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Health Policy Basics

Understanding and influencing state health policy

Cleveland, Ohio

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Evidence-informed health policy

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emerging promising practice
recommended
model program
effective best practice
proven program
evidence-based

evidence-informed

Evidence-based strategy

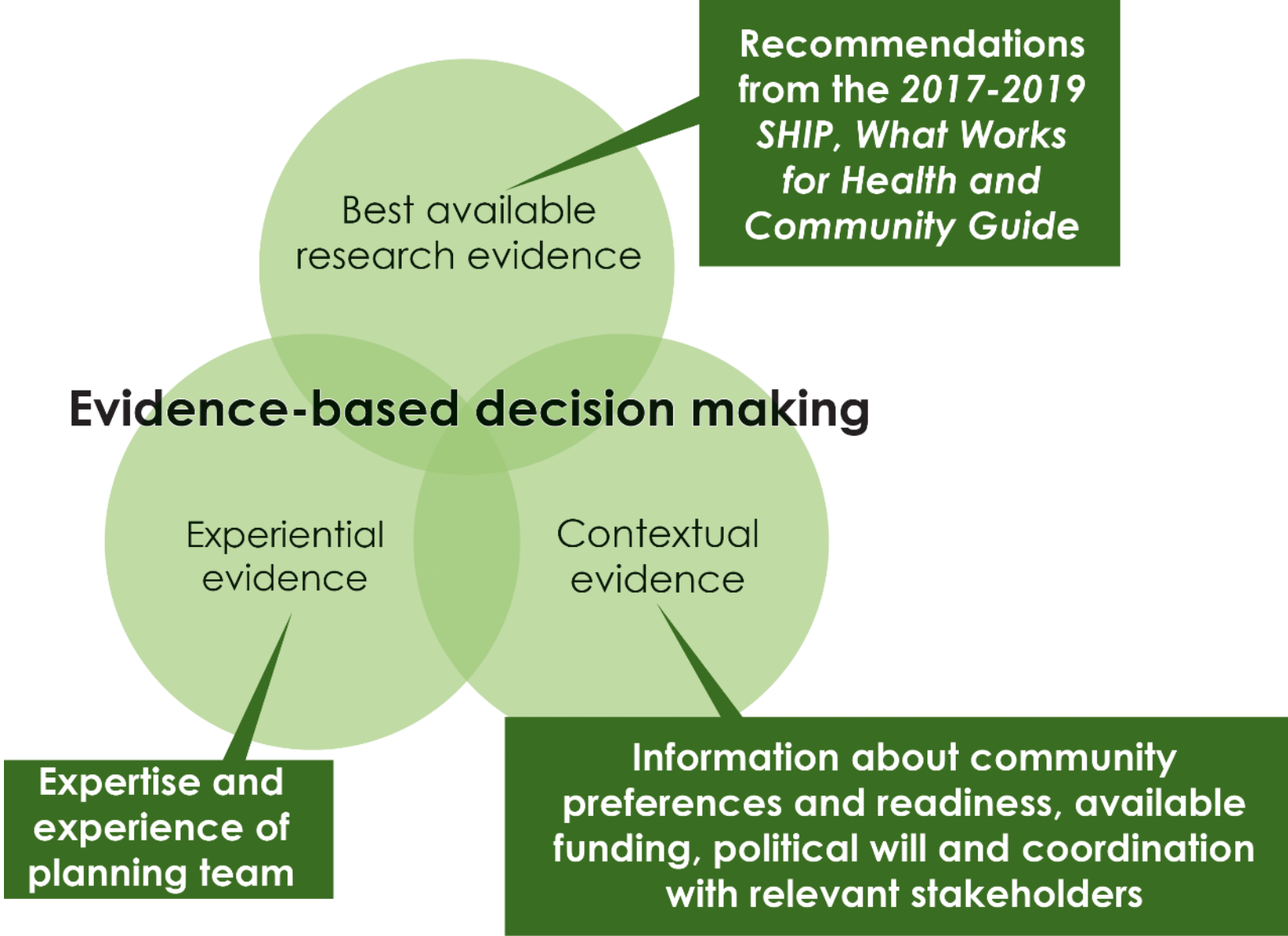
(HPIO definition)

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.

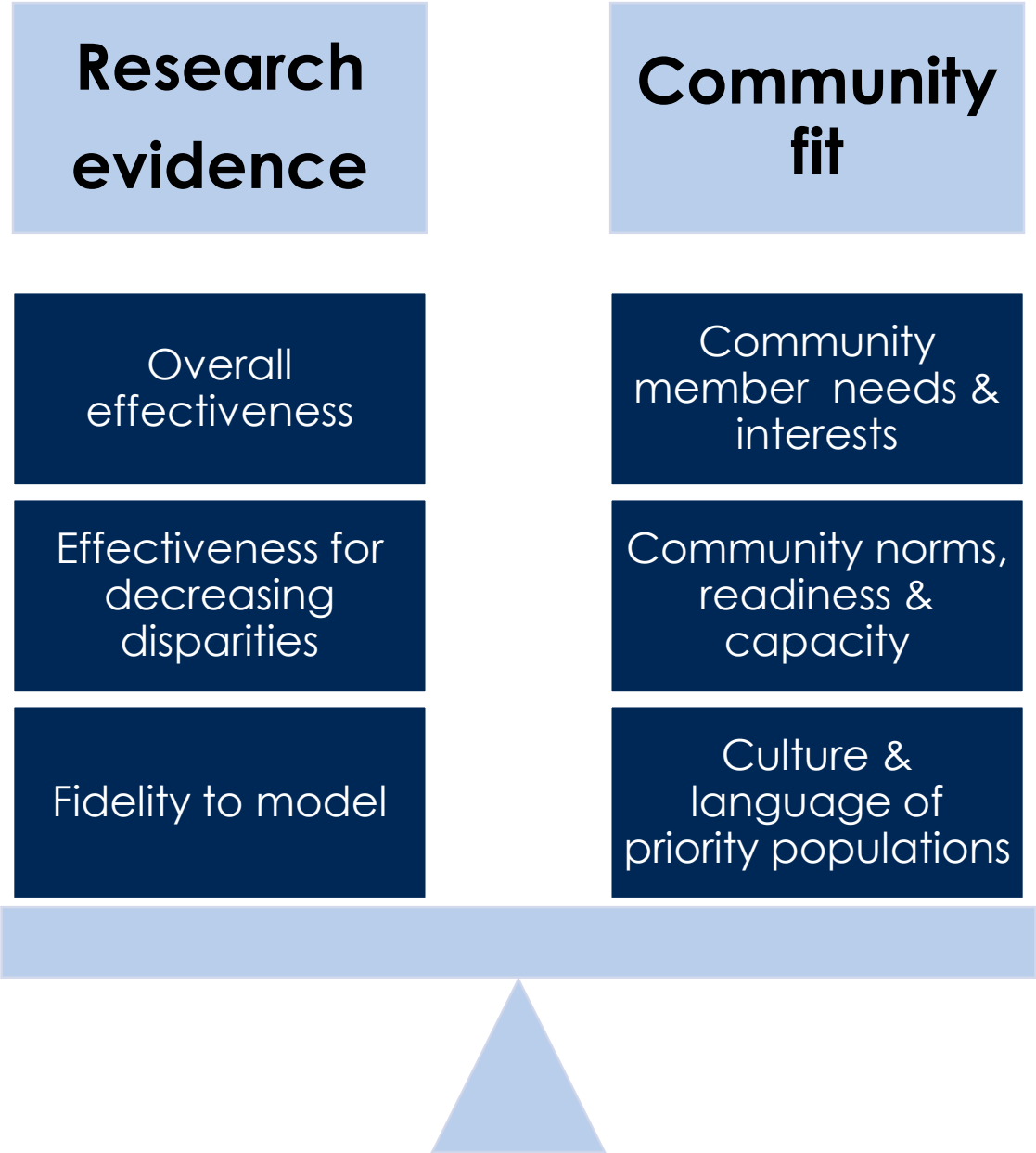
A framework for thinking about evidence



Local community health improvement plan example



Source: Puddy and Wilkens (2011)






Evidence helps us to steer resources toward what really works



The Guide to Community Preventive Services
THE COMMUNITY GUIDE
What Works to Promote Health




LEARN HOW COMMUNITIES ARE WORKING TO PROTECT AND IMPROVE HEALTH




County Health Rankings
Mobilizing Action Toward Community Health

What Works for Health



Promising Practices Network
on Children, Families and Communities

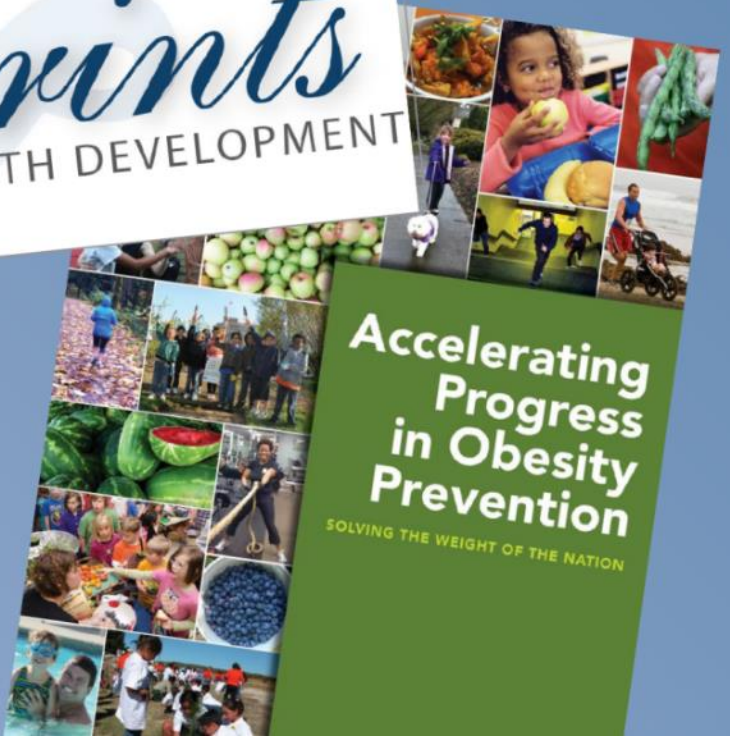


NREPP
National Registry of Evidence-based Programs and Practices

Blueprints
FOR HEALTHY YOUTH DEVELOPMENT

VACCCHO
National Association of County & City Health Officials

Model Practice Data



Accelerating Progress in Obesity Prevention
SOLVING THE WEIGHT OF THE NATION

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**



2019

Health Value Dashboard



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		Physical environment	
43	Unemployment	43	Child in household with a smoker
38	Adult incarceration*	46	Outdoor air quality
		40	Food insecurity

Access to care	Healthcare system	Public health and prevention
11	13	7
Medical home, children	Back pain recommended treatment	Comprehensiveness of public health system***
47	48	51
Preventive dental care, children	Cancer early stage diagnosis	Health security surveillance
	44	48
	Potentially avoidable emergency department visits for employer-insured enrollees**	Emergency preparedness funding, per capita
	43	46
	Colon and rectal cancer early stage diagnosis	Child immunization
	41	45
	30-day hospital readmissions for employer-insured enrollees**	State public health workforce*
		45
		Environmental and occupational health
		42
		Seat belt use

Top and bottom quartile metrics for health value

Population health		Healthcare spending	
50	Drug overdose deaths	3	Employee contributions to employer-sponsored insurance premiums
44	Infant mortality	41	Nursing home care spending, per capita
44	Adult smoking	41	Hospital care spending, per capita
43	Premature death	39	Total Medicare spending, per beneficiary
42	Life expectancy	39	Average total cost, per Medicare beneficiary with three or more chronic conditions
42	Poor oral health		
41	Adult obesity		
40	Adult insufficient physical activity		
39	Cardiovascular disease mortality		

* Ranking out of 50 states
 ** Ranking out of 49 states
 *** Ranking out of 48 states
 Note: Metrics in the top quartile that greatly worsened are not included. Ohio has no top quartile metrics for social and economic environment, physical environment and population health.

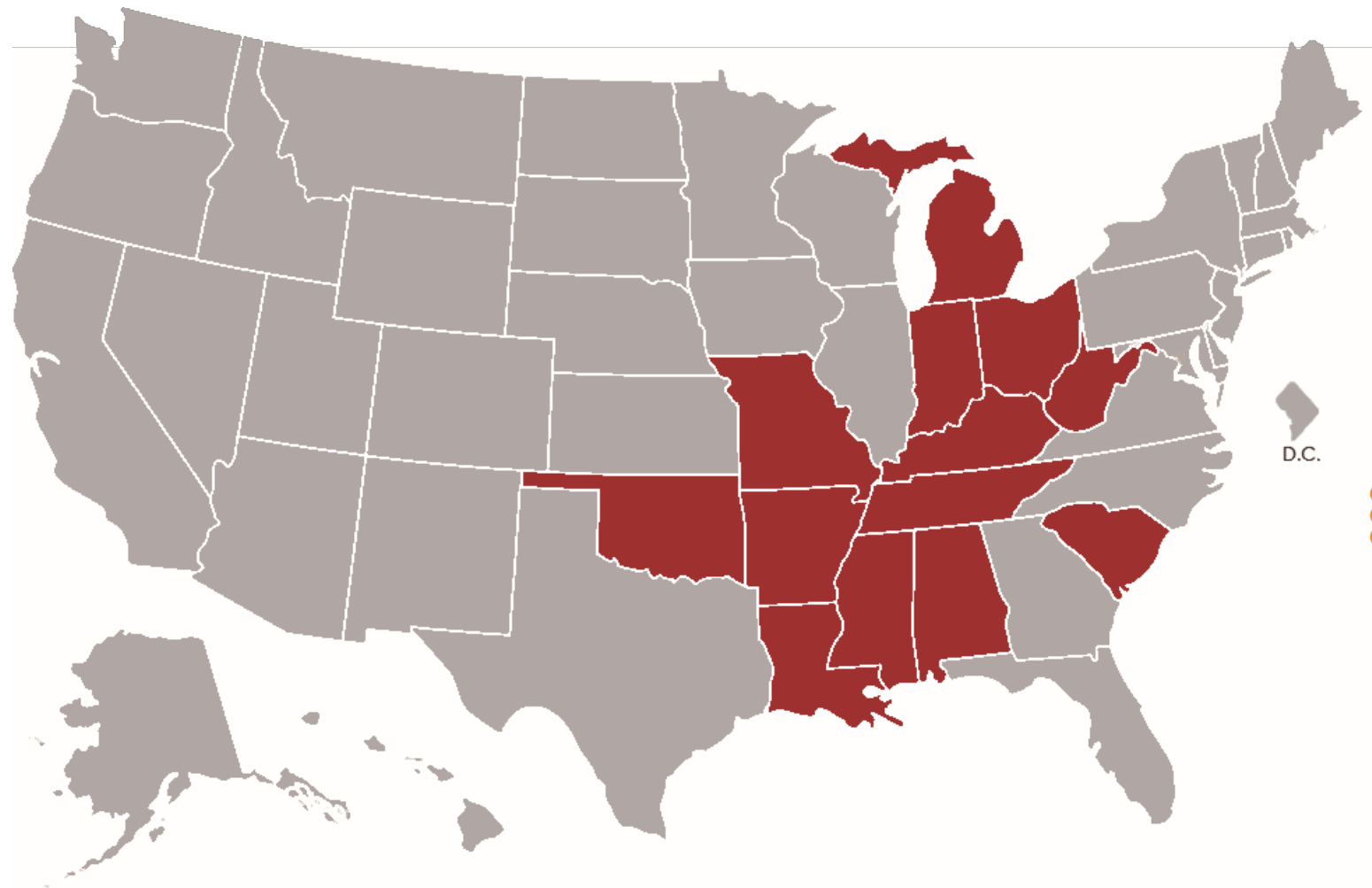


Adult smoking

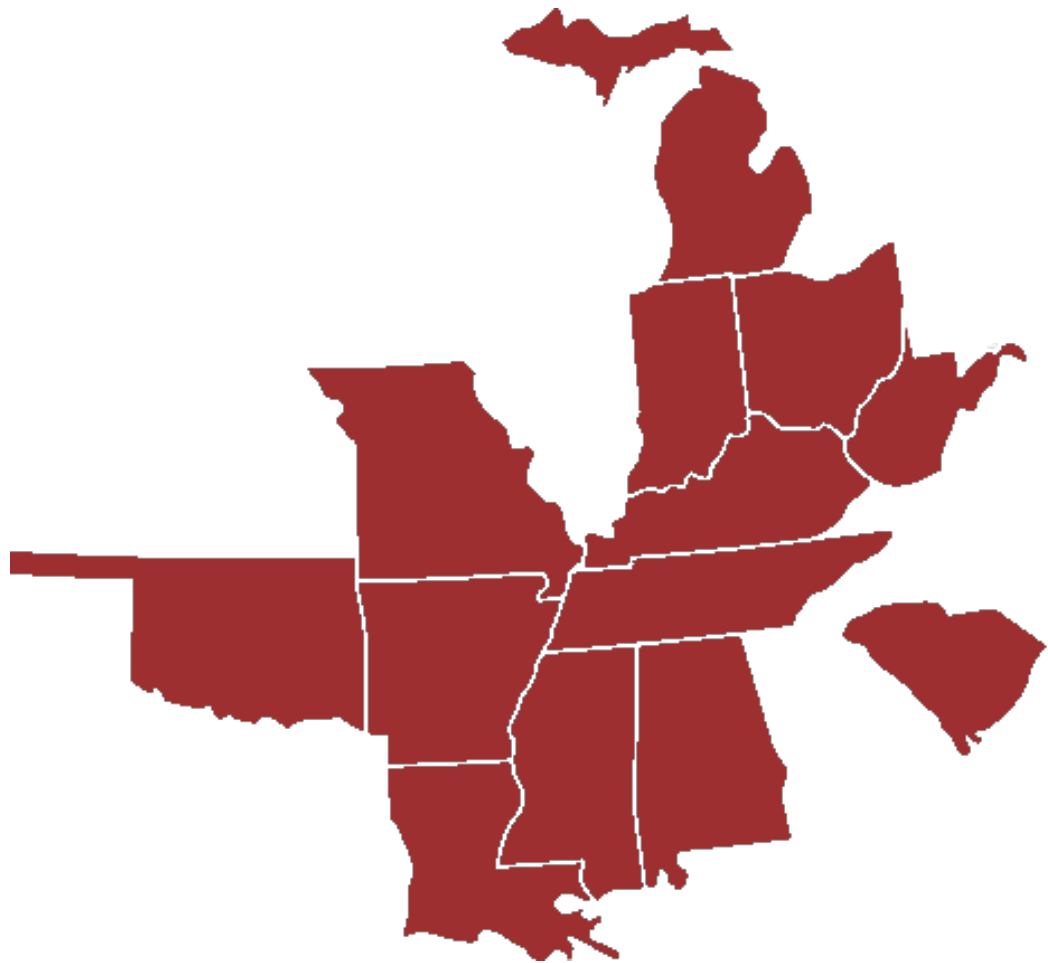


Child in household with a smoker

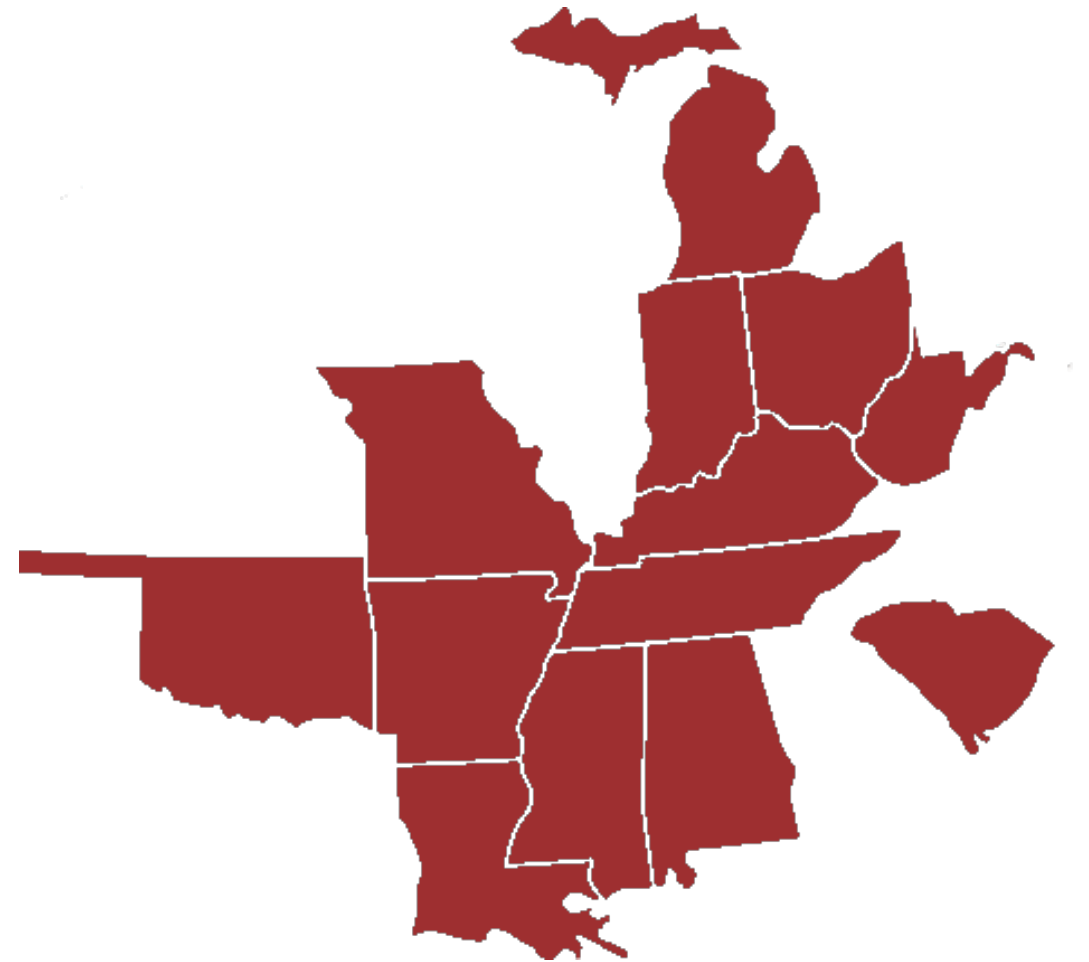
“Tobacco Nation”



Source: Truth Initiative, “tobacco use in these 12 u.s. states is on par with a number of developing countries. why?”



“Tobacco Nation”



Poor population
health nation

Mass media campaigns against tobacco use

Evidence Rating



Scientifically Supported

Mass media campaigns use television, print, digital or social media, radio broadcasts, or other displays to share messages with large audiences ([Cochrane-Carson-Chahhoud 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](#)).

Health Factors

[Tobacco Use](#)

Decision Makers

[Funders](#)

[Government](#)

[Public Health](#)

[Nonprofits](#)

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.^[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.^[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](#) 

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



**A TIP FROM A
FORMER
SMOKER**

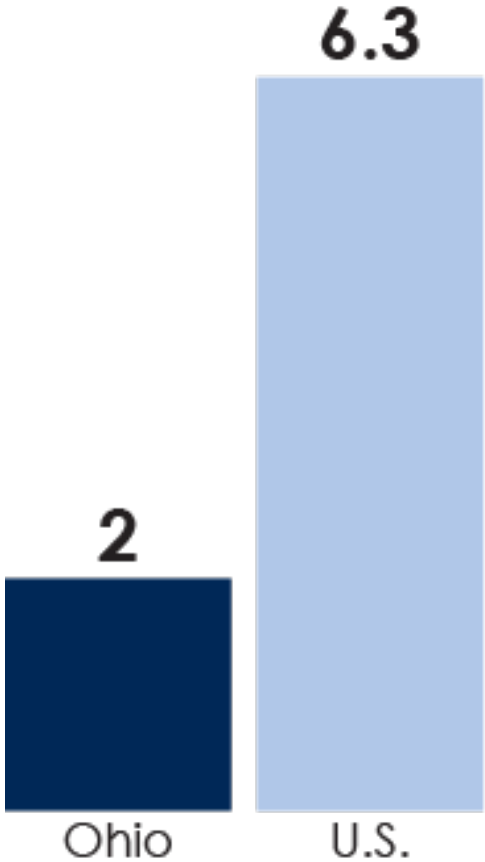
**Those things you
say will never happen
to you? They happen.**

Learn More 

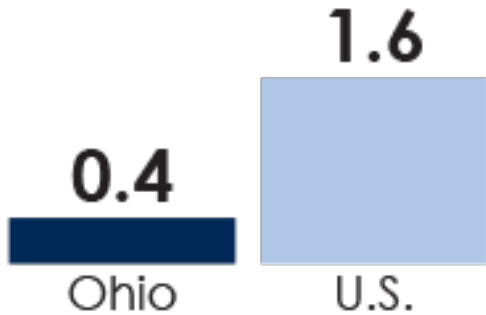
Quit Line service utilization, Ohio and U.S.

Q4 2016

Incoming calls per 10,000 state population

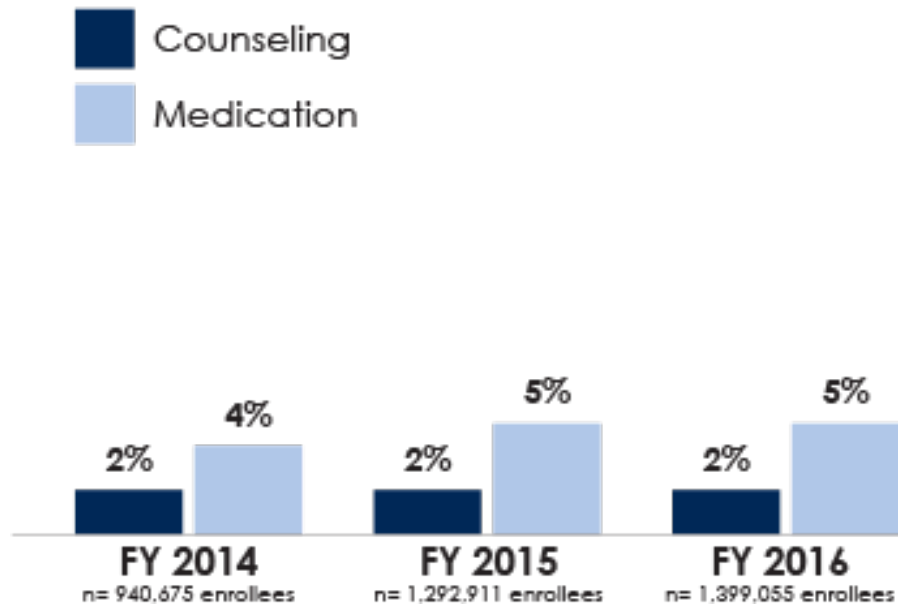


Callers who received counseling and/or medication per 1,000 tobacco users



Source: CDC State Tobacco Activities Tracking and Evaluation (STATE) System. Custom report accessed 3/29/19. 2016 Q4 is most recently-available data.

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



Percent of Medicaid enrollees age 19-64 who smoke

46%



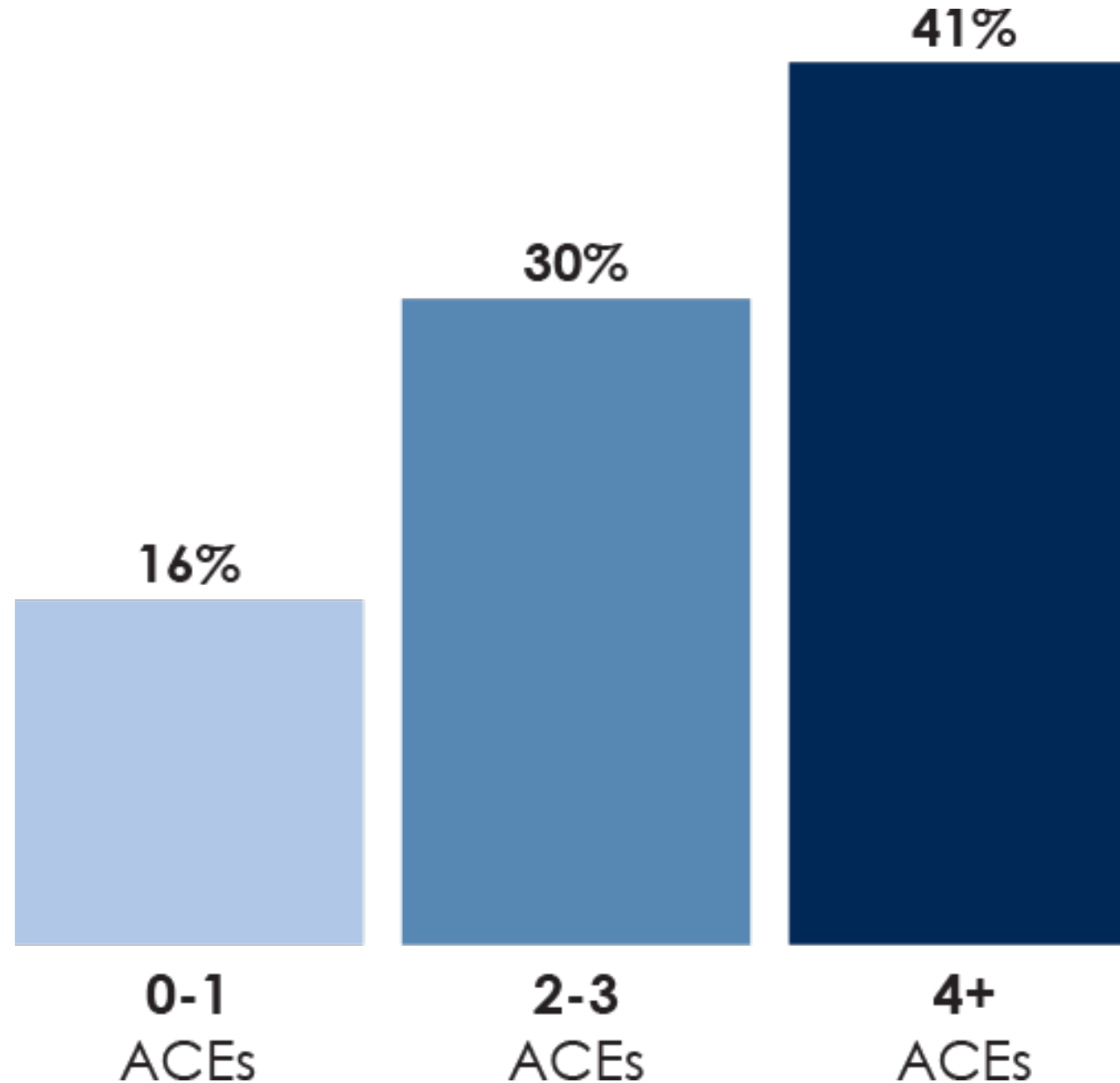
Source for counseling and medication data: Ohio Department of Medicaid, 2016

Note: Counseling refers to cessation counseling of various durations (procedures). Medication refers to smoking determinants and nicotine receptor partial agonists (DM 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 15, 2019.

Adult smoking and adverse childhood experiences in Ohio, 2015

Percent of adults who currently smoke



Source: Behavioral Risk Factor Surveillance Survey data provided by the Ohio Department of Health, 2/28/19



Ohio

Department
of Health





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

- All Ohioans achieve their full health potential**
 - Improved health status
 - Reduced premature death

Vision
Ohio is a model of health, wellbeing and economic vitality

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?