Welcome! The webinar will begin in a few minutes. All slides and materials 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
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 teams:
  - Mental health and addiction
  - Chronic disease
  - Maternal and infant health
  - Community conditions
  - Health behaviors
  - Access to care
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 desired outcomes and indicators for health behaviors
SMART objectives

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

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

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Baseline (2015)</th>
<th>2019 target</th>
<th>2022 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve overall health status</td>
<td>Percent of adults with fair or poor health (BRFSS)</td>
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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
Poll question
## 2020-2022 SHIP development process (2019)

<table>
<thead>
<tr>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October and beyond</th>
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<tbody>
<tr>
<td>Work team meetings: Outcome objectives</td>
<td>Work team meetings: Target setting and priority populations</td>
<td>Draft SHIP due to ODH Aug. 15</td>
<td>Final SHIP due to ODH Sept. 30</td>
<td>Dissemination</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

- Ohio Department of Health
- Office of Children’s Initiatives
- Recovery Ohio
- Ohio Department of Job and Family Services
- Ohio Department of Education
- Ohio Housing Finance Agency
- Ohio Department of Transportation
- Office of Minority Affairs
- Other state agencies and statewide organizations
- Ohio Department of Medicaid
- Ohio Department of Aging
- Ohio Department of Developmental Disabilities
- Ohio Mental Health and Addiction Services
Local SHA/SHIP partners

SHA/SHIP vision
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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

Note: Ohio had no objectives with demonstrated improvement of 10% or more. Source: Data compiled by ODH (as of October 2018)
All Ohioans achieve their full health potential
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
  - Housing TBD
  - Economic conditions TBD
  - Education TBD
  - Violence and trauma TBD

- Health behaviors
  - Tobacco use
  - Nutrition
  - Physical activity

- Access to care
  - Health insurance coverage
  - Local access to healthcare providers
  - Unmet need for mental health

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?
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  - Childhood conditions (asthma, lead)
  - Preterm births
  - Infant mortality
  - Maternal mortality/morbidity

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.

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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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

Including:
• May 30 MCH/MIECHV Steering Committee
• June 4 Advisory Committee discussion
• Prioritization survey
• ODH DMCFH feedback
• 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
Health behavior topics

- Physical activity
- Nutrition
- Tobacco
Which physical activity indicators do you think are most important to include in the SHIP?

- Child physical activity (ages 6-11): 33
- Adult physical activity: 24
- Adolescent physical activity (ages 12-17 or high school students): 22
- Access to exercise opportunities: 14

Total respondents: 46
Respondents could choose no more than 2 answers
Which physical activity indicators do you think are most important to include in the SHIP?

- Child physical activity (ages 6-11): 33
- Adult physical activity: 24
- Adolescent physical activity (ages 12-17 or high school students): 22
- Access to exercise opportunities: 14

Total respondents: 46
Respondents could choose no more than 2 answers
Which nutrition indicators do you think are most important to include in the SHIP?

- Child or adolescent sugar-sweetened beverage consumption: 33 respondents
- Adolescent fruit and vegetable consumption: 25 respondents
- Adult fruit and vegetable consumption: 22 respondents
- Adult sugar-sweetened beverage consumption: 11 respondents

Total respondents: 46
Respondents could choose no more than 2 answers
Which nutrition indicators do you think are most important to include in the SHIP?

- Child or adolescent sugar-sweetened beverage consumption: 33 respondents
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Total respondents: 46
Respondents could choose no more than 2 answers.
Which tobacco/nicotine indicators do you think are most important to include in the SHIP?

- All-tobacco/nicotine use among high school students: 37
- Adult cigarette smoking: 29
- Smoking during pregnancy: 27
- Child secondhand smoke exposure: 22
- E-cigarette use among high school students: 15
- Adult smoker quit attempts: 7
- Adult secondhand smoke exposure: 0

Total respondents: 47
Respondents could choose no more than 3 answers
Which tobacco/nicotine indicators do you think are most important to include in the SHIP?

- All-tobacco/nicotine use among high school students: 37
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2020-2022 State Health Improvement Plan (SHIP) framework

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Many factors, including these SHIP priorities:

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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.

Three health priority topics

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

Ten overall health outcomes

- Improved health status
- Reduced premature death

All Ohioans achieve their full health potential

Vision
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Achieving the SHIP vision will lead to improvement in the factors that shape health
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Two overall health outcomes
- Improved health status
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Considerations for prioritizing
Prioritization criteria: Health factors

• Ability to track progress
• Potential for impact
• Connection to SHIP health outcome priorities
• Nature of the problem
• Alignment
Prioritization criteria: Health factors

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## Ability to track progress

<table>
<thead>
<tr>
<th>Data source</th>
<th>Pros</th>
<th>Cons</th>
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<tr>
<td>Youth Risk Behavior Survey (YRBS)</td>
<td>Some disaggregated data may be available</td>
<td>• Recent data not yet available (pending)</td>
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<tr>
<td></td>
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<td>• No 2015 or 2017 Ohio data</td>
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<tr>
<td></td>
<td></td>
<td>• Administered every two years</td>
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<tr>
<td></td>
<td></td>
<td>• No local-level data</td>
</tr>
<tr>
<td>Ohio Youth Tobacco Survey (OYTS)</td>
<td>• State administered survey</td>
<td>• Recent data not yet available (pending)</td>
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<tr>
<td>National Survey of Children’s Health (NSCH)</td>
<td>• Annual update</td>
<td>• No local-level data</td>
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<tr>
<td></td>
<td>• Some disaggregated data</td>
<td>• Recent changes, impact on trend analysis</td>
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<tr>
<td></td>
<td>• Used by federal Maternal Child Health block grant program</td>
<td>• Unreliable an suppressed rates</td>
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<tr>
<td>Behavioral Risk Factor Surveillance System</td>
<td>• Annual update</td>
<td>• Limited local data</td>
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<tr>
<td>(BRFSS)</td>
<td>• Some disaggregated data</td>
<td>• Some state options for survey</td>
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<tr>
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Health behavior topics

Physical activity
Nutrition
Tobacco
Physical activity
Adult physical activity

Potential indicators

- **Adult physical inactivity**: Percent of adults, ages 18 and over, reporting no leisure time physical activity (BRFSS)

- **Adult insufficient physical activity**: Percent of adults, ages 18 and over, not meeting physical activity guidelines for muscle strength and aerobic activity (BRFSS)
Child physical activity

Potential indicators

• Child physical activity (NPM): Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (NSCH)

• Adolescent physical activity (NPM): Percent of adolescents, ages 12 through 17, who are physically active at least 60 minutes per day (NSCH)

• Youth physical inactivity: Percent of middle/high school students who were not physically active for at least 60 minutes on at least one day in the last seven days (YRBS)
Physical activity

Strategy examples – adults:
• Community fitness programs
• Shared use agreements
• Complete streets
Physical activity

Strategy examples – children:
• School-based physical education enhancements
• Physically active classrooms
• Safe Routes to School
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
Please type questions in the question box
Poll question
Nutrition
Fruits and vegetables

Potential indicators

• Adult fruit and/or vegetable consumption: Percent of adults who report consuming fruits/vegetables less than one time daily (BRFSS)

• Youth fruit and/or vegetable consumption: Percent of middle/high school students who did not eat fruit/vegetables during the past seven days (YRBS)
Sugar sweetened beverages

Potential indicators

• **Child sugar sweetened beverage consumption**: Percent of children who had one or more sweetened beverages yesterday (OMAS)

• **Youth soda consumption**: Percent of middle/high school students who drank soda or pop in the last seven days (YRBS)

• **Youth daily soda consumption**: Percent of middle/high school students who drank a can, bottle, or glass of soda or pop one or more times per day in the last seven days (YRBS)
Fruit and vegetable strategy examples – adults:

• Healthy food initiatives in food banks
• Healthy food in convenience stores
• Fruit and vegetable incentive programs
Nutrition

Fruit and vegetable strategy examples – children:
• School fruit and vegetable gardens
• Farm to school programs
Sugar sweetened beverage strategy examples:
• Sugar sweetened beverage taxes
• School food and beverage restrictions
• Healthy vending machine options
Poll questions
Tobacco
Youth all-tobacco use: Percent of middle/high school students who have used cigarettes, smokeless tobacco, cigars, pipe tobacco, hookah, bidis, e-cigarettes or other vaping products during the past 30 days (OYTS)

Youth e-cigarette use: Percent of middle/high school students who have used e-cigarettes within the past year (or past 30 days) (OYTS)
Youth tobacco/nicotine use

Potential indicators (cont.)

- **Child secondhand smoke exposure**: Percent of children who live in a home where someone uses tobacco or smokes inside the home (NSCH)
Tobacco

Tobacco strategy examples:

- Tobacco taxes (cigarette, e-cigarette, other tobacco products)
- Tobacco cessation access and utilization
- Minimum tobacco age laws (Tobacco 21)
Poll question
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- Vision
  - Ohio is a model of health, well-being and economic vitality

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Poll question
Next steps
July 25 meeting

• Baseline data
• Priority populations
• Recruitment
SHA SHIP

State Health Assessment and State Health Improvement Plan