
<th>Desired outcome for priority topic</th>
<th>SMART objective example</th>
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<tbody>
<tr>
<td><strong>Mental health and addiction</strong></td>
<td><strong>Decreased suicide deaths</strong> Decrease the suicide death rate from 12.5 per 100,000 population (age-adjusted) (2014 baseline) to X (2020 target). (Source: Vital Statistics)</td>
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<td><strong>Decreased drug overdose deaths</strong> Decrease the unintentional drug overdose death rate from 27.7 per 100,000 population (2015 baseline) to X (2020 target). (Source: Vital Statistics)</td>
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<td><strong>Chronic disease</strong></td>
<td><strong>Decreased prevalence of diabetes for adults</strong> Decrease the prevalence of diabetes among adults by X%, from 11.7% (2012 baseline) to 11.1% (2020 target). (Source: BRFSS)*</td>
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<td><strong>Decreased prevalence of child obesity</strong> Decrease the prevalence of obesity among high school students (grades 9-12) by 5 percent, from 14.7% (2011 baseline) to 14.0% (2020 target). (Source: YRBS)*</td>
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<tr>
<td><strong>Maternal and infant health</strong></td>
<td><strong>Decreased infant deaths</strong> Decrease the infant mortality rate from 6.8 per 1,000 live births (2014 baseline) to X per 1,000 live births (target). (Source: VS)</td>
</tr>
</tbody>
</table>

#### Cross-cutting outcome objective examples

<table>
<thead>
<tr>
<th>Desired outcome for cross-cutting factor</th>
<th>SMART objective example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health equity</strong></td>
<td><strong>Decreased depression prevalence among people with disabilities</strong> Decrease the prevalence of depression among adults with disabilities by X percent, from 51% (2014 baseline) to X% (2020 target). (Source: BRFSS)*</td>
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<td><strong>Decreased black infant mortality</strong> Decrease the black infant mortality rate from 14.3 per 1,000 live births (2014 baseline) to X (target). (Source: Vital Statistics)</td>
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<td><strong>Social determinants of health</strong></td>
<td><strong>Improved kindergarten readiness</strong> Increase percent of children ready for kindergarten, as measured by the Kindergarten Readiness Assessment-Literacy from 38.7%/78.8% (2013-14 baseline) to X% (2020 target). (Source: Ohio Department of Education)</td>
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<td><strong>Improved air quality</strong> Decrease the average exposure to particulate matter of 2.5 microns or less (PM2.5) X percent, from 13.5 (2011 baseline) to X (2020 target) in [specified areas]. (Source: CDC Wonder)</td>
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<tr>
<td><strong>Public health system, prevention and health behaviors</strong></td>
<td><strong>Decreased adult smoking</strong> Decrease prevalence of cigarette smoking among adults by 3.3 percentage points from 23.3% (2012 baseline) to 20.0% (2020 target). (Source: BRFSS)*</td>
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<td><strong>Increased youth physical activity</strong> Increase the prevalence of students (grades 9-12) engaging in 60+ minutes of physical activity per day by 5 percent, from 25.4% (2011 baseline) to 26.7% (2020 target). (Source: YRBS)*</td>
</tr>
<tr>
<td><strong>Healthcare system and access</strong></td>
<td><strong>Increased access to Medication Assisted Treatment (MAT)</strong> Increase the number of people who receive MAT from X (baseline) to X (target). (Source: MACSIS-MITS/OHBB)*</td>
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<td></td>
<td><strong>Improved diabetes management</strong> Decrease the percent of diabetic adults (ages 18-75) with poor hemoglobin A1C control (&gt;9.0 percent) by 5 percent, from 27.4% (2012 baseline to 26.1% (2020 target). (Source: HEDIS)*</td>
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*Example from existing statewide plan.
SHIP work team checklist

Objectives and metrics
1. For each priority topic, select no more than three outcome objectives.
2. Select at least one outcome objective for each cross-cutting factor within a priority topic.
3. Include some short-term outcome objectives (target to be reached by 2019) and some longer-term outcome objectives (target to be reached by 2022 or beyond).
4. Include a balance of objectives across different age groups/stages of the life course (perinatal/early childhood, child/adolescent, adult, older adult).
5. Use SMART format for objectives, including baseline value and target for each objective and data source(s) for ongoing monitoring and evaluation.
6. Describe:
   • Availability of the data at the state and county levels for measuring progress on the objective
   • Availability of the data for racial/ethnic groups and other characteristics (age, disability status, etc.) for measuring progress on the objective
   • Any improvements to data availability and quality that are needed to effectively evaluate progress on the objective

Types of strategies
7. Include at least one strategy to specifically address each cross-cutting factor (health equity; social determinants of health; public health, prevention and behaviors; healthcare system and access) within the priority topic
8. Align with cross-cutting strategies with other priority areas of the SHIP
9. Include at least one policy strategy [PHAB standard, not defined]
10. Include strategies that can be implemented at the state and local levels:

   State-level strategies
   a. Identify at least one key “lever point” for state-level action within the next two years (such as system reform/innovation, resource allocation, policy change, service delivery change/addition or program change/addition)
   b. Identify state agency roles for implementation of the key lever points
   c. Describe alignment with existing state-level plans and initiatives (such as the Chronic Disease Plan or the Ohio Comprehensive Primary Care (CPC) model)
   d. Describe role of relevant state-level collaborative groups or “backbone” organizations (such as the Ohio Chronic Disease Collaborative, Infant Mortality Collaborative or CPC design team)

   Local level strategies
   e. Provide a menu of strategies for local health departments, hospitals and other local/regional entities that includes a diverse set of policies, programs and services that provide adequate options for local communities to implement, including mix of strategies that are a good fit for:
   • Urban, suburban and rural communities
   • High-poverty and lower-poverty communities
   • All stages of the life course (perinatal/early childhood, child/adolescent, older adult, adult)
   • Different types of lead organizations and local coalitions, including local health departments, ADAMH boards, Family and Children First Councils, etc.

Note: This worksheet provides an example of some of the factors Work Team members may consider when selecting strategies for the SHIP.

Disparities, priority populations and hot spots
11. Identify populations most at risk for poor outcomes within the priority topic (such as priority populations by race, ethnicity, geography, disability status, age, gender, sexual orientation, etc.)
12. Identify any known geographic hot spots (areas where very poor outcomes are highly-
concentrated), or describe the extent to which the health problem is fairly universal throughout Ohio.

13. Include at least one objective that is specific to a group experiencing poor outcomes (such as a specific target for reducing hypertension among African Americans).

14. Include at least one strategy shown to decrease disparities for the specific outcomes (such as “likely to decrease disparities” rating from What Works for Health).

**Sectors beyond health**

15. Identify specific sectors beyond health that impact the objectives (such as transportation, housing, community development, education, criminal justice, etc.).

16. Identify specific agencies and organizations in sectors beyond health that are involved in strategy implementation or should be engaged during implementation.

**Implementation plan**

17. List relevant state resources (asset and resource mapping).

18. Describe the resources, funding and capacity needed to implement each strategy.

19. Identify individuals and organizations that have accepted responsibility for implementing each strategy.

20. Identify public and private funding sources or other financing mechanisms.
SHIP work team glossary

**Priority topics**

**Mental health and addiction.** Also referred to as “behavioral health,” includes:
- Emotional well-being
- Mental illness conditions, such as depression, anxiety, post-traumatic stress disorder, bipolar disorder, schizophrenia, etc.
- Mental, emotional and behavioral disorders in children (including attention deficit hyperactivity disorder, conduct disorder, depression, etc.)
- Substance use disorders (including use/abuse of alcohol, marijuana, opioids [prescription drug misuse, heroin, fentanyl, etc.], cocaine, methamphetamine, etc.)

**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 behaviors closely associated with these conditions and risk factors—nutrition, physical activity and tobacco use.

**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 paternal health and involvement and related family and community contexts.

**Cross-cutting factors**

**Health equity** is defined as “the absence of differences in health that are caused by social and economic factors. Achieving health equity means that all people have the opportunity to achieve their full health potential, with no one at a disadvantage because of social or economic circumstances.” Health equity objectives and strategies in the SHIP may address health disparities for specific groups (such as racial/ethnic, income or disability status groups) and/or the social determinants of health underlying those disparities.

**Social determinants of health** are defined as “conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.” For the purposes of the SHIP, this includes the following domains of the SHA/SHIP conceptual framework:
- Social and economic environment; Education; employment and poverty; family and social support; trauma, toxic stress and violence; income inequality
- Physical environment; Air, water and toxic substances; food access and food insecurity; housing, built environment, transportation and access to physical activity

**Public health system, prevention and health behaviors**
- **Health behaviors** are actions that people take to keep themselves healthy (such as eating nutritious food and being physically active) or actions people take that harm their health or the health of others (such as smoking). These behaviors are influenced by family, community and the broader social, economic and physical environment.

**Healthcare system and access**
- **Health care** refers to the system that pays for and delivers clinical health care services to meet the needs of patients.
- **Access to health care** means having timely use of comprehensive, integrated and appropriate health services to achieve the best health outcomes.

**Additional terms**

**Evidence-based prevention strategy** — A policy, program or service that has been evaluated and demonstrated to be effective in preventing health problems based upon the best-available research evidence, rather than upon personal belief or anecdotal evidence (from HPIO publication “Navigating sources of evidence” [2016]).

**Health disparities** — Differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities.

**Health equity** — The absence of differences in health that are caused by social and economic factors. Achieving health equity means that all people have the opportunity to achieve their full health potential, with no one at a disadvantage because of social or economic circumstances.

**Health inequality** — A subset of health disparities that are a result of systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity.

**Life course perspective** — A multidisciplinary approach to understanding the mental, physical and social health of individuals, which incorporates both life span and life stage concepts that determine the health trajectory.

**Objective** — A statement describing the results to be achieved.

**Population health** — The distribution of health outcomes across a geographically-defined group that result from the interaction between individual biology and behaviors; the social, familial, cultural, economic and physical environments that support or hinder wellbeing; and the effectiveness of the public health and healthcare systems (as defined by HPIO Population Health Definition Workgroup and published in HPIO publication “What is ‘Population Health?’” [2015]).

**SMART objectives** — Objectives that are specific, measurable, achievable, realistic and timebound.
Background

SHA/SHIP conceptual framework: Pathway to health value

Systems and environments that affect health

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

- Public health and prevention
  - Public health workforce and accreditation
  - 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, transportation and access to physical activity
  - Equity

Optimal environments

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.
SHA and SHIP implementation logic model

**SHA**

**Key components**
- Includes social determinants of health, health equity and life-course perspective
- Aligns with other state and national initiatives
- Puts data in context to inform action

**Short-term outcomes (2016)**
1. SHIP planners and other stakeholders have comprehensive and meaningful data to inform identification of state-level health priorities
2. State agencies, local health departments, hospitals and other local entities have template for community assessments (uniform set of health categories and metrics to track at state and county level)
3. Health stakeholders, policymakers and general public are aware of Ohio’s greatest health challenges, factors contributing to those challenges, and resources/assets to address challenges

**SHIP**

**Key components**
- Includes:
  - Priorities
  - Measurable objectives
  - Evidence-based strategies
  - Implementation, financing and evaluation plans

**Short-term outcomes (2016)**
4. State agency leaders, legislators and other key health stakeholders have an actionable set of strategies that they are motivated to pursue
5. Local health departments, hospitals and other local entities have a menu of health priorities, objectives and evidence-based strategies to align with in their health improvement plans
6. Sectors beyond health understand how their goals intersect with SHIP priorities and strategies
7. The general public is motivated to support SHIP strategies

**Medium-term outcomes (2017-19 and ongoing)**
8. Public and private stakeholders implement a strategic set of evidence-based, upstream population health activities at the scale needed to measurably improve health outcomes for specific health priorities, including efficient and effective:
   - Resource allocation
   - Service delivery
   - Systems reform and innovation
   - Program implementation
   - State and local-level policy changes (including legislative or funding changes)
9. State agency leaders and local partners monitor implementation of SHIP strategies, evaluate impact and make improvements

**Long-term outcomes (2017-19 and ongoing)**
10. Improved population health outcomes
11. Decreased health disparities and health inequities
12. Sustainable healthcare costs

HPIO-facilitated project (March-December 2016)