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></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**
2020-2022 SHIP

ODH MCH and MIECHV plans

ODA State Plan on Aging

ODJFS Family First Prevention Services Act Plan

OHFA needs assessment and strategic plan

ODE Every Student Succeeds Act Plan

Other plans

ODE Strategic Plan
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
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.
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Community conditions
- Depression
- Suicide
- Youth drug use
- Drug overdose deaths

Chronic disease
- Heart disease
- Diabetes
- Childhood conditions (asthma, lead)

Maternal and infant health
- Preterm births
- Infant mortality
- Maternal morbidity

Three health priority topics

10 priority health outcomes

Two overall health outcomes
- Improved health status
- Reduced premature death

All Ohioans achieve their full health potential

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

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

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator name</th>
<th>Indicator description (source/lead agency)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Decrease tobacco/nicotine use</strong></td>
<td>Adult smoking</td>
<td>Percent of adults that are current smokers (BRFSS)</td>
</tr>
<tr>
<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>
</tr>
<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>
</tr>
<tr>
<td></td>
<td>Youth vegetable consumption</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 (YRBS)</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td></td>
<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>
</tr>
</tbody>
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Achieving the SHIP vision will lead to improvement in the factors that shape health.
Strategy selection overview
Key points

- Menu for state and local partners
- Evidence informed
- Guided by selection criteria, including your input
### Earned income tax credits (including outreach to increase uptake, remove cap and/or make credit refundable)

#### Social determinants of health strategies

**School-based health**
- School-based health centers

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

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

**Employment and income**
- Earned income tax credits (including outreach to increase uptake, remove cap and/or make credit refundable)

**Local/regional built environment changes to support active living and social connectedness**
- Community-scale urban design land use policies/ Streetscape design (Complete Streets)
- Bike and pedestrian master plans
- Green spaces and parks
- Public building siting considerations (such as location of school buildings)

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

**Public health system, prevention and health behaviors strategies**

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

SHA/SHIP vision
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**SHA/SHIP vision**
Ohio is a model of health, well-being and economic vitality
Systematic reviews and evidence inventories: Health behaviors

- Community Guide (CDC)
- What Works for Health (UW/RWJF)
- USPSTF (AHRQ)
- 6/18 (CDC)
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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- Community conditions
- Health behaviors
- Access to care

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Achieving the SHIP vision will lead to improvement in the factors that shape health
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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How will we know if health is improving in Ohio?
The SHIP tracks the following 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.
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>• Males age 25-44</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• White (non-Hispanic) males ages</td>
<td>• White (non-Hispanic) males ages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>45-64</td>
<td>65+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce unintentional drug overdose deaths</td>
<td>• White (non-Hispanic) males ages</td>
<td>• White (non-Hispanic) males ages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25-44</td>
<td>45-64</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• White (non-Hispanic) females</td>
<td>• Black (non-Hispanic) males ages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ages 25-54</td>
<td>25-54</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Black (non-Hispanic) males ages</td>
<td>55-64</td>
<td></td>
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### Priority populations from 2017-2019 SHIP

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</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></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></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>
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
- Mental health and addiction
- Chronic disease
- Maternal and infant health

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.
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?
Discussion questions (cont)

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