



2020-2022 State Health Improvement Plan implementation

Basic guidance

**For local health departments
and hospitals in Ohio**

What is the SHIP?

The State Health Improvement Plan (SHIP) is a tool to strengthen state and local efforts to improve health, well-being and economic vitality in Ohio. The SHIP's main components are:

- Six priorities including three factors and three health outcomes (see figure 1)
- Thirty-seven measurable objectives
- A menu of evidence-informed strategies
- An evaluation plan to track and report progress

With the long-term goal of ensuring all Ohioans achieve their full health potential, the SHIP takes a comprehensive approach to achieving equity and addressing the many factors that shape our health, including housing, poverty, education and trauma (see figure 1).

Why is the SHIP important?

The SHIP is Ohio's roadmap to address the many challenges identified in the **2019 State Health Assessment** (SHA), including a troubling drop in life expectancy from 2010 to 2017. Given the scope and complexity of Ohio's health challenges, the SHIP calls for cross-sector partnerships and alignment on a manageable set of measurable goals.

How will the SHIP be implemented?

The SHIP is designed to be implemented by a wide range of public and private partners. The menu of objectives and strategies in the SHIP provides flexible options for rural, Appalachian, suburban and urban communities, as well as approaches to improve outcomes for Ohioans of all ages.

Purpose of this document

This guidance document focuses on the role of hospitals and local health departments in SHIP implementation and Ohio's specific community health planning requirements that apply to these entities (see figure 2).

Collaboration between local health departments and hospitals, and alignment between state and local entities, will allow for more effective and efficient health improvement activities.

The Ohio Department of Health (ODH) is required by state law to provide guidance to hospitals and local health departments on assessments and plans.

Additional information for all SHIP partners, including sectors beyond health, is included in the **SHIP Toolkit** at the link below.

View the SHIP

[Click here to access the 2020-2022 SHIP and the SHIP Toolkit](#)



State and local partners

There are many partners at the state and local levels that contribute to achieving the vision of the SHIP, such as:



- State agencies and other statewide organizations
- Hospitals
- Local health departments
- Alcohol, Drug and Mental Health (ADAMH) boards
- Area Agencies on Aging
- Boards of developmental disabilities
- Community behavioral health providers
- Employers and workforce development organizations
- Housing organizations
- Medicaid managed care plans
- Philanthropy
- Schools
- Other local agencies and organizations

Public and private partners must row in the same direction to achieve the **SHIP vision: Ohio is a model of health, well-being and economic vitality**

Role of hospitals and local health departments

Hospitals and local health departments are leaders in local community health improvement planning. These organizations are required to conduct community assessments and develop plans (see figure 2). These assessments and plans function as local versions of the SHA and SHIP.

Figure 1. SHIP framework

Equity Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices, allows them to reach their full health potential.

Priorities The SHIP identifies three priority factors and three priority health outcomes that affect the overall health and well-being of children, families and adults of all ages.

What shapes our health and well-being?

Many factors, including these 3 SHIP priority factors*:

- Community conditions**
 - Housing affordability and quality
 - Poverty
 - K-12 student success
 - Adverse childhood experiences
- Health behaviors**
 - Tobacco/nicotine use
 - Nutrition
 - Physical activity
- Access to care**
 - Health insurance coverage
 - Local access to healthcare providers
 - Unmet need for mental health care

How will we know if health is improving in Ohio?

The SHIP is designed to track and improve these 3 SHIP priority health outcomes:

- Mental health and addiction**
 - Depression
 - Suicide
 - Youth drug use
 - Drug overdose deaths
- Chronic disease**
 - Heart disease
 - Diabetes
 - Childhood conditions (asthma, lead)
- Maternal and infant health**
 - Preterm births
 - Infant mortality
 - Maternal morbidity

All Ohioans achieve their full health potential

- Improved health status
- Reduced premature death

Vision
Ohio is a model of health, well-being and economic vitality

Strategies The SHIP provides state and local partners with a menu of effective policies and programs to improve Ohio's performance on these priorities.

* These factors are sometimes referred to as the social determinants of health or the social drivers of health

Figure 2. **Requirements for hospitals and local health departments**

	National requirements	Ohio requirements From Ohio Revised Code 3701.981, enacted July 2016
Hospitals (Tax-exempt 501(c)(3) charitable hospitals)	The Internal Revenue Service (IRS) requires tax-exempt hospitals to conduct a community health needs assessment (CHNA) and adopt an implementation strategy (IS) every three years.	<ul style="list-style-type: none"> • Three-year cycle. Beginning Jan. 1, 2020, complete assessments and plans on an aligned three-year cycle (2020-2022; 2023-2025, etc.; see Appendix B) • Reporting. By Oct. 1, 2020, submit assessments and plans to ODH covering 2020-2022 • Community benefit expenditures. Beginning July 1, 2017, annually submit Schedule H of IRS Form 990 to ODH, including any attachments (government-owned hospitals to submit equivalent information)
Local health departments (Boards of health)	As a prerequisite of accreditation by the Public Health Accreditation Board (PHAB)*, local health departments must conduct a community health assessment (CHA) and develop a community health improvement plan (CHIP) at least every five years.	<ul style="list-style-type: none"> • Three-year cycle. Beginning Jan. 1, 2020, complete assessments and plans on an aligned 3-year cycle (2020-2022; 2023-2025, etc.; see Appendix B) • Reporting. By Oct. 1, 2020, submit assessments and plans to ODH covering 2020-2022

* Ohio Revised Code 3701.13 gives the ODH Director the authority to require local health districts to apply for accreditation by July 1, 2018 and be accredited by July 1, 2020, as a condition for receiving funding from ODH.

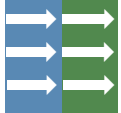



Additional resources

- [Ohio Revised Code 3701.981](#)
- [Improving Population Health Planning in Ohio](#) (2016 report prepared by HPIO through contracts with the Ohio Department of Health and Ohio Department of Medicaid)
- [Making the Most of Community Health Planning in Ohio: The role of hospitals and local health departments](#) (2015 HPIO report; includes description of assessment and planning requirements for hospitals and local health departments)

Alignment with the 2020-2022 SHIP

The SHIP drives implementation of a strategic set of evidence-informed population health policies and programs at the scale needed to measurably improve outcomes. SHIP implementation provides an opportunity for increased collaboration and alignment among many partners, including more efficient and effective resource allocation toward SHIP-aligned priorities and strategies at the state and local levels.

Hospitals and local health departments are encouraged to align their ISs and CHIPs with each of the following components of the 2020-2022 SHIP:

	SHIP component	Alignment
	<p>Priorities</p> <p>The SHIP includes:</p> <ul style="list-style-type: none"> • Three priority factors (community conditions, health behaviors and access to care) • Three priority health outcomes (mental health and addiction, chronic disease and maternal and infant health) 	<p>Identify at least one priority factor and at least one priority health outcome. Selection of community conditions is strongly recommended. Priorities should be informed by the CHNA and/or CHA. (see figure 3)</p>
	<p>Tracking progress with SMART objectives</p> <ul style="list-style-type: none"> • Objectives are statements describing a specific outcome to be achieved. • SMART objectives are specific, measurable, achievable, realistic and time-bound. • SMART objectives must include an indicator — a specific metric or measure used to quantify an outcome, typically expressed as a number, percent or rate. 	<p>Select at least one indicator for each identified priority factor and priority health outcome. (see figure 3)</p>
	<p>Strategies</p> <ul style="list-style-type: none"> • Strategies are policies, programs or services. • The SHIP includes a menu of evidence-informed strategies that are relevant to SHIP priorities. 	<p>Select at least one strategy for each selected priority factor and priority health outcome. Strategies should be relevant to the selected indicator. (see SHIP pages 20-84 for complete list of strategies)</p>
	<p>Equity</p> <ul style="list-style-type: none"> • Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices, allows them to reach their full health potential. • The SHIP addresses equity through priority populations, universal targets, strategy selection and strategy implementation. 	<p>Whenever possible, identify priority populations for objectives and select strategies likely to reduce disparities and inequities. Resources should be allocated and tailored to communities where need is greatest. (see the SHIP Toolkit for additional information)</p>

Alignment timing

IS or CHIP documents submitted to ODH by October 1, 2020 should align with the SHIP document that is/was current at the time of the CHIP's creation. (It is not expected that priorities will change drastically from cycle to cycle, however communities should always use the most current SHIP available in order to assure maximum alignment and therefore, health impact.)

If the 2020-2022 SHIP-aligned priorities, indicators and strategies are not included in the IS and CHIP documents submitted to ODH by Oct 1, 2020, then the hospital or local health department should identify opportunities for alignment during an annual review of their progress. Alignment should then be reflected in an update, addendum, or appendix to the plan. Submit the updated alignment by October 1, 2021.

Updates and directions for submitting will be maintained on ODH's SHA/SHIP webpage. Questions can be directed to the Health Improvement Planner at CommunityAlignmentSupport@odh.ohio.gov. Submission dates may be flexible due to challenges resulting from the COVID-19 response. Please check the SHA/SHIP webpage for updates.

Figure 3. Alignment with priorities and indicators

STEP
1

Identify at least one priority factor and at least one priority health outcome

Priority factors	Priority health outcomes
<input type="checkbox"/> Community conditions (strongly recommended)	<input type="checkbox"/> Mental health and addiction
<input type="checkbox"/> Health behaviors	<input type="checkbox"/> Chronic disease
<input type="checkbox"/> Access to care	<input type="checkbox"/> Maternal and infant health

STEP
2

Select at least 1 indicator for each identified priority factor

Priority factors	
Community conditions	
Topic	Indicator name*
Housing affordability and quality	<input type="checkbox"/> CC1. Affordable and available housing units
Poverty	<input type="checkbox"/> CC2. Child poverty
	<input type="checkbox"/> CC3. Adult poverty
K-12 student success	<input type="checkbox"/> CC4. Chronic absenteeism (K-12 students)
	<input type="checkbox"/> CC5. Kindergarten readiness
Adverse childhood experiences	<input type="checkbox"/> CC6. Adverse childhood experiences (ACEs)
	<input type="checkbox"/> CC7. Child abuse and neglect
Health behaviors	
Topic	Indicator name*
Tobacco/nicotine use	<input type="checkbox"/> HB1. Adult smoking
	<input type="checkbox"/> HB2. Youth all-tobacco/nicotine use
Nutrition	<input type="checkbox"/> HB3. Youth fruit consumption
	<input type="checkbox"/> HB4. Youth vegetable consumption
Physical activity	<input type="checkbox"/> HB5. Child physical activity
	<input type="checkbox"/> HB6. Adult physical inactivity
Access to care	
Topic	Indicator name*
Health insurance coverage	<input type="checkbox"/> AC1. Uninsured adults
	<input type="checkbox"/> AC2. Uninsured children
Local access to healthcare services	<input type="checkbox"/> AC3. Primary care health professional shortage areas
	<input type="checkbox"/> AC4. Mental health professional shortage areas
Unmet need for mental health care	<input type="checkbox"/> AC5. Youth depression treatment unmet need
	<input type="checkbox"/> AC6. Adult mental health care unmet need

* See Appendix A of the SHIP for the specific indicator description, suggested data source and local data availability.

STEP
2

(cont.) **Select at least 1 indicator for each identified priority health outcome**

Priority health outcomes	
Mental health and addiction	
Topic	Indicator name*
Depression	<input type="checkbox"/> MHA 1. Youth depression
	<input type="checkbox"/> MHA 2. Adult depression
Suicide deaths	<input type="checkbox"/> MHA3. Youth suicide deaths
	<input type="checkbox"/> MHA4. Adult suicide deaths
Youth drug use	<input type="checkbox"/> MHA5. Youth alcohol use
	<input type="checkbox"/> MHA6. Youth marijuana use
Drug overdose deaths	<input type="checkbox"/> MHA7. Unintentional drug overdose deaths
Chronic disease	
Topic	Indicator name*
Heart disease	<input type="checkbox"/> CD1. Coronary heart disease
	<input type="checkbox"/> CD2. Premature death - heart disease
	<input type="checkbox"/> CD3. Hypertension
Diabetes	<input type="checkbox"/> CD4. Diabetes
Harmful childhood conditions	<input type="checkbox"/> CD5. Child asthma morbidity
	<input type="checkbox"/> CD6. Child lead poisoning
Maternal and infant health	
Topic	Indicator name*
Preterm births	<input type="checkbox"/> MIH1. Total preterm births
Infant mortality	<input type="checkbox"/> MIH2. Infant mortality
Maternal morbidity/mortality	<input type="checkbox"/> MIH3. Severe maternal morbidity

* See Appendix A of the SHIP for the specific indicator description, suggested data source and local data availability.

Local collaboration

Hospitals and local health departments are encouraged to collaborate on their CHNAs, ISs, CHAs and CHIPs. The nature and extent of collaboration may vary depending on the number of local health departments and hospitals in the community, the service area or jurisdiction of each, and other factors.

Joint vs. individual plans

Hospitals and local health departments may choose any of the following options:

- A single, or “joint,” assessment and plan for the community (i.e. there is one assessment document and one plan document for the community, with all participating hospitals and local health departments named as leading entities)
- A joint assessment and aligned individual plan documents for each hospital and local health department that are aligned with one another
- Individual assessments and individual plans for each hospital and health department, with coordination and alignment
- Some other combination that includes alignment and collaboration

County and regional plans

Collaboration should occur at the county level, at minimum. If there is more than one hospital or more than one local health department within a county, they should all work together on assessments, plans, implementation and evaluation.

A hospital may have a market service area that covers multiple counties or a group of contiguous county health departments may have a strong history of sharing resources. In these instances it may be beneficial to engage a multi-county or regional planning process.

Regardless of the configuration of the partnership, a collaborative planning process and identification of shared community strategies that align with the SHIP are important elements of planning.

Collaboration with additional partners

Hospitals and local health departments should also collaborate with a wide variety of other health organizations and related sectors. Some other organizations have their own assessment and plan requirements. For example, local Alcohol, Drug and Mental Health (ADAMH) boards must submit Community Plans to the Ohio Department of Mental Health and Addiction Services (OMHAS) every two years. There are opportunities to align planning processes across sectors by identifying

Looking for assessments, plans and community benefit information for your community?

[Click here](#) to view an online repository of assessments and plans completed by hospitals and local health departments. Compiled by ODH, this webpage includes all available assessment and plan documents organized by county, as well as community benefit expenditure information (schedule H form) for all tax-exempt hospitals.

Community benefit refers to expenditures that support activities to improve the health of the communities served by a hospital. To maintain their tax-exempt status, nonprofit hospitals must report community benefit activities to the IRS, which may include charity care, other forms of uncompensated care, or other activities beneficial to the community as a whole—including implementation of strategies from their IS. See figure 1 for additional community benefit reporting requirements that apply to tax-exempt hospitals in Ohio.

common SHIP-aligned objectives and strategies. (See Appendix F of the 2020-2022 SHIP for additional examples.)

Continued support and evaluation

In order to support effective SHIP implementation, ODH will lead the following activities:

- **Implementation tools:** Release a SHIP Toolkit in 2020. All SHIP-related resources will be posted [here](#).
- **Multi-agency engagement:** Continue to convene the SHIP Steering Committee which is made up of directors of 13 state agencies. These agencies will work together to integrate SHIP alignment into their own programs, strategic plans, future state budget proposals and other activities.
- **State evaluation:** Facilitate the state-level outcome and process evaluation plan described on page 86 of the 2020-2022 SHIP. This will include annual reporting on progress on SHIP objectives and implementation activities across many state agencies.

For additional information about this guidance document or other SHIP implementation issues, contact: Health Improvement Planner, ODH at CommunityAlignmentSupport@odh.ohio.gov.

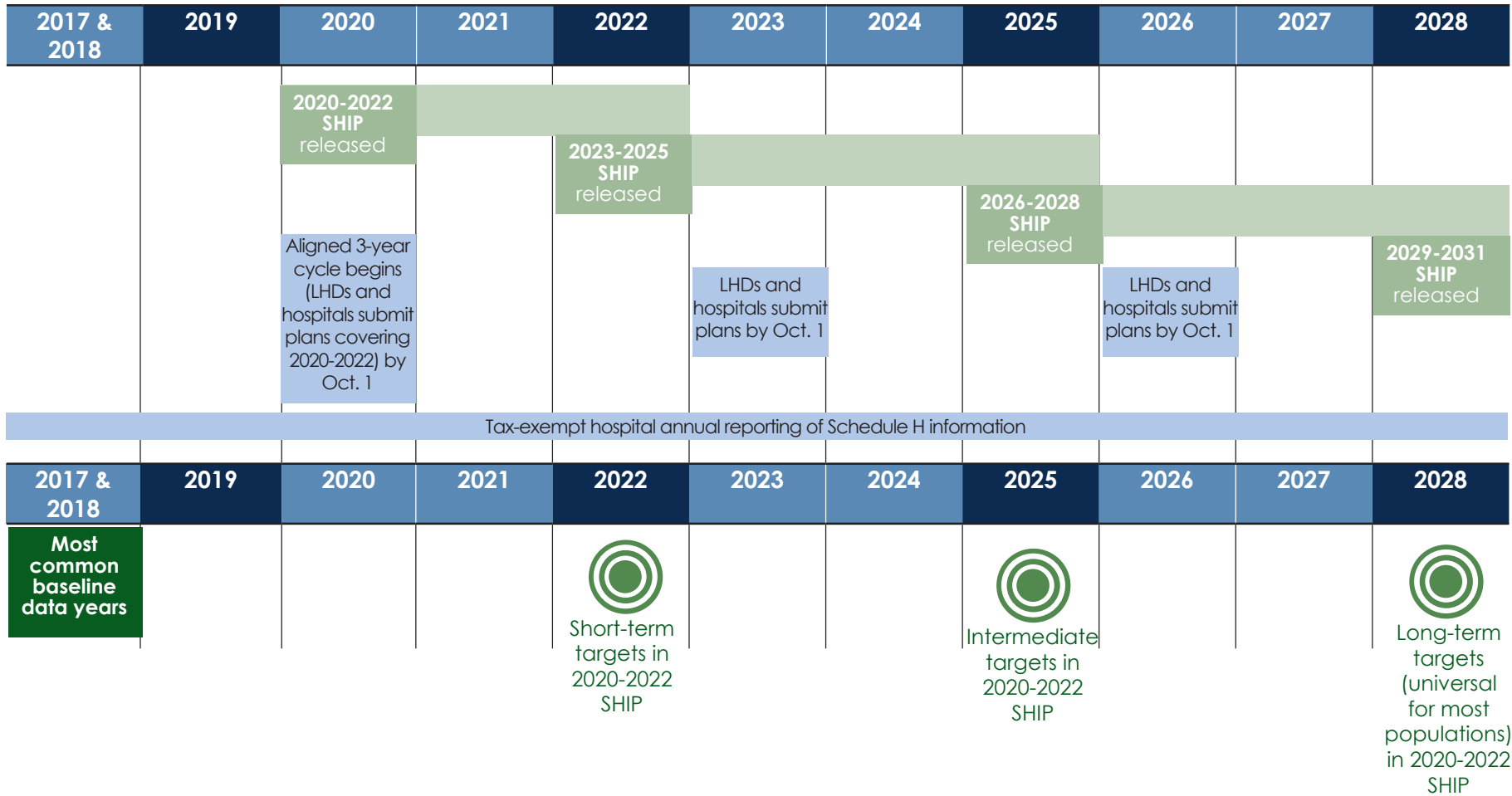
Advisory Committee members

Representatives from the following local health departments, hospitals and associations served on an Advisory Committee for this document:

- Association of Ohio Health Commissioners (AOHC)
- Bon Secours Mercy Health
- Butler County Health Department
- Canton City Public Health
- Central Ohio Hospital Council
- Champaign County Health Department/ AOHC Southwest Director
- Cincinnati Children's Hospital Medical Center
- Cleveland Clinic
- Columbus Public Health
- Cuyahoga County Board of Health
- Dayton Children's Hospital
- Franklin County Public Health
- Fulton County Health Center
- Genesis Healthcare System
- Greater Dayton Area Hospital Association
- Greene County Public Health
- Hamilton County Public Health
- Health Collaborative
- Hospital Council of Northwest Ohio
- Marietta and Belpre City Health Department
- Medina County Health Department/ AOHC Northeast Director
- Mercy Health
- Mercy St. Vincent
- Ohio Children's Hospital Association
- Ohio Hospital Association
- OhioHealth
- Pickaway County Public Health
- Sandusky County Public Health
- Stark County Health Department
- The Center for Health Affairs
- Toledo Lucas County Health Department
- Union County Health Department/ AOHC Central Director
- University Hospitals
- Williams County Health Department
- Zanesville-Muskingum Health Department

appendix
B

SHIP implementation timeline





Department
of Health



View the 2020-2022 State Health Improvement Plan at

<https://odh.ohio.gov>