Agenda

• Welcome and introductions
• Overview of Assessment of Child Health and Health Care in Ohio
• Conceptual framework
• Metric discussion
• Next steps
Group introductions
# Ohio 2017-2019 State Health Improvement Plan (SHIP)

**Overall health outcomes**
- ↑ Health status
- ↓ Premature death

## 3 priority topics

<table>
<thead>
<tr>
<th>Mental health and addiction</th>
<th>Chronic disease</th>
<th>Maternal and infant health</th>
</tr>
</thead>
</table>

## 10 priority outcomes

- Depression
- Suicide
- Drug dependency/abuse
- Drug overdose deaths
- Heart disease
- Diabetes
- Child asthma
- Preterm births
- Low birth weight
- Infant mortality

**Equity:** Priority populations for each outcome above
Ohio 2017-2019 state health improvement plan (SHIP)

Overall health outcomes
- ↑ Health status
- ↓ Premature death

3 priority topics
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10 priority outcomes
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- ↓ Preterm births
- ↓ Low birth weight
- ↓ Infant mortality

**Equity:** Priority populations for each outcome above

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## SHIP priority outcomes across the life course

<table>
<thead>
<tr>
<th></th>
<th>Perinatal/early childhood</th>
<th>Child/adolescent</th>
<th>Adult</th>
<th>Older adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall</strong></td>
<td>X</td>
<td>X</td>
<td></td>
<td>Health status (18+)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Premature death (all ages)</td>
</tr>
<tr>
<td><strong>Maternal and infant health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preterm birth</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low birth weight</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant mortality</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental health and addiction</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>Adolescent depression (12-17)</td>
<td>Adult depression (18+)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>Suicide deaths (all ages)</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>Drug dependence/abuse (12+)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unintentional drug overdose deaths (all ages)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chronic disease</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child asthma (0-17)</td>
<td>X</td>
<td>X</td>
<td></td>
<td>Heart disease (18+)</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>Diabetes (18+)</td>
</tr>
</tbody>
</table>

Birth → Death
Approaches to improve health value

1. Improve Ohio’s social and economic environment
2. Strengthen Ohio’s commitment to public health and prevention
3. Start early with children and families
State Health Assessment (SHA)
State Health Improvement Plan (SHIP)

Plan for child health and wellbeing in Ohio
Phase 1
Assessment of child health and health care in Ohio

Phase 2
Assessment of child health and wellbeing in Ohio

Phase 3
Plan for child health and wellbeing in Ohio

State Health Assessment (SHA)
State Health Improvement Plan (SHIP)
Phase 1
Assessment of child health and health care in Ohio

Focus on overall child health outcomes, access to care and clinical quality outcomes

Phase 2
Assessment of child health and wellbeing in Ohio

Focus on conditions in the social, economic and physical environment that may impact a child’s health and wellbeing

Phase 3
Plan for child health and wellbeing in Ohio

Builds on Phase 1 and 2 assessments to create a comprehensive set of child health and wellbeing priority areas, goals and evidence-informed policy recommendations
Phase 1
Assessment of child health and health care in Ohio

Focus on overall child health outcomes, access to care and clinical quality outcomes
Deliverables and Timeline
## Assessment deliverables

### Conceptual framework

<table>
<thead>
<tr>
<th>Source of data and information</th>
<th>Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actionable set of state-level metrics focused on child health and health care</td>
<td>Identify Ohio’s greatest child health and healthcare strengths, challenges and opportunities for improvement</td>
</tr>
<tr>
<td>Review children’s hospital community health needs assessments and local health department assessments</td>
<td>Actionable policy goals (no more than 8)</td>
</tr>
<tr>
<td>Feedback from other stakeholders across the state (Webinar)</td>
<td>High impact, evidence-informed policy strategies (no more than 16)</td>
</tr>
</tbody>
</table>
Assessment timeline

- **April**: Conceptual framework
- **May**: Metric selection and analysis
  - Local assessment review
  - Webinar
- **June**: Key findings
  - Policy goals and strategies
- **July**: Final report
- **August**: 
- **September**: Public release
Advisory Committee purpose

Provide input on development of an Assessment of Child Health and Health Care in Ohio.
Advisory Committee members

22 members (as of 4/25/18)
Advisory Committee: Sectors
As of April 25, 2018

- Advocacy (5)
- Behavioral health (1)
- Business Employer (1)
- Children’s hospital (6)
- Early childhood education (1)
- Health plan (2)
- Hospital/provider (3)
- State agency (3)
Advisory Committee objectives

1. Leverage existing work on Ohio’s *State Health Improvement Plan* to create an Assessment of Child Health and Health Care in Ohio
2. Adopt a broad conceptual framework to guide development of the Assessment
3. Provide feedback on the child health and healthcare metrics and outcomes that will be analyzed as part of the Assessment
4. Identify entities that can provide data on pediatric clinical quality outcomes and access to care measures when the data is not publicly available
5. Offer insight on Ohio’s greatest child health and healthcare strengths, challenges and opportunities for improvement
6. Inform policy goals and strategies that will be highlighted in the Assessment to build upon Ohio’s strengths and address Ohio’s greatest child healthcare challenges

Meeting one (April)
Advisory Committee objectives

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6. Inform policy goals and strategies that will be highlighted in the Assessment to build upon Ohio’s strengths and address Ohio’s greatest child healthcare challenges
Meeting one objectives

By the end of this meeting, we will:
1. Adopt a broad conceptual framework to guide development of the Assessment
2. Review and discuss metrics from matrix to include in the Assessment
3. Review and discuss gaps in publicly available data for overall child health and healthcare outcome metrics
4. Identify entities that may be able to provide data when there are identified gaps
Coming to consensus:
Conceptual framework
SHA/SHIP conceptual framework

Systems and environments that affect health

<table>
<thead>
<tr>
<th>Healthcare system</th>
<th>Public health and prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>Physical environment</td>
</tr>
<tr>
<td>Social and economic environment</td>
<td>Equitable, effective and efficient systems</td>
</tr>
<tr>
<td></td>
<td>Optimal environments</td>
</tr>
</tbody>
</table>

Improved population health

Improved Health Value

Sustainable healthcare spending

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SHIP conceptual framework
Plan for child health and wellbeing

- Perinatal/infant
- Early childhood
- Adolescence/young adult
- Childhood
Plan for child health and wellbeing

Systems and environments that affect health
- Healthcare system
- Public health and prevention
- Access
- Social and economic environment
- Physical environment

Equitable, effective and efficient systems
Optimal environments

Improved population health
IMPROVED HEALTH VALUE
Sustainable healthcare spending
Review of Child Health and Healthcare Metrics
Child health and healthcare data

Data will be used to identify Ohio’s greatest child health and healthcare strengths, challenges and opportunities for improvement.
Child health and healthcare data

Identify a set of **no more than 50 metrics**
Child health and healthcare data

Identify a set of no more than 50 metrics

1. Identify publicly available metrics
2. Identify data gaps
3. Identify preliminary set of recommended metrics
4. Come to consensus on final set of metrics

Find data gaps
The following scorecards and reports were reviewed to identify underlying sources of publically-available state-level data:

- **2017 HPIO Health Value Dashboard**
- **2016 Ohio State Health Assessment and 2017-2019 State Health Improvement Plan**
- **America’s Health Rankings reports**
- **Ohio Kids COUNT data**
- **County Health Rankings**
- **Commonwealth Fund Scorecard**
13 underlying sources of data were identified:

- Ohio Medicaid Assessment Survey – Child Dashboard
- National Survey of Children’s Health (which incorporated the National Survey of Children with Special Health Care Needs survey beginning in 2016)
- National Healthcare Quality and Disparities Report – State Snapshots
- National Survey on Drug Use and Health
- American Community Survey
- National Immunization Surveys – Child & Teen
- Centers for Disease Control and Prevention
- WONDER – Natality, Mortality and Linked Infant Birth/Death Records databases
- Maternity Practices in Infant Nutrition and Care
- Ohio Public Health Data Warehouse
- Ohio Behavioral Risk Factors Surveillance System Annual Report
- Medicaid and CHIP Payment and Access Commission
- Neonatal Abstinence Syndrome in Ohio, 2006-2015 Report
Child health and healthcare data

13 Underlying sources of data

232 metrics

Population health 71 metrics
Healthcare spending 4 metrics
Healthcare system 56 metrics
Access 47 metrics
Public health and prevention 54 metrics
Data gaps

• **Very limited data on healthcare spending for children**
• **Very limited data specific to child health conditions**
• **Suicide deaths**

Other limitations
• Limitations on **adolescent health surveys**
• Lack of **claims and administrative data**
• **Data lag**
• **U.S. data vs. trend**
Metric recommendations
Metric selection criteria

Rigor
Reality
Relevance
Metric selection criteria

**Rigor**
Source integrity
Data quality

**Reality**
State-level data
Benchmark
Timeliness
Availability and consistency

**Relevance**
Relevance
Face value
Alignment
Sub-state geography
Guiding principles

Identify a set of no more than 50 metrics

- Process and outcome measures
- Balance across domains (stronger focus on overall child health and healthcare)
- Balance across specific stages of child development
- Metrics that can be impacted in the short-term and long-term
Metric recommendations: small group work
Small group questions

In reviewing the HPIO preliminary metric recommendations, please discuss the following questions within your small group:

1. Do you think the current set of recommended metrics align well with the conceptual framework? If not, what needs to be replaced or removed?

2. Do you think the current set of recommended metrics reflect a good balance for children of different ages (perinatal/infant, early childhood, childhood, adolescence/young adult) within this domain? If not, what’s missing?

3. Are there any metrics you feel should replace another metric within the domains you are reviewing? If so, please “make the case” for the metric using the metric selection criteria.

4. Are there suggested metrics in the data gap summary you feel should replace another metric within this domain? If so, does the data exist and is there an entity that you could connect us with to provide the data?
Report out
Next steps
Contact

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