Community Conditions
Work Team Meeting
August 14, 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
<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>Final SHIP due to ODH Sept. 30</td>
<td>Dissemination</td>
</tr>
</tbody>
</table>

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

- 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

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

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.

Achieving the SHIP vision will lead to improvement in the factors that shape health.
What shapes our health?
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- Physical activity

Health behaviors

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Access to care

What are Ohio's top health priorities?
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Three health priority topics

10 priority health outcomes

- Depression
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Two overall health outcomes

All Ohioans achieve their full health potential

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<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator name</th>
<th>Indicator description (source/lead agency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve housing affordability and quality</td>
<td>Affordable and available housing units</td>
<td>Number of affordable and available units per 100 renters with income below 50% of Area Median Income (very low income) (National Low-Income Housing Coalition analysis of the ACS, as compiled by OHFA)</td>
</tr>
<tr>
<td>Reduce poverty</td>
<td>Child poverty</td>
<td>Percent of persons under age 18 who live in households at or below the poverty threshold (ACS/DJFS)</td>
</tr>
<tr>
<td></td>
<td>Adult poverty</td>
<td>Percent of persons age 18+ who live in households at or below the poverty threshold (ACS/DJFS)</td>
</tr>
<tr>
<td>Improve K-12 student success</td>
<td>Chronic absenteeism (K-12 students)</td>
<td>Percent of K-12 students who are chronically absent (ODE)</td>
</tr>
<tr>
<td></td>
<td>Kindergarten readiness</td>
<td>Percent of kindergarten students demonstrating readiness (entered kindergarten with sufficient skills, knowledge and abilities to engage with kindergarten-level instruction) (KRA/ODE)</td>
</tr>
<tr>
<td>Reduce adverse childhood experiences</td>
<td>Adverse childhood experiences (ACEs)</td>
<td>Percent of children who have experienced two or more adverse experiences (NSCH/ODE)</td>
</tr>
<tr>
<td></td>
<td>Child abuse and neglect</td>
<td>Rate of substantiated child abuse and neglect cases per 1,000 children in population (SACWIS/DJFS)</td>
</tr>
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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*
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
Systematic reviews and evidence inventories: Community Conditions

<table>
<thead>
<tr>
<th>Community Guide (CDC)</th>
<th>What Works for Health (UW/RWJF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>USPSTF (AHRQ)</td>
<td>6/18 (CDC)</td>
</tr>
</tbody>
</table>
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
2020-2022 State Health Improvement Plan (SHIP) framework

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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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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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Three health priority topics
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Two overall health outcomes
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  - Ohio is a model of health, well-being and economic vitality
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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>
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<td></td>
</tr>
<tr>
<td></td>
<td>White (non-Hispanic) males ages 45-64</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>White (non-Hispanic) males ages 65+</td>
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<td></td>
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<tr>
<td>Reduce unintentional drug overdose deaths</td>
<td>White (non-Hispanic) males ages 25-44</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>White (non-Hispanic) males ages 45-64</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>White (non-Hispanic) females ages 25-54</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Black (non-Hispanic) males ages 25-54</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Black (non-Hispanic) males ages 55-64</td>
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<td></td>
</tr>
<tr>
<td>Desired outcome</td>
<td>Race/ethnicity</td>
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<td>Income</td>
<td>Education</td>
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</tr>
<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>
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<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
Improving Population Health Planning In Ohio: Guidance for Aligning State and Local Efforts
# State health improvement plan (SHIP) overview

## Overall health outcomes
- Health status
- Premature death

## 3 priority topics

<table>
<thead>
<tr>
<th>Mental health and addiction</th>
<th>Chronic disease</th>
<th>Maternal and infant health</th>
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</thead>
<tbody>
<tr>
<td>Depression</td>
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<tr>
<td>Suicide</td>
<td>Diabetes</td>
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<td>Drug dependency/abuse</td>
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</tbody>
</table>

## 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

### 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.

### 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.

## 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.
Framework for action

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