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
SHA SHIP

State Health Assessment and State Health Improvement Plan
Today’s agenda

• SHIP process and purpose
• Access outcomes and indicators
• Overall targets
• Priority populations
• Priority population targets
• Next steps
Today’s objective

HPIO and ODH will have the guidance needed to finalize the overall targets, priority populations and priority population targets for access to care.
SHIP process and purpose
### 2020-2022 SHIP Development Process (2019)

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

**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
- Other state agencies and statewide organizations
- Office of Minority Affairs
- Ohio Department of Transportation
- Ohio Mental Health and Addiction Services
- Ohio Department of Developmental Disabilities
- Ohio Department of Aging
- Ohio Department of Medicaid
- Ohio Commission on Minority Health
Local SHA/SHIP partners

SHA/SHIP vision
Ohio is a model of health, well-being and economic vitality
2017-2019
SHIP progress report

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.
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
SHIP framework and components
2020-2022 State Health Improvement Plan (SHIP) framework
Draft as of 7/11/19
2020-2022 State Health Improvement Plan (SHIP) framework
Draft as of 7/11/19

What shapes our health?
Many factors, including these SHIP priorities:
- Community conditions
  - Housing affordability and quality
  - Poverty
  - K-12 student success
  - Adverse childhood experiences
- Health behaviors
  - Tobacco/nicotine use
  - Nutrition
  - Physical activity
- Access to care
  - Health insurance coverage
  - Local access to healthcare providers
  - Unmet need for mental health care

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:
- Improved health status
- Reduced premature death

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
- Depression
- Suicide
- Youth drug use
- Drug overdose deaths
- Heart disease
- Diabetes
- Childhood conditions (asthma, lead)
- Preterm births
- Infant mortality
- Maternal mortality/morbidity

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.
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
Today's objective

HPIO and ODH will have the guidance needed to finalize the overall targets, priority populations and priority population targets for access to care.
Access outcomes and indicators
Local stakeholder input + Secondary data

\[ \rightarrow \]

Steering and Advisory Committee input

Including:
- June 4 Advisory Committee discussion
- June prioritization survey
- June 12 Access webinar

\[ \rightarrow \]

SHIP prioritization
Poll question No. 1
Desired outcomes

1. Increase health insurance coverage
2. Increase affordability of care
3. Increase local access to healthcare providers
4. Increase screening for lead poisoning
5. Increase home visiting
6. Increase early prenatal care
7. Increase medical home
8. Reduce unmet need for mental health care
Prioritization criteria: Health factors

- Ability to track progress
- Potential for impact
- Connection to SHIP health outcome priorities
- Nature of the problem
- Alignment
Desired outcomes

Prioritized on June 12 webinar

1. Increase health insurance coverage
2. Increase local access to healthcare providers
3. Reduce unmet need for mental health care
## Access to care

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator name</th>
<th>Indicator description (source/lead agency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase health insurance coverage</td>
<td>Uninsured adults</td>
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*This indicator has limitations for tracking progress over time. In the future, this indicator will be replaced with an indicator from the Minimum Data Set. Local communities may want to use CHR provider ratio indicators.
Introduction to target setting and priority populations
SMART objectives

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

Objectives should also be aspirational
# Example from 2017-2019 SHIP

## 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>
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<tr>
<td>Improve overall health status</td>
<td>Percent of adults with fair or poor health (BRFSS)</td>
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<td>15.7%</td>
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<td>Priority population:</td>
<td>Percent of low-income* adults with fair or poor health (BRFSS)</td>
<td>38.6%</td>
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</tr>
<tr>
<td>Reduce premature death</td>
<td>Years of potential life lost before age 75, per 100,000 population (age-adjusted) (ODH Bureau of Vital Statistics)</td>
<td>7,860</td>
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<td>7,781</td>
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<tr>
<td>Priority population:</td>
<td>Years of potential life lost before age 75 for African Americans, per 100,000 population (age-adjusted) (ODH Bureau of Vital Statistics)</td>
<td>10,970</td>
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</tr>
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</table>

* * <$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
## Example from 2017-2019 SHIP

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

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<td></td>
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<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> 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 CDH (as of October 2018)
## Figure 2.2. Overall health outcome objectives

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**Source:** Ohio Department of Health
### Example from 2017-2019 SHIP progress report

**Figure 2.4. Progress on 2017-2019 SHIP outcomes: Overall health**

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<th></th>
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<th></th>
</tr>
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<tbody>
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**Note:** Priority populations listed here are the groups with the worst outcomes based on available data at baseline.

**Source:** Data compiled by CDH (as of October 2018)

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**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
SMART objectives

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

1. **Indicator and source**
2. **Target data value**
3. **Baseline and target years**
SMART objectives

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

Objectives should also be aspirational
Achievable and realistic

Aspirational
Achievable and realistic

Aspirational
Aspirational

Achievable and realistic

Aspirational
Discussion question

When setting the SHIP targets, do you think the emphasis should be on
• Achievable/ realistic targets
• Aspirational targets
• Or a balance between the two?
Why?
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
Please type questions in the question box
1. What experiences have you had with setting targets in your organization or community?

2. Have you had any experiences with setting targets that were too ambitious or not ambitious enough?

3. What are the lessons learned to inform the SHIP?
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
Please type questions in the question box
Priority populations from 2017-2019 SHIP

Figure 2.3. *Priority populations in the 2017-2019 SHIP, by desired outcomes*

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Race/ethnicity</th>
<th>Age/gender</th>
<th>Income</th>
<th>Education</th>
<th>Disability status</th>
<th>Geography</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve overall health status</td>
<td></td>
<td></td>
<td>Less than $15,000 annual household income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce premature death</td>
<td>African Americans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce suicide deaths</td>
<td>Males ages 10-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Males age 25-44</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>White (non-Hispanic) males ages 45-64</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>White (non-Hispanic) males ages 65+</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce unintentional drug overdose deaths</td>
<td>White (non-Hispanic) males ages 25-44</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>White (non-Hispanic) males ages 45-64</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>White (non-Hispanic) females ages 25-54</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Black (non-Hispanic) males ages 25-54</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Black (non-Hispanic) males ages 55-64</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### Priority populations from 2017-2019 SHIP

#### Figure 2.3. Priority populations in the 2017-2019 SHIP, by desired outcomes

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<th>Disability status</th>
<th>Geography</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce hypertension</td>
<td>Black (non-Hispanic)</td>
<td>Older adults (65 years and older)</td>
<td>Less than $15,000 annual household income</td>
<td>Less than high school diploma OR no high school diploma</td>
<td>Ohioans with disabilities</td>
<td>Appalachian counties</td>
</tr>
<tr>
<td>Reduce diabetes</td>
<td>Black (non-Hispanic)</td>
<td>Older adults (65 years and older)</td>
<td>Less than $15,000 annual household income</td>
<td>Less than high school diploma OR no high school diploma</td>
<td>Ohioans with disabilities</td>
<td>Appalachian counties</td>
</tr>
<tr>
<td>Reduce child asthma morbidity</td>
<td>African Americans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Appalachian counties</td>
</tr>
<tr>
<td>Reduce preterm births</td>
<td>Black (non-Hispanic)</td>
<td>Children (Younger than 18 years)</td>
<td></td>
<td>Less than high school diploma OR no high school diploma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce low birth-weight births</td>
<td>Black (non-Hispanic)</td>
<td>Children (Younger than 18 years)</td>
<td></td>
<td>Less than high school diploma OR no high school diploma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce infant mortality</td>
<td>Black (non-Hispanic)</td>
<td></td>
<td></td>
<td></td>
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</table>
Equal opportunity?

Social, economic and physical environment

Adapted from Saskatoon Health Region’s Public Health Observatory
Equal opportunity

Social, economic and physical environment

Adapted from Saskatoon Health Region’s Public Health Observatory
Universal targets

Social, economic and physical environment

Adapted from Saskatoon Health Region’s Public Health Observatory
Population-varied targets

Social, economic and physical environment

Adapted from Saskatoon Health Region’s Public Health Observatory
Which approach to setting priority population targets do you think would be best to use in the SHIP?

• Universal targets (same for all groups)
• Population-varied targets (different for different groups)
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
Please type questions in the question box
Discussion questions

1. What other suggestions do you have for addressing equity in the target-setting process?
2. What other issues should be considered in setting priority population targets?
Please type questions in the question box
Considerations for setting targets and selecting priority populations
## Access to care

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Increase health insurance coverage
<table>
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<tr>
<th>Desired outcome</th>
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<th>Baseline year</th>
<th>Baseline data</th>
<th>Target year</th>
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<tr>
<td>Increase health insurance coverage</td>
<td>Percent of 19-64 year olds who are uninsured (ACS 1-year estimates)</td>
<td>2017</td>
<td>8%</td>
<td>2022</td>
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<td>Percent of 0-18 year olds who are uninsured (ACS 1-year estimates)</td>
<td>2017</td>
<td>4.5%</td>
<td>2022</td>
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Discussion questions

What factors do you think are important to consider when setting the targets for each of these indicators?

• Measurement issues
• Federal, state and local policy changes
• Broader trends
• Other issues
**Figure 1.1 Uninsured adults**

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<tr>
<td><strong>Priority population</strong>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black (includes Hispanic and non-Hispanic)</td>
<td>Percent of 19-64 year olds who are uninsured (ACS 1-year estimates)</td>
<td>2017</td>
<td>10.4%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino (any race)</td>
<td>Percent of 19-64 year olds who are uninsured (ACS 1-year estimates)</td>
<td>2017</td>
<td>21%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Income below 138% of the federal poverty level (FPL)</td>
<td>Percent of 19-64 year olds who are uninsured (ACS 1-year estimates)</td>
<td>2017</td>
<td>14.4%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Income between 138-399% FPL</td>
<td>Percent of 19-64 year olds who are uninsured (ACS 1-year estimates)</td>
<td>2017</td>
<td>10.3%</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>

*Because this indicator is new to the 2020-2022 SHIP, groups with an outcome at least 10% worse than Ohio's overall outcome are displayed. For race/ethnicity, groups considered were white, black and Hispanic or Latino.*
<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Baseline year</th>
<th>Baseline data</th>
<th>Target year</th>
<th>Target data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase health insurance</td>
<td>Percent of 0-18 year olds who are uninsured (ACS 1-year estimates)</td>
<td>2017</td>
<td>4.5%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority population*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino (any race)</td>
<td>Percent of 0-18 year olds who are Hispanic or Latino who are uninsured (ACS 1-year estimates)</td>
<td>2017</td>
<td>6.4%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Income below 200% FPL</td>
<td>Percent of 0-18 year olds with household income below 200% FPL who are uninsured (ACS 1-year estimates)</td>
<td>2017</td>
<td>6.4%</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>

*Because this indicator is new to the 2020-2022 SHIP, groups with an outcome at least 10% worse than Ohio’s overall outcome are displayed. For race/ethnicity, groups considered were white, black and Hispanic or Latino.
Discussion questions

1. What factors do you think are important to consider in identifying the priority population(s) for each indicator?

2. Which priority population should be selected for each indicator?
Poll question
Discussion questions

1. What factors do you think are important to consider when setting the targets for these priority populations?
   - Measurement issues
   - Federal, state or local policy changes
   - Broader trends
   - Other issues
Increase local access to healthcare services
### Figure 2.1 Primary care health professional shortage areas

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Baseline year</th>
<th>Baseline data</th>
<th>Target year</th>
<th>Target data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase local access to healthcare services</td>
<td>Percent of Ohioans living in a primary care health professional shortage area (Bureau of Health Workforce, HRSA, as compiled by Kaiser Family Foundation. Additional analysis by HPIO.)</td>
<td>2018</td>
<td>12.5%</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>

**Priority population**

No data for subgroups

### Figure 2.2 Mental health professional shortage areas

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Baseline year</th>
<th>Baseline data</th>
<th>Target year</th>
<th>Target data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase local access to healthcare services</td>
<td>Percent of Ohioans living in a mental health professional shortage area (Bureau of Health Workforce, HRSA, as compiled by Kaiser Family Foundation. Additional analysis by HPIO.)</td>
<td>2018</td>
<td>22%</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>

**Priority population**

No data for subgroups
Reduce unmet need for mental health care
### Figure 3.1 Youth depression treatment unmet need

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce unmet need for mental health care</td>
<td>Percent of youth (ages 12-17) with major depressive episode who did not receive any mental health treatment (Mental Health America analysis of National Survey of Drug Use and Health, as compiled in the online SHA)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2014-2016</td>
</tr>
</tbody>
</table>

#### Priority population

No data for subgroups

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### Figure 3.2 Adult mental health care unmet need

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce unmet need for mental health care</td>
<td>Percent of adults (18+) with past year mental illness who reported perceived need for treatment/counseling that was not received (Mental Health America analysis of National Survey of Drug Use and Health, as compiled in the online SHA)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2013-2015</td>
</tr>
</tbody>
</table>

#### Priority population

No data for subgroups
Discussion questions

What factors do you think are important to consider when setting the targets for each of these indicators?

• Measurement issues
• Federal, state and local policy changes
• Broader trends
• Other issues
Next steps
July 30 meeting

• In-person meeting at HPIO (no phone option)
• Evidence-based strategies
SHA SHIP

State Health Assessment and State Health Improvement Plan