Health Policy Basics
Understanding and influencing state health policy

Cleveland, Ohio
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Evidence-informed health policy

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What are we talking about?
Evidence-based strategy
(HPIO definition)

Programs, policies or other strategies that have been evaluated and demonstrated to be effective in improving outcomes based upon the best-available research evidence, rather than upon personal belief or anecdotal evidence.
A framework for thinking about evidence

Evidence-based decision making

- Best available research evidence
- Experiential evidence
- Contextual evidence
Local community health improvement plan example

Evidence-based decision making

- Best available research evidence
- Experiential evidence
- Contextual evidence
- Expertise and experience of planning team
- Information about community preferences and readiness, available funding, political will and coordination with relevant stakeholders

Recommendations from the 2017-2019 SHIP, What Works for Health and Community Guide

Source: Puddy and Wilkens (2011)
**Research evidence**

- Overall effectiveness
- Effectiveness for decreasing disparities
- Fidelity to model

**Community fit**

- Community member needs & interests
- Community norms, readiness & capacity
- Culture & language of priority populations
Evidence helps us to steer resources toward what really works
Where should we look for effective strategies?
Systematic reviews and evidence inventories

- What Works for Health (UW/RWJF)
- Community Guide (CDC)
- Hi-5 and 6/18 (CDC)
- Additional topic-specific sources
Why do we rank poorly on health value?

Addiction is holding Ohioans back
Ohio’s greatest health value strengths and challenges

Top and bottom quartile metrics in the domains that contribute to health value

Social and economic environment
- Unemployment (43)
- Adult incarceration (38)

Physical environment
- Child in household with a smoker (44)
- Outdoor air quality (46)
- Food insecurity (40)

Access to care
- Medicaid income, college
- Preventive dental care, children

Healthcare system
- First point of recommended treatment (13)
- Cancer early stage diagnosis (46)
- Potentially avoidable emergency department visits for employer-insured enrollees (44)
- Colon and rectal cancer early stage diagnosis (43)
- 30-Day hospital readmission for employer-insured enrollees (41)

Public health and prevention
- Comprehensiveness of public health system (7)
- Health security surveillance (51)
- Emergency preparedness (48)
- Per capita
- Child immunization (46)
- State public health workforce (45)
- Environmental and occupational health (45)

Population health
- Drug overdose deaths (50)
- Infant mortality (41)
- Adult smoking (46)
- Premature death (43)
- Life expectancy (42)
- Poor oral health (42)
- Adult obesity (41)
- Adult insufficient physical activity (40)
- Cardiovascular disease mortality (39)

Healthcare spending
- Employee contributions to employer-sponsored insurance premiums (3)
- Non-group health care spending, per capita (41)
- Hospital care spending, per capita (41)
- Total/Medicare spending, per beneficiary (39)
- Average total cost per Medicare beneficiary with three or more chronic conditions (39)

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“Tobacco Nation”

Source: Truth Initiative, “tobacco use in these 12 U.S. states is on par with a number of developing countries. Why?”
Health Value Dashboard bottom quartile states for population health
“Tobacco Nation”

Poor population health nation
Mass media campaigns against tobacco use

Mass media campaigns use television, print, digital or social media, radio broadcasts, or other displays to share messages with large audiences (Cochrane-Carson-Chehhood 2017). Tobacco-specific campaigns educate current and potential tobacco users about the dangers of tobacco and often include graphic portrayals or emotional messages to influence attitudes and beliefs about tobacco use (CG-Tobacco use).

Expected Beneficial Outcomes (Rated)

- Reduced youth smoking
- Reduced number of tobacco users
- Increased quit rates

Other Potential Beneficial Outcomes

- Reduced tobacco consumption
- Increased use of cessation treatment
Tobacco Control Interventions

Helping people quit tobacco

What are effective statewide tobacco interventions?

Effective population-based tobacco control interventions include tobacco price increases, high-impact anti-tobacco mass media campaigns, and comprehensive smoke-free policies. The evidence shows that implementing and enforcing these strategies, both individually and as part of a comprehensive tobacco prevention and control effort, can reduce smoking initiation and use among adults and youths. Comprehensive tobacco prevention and control efforts involve the coordinated implementation of population-based interventions to prevent tobacco initiation among youth and young adults, promote quitting among adults and youth, eliminate exposure to secondhand smoke, and identify and eliminate tobacco-related disparities among population groups.\(^\text{1}\) Tobacco products include cigarettes, cigars, pipes, hookah, smokeless tobacco, and others. Programs combine and integrate multiple evidence-based strategies, including educational, regulatory, economic, and social strategies at local, state, or national levels.\(^\text{1}\)

Selected Resources

- CDC: Best Practices for Comprehensive Tobacco Control Programs—2014
- CDC Office on Smoking and Health
- CDC Media Campaign Resource Center (MCRC)
- Community Health Advisor: Large tobacco tax increase

\(^\text{1}\) Reference citation not provided in the document.
What would effective cessation policy look like?

- Media campaigns are everywhere
- Call volume to Ohio Tobacco Quit Line increases
- Cessation is prioritized in Medicaid
- Baby and Me Tobacco Free is available everywhere
- Cessation services are tailored to meet the needs of Ohio’s most at-risk groups, including Ohioans living with toxic stress, mental illness and disability
Tips from former smokers

Those things you say will never happen to you? They happen.

Learn More
Quit Line service utilization, Ohio and U.S.
Q4 2016

Percent of Medicaid managed care enrollees aged 18+ who received tobacco cessation counseling or medication

<table>
<thead>
<tr>
<th>Year</th>
<th>Counseling</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2014</td>
<td>2%</td>
<td>4%</td>
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<tr>
<td>FY 2015</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>FY 2016</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td>46%</td>
</tr>
</tbody>
</table>

Percent of Medicaid enrollees age 19-64 who smoke

Source for counseling and medication data: Ohio Department of Medicaid, 2016
Note: Counseling refers to cessation counseling of various durations (procedures). Medication refers to smoking determinants and nicotine receptor partial agonists (nicotine therapeutic class)
Source for smokers in Medicaid data: Data provided by the Ohio Colleges of Medicine Government Resource Center. Ohio Medicaid Assessment Survey. Provided March 18, 2019.
Adult smoking and adverse childhood experiences in Ohio, 2015

Percent of adults who currently smoke

- 0-1 ACEs: 16%
- 2-3 ACEs: 30%
- 4+ ACEs: 41%

Source: Behavioral Risk Factor Surveillance Survey data provided by the Ohio Department of Health, 2/28/19
2019 State Health Assessment
- Focused on data
- Described current status
- Comprehensive

2020-2022 State Health Improvement Plan
- Focused on outcomes and strategies
- Action-oriented plan for the future
- Prioritized
2020-2022 State Health Improvement Plan (SHIP) framework

**Equity**
To ensure all Ohioans achieve their full health potential, SHIP strategies must be targeted and tailored to communities where the need is greatest and coupled with efforts to address racism, discrimination and other forms of oppression.

**Priorities**
The SHIP identifies three priority factors and three priority health outcomes that affect the overall health and wellbeing of children, families and adults of all ages.

**What shapes our health and wellbeing?**
Many factors, including these SHIP priority factors*:

- **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

**How will we know if health is improving in Ohio?**
The SHIP is designed to track and improve these priority health outcomes:

- **Mental health and addiction**
  - 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

**Strategies**
The SHIP provides state and local partners with a menu of effective policies and programs to improve Ohio’s performance on these priorities.

*These factors are sometimes referred to as the social determinants of health or the social drivers of health
Questions?