2020-2022 State Health Improvement Plan (SHIP)

Maternal and Infant Health Work Team Meeting
July 17, 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
Click the icon to raise your hand.

HPIO Equity meeting 3

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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
• Maternal and Infant Health 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 Maternal and Infant Health.
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</td>
<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><strong>Final SHIP due to ODH Sept. 30</strong></td>
<td>Dissemination</td>
</tr>
<tr>
<td></td>
<td>Work team meetings: Strategy selection</td>
<td></td>
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<td></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
Local SHA/SHIP partners

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

- Local health departments
- School Districts
- Family and Children First councils
- County Job and Family Service offices
- Education service centers
- Transit agencies
- Continuums of Care
- Metropolitan planning organizations
- Other local agencies and organizations
- Ohio Means Jobs centers
- Career technical planning districts
- Local offices of minority health
- Development disabilities boards
- Area Agencies on Aging
- Medicaid managed care plans
- Alcohol, Drug and Mental Health boards
- Hospitals
Percent of outcomes that improved, did not change or got worse

- Unintentional drug overdose deaths: 60% improving, 40% remaining stable
- Depression, ages 12-17: 33% improving, 33% remaining stable, 33% getting worse
- Depression, ages 18+:
- Drug dependence or abuse, ages 12+:
- Suicide deaths:
- Coronal heart disease:
- Heart attack:
- Hypertension:
- Diabetes:
- Prediabetes:
- Child asthma mortality:
- 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
- **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 2019)
All Ohioans achieve their full health potential
SHIP framework and components
2020-2022 State Health Improvement Plan (SHIP) framework

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?
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.

10 priority health outcomes:
- Improved health status
- Reduced premature death

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
2020-2022 State Health Improvement Plan (SHIP) framework

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
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What are Ohio's top health priorities?
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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
HPIO and ODH will have the guidance needed to finalize the overall targets, priority populations and priority population targets for Maternal and Infant Health.
Maternal and infant health outcomes and indicators
Local stakeholder input + Secondary data → Steering and Advisory Committee input (Including:
• June 4 Advisory Committee discussion
• June prioritization survey) → SHIP prioritization
Poll question No. 1
1. Reduce preterm births
2. Reduce infant mortality
3. Reduce maternal morbidity
Prioritization criteria:
Health outcomes

• Continuity
• Ability to track progress
• Nature of the problem
• Alignment
• Potential for impact
## Maternal and infant health

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator name</th>
<th>Indicator description (source/lead agency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce preterm births</td>
<td>Total preterm births</td>
<td>Percent of live births that are preterm: &lt;37 weeks gestation (Vital Stats, ODH) [NOM]</td>
</tr>
<tr>
<td>Reduce infant mortality</td>
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<td>Reduce infant mortality Infant mortality Rate of infant deaths per 1,000 live births (Vital Stats, ODH) [NOM]</td>
</tr>
<tr>
<td>Reduce maternal morbidity</td>
<td>Severe maternal morbidity</td>
<td>Number of delivery hospitalizations with one or more of 18 conditions (maternal morbidities) as defined by the CDC, per 10,000 delivery hospitalizations (Ohio Hospital Association, as compiled by the Ohio Department of Health)</td>
</tr>
</tbody>
</table>
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 2.7. Maternal and infant 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>Reduce preterm births</td>
<td>Total preterm: Percent of live births that are preterm: &lt;37 weeks (ODH Bureau of Vital Statistics)</td>
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<td>Very preterm: Percent of live births that are very preterm: &lt;32 weeks (Vital Statistics)</td>
<td>1.7%</td>
<td>1.6%</td>
<td>1.5%</td>
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<tr>
<td>Reduce low birth-weight births</td>
<td>Percent of births in which the newborn weighed &lt;2,500 grams (Vital Statistics)</td>
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<td>8.3%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Reduce infant mortality*</td>
<td>Rate of infant deaths per 1,000 live births (Vital Statistics)</td>
<td>7.2</td>
<td>6.8</td>
<td>6</td>
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<td></td>
<td>Rate of neonatal infant deaths per 1,000 live births (Vital Statistics)</td>
<td>4.8</td>
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<td>4.3</td>
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<tr>
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<td>Rate of post-neonatal infant deaths per 1,000 live births (Vital Statistics)</td>
<td>2.4</td>
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*Ohio’s target is 6.0 infant deaths or fewer per 1,000 live births in every racial and ethnic group, which aligns with the national Healthy People 2020 objective. The SHIP contains interim infant mortality targets toward achieving this objective.

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

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Example from 2017-2019 SHIP progress report

Figure 2.7. Progress on 2017-2019 SHIP outcomes: Maternal and infant health

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<tr>
<td>Priority populations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black (non-Hispanic)</td>
<td>14.1%</td>
<td>14.5%</td>
<td></td>
</tr>
<tr>
<td>Low educational attainment (no high school diploma)</td>
<td>11.5%</td>
<td>11.7%</td>
<td></td>
</tr>
<tr>
<td>Less than 18 years old</td>
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**Source:** Ohio Department of Health
**Example from 2017-2019 SHIP progress report**

**Figure 2.7. Progress on 2017-2019 SHIP outcomes: Maternal and infant health**

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<td></td>
<td></td>
</tr>
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<td></td>
<td>14.4%</td>
<td>14.5%</td>
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<td></td>
<td>5.5%</td>
<td>11.7%</td>
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<tr>
<td>Less than 18 years old</td>
<td></td>
<td>10.7%</td>
<td>10.7%</td>
</tr>
<tr>
<td><strong>Reduce very preterm births</strong></td>
<td>Percent of live births that are very preterm: Less than 22 weeks (Vital Statistics)</td>
<td>1.7%</td>
<td>1.8%</td>
</tr>
<tr>
<td><strong>Reduce low birth weight birth</strong></td>
<td>Percent of births in which the newborn weighed less than 2,500 grams (Vital Statistics)</td>
<td>8.5%</td>
<td>8.7%</td>
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- **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**

**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
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

- **Nick Wiselogel** (to All - Entire Audience): 2:01 PM. We will beginning the webinar shortly.
## 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>
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<tr>
<td></td>
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<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>
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## Priority populations from 2017-2019 SHIP

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

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</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>
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<tr>
<td>Reduce child asthma morbidity</td>
<td>African Americans</td>
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<td></td>
<td></td>
<td>Appalachian counties</td>
</tr>
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<td>Reduce preterm births</td>
<td>Black (non-Hispanic)</td>
<td>Children (Younger than 18 years)</td>
<td></td>
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Equal opportunity?

Social, economic and physical environment

Adapted from Saskatoon Health Region’s Public Health Observatory

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Equal opportunity

Social, economic and physical environment

Adapted from Saskatoon Health Region's Public Health Observatory
Social, economic and physical environment

Adapted from Saskatoon Health Region’s Public Health Observatory

Universal targets
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
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
## Maternal and infant health

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator name</th>
<th>Indicator description (source/lead agency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce preterm births</td>
<td>Total preterm births</td>
<td>Percent of live births that are preterm: &lt;37 weeks gestation (Vital Stats, ODH) [NOM]</td>
</tr>
<tr>
<td>Reduce infant mortality</td>
<td>Infant mortality</td>
<td>Reduce infant mortality Infant mortality Rate of infant deaths per 1,000 live births (Vital Stats, ODH) [NOM]</td>
</tr>
<tr>
<td>Reduce maternal morbidity</td>
<td>Severe maternal morbidity</td>
<td>Number of delivery hospitalizations with one or more of 18 conditions (maternal morbidities) as defined by the CDC, per 10,000 delivery hospitalizations (Ohio Hospital Association, as compiled by the Ohio Department of Health)</td>
</tr>
</tbody>
</table>
Reduce preterm births
### Table: Total preterm births in Ohio

<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 preterm births</td>
<td>Percent of live births that are preterm: &lt;37 weeks gestation (Ohio Department of Health Vital Statistics)</td>
<td>2015</td>
<td>10.3%</td>
<td>2017</td>
<td>10.4%</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 Total preterm births

<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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</tr>
<tr>
<td><strong>Priority population</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black (non-Hispanic)</td>
<td>Percent of live births for black (non-Hispanic) Ohioans that are preterm: &lt;37 weeks gestation (Ohio Department of Health Vital Statistics)</td>
<td>2015</td>
<td>14.1%</td>
<td>2017</td>
<td>14.5%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Low educational attainment (no high school diploma)</td>
<td>Percent of live births for Ohioans with less than a high school diploma that are preterm: &lt;37 weeks gestation (Ohio Department of Health Vital Statistics)</td>
<td>2015</td>
<td>11.5%</td>
<td>2017</td>
<td>11.7%</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Less than 18 years old</td>
<td>Percent of live births for Ohioans who are less than 18 years old that are preterm: &lt;37 weeks gestation (Ohio Department of Health Vital Statistics)</td>
<td>2015</td>
<td>10.7%</td>
<td>2017</td>
<td>10.7%</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
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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
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<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
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<td><strong>Priority population</strong></td>
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Reduce infant mortality
<table>
<thead>
<tr>
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<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 infant mortality</td>
<td>Rate of infant deaths per 1,000 live births (Ohio Department of Health Vital Statistics)</td>
<td>2015</td>
<td>7.2</td>
<td>2017</td>
<td>7.2</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>
What factors do you think are important to consider when setting the targets for this indicator?

• Measurement issues
• Federal, state and local policy changes
• Broader trends
• Other issues
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<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>7.2</td>
<td>2017</td>
<td>7.2</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>Black (non-Hispanic)</td>
<td>Rate of infant deaths for black (non-Hispanic) Ohioans per 1,000 live births (Ohio Department of Health Vital Statistics)</td>
<td>2015</td>
<td>15.2</td>
<td>2017</td>
<td>15.8</td>
<td>2022</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
### Figure 2.1 Infant mortality

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator (source)</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduce infant mortality</strong></td>
<td>Rate of infant deaths per 1,000 live births (Ohio Department of Health Vital Statistics)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2015 7.2 2017 7.2 2022</td>
<td></td>
</tr>
<tr>
<td><strong>Priority population</strong></td>
<td>Black (non-Hispanic) Rate of infant deaths for black (non-Hispanic) Ohioans per 1,000 live births (Ohio Department of Health Vital Statistics)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2015 15.2 2017 15.8 2022</td>
<td></td>
</tr>
</tbody>
</table>
Reduce maternal morbidity
<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 maternal morbidity/mortality</td>
<td>Number of delivery hospitalizations with one or more of 18 conditions (maternal morbidities) as defined by the CDC, per 10,000 delivery hospitalizations (Ohio Hospital Association, as compiled by the Ohio Department of Health)</td>
<td>--</td>
<td>--</td>
<td>2016</td>
<td>107.8</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Priority population</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TBD pending data availability for subgroups</td>
<td></td>
<td>--</td>
<td>--</td>
<td>TBD</td>
<td>TBD</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 this indicator?

- Measurement issues
- Federal, state and 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