2017-2019 SHIP progress report

Highlights

Is Ohio on the right track to meet the priority outcome objectives specified in the 2017-2019 SHIP?
Based on a review of the most recently-available data, the initial progress report in this section finds that there is much more work to be done to achieve SHIP goals:
- Ohio's performance got worse or had little or no detectable change for all SHIP priority outcomes in 2016-2017, compared to SHIP baseline (2013-2015).
- Disparities persisted and all available outcomes for priority populations worsened or had little or no detectable change.

This progress report sets the foundation for future evaluation and planning, and provides important context for development of the next SHIP.

An early look at progress

It is important to keep in mind that this is an early look at progress toward State Health Improvement Plan (SHIP) objectives. The data presented in this section assesses whether Ohio is headed in the right direction to meet SHIP targets, not whether the SHIP has been effective at improving statewide health outcomes.

As shown in figure 1, the 2017-2019 SHIP was released in February 2017 and set targets for 2019 and 2022. The data available in October 2018 for performance on SHIP objectives is from 2016-2017 (varies by source). Because of this timing, it is too soon to definitively assess the state's performance. Instead, this report sets the foundation for future evaluation and planning.

Performance measurement overview

Figure 2 displays the framework used in the 2017-2019 SHIP. This framework includes two overall health outcomes (health status and premature death), as well as ten priority outcomes related to the priority topics (mental health and addiction, chronic disease and maternal and infant health).

The 2017-2019 SHIP included Specific, Measurable, Achievable, Realistic and Time-bound (SMART) objectives for the desired outcomes listed on the top half of figure 2 so that progress can be monitored over time. As shown on **pages 9-13 of the 2017-2019 SHIP**, each outcome objective includes:
- Specific indicator and source
- Baseline data (from 2012-2015, depending on the source)
- Target data value (for 2019 and/or 2022)
- Priority populations, when available (groups with the worst outcomes, based on available data at baseline; see figure 3)

The 2017-2019 SHIP did not include specific objectives with targets for the cross-cutting factors listed on the bottom half of the SHIP framework (figure 2). The SHIP **Community Strategy and Indicator Toolkits**, however, do identify several specific indicators and data sources local communities can use to assess progress on factors such as educational attainment, employment, tobacco use and access to health care.

Figure 1. **SHIP outcome timeline**

| 2017-2019 SHIP released | SHIP targets | SHIP targets |

February 2017

Baseline data 2013-2015

Currently available data 2016-2017

| 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |

Figure 2. **2017-2019 SHIP framework**

Ohio 2017-2019 State Health Improvement Plan (SHIP

Overall health outcomes

- Health status
- Premature death

3 priority topics

Mental health and addiction	Chronic disease	Maternal and infant health

10 priority outcomes

• Depression • Suicide • Drug dependency/ abuse • Drug overdose deaths	• Heart disease • Diabetes • Asthma	• Preterm births • Low birth weight • Infant mortality

Equity: Priority populations for each outcome above

Cross-cutting outcomes and strategies
The SHIP addresses the 10 priority outcomes through cross-cutting factors that impact all 3 priority topics

Cross-cutting factors	Outcome examples
Social determinants of health	Student success Economic vitality Housing affordability and quality Violence-free communities
Public health system, prevention and health behaviors	Tobacco prevention and cessation Active living Healthy eating Population health infrastructure
Healthcare system and access	Access to quality health care Comprehensive primary care
Equity	Strategies likely to decrease disparities for priority populations

The SHIP includes outcome indicators and evidence-based strategies for each cross-cutting factor.   2

Priority populations

Figure 3 describes population groups that have worse outcomes than the overall Ohio population and should therefore be prioritized in SHIP strategy implementation.

Figure 3. **Priority populations in the 2017-2019 SHIP, by desired outcomes**

Desired outcome	Race/ ethnicity	Age/gender	Income	Education	Disability status	Geography
Improve overall health status			Less than $15,000 annual household income			
Reduce premature death	African Americans					
Reduce suicide deaths	• Males ages 10-24 • Males age 25-44 • White (non-Hispanic) males ages 45-64 • White (non-Hispanic) males ages 65+					
Reduce unintentional drug overdose deaths	• White (non-Hispanic) males ages 25-44 • White (non-Hispanic) males ages 45-64 • White (non-Hispanic) females ages 25-54 • Black (non-Hispanic) males ages 25-54 • Black (non-Hispanic) males ages 55-64					
Reduce hypertension	Black (non-Hispanic)	Older adults (65 years and older)	Less than $15,000 annual household income	Less than high school diploma OR no high school diploma	Ohioans with disabilities	Appalachian counties
Reduce diabetes	Black (non-Hispanic)	Older adults (65 years and older)	Less than $15,000 annual household income	Less than high school diploma OR no high school diploma	Ohioans with disabilities	Appalachian counties
Reduce child asthma morbidity	African Americans					Appalachian counties
Reduce preterm births	Black (non-Hispanic)	Children (Younger than 18 years)		Less than high school diploma OR no high school diploma		
Reduce low birth-weight births	Black (non-Hispanic)	Children (Younger than 18 years)		Less than high school diploma OR no high school diploma		
Reduce infant mortality	Black (non-Hispanic)					

Performance reporting process

At the SHA regional forums in October 2018, the Health Policy Institute of Ohio (HPIO) presented the first report on Ohio's progress toward the 2017-2019 SHIP outcome objectives. The presentations from these forums, including regional data (when available), are posted on the **HPIO SHA/SHIP web page**.

Data for these presentations, and for figures 4-9 in this report, was compiled by the Ohio Department of Health (ODH).

Are we on the right track to meet SHIP targets?

Figures 4-9 display Ohio's performance on 2017-2019 SHIP objectives using the Healthy People 2020 progress update methodology described in the key to the right.

Overall health

Overall, Ohio's performance got worse or had little or no detectable change for all SHIP priority outcomes in 2016 or 2017, compared to SHIP baseline (2013-2015). In addition, disparities persisted and all available outcomes for priority populations worsened or had little change.

Key for figures 4-8

Improving	Little or no detectable change	Getting worse
Change was in the right direction (toward target) and was 10% or more from baseline to most-recent year	Change was less than 10% from baseline to most-recent year (toward or away from target)	Change was in the wrong direction (away from target) and was 10% or more from baseline to most-recent year

As shown in figure 4, Ohio's performance worsened from 2015 to 2017 for the two overall health outcomes: Overall health status and premature death. Outcomes for priority populations worsened considerably from 2015 to 2017:

- More adults with low incomes reported that their health was fair or poor
- African Americans experienced more years of life lost before age 75

Figure 4. **Progress on 2017-2019 SHIP outcomes: Overall health**

Desired outcome	Indicator (source)	Baseline (2015)	Current Year (2017)
Improve overall health status	Percent of adults with fair or poor health (BRFSS)	16.5%	18.9%
	Priority population: Low-income adults (less than $15,000 annual household income)	38.6%	45.1%
Reduce premature death*	Years of potential life lost before age 75, per 100,000 population (age-adjusted) (Vital Statistics)	7,876.1	8,774.5
	Priority population: Black (non-Hispanic)	10,850.5	12,599

* There may be slight differences between data presented in this document and previously published reports (including 2017-2019 SHIP baseline values) due to updates to population estimates obtained from the U.S. Census Bureau.
Note: Priority populations listed here are the groups with the worst outcomes based on available data at baseline.
Source: Data compiled by ODH (as of October 2018)

Mental health and addiction

Figure 5 describes progress toward SHIP objectives within the mental health and addiction priority topic. Outcomes got worse or had little or no detectable change from the baseline (2013-2015) to the most-recent year (2015-2017) for these objectives.

Figure 5. **Progress on 2017-2019 SHIP outcomes: Mental health and addiction**

Desired outcome	Indicator (source)	Baseline (2013-2014)	Current Year (2015-2016)
Reduce depression	Percent of persons ages 12-17 who experienced a major depressive episode within the past year (NSDUH)	10.33%	13.98%
	Percent of persons ages 18+ who experienced a major depressive episode within the past year (NSDUH)	7.33%	7.85%
Reduce drug dependence or abuse*	Percent of persons age 12+ with past-year illicit drug dependence or abuse (NSDUH)	2.76%	2.61%
Desired outcome	**Indicator (source)**	**Baseline (2015)**	**Current Year (2017)**
Reduce suicide deaths**	Number of deaths due to suicide per 100,000 population (Vital Statistics)	13.9	14.8
	Priority populations		
	Males ages 10-24	15.9	18.5
	Males ages 25-44	28.5	33.6
	White (non-Hispanic) males ages 45-64	34	32.1
	White (non-Hispanic) males ages 65+	32.2	33
Reduce unintentional drug overdose deaths**	Number of deaths due to unintentional drug overdoses per 100,000 population (Vital Statistics)	27.7	44.1
	Priority populations		
	White (non-Hispanic) males ages 25-44	87.1	136.7
	White (non-Hispanic) males ages 45-64	43.5	72.4
	White (non-Hispanic) females ages 25-54	39.7	59.9
	Black (non-Hispanic) males ages 25-54	50.9	99
	Black (non-Hispanic) males ages 55-64	74.7	137.8

* Change in National Survey on Drug Use and Health (NSDUH) methodology: "illicit drug use and dependence" changed to "Illicit drug use disorder"
** There may be slight differences between data presented in this document and previously published reports (including 2017-2019 SHIP baseline values) due to updates to population estimates obtained from the U.S. Census Bureau.
Note: Priority populations listed here are the groups with the worst outcomes based on available data at baseline.
Source: Data compiled by ODH (as of October 2018)

Chronic disease

Figure 6 describes progress toward SHIP objectives within the chronic disease priority topic. Outcomes got worse or had little or no detectable change from the baseline (2015) to the most-recent year (2017) for these objectives.

Figure 6. **Progress on 2017-2019 SHIP outcomes: Chronic disease**

Desired outcome	Indicator (source)	Baseline (2015)	Current Year (2017)
Reduce heart disease	Percent of adults ever diagnosed with coronary heart disease (BRFSS)	4.2%	4.7%
	Percent of adults ever diagnosed with heart attack (BRFSS)	4.9%	5.5%
Reduce hypertension	Percent of adults ever diagnosed with hypertension (BRFSS)	34.3%	34.7%
	Priority populations		
	Black (non-Hispanic)	40.3%	40%
	People with a disability	53.1%	N/A
	Low educational attainment (less than high school diploma)	40.7%	48.9%
	Low-income (less than $15,000 annual household income)	35.7%	46.6%
	Older adults (older than 65 years)	62.2%	60%
	Appalachian counties	39.7%	N/A
Reduce diabetes	Percent of adults who have been told by a health professional that they have diabetes (BRFSS)	11%	11.3%
	Priority populations		
	Black (non-Hispanic)	14.1%	14.2%
	People with a disability	21.8%	N/A
	Low educational attainment (less than high school diploma)	13.6%	15.8%
	Low-income (less than $15,000 annual household income)	13.7%	19.4%
	Older adults (older than 65 years)	23.4%	22.8%
	Appalachian counties	12.3%	N/A
Monitor prediabetes	Percent of adults who have been told by a health professional that they have prediabetes (BRFSS)	7.5%	8.8%*

Desired outcome	Indicator (source)	Baseline (2012)	Current Year (2016)
Reduce child asthma morbidity	Emergency department visits for pediatric asthma, per 10,000 children, ages 0-17 (excludes patients with cystic fibrosis or abnormalities of the respiratory system, and transfers from other institutions) (OHA Clinical-Financial Data Set)	86.9	72.3**
	Priority populations		
	African American	245.6	175.9**
	Appalachian counties	78.2	N/A

* Progress level not determined. The interim target for prediabetes in the 2017-2019 SHIP anticipated an initial increase in diagnoses for the 2019 target followed by a reduction for the 2022 target. The prevalence of prediabetes is measured by asking Behavioral Risk Factor Surveillance System (BRFSS) respondents if they have been told by a health professional that they have prediabetes. Many people with prediabetes are not aware that they have it so there are currently efforts to increase awareness, which may increase reported prevalence.
** Methodology change. Progress level not determined. The transition from ICD-9 to ICD-10 impacted reporting for emergency department visits for pediatric asthma, and age range changed from 2015 to 2017.
Note: Priority populations listed here are the groups with the worst outcomes based on available data at baseline. For some metrics, updated priority population data was not available, denoted by N/A.
Source: Data compiled by ODH (as of October 2018)

Maternal and infant health

Figure 7 describes progress toward SHIP objectives within the maternal and infant health priority topic. Outcomes had little or no detectable change from the baseline (2012-2015) to the most-recent year (2016-2017) for these objectives.

Figure 7. **Progress on 2017-2019 SHIP outcomes: Maternal and infant health**

Desired outcome	Indicator (source)	Baseline (2015)	Current Year (2017)
Reduce preterm births*	Percent of live births that are preterm: Less than 37 weeks (ODH Bureau of Vital Statistics)	10.3%	10.4%
	Priority populations		
	Black (non-Hispanic)	14.1%	14.5%
	Low educational attainment (no high school diploma)	11.5%	11.7%
	Less than 18 years old	10.7%	10.7%
Reduce very preterm births*	Percent of live births that are very preterm: Less than 32 weeks (Vital Statistics)	1.7%	1.8%
Reduce low birth-weight births*	Percent of births in which the newborn weighed less than 2,500 grams (Vital Statistics)	8.5%	8.7%
	Priority populations		
	Black (non-Hispanic)	13.9%	14.3%
	Low educational attainment (no high school diploma)	10.8%	11.3%
	Less than 18 years old	10.2%	10.8%
Reduce infant mortality*	Rate of infant deaths per 1,000 live births (Vital Statistics)	7.2	7.2
	Priority populations		
	Black (non-Hispanic)	15.2	15.8
Reduce neonatal infant deaths*	Rate of neonatal infant deaths per 1,000 live births (Vital Statistics)	4.8	5
Reduce post-neonatal infant deaths*	Rate of post-neonatal infant deaths per 1,000 live births (Vital Statistics)	2.4	2.2

* There may be slight differences between data presented in this document and previously published reports (including 2017-2019 SHIP baseline values). Previously published reports used the best available data and methods at the time of publication.
Note: Priority populations listed here are the groups with the worst outcomes based on available data at baseline.
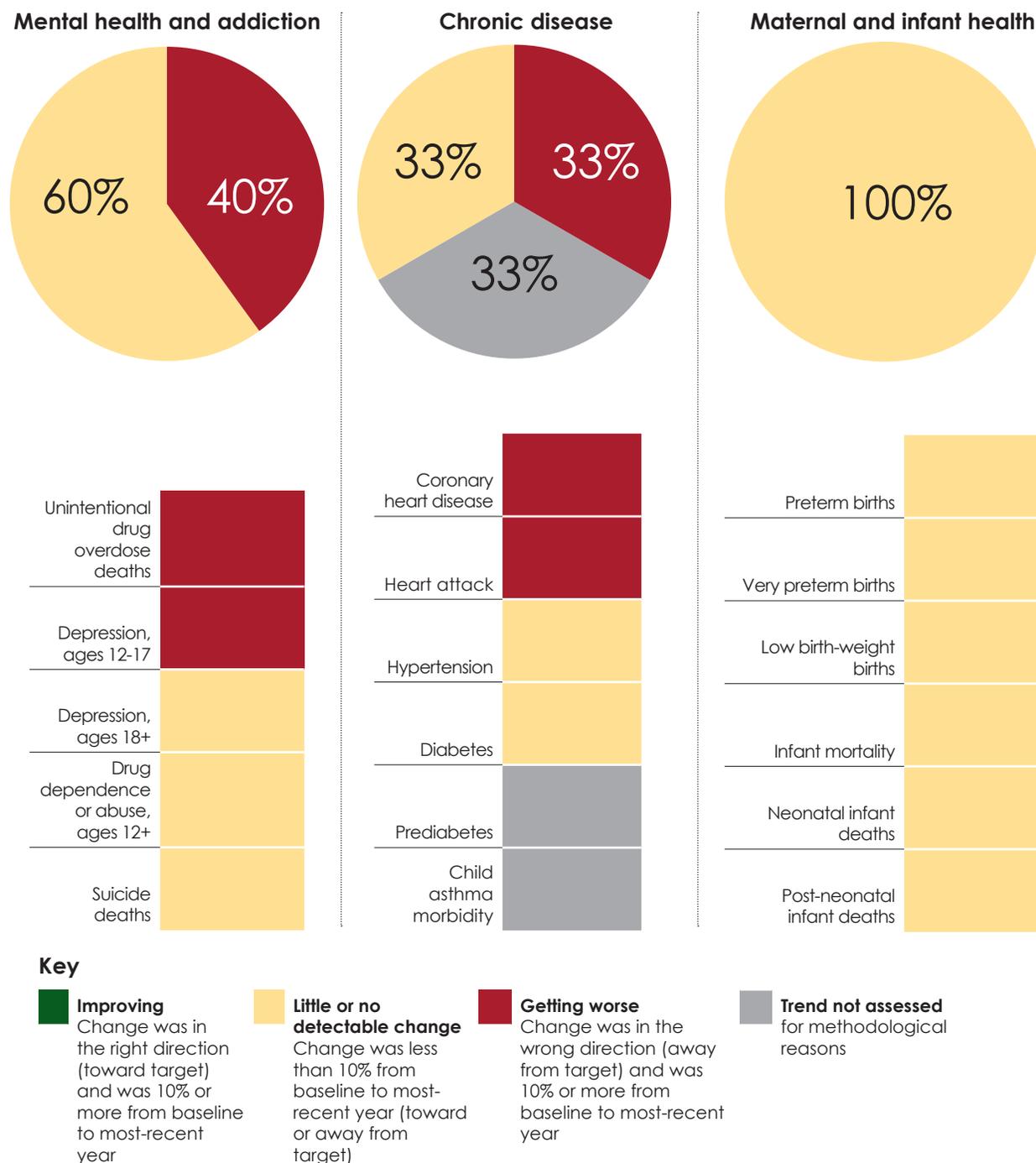**Source:** Data compiled by ODH (as of October 2018)

Overall performance

Figure 8 summarizes Ohio's performance on the objectives in the three priority areas (i.e., summaries of the data presented in figures 4-7). There were no objectives with demonstrated improvement of 10% or more. Mental health and addiction had the worst performance overall with outcomes for two out of five objectives (40%) moving in the wrong direction.

It is important to note that this is an early look at Ohio's progress toward SHIP objectives. The data assesses whether Ohio is headed in the right direction to meet SHIP targets, not whether the SHIP has been effective at improving statewide health outcomes (see figure 1). This progress reports sets the foundation for future evaluation and planning, and provides important context for development of the next SHIP.

Figure 8. **Percent of outcomes that improved, did not change or got worse**

Mental health and addiction

- Unintentional drug overdose deaths
- Depression, ages 12-17
- Depression, ages 18+
- Drug dependence or abuse, ages 12+
- Suicide deaths

Chronic disease

- Coronary heart disease
- Heart attack
- Hypertension
- Diabetes
- Prediabetes
- Child asthma morbidity

Maternal and infant health

- Preterm births
- Very preterm births
- Low birth-weight births
- Infant mortality
- Neonatal infant deaths
- Post-neonatal infant deaths

Key

Improving
Change was in the right direction (toward target) and was 10% or more from baseline to most-recent year

Little or no detectable change
Change was less than 10% from baseline to most-recent year (toward or away from target)

Getting worse
Change was in the wrong direction (away from target) and was 10% or more from baseline to most-recent year

Trend not assessed for methodological reasons

Note: Ohio had no objectives with demonstrated improvement of 10% or more.
Source: Data compiled by ODH (as of October 20108)

8

Regional differences

Figure 9 displays the SHIP outcome objective data available at the regional level (2017 BRFSS and Vital Statistics data) for the five regions defined by the Association of Ohio Health Commissioners (see appendix for map of regions). Red shading indicates that a region's performance was worse than Ohio's overall performance by 10% or more in 2017. The following regional differences were notable:

- The southeast region stands out for having outcomes worse than the state overall for several objectives, particularly related to chronic disease.
- The southwest region had the highest unintentional drug overdose death rate in 2017, which likely drove a similarly high premature death rate.
- Overall, the central region faired best in this analysis, although a very high suicide death rate stands out as a challenge for this region.

For additional regional data, see the October 2018 SHA regional forum presentations and handouts posted on the **HPIO SHA/SHIP web page**.

Figure 9. **Progress on 2017-2019 SHIP outcomes, as of 2017, by region**

Desired outcome	Indicator (source)	Ohio	Southwest region	Southeast region	Central region	Northwest region	Northeast region
Improve overall health status	Percent of adults with fair or poor health (BRFSS)	18.9%	20.4%	25.1%	17.9%	17.1%	17.8%
Reduce premature death*	Years of potential life lost before age 75, per 100,000 population (age-adjusted) (Vital Statistics)	8,774.5	9,685.4	9,454.0	7,983.5	8,230.8	8,674.0
Reduce suicide deaths*	Number of deaths due to suicide per 100,000 population (Vital Statistics)	14.8	14	17.4	21.8	16	15.6
Reduce unintentional drug overdose deaths*	Number of deaths due to unintentional drug overdoses per 100,000 population (Vital Statistics)	44.1	65.3	36	31	32.4	42.8
Reduce heart disease	Percent of adults ever diagnosed with coronary heart disease (BRFSS)	4.7%	5.1%	7.2%	3.2%	5.6%	4.3%
	Percent of adults ever diagnosed with heart attack (BRFSS)	5.5%	5.8%	8.3%	4.1%	6.4%	5.1%
Reduce hypertension	Percent of adults ever diagnosed with hypertension (BRFSS)	34.7%	33.3%	41.0%	32.8%	36.4%	34.9%
Reduce diabetes	Percent of adults who have been told by a health professional that they have diabetes (BRFSS)	11.3%	10.9%	15.7%	9.3%	11.6%	11.7%
	Percent of adults who have been told by a health professional that they have prediabetes (BRFSS)	8.8%	9.8%	11.1%	10.1%	7.9%	7.3%
Reduce preterm births**	Total preterm: Percent of live births that are preterm: Less than 37 weeks (Vital Statistics)	10.4%	10.42%	10.39%	10.2%	10.8%	10.32%
	Very preterm: Percent of live births that are very preterm: Less than 32 weeks (Vital Statistics)	1.8%	1.74%	1.51%	1.9%	1.6%	2%
Reduce low birth-weight births**	Percent of births in which the newborn weighed less than 2,500 grams (Vital Statistics)	8.7%	8.55%	8.31%	8.6%	8.6%	9%
Reduce infant mortality**	Rate of infant deaths per 1,000 live births (Vital Statistics)	7.2	7.22	5.73	7.5	6.7	7.4
	Rate of neonatal infant deaths per 1,000 live births (Vital Statistics)	5	5.09	3.44	5.7	4.2	5.1
	Rate of post-neonatal infant deaths per 1,000 live births (Vital Statistics)	2.2	2.13	2.29	1.8	2.5	2.3

Legend:
- Region performance was worse than Ohio performance by 10% or more
- No notable difference from Ohio performance
- Region performance was better than Ohio performance by 10% or more
- Progress level not determined. The interim target for prediabetes in the 2017-2019 SHIP anticipated an initial increase in diagnoses for the 2019 target, followed by a reduction for the 2022 target.

* There may be slight differences between data presented in this document and previously published reports (including 2017-2019 SHIP baseline values) due to updates to population estimates obtained from the U.S. Census Bureau.
** There may be slight differences between data presented in this document and previously published reports (including 2017-2019 SHIP baseline values). Previously published reports used the best available data and methods at the time of publication.
Note: For a list of counties by region see appendix.
Sources: Data compiled by ODH (as of October 2018)

Note: This document is part of the **Ohio 2019 State Health Assessment**.