Health Behaviors Work Team Meeting
July 25, 2019
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
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

• SHIP process and purpose
• Health behaviors 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 health behaviors.
SHIP process and purpose
<table>
<thead>
<tr>
<th></th>
<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: Outcome objectives</td>
<td>Work team meetings: Target setting and priority populations</td>
<td>Draft SHIP due to ODH Aug. 15</td>
<td></td>
<td>Final SHIP due to ODH Sept. 30</td>
<td>Dissemination</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
- 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
- Office of Minority Affairs
- Ohio Department of Transportation
- Ohio Mental Health and Addiction Services
- Ohio Department of Aging
- Ohio Department of Medicaid
- Ohio Department of Developmental Disabilities
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

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

<table>
<thead>
<tr>
<th>Mental health and addiction</th>
<th>Chronic disease</th>
<th>Maternal and infant health</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**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.

- **Future SHIP progress reports**
All Ohioans achieve their full health potential
SHIP framework and components
2020-2022 State Health Improvement Plan (SHIP) framework
Draft as of 7/18/19

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

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
Draft as of 7/18/19

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

- Community conditions
  - Housing affordability and quality
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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
  - Youth drug use
  - Drug overdose deaths
  - Heart disease
  - Diabetes
  - Childhood conditions (asthma, lead)
  - Preterm births
  - Infant mortality
  - Maternal 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.

Three health priority topics

- 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.
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 health behaviors.
Health behaviors outcomes and indicators
Local stakeholder input + Secondary data

Steering and Advisory Committee input

Including:
- June 4 Advisory Committee discussion
- June prioritization survey
- June 20 Health behaviors webinar

SHIP prioritization
Poll question No. 1
Desired outcomes
Prioritized on June 20 webinar

1. Decrease tobacco/nicotine use
2. Improve nutrition
3. Increase physical activity
# Health behaviors

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator name</th>
<th>Indicator description (source/lead agency)</th>
</tr>
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<tbody>
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<td>Decrease tobacco/nicotine use</td>
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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

### 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>
<td>16.5%</td>
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<tr>
<td><strong>Priority population:</strong> Percent of low-income* adults with fair or poor health (BRFSS)</td>
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<td>38.6%</td>
<td>37.8%</td>
<td>36.7%</td>
</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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<td><strong>Priority population:</strong> Years of potential life lost before age 75 for African Americans, per 100,000 population (age-adjusted) (ODH Bureau of Vital Statistics)</td>
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<td>10,860</td>
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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**

### Figure 2.2. Overall health outcome objectives

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<th>Desired outcome</th>
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### Example from 2017-2019 SHIP progress report

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

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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><strong>Priority population:</strong> Black (non-Hispanic)</td>
<td></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)

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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

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Baseline (2017)</th>
<th>Most Recent Year 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve overall health status</td>
<td>Percent of adults with fair or poor health (BRFSS)</td>
<td>5%</td>
<td>18.9%</td>
</tr>
<tr>
<td></td>
<td><strong>Priority population:</strong> low income adults (less than $15,000 annual household income)</td>
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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

- Indicator and source
- Target data value
- 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
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
Discussion questions

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>
</tbody>
</table>
| Reduce suicide deaths                     | • Males ages 10-24  
• Males age 25-44  
• White (non-Hispanic) males ages 45-64  
• White (non-Hispanic) males ages 65+ |                             |                                             |           |                   |           |
| Reduce unintentional drug overdose deaths | • White (non-Hispanic) males ages 25-44  
• White (non-Hispanic) males ages 45-64  
• White (non-Hispanic) females ages 25-54  
• Black (non-Hispanic) males ages 25-54  
• Black (non-Hispanic) males ages 55-64 |                             |                                             |           |                   |           |
### Priority populations from 2017-2019 SHIP

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

<table>
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<th>Desired outcome</th>
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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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<td></td>
</tr>
</tbody>
</table>
Social, economic and physical environment

Adapted from Saskatoon Health Region's Public Health Observatory

Equal opportunity
Universal targets

Social, economic and physical environment

Adapted from Saskatoon Health Region's Public Health Observatory
Discussion question

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?
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3
Please type questions in the question box.
Considerations for setting targets and selecting priority populations
# Health behaviors

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<th>Indicator name</th>
<th>Indicator description (source/lead agency)</th>
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<tr>
<td><strong>Decrease tobacco/nicotine use</strong></td>
<td>Adult smoking</td>
<td>Percent of adults that are current smokers (BRFSS)</td>
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<td></td>
<td>Youth all-tobacco/nicotine use</td>
<td>Percent of middle/high school students who have used cigarettes, smokeless tobacco (i.e. chewing tobacco, snuff or dip), cigars, pipe tobacco, hookah, bidis, e-cigarettes or other vaping products during the past 30 days (OYTS)</td>
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<tr>
<td><strong>Improve nutrition</strong></td>
<td>Youth fruit consumption</td>
<td>Percent of middle/high school students who did not eat fruit or drink 100% fruit juices during past 7 days (YRBS)</td>
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<td><strong>Increase physical activity</strong></td>
<td>Child physical activity</td>
<td>Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (NSCH)</td>
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<td>Adult physical activity</td>
<td>Percent of adults aged 18 and over reporting no leisure time physical activity (America’s Health Rankings analysis of the BRFSS)</td>
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Decrease tobacco/nicotine use
### Figure 1.1 Adult smoking

<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>Decrease tobacco/nicotine use</td>
<td>Percent of adults that are current smokers (Behavioral Risk Factor Surveillance System, as compiled in the online SHA)</td>
<td>2017</td>
<td>21.1%</td>
<td>2022</td>
<td></td>
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</table>

### Figure 1.2 Youth all-tobacco/nicotine use

<table>
<thead>
<tr>
<th>Desired outcome</th>
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<th>Baseline year</th>
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<td>Decrease tobacco/nicotine use</td>
<td>Percent of middle/high school students who have used cigarettes, smokeless tobacco (i.e. chewing tobacco, snuff or dip), cigars, pipe tobacco, hookah, bidis, e-cigarettes or other vaping products during the past 30 days (Ohio Youth Tobacco Survey, Ohio Department of Health)</td>
<td>2019</td>
<td>Pending</td>
<td>2022</td>
<td></td>
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</table>
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
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<td><strong>Priority population</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women who are pregnant</td>
<td>Percent of mothers smoking during pregnancy (Centers for Disease Control and Prevention, as compiled in the online SHA)</td>
<td>2016</td>
<td>14.4%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Sexual and gender minorities</td>
<td>Percent of adults who identify as lesbian, gay, bisexual or transgender that are current smokers (Behavioral Risk Factor Surveillance System, as compiled in the online SHA)</td>
<td>2016</td>
<td>36.9%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>People with a disability</td>
<td>Percent of adults with a disability that are current smokers (Behavioral Risk Factor Surveillance System, as compiled in the online SHA)</td>
<td>2016</td>
<td>32.7%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Low educational attainment (less than high school diploma)</td>
<td>Percent of adults with low educational attainment (less than high school diploma) that are current smokers (Behavioral Risk Factor Surveillance System, as compiled in the online SHA)</td>
<td>2016</td>
<td>43%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Low-income (less than $15,000 annual household income)</td>
<td>Percent of adults with low-income (less than $15,000 annual household income) that are current smokers (Behavioral Risk Factor Surveillance System, as compiled in the online SHA)</td>
<td>2016</td>
<td>42.3%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Desired outcome</td>
<td>Indicator (source)</td>
<td>Baseline year</td>
<td>Baseline data</td>
<td>Target year</td>
<td>Target data</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>---------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Decrease tobacco/nicotine use</td>
<td>Percent of middle/high school students who have used cigarettes, smokeless tobacco (i.e. chewing tobacco, snuff or dip), cigars, pipe tobacco, hookah, bidis, e-cigarettes or other vaping products during the past 30 days (Ohio Youth Tobacco Survey, Ohio Department of Health)</td>
<td>2019</td>
<td>Pending</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Priority population*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority populations pending</td>
<td></td>
<td>2019</td>
<td>Pending</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>
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
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
Improve nutrition
### Figure 2.1 Youth fruit consumption

<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>Improve nutrition</td>
<td>Percent of middle/high school students who did not eat fruit or drink 100% fruit juices during past 7 days (Youth Risk Behavior Survey)</td>
<td>2019</td>
<td>Pending</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>

| Priority population | Priority populations pending | 2019 | Pending | 2022 | -- |

### Figure 2.2 Youth vegetable consumption

<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>Improve nutrition</td>
<td>Percent of middle/high school students who did not eat vegetables (excluding French fries, fried potatoes or potato chips) during past 7 days (Youth Risk Behavior Survey)</td>
<td>2019</td>
<td>Pending</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>

| Priority population | Priority populations pending | 2019 | Pending | 2022 | -- |
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
Increase physical activity
### Figure 3.1 Child physical activity

<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 physical activity</td>
<td>Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (National Survey of Children's Health, as compiled in the online SHA)</td>
<td>2016-2017</td>
<td>29%</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>

### Figure 3.2 Adult physical activity

<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 physical activity</td>
<td>Percentage of adults aged 18 and over reporting no leisure time physical activity (America's Health Rankings analysis of the Behavioral Risk Factor Surveillance System, as compiled in the online SHA)</td>
<td>2017</td>
<td>29.6%</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>
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 3.1 Child physical activity

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase physical activity</td>
<td>Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (National Survey of Children's Health, as compiled in the online SHA)</td>
<td>Baseline year</td>
</tr>
<tr>
<td></td>
<td>2016-2017</td>
<td>29%</td>
</tr>
</tbody>
</table>

Priority population

No data for subgroups -- -- -- --
<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 physical activity</td>
<td>Percentage of adults aged 18 and over reporting no leisure time physical activity (America’s Health Rankings analysis of the Behavioral Risk Factor Surveillance System, as compiled in the online SHA)</td>
<td>2017</td>
<td>29.6%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Priority population</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black (non-Hispanic)</td>
<td>Percentage of adults aged 18 and over who are black (non-Hispanic) reporting no leisure time physical activity (America’s Health Rankings analysis of the Behavioral Risk Factor Surveillance System)</td>
<td>2017</td>
<td>34.6%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>Percentage of adults aged 18 and over who are Hispanic reporting no leisure time physical activity (America’s Health Rankings analysis of the Behavioral Risk Factor Surveillance System)</td>
<td>2017</td>
<td>37.5%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Low-income (less than $25,000 annual household income)</td>
<td>Percentage of adults aged 18 and over with low-income (less than $25,000 annual household income) reporting no leisure time physical activity (America’s Health Rankings analysis of the Behavioral Risk Factor Surveillance System)</td>
<td>2017</td>
<td>40.9%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Low educational attainment (less than high school diploma)</td>
<td>Percentage of adults aged 18 and over with low educational attainment (less than high school diploma) reporting no leisure time physical activity (America’s Health Rankings analysis of the Behavioral Risk Factor Surveillance System)</td>
<td>2017</td>
<td>47.9%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Residents of rural areas</td>
<td>Percentage of adults aged 18 and over residing in rural areas reporting no leisure time physical activity (America’s Health Rankings analysis of the Behavioral Risk Factor Surveillance System)</td>
<td>2017</td>
<td>36.9%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Older adults (older than 65 years)</td>
<td>Percentage of adults 65 year and older reporting no leisure time physical activity (America’s Health Rankings analysis of the Behavioral Risk Factor Surveillance System)</td>
<td>2017</td>
<td>37.6%</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>
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
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
Next steps
July 31 meeting

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

State Health Assessment and State Health Improvement Plan