

Child Health and Healthcare Advisory Committee (CHHAC)

Meeting Two Agenda

10 W. Broad Street, 5th floor conference room

Columbus, Ohio 43215

Monday, June 25, 2018

9:30am-12pm

Background and purpose of Advisory Committee

The Ohio Children's Hospital Association commissioned HPIO to lead a multi-faceted process to develop an *Assessment of Child Health and Health Care in Ohio*.

The Assessment will provide a common understanding of Ohio's greatest child healthcare strengths, challenges and opportunities for improvement to inform a statewide child healthcare agenda and strategy targeted towards state policymakers and the incoming executive administration.

CHHAC will provide input on development of this *Assessment of Child Health and Health Care in Ohio*.

Meeting objectives

By the end of this meeting, we will:

- Review the updated conceptual framework for the *Assessment*
- Review and discuss preliminary findings from the analysis of children's hospital and local health department community health planning documents
- Review and discuss preliminary findings from the secondary data analysis
- Provide feedback on Ohio's greatest child health and healthcare strengths, challenges and areas of opportunity

Welcome and introductions

Nick Lashutka, Ohio Children's Hospital Association

Amy Rohling McGee, Health Policy Institute of Ohio

Update on *Assessment of Child Health and Health Care in Ohio* process

Reem Aly, Health Policy Institute of Ohio

Review preliminary findings from the analysis of children's hospital and local health department community health planning documents

Reem Aly, Health Policy Institute of Ohio

Review preliminary findings from the analysis of secondary data

Reem Aly, Health Policy Institute of Ohio

Zach Reat, Health Policy Institute of Ohio

Small group work: Provide feedback on preliminary data findings

Facilitated small group work

Next steps

Reem Aly, Health Policy Institute of Ohio

Child Hospital and Local Health Department Health Assessment and Plan review

Preliminary findings prepared by the Health Policy Institute of Ohio for the Ohio Children's Hospital Association

Summary of findings

HPIO reviewed all Ohio children's hospital community health needs assessments and implementation strategy documents, as well as all local health department community health assessment and improvement plan documents available at the Ohio Department of Health *Population Health Plans and Assessment* page. HPIO reviewed these community health planning documents to identify child-focused health issues prioritized by each children's hospital and local health department in its assessment or strategy/plan. A total of 127 documents were reviewed; each document had been completed within the past six years.

HPIO found that 109 of the documents reviewed (85.8 percent) included child-focused health priorities¹ and covered 87.5 percent of Ohio's counties (see figures 1 and 2). Priorities were analyzed by entity type (children's hospital vs. local health department) and by region. See figure 3 for the total number of documents with child-focused priorities reviewed for each region of the state. Figure 4 provides information on the total number of documents with child-focused priorities reviewed by county type.

The top 10 child-focused health issues prioritized across all children's hospital and local health department documents are listed in figures 5 through 7. Health priorities that rose to the top across both the children's hospital and local health department documents include:

- Mental health
- Drug dependence and use
- Healthy weight/obesity
- Infant mortality
- Chronic disease
- Violence²
- Access to health care/medical care

Notably, top ten issues prioritized by children's hospitals but not local health departments include:

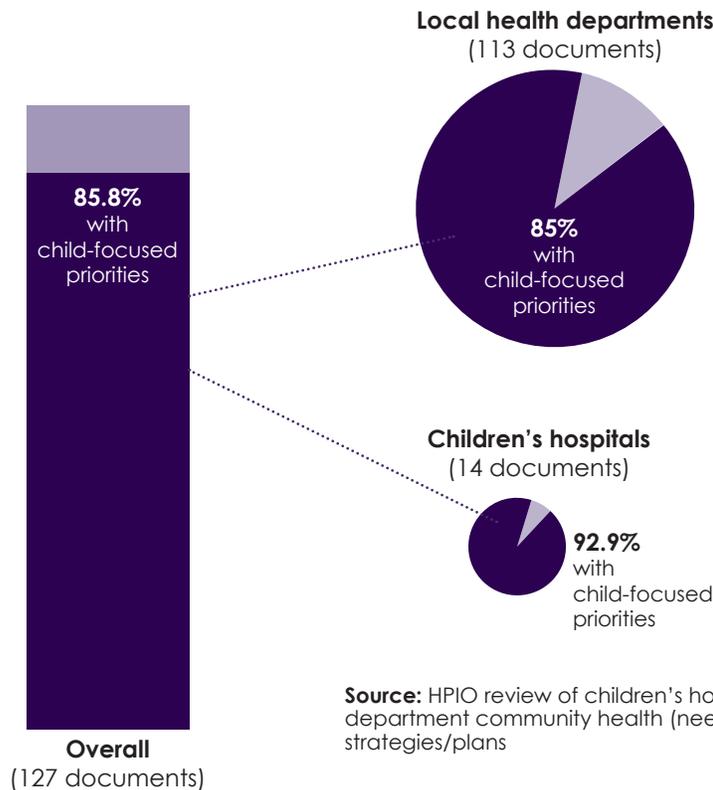
- Childhood asthma
- Diabetes
- Injury
- Education

Conversely, the top ten child-focused health issues prioritized by local health departments but not children's hospitals include:

- Tobacco
- Nutrition
- Maternal and infant health
- Physical activity

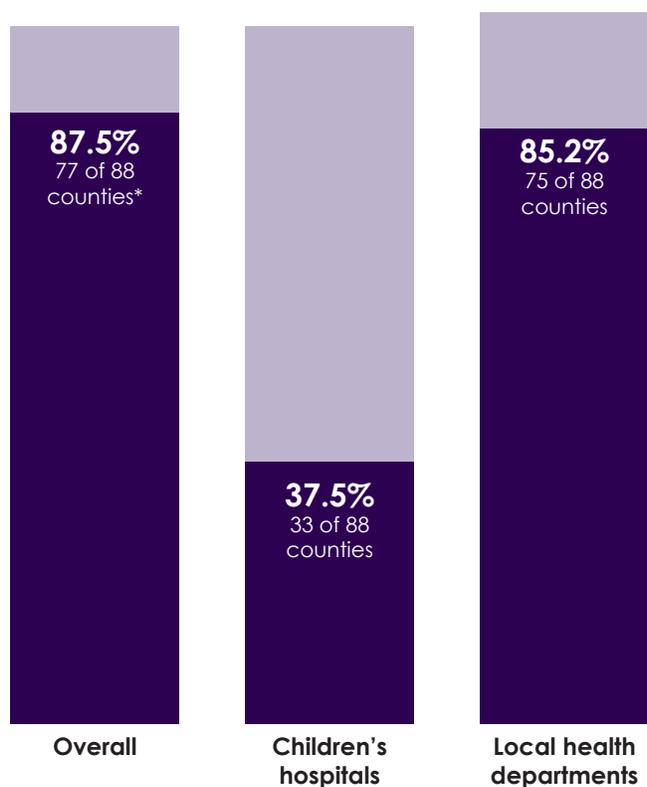
A strong focus on mental health was a general theme across regions for the children's hospitals. In addition to mental health, local health departments also focused on drug dependence and use across regions. These results reflect widespread desire to address mental health and addiction issues in children across the state (see figures 8 through 10).

Figure 1. Percent of children's hospitals and local health departments with documents that identified child-focused priorities



Source: HPIO review of children's hospital and local health department community health (needs) assessments and strategies/plans

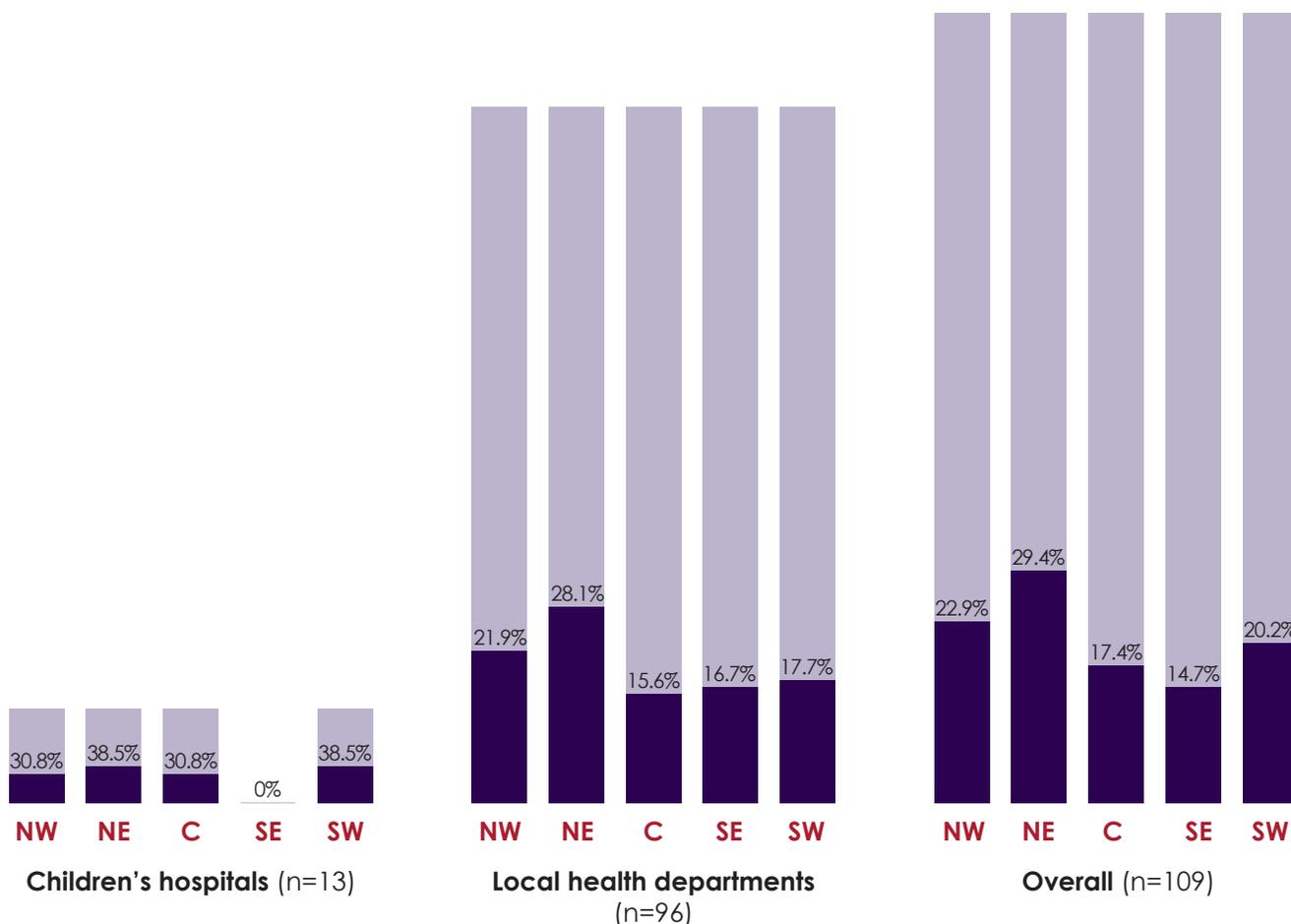
Figure 2. Percent of Ohio counties covered by a document with child-focused priorities



*Counties not covered are Adams, Clinton, Coshocton, Harrison, Highland, Jackson, Jefferson, Morgan, Noble, Paulding, Pike

Source: HPIO review of children's hospital and local health department community health (needs) assessments and strategies/plans

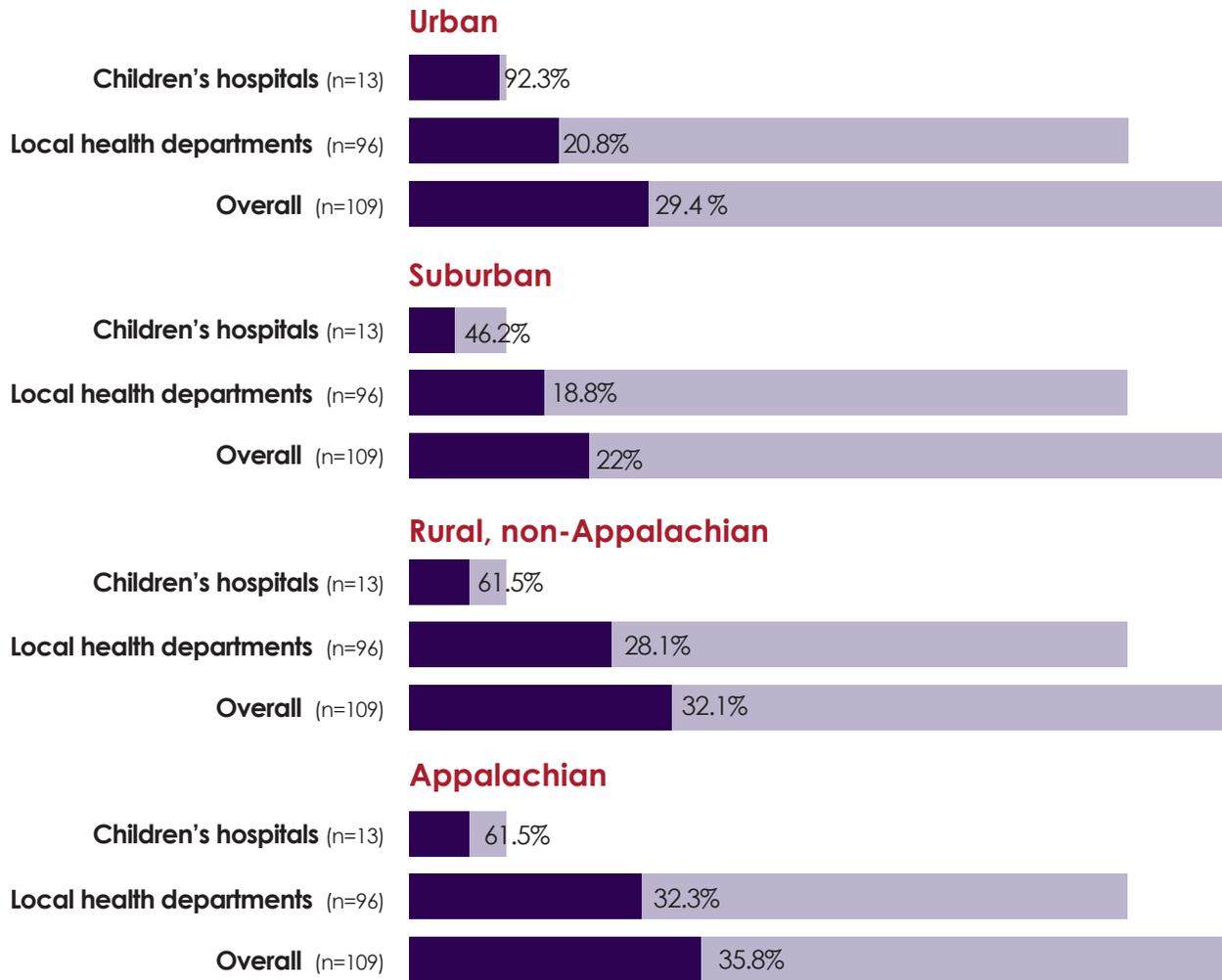
Figure 3. Percent of children's hospital and local health department documents with child-focused priorities that were reviewed, by region(s) covered by document



Note: Numbers across regions do not add up to "n" because documents may cover more than one region

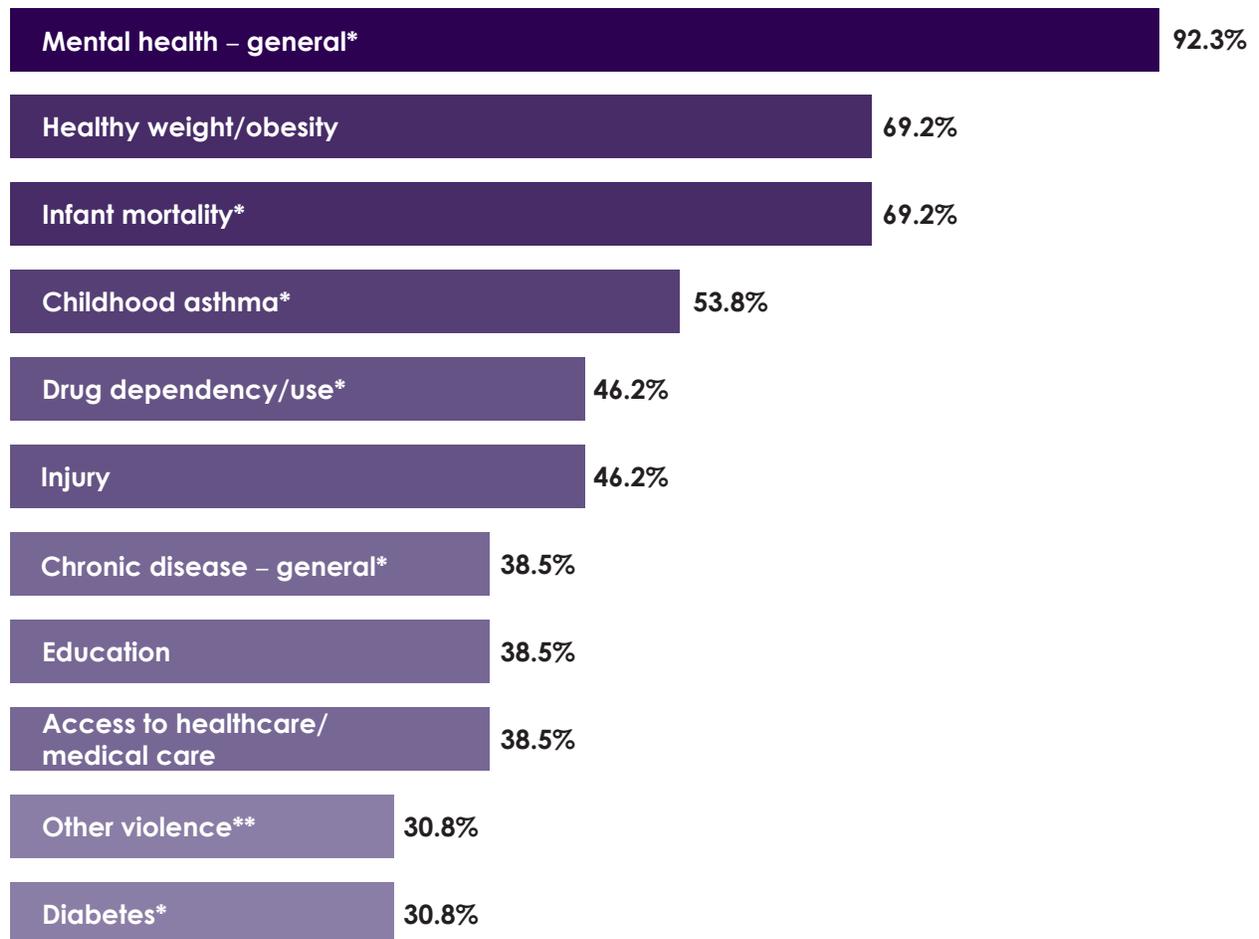
Source: HPIO review of children's hospital and local health department community health (needs) assessments and strategies/plans

Figure 4. Percent of children’s hospital and local health department documents with child-focused priorities that were reviewed, by county type(s) covered by the document



Note: Numbers across regions do not add up to “n” because documents may cover more than one region
Source: HPIO review of children’s hospital and local health department community health (needs) assessments and strategies/plans

Figure 5. Top ten child-focused health priorities identified in children’s hospital community health planning documents (n=13)



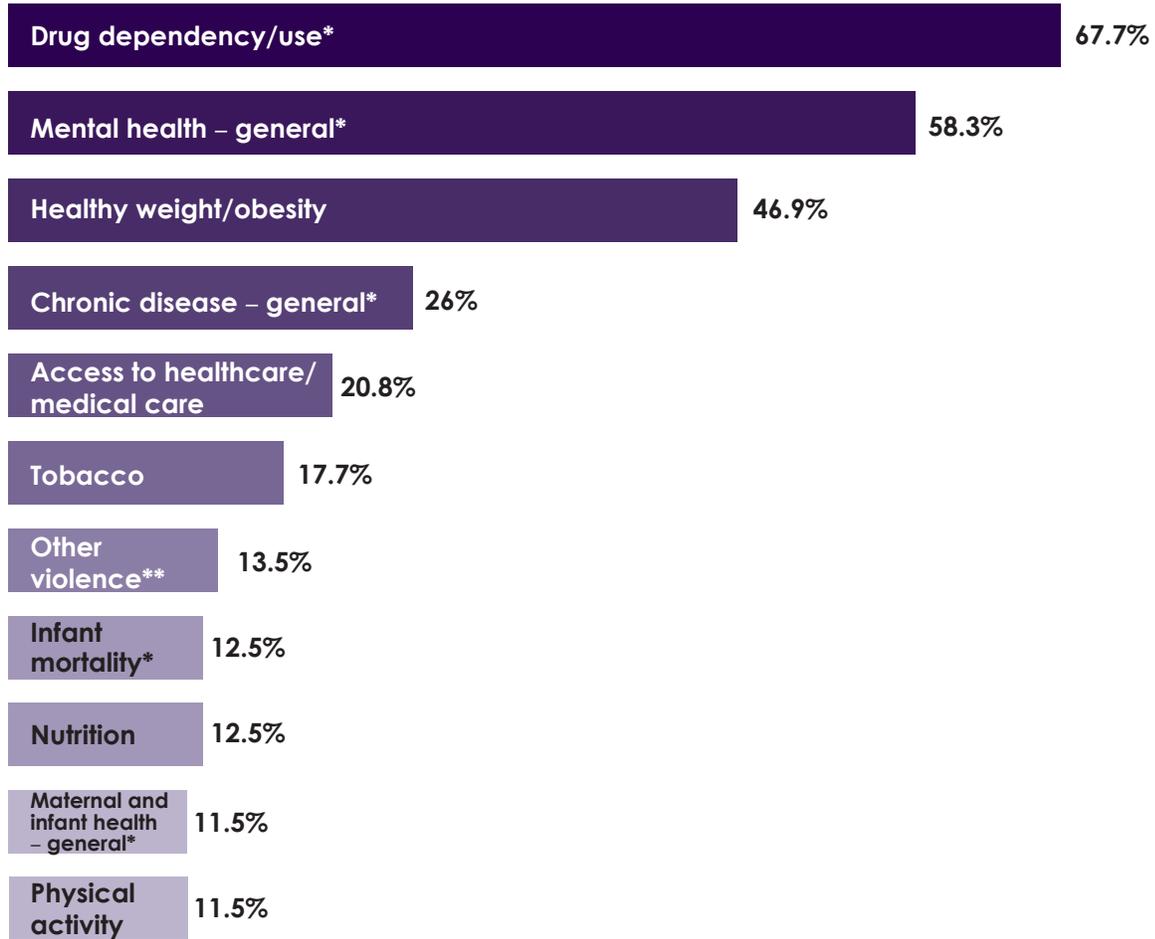
Note: May have more than ten priorities listed due to ties

* Aligned with 2017-2019 State Health Improvement Plan three priority topics: Chronic disease, mental health and addiction, maternal and infant health

** Includes physical and emotional violence, such as relationship or intimate partner violence, domestic violence, teen dating violence, street violence, bullying, self-harm, or other violence and crime general

Source: HPIO review of children’s hospital and local health department community health needs assessments and strategies/plans

Figure 6. Top ten child-focused health priorities identified in local health department community health planning documents (n=96)



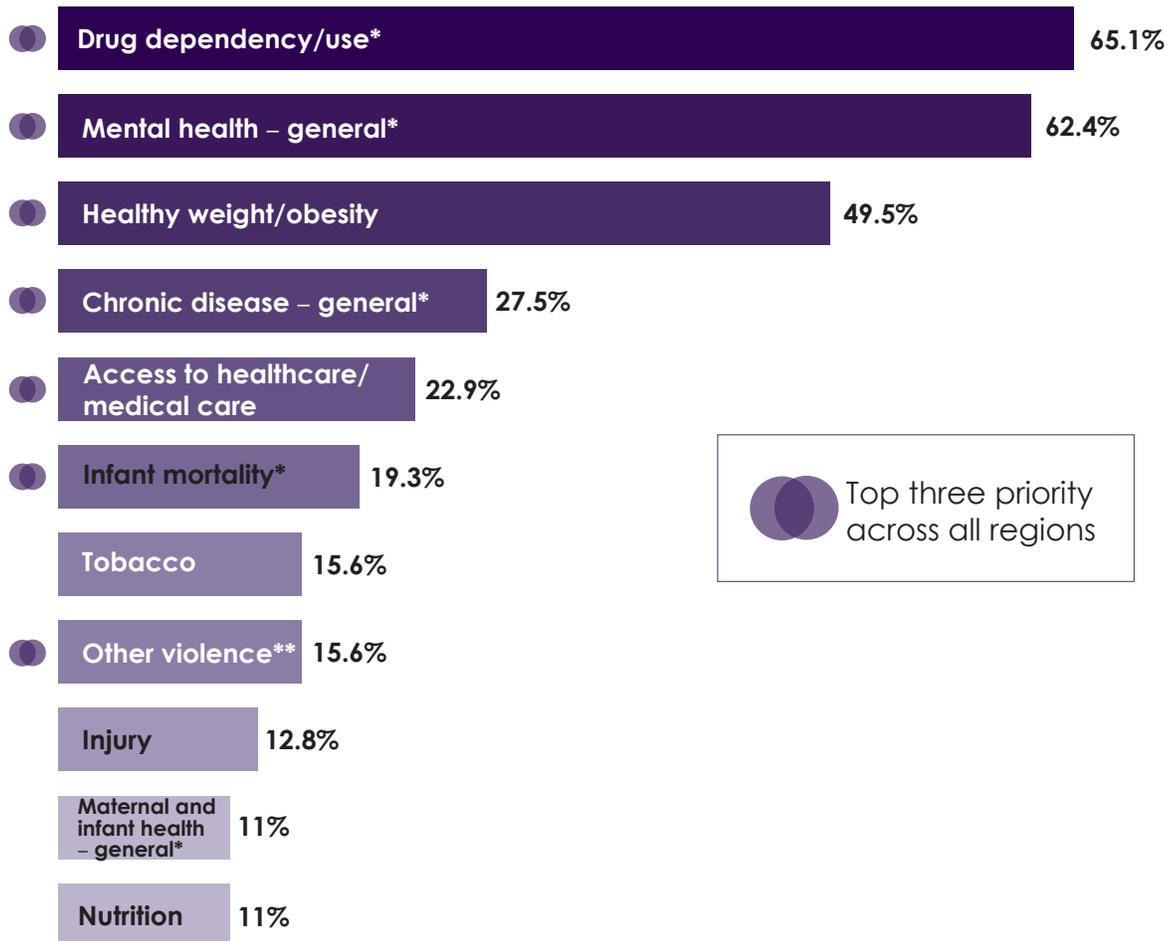
Note: May have more than ten priorities listed due to ties

*Aligned with 2017-2019 State Health Improvement Plan three priority topics: Chronic disease, mental health and addiction, maternal and infant health

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Source: HPIO review of children's hospital and local health department community health needs assessments and strategies/plans

Figure 7. Top ten child-focused health priorities identified in children’s hospital and local health department community health planning documents, combined (n=109)



Note: May have more than ten priorities listed due to ties

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Source: HPIO review of children’s hospital and local health department community health needs assessments and strategies/plans

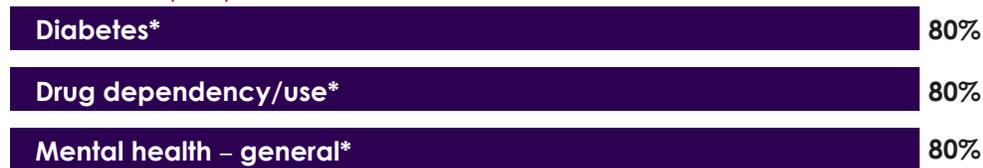
Figure 8. Top three child-focused health priorities identified in children’s hospital community health planning documents, by region(s) covered by the document

Northwest (n=4)

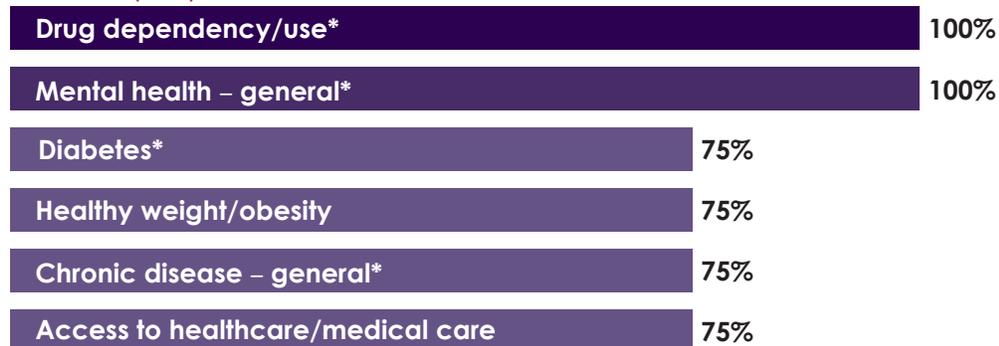


 Top three priority across all regions

Northeast (n=5)



Central (n=4)



Southwest (n=5)



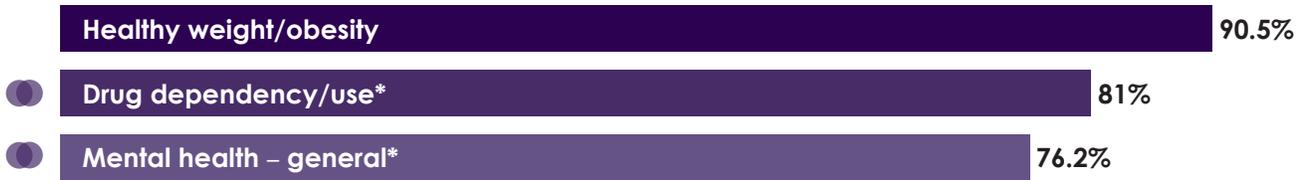
Note: May have more than three priorities due to ties; No children’s hospital documents were reviewed covering the southeast region of the state

*Aligned with 2017-2019 State Health Improvement Plan three priority topics: Chronic disease, mental health and addiction, maternal and infant health

Source: HPIO review of children’s hospital and local health department community health needs assessments and strategies/plans

Figure 9. Top three child-focused health priorities identified in local health department community health planning documents, by region(s) covered by the document

Northwest (n=21)



Northeast (n=27)

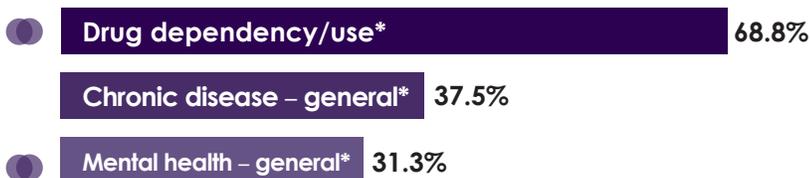


Central (n=15)

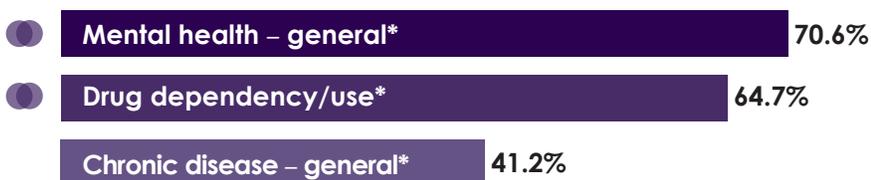


 Top three priority across all regions

Southeast (n=16)



Southwest (n=17)

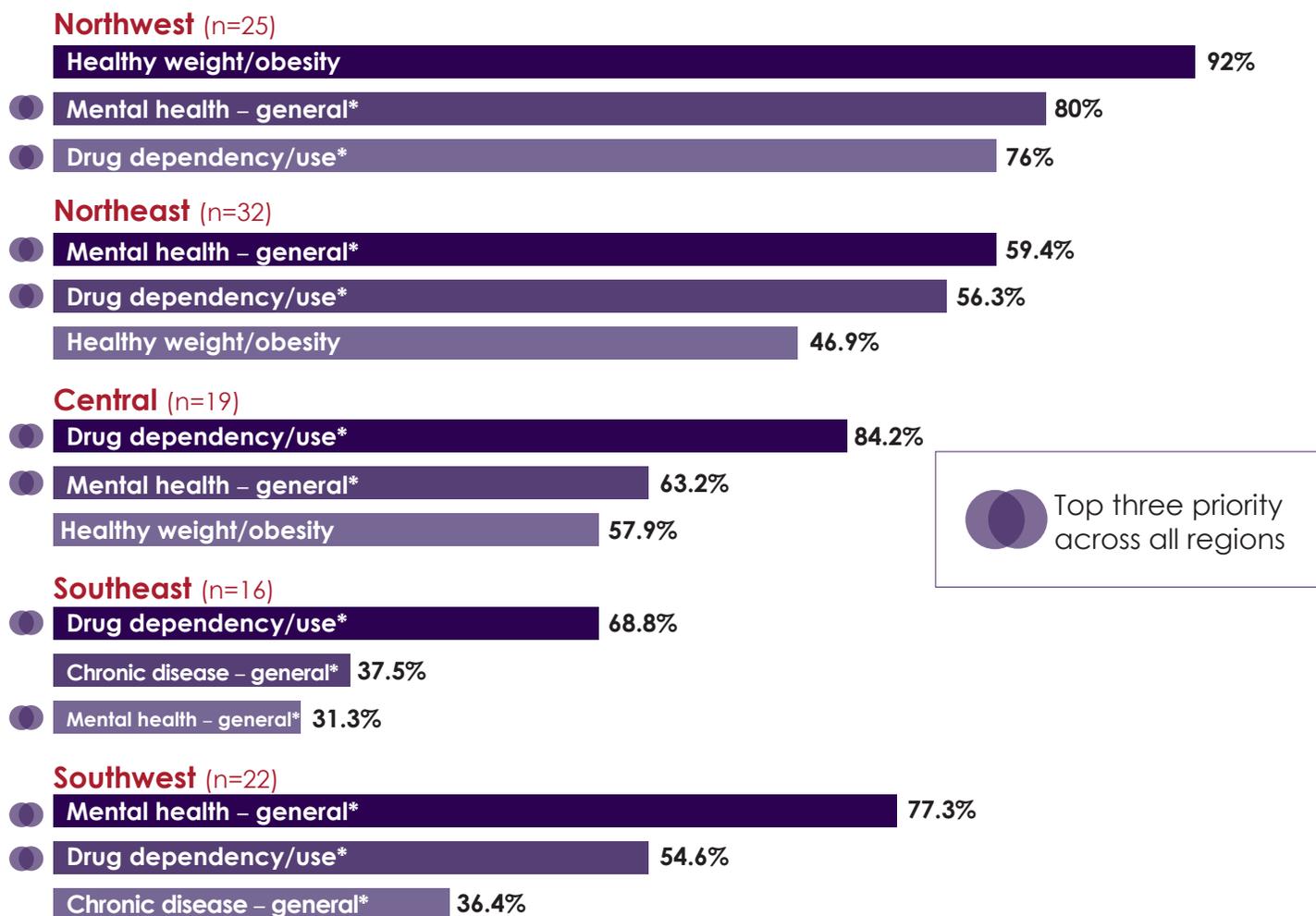


Note: May have more than three priorities due to ties

*Aligned with 2017-2019 State Health Improvement Plan three priority topics: Chronic disease, mental health and addiction, maternal and infant health

Source: HPIO review of children's hospital and local health department community health needs assessments and strategies/plans

Figure 10. Top three child-focused health priorities identified in children’s hospital and local health department community health planning documents, combined, by region(s) covered by the document



Note: May have more than three priorities due to ties. No children’s hospital documents were reviewed covering the southeast region of the state.

*Aligned with 2017-2019 State Health Improvement Plan three priority topics: Chronic disease, mental health and addiction, maternal and infant health

Notes

1. Child-focused priorities were those that were identified as a children’s hospital or local health department priority and included a child focus as determined by the priority wording, data, objectives, outcomes, strategies or other relevant information regarding the priority.
2. Includes physical and emotional violence, such as relationship or intimate partner violence, domestic violence, teen dating violence, street violence, bullying, self-harm, or other violence and crime general. Child maltreatment, trafficking and sexual violence were included in other priority categories.

Metric issues and data requests for the Assessment of Child Health and Health Care in Ohio

Prepared by the Health Policy Institute of Ohio on behalf of the Ohio Children's Hospital Association

Updated June 22, 2018

Pending metric issues "sticky wickets"

Domain	Metric	Issue(s) identified	Discussion points
Population health	Major depressive episode. Percent of youth ages 12-17 who experienced a major depressive episode within the past year (National Survey of Drug Use and Health)	Estimates for ages 18-25 are available for this metric.	Question: Should this metric also be reported for the 18-25 age group?
Access to Care	Problems accessing mental health care. Percent of children ages 3-17 who needed treatment or counseling from a mental health professional and had a small or big problem accessing services (National Survey of Children's Health, NSCH)	Estimates for all states were unreliable due to small sample sizes.	Preliminary decision: This metric was replaced with Mental health care. Percent of children ages 3-17 who needed and received treatment or counseling from a mental health professional during the past year.
Access to care	Youth with depression who did not receive mental health treatment. Percent of youth with major depressive episode who did not receive any mental health treatment (National Survey of Drug Use and Health as compiled by Mental Health America-youth data)	The data source identified for this metric provides conflicting information about the years for which the data is provided.	Preliminary decision: HPIO is looking into other data sources for this metric, including OHMAS and the Behavioral Health Barometer (five-year estimates).
Healthcare system	Shared decision-making. Percent of children ages 0-17 whose families sometimes or never feel that they are partners in decision making around issues important to their child's health (NSCH)	Estimates for 12 states are unreliable due to small sample size when measuring families that <u>did not</u> feel they were partners in decision making around issues	Preliminary decision: Report the percent of families that <u>did</u> feel they were partners in decision making.

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		important to their child's health. A metric is not ranked if it is missing more than 10 states. Estimates for all states are reliable when measuring families that <u>did</u> feel that were partners in decision making.	
Public health and prevention	Exclusively breastfed first six months. Percent of children ages 6 months to 5 years who were exclusively breastfed for their first six months (NSCH)	Data source for this metric is National Survey of Children's Health, which does not allow for trend analysis. The same information is collected by the National Immunization Survey (NIS) breastfeeding dataset which has estimates from prior years allowing for trend analysis.	Preliminary decision: Change data source to NIS. Exclusively breastfed first six months. Percent of children ages 19 months to 35 months who were exclusively breastfed or fed breast milk for the first six months of life by birth year (NIS).
Public health and prevention	<ul style="list-style-type: none"> • Breastfed at hospital discharge. Percent of infants who were exclusively breastfed at hospital discharge (Ohio Department of Health, Maternal and Child Health Block Grant, state performance measure) • Percent ever breastfed. Percent of children who were ever breastfed by birth year (NIS) 	Advisory committee identified Breastfed at hospital discharge as a metric to include in the analysis. Data is only available for Ohio and for two years. The NIS includes a metric for Percent ever breastfed which provides US comparison and three years trend data.	Preliminary recommendation: Replace Breastfed at hospital discharge with Percent ever breastfed.

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Public health and prevention	Home visiting. Percent of children ages 0-3 who did not receive any home visits (NSCH)	The advisory group agreed that the NSCH is not a good data source to measure home visiting.	Preliminary decision: HPIO is working with the Ohio Department of Health to identify a better measure for home visiting.
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Metric issues and data requests for the Assessment of Child Health and Health Care in Ohio

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Outstanding data requests

Domain	Metric	Potential data source(s)	Request status
Healthcare system/spending	Top ten cost drivers for children in Medicaid. Top ten conditions in all children enrolled in Medicaid by overall cost to Medicaid for the three most recent years available	Ohio Department of Medicaid (ODM)	Status: Request submitted and approved, waiting for data from ODM.
Healthcare system	Top ten inpatient pediatric admissions by DRG. Top ten DRGs for pediatric admissions for the three most recent years available	Ohio Department of Medicaid	Status: Request submitted and approved, waiting for data from ODM.
Healthcare system	Top ten ED diagnosis for children in Medicaid. Top ten primary diagnoses associated with ED claims for the three most recent years available	Ohio Department of Medicaid	Status: Request submitted and approved, waiting for data from ODM.
Healthcare spending	Top ten highest cost medications for children in Medicaid. Top ten medications for all children enrolled in Medicaid by overall cost to Medicaid for the three most recent years available	Ohio Department of Medicaid	Status: Request submitted and approved, waiting for data from ODM.
Healthcare spending	Medicaid spending on children for outpatient	Ohio Department of Medicaid	Status: Request submitted and approved, waiting for data from ODM.

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	services. Medicaid spending for services provided to children in an outpatient setting grouped in 12 Medicaid categories (pharmacy, professional, etc.)		
Healthcare system/spending	Total charges by top ten diagnoses for children and total number of encounters by diagnosis	Ohio Hospital Association (OHA)	Status: HPIO is exploring the ability to get the data from OHA.
Healthcare system/spending	Total charges by top ten inpatient admission diagnoses and total number of encounters by diagnosis	Ohio Hospital Association	Status: HPIO is exploring the ability to get the data from OHA.
Healthcare system/spending	Total charges by top ten ED visit diagnoses and total number of encounters by diagnosis	Ohio Hospital Association	Status: HPIO is exploring the ability to get the data from OHA.
Healthcare system/spending	Total charges by top ten outpatient visit diagnoses and total number of encounters by diagnosis	Ohio Hospital Association	Status: HPIO is exploring the ability to get the data from OHA.
Population health	Leading causes of death	Ohio Department of Health (Vital Statistics)	Status: Data request has been submitted.
Public health and prevention	E-cigarette use among youth	Ohio Department of Health (Ohio Youth Tobacco Survey)	Status: Data request has been submitted.

Secondary data analysis

Preliminary data 06.22.2018

Population health

Ohio's rank	Metric	Ohio data values			Trend*	U.S. data values (Most recent year)
		Base year	Mid year	Most recent year		
40	Infant mortality.** Rate of infant deaths per 1,000 live births	6.9 (2014)	7.2 (2015)	7.4 (2016)	—	5.9 (2015) 
29	Health status. Percent of children ages 0-17 who have excellent or very good health	N/A	N/A	90.4% (2016)	—	89.7% (2016) 
36	Weight status. Percent of children ages 10-17 who are overweight or obese based on Body Mass Index (at 85th percentile or above)	N/A	N/A	33.1% (2016)	—	31.2% (2016) 
11	Physical activity. Percent of children ages 6-17 who did not exercise, play a sport or participate in physical activity for at least 60 minutes any day during the past week	N/A	N/A	6.6% (2016)	—	9.1% (2016) 
43	Special health care needs. Percent of children ages 0-17 with one or more qualifying responses on children with special health care needs screener criteria	N/A	N/A	22.8% (2016)	—	19.4% (2016) 
19	Oral health problems. Percent of children ages 1-17 who had one or more oral health problems in the past 12 months	N/A	N/A	12.2% (2016)	—	13.4% (2016) 
40	Major depressive episode. Percent of youth ages 12-17 who experienced a major depressive episode within the past year	10.3% (2013-2014)	11.9% (2014-2015)	14% (2015-2016)	—	12.6% (2015-2016) 
NR	Drug abuse and dependence at time of delivery. Total number of delivering mothers diagnosed with one or more drug abuse/dependence conditions at time of delivery	3,777 (2013)	4,353 (2014)	4,013 (2015)	—	N/A
NR	Asthma. Percent of children ages 0-17 currently with asthma	9.7% (2013)	10.4% (2014)	7.2% (2015)	+	8.5% (2015) 
15	Substance use disorder. Percent of youth ages 12-17 with past-year illicit drug or alcohol dependence or abuse	N/A	N/A	4.3% (2015-2016)	—	4.6% (2015-2016) 
44	Attention Deficit/Deficit-Hyperactivity Disorder. Percent of children ages 3-17 who currently have Attention Deficit Disorder or Attention Deficit-Hyperactivity Disorder	N/A	N/A	12% (2016)	—	8.9% (2016) 

Ranking

 Top quartile
  Second quartile
  Third quartile
  Bottom quartile
  NR Not ranked

of the 50 states and D.C.

 Ohio data is better than U.S.
 Ohio data is worse than U.S.

Trend

 Getting better
  Getting worse
  No change
  Data not available for trend analysis

* Trend indicates whether a metric has increased or decreased from base year to most-recent year with no significance testing.

** 2016 data is available for Ohio, but not for other states, and was used for most recent data and trend columns. 2015 data was used for Ohio's rank.

Healthcare spending

Ohio's rank	Metric	Ohio data values			Trend*	U.S. data values (Most recent year)
		Base year	Mid year	Most recent year		
NR	Medicaid spending per enrollee, children. Average amount Medicaid spends per enrollee per year, all children	\$2,457 (FY 2012)	\$2,483 (FY 2013)	\$3,025 (FY 2014)	+	N/A
25	Out-of-pocket healthcare expenses. Percent of children ages 0-17 who are currently insured whose out-of-pocket healthcare costs are only sometimes or never reasonable	N/A	N/A	22.1% (2016)	-	22.2% (2016) 
38	Problems paying medical bills. Percent of children ages 0-17 whose family had problems paying for their child's medical or healthcare bills	N/A	N/A	11.8% (2016)	-	10.1% (2016) 

Ranking

 Top quartile
  Second quartile
  Third quartile
  Bottom quartile
  Not ranked

of the 50 states and D.C.

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  Getting worse
  No change
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Access to care

Ohio's rank	Metric	Ohio data values			Trend*	U.S. data values (Most recent year)
		Base year	Mid year	Most recent year		
TBD	Uninsured children. Percent of children ages 0-17 that are uninsured	4.8% (2014)	4.4% (2015)	3.6% (2016)	+	4.5% (2016) 
NR	Trouble accessing routine care, Medicaid. Percent of ambulatory care patients ages 0-17 enrolled in Medicaid who sometimes or never got an appointment for routine care as soon as they wanted	12.9% (2011)	10.4% (2014)	8.9% (2015)	+	12.1% (2015) 
NR	Trouble accessing specialist, Medicaid. Percent of ambulatory care patients ages 0-17 enrolled in Medicaid who needed to see a specialist in the last 6 months and sometimes or never found it easy to see a specialist	19% (2011)	17.6% (2014)	15.2% (2015)	+	19.9% (2015) 
29	Mental health care. Percent of children ages 3-17 who needed and received treatment or counseling from a mental health professional during the past year	N/A	N/A	10.6% (2016)	-	10.2% (2016) 
45 <small>(out of 49)</small>	Hospital emergency room visit. Percent of children ages 0-17 who had 2 or more hospital emergency room visits in the past year	N/A	N/A	7.9% (2016)	-	5% (2016) 
19	Medical home. Percent of children ages 0-17 whose health care does not meet medical home criteria	N/A	N/A	47.7% (2016)	-	51.3% (2016) 
NR	Unmet need for health care. Percent of children ages 0-17 who did not receive needed health care	N/A	N/A	3% (2016)	-	3% (2016) 
16	Unmet substance use disorder treatment need. Percent of youth ages 12-17 who needed but did not receive treatment at a specialty facility for substance use in the past year	N/A	N/A	4.1% (2015-2016)	-	4.4% (2015-2016) 
NR	Unmet dental care. Percent of children ages 3-17 with an unmet need for dental care	6.8% (2010)	5.4% (2012)	4.6% (2015)	+	N/A
NR	Unmet vision care. Percent of children ages 5-17 with an unmet need for vision care	N/A	2.8% (2012)	3% (2015)	-	N/A
NR	Unmet prescription medication. Percent of children with an unmet need for prescription medication due to cost	3.4% (2010)	3.5% (2012)	3.1% (2015)	+	N/A

Ranking



 Ohio data is better than U.S.
 Ohio data is worse than U.S.

Trend



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Public health and prevention

Ohio's rank	Metric	Ohio data values			Trend*	U.S. data values (Most recent year)
		Base year	Mid year	Most recent year		
NR	Neonatal Abstinence Syndrome hospitalizations. Total number of inpatient hospital discharges for infants with a primary or secondary diagnosis of Neonatal Abstinence Syndrome	1,717 (2013)	1,919 (2014)	2,174 (2015)	-	N/A
36 (out of 50)	Preterm birth. Percent of babies born prior to 37 weeks of pregnancy (gestation)	10.3 (2014)	10.3 (2015)	10.4 (2016)	-	9.9 (2016) 
47	Exclusively breastfed first six months. Percent of children, ages 19 months to 35 months, who were exclusively breastfed or fed breast milk for the first six months of life by birth year	14.5% (2012)	22.3% (2013)	16.7% (2014)	+	24.9% 
NR	Breastfed at hospital discharge. Percent of infants who were exclusively breastfed at hospital discharge	N/A	52.7% (2015)	52.2% (2016)	-	N/A
42	Percent ever breastfed. Percent of children who were ever breastfed by birth year	71.9% (2012)	77.7% (2013)	76.8% (2014)	+	82.5% (2014) 
42	Smoker in household. Percent of children ages 0-17 who live in households where someone uses cigarettes, cigars or pipe tobacco	N/A	N/A	21.6% (2016)	-	16.2% (2016) 
12	Alcohol use, youth. Percent of youth ages 12-17 that report using alcohol in the past month	11% (2013-2014)	10.3% (2014-2015)	8.9% (2015-2016)	+	9.4% (2015-2016) 
28	Alcohol use, young adult. Percent of young adults ages 18-25 that report using alcohol in the past month	62% (2013-2014)	61.2% (2014-2015)	59.9% (2015-2016)	+	57.8% (2015-2016) 
32	Tobacco use, youth. Percent of youth ages 12-17 that report using tobacco products in the past month	9.4% (2013-2014)	7.9% (2014-2015)	6.9% (2015-2016)	+	5.7% (2015-2016) 
46	Tobacco use, young adult. Percent of young adults ages 18-25 that report using tobacco products in the past month	42.5% (2013-2014)	42.5% (2014-2015)	39.1% (2015-2016)	+	31.5% (2015-2016) 
25	Marijuana use, youth. Percent of youth ages 12-17 that report using marijuana in the past month	6% (2013-2014)	6.1% (2014-2015)	6.4% (2015-2016)	-	6.8% (2015-2016) 

Ranking



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Trend



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Public health and prevention (cont.)

Ohio's rank	Metric	Ohio data values			Trend*	U.S. data values (Most recent year)
		Base year	Mid year	Most recent year		
32	Marijuana use, young adult. Percent of young adults ages 18-25 that report using marijuana in the past month	17.9% (2013-2014)	19.6% (2014-2015)	20.8% (2015-2016)	-	20.3% (2015-2016) 
37	Child vaccination series. Percent estimate of combined 7-series vaccine coverage for children ages 19 to 35 months	66.8% (2012)	61.7% (2013)	68.1% (2014)	+	71.6% (2014) 
29	Human papillomavirus vaccine. Percent estimate of human papillomavirus vaccine up to date coverage for adolescents ages 13-17 years	N/A	N/A	41.8% (2016)	-	43.4% (2016) 
28 <small>(out of 50)</small>	Teen birth rate. Total birth rate for females ages 15-19 per 1,000 births	25.1 (2014)	23.2 (2015)	21.8 (2016)	+	20.3 (2016) 

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Healthcare system

Ohio's rank	Metric	Ohio data values			Trend*	U.S. data values (Most recent year)
		Base year	Mid year	Most recent year		
28	Vision testing. Percent of children ages 0-17 who did not receive age-appropriate vision screening	N/A	N/A	30.6% (2016)	–	30.4% (2016) 
NR	Birth trauma. Rate of injury trauma to neonate per 1,000 live births	1.8 (2011)	1.5 (2012)	1.8 (2013)	=	1.9 (2013) 
NR	Diabetes hospital admissions. Rate of hospital admissions for diabetes with short-term complications for children ages 6-17 per 100,000 population	36.4 (2011)	38.7 (2012)	38.4 (2013)	–	26.3 (2013) 
31 <small>(out of 41)</small>	Asthma hospital admissions. Rate of hospital admissions for asthma for children ages 2-17 per 100,000 population	142.7 (2011)	127.9 (2012)	124.8 (2013)	+	107.4 (2013) 
11	Care coordination. Percent of children ages 2-17 who did not receive effective care coordination	N/A	N/A	12.4% (2016)	–	14.2% (2016) 
42	Shared decision making. Percent of children ages 0-17 whose families usually or always feel that they are partners in decision making around issues important to their child's health	N/A	N/A	13.9% (2016)	–	15.2% (2016) 
47	Transition in care. Percent of youth ages 12-17 who did not receive the services necessary for transition to adult health care	N/A	N/A	89.2% (2016)	–	85.2% (2016) 
32	Prenatal care. Percent of births where mothers received prenatal care in the first trimester	73% (2014)	73.9% (2015)	74.4% (2016)	+	74.9% (2016) 
22	Breastfeeding support in hospitals. Average Maternity Practice in Infant Nutrition and Care (mPINC) score among hospitals and birthing facilities to support breastfeeding	71 (2011)	76 (2013)	80 (2015)	+	79 (2015) 

Ranking

 Top quartile
  Second quartile
  Third quartile
  Bottom quartile
  NR Not ranked

of the 50 states and D.C.

 Ohio data is better than U.S.

 Ohio data is worse than U.S.

Trend

 Getting better
  Getting worse
  No change
  Data not available for trend analysis

* Trend indicates whether a metric has increased or decreased from base year to most-recent year with no significance testing.

Priority health issues for the Assessment of Child Health and Health Care in Ohio

Preliminary findings as of June 21, 2018

Prepared by the Health Policy Institute of Ohio for the Ohio Children's Hospital Association

Top health issues

Top health issues	Top ten priorities combined, for children's hospitals and for local health departments	Ohio in bottom quartile in the secondary data analysis and/or Ohio performance worse than U.S.
Mental health and addiction		
Mental health, general*	Combined 	Yes
Drug dependence and use*	Combined 	Yes
Depression*		Yes
Alcohol use		Yes
Marijuana use		Yes
Other behavioral health		Yes
Maternal and infant health		
Infant mortality*	Combined 	Yes
Preterm birth*		Yes
Prenatal care		Yes
Breastfeeding		Yes
Teen birth		Yes
Maternal and infant health, general*	Combined	Yes
Chronic disease		
Childhood asthma*	Children's Hospital	Yes
Diabetes*	Children's Hospital	Yes
Healthy weight/obesity	Combined 	Yes
Chronic disease, general*	Combined 	Yes
Health behaviors		
Physical activity	Local health department	
Tobacco	Combined	Yes
Nutrition	Combined	Secondary data not available
Access to care		
Access to healthcare/medical care	Combined 	
Cost of healthcare		Yes
Healthcare system performance		
Patient engagement		Yes
Care transition		Yes
Emergency department utilization		Yes
Prevention		
Vision testing		Yes
Immunizations		Yes
Social drivers of health**		
Violence	Combined 	Not assessed
Injury	Combined	Not assessed
Education	Children's Hospital	Not assessed

 Shared priority across document review and secondary data analysis

Note: Health issues identified in table are based on preliminary analysis and may change

*Aligned with 2017-2019 State Health Improvement Plan three priority topics and ten priority topic outcomes

**Did not examine social determinants of health extensively in the secondary data analysis

Combined∞: indicates a top 10 priority identified for both children's hospitals and local health departments

Secondary data analysis for the *Assessment of Child Health and Health Care in Ohio*

Preliminary data

6.25.2018

Preliminary data: Death counts for leading causes of death for Ohio residents, ages 1-17

Leading cause of death	2015	2016	2017 **
Unintentional injuries/accidents (V01-X59,Y85-Y86)	140	168	175
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	50	52	79
Assault (homicide) (*U01-*U02,X85-Y09,Y87.1)	60	58	64
Malignant neoplasms (C00-C97)	52	49	54
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	32	36	39
Diseases of heart (I00-I09,I11,I13,I20-I51)	22	20	23
Cerebrovascular diseases (I60-I69)	9	9	13
Chronic lower respiratory diseases (J40-J47)	13	5	11
Influenza and pneumonia (J10-J18)	4	8	7
Septicemia (A40-A41)	6	7	6

Source: Ohio Department of Health, Ohio Public Health Data Warehouse as compiled by the Health Policy Institute of Ohio

**2017 data is considered partial and may be incomplete.

Child Health and Healthcare Advisory Committee (CHHAC)

Meeting Two: Prioritization Criteria for child health issues

Monday, June 25, 2018

Criteria	Description
Nature of the problem	
1. Magnitude of the problem	Number or percent of children in Ohio affected
2. Severity of the health problem	Risk of morbidity and mortality associated with the problem
3. Magnitude of disparities and impact on vulnerable populations	Size of gap between racial/ethnic and income/poverty groups; Impact on children living in poverty, with disabilities, etc.
4. Ohio's performance relative to benchmarks	Extent to which children in Ohio are doing much worse than national benchmarks and/or children in the U.S. overall
5. Change over time	Extent to which the problem has been getting worse in recent years
Alignment	
6. Alignment with the State Health Improvement Plan and local priorities	Extent to which the issue has been prioritized at the state and local level
Potential for impact	
7. Availability of evidence-informed state or local-level policy strategies	Extent to which the issue can be impacted by state or local-level policy change
8. Feasibility and cost of available evidence-based strategies	Existence of strategies that are no or low cost; Existence of strategies that are feasible to implement in Ohio at local and/or state level given current climate/conditions
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 weight, diabetes, mental health, etc.)
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 for children at the state and county level

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 and have a positive return on investment (ROI).

Child Health and Healthcare Advisory Committee (CHHAC)

Meeting Two: Small group questions

Monday, June 25, 2018

Small Group Questions

Provide feedback on preliminary data findings

In reviewing the preliminary findings from the document review, secondary analysis and leading causes of death, please discuss the following questions within your small group:

1. What about the data findings do you find surprising? What is consistent with your perceptions given your work? What is inconsistent?
2. What common themes do you see across the data findings? Which themes do you think are most important to highlight?
3. Given the purpose of this *Assessment* and the prioritization criteria, what are the three (3) priority areas to focus on that can be impacted by state health policy?