State health assessment and State health improvement plan

Vision
Ohio is a model of health, well-being 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.
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
Thank you!
Today’s agenda

• Welcome and overview
• SHIP purpose and timeline
• SHIP framework
• MCH/MIECHV update
• Small group discussions
• Next steps
SHIP timeline and purpose
# 2019 SHA and 2020-2022 SHIP deliverables

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<td>MCH needs assessment</td>
<td>SHIP</td>
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</tr>
</tbody>
</table>

**MIECHV**: Maternal, Infant and Early Childhood Home Visiting Program  
**SUD**: Substance Use Disorder  
**MCH**: Maternal and Child Health
State-level partners

SHA/SHIP vision
Ohio is a model of health, well-being and economic vitality

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

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

![Circle graph showing outcomes trends]

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

Mental health and addiction
- 100% Unintentional drug overdose deaths
- 100% Depression, ages 12-17
- 100% Depression, ages 18+
- 100% Drug dependence or abuse, ages 12+
- 100% Suicide deaths

Chronic disease
- 100% Coronary heart disease
- 100% Heart attack
- 100% Hypertension
- 100% Diabetes
- 100% Prediabetes

Maternal and infant health
- 100% Preterm births
- 100% Very preterm births
- 100% Low birth-weight births
- 100% Infant mortality
- 100% Neonatal infant deaths
- 100% Post-neonatal infant deaths

Key
- **Improving**: Change was in the right direction (toward target) and was 10% or more from baseline to most-recent year
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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
SHIP components

- SMART objectives
- Evidence-based strategies
- Priority populations
- Strategies likely to reduce disparities, racism and discrimination
SHIP components

- SMART objectives
- Evidence-based strategies

- Priority populations
- Strategies likely to reduce disparities, racism and discrimination
# 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>
</tr>
</thead>
<tbody>
<tr>
<td>Work team meetings:</td>
<td>Work team meetings:</td>
<td>Draft SHIP due to ODH</td>
<td>Final SHIP due to ODH</td>
<td>Dissemination</td>
</tr>
<tr>
<td>Outcome objectives</td>
<td>Target setting and priority populations</td>
<td>Aug. 15</td>
<td>Sept. 30</td>
<td></td>
</tr>
<tr>
<td>Work team meetings:</td>
<td></td>
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<tr>
<td>Strategy selection</td>
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</tbody>
</table>
SHIP framework
2017-2019
SHIP framework

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
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:

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

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

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.

Achieving the SHIP vision will lead to improvement in the factors that shape health.
Purpose of revisions

- “Flip the SHIP” to emphasize social determinants of health
- Simplify language
- Elevate equity
2020-2022 State Health Improvement Plan (SHIP) framework

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Improved health status
Reduced premature death
All Ohioans achieve their full health potential

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MCH/MIECHV update
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- 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
- SHP work teams:
  - Mental health and addiction
  - Chronic disease
  - Maternal and infant health
  - Community conditions
  - Health behaviors
  - Access to care
Steering Committee members
(as of 5/28/2019)

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, National Alliance on Mental Ill Ohio
Julie DiRossi-King, Ohio Association of Community Health Centers
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, Ohio Department of Developmental Disabilities
Shannon Jones, Groundwork Ohio
Grace Kollesuah, Ohio Department of Mental Health and Addiction Services
Nick Lashutka, Ohio Children’s Hospital Association
Alicia Leatherman, City of Columbus, CelebrateOne
Brie Lusheck, Office of the Governor
Ilka Riddle, University of Cincinnati and Cincinnati Children's Hospital
Ann Robinson, The Ohio State University
Donna Schwarber, Butler County Educational Service Center
Stephanie Siddens, Ohio Department of Education
Reina Sims, Ohio Commission on Minority Health
Molly Stone, Ohio Department of Mental Health & Addiction Services
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
Lindsay Williams, Ohio Children’s Trust Fund
Ashlee Young, Strive Partnership
Role of the MCH/MIECHV Steering Committee

Provide guidance to ODH and HPIO on:

• MCH priority areas and measures
• MIECHV findings for home visiting and substance use disorder services
• MCH/MIECHV and SHA/SHIP alignment
• Opportunities to collaborate
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
MCH populations
• Gather updated information on community needs
• Ensure MIECHV programs are implemented in areas of high need
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

HPIO

Identify opportunities for coordination and collaboration with federal requirements

HPIO
MCH and MIECHV federal timeline

2015 MCH Five-Year Needs Assessment
July 15, 2015

Provide annual MCH updates

2020 MCH Five-Year Needs Assessment
July 15, 2020

2015
2016
2017
2018
2019
2020
2021

MIECHV

MIECHV Formula Notice of Funding Opportunity
FY2021

2020 MIECHV Needs Assessment update
Oct. 1, 2020
### 2019 SHA and 2020-2022 SHIP deliverables

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Alignment of MCH and SHIP framework
2017-2019
SHIP framework

3 priority topics
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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
The State Health Improvement Plan (SHIP) framework for 2020-2022 includes:

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- **Community conditions**
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**What are Ohio's top health priorities?**

The SHIP identifies the following health priorities:
- Mental health and addiction
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**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

**Two overall health outcomes**

- Improved health status
- Reduced premature death

**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.

Priority outcome related to a specific maternal and child health priority population.
### SHIP priority outcomes across the life course

<table>
<thead>
<tr>
<th>Cross-cutting risk and protective factors</th>
<th>SHIP priority outcome (age group for available data)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perinatal/early childhood</td>
<td></td>
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<tr>
<td>Child/adolescent</td>
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<tr>
<td>Adult</td>
<td>Health status (18+)</td>
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<tr>
<td>Older adult</td>
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<tr>
<td>Overall</td>
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<tr>
<td>Premature death (all ages)</td>
<td></td>
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<tr>
<td>Maternal and infant health</td>
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<td>Low birth weight</td>
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<td>Infant mortality</td>
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<tr>
<td>Mental health and addiction</td>
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<td>Adolescent depression (12-17)</td>
<td>Adult depression (18+)</td>
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<tr>
<td>Suicide deaths (all ages)</td>
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<tr>
<td>Drug dependence/abuse (12+)</td>
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<td>Unintentional drug overdose deaths (all ages)</td>
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<tr>
<td>Chronic disease</td>
<td></td>
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<tr>
<td>Child asthma (0-17)</td>
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<tr>
<td>Heart disease (18+)</td>
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<tr>
<td>Diabetes (18+)</td>
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State Health Improvement Plan (SHIP) priority outcomes* across the life course

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<th>SHIP priority outcome (age group for available data)</th>
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</table>

Priority outcome related to a specific maternal and child health priority population

<table>
<thead>
<tr>
<th>Perinatal/infant and early childhood</th>
<th>Child (Including children and youth with special healthcare needs)</th>
<th>Adolescent</th>
<th>Young adult</th>
<th>Adult</th>
<th>Older adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

**Maternal and infant health**

- Preterm birth
- Low birth weight
- Infant mortality

**Mental health and addiction**

- Adolescent depression (12-17)
- Adult depression (18+)
- Suicide (10-24)
- Suicide (older ages)
- Drug dependence/abuse (12+)

**Unintentional drug overdose death (all ages)**

**Chronic disease**

- Child asthma (0-17)
- Heart disease (18+)
- Diabetes (18+)

*Priority outcomes for 2020-2022 SHIP to be finalized*
MCH and SHIP alignment options

➢ Reframing the maternal and infant health priority topic.

✓ Addition of maternal mortality as a priority outcome

• Rename as:
  • Infant mortality OR maternal and infant mortality
  • Pregnancy and birth-related outcomes
  • Maternal and child health
MCH and SHIP alignment options

- Replacing 1-2 priority outcome measures with priorities that rise to the top for the MCH population.

  - Chronic disease: Replace child asthma with lead poisoning
  - Mental health and addiction: Add priority outcome on positive toxicology at birth
MCH and SHIP alignment options

- Provide feedback on community conditions, health behaviors and access to care outcomes identified in the SHIP.
## Process for identifying MCH priority areas

<table>
<thead>
<tr>
<th>2018</th>
<th>2019</th>
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<tbody>
<tr>
<td><strong>Oct</strong></td>
<td><strong>JAN</strong></td>
</tr>
<tr>
<td>MCH/MIECHV regional forum and online survey participant feedback</td>
<td>ODH Bureau Staff feedback</td>
</tr>
<tr>
<td><strong>Nov</strong></td>
<td><strong>FEB</strong></td>
</tr>
<tr>
<td>ODH Bureau Staff feedback</td>
<td>MCH/MIECHV Steering Committee feedback</td>
</tr>
<tr>
<td><strong>Dec</strong></td>
<td><strong>MAR</strong></td>
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<tr>
<td>MCH/MIECHV Steering Committee feedback</td>
<td>Review of secondary data</td>
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<tr>
<td><strong>JAN</strong></td>
<td><strong>APR</strong></td>
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<tr>
<td><strong>FEB</strong></td>
<td><strong>MAY</strong></td>
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<tr>
<td><strong>MAR</strong></td>
<td><strong>JUNE</strong></td>
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<td><strong>APR</strong></td>
<td><strong>JULY</strong></td>
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<tr>
<td><strong>MAY</strong></td>
<td><strong>JULY</strong></td>
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<tr>
<td>ODH Bureau Staff feedback</td>
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<tr>
<td><strong>JUNE</strong></td>
<td><strong>JULY</strong></td>
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</tbody>
</table>
# Identification of top priority areas

<table>
<thead>
<tr>
<th>Health outcomes</th>
<th>Social determinants of health</th>
<th>Public health system, prevention and health behaviors</th>
<th>Healthcare system and access</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Infant mortality and birth outcomes</td>
<td>• Income and poverty</td>
<td>• Breastfeeding</td>
<td>• Access to health care</td>
</tr>
<tr>
<td>• Mental health and suicide</td>
<td>• Housing</td>
<td>• Safe sleep</td>
<td>• Access to mental health services</td>
</tr>
<tr>
<td>• Healthy weight status/obesity</td>
<td>• Transportation</td>
<td>• Unintended pregnancy and teen birth</td>
<td>• Access to dental care</td>
</tr>
<tr>
<td>• Gaps in outcomes between groups (health disparities)</td>
<td>• Education</td>
<td>• Tobacco use</td>
<td>• Access to substance use/addiction treatment</td>
</tr>
<tr>
<td></td>
<td>• Adverse childhood experiences and trauma</td>
<td>• Alcohol use</td>
<td>• Insurance coverage and healthcare affordability</td>
</tr>
<tr>
<td></td>
<td>• Family and social support/family functioning</td>
<td>• Drug dependency and abuse</td>
<td>• Care coordination</td>
</tr>
<tr>
<td></td>
<td>• Foster care system</td>
<td>• Violence</td>
<td>• Home Visiting and/or parenting education</td>
</tr>
<tr>
<td></td>
<td>• Racism and discrimination</td>
<td>• Nutrition</td>
<td>• Access to social services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Physical Activity</td>
<td>• Transitions in care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Health literacy</td>
<td>• Services for CSHCN</td>
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<tr>
<td></td>
<td></td>
<td>• Child systems integration</td>
<td>• Shortage of CSHCN providers</td>
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<tr>
<td></td>
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<td>• Sexual and reproductive health</td>
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<tr>
<td></td>
<td></td>
<td>• Preconception health</td>
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</table>
MCH and SHIP alignment options

- Provide feedback on community conditions, health behaviors and access to care outcomes identified in the SHIP.

Community conditions:
- Trauma (ACEs) and violence
- Education: student success
- Housing
- Transportation
- Income and poverty

Health behaviors:
- Tobacco use
- Nutrition
- Family functioning/social support

Access to care:
- Access to dental care
- Access to mental health care
- Child systems integration
Small group discussion overview
Purpose of small group discussions

Feedback on:
• Any needed revisions in mental health and addiction; chronic disease; or maternal and infant health
• Prioritizing sub-categories and desired outcomes in community conditions, health behaviors and access to care

Will inform online survey
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.

10 priority health outcomes

Three health priority topics

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.
SMART objectives

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

Objectives should also be aspirational
## SMART objective example

### Progress on 2017-2019 SHIP outcomes: Overall health

<table>
<thead>
<tr>
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</thead>
<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>Priority population:</td>
<td>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>Priority population:</td>
<td>Black (non-Hispanic)</td>
<td>10,850.5</td>
<td>12,599</td>
</tr>
</tbody>
</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 (as of October 2018)
Where are we going?
Percent of outcomes that improved, did not change or got worse

- **Unintentional drug overdose deaths**: 60%
- **Depression, ages 12-17**: 33%
- **Depression, ages 18+**: 33%
- **Drug dependence or abuse, ages 12+**: 33%
- **Suicide deaths**: 100%

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

2017-2019 SHIP progress report

Housing
Transportation
Education
Tobacco
Physical activity
Access

Key:
- **Growing**: Outcome increased (away from target) and was 10% or more from baseline to most-recent year
- **Stable**: Outcome was in the right direction (toward target) and was 10% or more from baseline to most-recent year
- **Better or no detectable change**: Outcome was not improving or was getting worse
- **Worse or not detectable**: Outcome was getting worse

Note: Not all objectives with documented improvement have 10% or more.
2020-2022 SHIP

- ODOT
- OHFA
- ODHE Attainment Goal Plan
- ODA State Plan on Aging
- ODE Strategic Plan
- ODH MCH and MIECHV plans
- ?
- ?
In Ohio, each child is challenged, prepared and empowered.

Vision

In Ohio, each child is challenged to discover and learn, prepared to pursue a fulfilling post-high school path and empowered to 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 analysis
- Social-Emotional Learning
  - Self-awareness & management, social awareness, relationship skills, responsible decision-making

Whole Child

One Goal

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

- Enrolled and succeeding in a post-high school learning experience, including an adult career technical education program, an apprenticeship and/or a two-year or four-year college program;
- Serving in a military branch;
- Earning a living wage or
- Engaged 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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</tr>
</thead>
<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>
</tr>
</tbody>
</table>

Chronic Absenteeism Rates (School Level)
- 512 Schools
- 438 Schools
- 544 Schools
- 1,356 Schools
- 573 Schools

Legend:
- Higher than 30%
- Between 20% and 30%
- Between 13.7% and 19.9%
- Between 5.1% and 13.6%
- At 5% or lower
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**
- Eligible third graders met the Third Grade Reading Guarantee promotion minimum: 95.0%
- Number of Ohio third graders: 125,485
- Exempt from Third Grade Reading Guarantee promotion calculation: 6.7%

For general questions about the Third Grade Reading Guarantee, contact the Ohio Department of Education at thirdgradeguarantee@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.
How will we get there?
Local stakeholder input + Secondary data → Steering and Advisory Committee input → SHIP prioritization
<table>
<thead>
<tr>
<th>Emphasized by regional forum participants</th>
<th>Most strongly supported by Online SHA data</th>
</tr>
</thead>
</table>
| • 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, particularly:  
• Income and unemployment  
• Adverse childhood experiences  
• Transportation  
• Housing (specifically lead poisoning risk)  
• Food insecurity  
• Equity |
Prioritization criteria: Health outcomes

- Continuity
- Ability to track progress
- Nature of the problem
- Alignment
- Potential for impact
Prioritization criteria: Health factors

- Connection to SHIP health outcome priorities
- Ability to track progress
- Nature of the problem
- Alignment
- Potential for impact
Small group discussions
## Round 1: Health outcomes

- Mental health and addiction (ABS)
- Chronic disease and overall health outcomes (ARM)
- Maternal and infant health (Reem)

## Round 2: Health factors

- Community conditions (ABS)
- Health behaviors (Hailey)
- Access to care (Zach)
Prioritization criteria: Health factors

- Connection to SHIP health outcome priorities
- Ability to track progress
- Nature of the problem
- Alignment
- Potential for impact
Next steps
### 2019 SHA and 2020-2022 SHIP deliverables

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>SHA regional forum report</td>
<td>Draft SHA review</td>
<td>Online survey</td>
<td>late April/early May</td>
<td>Final SHA To be released mid-June</td>
<td>MIECHV SUD report</td>
<td>MIECHV needs assessment</td>
<td>MCH needs assessment</td>
<td>SHIP</td>
<td></td>
</tr>
</tbody>
</table>

**MIECHV**: Maternal, Infant and Early Childhood Home Visiting Program  
**SUD**: Substance Use Disorder  
**MCH**: Maternal and Child Health
Online survey