Welcome! The webinar will begin in a few minutes. All slides are posted on the HPIO SHA/SHIP page.
Please type questions in the question box
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
Today’s agenda

• Welcome and overview
• Prioritization survey results
• Considerations for prioritizing
• Prioritization discussion
• Next steps
Today’s objective

HPIO and ODH will have the guidance needed to finalize the list of 2-3 desired outcomes and indicators for access to care
SMART objectives

- Specific
- Measurable
- Achievable
- Realistic
- Time-bound

Objectives should also be aspirational
**Figure 2.2. Overall health outcome objectives**

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* <$15,000 annual household income

Note: Priority populations (low-income and African American) were selected because they are the groups with the worst outcomes for these indicators based on available data.

**Source:** Ohio Department of Health
## Figure 2.2. Overall health outcome objectives

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**Source:** Ohio Department of Health
June 4 Advisory Committee meeting re-cap
Poll question No. 1
Poll question No. 2

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<tr>
<th>June</th>
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</tr>
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<tbody>
<tr>
<td>Work team meetings: Outcome objectives</td>
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<td>Draft SHIP due to ODH Aug. 15</td>
<td></td>
<td>Dissemination</td>
</tr>
<tr>
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<td>Work team meetings: Strategy selection</td>
<td>Final SHIP due to ODH Sept. 30</td>
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MCH/MIECHV alignment
State-level partners

SHA/SHIP vision
Ohio is a model of health, well-being and economic vitality
Local SHA/SHIP partners
Percent of outcomes that improved, did not change or got worse

2017-2019 SHIP progress report

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.
Percent of outcomes that improved, did not change or got worse

Future SHIP progress reports

![Diagram showing percent of outcomes that improved, did not change or got worse across mental health and addiction, chronic disease, and maternal and infant health categories. The diagram includes specific conditions and their outcomes, with color coding for improving, little or no detectable change, and getting worse.](image-url)
All Ohioans achieve their full health potential
Maternal and Child Health (MCH) and SHIP alignment

- The following **community conditions, health behaviors and access to care factors** were identified as top MCH priorities.*

**Community conditions:**
- Housing
- Transportation
- Income and poverty
- Education: student success
- ACEs, trauma and violence (includes children in foster care)
- Family functioning/social support

**Health behaviors:**
- Tobacco use
- Nutrition

**Access to care:**
- Access to dental care
- Access to mental health care
- Transitions in care
- Child systems integration

*Priorities were identified through stakeholder input and secondary data analysis. Stakeholder input was provided by nearly 700 regional forum and online survey participants, Ohio Department of Health staff and MCH/MIECHV Steering Committee members.
SHIP framework and components
2020-2022 State Health Improvement Plan (SHIP) framework

What shapes our health?
Many factors, including these SHIP priorities:

Community conditions
- Education/employment metric (TBD)
- Housing/transportation metric (TBD)
- Violence metric (TBD)

Health behaviors
- Health behavior metric 1 (TBD)
- Health behavior metric 2 (TBD)
- Health behavior metric 3 (TBD)

Access to care
- Access metric 1 (TBD)
- Access metric 1 (TBD)

What are Ohio's top health priorities?
The SHIP identifies the following health priorities:

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:

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

Equity: The SHIP identifies strategies and tracks outcomes that shape the health of Ohioans at all stages of life and reduce inequities so that all Ohioans achieve their full health potential.

Two overall health outcomes
- Improved health status
- Reduced premature death
All Ohioans achieve their full health potential

Vision
Ohio is a model of health, well-being and economic vitality

Achieving the SHIP vision will lead to improvement in the factors that shape health.
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Three health priority topics

10 priority health outcomes

Two overall health outcomes

Improved health status

Reduced premature death

All Ohioans achieve their full health potential

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SHIP components

- SMART objectives
- Evidence-based strategies
- Priority populations
- Strategies likely to reduce disparities, racism and discrimination
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Source: Ohio Department of Health
Prioritization survey results
Local stakeholder input + Secondary data

Steering and Advisory Committee input
- June 4 Advisory Committee discussion
- Prioritization survey
- Today’s meeting

SHIP prioritization
Survey process

- Sent to SHA/SHIP Advisory Committee (107), SHA/SHIP Steering Committee (20) and MCH/MIECHV Steering Committee (36)
- 55 respondents
- 33% response rate
Which of the following sub-topics do you think are most important to include in the SHIP?

- Unmet need for mental health care: 35
- Maternal and child health-related access: 27
- Provider availability: 22
- Insurance coverage: 20
- Affordability: 17
- Transportation: 11
- Preventive dental: 4

Total respondents: 46
Respondents could choose no more than 3 answers
Which of the following sub-topics do you think are most important to include in the SHIP?

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  - Low birth weight
  - Infant mortality

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<td>• Increased home visiting</td>
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Prioritization criteria: Health factors

- Ability to track progress
- Potential for impact
- Connection to SHIP health outcome priorities
- Nature of the problem
- Alignment
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<th>Cons</th>
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| American Community Survey (ACS)                                            | • Annual update
• Local and disaggregated data
• Commonly used measure of health insurance |                                                                      |
| National Survey of Children’s Health (NSCH)                               | • Annual update
• Some disaggregated data
• Used by federal Maternal Child Health block grant program             | • No local-level data
• Recent changes, impact on trend analysis
• Unreliable and suppressed rates                                        |
| National Survey on Drug Use and Health (NSDUH)                             | • Annual update
• Adolescent and adult
• Addresses prevalence, treatment and unmet need                          | • State-level data for pooled years only
• Limited sub-state-level and disaggregated data                           |
| Healthcare workforce sources (HRSA and AMA)                               | • Frequently updated data
• Local data available                                                      | Requires understanding of shortage areas and population-to-provider ratios |
| Behavioral Risk Factor Surveillance System (BRFSS)                         | • Annual update
• Some disaggregated data                                                 | • Limited local data
• Some state options for survey                                            |
| Ohio Department of Health/Ohio Department of Mental Health and Addiction Services (ODH/OHMAS) | State agencies engaged with the SHIP                                     | Limited local and disaggregated data                                  |
| Ohio Medicaid Assessment Survey (OMAS)                                     | • State administered survey
• Local and disaggregated data                                             | Administered every two years                                            |
| Ohio Pregnancy Assessment Survey (OPAS)                                    | • State administered survey comparable to national PRAMS
• Annual update                                                           | Data lag (most recent from 2016)                                        |
Strategy examples

Increased health insurance coverage

• Maintain current Medicaid extension eligibility levels

• Health insurance enrollment and outreach
Increased local access to healthcare providers

• Higher education financial incentives for health professionals serving underserved areas

• Health career recruitment for minority students
Reduced unmet need for mental health care

- Remove barriers that impede access to covered cessation treatments
- Monitor implementation of behavioral health parity legislation
Desired outcomes

1. Increased health insurance coverage
2. Increased affordability of care
3. Increased local access to healthcare providers
4. Increased screening for lead poisoning
5. Increased home visiting
6. Increased early prenatal care
7. Increased medical home
8. Reduced unmet need for mental health care
Increased health insurance coverage

- **Uninsured adults**: Percent of 18-64 year olds who are uninsured (ACS)
- **Uninsured children (NOM)**: Percent of 0-17 year olds who are uninsured (ACS)
Increased affordability of care

- **Unable to see doctor due to cost:** Percent of adults that reported not seeing a doctor in the past 12 months due to cost (BRFSS)
- **Avoided care due to cost:** Percent of adults who avoided care due to cost (OMAS)
Increased local access to health care providers

- **Dentists**: Ratio of population to dentists (AHRF/AMA via CHR)
- **Mental health providers**: Ratio of population to mental health providers (AHRF/AMA via CHR)
- **Health Professional Shortage Areas**: Percent of Ohioans living in a health professional shortage area:
  - Mental health
  - Primary care
  - Dental
- **Avoided care**: Percent of adults Ohioans who avoided care due to provider availability (OMAS)
- **Without a usual source of care**: Percent of adults ages 18 and older who don't have one (or more) persons they think of as their personal healthcare provider (BRFSS)
Increased screening for lead poisoning

**Lead screening:** Percent of children, ages 0-5, tested for lead (ODH and/or ODM)
Increased home visiting

**Newborn home visiting:** Percent of mothers who received a home visit to help them learn to care for their new baby or themselves (OPAS)
Increased early prenatal care

Early prenatal care (NOM): Percent of pregnant women who receive prenatal care beginning in the first trimester (ODH)
Increased medical home

• Medical home for children: Percent of children who have a personal doctor or nurse, have a usual source for sick and well care, receive family-centered care, have no problems getting needed referrals and receive effective care coordination when needed (NSCH)

• Medical home for children with special healthcare needs (CSHCN) (NPM): Percent of children with special health care needs, ages 0 through 17, who have a medical home (NSCH)
Reduced unmet need for mental health care

- **Unmet need, mental health**: Percent of adults who reported unmet need for mental health care in past year (NSDUH)
- **Youth with depression who did not receive mental health services**: Percent of youth with major depressive episode who did not receive any mental health treatment (NSDUH)
- **Child and adolescent mental/behavioral health treatment (NOM)**: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (NSCH)
- **Mental illness hospitalization follow-up**: Percent of Medicaid enrollees ages 6 and older who received follow-up after hospitalization for mental illness within 30 days of discharge (OMHAS)
Prioritization discussion
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
Please type questions in the question box
Desired outcomes

1. Increased health insurance coverage
2. Increased affordability of care
3. Increased local access to healthcare providers
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7. Increased medical home
8. Reduced unmet need for mental health care
Next steps
July 15 meeting

- Baseline data
- Priority populations
- Recruitment
SHA SHIP

State Health Assessment and State Health Improvement Plan