Access Work Team Meeting
July 30, 2019
Strategy Selection
Today’s agenda

• SHIP update
• Strategy selection
  • Overview and large group discussion
  • Small group discussions
• Equity overview and large group discussion
• Next steps
Today’s objective

HPIO and ODH will have the guidance needed to:
• Select strategies
• Strengthen the SHIP’s approach to achieving equity
SHIP update
### 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><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><strong>Final SHIP due to ODH Sept. 30</strong></td>
<td><strong>Dissemination</strong></td>
</tr>
<tr>
<td><strong>Work team meetings: Strategy selection</strong></td>
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</tr>
</tbody>
</table>

**MCH/MIECHV alignment**
SHA/SHIP vision
Ohio is a model of health, well-being and economic vitality
Local SHA/SHIP partners

SHA/SHIP vision
Ohio is a model of health, well-being and economic vitality
What shapes our health?
Many factors, including these SHIP priorities:

- 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.

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

How will we know if health is improving in Ohio?
The SHIP tracks the following outcomes:

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

- 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
2020-2022 State Health Improvement Plan (SHIP) framework

What shapes our health?
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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

- Improved health status
- Reduced premature death

Vision
Ohio is a model of health, well-being and economic vitality.
## 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><strong>Increase health insurance coverage</strong></td>
<td>Uninsured adults</td>
<td>Percent of 18-64 year-olds who are uninsured (ACS/ODH)</td>
</tr>
<tr>
<td></td>
<td>Uninsured children</td>
<td>Percent of 0-17 year-olds who are uninsured (ACS/ODH) [NOM]</td>
</tr>
<tr>
<td><strong>Increase local access to healthcare providers</strong></td>
<td>Primary care health professional shortage areas</td>
<td>Percent of Ohioans living in a primary care health professional shortage area (HRSA/ODH)*</td>
</tr>
<tr>
<td></td>
<td>Mental health professional shortage areas</td>
<td>Percent of Ohioans living in a mental health professional shortage area (HRSA/ODH)*</td>
</tr>
<tr>
<td><strong>Reduce unmet need for mental health care</strong></td>
<td>Youth depression treatment unmet need</td>
<td>Percent of youth (ages 12-17) with major depressive episode who did not receive any mental health treatment (NSDUH/MHA/OMHAS)</td>
</tr>
<tr>
<td></td>
<td>Adult mental health care unmet need</td>
<td>Percent of adults (18+) with past year mental illness who reported perceived need for treatment/counseling that was not received (NSDUH/MHA/OMHAS)</td>
</tr>
</tbody>
</table>

*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.*
2020-2022 State Health Improvement Plan (SHIP) framework

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Three health priority topics

Mental health and addiction

Chronic disease

Maternal and infant health

10 priority health outcomes

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

Two overall health outcomes

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Achieving the SHIP vision will lead to improvement in the factors that shape health
Strategy selection overview
Key points

• Menu for state and local partners
• Evidence informed
• Guided by selection criteria, including your input
### Earned income tax credits

- (including outreach to increase uptake, remove cap and/or make credit refundable)

### Social determinants of health strategies

#### School-based health

- School-based health centers

#### Early childhood supports

- Early childhood education (including center-based early childhood education, preschool education programs and universal pre-kindergarten)
- Child care subsidies
- Early childhood home visiting programs (including early childhood home visitation to prevent child maltreatment and specific evidence-based home visiting models supported by the Ohio Department of Health)

#### Affordable, quality housing

- State housing subsidy/voucher (operating or rental)
- Low-income housing tax credits
- Home improvement loans and grants (see also: housing rehabilitation loan and grant programs)

#### Service-enriched housing

#### Employment and income

- Earned income tax credits (including outreach to increase uptake, remove cap and/or make credit refundable)
- Employment programs, such as vocational training for adults and transitional jobs

#### Local/regional built environment changes to support active living and social connectedness

- Community-scale urban design land use policies/ Streetscape design (Complete Streets)
- Bike and pedestrian master plans
- Green spaces and parks
- Public building siting considerations (such as location of school buildings)

#### Smoke-free environments

- Smoke-free policies (including maintenance of smoke-free workplace law and increased policy adoption for multi-unit housing, schools and other settings) (See also: smoke-free policies for indoor areas, smoke-free policies for outdoor areas and smoke-free policies for multi-unit housing)

#### Public health system, prevention and health behavior strategies

#### School-based prevention programs and policies

- Universal prevention programs linked to school-based health centers (See Figures 4.1, 4.2, 5.1, 5.2 and 6.1 for topic-specific prevention programs)
State-level partners

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

• Evidence of effectiveness
• Potential size of impact on SHIP outcomes, including equity
• Co-benefits (impacts multiple SHIP outcomes)
• Opportunities given current status
• Continuity with 2017-2019 SHIP
Discussion questions

1. Are there any other criteria that should be considered?
2. What suggestions do you have on the number of strategies in the SHIP?
   • Same, more or fewer than last time?
   • Pros and cons of longer vs. shorter menu?
Small group discussions
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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

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.
Equity overview
All Ohioans achieve their full health potential
Everyone is able to achieve their full health potential. This requires addressing historical and contemporary injustices and removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.
Health inequities, disparities and equity

Health inequities
Disparities in rates due to differences in the distribution of social, economic, environmental or healthcare resources*

Health disparities
differences in health status among segments of the population such as by race or ethnicity, education, income or disability status

Health equity

*Working definition from the CDC Health Equity Working Group, October 2007
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Achieving the SHIP vision will lead to improvement in the factors that shape health.
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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.

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<thead>
<tr>
<th>Community conditions</th>
<th>Health behaviors</th>
<th>Access to care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing affordability and quality</td>
<td>Tobacco/nicotine use</td>
<td>Health insurance coverage</td>
</tr>
<tr>
<td>Poverty</td>
<td>Nutrition</td>
<td>Local access to healthcare providers</td>
</tr>
<tr>
<td>K-12 student success</td>
<td>Physical activity</td>
<td>Unmet need for mental health care</td>
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- Two overall health outcomes:
  - Improved health status
  - Reduced premature death

Vision
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All Ohioans achieve their full health potential

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
### 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>
<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) 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>
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<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>White (non-Hispanic) females ages 25-54</td>
<td></td>
<td></td>
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<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>
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## Priority populations from 2017-2019 SHIP

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<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>
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</tbody>
</table>
Universal targets vs. Population-varied targets
Equity

Universal targets

Population-varied targets
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
Recommended sources for what works to decrease disparities

What Works for Health
disparity ratings

Community Guide
equity systematic reviews
Evidence-informed strategies to close health gaps

- School-based health centers
  - Tobacco QuitLine
- Housing rehabilitation loan and grant programs
- Green spaces and parks
- Public transportation systems
- Earned Income Tax Credit
- Vocational training
- Early childhood education

- Healthcare access
- Physical environment
- Social and economic environment
“Health is about more than health care, and the same is true for health equity.”

-Steven H. Woolf
Health Affairs, June 2017
Historical and contemporary obstacles to health

Residential redlining, predatory lending, unequal school funding

Slavery, Jim Crow
Four levels of racism

**Structural racism**
is racial bias among institutions and across society

**Institutional racism**
occurs within institutions and systems of power

**Interpersonal racism**
occurs between individuals

**Internalized racism**
lies within individuals

*Source: Adapted from “For Levels of Racism” Racing Forward 2015*
Evidence-informed strategies to reduce health disparities and inequities

36 policies and programs
## State health improvement plan (SHIP) overview

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

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

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

### Equity: Priority populations for each outcome

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

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### Definitions
- **CHA** — Community health assessment led by a local health department
- **CHNA** — Community health needs assessment led by a hospital
- **Indicator** — A specific metric or measure used to quantify an outcome, typically expressed as a number, percent or rate. Example: Number of deaths due to suicide per 100,000 population.
- **Outcome** — A desired result. Example: Reduced suicide deaths.

### Overview of guidance for local alignment with the SHIP

**Select at least 2 priority topics** (based on best alignment with findings of CHA/CHNA)

**Select at least 1 priority outcome indicator** within each selected priority topic (see master list of SHIP indicators)

**Identify priority populations** for each priority outcome indicator (based on findings from CHA/CHNA) and develop targets to reduce or eliminate disparities

- **Select at least 1 cross-cutting strategy** relevant to each selected priority outcome (see community strategy and indicator toolkits) AND
- **Select at least 1 cross-cutting outcome indicator** relevant to each selected strategy (see community strategy and indicator toolkits)

For a stronger plan (optional), select 1 strategy and 1 indicator for each of the 4 cross-cutting factors.

- Prioritize selection of strategies likely to decrease disparities (see community strategy and indicator toolkits)
- Ensure that delivery of selected strategies is designed to reach priority populations and high-need geographic areas

**Priority population** — A population subgroup that has worse outcomes than the overall Ohio population and should therefore be prioritized in SHIP strategy implementation. Examples include racial/ethnic, age or income groups; people with disabilities; and residents of rural or low-income geographic areas.

**Target** — A specific number that quantifies the desired outcome. Example: 12.51 suicide deaths per 100,000 population in 2019.
Framework for action

Source: HPIO adaptation of County Health Rankings and Roadmaps Action Cycle
Equity discussion
Discussion questions

1. What suggestions do you have for ensuring that the strategies selected to include in the SHIP will move Ohio toward greater equity?
2. What other recommendations do you have for addressing equity, disparities and inequities in the SHIP and the ODH guidance, keeping in mind the four levels of racism?
Next steps
SHA SHIP

State Health Assessment and State Health Improvement Plan