2019 State Health Assessment (SHA)/
2020-2022 State Health Improvement Plan (SHIP)

Steering Committee Meeting No. 3
May 16, 2019

WIFI username:
Password:
State health assessment and State health improvement plan

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.
State-level partners

SHA/SHIP vision
Ohio is a model of health and economic vitality
Local SHA/SHIP partners

SHA/SHIP vision
Ohio is a model of health and economic vitality
Stakeholder engagement and project management

SHA/SHIP Steering Committee — Ohio Department of Health — MCH/MIECHV Steering Committee

Accenture data analytics vendor

Health Policy Institute of Ohio
Project management and committee facilitation

SHA/SHIP Advisory Committee

SHIP work team A, SHIP work team B, SHIP work team C
Role of the Steering Committee

Provide guidance to ODH and HPIO on:
- SHA content
- SHIP priorities and outcomes
- SHIP strategies
- Dissemination and outreach
Today’s agenda

- Welcome and overview
- SHA/SHIP purpose and process re-cap
- SHA Summary Report
- MCH/MIECHV update
- SHIP framework
- Next steps
Purpose and process re-cap
# 2019 SHA and 2020-2022 SHIP deliverables

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<td>MCH needs assessment</td>
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<td>SHIP</td>
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**MIECHV:** Maternal, Infant and Early Childhood Home Visiting Program  
**SUD:** Substance Use Disorder  
**MCH:** Maternal and Child Health
2019 SHA

Secondary data
- ODH

Online survey
- HPIO

Regional forums
- HPIO and HCNO

Online SHA
- ODH

SHA summary document
- HPIO
SHA summary report
SHA Summary Report

1. Purpose and overview
2. 2017-2019 SHIP progress report
3. Summary of SHA regional forum findings
4. Online SHA overview
5. Summary of key findings from online SHA
6. Conclusions
Executive summary

State Health Assessment
Ohio 2019

Executive summary

What is the SHA?
The SHA is a comprehensive and actionable picture of health and wellbeing in Ohio. It presents information from several different sources to identify Ohio’s greatest health challenges. The SHA has two main components:

1. Summary report prepared by the Health Policy Institute of Ohio (HPIO)
2. Online, interactive data website prepared by the Ohio Department of Health (ODH)

Key findings

1. Overall wellbeing for Ohioans has declined. Negative trends in premature death, life expectancy and overall health status indicate that the health of Ohioans has worsened in recent years. Unintentional Injuries (including drug overdose), cancer and heart disease were the leading causes of premature death in 2017.

2. Many Ohioans lack opportunities to reach their full health potential. Online SHA data identifies several groups that experience much worse outcomes than the state overall, including Ohioans who are black/African American, have lower incomes, have disabilities or live in Appalachian counties.

3. Underlying drivers of health must be addressed. Online SHA data and regional forum findings support the need to address the following cross-cutting factors: physical activity, tobacco use, access to dental and mental health care, income and unemployment, adverse childhood experiences, transportation, lead poisoning, risk and racism.

4. Mental health and addiction, chronic disease, and maternal and infant health continue to be significant challenges in Ohio. Ohio’s performance on these priorities has worsened or remained unchanged in recent years.

5. New concerns emerge in the wake of Ohio’s addiction crisis. Drug use has contributed to troubling increases in hepatitis C and children in foster care.

2010: 77.6 years
2015: 76.5 years
Life expectancy drop serves as a call to action. After decades of improvement, Ohioans’ life expectancy at birth declined by about one year, from 2010 to 2015.

Impact of racism and discrimination persists: Historical and contemporary injustices compound over a lifetime, leading to higher rates of infant deaths, blood pressure, late-stage cancer diagnoses and shorter lives for some groups, particularly black/African American Ohioans.

Multi-sector collaboration to improve health is critical. Researchers estimate that 80 percent of the modifiable factors that impact overall health are attributed to community conditions, the opportunity to make healthy choices.

Factors that influence health

- Clinical care
- Social, economic and physical environment
- Health behaviors
- Underlying drivers of inequity: Poverty, racism, discrimination, trauma, violence and toxic stress

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Factors that influence health

- Clinical care
- Social, economic and physical environment
- Health behaviors
- Underlying drivers of inequity: Poverty, racism, discrimination, trauma, violence and toxic stress
Percent of outcomes that improved, did not change or got worse

Key:
- **Improving**: Change was in the right direction (toward target) and was 10% or more from baseline to most-recent year
- **Little or no detectable change**: Change was less than 10% from baseline to most-recent year (toward or away from target)
- **Getting worse**: Change was in the wrong direction (away from target) and was 10% or more from baseline to most-recent year
- **Trend not assessed for methodological reasons**

Note: Ohio had no objectives with demonstrated improvement of 10% or more.
Summary of SHA regional forum findings
How has Ohio’s overall health changed since the 2016 SHA?

To what extent does the data support continued focus on the three priority topics in the 2017-2019 SHIP?

To what extent does the data support a focus on cross-cutting factors?

What additional issues emerge from the data that should be considered during the 2020-2022 SHIP prioritization process?
<table>
<thead>
<tr>
<th>Notable findings</th>
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<tbody>
<tr>
<td><strong>Strengths</strong></td>
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<tr>
<td>• Ohio’s performance better than U.S. by 10% or more</td>
</tr>
<tr>
<td>• Ohio’s trend improved by 10% or more, or other notable long-term positive trend</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Challenges</strong></th>
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<tbody>
<tr>
<td>• Ohio’s performance worse than U.S. by 10% or more</td>
</tr>
<tr>
<td>• Ohio’s trend worsened by 10% or more, other notable long-term negative trend</td>
</tr>
<tr>
<td>• Large disparities</td>
</tr>
</tbody>
</table>
Data sources

Online SHA

Key
- Improving: Change was in the right direction (toward target) and was 10% or more from baseline to most-recent year
- Little or no detectable change: Change was less than 10% from baseline to most-recent year (toward or away from target)
- Getting worse: Change was in the wrong direction (away from target) and was 10% or more from baseline to most-recent year
- Trend not assessed for methodological reasons

Note: Ohio had no objectives with demonstrated improvement of 10% or more.
Online SHA key findings

1. Overall wellbeing for Ohioans has declined
2. Many Ohioans lack opportunities to reach their full health potential
Ten leading causes of premature death, Ohio 2007-2017

Note: In 2016 and 2017, congenital malformations accounted for 2.17 and 2.07 years of potential life lost per 1,000 population, respectively.

Source: Ohio Department of Health IODH #3A1
U.S. life expectancy rate, 1946-2016

Source: Centers for Disease Control and Prevention, National Center for Health Statistics
Ohio life expectancy rate

2010
77.6 years

2017
76.5 years

1.1 year drop in past seven years

Source: Ohio Department of Health, Bureau of Vital Statistics, as reported in the online SHA
Ohio life expectancy rates

**African American**
- 2010: 74 years
- 2017: 72.8 years
- 1.2 year drop in past seven years

**White**
- 2010: 78.1 years
- 2017: 77 years
- 1.1 year drop in past seven years

**Hispanic**
- 2010: 81.7 years
- 2017: 81.6 years
- 0.1 year drop in past seven years

*Source: Ohio Department of Health, Bureau of Vital Statistics, as reported in the online SHA*
## Progress on 2017-2019 SHIP outcomes: Overall health

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<thead>
<tr>
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<tbody>
<tr>
<td>Improve overall health status</td>
<td>Percent of adults with fair or poor health (BRFSS)</td>
<td>16.5%</td>
<td>18.9%</td>
</tr>
<tr>
<td></td>
<td><strong>Priority population:</strong> Low-income adults (less than $15,000 annual household income)</td>
<td>38.6%</td>
<td>45.1%</td>
</tr>
<tr>
<td>Reduce premature death*</td>
<td>Years of potential life lost before age 75, per 100,000 population (age-adjusted) (Vital Statistics)</td>
<td>7,876.1</td>
<td>8,774.5</td>
</tr>
<tr>
<td></td>
<td><strong>Priority population:</strong> African Americans [ODH #1]</td>
<td>10,850.5</td>
<td>12,599</td>
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</table>

- There may be slight differences between data presented in this document and previously published reports (including 2017-2019 SHIP baseline values) due to updates to population estimates obtained from the U.S. Census Bureau.
- **Note:** Priority populations listed here are the groups with the worst outcomes based on available data at baseline.
- **Source:** Data compiled by ODH
3. Underlying drivers of health must be addressed
4. Mental health and addiction, chronic disease, and maternal and infant health remain relevant priorities
3 priority topics
- Mental health and addiction
- Chronic disease
- Maternal and infant health

10 priority outcomes
Specific and measurable

Cross-cutting factors
- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Equity
Modifiable factors that influence health

- Social and economic environment: 40%
- Clinical care: 20%
- Health behaviors: 30%
- Physical environment: 10%

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<tr>
<th>Emphasized by regional forum participants</th>
<th>Most strongly supported by Online SHA data</th>
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| • Physical activity, nutrition and weight status (obesity)  
• Tobacco use | • Physical activity  
• Tobacco use |
| Access to health care | • Access to dental care  
• Access to mental health care |
| • Social determinants of health, particularly:  
• Income and poverty  
• Violence and toxic stress/trauma  
• Transportation  
• Housing  
• Food access  
• Equity | • Social determinants of health  
• Income and unemployment  
• Adverse childhood experiences  
• Transportation  
• Housing (specifically lead poisoning risk)  
• Food insecurity  
• Equity |
Adult smoking prevalence by population group, Ohio

**Educational attainment (2017):**
- Less than High school: 42.5%
- High school diploma: 26%
- Some college: 19.1%
- College graduate: 7.6%

**Household income (2017):**
- Less than $15,000: 41.1%
- $15,000 – $24,999: 30.5%
- $25,000 – $34,999: 28%
- $35,000 – $49,999: 21.9%
- $50,000 or more: 12%

**Disability status (2016):**
- With a disability: 32.7%
- Without a disability: 20.4%

**2017 Ohio rate:** 21.1%

**Source:** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS) (educational attainment and household income) and Ohio Department of Health, BRFSS, as reported in the online SHA (disability status).

IODH #61
Percent of mothers who smoked during pregnancy, Ohio and U.S., 2016

Source: Ohio Public Health Data Warehouse (Ohio) and Centers for Disease Control and Prevention (U.S.), as reported in the online SHA [ODH #8]
Uninsured adults (ages 18-64) and children (ages 0-17), Ohio and U.S., 2008-2017

Source: Adult data is from the U.S. Census Bureau, American Community Survey (ACS) 1-year estimates and child data is from the U.S. Census Bureau, ACS 5-year estimates as reported in the online SHA.
Percent of children with two or more adverse childhood experiences, by household income, Ohio and U.S., 2016-2017

*Estimate for Ohio is unreliable

Source: Data Resource Center for Child and Adolescent Health, National Survey of Children’s Health, as reported in the online SHA
Percent of jobs accessible in at least 90 minutes via transit for zero-vehicle houses, Ohio’s largest metro areas, 2010

<table>
<thead>
<tr>
<th>Metro Area</th>
<th>Accessible Jobs (%)</th>
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<tbody>
<tr>
<td>Youngstown-Warren-Boardman</td>
<td>15.7%</td>
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<td>Akron</td>
<td>31.3%</td>
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<tr>
<td>Cincinnati-Middletown</td>
<td>33.9%</td>
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<tr>
<td>Cleveland-Elyria-Mentor</td>
<td>37.6%</td>
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<tr>
<td>Toledo</td>
<td>40.5%</td>
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<tr>
<td>Columbus</td>
<td>41.2%</td>
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<tr>
<td>Dayton</td>
<td>42.1%</td>
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Average of 100 largest U.S. metro areas: 40.6%

Lead exposure risk index for Ohio’s largest cities, 2012-2016

Note: Index scores range from 0-10 based on age of housing stock and percent of population in poverty. A score of 10 indicates the highest level of risk.
Source: U.S. Census Bureau, American Community Survey 5-year estimates, as compiled by City Health Dashboard, 2017
Lead Exposure Risk by County Using Poverty and Housing Data, 2013–2017

Source: Children’s Defense Fund Ohio and Groundwork Ohio

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3 priority topics
- Mental health and addiction
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Cross-cutting factors
- Social determinants of health
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- Healthcare system and access
- Equity
Suicide deaths per 100,000 population, by age group, Ohio, 2007-2017

Hypertension prevalence, by population group, Ohio

[ODH #3B]
Source: Behavioral Risk Factor Surveillance Survey, as reported in the online SHA.
5. New concerns emerge in the wake of Ohio’s addiction crisis
New hepatitis C cases* in Ohio, by number of cases, 2014-2017

*Includes all hepatitis C cases, both “acute” and “past or present” for 2013-2015 and both “acute” and “chronic” for 2016 and 2017.

MCH/MIECHV update
MCH and MIECHV federal timeline

2015 MCH Five-Year Needs Assessment
July 15, 2015

Provide annual MCH updates

2016
2017
2018
2019
2020

2020 MCH Five-Year Needs Assessment
July 15, 2020

2015
2016
2017
2018
2019
2020
2021

MIECHV Formula Notice of Funding Opportunity
FY2021

2020 MIECHV Needs Assessment update
Oct. 1, 2020
Stakeholder engagement and project management

SHA/SHIP Steering Committee

Ohio Department of Health

MCH/MIECHV Steering Committee

Accenture data analytics vendor

Health Policy Institute of Ohio
Project management and committee facilitation

SHA/SHIP Advisory Committee

SHIP work team A

SHIP work team B

SHIP work team C
Steering Committee members
(as of 5/16/2019)

Dr. Mary Applegate, Ohio Department of Medicaid
Anita Armstrong, Ohio Department of Education
Tara Britton, The Center for Community Solutions
Erika Clark Jones, City of Columbus, CelebrateOne
LeeAnne Cornyn, Office of the Governor
Nathan DeDino, Ohio Department of Developmental Disabilities
Jody Demo-Hodgins, NAMI Ohio
Julie DiRossi-King, OACHC
Dr. Michelle Dritz, Cornerstone Pediatrics and Ohio Chapter, American Academy of Pediatrics

Tonya Fulwider, Mental Health America of Franklin County
Dr. Pat Gabbe, OSU College of Medicine
Fawn Gadel, Public Children Services Association of Ohio
Kim Hauck, DODD
Shannon Jones, Groundwork Ohio
Nick Lashutka, Ohio Children’s Hospital Association
Alicia Leatherman, City of Columbus, CelebrateOne
Ilka Riddle, University of Cincinnati and Cincinnati Children’s Hospital
Ann Robinson, The Ohio State University
Stephanie Siddens, Ohio Department of Education

Reina Sims, Ohio Commission on Minority Health
Molly Stone, OhioMHAS
Judith Van Ginkel, Every Child Succeeds
Josue Vicente, Ohio Hispanic Coalition
Angela Weaver, Ohio Association of Health Plans
Melissa Wervey Arnold, Ohio Chapter, American Academy of Pediatrics
Sarah Wickham, Ohio Department of Education
Lindsay Williams, Ohio Children’s Trust Fund
Donna Schwarber, Butler County Educational Service Center
MCH Block Grant (Title V)

1. Conduct five-year needs assessment
2. Identify priority areas and performance measures
3. Develop five-year state action plan
Sources of information

Population health status

**Secondary data**
- Key MCH indicators
- Data from National Outcome Measures (NOMs) and National Performance Measures (NPMs)

**Regional forums**
- Five locations around the state
- Strengths, challenges, top needs, equity

**Online survey**
- Top needs, priority populations
MCH Block Grant 5-Year Action Plan

Top MCH priority needs

Performance objectives and measures
- National outcome measures (NOMs)
- National performance measures (NPMs)
- State performance measures (SPMs)
- State outcome measures (SOMs)

Program strategies
Evidence-informed strategy measures (ESMs)

- Gather updated information on community needs
- Ensure MIECHV programs are implemented in areas of high need
MIECHV Needs Assessment update components

Identify communities with concentrated risk
- Examine key indicators related to infant mortality and child health including poverty, crime, unemployment and child maltreatment

Assess quality and capacity of early childhood home visiting services
- Number and types of programs and individuals/families served
- Gaps in early childhood home visitation
- Extent to which programs are meeting needs of eligible families

Assess state’s capacity to provide substance abuse treatment and counseling services

Identify opportunities for coordination and collaboration with federal requirements
## MCH and MIECHV deliverables

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SHIP framework
# 2020-2022 SHIP development process (2019)

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<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October and beyond</th>
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<tr>
<td>Final SHA</td>
<td>May 24</td>
<td>Select Strategies: Priority Work Team meetings</td>
<td>Draft SHIP Aug. 15</td>
<td>Final SHIP Sept. 30</td>
<td>Dissemination</td>
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MCH/MIECHV alignment
SHIP Prioritization

- Local stakeholder input
- Secondary data
- Steering and Advisory Committee input
3 priority topics
- Mental health and addiction
- Chronic disease
- Maternal and infant health

10 priority outcomes
Specific and measurable

Cross-cutting factors
- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Equity
In Ohio, each child is challenged, prepared, and empowered to discover and learn, pursue a fulfilling post-high school path, and become a resilient, lifelong learner who contributes to society.

**Four Learning Domains**

- **Foundational Knowledge & Skills**: Literacy, numeracy, and technology
- **Well-Rounded Content**: Social studies, sciences, languages, health, arts, physical education, etc.
- **Leadership & Reasoning**: Problem-solving, design thinking, creativity, information analytics
- **Social-Emotional Learning**: Self-awareness & management, social awareness, relationship skills, responsible decision-making

**One Goal**

Ohio will increase annually the percentage of its high school graduates, one year after graduation, who:

- Enrolled and succeeding in a post-high school learning experience, including an adult career/technical education program, an apprenticeship, or any other two-year or four-year college program;
- Serve in a military branch;
- Earn a living wage;
- Engage in a meaningful, self-sustaining vocation.

**Three Core Principles**

- **Equity**
- **Partnerships**
- **Quality Schools**

**10 Priority Strategies**

1. Highly effective teachers & leaders
2. Principal support
3. Teacher & instructional support
4. Standards reflect all learning domains
5. Assessments gauge all learning domains
6. Accountability system honors all learning domains
7. Meet needs of whole child
8. Expand quality early learning
9. Develop literacy skills
10. Transform high school, provide more paths to graduation

Ohio Strategic Plan For Education: 2019-2024
Revised State Template for the Consolidated State Plan
The Elementary and Secondary Education Act of 1965, as amended by the Every Student Succeeds Act

D. State Measures of School Quality and Student Success

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<tbody>
<tr>
<td>All Students</td>
<td>15.8%</td>
<td>14.7%</td>
<td>13.6%</td>
<td>12.6%</td>
<td>11.5%</td>
<td>10.4%</td>
<td>9.3%</td>
<td>8.2%</td>
<td>7.2%</td>
<td>6.1%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Economic-Disadvantaged</td>
<td>23.7%</td>
<td>22.5%</td>
<td>21.3%</td>
<td>20.1%</td>
<td>19.0%</td>
<td>17.8%</td>
<td>16.6%</td>
<td>15.4%</td>
<td>14.2%</td>
<td>13.0%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Students with Disabilities</td>
<td>24.1%</td>
<td>22.9%</td>
<td>21.7%</td>
<td>20.5%</td>
<td>19.3%</td>
<td>18.1%</td>
<td>16.9%</td>
<td>15.7%</td>
<td>14.5%</td>
<td>13.3%</td>
<td>12.1%</td>
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Chronic Absenteeism Rates (School Level)
- Higher than 30%
- Between 20% and 30%
- Between 13.7% and 19.9%
- Between 5.1% and 13.6%
- At 5% or lower

512 Schools
438 Schools
544 Schools
1,356 Schools
573 Schools
Ohio 2017-2018 Road to Reading Success

Ohio’s Third Grade Reading Guarantee ensures that every struggling reader gets the support he or she needs to be able to learn and achieve.

**Promotion in Third Grade Reading**
- Met promotion minimum on fall/spring reading test: 90.6%
- Met comparable minimum on alternative reading test: 3.2%
- Met promotion minimum on summer reading test: 1.2%

**Students in Third Grade**
- 125,485 Number of Ohio third graders
- 6.7% Exempt from Third Grade Reading Guarantee promotion calculation

95.0%
Eligible third graders met the Third Grade Reading Guarantee promotion minimum

For general questions about the Third Grade Reading Guarantee, contact the Ohio Department of Education at thirdgrade@education.ohio.gov.
HOW THE NUMBERS STACK UP

Following is a snapshot of where Ohio stands in its efforts to equip Ohioans with the knowledge, skills, and credentials they need to maximize economic opportunity and support economic growth:

**THE GOAL**
65% of adults with some postsecondary credential by 2025

**THE ACTUAL**
44.1% of adults with some postsecondary credential in 2016

**THE GAP**
20.9% difference between The Goal and The Actual

If Ohio maintains its status quo rates of production, this translates to Ohio needing another nearly 1 million adults with postsecondary credentials if the state is to achieve Ohio Attainment Goal 2025.
**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>
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### 10 priority outcomes

<table>
<thead>
<tr>
<th>Depression</th>
<th>Heart disease</th>
<th>Preterm births</th>
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<tbody>
<tr>
<td>Suicide</td>
<td>Diabetes</td>
<td>Low birth weight</td>
</tr>
<tr>
<td>Drug dependency/abuse</td>
<td>Child asthma</td>
<td>Infant mortality</td>
</tr>
<tr>
<td>Drug overdose deaths</td>
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**Equity:** Priority populations for each outcome above
## Cross-cutting outcomes and strategies

The SHIP addresses the 10 priority outcomes through cross-cutting factors that impact all 3 priority topics.

<table>
<thead>
<tr>
<th>Cross-cutting factors</th>
<th>Strategies to promote:</th>
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<tbody>
<tr>
<td>Social determinants of health</td>
<td><img src="image" alt="Student success" /></td>
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<tr>
<td></td>
<td><img src="image" alt="Economic vitality" /></td>
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<td><img src="image" alt="Housing affordability and quality" /></td>
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<td>Public health system, prevention and health behaviors</td>
<td><img src="image" alt="Tobacco prevention and cessation" /></td>
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<td><img src="image" alt="Healthy eating" /></td>
</tr>
<tr>
<td></td>
<td><img src="image" alt="Violence-free communities" /></td>
</tr>
<tr>
<td></td>
<td><img src="image" alt="Population health infrastructure" /></td>
</tr>
<tr>
<td>Healthcare system and access</td>
<td><img src="image" alt="Access to quality health care" /></td>
</tr>
<tr>
<td></td>
<td><img src="image" alt="Comprehensive primary care" /></td>
</tr>
</tbody>
</table>

### Equity

- Strategies likely to decrease disparities for priority populations
Ohio 2017-2019 state health improvement plan (SHIP)

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

<table>
<thead>
<tr>
<th>3 priority topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health and addiction</td>
</tr>
<tr>
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</tr>
<tr>
<td>Maternal and infant health</td>
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<table>
<thead>
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<th>10 priority outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
</tr>
<tr>
<td>Suicide</td>
</tr>
<tr>
<td>Drug dependency/abuse</td>
</tr>
<tr>
<td>Drug overdose deaths</td>
</tr>
<tr>
<td>Heart disease</td>
</tr>
<tr>
<td>Diabetes</td>
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<tr>
<td>Child asthma</td>
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<tr>
<td>Preterm births</td>
</tr>
<tr>
<td>Low birth weight</td>
</tr>
<tr>
<td>Infant mortality</td>
</tr>
</tbody>
</table>

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

<table>
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</tr>
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**Equity:** Priority populations for each outcome above
### Overall health outcomes
- Health status
- Premature death

### 3 priority topics

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</thead>
</table>

### 10 priority outcomes
- Depression
- Suicide
- Drug dependency/abuse
- Drug overdose deaths
- Heart disease
- Diabetes
- Child asthma
- Possible changes
- Preterm births
- Low birth weight
- Infant mortality
- Possible changes

### Equity: Priority populations for each outcome above

### Cross-cutting outcomes and strategies

The SHP addresses the 10 priority outcomes through cross-cutting factors that impact all 3 priority topics.

#### Cross-cutting factors
- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access

#### Strategies to promote:
- Student success
- Economic vitality
- Housing affordability and quality
- Tobacco prevention and cessation
- Active living
- Healthy eating
- Violence-free communities
- Population health infrastructure
- Access to quality health care
- Comprehensive primary care

#### Equity
- Strategies likely to decrease disparities for priority populations

The SHP includes outcome indicators and evidence-based strategies for each cross-cutting factor.
### Option B: Upstream/downstream

**Upstream factors**
- That shape our health

<table>
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<tr>
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<tbody>
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</tr>
</tbody>
</table>

#### Nine priority upstream factors
- Kindergarten readiness
- Educational attainment
- Housing cost burden for renters
- Transit access
- Equity
- Smoking
- Physical activity
- Food insecurity
- Equity
- Prenatal care
- Unable to see a doctor due to cost
- Equity

#### Three priority health topics
- Mental health and addiction
- Chronic disease
- Maternal and infant health

#### Nine priority outcomes
- Depression
- Suicide
- Drug overdose deaths
- Equity
- Heart disease
- Diabetes
- Child asthma
- Equity
- Preterm births
- Low birth weight
- Infant mortality
- Equity

#### Overall health outcomes
- Health status
- Premature death
- Equity

*Note: The priorities and outcomes listed are for illustrative purposes only. Actual outcomes will be prioritized through the SHIP process.*
**Option C: Logic model with simplified language and questions**

### What shapes our health?

Many factors, including these priorities:

- **Community conditions**
  - Third-grade reading
  - K-12 chronic absenteeism
  - Housing evictions
  - Commute times

- **Health behaviors**
  - Tobacco use
  - Physical activity
  - Fruit and vegetable consumption

- **Access to care**
  - Unmet need for mental health care
  - Prenatal care

The SHIP includes evidence-based strategies to address these factors.

**Equity:** The SHIP identifies strategies to reduce inequities and help all Ohioans achieve their full health potential.

### What are Ohio’s top health topics?

Three priority health topics:

- **Mental health and addiction**
- **Chronic disease**
- **Maternal and infant health**

### How will we know if health is improving in Ohio?

The SHIP tracks the following outcomes:

- **Nine priority health outcomes**
  - Depression
  - Suicide
  - Drug overdose deaths
  - Heart disease
  - Diabetes
  - Child Asthma
  - Preterm births
  - Low birth weight
  - Infant mortality

- **Two overall health outcomes**
  - Health status
  - Premature death

**Equity:** Priorities and outcomes listed are for illustrative purposes only. Actual outcomes will be prioritized through the SHIP process.
**Ohio’s top health priorities**

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

**Equity:** The SHIP identifies strategies to reduce inequities and help all Ohioans achieve their full health potential.

---

**Factors that shape health**

Many factors, including these priorities:

- **Community conditions**
  - Third-grade reading
  - K-12 chronic absenteeism
  - Housing evictions
  - Commute times

- **Health behaviors**
  - Tobacco use
  - Physical activity
  - Fruit and vegetable consumption

- **Access to care**
  - Unmet need for mental health care
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---

**Health outcomes**

The SHIP tracks the following outcomes:

- **Nine priority health outcomes**
  - Depression
  - Suicide
  - Drug overdose deaths

- **Two overall health outcomes**
  - Heart disease
  - Diabetes
  - Child Asthma

  - Preterm births
  - Low birth weight
  - Infant mortality

---

**Note:** The priorities and outcomes listed are for illustrative purposes only. Actual outcomes will be prioritized through the SHIP process.
Discussion questions

• Which framework option most clearly communicates the purpose and strategic direction of the SHIP?
• Which option do you think would be most appealing stakeholders in your sector?
Discussion questions

• If we include measurable objectives for priority cross-cutting factors, how many factors should be prioritized?
• What else should we consider as we select these cross-cutting factors?
• What other suggestions do you have for ensuring that the SHIP is aligned with and useful to the work of your agency?
Next steps
### 2020-2022 SHIP Development Process (2019)

<table>
<thead>
<tr>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October and beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Final SHA</strong></td>
<td><strong>May 24</strong></td>
<td><strong>Select Strategies: Priority Work Team meetings</strong></td>
<td><strong>Draft SHIP Aug. 15</strong></td>
<td></td>
<td><strong>Dissemination</strong></td>
</tr>
<tr>
<td><strong>Develop Objectives:</strong> Priority Work Team &amp; Target Setting Subcommittee meetings</td>
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</tbody>
</table>

**MCH/MIECHV alignment**