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
- 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

Accenture: data analytics vendor
Today’s agenda

• SHIP process and purpose
• Mental health and addiction 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 mental health and addiction.
SHIP process and purpose
## 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: 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>Dissemination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Work team meetings: Strategy selection</td>
<td>Final SHIP due to ODH Sept. 30</td>
<td></td>
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</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 Department of Medicaid
- Ohio Department of Aging
- Ohio Department of Developmental Disabilities
- Ohio Mental Health and Addiction Services
- Office of Minority Affairs
- Other state agencies and statewide organizations
- Office of Children’s Initiatives
- Recovery Ohio
- Ohio Department of Job and Family Services
- Ohio Department of Education
- Ohio Housing Finance Agency
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.
Future SHIP progress reports

Percent of outcomes that improved, did not change or got worse

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

- **Chronic disease**: 100%
  - Coronary heart disease
  - Heart attack
  - Hypertension
  - Diabetes
  - Prediabetes
  - Child asthma mortality

- **Maternal and infant health**: 100%
  - Preterm births
  - Very preterm births
  - Low birth-weight births
  - Infant mortality
  - Neonatal infant deaths
  - 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 framework and components
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:

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

Equity: The SHIP identifies strategies and tracks outcomes that shape the health of Ohioans at all stages of life and reduce inequities so that all Ohioans achieve their full health potential.

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

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

Improved health status
Reduced premature death
All Ohioans achieve their full health potential
What shapes our health?
Many factors, including these SHIP priorities:

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

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
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 mental health and addiction.
Mental health and addiction outcomes and indicators
Local stakeholder input + Secondary data → Steering and Advisory Committee input → SHIP prioritization

Including:
- June 4 Advisory Committee discussion
- June prioritization survey
Poll question No. 1
Desired outcomes

1. Reduced depression
2. Reduced suicide deaths
3. Reduced youth drug use
4. Reduced unintentional drug overdose deaths
Prioritization criteria: Health factors

- Ability to track progress
- Potential for impact
- Connection to SHIP health outcome priorities
- Nature of the problem
- Alignment
# Mental health and addiction

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator name</th>
<th>Indicator description (source/lead agency)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduce depression</strong></td>
<td>Youth depression (major depressive episode)</td>
<td>Percent of persons age 12-17 who experienced a major depressive episode within the past year (NSDUH)</td>
</tr>
<tr>
<td></td>
<td>Adult depression (major depressive episode)</td>
<td>Percent of persons age 18+ who experienced a major depressive episode within the past year (NSDUH)</td>
</tr>
<tr>
<td><strong>Reduce suicide deaths</strong></td>
<td>Youth suicide deaths</td>
<td>Number of deaths due to suicide per 100,000 population, among children ages 8-17 (ODH)</td>
</tr>
<tr>
<td></td>
<td>Adult suicide deaths</td>
<td>Number of deaths due to suicide per 100,000 population, among ages 18+ (ODH)</td>
</tr>
<tr>
<td><strong>Reduce youth drug use</strong></td>
<td>Youth alcohol use</td>
<td>Percent of middle /high school students who have used alcohol within the past 30 days (YRBS)</td>
</tr>
<tr>
<td></td>
<td>Youth marijuana use</td>
<td>Percent of middle /high school students who have used marijuana within the past 30 days (YRBS)</td>
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<td><strong>Reduce unintentional drug overdose deaths</strong></td>
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<td>Number of unintentional deaths due to drug overdoses per 100,000 population (age adjusted) (ODH)</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
### Figure 2.3. Mental health and addiction outcome objectives

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<th>Baseline (year)</th>
<th>2019 target</th>
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<td>Percent of persons ages 18+ who experienced a major depressive episode within the past year (NSDUH)</td>
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<td>12.51</td>
</tr>
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<td>Reduce drug dependence or abuse</td>
<td>Percent of persons age 12+ with past-year illicit drug dependence or abuse (NSDUH)</td>
<td>2.76% (2013-2014)</td>
<td>2.70% (2018-19)</td>
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<tr>
<td>Reduce unintentional drug overdose deaths</td>
<td>Number of deaths due to unintentional drug overdoses per 100,000 population (ODH Bureau of Vital Statistics)</td>
<td>27.7 (2015)</td>
<td>26.9</td>
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**Source:** Ohio Department of Health and Ohio Department of Mental Health and Addiction Services
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**Source:** Ohio Department of Health and Ohio Department of Mental Health and Addiction Services
### Figure 2.4. Mental health and addiction outcome objectives for priority populations*

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<tbody>
<tr>
<td><strong>Number of deaths due to suicide per 100,000 population (ODH Bureau of Vital Statistics)</strong></td>
<td>Males aged 10-24</td>
<td>16.0</td>
<td>14.4</td>
</tr>
<tr>
<td></td>
<td>Males aged 25-44</td>
<td>28.4</td>
<td>25.6</td>
</tr>
<tr>
<td></td>
<td>White (non-Hispanic) males aged 45-64</td>
<td>33.9</td>
<td>30.5</td>
</tr>
<tr>
<td></td>
<td>White (non-Hispanic) males aged 65+</td>
<td>32.3</td>
<td>29.1</td>
</tr>
<tr>
<td><strong>Number of deaths due to unintentional drug overdoses per 100,000 population (ODH Bureau of Vital Statistics)</strong></td>
<td>White (non-Hispanic) males aged 25-44</td>
<td>86.7</td>
<td>84.1</td>
</tr>
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<td></td>
<td>White (non-Hispanic) males aged 45-64</td>
<td>43.4</td>
<td>42.1</td>
</tr>
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<td>White (non-Hispanic) females aged 25-54</td>
<td>39.5</td>
<td>38.3</td>
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<td>Black (non-Hispanic) males aged 25-54</td>
<td>48.6</td>
<td>47.1</td>
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<td>Black (non-Hispanic) males aged 55-64</td>
<td>74.3</td>
<td>72.1</td>
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*Priority populations listed here are the groups with the worst outcomes based on available data. Priority population baseline data for depression and drug dependence/abuse are not available due to NSDUH data limitations.

**Note:** Priority population targets for the NSDUH indicators are not available due to data limitations.

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

**Figure 2.5. Progress on 2017-2019 SHIP outcomes: Mental health and addiction**

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</tr>
<tr>
<td>Reduce drug dependence or abuse*</td>
<td>Percent of persons age 12+ with past-year illicit drug dependence or abuse (NSDUH)</td>
<td>2.76%</td>
<td>2.61%</td>
</tr>
<tr>
<td>Reduce suicide deaths**</td>
<td>Number of deaths due to suicide per 100,000 population (Vital Statistics)</td>
<td>13.9</td>
<td>14.8</td>
</tr>
</tbody>
</table>

**Priority populations**

- Males ages 10-24: 15.9, 18.5
- Males ages 25-44: 28.5, 33.6
- White (non-Hispanic) males ages 45-64: 34, 32.1
# Example from 2017-2019 SHIP

**Figure 2.3. Mental health and addiction outcome objectives**

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*Source:* Ohio Department of Health and Ohio Department of Mental Health and Addiction Services

**Update**
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**Figure 2.5. Progress on 2017-2019 SHIP outcomes: Mental health and addiction**

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**Priority populations**

- Males ages 10-24: 15.9 vs. 18.5
- Males ages 25-44: 28.5 vs. 33.6
- White (non-Hispanic) males ages 45-64: 34 vs. 32.1
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
Aspirational and realistic
Discussion questions

1. What experiences have you had with setting targets in your organization or community? What are the lessons learned to inform the SHIP?

2. 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
## 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>
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<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>
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<td>Less than high school diploma OR no high school diploma</td>
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<td>Reduce child asthma morbidity</td>
<td>African Americans</td>
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<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>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Equal opportunity?

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

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Population-varied targets

Social, economic and physical environment

Adapted from Saskatoon Health Region’s Public Health Observatory
Discussion questions

1. Which approach to setting priority population targets do you think would be best to use in the SHIP?
2. Which approach would be most effective at moving Ohio toward equity?
3. What other issues should be considered in setting priority population targets?
Discussion

Click the icon to raise your hand.

HPIO Equity meeting 3

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Please type questions in the question box
Considerations for setting targets and selecting priority populations
<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator name</th>
<th>Indicator description (source/lead agency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce depression</td>
<td>Youth depression (major depressive episode)</td>
<td>Percent of persons age 12-17 who experienced a major depressive episode within the past year (NSDUH)</td>
</tr>
<tr>
<td></td>
<td>Adult depression (major depressive episode)</td>
<td>Percent of persons age 18+ who experienced a major depressive episode within the past year (NSDUH)</td>
</tr>
<tr>
<td>Reduce suicide deaths</td>
<td>Youth suicide deaths</td>
<td>Number of deaths due to suicide per 100,000 population, among children ages 8-17 (ODH)</td>
</tr>
<tr>
<td></td>
<td>Adult suicide deaths</td>
<td>Number of deaths due to suicide per 100,000 population, among ages 18+ (ODH)</td>
</tr>
<tr>
<td>Reduce youth drug use</td>
<td>Youth alcohol use</td>
<td>Percent of middle /high school students who have used alcohol within the past 30 days (YRBS)</td>
</tr>
<tr>
<td></td>
<td>Youth marijuana use</td>
<td>Percent of middle /high school students who have used marijuana within the past 30 days (YRBS)</td>
</tr>
<tr>
<td>Reduce unintentional drug overdose deaths</td>
<td>Unintentional drug overdose deaths</td>
<td>Number of unintentional deaths due to drug overdoses per 100,000 population (age adjusted) (ODH)</td>
</tr>
</tbody>
</table>
Reduce depression
### Figure 1.1 Youth* depression (major depressive episode)

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Baseline year A</th>
<th>Baseline data A</th>
<th>Baseline year B</th>
<th>Baseline data B</th>
<th>Target year</th>
<th>Target data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce depression</td>
<td>Percent of persons age 12-17 who experienced a major depressive episode within the past year (National Survey on Drug Use and Health)</td>
<td>2013-2014</td>
<td>10.33%</td>
<td>2015-2016</td>
<td>13.98%</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>

### Figure 1.2 Adult depression (major depressive episode)

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Baseline year A</th>
<th>Baseline data A</th>
<th>Baseline year B</th>
<th>Baseline data B</th>
<th>Target year</th>
<th>Target data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce depression</td>
<td>Percent of persons age 18+ who experienced a major depressive episode within the past year (National Survey on Drug Use and Health)</td>
<td>2013-2014</td>
<td>7.33%</td>
<td>2015-2016</td>
<td>7.85%</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 1.1 Youth* depression (major depressive episode) Ohio

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Baseline year A</th>
<th>Baseline data A</th>
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<td></td>
</tr>
</tbody>
</table>

**Priority population***

- No data for subgroups

### Figure 1.2 Adult depression (major depressive episode) Ohio

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Baseline year A</th>
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<td>7.85%</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>

**Priority population***

- No data for subgroups

---

*Note: *This table shows the desired outcomes and indicators for reducing depression among youth and adults in Ohio. The data includes baseline and target years for the percent of persons age 12-17 and 18+ who experienced a major depressive episode within the past year, with corresponding data from the National Survey on Drug Use and Health.*
Reduce suicide deaths
### Figure 2.1 Youth suicide deaths

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Baseline year</th>
<th>Baseline data</th>
<th>Baseline year</th>
<th>Baseline data</th>
<th>Target year</th>
<th>Target data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce suicide deaths</td>
<td>Number of deaths due to suicide per 100,000 population, among children ages 8-17 (Ohio Department of Health Vital Statistics)</td>
<td>--</td>
<td>--</td>
<td>2017</td>
<td>5.5</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>

### Figure 2.2 Adult suicide deaths

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Baseline year</th>
<th>Baseline data</th>
<th>Baseline year</th>
<th>Baseline data</th>
<th>Target year</th>
<th>Target data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce suicide deaths</td>
<td>Number of deaths due to suicide per 100,000 population, among ages 18+ (Ohio Department of Health Vital Statistics)</td>
<td>--</td>
<td>--</td>
<td>2017</td>
<td>18.4</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</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
### Figure 2.1 Youth suicide deaths

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Baseline year A</th>
<th>Baseline data A</th>
<th>Baseline year B</th>
<th>Baseline data B</th>
<th>Target year</th>
<th>Target data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce suicide deaths</td>
<td>Number of deaths due to suicide per 100,000 population, among ages 8-17 (Ohio Department of Health Vital Statistics)</td>
<td>--</td>
<td>--</td>
<td>2017</td>
<td>5.5</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Priority population</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>Number of deaths due to suicide per 100,000 population, among ages 8-17 (Ohio Department of Health Vital Statistics)</td>
<td></td>
<td>2017</td>
<td>7.9</td>
<td>2022</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>Number of deaths due to suicide per 100,000 population, among ages 8-17 (Ohio Department of Health Vital Statistics)</td>
<td>--</td>
<td>--</td>
<td>2017</td>
<td>2.9</td>
<td>2022</td>
<td></td>
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</tbody>
</table>

### Figure 2.2 Adult suicide deaths

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Baseline year A</th>
<th>Baseline data A</th>
<th>Baseline year B</th>
<th>Baseline data B</th>
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<tbody>
<tr>
<td>Reduce suicide deaths</td>
<td>Number of deaths due to suicide per 100,000 population, among ages 18+ (Ohio Department of Health Vital Statistics)</td>
<td>--</td>
<td>--</td>
<td>2017</td>
<td>18.4</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Priority population</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>Number of deaths due to suicide per 100,000 population, among ages 18+ (Ohio Department of Health Vital Statistics)</td>
<td></td>
<td>2017</td>
<td>30.9</td>
<td>2022</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
Reduce youth drug use
### Figure 3.1 Youth alcohol use

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce youth drug use</td>
<td>Percent of middle / high school students who have used alcohol within the past 30 days (Youth Risk Behavior Survey)</td>
<td>Baseline year A: -- Baseline data A: -- Baseline year B: 2019 Baseline data B: Data pending Target year: 2022</td>
</tr>
</tbody>
</table>

### Figure 3.1 Youth marijuana use

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce youth drug use</td>
<td>Percent of middle / high school students who have used marijuana within the past 30 days (Youth Risk Behavior Survey)</td>
<td>Baseline year A: -- Baseline data A: -- Baseline year B: 2019 Baseline data B: Data pending Target year: 2022</td>
</tr>
</tbody>
</table>
Reduce unintentional drug overdose deaths
<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Baseline year</th>
<th>Baseline data</th>
<th>Baseline year</th>
<th>Baseline data</th>
<th>Target year</th>
<th>Target data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce unintentional drug overdose deaths</td>
<td>Number of unintentional deaths due to drug overdoses per 100,000 population (age adjusted) (Ohio Department of Health Vital Statistics)</td>
<td>2015</td>
<td>27.7</td>
<td>2017</td>
<td>44.1</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>
Discussion questions

What factors do you think are important to consider when setting the target for this indicator?

• Measurement issues
• Federal, state and local policy changes
• Broader trends
• Other issues
<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Baseline year</th>
<th>Baseline data</th>
<th>Baseline year</th>
<th>Baseline data</th>
<th>Target year</th>
<th>Target data</th>
</tr>
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<tbody>
<tr>
<td>Reduce unintentional drug overdose deaths</td>
<td>Number of unintentional deaths due to drug overdoses per 100,000 population (age adjusted) (Ohio Department of Health Vital Statistics)</td>
<td>2015</td>
<td>27.7</td>
<td>2017</td>
<td>44.1</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Priority population</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White (non-Hispanic) males ages 25-44</td>
<td>Number of unintentional deaths due to drug overdoses per 100,000 population (age adjusted) (Ohio Department of Health Vital Statistics)</td>
<td>2015</td>
<td>87.1</td>
<td>2017</td>
<td>136.7</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>White (non-Hispanic) males ages 45-64</td>
<td>Number of unintentional deaths due to drug overdoses per 100,000 population (age adjusted) (Ohio Department of Health Vital Statistics)</td>
<td>2015</td>
<td>43.5</td>
<td>2017</td>
<td>72.4</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>White (non-Hispanic) females ages 25-54</td>
<td>Number of unintentional deaths due to drug overdoses per 100,000 population (age adjusted) (Ohio Department of Health Vital Statistics)</td>
<td>2015</td>
<td>39.7</td>
<td>2017</td>
<td>59.9</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Black (non-Hispanic) males ages 25-54</td>
<td>Number of unintentional deaths due to drug overdoses per 100,000 population (age adjusted) (Ohio Department of Health Vital Statistics)</td>
<td>2015</td>
<td>50.9</td>
<td>2017</td>
<td>99</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Black (non-Hispanic) males ages 55-64</td>
<td>Number of unintentional deaths due to drug overdoses per 100,000 population (age adjusted) (Ohio Department of Health Vital Statistics)</td>
<td>2015</td>
<td>74.7</td>
<td>2017</td>
<td>137.8</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 this indicator?
2. Which priority population should be selected for this 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
Next steps
Strategy selection meetings

• Access to care: July 30
• Health behaviors: July 31
• Community conditions: Aug. 14
Strategy selection meetings

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

State Health Assessment and State Health Improvement Plan