State Oral Health Plan Advisory Committee

Meeting 3
September 14, 2022
Next Advisory Committee meeting

Wednesday, Nov. 16
2-4:00 p.m.
Via Zoom
Plan updates
1. Project reminders
2. State Oral Health Plan priorities
3. Indicators for SMART objectives and priority populations
4. Review of focus group findings

Working session
1. Introduction to strategies (i.e., goals and action steps)
2. Individual work
3. Small group discussions: Goals and action steps
As a result of feedback provided by Advisory Committee members at this meeting, HPIO and OHO will have the guidance on:

What goals and action steps to elevate in the State Oral Health Plan
1. The health and well-being of all people and communities is essential to a thriving, equitable society.

2. Promoting health and well-being and preventing disease are linked efforts that encompass physical, mental, and social health dimensions.

3. Achieving health and well-being requires eliminating health disparities, achieving health equity, and attaining health literacy.

4. Promoting and achieving health and well-being across Ohio is a shared responsibility that is distributed across the national, state, and community levels, including the public, private, and not-for-profit sectors.
What will be included in the State Oral Health Plan

• Assessment of Ohio’s oral health strengths and challenges
• Priority outcomes and factors selected with help of the Advisory Committee
• SMART objectives and targets for tracking progress
• Strategies and policy recommendations
Project timeline

May

- 5/25 Advisory Committee meeting

June

- 7/13 Advisory Committee meeting (in person)
- 6/21-7/1 Regional consumer focus groups
- 6/7-6/11 Virtual healthcare provider focus groups

July

- Select priorities

August

- 9/14 Advisory Committee meeting (in person)

September

- Develop objectives and select strategies and policy recommendations

October

- 11/16 Advisory Committee meeting (virtual)

November

- HPIO draft due to OHO

December

- HPIO final draft due to OHO
State Oral Health Plan pathway to impact

Purpose: The Ohio SOHP is an actionable roadmap to ensure oral health is integrated with, and elevated to, the same importance as overall health. The SOHP is designed to guide actions taken by policymakers, advocates, educators, providers and funders.

Assessment phase
- Secondary data sources
- Provider focus groups
- Community focus groups
- Guidance from Advisory Group

Planning phase
- Comprehensive assessment
- Advisory Group:
  - Prioritizes factors and outcomes
  - Selects strategies and policy recommendations
  - Develops objectives
- State Oral Health Plan
- SOHP dissemination by OHO to stakeholders such as:
  - Advisory Group
  - Policymakers (state agencies and legislators)
  - Advocates
  - Educators
  - Funders
  - Consumers
  - Focus group participants
- Stakeholders consider steps they can take to improve oral health
- Stakeholders take actions to implement recommendations
- Vision:
  - OHO monitors progress toward SMART objectives
  - Optimal oral health for all Ohioans across the lifespan
Priorities for the State Oral Health Plan
Prioritization survey
## Priority factors

What shapes our oral health?

### Community conditions
- Transportation access
- Healthy food access
- Poverty

### Health behaviors
- Nutrition, including sugar-sweetened beverage consumption
- Oral hygiene

### Access to quality care
- Workforce capacity and availability
- Insurance and affordability

---

## Priority outcomes

How will we know if oral health is improving in Ohio?

### Dental care outcomes
- Increased preventive care
- Reduced unmet need

### Oral health outcomes
- Reduced tooth decay
- Reduced periodontal disease
- Increased early detection of oral and pharyngeal cancers
Equity

Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally, focusing on societal efforts to address avoidable inequalities, recognizing and rectifying historical injustices, addressing contemporary injustices, eliminating health and healthcare disparities, and assuring structural and personal conditions are in place to support optimal health.

Health impacts

Connections exist between oral health and overall health. For example, mental health conditions, such as addiction, anxiety and depression, can negatively impact oral health, and poor oral health can exacerbate physical health conditions, such as diabetes, heart disease, stroke and birth complications.

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How will we know if oral health is improving in Ohio?

Dental care outcomes
- Increased preventive care
- Reduced unmet need

Oral health outcomes
- Reduced tooth decay
- Reduced periodontal disease
- Increased early detection of oral and pharyngeal cancers

Long-range impact

Ohio has an oral health care system that is available, accessible, and affordable for all Ohioans.

Vision

Optimal oral health for all Ohioans across the lifespan

Strategies

Strategies will be developed through collaborative planning of the State Oral Health Advisory Committee and informed by consumer and provider experience, data, and evidence-based practice and policymaking.
SMART objectives and priority populations
Priority factors
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Oral health outcomes
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- Increased early detection of oral and pharyngeal cancers
SMART objectives

Specific

Measurable

Indicator and source

Achievable*

Realistic*

Target data value

Time-bound

Baseline and target years

Source: 2020-2022 State Health Improvement Plan, Ohio Department of Health
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SMART objectives
<table>
<thead>
<tr>
<th>Priority: Improved nutrition, reduced juice consumption</th>
</tr>
</thead>
</table>
| **Juice consumption.** Percent of Ohio children, ages 2-5, who had 1+ 100% fruit juice drinks yesterday.  
Ohio Medicaid Assessment Survey |

<table>
<thead>
<tr>
<th>Priority: Increased workforce capacity and availability</th>
</tr>
</thead>
</table>
| **Dentist workforce.** Average Rate of Dentists per 100,000 population, by county.  
County Heath Rankings |

<table>
<thead>
<tr>
<th>Priority: Increased preventative care</th>
</tr>
</thead>
</table>
| **Preventative dental care, child.** Percent of children, ages 1-17, who have seen a dentist or other oral health care provider for preventive dental care, such as check-ups, dental cleanings, dental sealants or fluoride treatments in the past year.  
Behavioral Risk Factor Surveillance Survey |

<table>
<thead>
<tr>
<th>Priority: Reduced unmet need for dental care</th>
</tr>
</thead>
</table>
| **Unmet dental care need, adult.** Percent of Ohio adults, ages 19 and older, with unmet dental care needs.  
Ohio Medicaid Assessment Survey |

<table>
<thead>
<tr>
<th>Priority: Reduced tooth decay; reduced periodontal disease</th>
</tr>
</thead>
</table>
| **Oral health problem, child.** Percent of children, ages 1-17 years old, who experienced oral health problems such as toothaches, bleeding gums or decayed teeth or cavities within the past year.  
National Survey of Children's Health |

<table>
<thead>
<tr>
<th>Priority: Increased early detection of oral and pharyngeal cancers</th>
</tr>
</thead>
</table>
| **Permanent teeth removed, adult.** Percent of adults, ages 18 and older, who had 6 or more permanent teeth removed  
Priority: Increased early detection of oral and pharyngeal cancers |

| Oral cavity and pharynx cancer stage diagnosis.** Percent of oral cavity and pharynx cancers with an early-stage diagnosis  
Public Health Data Warehouse, 2015-2019 |
Data sources

Secondary data

Visited the dentist or dental clinic within the past year for any reason, 2020

- 65.3% in Ohio
- 66.7% in the U.S.

Source: CDC NCHS, National Health Interview Survey (NHIS), 2020

Healthcare provider focus groups

Regional consumer focus groups

- OHIO
- Toledo: June 24
- Cleveland: June 29
- Columbus: June 30
- Cincinnati: July 1
- Athens: June 21
Priority populations
Preventive dental care during pregnancy

Percent of Ohio women with a live birth during the past year who had their teeth cleaned during pregnancy

**By race**
- Hispanic: 27.5%
- Non-Hispanic other race: 28.8%
- Non-Hispanic Black: 31.6%
- Non-Hispanic white: 45.2%

**By income**
- $32,000 or less: 27%
- $32,001-$57,000: 34%
- More than $57,000: 57.6%

Source: Ohio Pregnancy Assessment Survey, 2020
Preventive dental care, new mothers
Percent of Ohio women with a live birth during the past year who had their teeth cleaned during pregnancy

- $32,001-$57,000: 34%
- Black, non-Hispanic: 31.6%
- Other, non-Hispanic: 28.8%
- Hispanic: 27.5%
- $32,001-$57,000: 27%

Ohio: 40.7%

Source: Ohio Pregnancy Assessment Survey
## Priority factors

<table>
<thead>
<tr>
<th>Community conditions</th>
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<tbody>
<tr>
<td>Transportation access</td>
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<tr>
<td>Healthy food access</td>
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<table>
<thead>
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<th>Health behaviors</th>
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<tbody>
<tr>
<td>Nutrition, including sugar-sweetened beverage consumption</td>
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<tr>
<td>Oral hygiene</td>
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<table>
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<tr>
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<tr>
<td>Workforce capacity and availability</td>
</tr>
<tr>
<td>Insurance and affordability</td>
</tr>
</tbody>
</table>
Priority: Improved nutrition, reduced juice consumption

Juice consumption
Percent of Ohio children, ages 2-5, who had 1+ 100% fruit juice drinks yesterday

- Black: 77.6%
- Rural, non-Appalachian: 75.2%
- Medicaid: 73.1%
- 100%-206% FPL: 72.7%
- Ohio: 64.5%

Source: Ohio Medicaid Assessment Survey
**Priority:** Increased workforce capacity and availability

**Dentist workforce**

Average rate of dentists per 100,000 population, by county

![Map of Ohio with regions highlighted](image)

- **Appalachia:** 37.6
- **Southeast Ohio:** 35.7

**Source:** County Health Rankings
Priority outcomes

**Dental care outcomes**
- Increased preventive care
- Reduced unmet need

**Oral health outcomes**
- Reduced tooth decay
- Reduced periodontal disease
- Increased early detection of oral and pharyngeal cancers
Priority: Increased preventive care

Preventive dental care, child
Percent of children, ages 1-17, who have seen a dentist or other oral health care provider for preventive dental care, such as check-ups, dental cleanings, dental sealants or fluoride treatments in the past year

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>66.5%</td>
</tr>
<tr>
<td>100-199% FPL</td>
<td>65.3%</td>
</tr>
<tr>
<td>0-99% FPL</td>
<td>64.9%</td>
</tr>
<tr>
<td>Other, non-Hispanic</td>
<td>61.8%</td>
</tr>
<tr>
<td>Not insured</td>
<td>55.3%</td>
</tr>
<tr>
<td>1-5 years old</td>
<td>52.3%</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance Survey

Preventive dental care, new mothers
Percent of Ohio women with a live birth during the past year who had their teeth cleaned during pregnancy

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$32,001-$57,000</td>
<td>34%</td>
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<td>Black, non-Hispanic</td>
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</tr>
<tr>
<td>Other, non-Hispanic</td>
<td>28.8%</td>
</tr>
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<td>27.5%</td>
</tr>
<tr>
<td>$32,001-$57,000</td>
<td>27%</td>
</tr>
</tbody>
</table>

Source: Ohio Pregnancy Assessment Survey
Priority: Reduced unmet need for dental care

Unmet dental care need, adult
Percent of Ohio adults, ages 19 and older, with unmet dental care needs

Uninsured: 37.9%
Cognitive or development disability: 30.1%
With a disability: 23.4%
0-100% FPL: 23.1%
Hispanic: 23%
Medicaid: 21.1%
100-206% FPL: 20.2%
Black: 19.1%
19-24 years old: 18.4%
25-44 years old: 17.7%
Metropolitan: 15.8%
Ohio: 14.3%

Source: Ohio Medicaid Assessment Survey
Priority: Reduced tooth decay; reduced periodontal disease

Oral health problem, child
Percent of children, ages 1-17 years old, who experienced oral health problems such as toothaches, bleeding gums or decayed teeth or cavities with the past year:

- Uninsured: 27.8%
- 6-11 years old: 19.5%
- 0-99% FPL: 19.3%
- Black, non-Hispanic: 18.1%
- 100-199% FPL: 14.8%
- 200-399% FPL: 14.3%
- Ohio: 12.8%

Source: National Survey of Children's Health

Permanent teeth removed, adult
Percent adults, ages 18 and older, who had six or more permanent teeth removed:

- 65+ years old: 34.1%
- Less than $15,000: 33%
- $15,000-$25,000: 29.2%
- $25,000-$35,000: 19.8%
- 45-64 years old: 19.9%
- Black, non-Hispanic: 18.4%
- Ohio: 16.1%

Source: National Survey of Children's Health
Priority: Increased early detection of oral and pharyngeal cancers

Oral cavity and pharynx cancer stage diagnosis
Percent of oral cavity and pharynx cancers with an early-stage diagnosis

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>27%</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>26%</td>
</tr>
<tr>
<td>Ohio</td>
<td>30.8%</td>
</tr>
</tbody>
</table>

Source: Public Health Data Warehouse, 2015-2019
## Participant Information

Provider types (identified by participants):

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td>20 (13 general, 4 pediatrics, 1 public health, 2 no response)</td>
</tr>
<tr>
<td>Dental hygienist</td>
<td>15 (including 6 from Ohio Department of Health)</td>
</tr>
<tr>
<td>Physician</td>
<td>5 (4 pediatricians, 1 family medicine)</td>
</tr>
<tr>
<td>Nurse (BSN, RN, LPN)</td>
<td>4</td>
</tr>
<tr>
<td>Advanced Practice Registered Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52</strong></td>
</tr>
</tbody>
</table>
Of the 29 dentist and dental hygienists:

- 20 said they accept both Medicaid and non-Medicaid
- 5 said they only accept non-Medicaid insurance
- 4 said they accept Medicaid only
What **strategies or policy recommendations** should be included to address these challenges?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Response category</th>
<th>Times mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Increase Medicaid reimbursement rates</td>
<td>12</td>
</tr>
<tr>
<td>2 (tie)</td>
<td>Expand fluoride use (including allowing more practitioners to apply it, additional populations for whom it is reimbursable)</td>
<td>11</td>
</tr>
<tr>
<td>3</td>
<td>Scope of practice changes or new provider types (including dental therapists, less restrictions and more autonomy for dental hygienists, EFTAs)</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>Medical/dental integration</td>
<td>8</td>
</tr>
<tr>
<td>5 (tie)</td>
<td>Expansion or continued funding of programs that increase access for underserved populations (including the Ohio Project, Give Kids a Smile, post-doctoral residency programs, Dental OPTIONS program)</td>
<td>7</td>
</tr>
<tr>
<td>5 (tie)</td>
<td>School-based health centers with dental services (including removing existing policy barriers and having an identifier for SBHC in billing)</td>
<td>7</td>
</tr>
</tbody>
</table>
Consumer Focus Group

Findings
Participant information

- 5 focus groups (each broke into three groups for discussion)
- Community members and interested consumers able and willing to give up their time to tell us about their experiences

<table>
<thead>
<tr>
<th>City</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleveland</td>
<td>29</td>
</tr>
<tr>
<td>Cincinnati</td>
<td>23</td>
</tr>
<tr>
<td>Toledo</td>
<td>28</td>
</tr>
<tr>
<td>Athens</td>
<td>14</td>
</tr>
<tr>
<td>Columbus</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>120</strong></td>
</tr>
</tbody>
</table>
### Participant Information

<table>
<thead>
<tr>
<th></th>
<th>Columbus</th>
<th>Toledo</th>
<th>Athens</th>
<th>Cleveland</th>
<th>Cincinnati</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>23</td>
<td>18</td>
<td></td>
<td>29</td>
<td>19</td>
</tr>
<tr>
<td>Latino</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>White</td>
<td>1</td>
<td>10</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>26</td>
<td>28</td>
<td>14</td>
<td>29</td>
<td>23</td>
</tr>
</tbody>
</table>
If you could be president for a day (or if you could wave a magic wand), what would you do to **improve oral health**?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Response category</th>
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</tr>
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<tbody>
<tr>
<td>1</td>
<td>Accept all insurances/free oral health care for all</td>
<td>19</td>
</tr>
<tr>
<td>2</td>
<td>Increase access</td>
<td>16</td>
</tr>
<tr>
<td>3</td>
<td>Programs in schools (educate and treat at a young age)</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>Require dentists to take Medicaid, better reimbursement</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>General education about oral health care</td>
<td>7</td>
</tr>
</tbody>
</table>
Before moving on to Selection of Goals and Action Steps

Questions?
Selection of Goals and Action Steps
State Oral Health Plan pathway to impact

**Purpose**
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- OHO monitors progress toward SMART objectives

**Vision**
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Vision
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- Optimal oral health for all Ohioans across the lifespan
Goals and action steps

**Goal:** Broad, desired outcome – the “What”
Example: Increase locations where people can access dental care

**Action step:** Specific recommendation – the “How”
Example: Increase the number of school-based health centers with dental services
| Evidence registries | Provider and consumer focus groups | Advisory committee feedback |
Evidence registries

1. Cochrane Oral Health
2. Healthy People 2030
3. The Guide to Community Preventive Services
5. What Works for Health (WWFH)
Sources of goals and action steps

- Evidence registries
- Provider and consumer focus groups
- Advisory committee feedback
### Improve transportation access

<table>
<thead>
<tr>
<th>Goal</th>
<th>Action step examples</th>
</tr>
</thead>
</table>
| A. **Expand access to public transportation** | 1. Strengthen access to [public transportation](#) by improving and expanding local bus systems (=)  
2. Implement [rural transportation services](#)*, such as publicly-funded buses and vans, dial-a-ride or other demand-response programs, or volunteer ridesharing programs (=)  
3. Offer [employee incentives for public transportation](#), such as free or discounted bus passes, reimbursements or pre-tax payroll deductions  
4. Assist older adults with public transportation through [travel training](#) and [mobility managers](#) |
| B. **Improve transportation and land use policies** | 5. Implement [complete streets and streetscape design initiatives](#)  
6. Pass local ordinances and [zoning regulations for land use policies](#) to improve access to active transportation (walking, biking, etc.)  
7. Create [bike and pedestrian master plans](#)  
8. Support active commuting (walking, biking, etc.) through [multi-component workplace supports](#), such as bicycle parking, walking groups or campaigns, and financial incentives (e.g., free bicycle parking vs. fees for car parking). |
| C. **Increase utilization of medical transportation** | 9. Expand and improve accessibility of [Non-Emergency Medical Transportation (NEMT) services](#)  
10. Support Veteran access to health care through [Veterans Transportation Service](#) |

* Rated by What Works for Health as “Expert opinion”
Worksheet key

**Blue links:** An evidence-based strategy from an evidence registry

**Equity symbol (≡):** Likely to reduce disparities (based on review by What Works for Health or Community Guide)

**Asterisk*: Rated as an expert opinion in What Works for Health or evidence of effectiveness is emerging
Selection considerations

1. **Evidence of effectiveness**: Research evidence shows the strategy is effective at addressing State Plan priorities

2. **Impact on outcomes**: Potential size of impact on State Plan outcomes

3. **Equity**: Research evidence shows that the strategy is likely to reduce disparities, or the strategy can be tailored to meet the needs of Ohioans with the greatest need

4. **Co-benefits**: The strategy impacts multiple State Plan priorities

5. **Momentum and feasibility**: at state and/or local level
Discussion questions

1. Are there any goals (left column) that you would recommend:
   a) Removing from consideration? Why?
   b) Renaming, combining (grouping together) or splitting out? Why?
   c) Adding? Why?
   d) Which two goals do you think are most important?

2. Within the goals you see as most important, are there action steps (right column) that you think must be included?
Prioritization survey No. 2: State Plan Goals
Individual and small group Discussion
Connect with us

Social

@HealthPolicyOH

linkedin.com/healthpolicyohio

Email

• HPIO mailing list (link on our homepage)
• Ohio Health Policy News (healthpolicynews.org)

www.hpio.net

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