

Ohio Department of Health: From Data to Action

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May 11, 2018

Welcome



Goals

- General strategies for data
- Examples of data in action in health
- Programmatic data in action

Hierarchy of Data Uses



Ohio Public Health Data Warehouse

INNOVATIVE PRACTICES OF PUBLIC HEALTH INFORMATICS

Ohio's Public Health Data Warehouse

Dan Schlichting, Lynn K. Giljahn, MPH, John Paulson, MS, Holly L. Sobotka, MS, Brian E. Fowler, MPH, Nathan Huskey, MPH



Purpose

- Provides quick access to public health data collected by the State of Ohio.
- Increases the timeliness & amount of information available for informing policy decisions.
- Allows customers to fulfill their own request for data without assistance from ODH staff.
- Requires minimal maintenance due to the automated processing of data from source systems.

Security

Security within OPHDW is configurable based on the dataset and user.

Most OPHDW datasets have a Public View and a Secure View.



Public View



The Public View contains non-identifiable information and adheres to ODH's Disclosure Limitation Standard across all datasets.



Secure View



The Secure View may contain an entire dataset with all identifiers. Depending on the needs of the individual some information may be restricted.

Security is managed for each dataset by a data steward, an ODH employee responsible for the security of the information.

Access to the secure view is generally limited to public health staff & researchers that have received approval to access confidential data by the ODH Institutional Review Board.

Functionality

OPHDW has built in functionality for creating charts, maps, and reports.

Users may also create filters, view records, download entire datasets, and set up automated data feeds using OData.

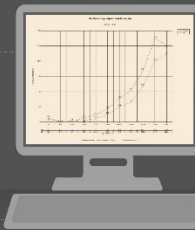
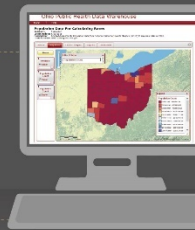


Chart View



Map View



Reports

Innovative Practices of Public Health Informatics: Ohio's Public Health Data Warehouse

Ohio Department of Health

Publicly Available Data

- Mortality (including unintentional drug overdose data)
- Ohio resident live births
- Cancer incidence
- Lead hazardous properties
- Blood lead test results for Ohio children
- Facility lookup
- Ohio healthy youth environments survey
- Population data for calculating rates

How to Find Data From ODH

[ODH Data and Statistics Webpage](#)

Researchers: [ODH IRB Website](#)

The screenshot shows the Ohio Department of Health website's 'Data and Statistics' section. At the top, there is a navigation bar with 'Ohio.gov', 'State Agencies', and 'Online Services'. Below this is the 'Ohio Department of Health' logo and a search bar. A secondary navigation bar lists categories like 'Forms', 'Rules', 'Local Health Depts', 'About Us', 'Data & Statistics', 'Our Programs', and 'Grant/Contract'. A third navigation bar shows an 'A-Z Index' and individual letters from A to Z. The main content area is titled 'Data and Statistics' and includes a link to 'A to Z List for Data and Statistics Reports'. Below this is a large graphic with various data categories like 'Hospital', 'Environmental', 'Vital Statistics', 'Survey', 'Standards', and 'Maternal and Child Health'. A prominent box on the right side of the graphic is labeled 'Ohio Public Health Data Warehouse'. Underneath the graphic, there are two columns of links: 'Interactive Applications' and 'Quick Find Published Reports'. The 'Interactive Applications' column includes links for 'Ohio Public Health Data Warehouse', 'Facility Maps and Demographics', and 'Public Health Assessment and Wellness'. The 'Quick Find Published Reports' column lists categories such as 'Vital Statistics', 'Diseases and Conditions', 'Health Surveys', 'Community Profiles', and 'Maternal and Child Health'. At the bottom of the page, there is a 'Resources' section.

Data in Action

- Quality payment programs: Merit-Based Incentive Payment System (MIPS), Outpatient Prospective Payment System (OPPS)
- Immunization
- Preparedness
- Health planning
- Opiates
- Infant mortality data analytics project

Public Health Reporting for Meaningful Use & Quality Payment Program

- Federal incentive programs to accelerate adoption of electronic health records including:
 - MIPS, advancing care information performance category
 - OPPS
- Administered by the Ohio Department of Medicaid (ODM) and the Centers for Medicare and Medicaid Services (CMS)
- Available for hospitals and outpatient clinicians

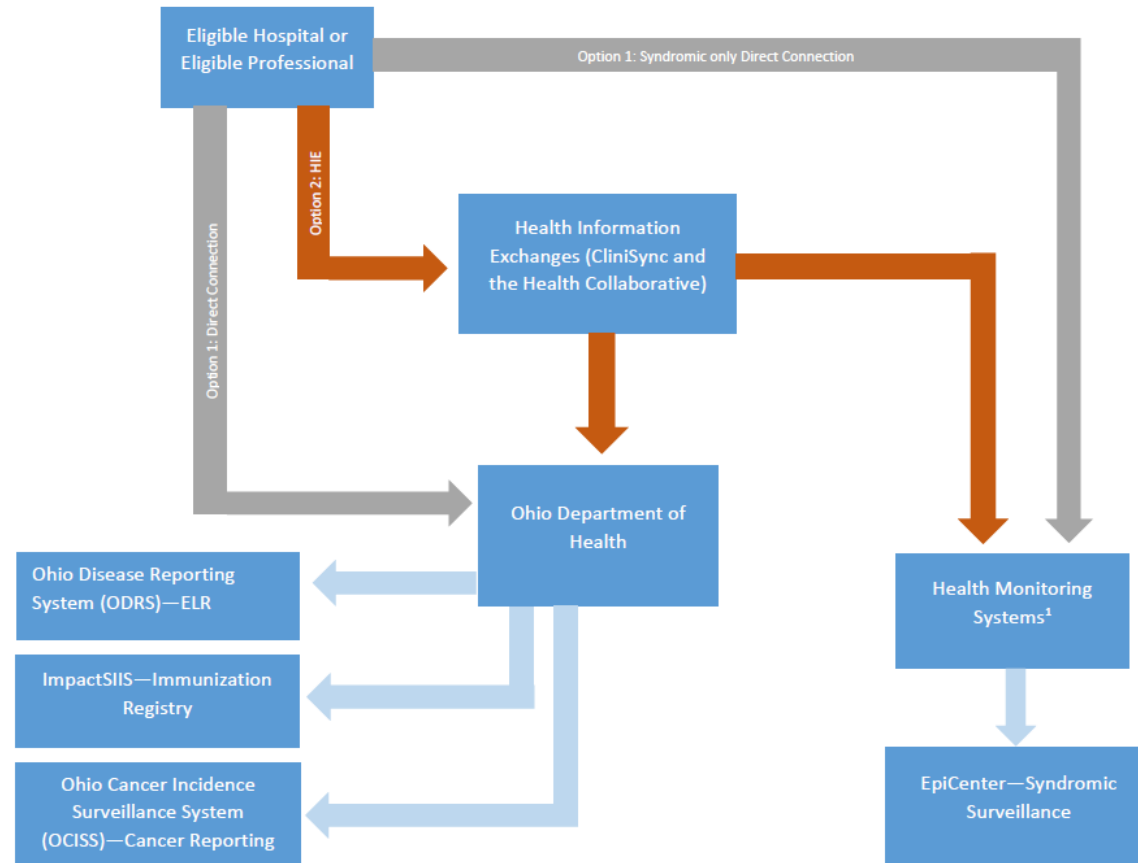
The screenshot shows the Ohio Department of Health website. The header includes the Ohio.gov logo, a search bar, and social media icons for Facebook, Twitter, YouTube, Instagram, and LinkedIn. Below the header is a navigation menu with links for Forms, Rules, Local Health Depts, About Us, Data & Statistics, Our Programs, and Grant/Contract. A secondary navigation bar lists letters A through Z. The main content area is titled "Public Health Reporting for Meaningful Use and the Quality Payment Program" and includes a "Background" section, a "Declaration of Readiness by ODH" section, and a "Getting Started: The Active Engagement Requirement" section. The left sidebar contains links for "Public Health Reporting for MU and Quality Payment Program", "Immunization Registry", "Syndromic Surveillance", "Specialized Registry - Cancer Case Reporting", "Electronic Reportable Laboratory Results", and "Frequently Asked Questions".

Public Health Measures EHR Incentive Programs

- Eligible hospitals and critical access hospitals:
 - [Immunization registry reporting](#)
 - [Syndromic surveillance reporting](#)
 - [Electronic reportable laboratory results reporting](#)
- Eligible professionals:
 - [Immunization registry reporting](#)
 - [Syndromic surveillance reporting](#)
 - [Clinical data registry reporting–cancer case reporting](#)

How Data Gets to Public Health

Flow of Data from Eligible Hospitals and Eligible Professionals for Meaningful Use Measures Related to Public Health in Ohio



¹Ohio Department of Health vendor for syndromic surveillance

4/27/2017

Active Engagement

Concept of active engagement: To count toward a measure, healthcare provider must be in **active engagement** with a public health agency (PHA) to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

Active engagement options: Includes **three (3) options** - completed registration of intent to submit data, testing and validation or production.

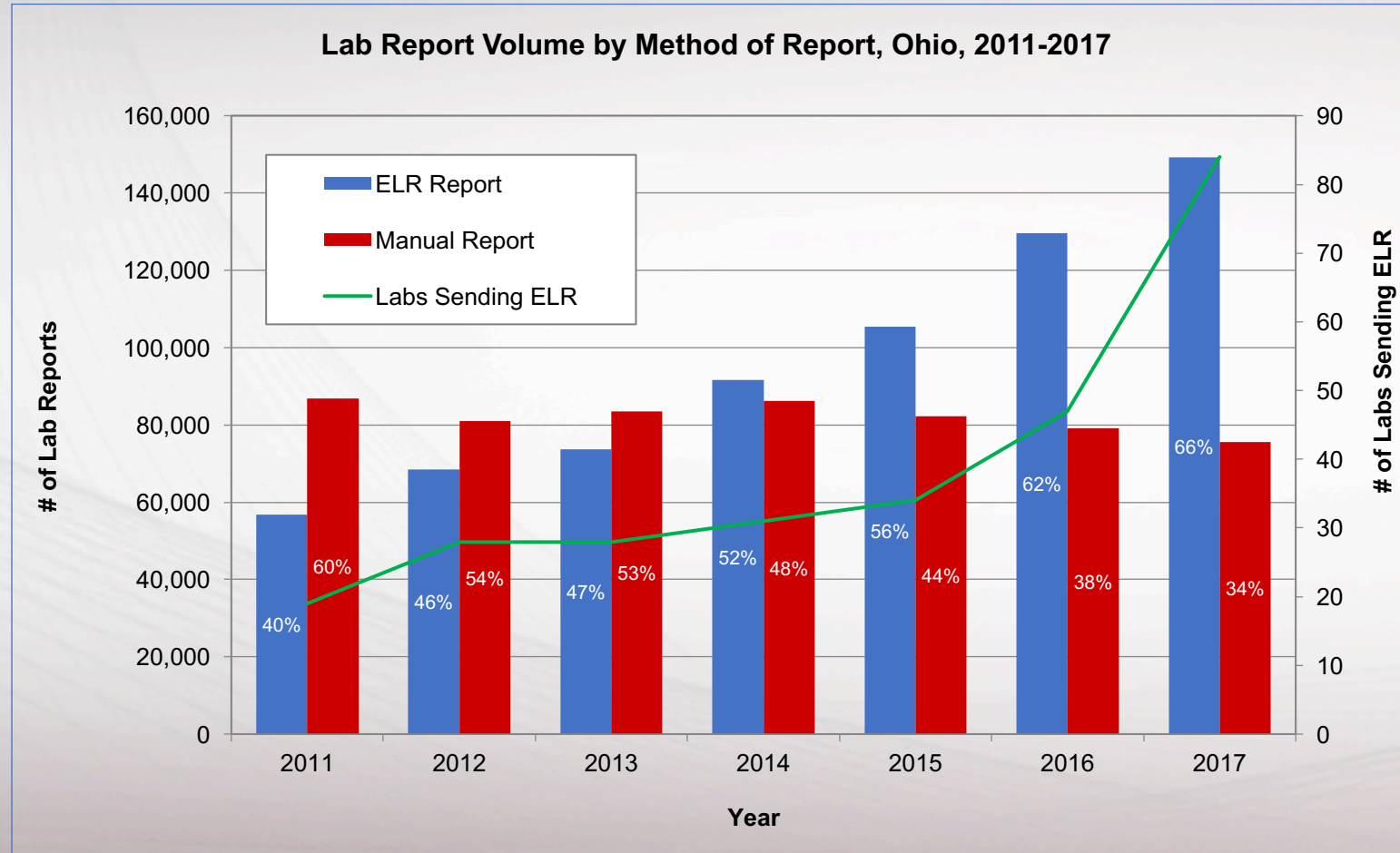
Providers Actively Engaged in Ohio

Health Care Provider Type	Number in Active Engagement ¹
Hospitals	196
Medical Practices	4,335
Total	4,531



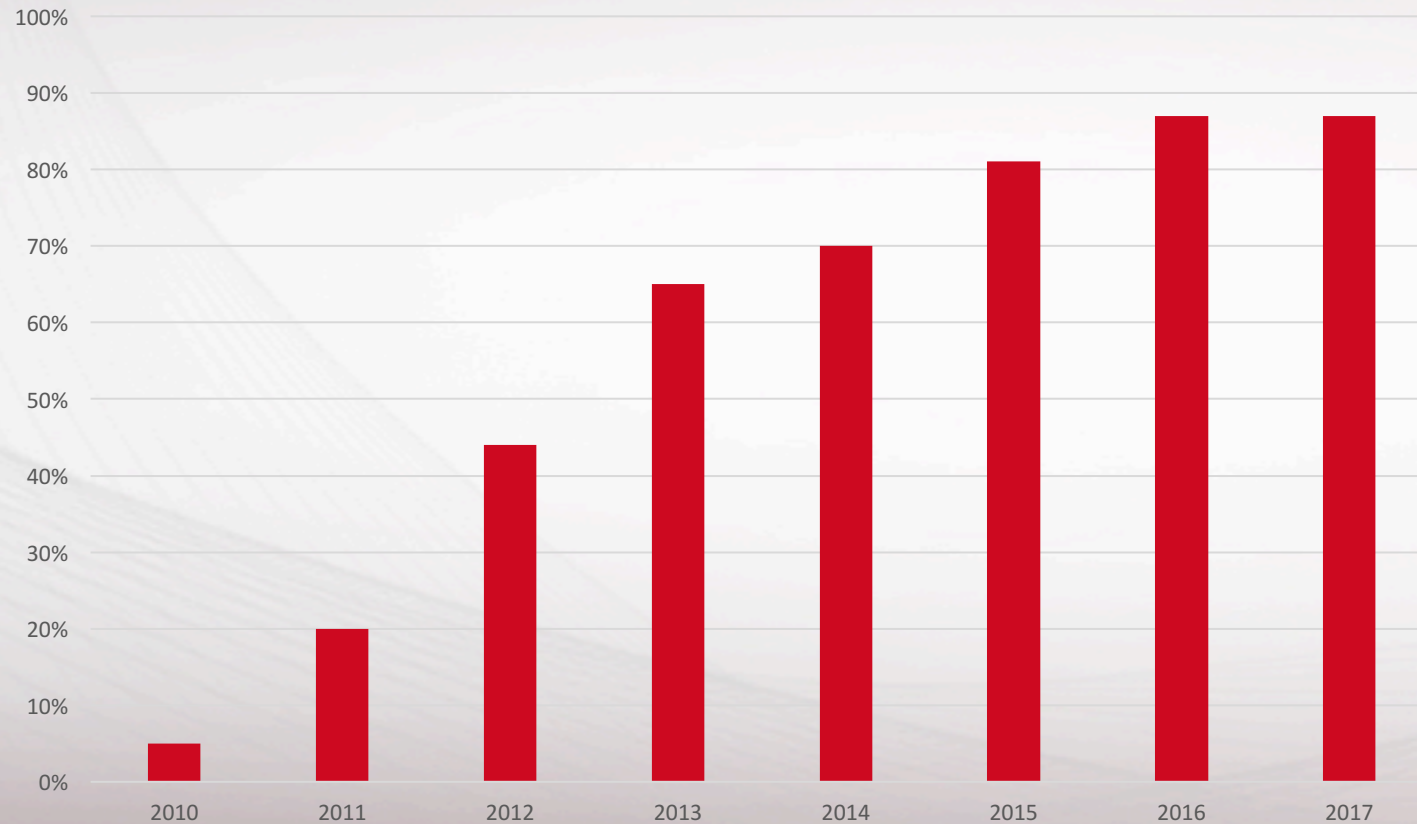
¹As of April 16, 2018

ELR Progress

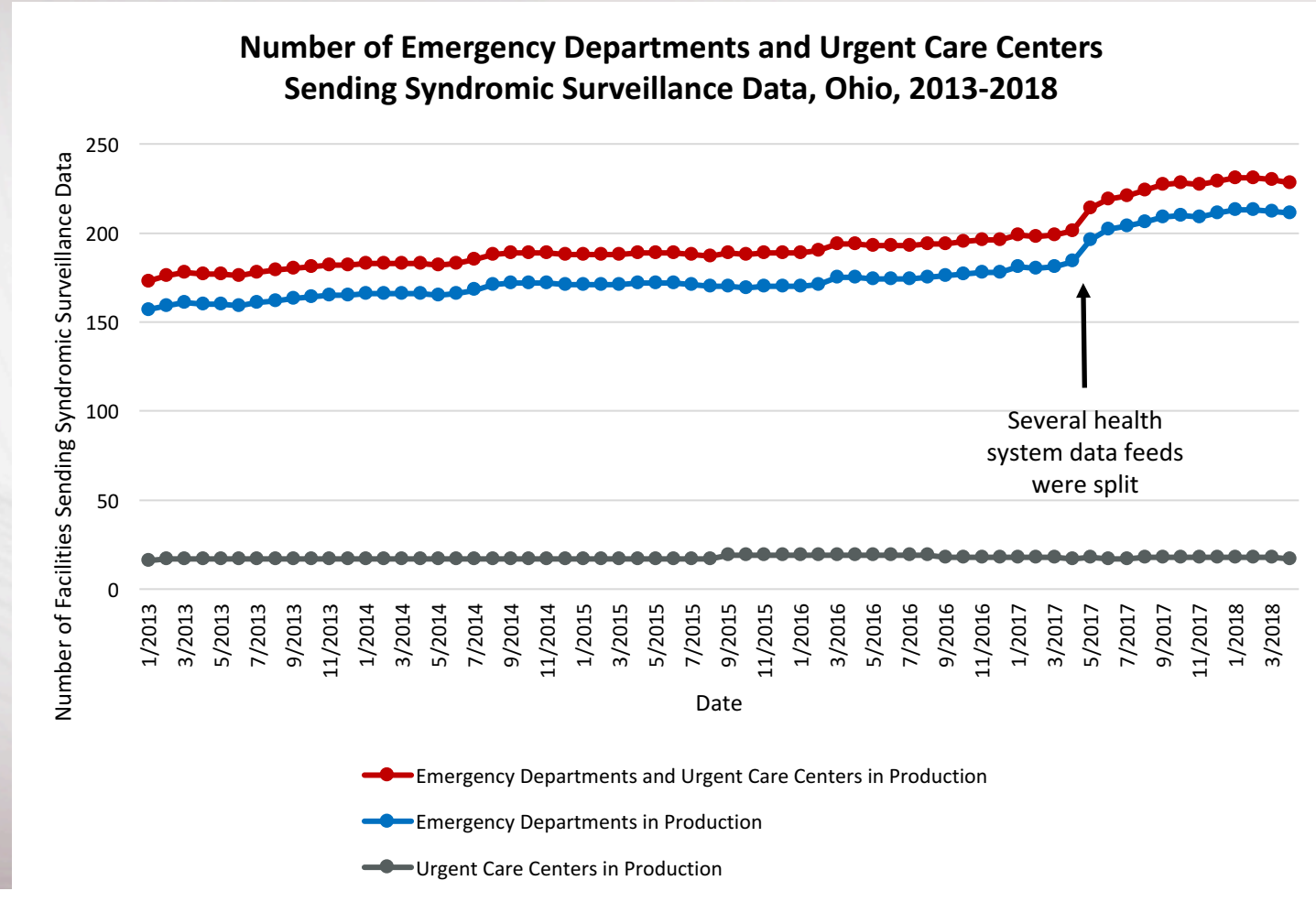


Immunization Progress

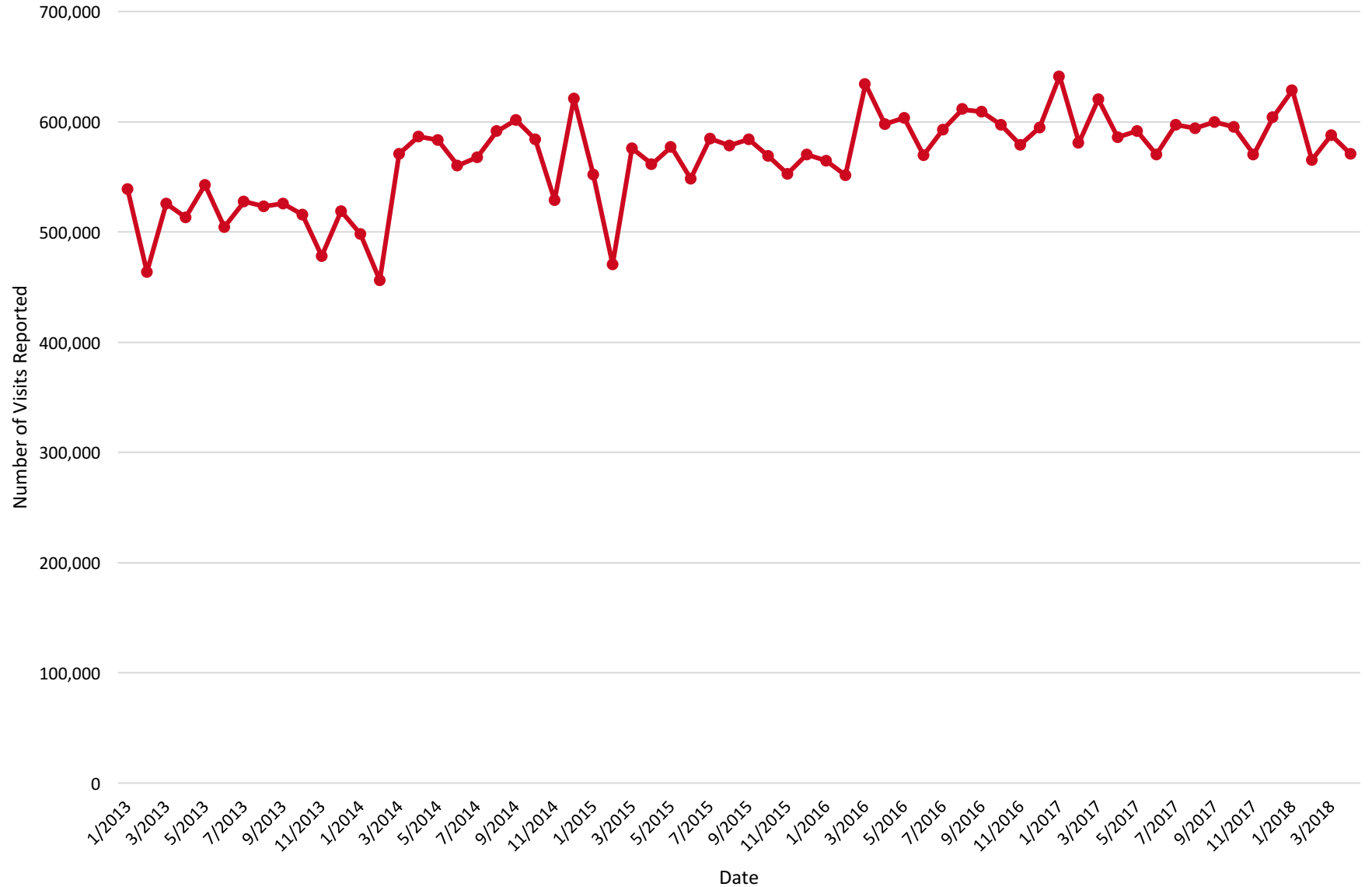
Percentage of Immunizations Reported via HL7, Ohio, 2010-2017



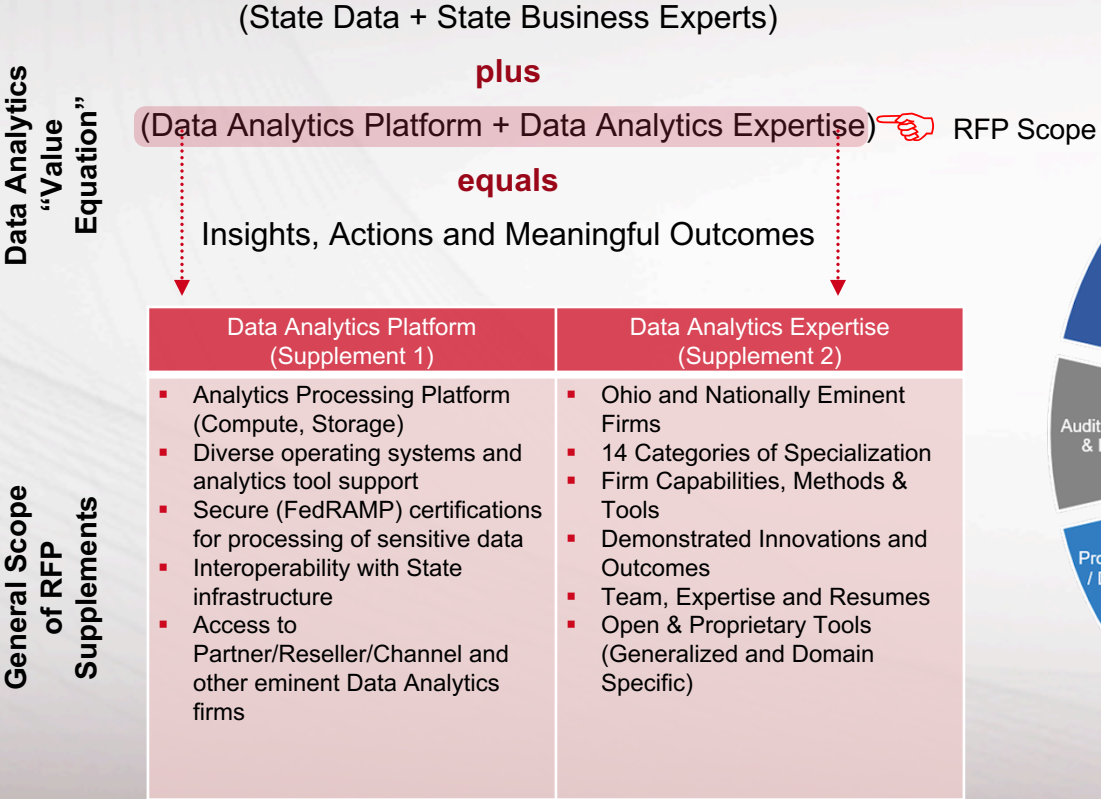
Syndromic Surveillance Progress



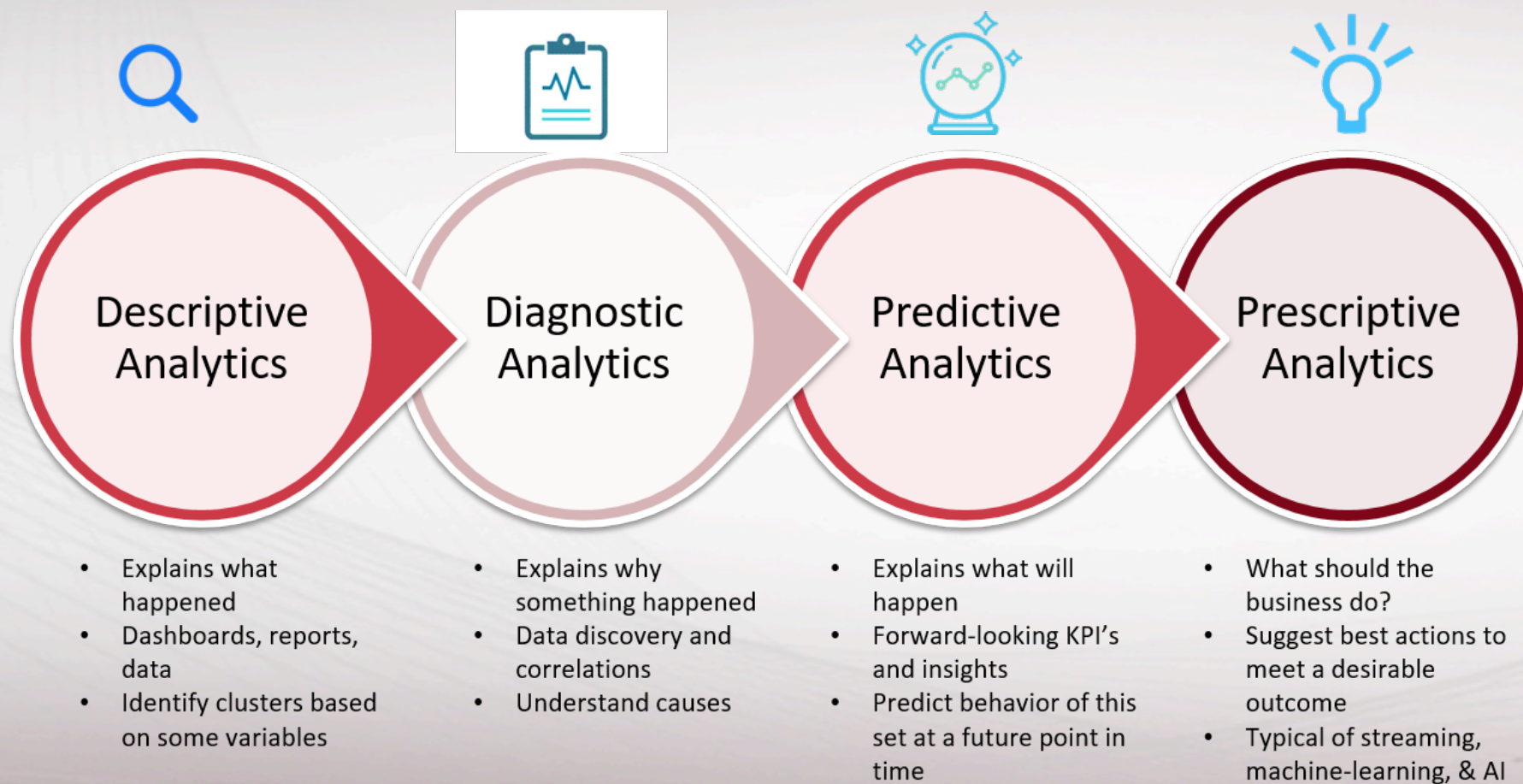
Emergency Department and Urgent Care Center Visits Reported to Syndromic Surveillance by Month, Ohio, 2013-2018



Data Analytics RFP



Advanced Analytics



Infant Mortality Data Analytics Project

KEY QUESTIONS

Which mothers and infants are most at risk of infant death?

Which families are most likely to benefit from targeted interventions?

Which families are most likely to participate in targeted interventions?

Which intervention programs yield the best return on investment?

KEY MODELS

Evaluating efficacy of state intervention programs

Identifying mothers at high risk of infant mortality and constructing their profiles

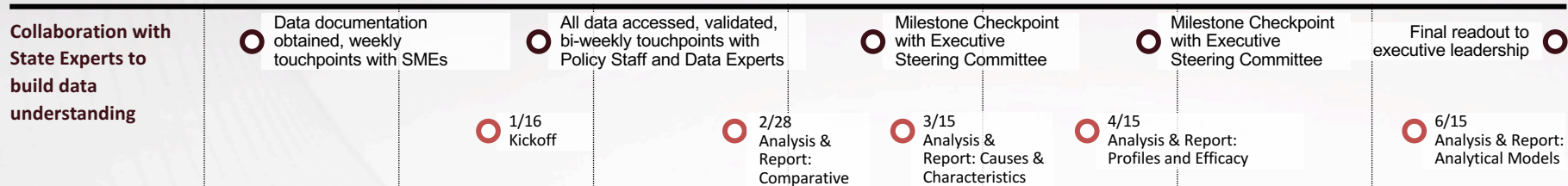
Predicting the characteristics of mothers most likely to benefit from an intervention program

Predicting which intervention program(s) at-risk mothers should be enrolled in

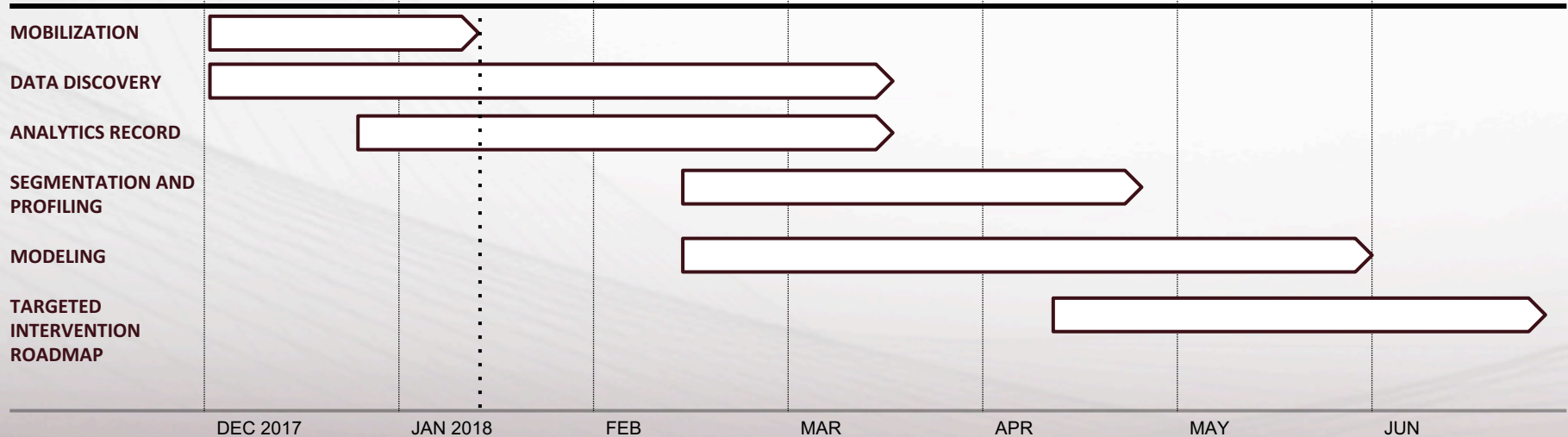
Identifying mothers most at-risk of having a baby that will require a NICU admission

Timeline

MILESTONES AND CHECK-INS



ACTIVITIES



EpiCenter – Example of Action From Data

3/17/2018

Health Alert

Increase in Drug-Related Emergency Department Visits *Local Health Departments Should Monitor Encounters*

The Ohio Department of Health (ODH) and local public health agencies utilize Ohio's statewide syndromic surveillance system ([EpiCenter](#)) to detect, track and characterize health events. The system is used to track drug-related emergency department visits, including but not limited to drug overdose.

When the number of drug-related emergency department visits within a 24-hour period is higher than the predicted number based on historical data, ODH issues an alert to the local health department for investigation.

Utilizing a rolling average, the number of drug-related emergency department visits statewide for March 16 was predicted to be 57 encounters during the 24-hour period. [EpiCenter](#) issued an alert for 113 drug-related encounters in Ohio emergency departments. Review of available triage notes shows 30 encounters to be related to detox/withdrawal. However, the overall number of encounters still exceeds the predicted value. ODH is monitoring and investigating further to identify any additional details related to this increase.

Additionally, ODH contacted Franklin, Stark, Lucas, and Hamilton Counties to inform local public health officials of increases in drug-related emergency department visits within their counties. It is important to note that not all drug-related emergency department visits are confirmed as overdoses. Through the public health investigation process, Franklin, Stark, and Hamilton Counties have determined that many of the drug-related emergency department visits that triggered the county-specific alerts were cases of

Preparedness

Resources utilized to:

- Identify specific health resources around the state
- Identify at-risk populations (e.g. institutionalized)
- Identify barriers to preparedness actions
- Identify potential distribution points

Preparedness

Details Data View Map View ?

OneSource

Facility Lookup Tool

Purpose:

This tool is intended to provide a "one stop shop" to search, filter, and extract information for all licensed healthcare facilities within the State of Ohio. Examples of provider types include, but are not limited to the following:

- AS - Ambulatory Surgical Center
- CI - Correctional Institution
- CL - Clinic
- CT- Chemical Treatment
- DU - Dialysis Unit
- EM - Emergency Medical Service
- FA - First Aid Department
- HH - Home Health Care
- HS - Hospital
- IM - Imaging / Diagnostic
- LA - Laboratory
- MG - Medical Gas Services
- MH - Mental Health
- NH - Nursing Home
- PC - Practitioner Corporation
- PMC - Pain Management Clinic
- PS - Pharmacy Services
- PT - Physical Therapy
- TE - Teaching
- UR - Urgent Care


**Data for this facility lookup tool is provided by the Ohio Board of Pharmacy and the Ohio Department of Health.*


Data View Tab:

The Data View tab is utilized to search, filter, view and sort healthcare facilities and providers throughout Ohio. This tab offers the ability to filter by facility type, location and several other filters. In addition, clicking on the "Show It" link will provide additional details for the selected facility.

Users can export a filtered list, and download as a CSV file. This can be accomplished by clicking the "Export" button **Export As:** located just above the data on the right side of the page.

Map View Tab:

To load the map, click on the "Run" link. Users will have the ability to zoom and pan the map. Any filters applied within the Data View tab will be transferred to the Map View. Additional filters can be added within the Map View by utilizing the Proximity filter located on the left side of the map. Please see the map help file for instructions on using the Proximity Filter tool. The help file can be accessed by clicking on the help  icon located on the right side just above the map.

 **Ohio**
Department of Health

Disclaimer
John R. Kasich, Governor | [Bookmark](#) | [Privacy Statement](#) | [Contact](#)

Preparedness

Details **Data View** Map View

Query Builder

Select a filter from the drop-down menu below to narrow search results. Add additional filters by clicking on the "+" icon below. To remove a filter, click on the "X" icon next to the filter.

Many filter options have a list of values to choose from. You can scroll through the drop-down menu to select value options, or you can begin typing the value you are looking for in the search bar. Checking "Select All" will clear any previous selections you have made.

When you have selected the items you'd like to filter, click the "Filter" button below. Any time you add, remove, or change any of the filter values, remember to click the "Filter" button. The list results will not change unless you do so.

Note: Filtering between DIFFERENT variables uses the "AND" operator while multiple filters of the SAME variable uses the "OR" operator.

Filters:

Business Type Category Nursing Home (Certified and Licensed)

Location County Franklin

Add an Additional Filter

Data Feed: [http://publicapps.odh.ohio.gov/EDW/Feeds/Providers/v1/ProviderData/LicensedProvidersOData?\\$filter=\(L...](http://publicapps.odh.ohio.gov/EDW/Feeds/Providers/v1/ProviderData/LicensedProvidersOData?$filter=(L...) **Export As:**

Actions	Business Type	Business Name	Location Address Line 1
Show It	02 SNF/NF DUAL CERT	AHF OHIO INC.	4880 TUTTLE ROAD
Show It	02 SNF/NF DUAL CERT	ALTERCARE OF CANAL WINCHESTER POST-ACUTE REHABILITATION CENTER, INC	6725 THRUSH DRIVE
Show It	02 SNF/NF DUAL CERT	ALTERCARE OF HILLIARD POST-ACUTE CENTER, INC	4660 TRUEMAN BLVD
Show It	02 SNF/NF DUAL CERT	ARBORS EAST SUBACUTE AND REHABILITATION CENTER	5500 EAST BROAD STREET
Show It	02 SNF/NF DUAL CERT	ARLINGTON COURT NURSING & REHABILITATION CENTER	1605 NORTHWEST PROFESS
Show It	02 SNF/NF DUAL CERT	ASTORIA PLACE OF COLUMBUS LLC	44 S SOUDER AVE
Show It	02 SNF/NF DUAL CERT	BEVERLY HEALTH & REHABILITATION OF COLUMBUS	1425 YORKLAND ROAD
Show It	02 SNF/NF DUAL CERT	BON-ING CARE AND REHABILITATION CENTER	121 JAMES ROAD

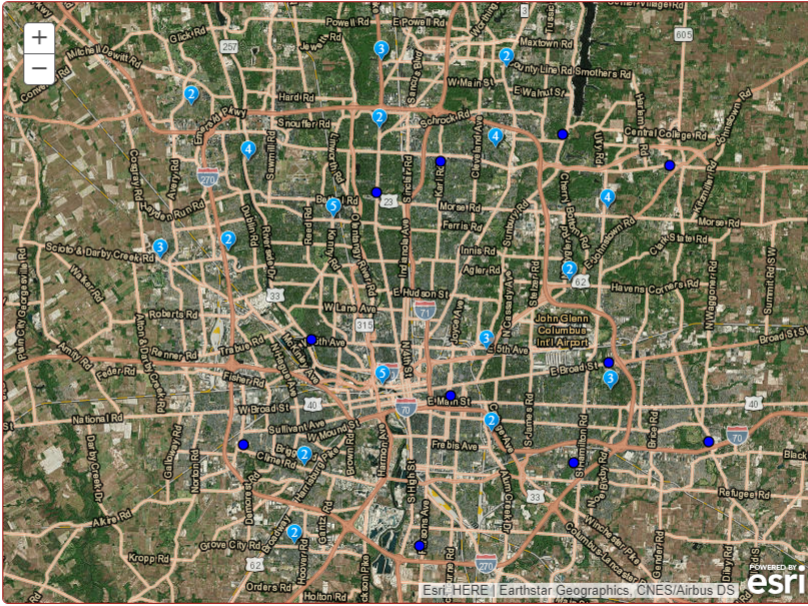
Preparedness

Ohio OneSource

Category: Data Quality
Latest Update: 4/9/2018
Description: Find licensed providers.
Contact Email: informatics@odh.ohio.gov

Details Data View **Map View**

Menu
Close Map
Proximity Filter Show
Streets Show
Base Map Show



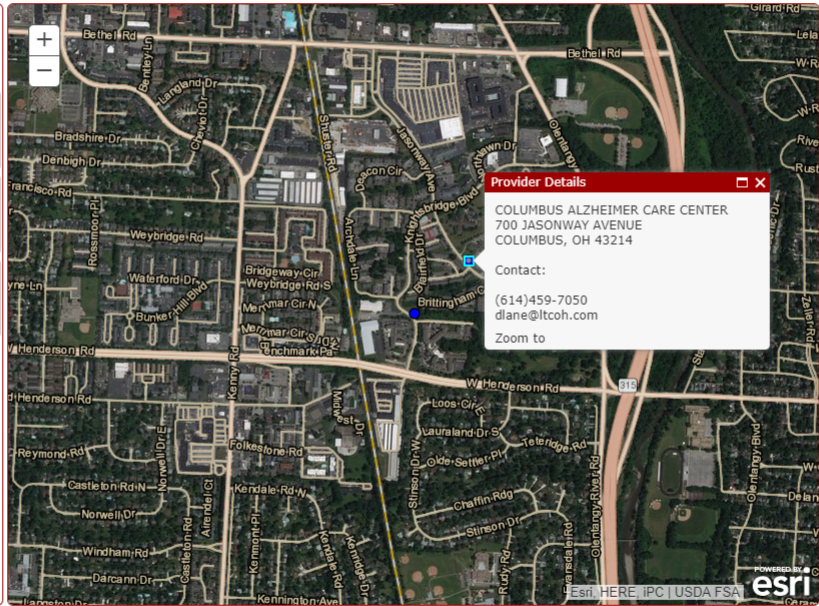
Esri

Ohio OneSource

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Description: Find licensed providers.
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Details Data View **Map View**

Menu
Close Map
Proximity Filter Show
Streets Show
Base Map Show



Provider Details

COLUMBUS ALZHEIMER CARE CENTER
700 JASONWAY AVENUE
COLUMBUS, OH 43214

Contact:
(614)459-7050
diane@ltcoh.com
Zoom to

Esri

Empower Tool

- From Health and Human Services
- Identifies Medicare beneficiaries with electricity dependent medical claims
- Combines claims with NOAA severe weather tracking
- Utilizes multiple data sets

Empower Tool

HHS.gov U.S. Department of Health & Human Services PHE.GOV

HHS emPOWER Map 2.0

Over 2.5 million Medicare beneficiaries rely upon electricity-dependent medical and assistive equipment, such as ventilators and wheel chairs, and cardiac devices in our communities. Severe weather and disasters that cause power outages can be life threatening for these individuals.

How can we empower community and electricity-dependent Medicare beneficiary health resilience?

Every hospital, first responder, electric company, and community member can use the map to find the monthly total of Medicare beneficiaries with electricity-dependent equipment claims at the U.S. state, territory, county, and zip code level and turn on "real-time" natural hazard and NOAA severe weather tracking services to identify areas and populations that may be impacted and are at risk for prolonged power outages.

Together, we can all develop emergency plans and response activities for the whole community and assist our at-risk community members prior to, during and after an emergency.

Select map attributes to display data

NATURAL HAZARDS
Select Natural Hazard

REGION FOR HEALTH DATA
Select State/Territory
Select County
Select ZIP Code

MAP STYLE
Select Basemap

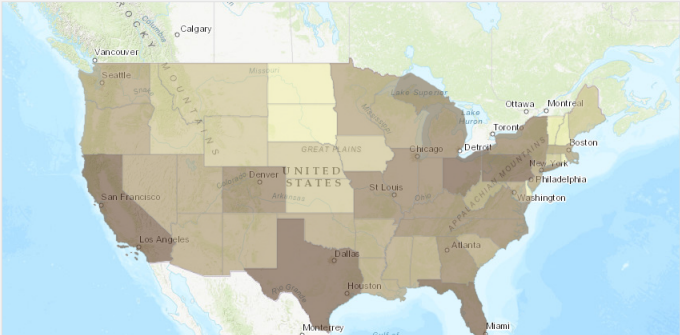
Reset Map

Resource List

HHS emPOWER Map Factsheet

State Public Health Authority

(Coming Soon)



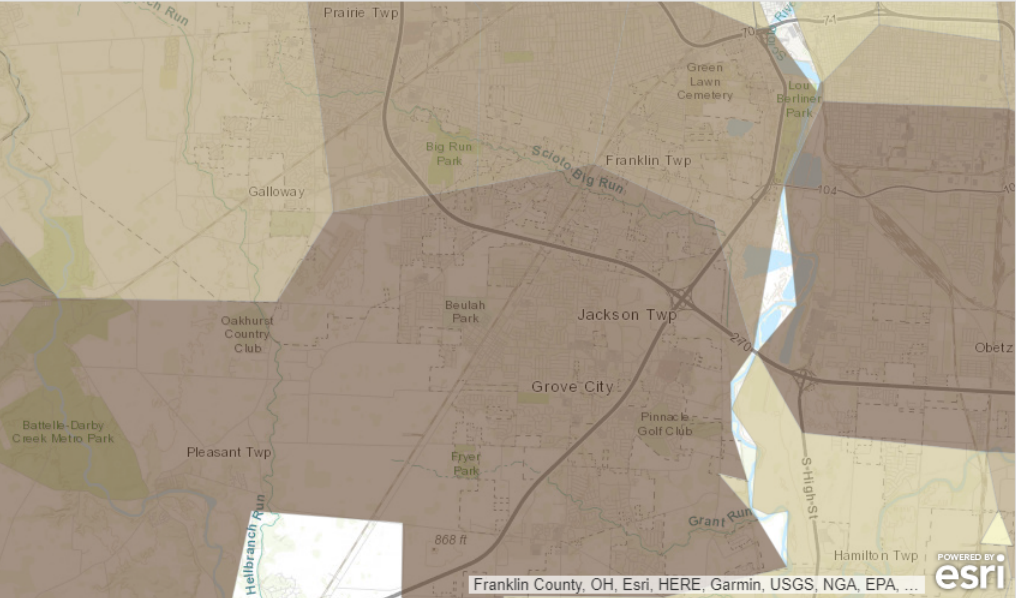
Select map attributes to display data

NATURAL HAZARDS
Storm Prediction

REGION FOR HEALTH DATA
Ohio
Franklin
43119

MAP STYLE
Select Basemap

Reset Map



Medicare Data Totals		Electricity-Dependent Scale		Natural Hazard Legend	
Geographical Area:	43228	0 - 0	Thunderstorm	0 - 0	Thunderstorm
Beneficiaries:	6,157	1 - 126	Marginal	1 - 126	Marginal
Electricity-Dependent Beneficiaries:	376	127 - 228	Slight	127 - 228	Slight
		229 - 394	Enhanced	229 - 394	Enhanced
		395 - 1,113	Moderate	395 - 1,113	Moderate
			High		High

GeoHealth

- Allows for state-specific maps
- Vulnerability scores, traceable to the census tract level

The screenshot displays the GeoHEALTH Platform interface. At the top, the logo for GeoHEALTH PLATFORM is shown, along with the U.S. Department of Health & Human Services logo. Below the logo, there are four main data layers represented by icons and text: 1. A snow-covered street scene labeled '2017-18 - Severe Winter Weather'. 2. A globe with a grid labeled 'CMS - Electrically Dependent Durable Medical Equipment'. 3. A hand pointing to a map icon labeled 'Event & Incident Tracking Viewer Public'. 4. The U.S. Department of Homeland Security logo labeled 'FEMA Disaster Declared Counties'. Below these icons, a white box contains the following text:

Better Planning · Enhanced Situational Awareness
Faster Response · Complete Recovery

You are accessing a U.S. Government information system. GeoHEALTH Platform usage may be monitored, recorded, and subject to audit. Unauthorized use is prohibited and subject to criminal and civil penalties. Use of the GeoHEALTH Platform indicates consent to monitoring and recording.

GeoHEALTH is The Department of Health & Human Services, Office of the Assistant Secretary for Preparedness and Response's secure Geographic Information System (GIS) based, electronic, interactive mapping application. This application incorporates information from numerous sources both internal and external to HHS. It includes other federal and public agencies such as (NOAA, USGS as well as other NGOs) into a single visual environment for enhanced situational awareness, assessment, and management of resources for planning, response to natural, man-made or pandemic events. This system supports functions such as policy analysis, planning, course of action comparison, incident management, and training. It supports the needs of decision makers at various levels within HHS and other federal agencies to provide enhanced situational awareness at a level of granularity needed for all responders including regional emergency coordinators and teams in the field. It is also able to display and provide details on medical care sites, resources and mobilization points and provide analytical tools for planning and preparedness efforts. During a large event such as an improvised explosive device (IED) or hurricane, there is the need to immediately determine medical care sites, resources and mobilization points and modify information as it becomes available and changes. Rapidly changing conditions and the potential need for a large regional or national response requires extensive pre-planning and a highly flexible system as well as the ability for data from the field to seamlessly get to aid in leadership physically removed from the scene to aid in the planning of the event's response.

GeoHEALTH is able to display many different datasets and information feeds including local data feeds to help all involved work with a more complete aggregation of data, thus allowing for more coordinated decision making and response. With the dynamic nature of the GeoHEALTH Platform, individual users are able to define and incorporate the data layers that they need for a specific event or need. Accounts to access GeoHEALTH are created on an individual basis (no group access accounts will be generated). Each user account will be associated with a

Health Equity Planning

Two Resources

- Community Commons – publicly available geomapping
- Claritas Data – proprietary marketing data sets

Using Available Tools to Visualize CHNA & CHA

COMMUNITY COMMONS Site-Wide Activity **Maps & Data** Hubs Channels Support 0

Equity

Economy

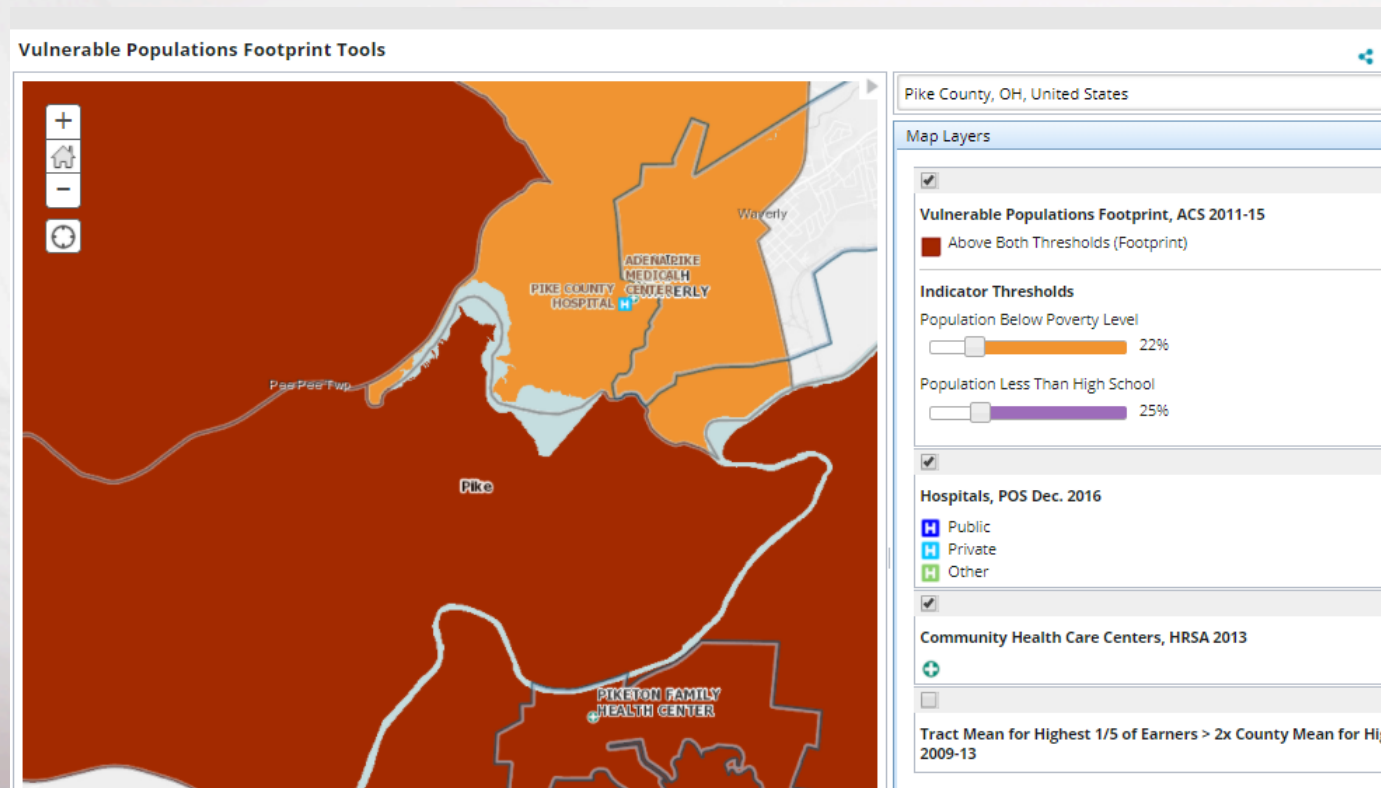
Environment

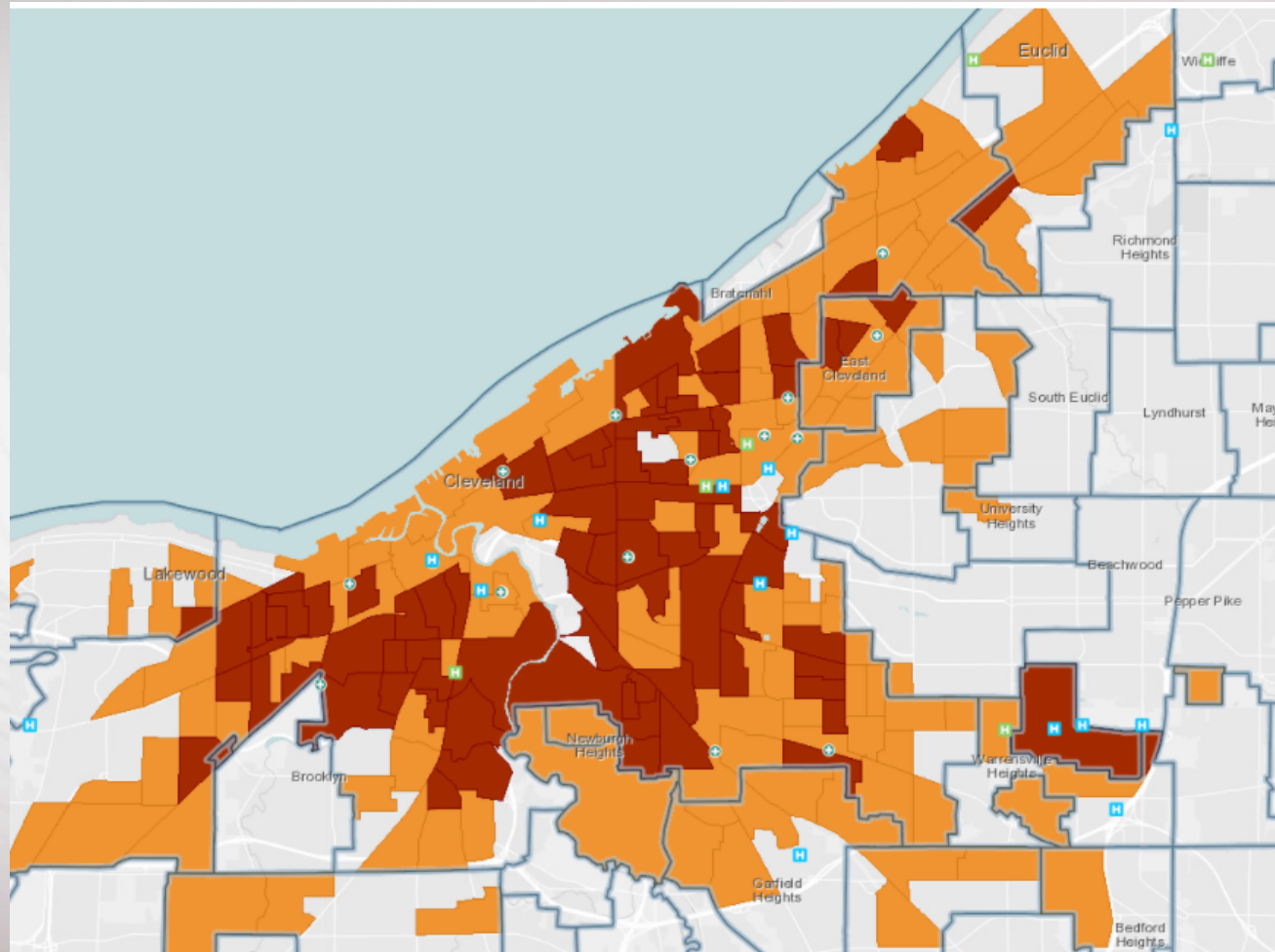
Identify natural and built environment resources.

- Brownfield Locations**
Locations of Brownfield sites throughout the nation.
- Solar and Wind Power**
Browse the EPA's Re-Power Sites including wind, solar, biofuel & hydrothermal.
- Air Quality**
Percent of days above acceptable standards for fine particulate matter
- Physical Environment Data**
Access county-level reports highlighting environment impact on health

Rural Health Disparity Example

Pike County. CommunityCommons Vulnerable Footprint. Census tracts with greater than 20% below poverty and 25% of the population with less than high school diploma. 2011-2015 American Community Survey.





Vulnerable Populations Footprint, ACS 2011-15

Above Both Thresholds (Footprint)

Indicator Thresholds

Population Below Poverty Level 20%

Population Less Than High School 25%

[Label](#) [Info](#)

Hospitals, POS Dec. 2016

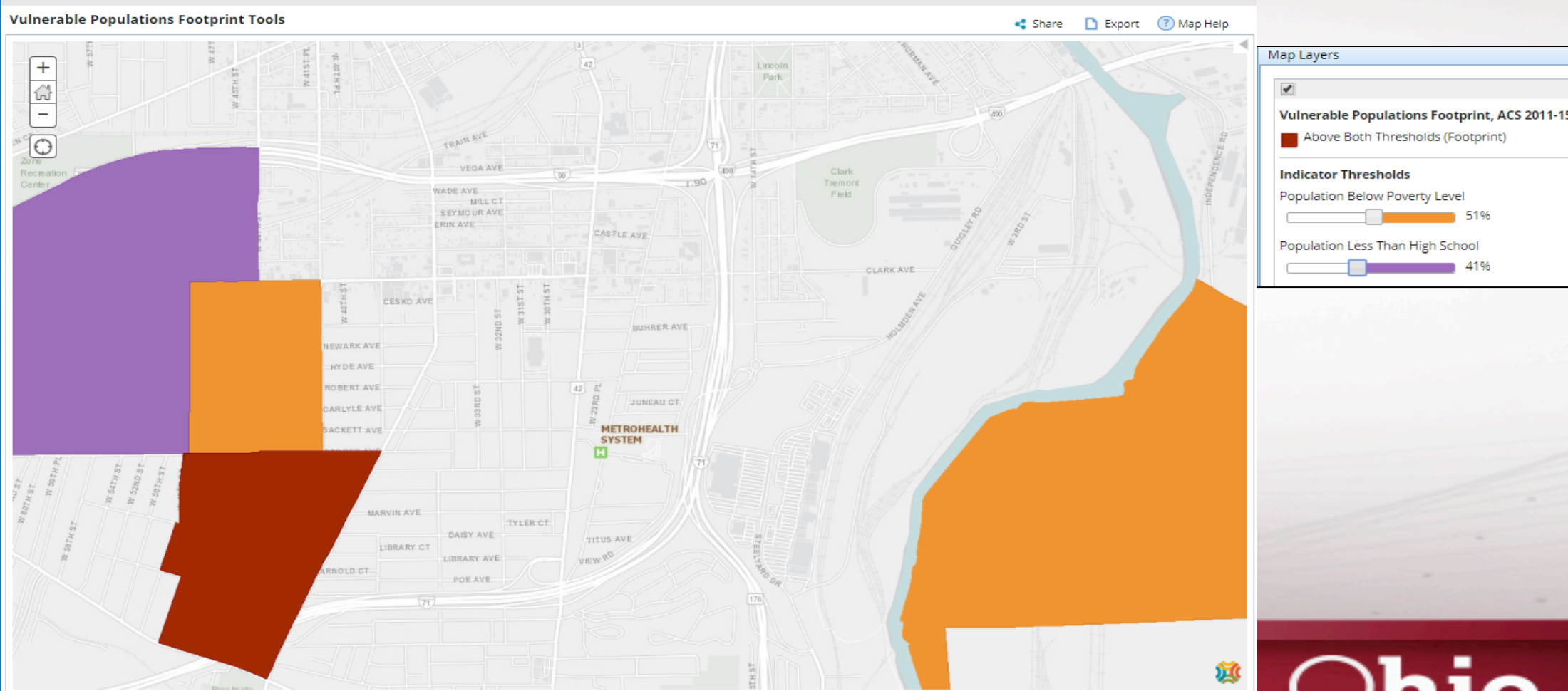
- H Public
- H Private
- H Other

[Label](#) [Info](#)

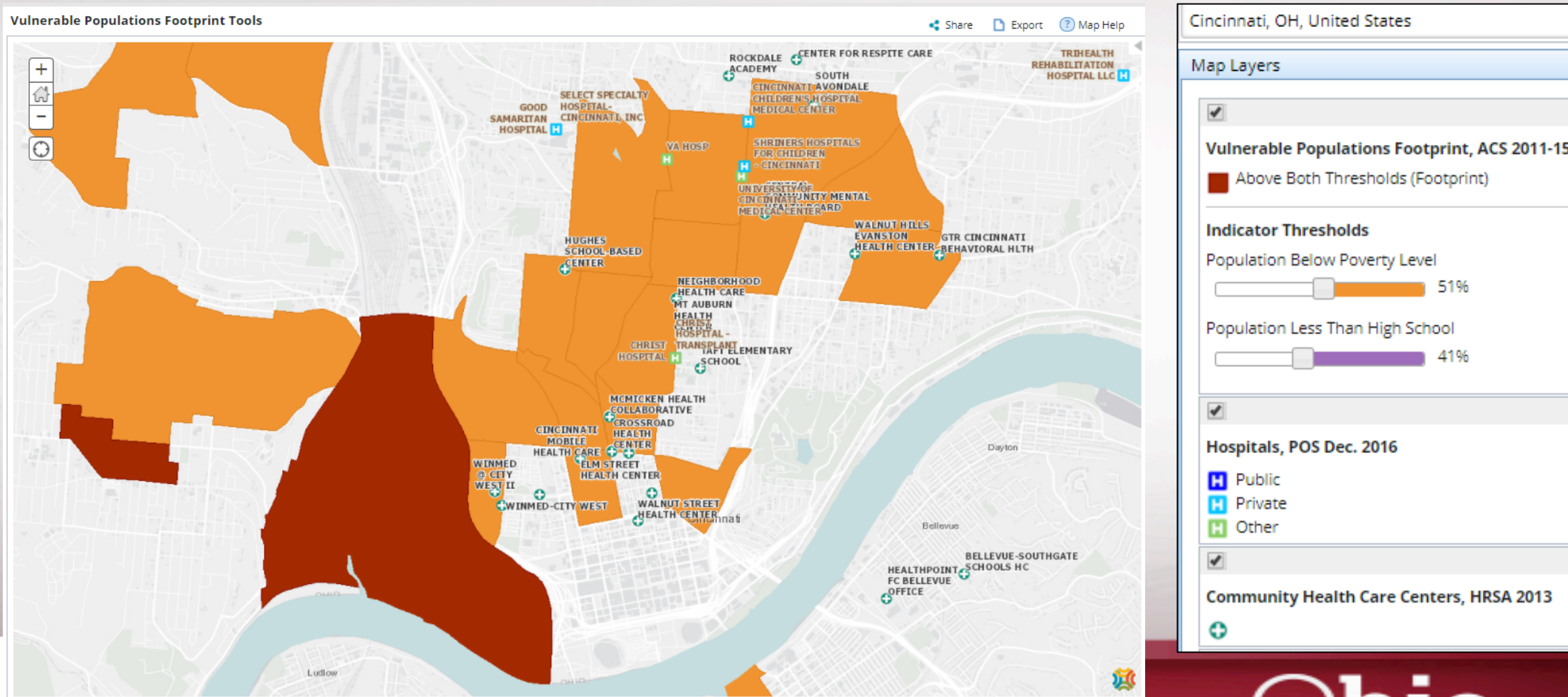
Community Health Care Centers, HRSA 2013

+

Cleveland, Ohio. CommunityCommons Vulnerable Footprint. CommunityCommons Vulnerable Footprint. Census tracts with greater than 51% below poverty and 41% of the population with less than high school diploma. 2011-2015 American Community Survey.



Cincinnati, Ohio. CommunityCommons Vulnerable Footprint. Census tracts with greater than 51% below poverty and 41% of the population with less than high school diploma. 2011-2015 American Community Survey.



Community Health Needs Assessment

How can Community Commons help you with your Community Health Needs Assessment?

Identify Vulnerable Populations

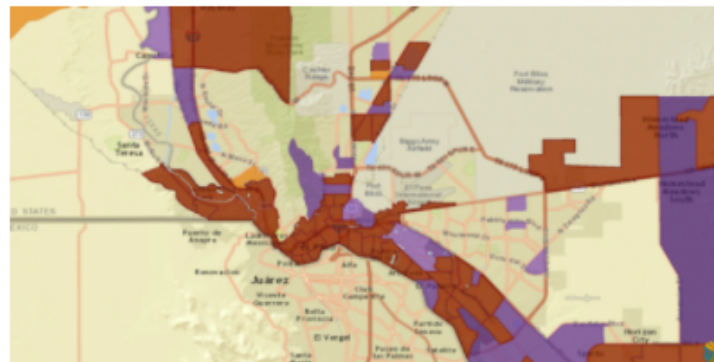
Run an Indicator Report

Recorded Webinars

This toolkit [is a free web-based platform designed by a collaborative body](#) in response to the IRS requirement outlined in the Affordable Care Act. This tool was built to assist hospitals and organizations seeking to better understand the needs and assets of their communities as well as collaborate to make measurable improvements in community health and well-being. Here's how we can help you.

Identify the most vulnerable populations in your community

- Our [Vulnerable Population Footprint](#) tool allows you to locate areas of concern for vulnerable populations and health disparities in your community based on spatial visualization of two key indicators, poverty rate and educational attainment. [Show me how.](#)

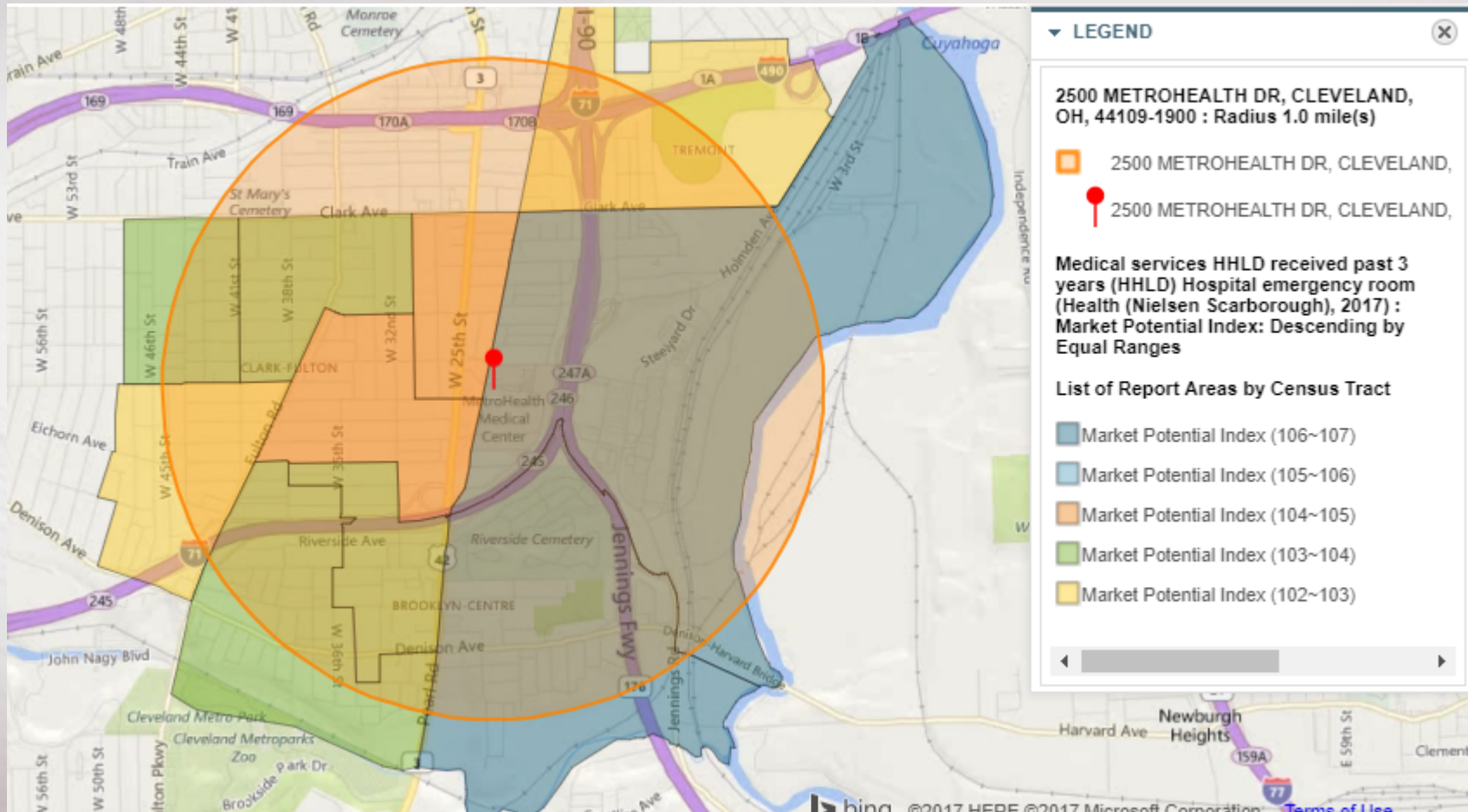


Run an Indicator Report

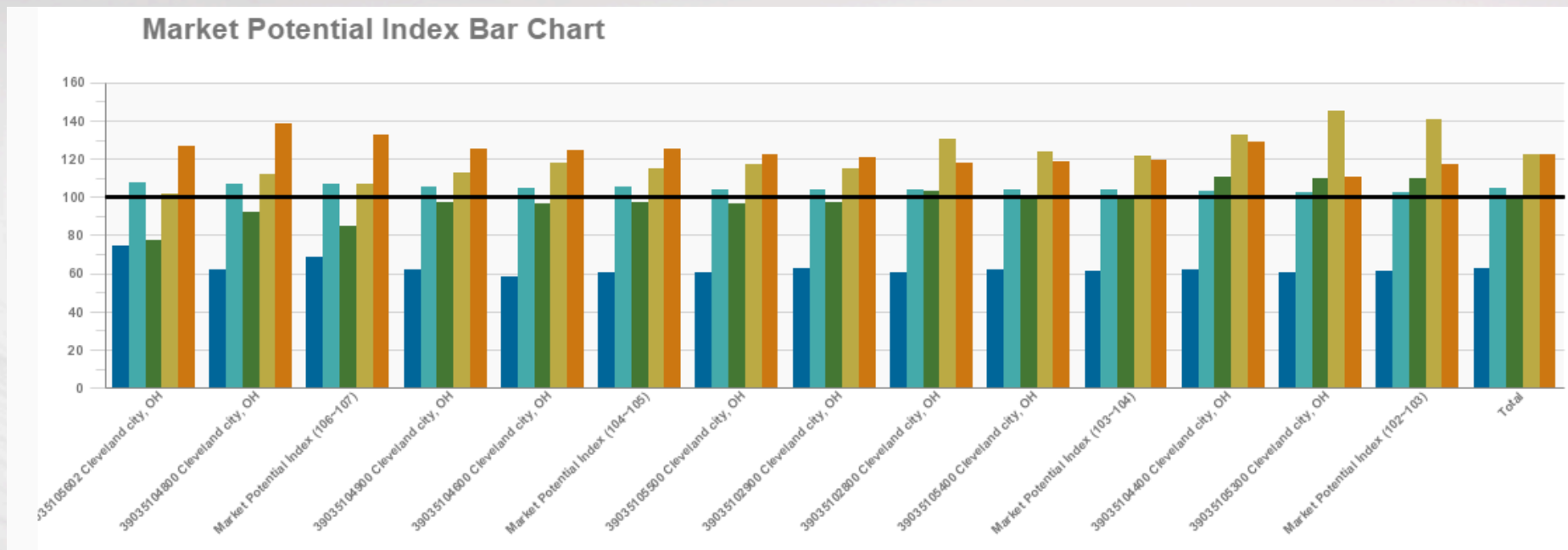
- The [CHNA toolkit](#) allows all community members—regardless of training, expertise, and experience—to ask and answer questions about health and quality of life at the local and regional level. [Show me how.](#)
- Find [updates and new additions to data](#) in the Indicator Report

Market Research Data—ODH

Cleveland, Ohio. Claritas 2017 Market research data on potential emergency room usage. 1.0 mile radius of MetroHealth Main Campus.



Cleveland, Ohio. Claritas 2017 Market research data on potential health services utilized by census tract near MetroHealth Main Campus



- Medical svcs HHL used at oth med facility pst 3 yrs (HHLD) Cardiac care (Health (Nielsen Scarborough), 2017)
- Medical services HHL received past 3 years (HHLD) Hospital emergency room (Health (Nielsen Scarborough), 2017)
- Medical services HHL used at hospital past 3 years (HHLD) Maternity care (Health (Nielsen Scarborough), 2017)
- Medical services HHL used at hospital past 3 years (HHLD) Pediatrics (Health (Nielsen Scarborough), 2017)
- Medical svcs HHL used at oth med facility pst 3 yrs (HHLD) Mental healthcare (Health (Nielsen Scarborough), 2017)

Public Health Data Hierarchy in Ohio

- State Health Assessment (SHA) and Plan
- Local health assessment and planning
- Hospital community assessment and planning
- Other data options

Quality and Data: the Framework For Ohio

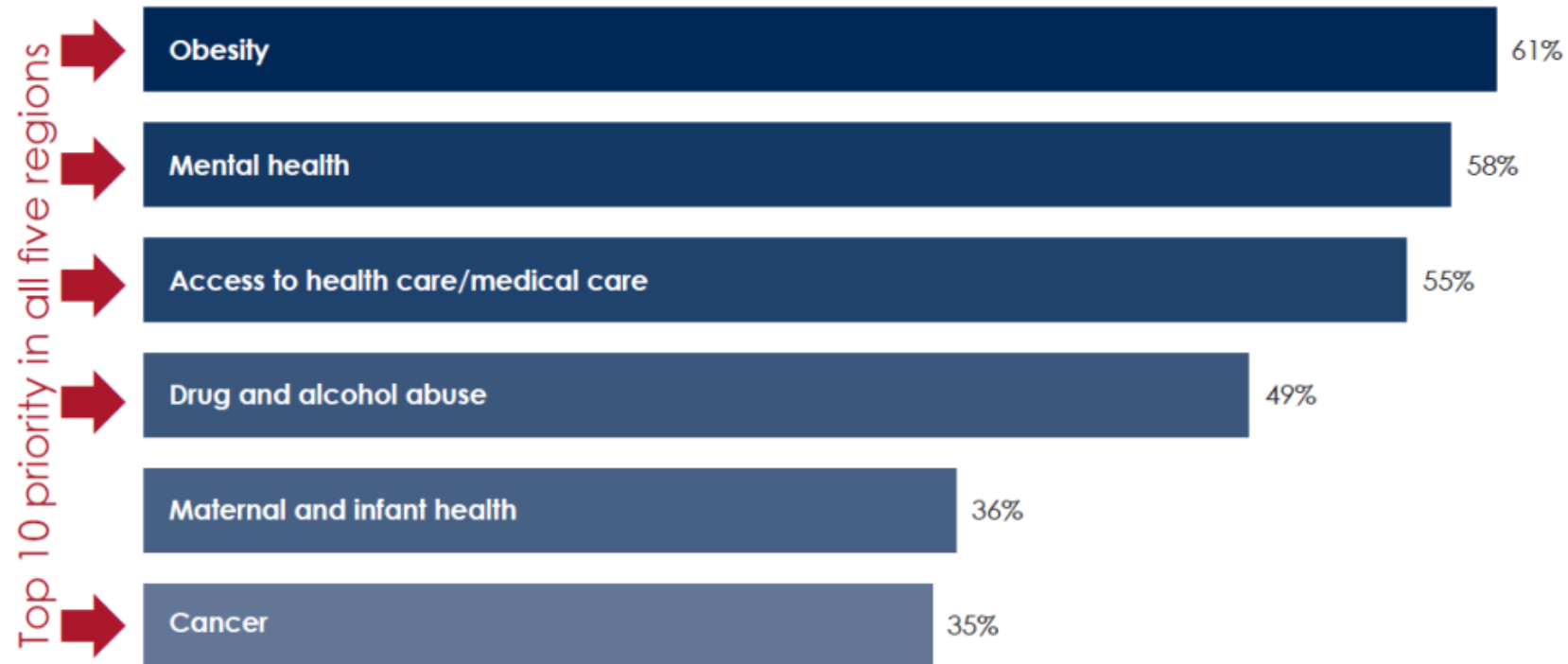


Framework Specifics

- State Health Assessment = SHA
- State Health Improvement Plan = SHIP
- Composed by a neutral third party (Health Policy Institute of Ohio)
- Multiple community forums
- Multiple key informative interviews
- Multiple data sources: vital statistics, claims, surveillance

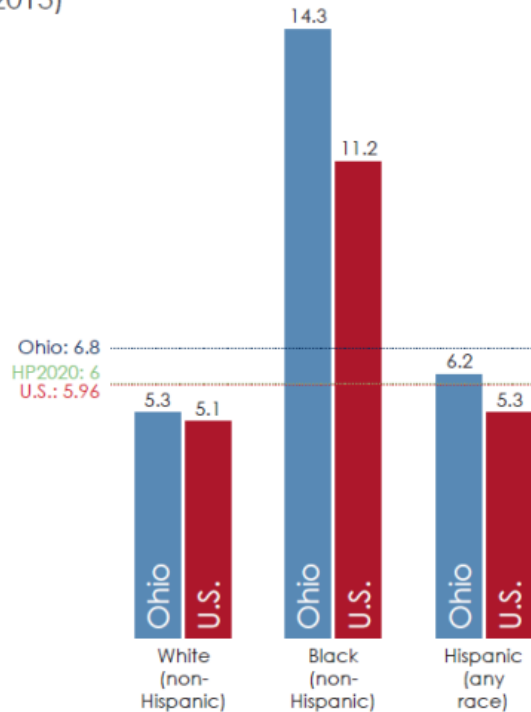
Results From the SHA

Figure 3.10. Ohio overall with health issues that were in the top 10 in all five regions



SHA – Infant Mortality

Figure 2.c.3. **Infant mortality, by race/ethnicity.** Number of infant deaths (within 1 year), per 1,000 live births (Ohio, 2014; U.S. 2013)



Metric	Ohio					U.S.
	Years	Year 1	Year 2	Most recent	Notable change	
Overall health status, adult. Percent of adults that report fair or poor health	2012, 2013, 2014	18.4%	18.1%	17.9%		16.4% (2014)
Overall health status, child. Percent of children ages 0-17 with fair or poor health	2003, 2007, 2011-2012	2.4%	3.2%	1.6%	✓	3.2% (2011-2012)
Life expectancy at birth. Life expectancy at birth based on current mortality rates	2005, 2008, 2010	77	78	78		78.9 (2010)
Expected remaining years of life at age 65. Years of life expectancy at age 65 (average remaining years of life a person can expect to live on the basis of the current mortality rates for the population)	2007-2009			18.5		19.1 (2007-2009)
Child mortality. Number of deaths among children under age 18 per 100,000	2012, 2013, 2014	58.1	57.2	53.7		49.7 (2014)
Infant mortality. Number of infant deaths per 1,000 live births (within 1 year) ✗	2012, 2013, 2014	7.6	7.4	6.8		6 (2013)
Limited activity due to health problems. Average number of days in the last 30 days in which a person reports limited activity due to mental or physical health difficulties (ages 18 and older)	2012, 2013, 2014	1.7	1.5	1.7	✓	1.5 (2014)
Poor physical health days. Average number of physically unhealthy days reported in past 30 days (age-adjusted) among adults	2012, 2013, 2014	4.2	4	4.1		3.9 (2014)
Poor mental health days. Average number of days in the previous 30 days when a person indicates his/her mental health was not good (includes stress, depression, and problems with emotions; adults only)	2012, 2013, 2014	4.1	3.8	4.1		3.7 (2014)

Healthy People 2020 key
(based on most recent year)

○ Ohio met or exceeded target

✗ Ohio did not meet target

See appendix for targets

U.S. comparison key
(based on most recent year)

■ Ohio is better than or same as U.S.

■ Ohio is worse than U.S.

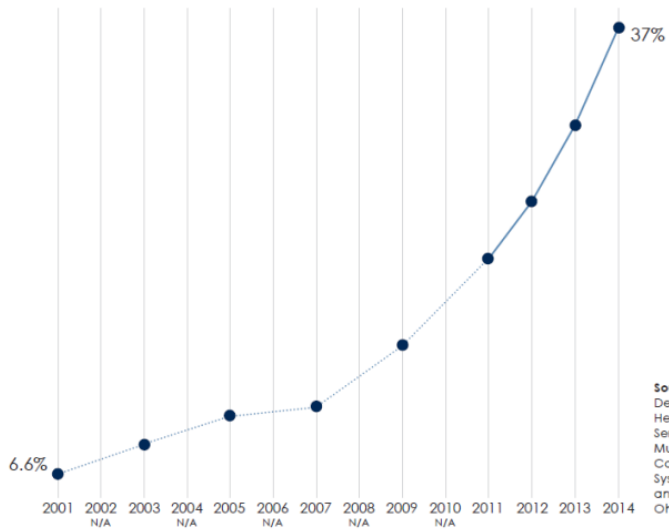
✓ **Notable change**

Data value increased or decreased

10 percent or more from Year 2 to most recent year

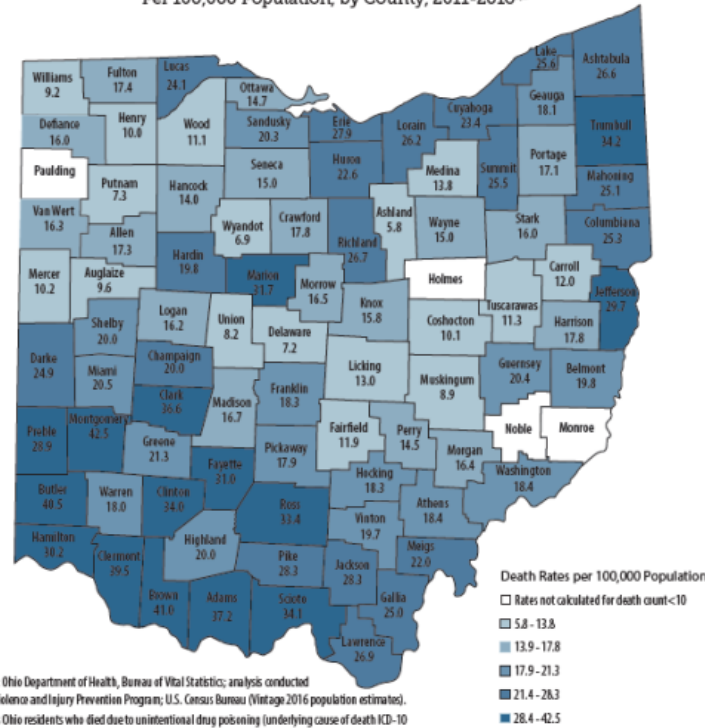
SHA—Opiates

Figure 2.e.9. **Opiate admissions.** Percentage of clients in treatment with a primary diagnosis of opiate abuse or dependence (heroin and prescription opioid) (2001-2014)



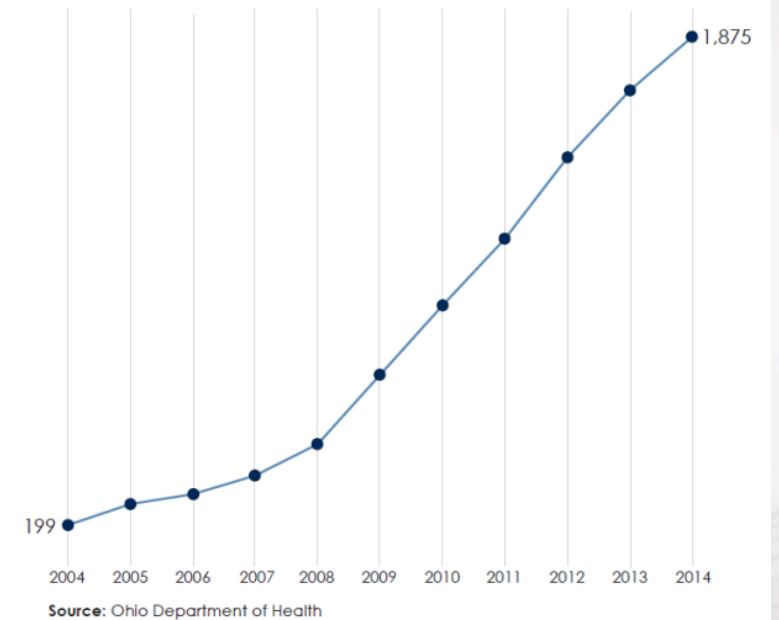
Source: Data from Ohio Department of Mental Health and Addiction Services (OhioMHAS) Multi Agency Community Information System as compiled and analyzed by OhioMHAS

Figure 9. Average Age-Adjusted Unintentional Drug Overdose Death Rate Per 100,000 Population, by County, 2011-2016^{1,2}



¹ Sources: Ohio Department of Health, Bureau of Vital Statistics; analysis conducted by ODH Violence and Injury Prevention Program; U.S. Census Bureau (Vintage 2016 population estimates).
² Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).
 Rate suppressed if < 10 total deaths for 2011-2016.

Figure 2.e.10. **Neonatal abstinence syndrome discharges.** Number of inpatient discharges for neonatal abstinence syndrome (2004-2014)



Source: Ohio Department of Health

SHA–Access and Social Determinants

Figure 2.a.11. Disability prevalence estimates, by county all adults (18+) (2015)

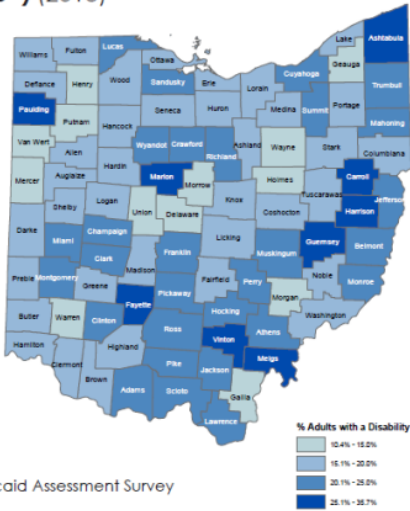


Figure 2.b.3. Premature death, by race/ethnicity. Average number of years of potential life lost before age 75, per 100,000 population (2012-2013)

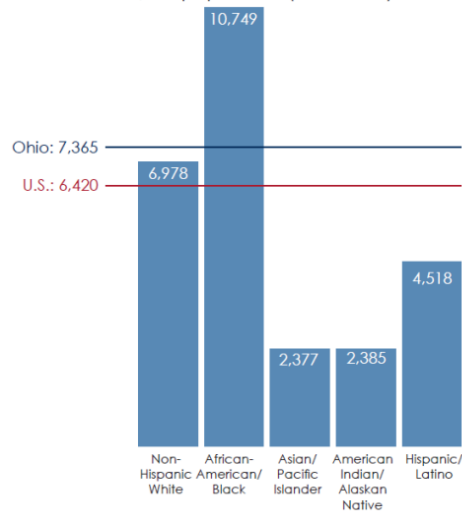


Figure 2.i.5. Housing, built environment and physical activity access

Metric	Ohio					U.S.
	Years	Year 1	Year 2	Most recent	Notable change	
Severe housing problems. Percent of households that have one or more of the following problems: 1) housing unit lacks complete kitchen facilities; 2) housing unit lacks complete plumbing facilities; 3) household is severely overcrowded; and 4) monthly housing costs, including utilities, that exceed 50 percent of monthly income	2006-2010, 2007-2011, 2008-2012	15%	15%	15%		19.2% (2008-2012)
Access to exercise opportunities. Percent of individuals in a county who live reasonably close to a location for physical activity, defined as parks or recreational facilities (including gyms, community centers, YMCAs, dance studios and pools). Individuals who reside in a census block within a half mile of a park or within one mile of a recreational facility in urban areas and within 3 miles in rural areas are considered to have adequate access to opportunities for physical activity	2010 & 2012, 2010 & 2013, 2014	78%	83%	83%		84% (2014)
Access to housing assistance. Average number of months on waiting list for HUD housing assistance.	2013, 2014, 2015	19	25	24		26 (2015)

Healthy People 2020 key
(based on most recent year)

- Ohio met or exceeded target
 - Ohio did not meet target
- See appendix for targets

U.S. comparison key
(based on most recent year)

- Ohio is better than or same as U.S.
- Ohio is worse than U.S.

✓ Notable change

Data value increased or decreased 10 percent or more from Year 2 to most recent year

SHIP

- Three domains: chronic disease, behavioral health, infant mortality
- Several cross-cutting measures: smoking, social determinants, healthy eating, etc.
- Health equity

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

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	Strategies to promote:
Social determinants of health	• Student success • Economic vitality • Housing affordability and quality
Public health system, prevention and health behaviors	• Tobacco prevention and cessation • Active living • Healthy eating • Violence-free communities • 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.

Local Health Model

- Two documents
 - Community Health Assessment (CHA)
 - Community Health Improvement Plan (CHIP)
- Similarly structured to state planning process
- Required every three years by every health department

Community Health Assessment Examples

- From the City of Columbus Health Department

TABLE 3: Franklin County

SNAP/Food Assistance
Total
With children
Below poverty level
Food Insecure
Total
Child

TABLE 1: Franklin County

Advanced Practice
Physician
Physician
Family
General
Social Work
Chemical
Psychologist
Dentist
Optometrist

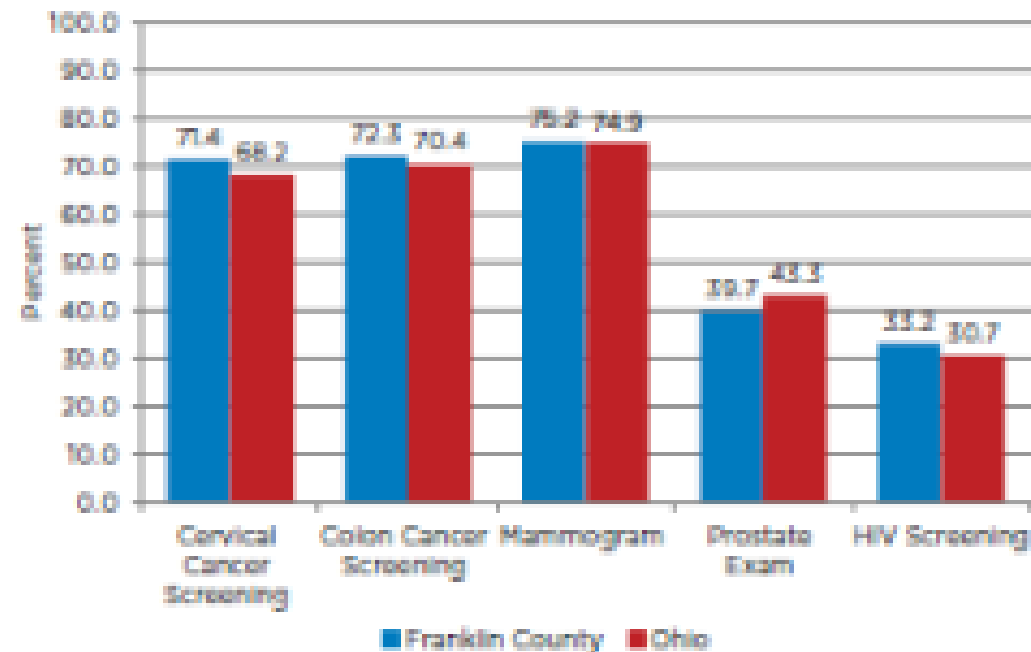
* Ratio of

TABLE 1: SELECT PRECIPITANTS

Women 18 to 44 years

Check-up (in the past 12 months)
Influenza Vaccine (in past 12 months)
General Health Status
Depressive Disorder (in past 12 months)
Binge Drinkers (≥ 4 drinks)
Current Smokers ¹
Overweight or Obese ¹
Did NOT meet Aerobic Activity Guidelines ¹
Fruit Consumption (<1 cup)
Vegetable Consumption (<1 cup)
Hypertension ¹
Health Care Coverage

CHART 3: PREVENTION SCREENINGS²
Franklin County and Ohio Adults, 2015

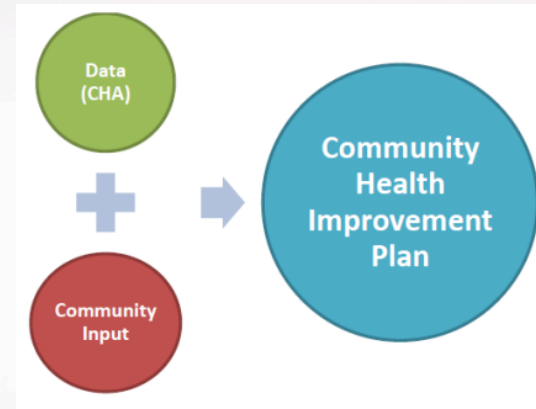


Community Health Improvement Planning (CHIP)

- From the City of Columbus Health Department CHIP

Strategic Partnerships - Whitehall CHAT Partners:

- City of Whitehall
- Franklin County Public Health
- Holy Spirit School
- Ohio Hispanic Association
- Ohio Nurses Association
- Faith Lutheran Church
- Mount Carmel
- Ohio Health
- Ohio Mental Health and Addiction Services
- Westphal Avenue Baptist Church



Appendix C: Whitehall CHAT Implementation Plan

Community Health Action Team Implementation Plan

Community Initiative: Whitehall CHAT

Collective Purpose: "The Whitehall CHAT will examine and improve the health of people in our community."

Timeframe: November 2015 – December 2018		
Objective	Activities	Who is Responsible
Whitehall CHAT will implement the following activities in the next 6-12 months	<ul style="list-style-type: none"> Link mobile health services with existing community events. Link health education fairs with existing community events. Provide incentives to participate in regular healthcare. Reduce transportation barriers by providing bus passes. 	<ul style="list-style-type: none"> TBD

How Data Impacts ODH

- Policy
- Program
- Equity

The Future

Public health as part of the medical neighborhood

- Better data integration: PCMH data
- Data capture and integration from social service organizations
- Improved personal data access and transparency

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