



# 2015-2016 State Health Improvement Plan Addendum



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Online: To view this report online, go to <http://ship.oh.networkofcare.org/ph/>

For additional information, including a detailed workplan, description and references to evidence-based approaches, and policy considerations contact the Office of Health Policy and Performance Improvement at (614) 466-3543.

October 5, 2015

In 2014, the Ohio Department of Health (ODH) applied to become a nationally accredited health department by the Public Health Accreditation Board (PHAB). As part of its commitment to continuous quality improvement, and as a requirement for accreditation, ODH is pleased to release the 2015-2016 State Health Improvement Plan (SHIP) Addendum to the 2012-2014 SHIP.

The 2015-2016 Addendum retains the nine priority area goals and many of the critical strategies agreed upon by the 2012-2014 SHIP Planning Committee. After a six-month review process, including stakeholder and ODH staff feedback, there are noticeable changes to the plan that create a clearer “road map” for the state. They include:

- Measurable objectives through December 31, 2016.
- Standard process to monitor and track progress.
- Alignment with national and local priorities. (Appendix A on page 26).
- References to supporting plans that describe specific tactics, interventions and actions. (Appendix B on page 27).

Ohio will continue to engage a variety of stakeholders with a diverse geographic and population reach to address social determinants of health, disparate health outcomes, and health inequities. As a department, ODH has adopted six core public health “pillars,” which align with the SHIP. To track health indicators and to view additional data and information related to the state and local public health priorities, visit: <http://ship.oh.networkofcare.org/ph/>.

We believe the 2015-2016 SHIP Addendum positions public health in Ohio for even greater success to improve the health and wellness of our residents. Thank you for your interest in and commitment to public health in Ohio.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard Hodges', written in a cursive style.

Richard Hodges, MPA  
Director of Health

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# Purpose and Overview

The Ohio Department of Health (ODH) followed guidance from the Public Health Accreditation Board to create the 2015-2016 SHIP Addendum. This update retains the nine priority goal areas of the 2012-2014 SHIP, including many of the original strategies, aligning with current initiatives to address long-term health outcomes.

To meet the goals, strategies and measurable objectives have been identified to be achieved by December 31, 2016. The objectives describe what will change in the next year as a result of the corresponding strategies. Each objective has a minimum of one measurable outcome to act as an indicator to monitor progress. A list of partners, policy considerations, national benchmarks, evidence-based citations and other references for each objective is outlined in a detailed work-plan with the Office of Health Policy and Performance Improvement at ODH.

As part of this process ODH reached out to stakeholders to review each strategy, objective and measurable outcome to ensure common understanding, expectations and support for each. Working with stakeholders, a reporting template will be shared to track progress relative to baseline and targets set.

The 2015-2016 SHIP Addendum will be the roadmap for the next year acting as a “bridge” while the state begins a new health assessment and planning process in 2016. The next health assessment will align with the population health plan requirements of the State Innovation Model grant. This process will also facilitate continued integration of public health and clinical medicine to identify common metrics, enhance data and address health disparities across the state.



## PRIORITY 1: Decrease Ohio's infant mortality rate and reduce disparities in birth outcomes

### STRATEGY

Implement and expand quality improvement (QI) initiatives via the Ohio Perinatal Quality Collaborative (OPQC)

### OBJECTIVE

- Decrease the rate of premature births in Ohio less than 37 weeks by 10 percent, and less than 32 weeks by 10 percent  
2015 Baseline: 37 weeks — 10.6 percent; Less than 32 weeks — 2.1 percent

### MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Number of eligible women identified and treated for progesterone supplementation with prior preterm birth

### STRATEGY

Partner with the Ohio Injury Prevention/Child Injury Action Group (CIAG)

### OBJECTIVE

- Reduce the rate to .98 infant deaths per 1,000 live births from sudden unexpected infant deaths (SUID), which includes sudden infant death syndrome, unknown cause, accidental suffocation, and strangulation in bed  
2013 Baseline: 1.08 infant deaths per 1,000 live births

### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Quarterly: Number of all infant deaths

Quarterly: Number of SUID related deaths

Annually: Number and percentage of sleep-related infant deaths involving bed sharing and smoke exposure (Child Fatality Review)

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## STRATEGY

*Implement tobacco cessation interventions to women of childbearing age (18-44)*

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### OBJECTIVE

- Increase by 10 percent the enrollments to the Ohio Tobacco Quit Line among women of childbearing age (18-44)  
SFY 2014 Baseline: 222

### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Monthly: Number of calls to the Ohio Tobacco Quit Line

### OBJECTIVE

- Increase to 106 publicly funded maternal and child health programs implementing evidence-based tobacco cessation interventions for pregnant smokers and women of childbearing age  
2015 Baseline: 76

### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Quarterly: Number of sites implementing evidence-based programs

Quarterly: Pregnancy smoking rates by program

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## STRATEGY

*Decrease the birth rate among 13-19 year olds*

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### OBJECTIVE

- Reduce by 5 percent the rate of youth involved in the foster care and juvenile justice system completing the Personal Responsibility Education Program (PREP) and having unprotected sex  
2015 Baseline: 3,123/4,000

### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Quarterly: Number of front-line staff at all foster care and juvenile justice organizations trained

Quarterly: Number of youth in out-of-home placement throughout the state of Ohio educated in PREP

## OBJECTIVE

- Increase by 10 percent the percentage of sexually active adolescents who use contraception  
2013 Baseline: 34.2 percent

### MEASURABLE OUTCOMES TO MONITOR PROGRESS

**Quarterly:** Percentage of adolescents using contraception at ODH Reproductive Health and Wellness Program (RHWP) health centers

**Quarterly:** Percentage of adolescents completing a reproductive life plan at ODH RHWP health centers

**Quarterly:** Number of Medicaid or managed care adolescent clients identified as using hormonal or intrauterine contraception

## OBJECTIVE

- Decrease by 10 percent the percentage of Ohio high school students who report ever having sex  
2013 Baseline: 43 percent

### MEASURABLE OUTCOMES TO MONITOR PROGRESS

**Quarterly:** Percentage of Ohio students who participate in abstinence education class (ODH Program)

**Annually:** Percentage of Ohio high school students who report ever having sex

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## STRATEGY

*Target resources to known high-risk areas to decrease health disparities*

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## OBJECTIVE

- Decrease the infant mortality rates in nine targeted communities to achieve the Healthy People (HP) 2020 goal of 6 deaths per 1,000 live births  
2015 Baseline: To be determined

### MEASURABLE OUTCOMES TO MONITOR PROGRESS

**Monthly:** Infant mortality rates for each community

**Annually:** Infant mortality rate for each community



## PRIORITY 2: Prevent and reduce the burden of chronic disease for all Ohioans

### STRATEGY

*Building strong communities to ensure Ohioans of all ages and abilities can live disease-free*

#### OBJECTIVE

- Increase to 52 the number of public and private worksites in Ohio that meet Healthy Ohio Business Council (HOBC) Worksite Wellness criteria  
2014 Baseline: 46

#### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Quarterly: HOBC regional membership numbers

Quarterly: Number of healthy worksite trainings

#### OBJECTIVE

- Increase to 21 the number of adopted Complete Streets policies  
2014 Baseline: 15

#### MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Number of policies adopted

#### OBJECTIVE

- Increase to 40 the number of licensed early child care providers that have adopted organizational healthy eating/active living policies  
Baseline: 25

#### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Monthly: Number of Ohio Healthy Programs (OHP) designations

Monthly: Number of participants in OHP trainings

#### OBJECTIVE

- Increase percent of Ohio farmers' markets (FM) that accept nutrition assistance benefits—including electronic benefit transfers (EBT) or vouchers for Supplemental Nutrition Assistance Program (SNAP) as well as coupons for the Women, Infants and Children Farmers' Market Nutrition Program (WIC FMNP)—to 22 percent accepting SNAP and 24 percent accepting WIC FMNP  
2015 Baseline: 20.2 percent SNAP; 22.4 percent WIC FMNP

## MEASURABLE OUTCOMES TO MONITOR PROGRESS

**Quarterly:** Number of FMs that accept WIC

**Semi-Annually:** Number of new SNAP incentive programs

**Annually:** Number of FMs that accept SNAP and EBT

### OBJECTIVE

- Increase to 81 the number of small retail stores offering healthy foods and beverages  
2015 Baseline: 23

## MEASURABLE OUTCOME TO MONITOR PROGRESS

**Quarterly:** Number of small food retail establishments participating in healthy store initiative (e.g., Good Food Here, Live Well Toledo, Fresh Foods Here)

### OBJECTIVE

- Increase to 250 the number of K-12 school districts that are 100 percent tobacco-free  
2015 Baseline: 40

## MEASURABLE OUTCOMES TO MONITOR PROGRESS

**Quarterly:** Number of school districts 100 percent tobacco-free

**Quarterly:** Number of school districts engaged in policy work

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## STRATEGY

*Ensure Ohioans are receiving optimum preventive services to prevent and reduce diseases*

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### OBJECTIVE

- Increase by 2 percent the number of adults screened according to guidelines for breast, colorectal and cervical cancers  
2014 Baseline: Cervical—84.4 percent; colorectal—65.1 percent; breast—75.8 percent

## MEASURABLE OUTCOMES TO MONITOR PROGRESS

**Semi-Annually:** Number of practices participating in the cancer screening improvement program

**Annually:** Screening rates

### OBJECTIVE

- Improve by 5 percent blood pressure control rates for practices participating in the Million Hearts Learning Collaborative  
2014 Baseline: 66.8 to 72.1 percent

## MEASURABLE OUTCOME TO MONITOR PROGRESS

**Semiannually:** Number of hypertensive patients

**Semiannually:** Percent of hypertensive patients in control

**Semiannually:** Percent of patients with follow-up visit scheduled monthly

## OBJECTIVE

- Increase by 50 percent the number of high-risk children and youth receiving interventions to prevent and manage obesity through a healthcare provider  
2015 Baseline: 66,000

### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Quarterly: Provider documentation of obesity risk (body mass index), blood pressure, weight trend and family history

Quarterly: Rates of nutritional/physical activity counseling

## OBJECTIVE

- Increase to 50 percent the percentage of Ohio tobacco users who are covered/eligible to receive services from the Ohio Tobacco Quit Line  
2014 Baseline: 41 percent

### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Quarterly: Number of Medicaid recipients enrolled to receive services

Quarterly: Number of claims submitted to Centers for Medicare and Medicaid Services

Quarterly: Number of public/private partners in Ohio Tobacco Collaborative

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## STRATEGY

*Ensure Ohioans are connected to the appropriate healthcare and public health services within their communities*

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## OBJECTIVE

- Increase to 55 the number of Ohio counties with available community tobacco cessation services  
2014 Baseline: 41

### MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Number of Ohio counties that offer cessation services in local communities for low or no cost (e.g., tobacco treatment specialist, cessation groups, etc.)

## OBJECTIVE

- Increase the number of participants in diabetes programming — by 1,000 prevention programs (DPP) —by 5 percent self-management education programs (SMEP)  
2015 Baseline: DPP 2,591: SMEP 43,990

### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Semi-Annually: Number of participants in DPP

Quarterly: Number of participants in SMEP



## PRIORITY 3: Reduce and/or prevent reportable infectious diseases through comprehensive and integrated community health approaches

### STRATEGY

*Collect, analyze, interpret and report useful data*

#### OBJECTIVE

- Reduce the number of newly diagnosed HIV infections to 8.0 cases per 100,000 annually among persons 13 years of age and older  
2014 Baseline: 8.2 cases per 100,000

#### MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly and Annual: Rate of new HIV diagnoses reported per 100,000 population

#### OBJECTIVE

- Maintain the tuberculosis (TB) case rate in U.S.-born persons to less than 0.6 cases per 100,000 population  
2014 Baseline: 0.6/100,000

#### MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly and Annually: TB control unit reports

#### OBJECTIVE

- Maintain the number of Salmonella infections at or below 10.3 cases per 100,000  
2013 Baseline: 10.3 cases /100,000

#### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Quarterly: Number of Salmonella outbreaks investigated

Quarterly: Percent of reported cases for which complete demographic information was available

#### OBJECTIVE

- Reduce the number of Shiga toxin-producing Escherichia coli (STEC) O157:H7 infections to 0.6 cases per 100,000.  
2013 Baseline: 0.7 cases/100,000

#### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Quarterly: Number of STEC outbreaks investigated

Quarterly: Percentage of reported cases for which complete demographic information was available

## OBJECTIVE

- Increase by 10 percent number of Ohioans covered by local health departments that participate in mosquito surveillance for West Nile virus  
2014 Baseline: 18 local health departments participating, covering 46 percent of Ohioans

## MEASURABLE OUTCOMES TO MONITOR PROGRESS

**Monthly (June-September):** Number of local health departments providing surveillance samples to ODH Lab

**Monthly (June-September):** Number of local health departments provided with surveillance equipment (traps, etc.) by ODH

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## STRATEGY

*Identify and implement best practices for infectious disease surveillance, prevention and control*

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## OBJECTIVE

- Increase to 68.4 percent immunization coverage rates for children 19-35 months receiving 4:3:1:3:3:1:4 vaccine immunization series  
2012 Baseline: 63.4 percent National Immunization Survey (NIS)

## MEASURABLE OUTCOMES TO MONITOR PROGRESS

**Monthly:** Children 19-35 months coverage rates—Ohio Immunization Registry

**Annually:** Children 19-35 months coverage rates—NIS

## OBJECTIVE

- Increase human papillomavirus (HPV) immunization coverage rates for adolescents age 13-17, females to 40 percent and males to 20 percent  
2014 Baseline: Females—three doses 35 percent; Males—three doses 14.7 percent

## MEASURABLE OUTCOME TO MONITOR PROGRESS

**Monthly:** HPV coverage rates for adolescents age 13-17—Ohio Immunization Registry

## OBJECTIVE

- Increase by 2 percent the number of adults (19 and older) whose vaccine administration was entered into ImpactSIS  
2014 Baseline: 1,297,367

## MEASURABLE OUTCOME TO MONITOR PROGRESS

Monthly: Number of ImpactSIS records

## OBJECTIVE

- Increase by 2.5 percent the number of persons tested for HIV at counseling, testing, and referral sites  
2014 Baseline: 51,827 confidential tests performed

## MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Number of HIV counseling, testing and referral site persons tested for HIV

## OBJECTIVE

- Increase to 73 percent the percentage of Ryan White Part B clients in HIV medical care who are prescribed HIV antiretroviral therapy (ART)  
2015 Baseline: 68 percent

## MEASURABLE OUTCOMES TO MONITOR PROGRESS

Quarterly: Percentage of Ryan White Part B clients who are prescribed ART medication by Part B-funded medical providers

Quarterly: Percentage of Part B-funded medical providers (those who have clients who are not being prescribed ART) who receive technical assistance regarding the standard of care

## OBJECTIVE

- Reduce the statewide transmission rate of primary and secondary syphilis among men—6.7 and women—1.1  
2014 Baseline: Men—8.6: Women—1.3

## MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Case rates of primary and secondary syphilis among men and women



## PRIORITY 4: Promote public awareness, policy, programs and data that demonstrate that injury and violence are preventable

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### STRATEGY

*Implement evidence-based violence and injury prevention programs*

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#### OBJECTIVE

- Decrease by 5 percent the rate of fall-related deaths among adults aged 65 years and older  
2013 Baseline: 57 per 100,000

#### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Quarterly: Number of fall-related deaths for ages 65 and older

Quarterly: Number of primary care offices utilizing the falls risk assessment tool—STADI

Quarterly: Number of counties offering Maintain Matter of Balance trainings

Quarterly: Number of Tai Chi master trainers and classes offered

#### OBJECTIVE

- Decrease by 10 percent the rate of deaths due to motor vehicle crashes for children ages 4-7  
2012 Baseline: 1.45 per 100,000

#### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Quarterly: Number of deaths of children ages 4-7 due to motor vehicle crashes

Quarterly: Percentage of children restrained in motor vehicle crashes

Quarterly: Number of emergency department visits for motor vehicle collisions

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### STRATEGY

*Decrease the number of opiate-related deaths*

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#### OBJECTIVE

- Stabilize overdose death rate (including both prescription opioids and heroin)  
2013 Baseline: 18.2 per 100,000

#### MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Number of unintentional overdose deaths

## OBJECTIVE

- Decrease by 10 percent the number of Ohio patients with a daily Morphine Equivalent Dose (MED) greater than 80 (excluding Suboxone)  
2013 Baseline: 4th Quarter: 66,550

## MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Number of Ohio patients with a daily MED greater than 80 (excluding Suboxone.)

## OBJECTIVE

- Increase to 30 the number of community-based naloxone distribution sites (e.g., Project DAWN)  
2015 Baseline: 27 sites in July

## MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Number of naloxone distribution sites available to Ohioans

## OBJECTIVE

- Increase by 10 percent the number Emergency Medical Services (EMS) agencies administering naloxone  
2015 Baseline: 166/568

## MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Number of EMS agencies administering naloxone

## OBJECTIVE

- Increase by 10 percent the number of patients who received any controlled substance from an Ohio prescriber that were queried in the Ohio Automated Rx Reporting System (OARRS)  
2013 Baseline: 4th Quarter: 47.9

## MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Number of patients who received any controlled substance from an Ohio prescriber that were queried in OARRS

## OBJECTIVE

- Increase by 10 percent the number of patients who received opioids from an Ohio prescriber at an MED greater than 80 that were queried in OARRS  
2013 Baseline: 4th Quarter: 65.1

## MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Number of patients who received opioids from an Ohio prescriber at an MED greater than 80 that were queried in OARRS



## PRIORITY 5: Implementing integrated mental and physical health care models to improve public health

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### STRATEGY

*Recognize trauma as a public health concern by increasing awareness of trauma's impact on the emotional and physical well-being of Ohioans*

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#### OBJECTIVE

- Increase awareness of trauma's impact on the emotional and physical well-being of Ohioans  
2015 Baseline: To be determined

#### MEASURABLE OUTCOME TO MONITOR PROGRESS

*Quarterly:* Number of all organizations and staff within agency with appropriate training, skill development and support

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### STRATEGY

*Provide a data-driven planning framework to assist in developing comprehensive plans*

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#### OBJECTIVE

- Adopt and implement a state and local mental health integrated, community-based data dashboard and resources system  
2015 Baseline: Ohio Mental Health and Addiction Services signed agreement with ODH

#### MEASURABLE OUTCOMES TO MONITOR PROGRESS

*Quarterly:* Number of data sets displayed on state site

*Quarterly:* Number of mental health and addiction agencies customizing local sites

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## STRATEGY

*Engage and recruit Medicaid providers and pediatric and family medicine residency programs in Building Mental Wellness (BMW) training and learning opportunities*

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### OBJECTIVE

- Increase to 100 the number of providers who are educated about mental health assessment, treatment, referral and integration of mental health into primary care  
2015 Baseline: 48

### MEASURABLE OUTCOME TO MONITOR PROGRESS

**Quarterly:** Number of providers trained through BMW eLearning community, online modules and workshops



## PRIORITY 6: Establish, support and promote policies and systems to identify and reduce barriers that prevent access to appropriate health care for all Ohioans

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### STRATEGY

*Expand adoption of patient-centered care*

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#### OBJECTIVE

- Develop a new patient-centered medical home (PCMH) model and roll-out to Ohio markets  
2015 Baseline: 620 PCMH practices

#### MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Progress demonstrated on model and market roll-out

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### STRATEGY

*Educate consumers about the value of the PCMH model, what to expect of a PCMH provider, and their responsibilities in their own health care*

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#### OBJECTIVE

- Develop and disseminate resources to equip consumers to be full partners in their health care  
Baseline: To be determined

#### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Quarterly: Number of hits to PCMH consumer website

Quarterly: Number of hits on website hosting patient engagement provider toolbox for healthcare providers

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## STRATEGY

*Increase opportunities to train, recruit and retain dental providers for underserved areas/ populations*

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### OBJECTIVE

- Identify and place primary care health profession students (medical, dental, advanced practice nurse, physician assistant and behavioral health) to have clinical rotational experiences in Ohio's Federally Qualified Health Centers network of advanced, modernized primary care settings

Baseline: To be determined

### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Quarterly: Demographics and numbers of students placed from each health profession and school

Quarterly: Number of precepted students that enter primary care, stay in Ohio and serve the underserved

### OBJECTIVE

- Increase, as funding allows, the number of dentists—16 and dental hygienists—4 who receive loan repayment through the Ohio Dentist and Ohio Dental Hygienist Loan Repayment Programs as an incentive for working in underserved areas of Ohio

2014 Baseline: Dentists—7 year; Hygienists—zero

### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Biannually: Number of dentists participating in program

Biannually: Number of dental hygienists participating in program

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## STRATEGY

*Increase the number of high-risk children with access to preventive dental services*

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### OBJECTIVE

- Increase by 5 percent the number of Ohio schoolchildren in high-risk schools (greater than or equal to 40 percent participation in free lunch program) who receive preventive dental sealants in publicly-funded school sealant programs

2014 Baseline: 28,139

### MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Number of children who receive dental sealants through publicly-funded school sealant programs



## PRIORITY 7: Ohio's public health organizations have the resources and capacity they need to assure the health and well-being of all Ohioans

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### STRATEGY

*Engage federal and state policy makers to provide and obtain long-term, sustainable, SHIP-aligned funding sources for public health*

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### OBJECTIVE

- Increase federal public health funding for the state from Centers for Disease Control and Prevention (CDC) to \$16 per capita  
2015 Baseline: \$15.68

### MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Per capita funding milestones: \$15.75; \$15.85; \$15.95; \$16.05



## PRIORITY 8: Ensure a sufficient quantity of competent public health and clinical health workers to meet the needs of all Ohioans

### STRATEGY

*Link public health core competencies to training and development*

#### OBJECTIVE

- Increase to 95 percent the number of courses in OhioTRAIN linked to core competencies  
2014 Baseline: 90 percent (710) courses

#### MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Number of courses offered in OhioTRAIN linked to public health core competencies

### STRATEGY

*Provide skill-based health equity training*

#### OBJECTIVE

- Increase the number of individuals completing health equity, health disparity, social determinants of health and social justice trainings to 100  
2014 Baseline: 0

#### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Quarterly: Number of participants in ODH Health Equity Trainings

Quarterly: Number of participants and courses offered in OhioTRAIN

### STRATEGY

*Assess staff competencies and address gaps by enabling organizational and individual training and development*

#### OBJECTIVE

- Increase by 50 percent the number of local health departments reporting documentation of formal workforce development plans  
2014 Baseline: 29

#### MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Number of plans uploaded to online reporting database

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## STRATEGY

*Expand opportunities for licensure areas to obtain continuing education (CE) requirements*

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### OBJECTIVE

- Increase by 10 percent the number of CE offerings for nurses  
2014 Baseline: 61

### MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Provider unit summary reports

### OBJECTIVE

- Increase by 5 percent the number of CE offerings for registered sanitarians (RS)  
2014-15 Baseline: 300

### MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Number of offerings as reported by state RS Board

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## STRATEGY

*Promote quality improvement as a cross-cutting skill*

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### OBJECTIVE

- Increase by 10 percent the number of public health professionals trained in quality improvement principles  
2014 Baseline: 397

### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Monthly: Number of individuals completing courses in OhioTRAIN

Monthly: Number of state staff completing courses in Enterprise Learning Management



## PRIORITY 9: Generate value by providing the right information in the right place at the right time to improve overall health system performance

### STRATEGY

*Use information technology to increase state efficiency*

#### OBJECTIVE

- Examine ODH systems for integration with the statewide integrated eligibility system and develop a timeline for inclusion of these potential systems. (e.g., WIC, Bureau for Children with Medical Handicaps and Help Me Grow)

2015 Baseline: Not started

#### MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Review of statewide integration process

#### OBJECTIVE

- Increase by 15 percent the number of providers reporting to the state immunization registry

2015 Baseline: 3,087 practices reporting

#### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Monthly: Number of submitting users

Monthly: Number of newly enrolled providers

Monthly: Number of providers requesting information

#### OBJECTIVE

- Increase by 10 percent the number of reports submitted using Electronic Lab Reporting

2015 Baseline: 52 percent

#### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Monthly: Number of facilities pre-certification testing

Monthly: Number of facilities parallel testing

Monthly: Number of new facilities to go live

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## STRATEGY

*Promote care coordination*

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### OBJECTIVE

- Implement an integrated web-based data collection system for the Ohio Infant Mortality Reduction Initiative Care Coordination program  
2015 Baseline: Project approved

### MEASURABLE OUTCOMES TO MONITOR PROGRESS

Monthly: Number of organizations accessing the system

Monthly: Number of outcomes data reports available

Monthly: Number of data imports successfully uploaded

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## STRATEGY

*Share useful payer data to help providers improve*

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### OBJECTIVE

- Increase the number of episode reports available to providers including multi-payer data (e.g., Medicare, MCPs, etc.)  
Baseline: To be determined

### MEASURABLE OUTCOME TO MONITOR PROGRESS

Quarterly: Number of eligible providers downloading and using monthly episode reports

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## STRATEGY

*Improve usability and access to existing healthcare data*

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### OBJECTIVE

- Increase by two the number of data sets in the secure Ohio Public Health Information Warehouse  
2015 Baseline: Birth and cancer existing data sets

### MEASURABLE OUTCOMES TO MONITOR PROGRESS

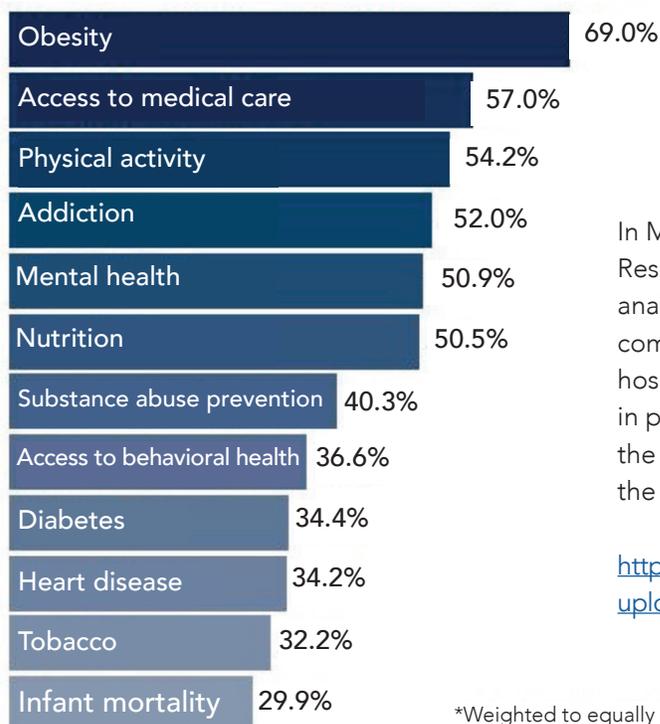
Quarterly: Number of reports available from mortality data

Quarterly: Number of reports available from Ohio Disease Reporting System data

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# Appendix A: List of Local Priorities

Top twelve hospital and Local Health Department (LHD) health priorities\* (n=280)

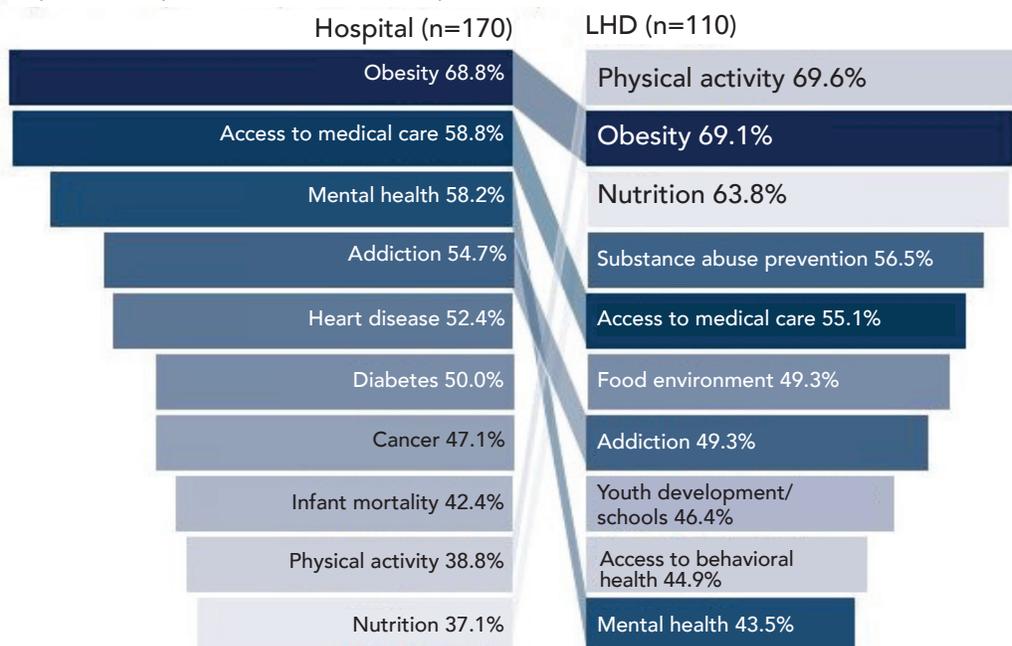


In May, 2015 the Health Policy Institute of Ohio and Research Association for Public Health Improvement analyzed local community health assessments and community health needs assessments for LHDs and hospitals respectively. The analysis identified themes in priorities at the local level. This analysis confirmed the alignment of the SHIP which includes eleven of the top twelve hospital and LHD health priorities.

[http://www.healthpolicyohio.org/wp-content/uploads/2015/06/PolicyBrief\\_CHAS\\_CHNAS\\_FINAL.pdf](http://www.healthpolicyohio.org/wp-content/uploads/2015/06/PolicyBrief_CHAS_CHNAS_FINAL.pdf)

\*Weighted to equally represent hospital and LHDs

Top ten hospital and LHD health priorities



Source: <http://www.healthpolicyohio.org/making-the-most-of-community-health-planning/>

# Appendix B: List of Reference Documents

## Infant Mortality

The mission of the Ohio Collaborative to Prevent Infant Mortality (OCPIM) is to prevent infant mortality and improve the health of women of childbearing age and infants throughout Ohio by promoting optimal health for all women before and during their childbearing years, employing evidence-based approaches to the reduction of infant mortality, and educating Ohioans about having and raising healthy babies. The OCPIM's purpose is to assist in the development, guidance, recommendations, and implementation of strategies outlined in the 2015 OIMRP.

<https://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/Infant%20Mortality/collaborative/2015/Infant%20Mortality%20Reduction%20Plan%202015-20.pdf>

Progesterone is an evidence-based therapy shown to reduce preterm birth by more than 30 percent in women with prior preterm birth and/or short cervix through identification and treatment of appropriate candidates with progesterone prophylaxis. Ohio Perinatal Quality Collaborative (OPQC) is currently testing strategies for implementing this intervention with 24 obstetrics (OB) outpatient clinics that were identified by OPQC's 20 charter OB sites. Successful strategies will then be disseminated to the other OB practices in Ohio.

<https://www.opqc.net/projects/progesterone>

The function of the Child Injury Action Group (CIAG) is to identify priorities and strategies to reduce child injury in Ohio. The CIAG has identified five focus areas to address in their five-year strategic plan including: teen driving safety, bicycle and wheeled sports helmets, infant sleep-related suffocation, sports-related traumatic brain injury, and child restraint/booster seat law review/revision.

<http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/injury%20prevention/CIAG%20Strategic%20Plan%20Updated%20031413.pdf>

The Perinatal Smoking Cessation Program is working with national, state and local partners to reduce the prevalence of smoking among women of reproductive age, including pregnant women. Through its Ohio Partners for Smoke-Free Families Initiative, the program aims to increase the adoption, reach and impact of evidence-based behavioral cessation strategies for reproductive-aged women/pregnant smokers.

<https://www.odh.ohio.gov/odhprograms/cfhs/psmok/presmoke1.aspx>

ODH, in partnership with the Ohio Department of Job and Family Services and the Ohio Department of Youth Services, proposes to reduce teen pregnancy and sexually transmitted infection rates for Ohio's youth 14-19 years of age residing in foster care and the juvenile justice systems by educating staff in those systems to become trainers in evidence-based pregnancy prevention programming.

[http://www.odh.ohio.gov/odhprograms/chss/ad\\_hlth/Personal%20Responsibility%20Education%20Program%20for%20Foster%20Care%20and%20Adjudicated%20Youth.aspx](http://www.odh.ohio.gov/odhprograms/chss/ad_hlth/Personal%20Responsibility%20Education%20Program%20for%20Foster%20Care%20and%20Adjudicated%20Youth.aspx)

The Ohio Adolescent Health Partnership is a diverse group of agencies, organizations, and individuals with expertise in adolescent health and wellness, and with the common goal of supporting optimal health and development for all adolescents. This strategic plan is intended to provide a framework for broadly addressing adolescent health and raising awareness about the health status of youth and the systems that support their health in Ohio.

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/chss/adolescent%20health/Ohio%20Adolescent%20Health%20Partnership%20-%20Strategic%20Plan%202013-2020.pdf>

ODH and CityMatCH are partnering with nine Ohio communities to improve birth outcomes and reduce the racial disparities in infant deaths. Infant deaths are an important indicator of the overall health of a society. Ohio ranks near the bottom in overall infant mortality and black infant deaths.

<http://www.odh.ohio.gov/OEI>

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a population-based survey designed to examine maternal behaviors and experiences before, during and after a woman's pregnancy, and during the early infancy of her child. The Centers for Disease Control and Prevention initiated PRAMS in 1987 in an effort to reduce infant mortality and the incidence of low birth weight. PRAMS was implemented in Ohio in April of 1999. Currently 40 states and New York City participate in PRAMS.

<https://www.odh.ohio.gov/healthstats/pramshs/prams1.aspx>

Preconception care involves identifying and altering risks that affect a woman's health, as well as her future pregnancies. Almost half of live births nationally are the result of an unintended pregnancy, which means improving the health of all women in their childbearing years is a crucial part of improving birth outcomes and infant health. Additionally, women who are obese, use tobacco or alcohol, or have been diagnosed with certain medical conditions before they become pregnant are at increased risk of negative birth outcomes such as preterm delivery and low birth weight. Implementing interventions and providing assistance for women with risk factors such as these before pregnancy are important to improve the health of both mother and child.

<https://www.odh.ohio.gov/~media/ODH/ASSETS/Files/prams%20-%20pregnancy%20risk%20assessment%20monitoring%20program/Reports%20and%20Fact%20Sheets/pcintroindexsummary.pdf>

*Preconception Health and Women's in Ohio* is intended to provide information and data about maternal and child health serving as a guide for policy and decision making with the goal of improving health outcomes for women of reproductive age and their children. Several groups were identified as being at high risk for poor preconception health behaviors, experiences and outcomes. The indicators were chosen to allow for clear, consistent data on the health of women between 18 and 44 years of age.

<https://www.odh.ohio.gov/~media/ODH/ASSETS/Files/prams%20-%20pregnancy%20risk%20assessment%20monitoring%20program/Reports%20and%20Fact%20Sheets/pcintroindexsummary.pdf>

State-level and county-level mental health and public health data accessible on Network of Care.

<http://networkofcare.org/splash.aspx?state=ohio>

## Chronic Disease

Ohio's Plan to Prevent and Reduce Chronic Disease: 2014-2018 is a five-year, priority-driven guide to prevent and reduce chronic disease in Ohio. It includes cross-cutting objectives to impact the policies, systems and environments influential to chronic disease outcomes and health behavior change.

<http://www.healthy.ohio.gov/CDPlan>

The Ohio Tobacco Collaborative is a unique public-private partnership that provides commercial carriers, employers, and third-party administrators with access to tobacco cessation services at rates typically reserved for public health. Employees of these companies (and covered family members), carriers or third-party administrators are eligible to receive services from the Ohio Tobacco Quit Line, which provides one-on-one tobacco cessation telephone counseling and nicotine replacement therapy.

<https://www.odh.ohio.gov/odhprograms/eh/quitnow/Tobacco/Cessation/otc.aspx>

The Healthy Ohio Healthy Worksite Award program annually recognizes Ohio employers that have demonstrated a commitment to their employees' health by providing comprehensive worksite health promotion and wellness programs. The awards acknowledge efforts made to improve overall employee health, enhance productivity and ensure a healthy work environment.

<http://www.healthy.ohio.gov/en/businesses/howkawd.aspx>

Ohio's Comprehensive Cancer Control Plan 2015-2020 is a strategic plan to reduce the cancer burden in the state. It is designed to provide guidance to individuals and organizations spanning a wide range of health and social disciplines that can play a role in controlling cancer. Several aspects of the cancer continuum are addressed. These aspects include primary prevention, screening and early detection, and patient-centered services involving treatment, quality of life and end-of-life care.

<http://www.healthy.ohio.gov/cancer/compcancer/The%20Ohio%20Comprehensive%20Cancer%20Control%20Plan.aspx>

Ohio Academy of Family Physicians members had a unique opportunity to take part in a quality improvement (QI) project to increase colorectal cancer (CRC) screening rates in their practice. Designed with the needs of a busy family medicine practice in mind, this program engaged the entire office staff, offered valuable continuing medical education (CME), practice team training, credit toward your American Board of Family Medicine (ABFM) Maintenance of Certification (MC-FP) Part IV requirement, and was provided completely free of charge as a benefit of membership!

<http://www.ohioafp.org/quality-improvement-cme/oafp-programs/colorectal-cancer-screening-improvement-program/#sthash.qWHgpgjT.dpuf>

## Infectious Diseases

This Ohio Tuberculosis Control Manual is designed to present the key steps and crucial information needed to perform tuberculosis control tasks in Ohio.

<https://www.odh.ohio.gov/~media/ODH/ASSETS/Files/bid/tuberculosis%20control/introduction.pdf>

Overview of how Ohio local health departments investigate a suspected foodborne disease outbreak.

<http://www.odh.ohio.gov/odhprograms/bid/orbitdis/Foodborne/Local%20health%20department%20foodborne%20outbreak%20investigation%20resources.aspx>

A Plan for Surveillance, Prevention, and Control of West Nile Virus and Other Arboviruses in Ohio  
Recommendations of the Ohio Arbovirus Task Force

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/bid/zdp/Animals/Mosquitoes/oharboplan.pdf>

AFIX is a quality improvement tool that consists of **A**ssessment of immunization coverage levels; **F**eedback of information to physicians and staff; **I**ncentives to recognize and reward outstanding and improved performance; and **eX**change of best practices.

<https://www.odh.ohio.gov/odhprograms/bid/immunization/AFIX%20Manual.aspx>

The Ohio Adolescent Health Partnership (OAHP) is a diverse group of agencies, organizations, and individuals with expertise in adolescent health and wellness, and with the common goal of supporting optimal health and development for all adolescents. This strategic plan is intended to provide a framework for broadly addressing adolescent health and raising awareness about the health status of youth and the systems that support their health in Ohio.

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/chss/adolescent%20health/Ohio%20Adolescent%20Health%20Partnership%20-%20Strategic%20Plan%202013-2020.pdf>

ImpactSIS is an interactive system for recording and tracking immunizations, which is managed by the ODH. It was developed to help achieve complete and timely immunization for all Ohioans.

<https://odhgateway.odh.ohio.gov/Impact/Default.aspx>

The Ohio AIDS Coalition has committed itself to facilitating the construction of an Ohio HIV/AIDS

Strategy.

<http://ohioaidscoalition.org/community-resources/archive/ohio-hivaids-strategy-program/>

The mission of the Ohio Ryan White Part B Quality Management (QM) program is to systematically monitor, evaluate, and continuously improve equitable access to, and the quality of, HIV treatment and support services provided to persons living with HIV/AIDS.

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/hst/hcs/2015-2016HCSQMPlan.pdf>

The HIV/AIDS Surveillance Program is responsible for the on-going and systematic collection, analysis, interpretation, and dissemination of population-based information about persons diagnosed and living with HIV and/or AIDS in Ohio.

<https://www.odh.ohio.gov/odhprograms/bid/hivsurv/surv1.aspx>

## Injury and Violence

STEADY U Ohio is a comprehensive falls prevention initiative led by Gov. John R. Kasich and the Ohio Department of Aging, and supported by Ohio government and state business partners to strengthen existing falls prevention activities, identify opportunities for new initiatives and coordinate a statewide educational campaign to bring falls prevention to the forefront of planning for individuals, families, health care providers, business and community leaders and all Ohioans.

<http://aging.ohio.gov/steadyu/resources/default.aspx#promotoolkit>

The developmental and cognitive abilities of children play a significant role in their vulnerability to injury. The function of the Child Injury Action Group (CIAG) is to identify priorities and strategies to reduce child injury in Ohio. The CIAG has identified five focus areas to address in their five-year strategic plan including: teen driving safety, bicycle and wheeled sports helmets, infant sleep-related suffocation, sports-related traumatic brain injury, and child restraint/booster seat law review/revision.

<http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/injury%20prevention/CIAG%20Strategic%20Plan%20Updated%20031413.pdf>

In 2011, Gov. John R. Kasich announced the establishment of the Governor's Cabinet Opiate Action Team to fight opiate abuse in Ohio. Ohio is combatting drug abuse through many initiatives on several fronts at the state and local levels involving law enforcement, public health, addiction and treatment professionals, healthcare providers, educators, parents and many others.

<http://www.mha.ohio.gov/gcoat>

## Integration of Physical and Behavioral Health

The statewide Trauma-Informed Care Initiative is intended to promote a greater sense of safety, security and equality among consumers/clients.

<http://mha.ohio.gov/Default.aspx?tabid=104>

State-level and county-level mental health and public health data accessible on Network of Care.

<http://ohyes.ohio.gov/Tutorial-on-Navigating-the-Network-of-Care-site>

Funded by the Ohio Department of Medicaid and the ODH, the Building Mental Wellness Learning Collaborative project is designed to improve the delivery of children's mental health services, including anticipatory guidance, screening, early diagnosis and management of social-emotional problems in primary care, and integrating resources from the Pediatric Psychiatry Network.

<http://grc.osu.edu/medicaidpartnerships/buildingmentalwellness/index.cfm>

## Access to Care

The Patient-Centered Medical Home (PCMH) model makes primary care and prevention the foundation of medical practice, facilitates partnerships between patients and their personal physicians, and pays providers for improving the health of their patients and clients through measurable outcomes. In February 2013, Ohio received a federal State Innovation Models (SIM) grant to design a payment model that increases access to patient-centered medical homes statewide. The goal is to give Ohioans the quality of care and information they need to increase their level of health at every stage of life, and to reduce the overall cost of care through prevention and wellness.

<http://www.healthtransformation.ohio.gov/>

The Ohio Patient-Centered Primary Care Collaborative is a coalition of primary care providers, insurers, employers, consumer advocates, government officials and public health professionals. They are joining together to create a more effective and efficient model of health-care delivery in Ohio. That model of care is the PCMH.

<https://www.odh.ohio.gov/landing/medicalhomes/opcpcc.aspx>

With passage of HB 64, the goal is to expose medical students to PCMHs in practice and provide a standardized, high-quality educational experience while accounting for the loss of productivity associated with precepting.

[http://www.odh.ohio.gov/odhprograms/chss/pchr\\_programs/recruitment/slrp.aspx](http://www.odh.ohio.gov/odhprograms/chss/pchr_programs/recruitment/slrp.aspx)

<http://www.ohiochc.org/>

The 2014 Ohio Director of Health's Task Force on Oral Health and Access to Dental Care was convened to develop a strategic plan to improve access for vulnerable Ohioans and to address other oral health issues. This process was built on previous strategic planning processes conducted in 2000, 2004, 2006 and 2009.

<https://www.odh.ohio.gov/en/odhprograms/ohs/oral/oralfeatures/taskforce.aspx>

# Workforce Development

OhioTRAIN

<https://oh.train.org/DesktopShell.aspx?tabId=93>

National Stakeholder Strategy for Achieving Health Equity

[http://minorityhealth.hhs.gov/npa/files/Plans/NSS/NSS\\_07\\_Section3.pdf](http://minorityhealth.hhs.gov/npa/files/Plans/NSS/NSS_07_Section3.pdf)

The Ohio State University, College of Public Health, Center for Public Health Practice

<http://cph.osu.edu/practice#sthash.AfVMFKUy.dpuf>

The Ohio Nurses Association

<http://www.ohnurses.org/education/>

The State Board of Sanitarian Registration

<http://sanitarian.ohio.gov/ce.stm>

LeanOhio Training Academy

<http://lean.ohio.gov/training.aspx>

## Health Information Technology (HIT)

Electronic Laboratory Reporting (ELR) allows facilities (laboratories and hospitals) to report test results for reportable infectious diseases through an automated and secure process. Facilities export data from their information systems in a standard file format and send it to the ODH electronically through a secure interface. ELR will replace paper-based reporting for most reportable infectious diseases. ELR allows for more rapid reporting to public health and reduces the amount of staff time it takes a facility to report information to public health.

<http://www.odh.ohio.gov/healthstats/HIT/Electronic%20Lab%20Reporting.aspx>

The goal of the ODH Immunization Program is to reduce and eliminate vaccine-preventable diseases among Ohio's children, adolescents and adults. To assist in reaching this goal, a Web-based statewide immunization information system was developed. ImpactSIIS collects immunization and other health and demographic information from doctor's offices, hospitals, insurance carriers, public health clinics, and other health care providers. Records for Ohio's residents are then visible to other health care providers around the state, including forecasting of next doses due for administration. An increasing percentage of this information is sent electronically in HL7 messages.

<http://www.odh.ohio.gov/healthstats/HIT/Immunization%20Reporting.aspx>

The Governor's Office of Health Transformation (OHT) is coordinating Ohio's efforts to accelerate the adoption and use of health IT. OHT conducted a formal health IT assessment, including interviews with experts within and outside Ohio, and identified near-term opportunities to use technology to improve health system performance. That process resulted in a preliminary HIT strategy that identifies four priorities for state action: share useful payer data to help providers improve, reinforce and accelerate care coordination, improve usability and access to data, and use Big Data to improve programs and policies.

<http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=0W8rFZUO8LU%3d&tabid=116>

# Notes

