SHIP Vision

Optimal physical, mental and social well-being for all people in Illinois through a high-functioning public health system comprised of active public, private and voluntary partners.

Illinois
State Health Improvement Plan
Statewide Themes and Strengths Assessment

Illinois State Board of Health

May 2007

Prepared by Illinois Public Health Institute

State Health Improvement Plan
Statewide Themes and Strengths Assessment

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Statewide Themes and Strengths Assessment: Executive Summary

The Statewide Themes and Strengths Assessment is designed to gather thoughts, opinions and concerns from community members to answer the following questions: What is important to our state? How is quality of life perceived in our state? What assets do we have that can be used to improve Illinois' health? This information leads to a portrait of Illinois as seen through the eyes of its residents. Three tools were used to inform the assessment: review of data from IPLAN (Illinois Project for Local Assessment of Needs) reports; a review of current or recently completed state and regional strategic planning processes; and a qualitative analysis of focus groups with people working in public health and social services. A subcommittee of the planning team was created to assist in focus group design, as well as to provide preliminary review of the data from the three tools.

Mission of Committee

Collect data and develop findings to answer the questions:

- What is important to our state?
- How is quality of life perceived in our state?
- What assets do we have that can be used to improve Illinois' health?

Three steps were conducted to create the assessment: focus groups, a review of current or recently completed strategic planning processes, and Illinois Project for Local Assessment of Needs (IPLAN) data.

Step 1: Illinois Project for Local Assessment of Needs (IPLAN) Review

The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for local health department certification under Illinois Administrative Code. The essential elements of IPLAN are:

- an organizational capacity assessment;
- a community health needs assessment; and
- a community health plan, focusing on a minimum of three priority health problems.

The SHIP process reviewed local health department's priority health problems and the interventions that were identified to address them. Information about IPLAN and the selected local priorities and interventions can be found at the IPLAN Website: http://app.idph.state.il.us

Analysis was conducted on each five-year round of IPLAN assessments. The dates for each round follow:

- Round one data—1994-1998
- Round two data—1999-2003
- Round three data—2004-February 2006*

*Preliminary round three data have recently become available. As of February 2006, 24 local health departments have reported their most recent health priorities.

The analysis examined the health priorities, interventions and populations selected by the local health department for focus within their IPLAN. Health concerns at the local level have shifted from an emphasis on diseases to determinants. New categories such as obesity exemplify this shift. There is also a movement away from specific diseases, such as diabetes or cancer, towards conditions that encourage multiple disease states.

Currently the IPLAN system does not require definition of target population for priorities, objectives or interventions. Data available to local communities are insufficient to assess the current state of health and subsequent health needs of sub-populations. In addition, availability of race/ethnicity data is limited. Data limitations inhibit evaluation of population health status and planning of effective intervention strategies.

Step 2: Strategic Planning Processes Review

Several strategic plans were chosen for review:

Population/Issue Specific Plans:

- State Oral Health Plan – Illinois Department of Public Health
  http://www.ifloss.org/OralHealth/
- State Nutrition Action Plan: Illinois – Illinois Department of Public Health
  http://www.fns.usda.gov/OANE/SNAP/Plans/Illinois.htm
- Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois – Illinois Violence Prevention Authority
  http://ivpa.org/childrensmhtf/pdf/ICMHP_Exec.20050908.pdf

Infrastructure/Resource Specific Plans:

- The Health Care Workforce in Rural Illinois: Successes, Challenges and Future Prospects – Illinois Rural Health Association
  http://www.ilruralhealth.org/doc/The%20Rural%20Health%20Workforce%20paper%20Cooksey%20final%201.3.03.pdf
- Strategy in Action: Eliminating Health Disparity in Illinois – Racial & Ethnic Health Disparities Action Council
  http://app.idph.state.il.us/iphi/docs/REHDACStrategyinActionReport122004.pdf
- Health Care Justice Act – Adequate Health Care Task Force
  http://www.idph.state.il.us/hcja/index.htm
- Emergency Medical Services in Rural Illinois: Report of 10 Community Forums – Illinois Rural Health Association

www.ilruralhealth.org/doc/EMS%20Final%20Report%20Executive%20Summary.doc

- Enrich and Strengthen Governmental Public Health – Illinois Department of Public Health
- Illinois Poverty Summit - 2006 Report on Illinois Poverty http://www.heartlandalliance.org/creatingchange/documents/2005RptonILPoverty.pdf
- Literacy and Cultural Competency Strategic Plan – Illinois Department of Human Services

The plans were reviewed to identify how they addressed four areas of importance: health disparities, knowledge, workforce and health system infrastructure. For health disparities, the plans were reviewed for their attention to racial/ethnic, geographic, socioeconomic, sexual orientation, age and gender. In terms of knowledge, the review looked at creating community awareness, education efforts to change perceptions, and promoting healthy lifestyles. In terms of workforce, the analysis addressed numbers/ratios of care providers, funding and staffing relationships, training or continuing education, and the cultural/linguistic capabilities of providers. Finally, with regard to health system infrastructure, the plans were reviewed for their attention to resource coordination, community partnerships, fragmented framework of services, funding and access to services.

Step 3: Focus Groups

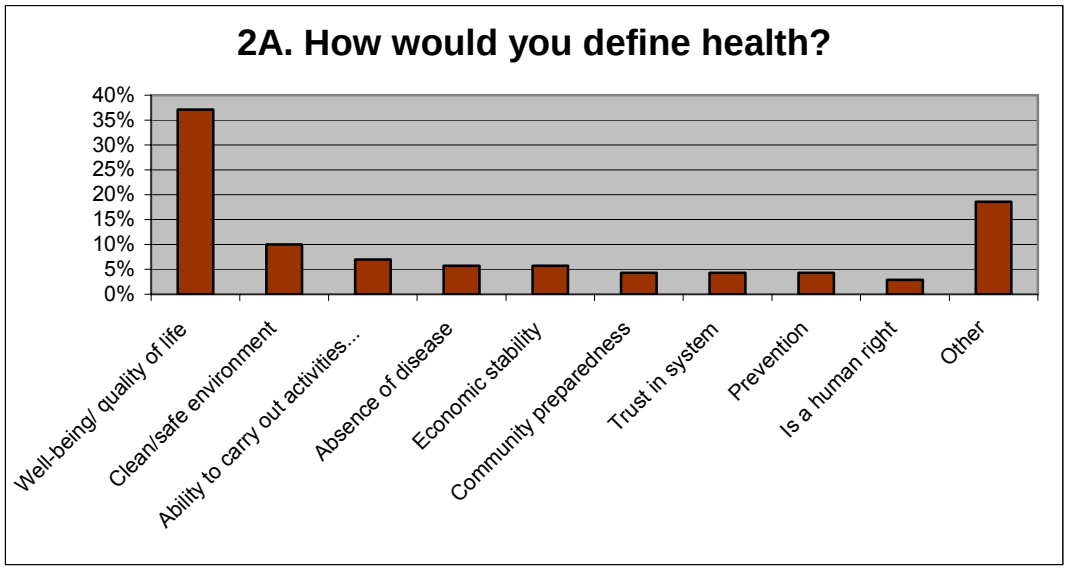
Eight population groups with ties to the public health system were selected for focus groups:

- Local Health Departments
- State/Governmental Agencies
- Health Issue and Prevention Groups
- Special Populations
- Local Community Partnerships
- Providers
- Non-traditional Partners
- Business

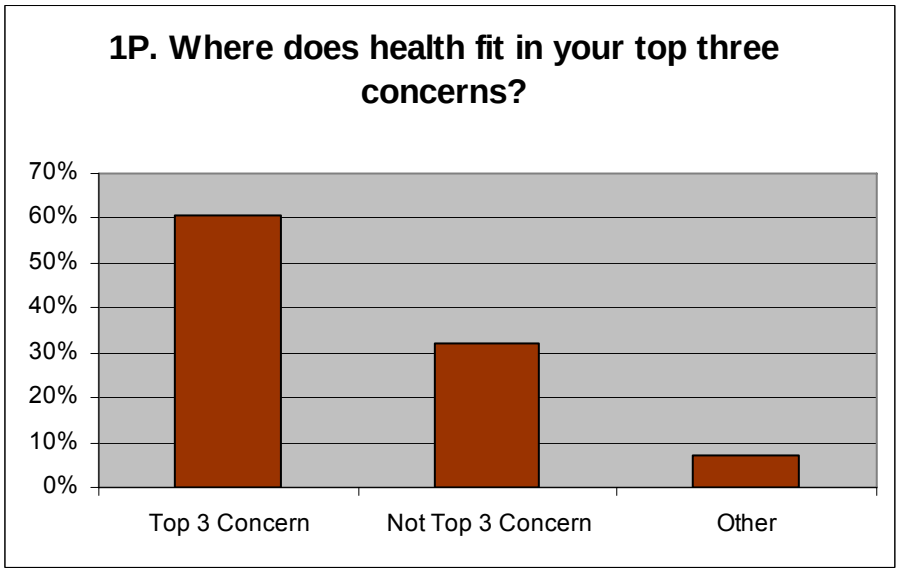
The subcommittee met in late November to choose the focus group questions. The SHIP Team held seven focus groups. The focus group with business partners was incorporated into the nontraditional partners group because of the limited number of participants. The same seven questions were asked of all groups over a two-hour period.

Focus Group Summary

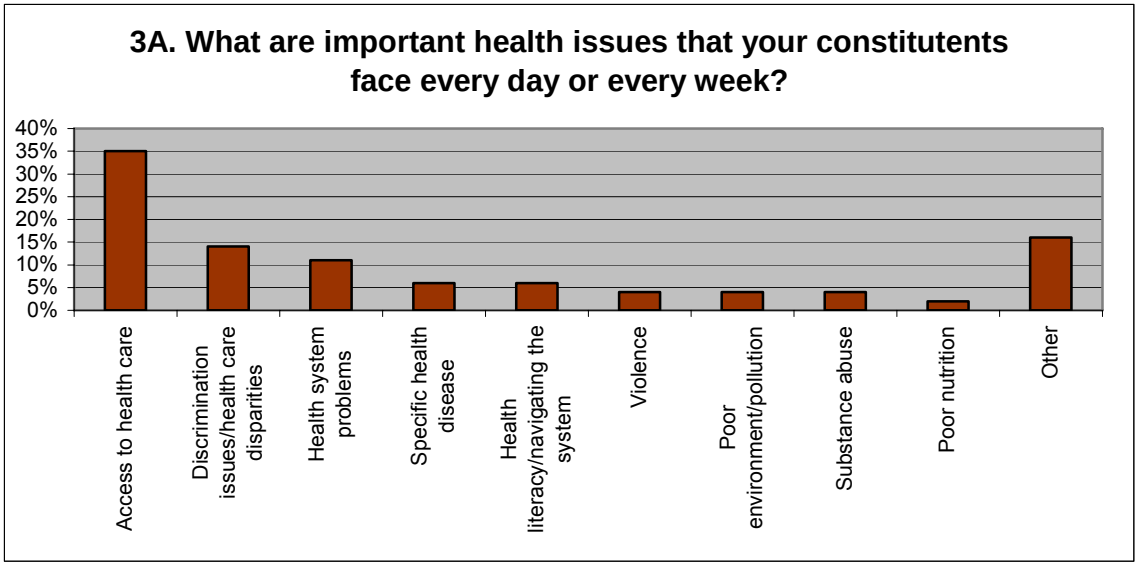
The focus groups' responses tended to reflect a broad understanding of "health." The following chart shows the responses centered primarily on determinants of health and risk factors, rather than on specific diseases and conditions.



The majority of respondents felt that "health" was among the top three concerns of their constituents, as shown in the following chart.



Access to health care and Discrimination issues/ health care disparities were the most common problems focus group participants identified as confronting their constituents regularly, as revealed by the responses below. There also was a wide variety of other responses.



Findings

- "Health" is a broad concept. This shared understanding is a strength that allows for a more comprehensive approach to health improvement in Illinois.

- Health has many determinants—not only services, insurance, or quality health care providers but also social and economic factors. Understanding how these determinants affect a person's health status is important in shaping interventions and programs to improve health.

- Reducing risk factors for chronic disease is a critical tool for reducing the burden of disease in Illinois.

- Repeatedly, the top local health priorities are identified as access to care, cancer and cardiovascular disease.

- Illinois has a diverse population that requires multi-cultural and linguistic competency in order to be able to provide health services that people can use. Unfortunately, bias and discrimination generating a lack of trust for the health care system remains an obstacle to achieving optimal health for Illinois residents or populations.

- Awareness of health disparities and the need to eliminate them are evident to public health practitioners, providers and community organizations, but data regarding these issues may be insufficient to address them, especially in smaller communities.

- Access to care remains a high priority among Illinois organizations. Interest in access encompasses basic health care, including mental health and dental services, and the factors that affect access, such as the health care workforce distribution,

lack of insurance and financial challenges and limited cultural and linguistic competence. Knowledge of the health care system, available services, programs and payment options within a community is essential to achieving optimal health.

- Healthy relationships with friends and family combined with a strong community where violence is minimized and residents feel safe are perceived as key elements to making people well. In general, stakeholders understand that individual health is dependent on and nested within a healthy community.

- Illinois attempts to improve health in the state through systems approaches. Gaps in the health system infrastructure, including a lack of understanding by public health system stakeholders of their role in the system, are an impediment to achieving optimum health. Infrastructure barriers include: shortage or unequal distribution of the public health workforce and health care providers.

- There is a strong planning culture in Illinois, but resources to implement community health plans are insufficient. This creates a fundamental disconnect between a community's and the state's health priorities and the action to address them. Factors affecting implementation include inadequate resources and lack of awareness by public health stakeholders of their roles in the system.

- Overall, despite geographic differences in population density, major health issues seem to be prioritized similarly in both urban and rural counties.

Statewide Themes and Strengths: Full Assessment

The Statewide Themes and Strengths Assessment asks of the Illinois public health system: What is important to our state? How is quality of life perceived in our state? What assets do we have that can be used to improve Illinois' health?

Adapted from the Mobilizing for Action through Partnership and Planning (MAPP) community assessment process, the Statewide Themes and Strengths Assessment gathered thoughts, opinions and concerns from statewide public health systems partners through three different means. First, a review of data from the Illinois Project for Local Assessment of Needs (IPLAN) revealed the variety of health priorities and population needs in counties across the state. Second, 10 current or recently completed state and regional planning processes were reviewed to understand the current and future direction of important organizations working in the public health system. Third, important members of the public health system were brought together for focus groups on the successes and challenges unique to Illinois' public health system. The final product painted a portrait of Illinois' public health system from the perspective of those interacting with it.

The following pages provide detailed information on each of the three steps taken to develop this assessment. Many findings were uncovered in this process; not all of these findings could be addressed sufficiently. It is our hope that this assessment will be used not only to justify the strategic direction of the State Health Improvement Plan, but also to spur public health partners to investigate issues and bring to light areas of interest for system-level public health improvement.

Illinois Project for Local Assessment of Needs Review

IPLAN DATA AVAILABILITY

- Round one data—1994-1998
- Round two data—1999-2003
- Round three data—2004–February 2006

Analysis of Rounds One, Two, and Three Priorities

- Priorities sorted by prevalence for rounds one, two, and three
- Changes in prevalence of types of priorities between rounds
- Percentage of total priority share for rounds one two, and three
- Assessment of differences in priorities by urban and rural local health departments

Round Two Intervention Strategies for Identified Priorities

- Descriptive analysis of intervention strategy
- Round two intervention strategies and association with HP 2010 indicators

Complete data are available through the IPLAN SHARE application for both rounds one and two on the IPLAN Website (http://app.idph.state.il.us/). Priorities named by all local health departments in Illinois were tabulated and coded according to the following coding schema:

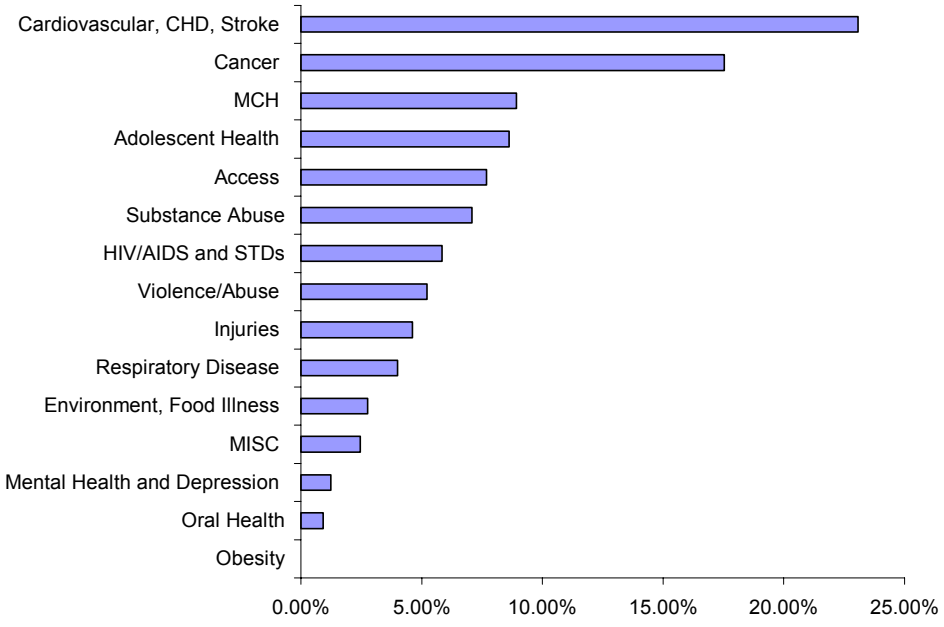
1=Cancer	2= Cardiovascular Disease
3=Access to Care	4=Substance Abuse
5= Maternal and Child Health	6= Adolescent Health
7=Violence	8= Mental Health
9= Injuries	10= Respiratory Health
11= HIV/AIDS STDs	12= Oral Health
13=Obesity	

The following table is a summary tabulation of all priorities for rounds one and two. Because of the limited number of local health departments (LHD) currently available for analysis in round three, these data are included in a separate tabulation.

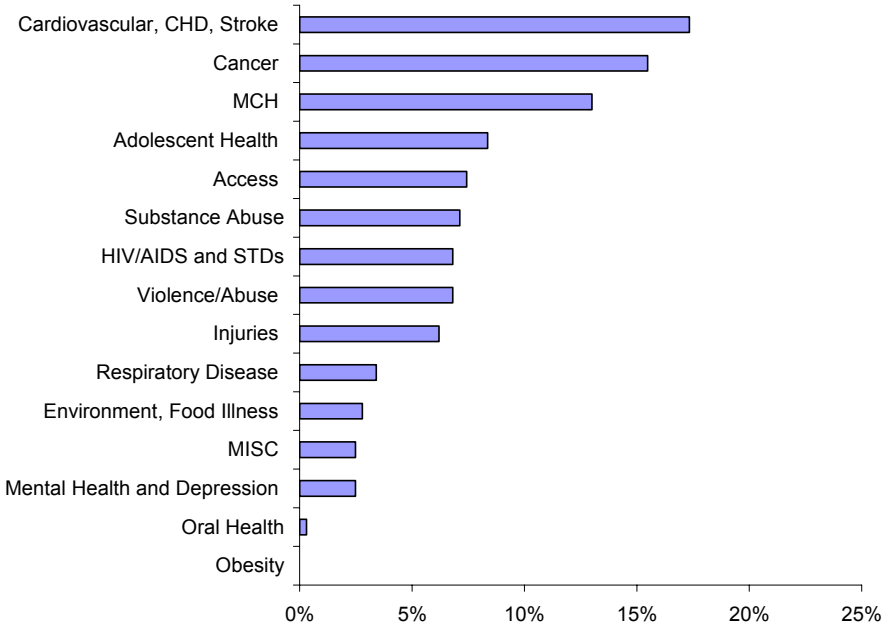
Summary of Local Health Department Priorities for IPLAN
Round One and Two Data

Category	Number of LHDs (Round 1)	Number of LHDs (Round 2)	Change
Cardiovascular, CHD, Stroke	56	75	19
Cancer	50	57	7
Maternal and Child Health	42	23	-19
Adolescent Health	27	15	-12
Violence/Abuse	22	28	6
Substance Abuse	23	29	6
HIV/AIDS and STDs	22	8	-14
Access	24	25	1
Injuries	20	17	-3
Respiratory Disease	11	13	2
ental Health and Depression	8	19	11
Environment, Food Illness	9	3	-6
MISC	8	9	1
Obesity	0	0	0
Oral Health	1	4	3

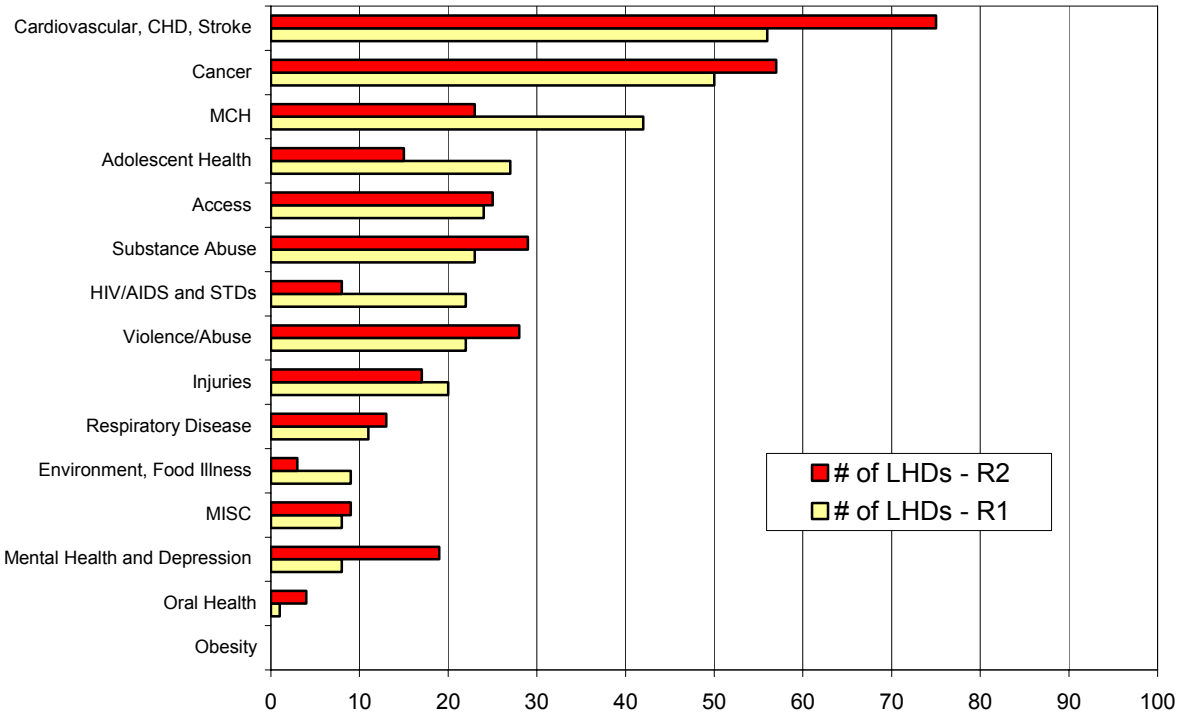
Round Two
Number of Counties Reporting a Specific Health Priority



Round One
Number of Local Heatlh Departments Reporting a Specific Health Priority



Round One and Two
Number of Local Health Department Reporting a Specific Health Priority



Priority Emphasis Change between Rounds One and Two

A shift in priorities occurred between rounds one and two of IPLAN. Round one showed cardiovascular disease, cancer and MCH as the top priorities. Round two showed cardiovascular disease, cancer, substance abuse and violence/domestic abuse as the top priorities. There was a marked increase in the number of local health departments who named priorities of cardiovascular disease (19), mental health (11), as well as violence (6) and substance abuse (6). Likewise, maternal and child health priorities dropped (-19), HIV/AIDS, STD priorities (-14), and adolescent health (-12).

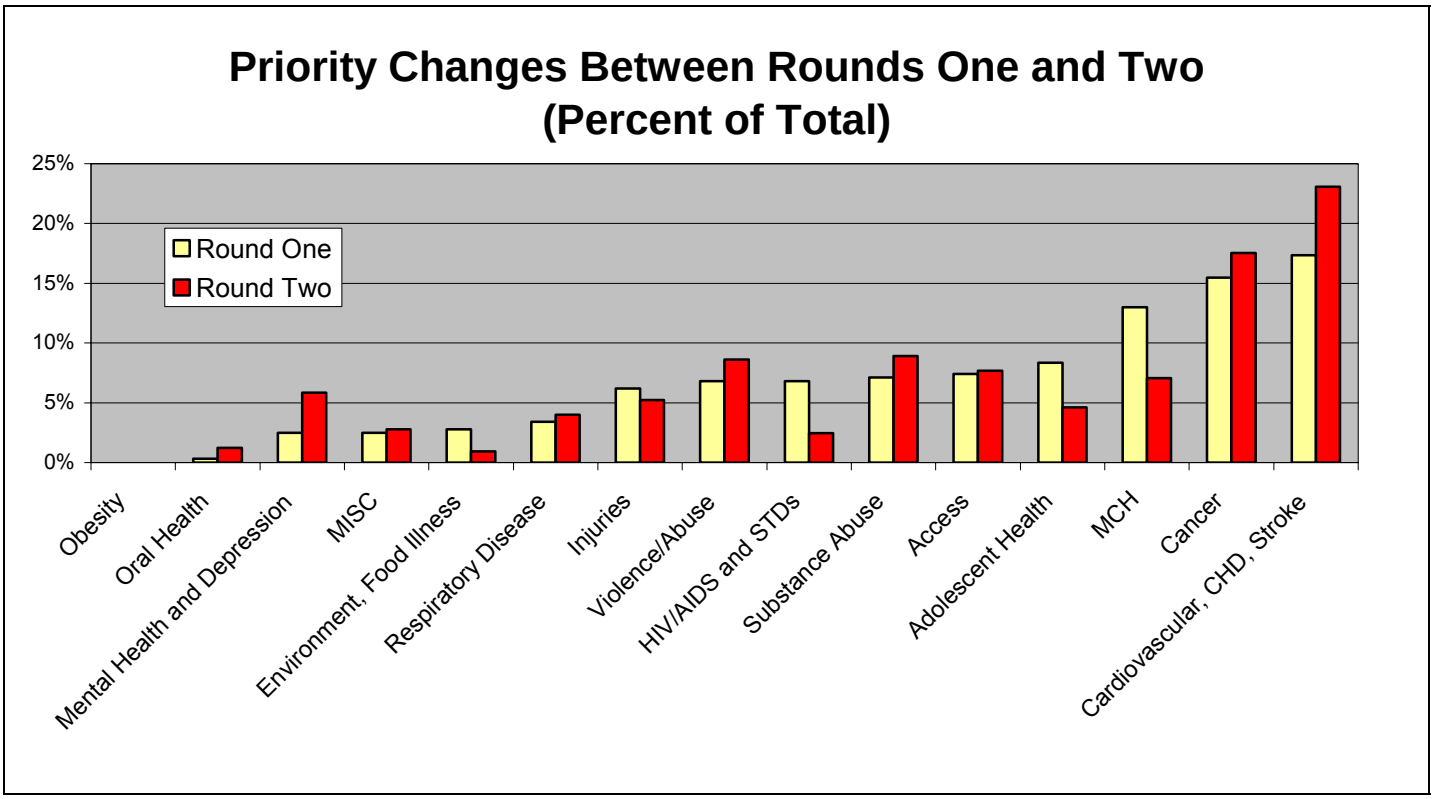
Priority	Increase	Decrease
Obesity	X	
Cardiovascular, CHD, Stroke	X	
Cancer	X	
Violence/Abuse	X	
Substance Abuse	X	
Access	X	
Respiratory Disease	X	
Mental Health and Depression	X	
MCH		X
Environment, Food Illness		X
MISC		X
Injuries		X
HIV/AIDS and STDs		X
Adolescent Health		X

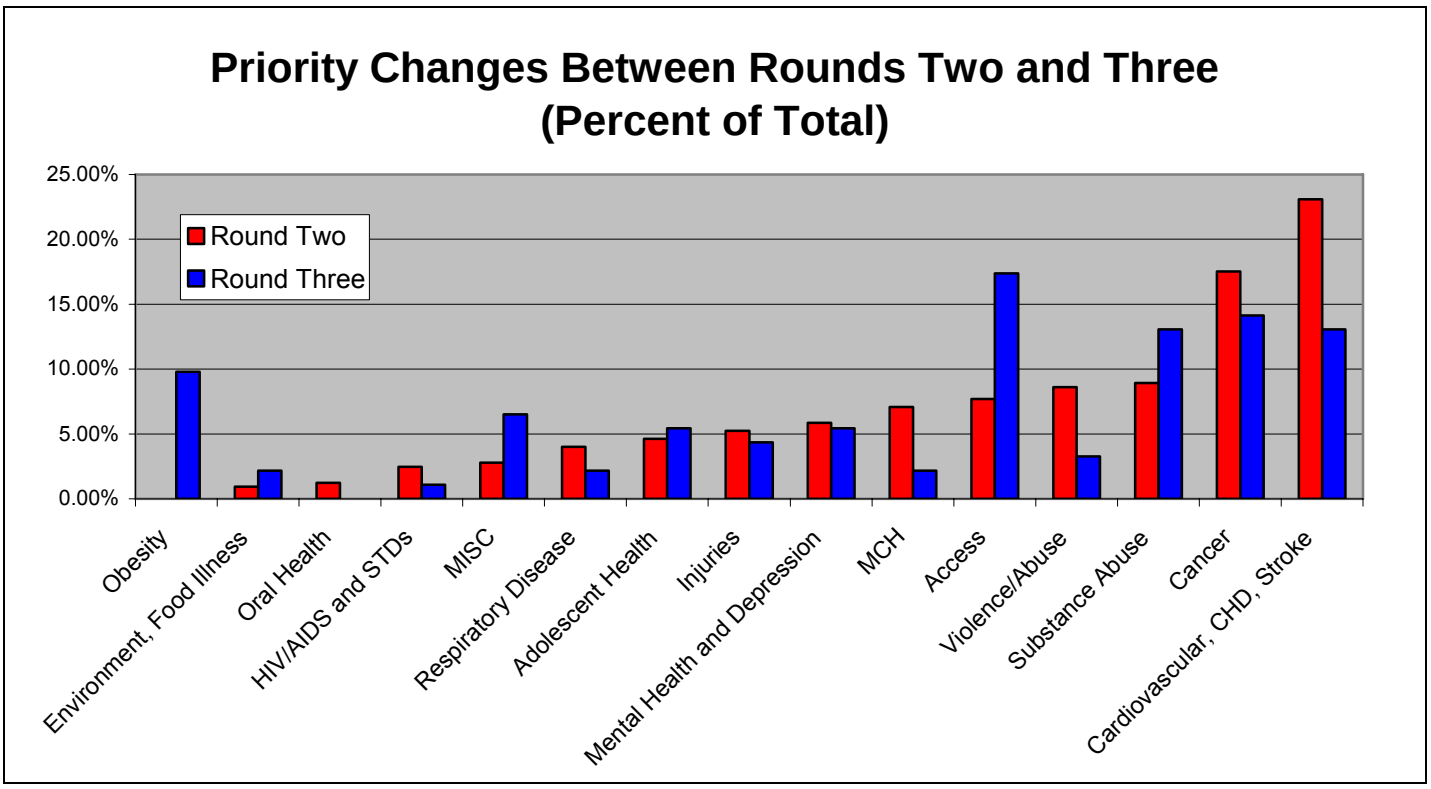
Preliminary round three data have recently become available. As of February 2006, 24 local health departments have reported their most recent health priorities. A tabulation of these priorities is as follows:

Category	Round 3
Cardiovascular, CHD, Stroke	12
Cancer	13
MCH	2
Adolescent Health	5
Violence/Abuse	3
Substance Abuse	12
HIV/AIDS and STDs	1
Access	16
Injuries	4
Respiratory Disease	2
Mental Health and Depression	5
Environment, Food Illness	2
MISC	6

Obesity	9
Oral Health	0

In order to compare rounds one, two, and three data effectively, the raw tabulation numbers were converted to a percentage of the total number of priorities for each round. These percentages are compared below, both between rounds one and two and again between rounds two and three.


Priority Changes Between Rounds One and Two
(Percent of Total)
25%
20%
15%
10%
5%
0%
Round One
Round Two
Obesity
Oral Health
Mental Health and Depression
MISC
Environment, Food Illness
Respiratory Disease
Injuries
Violence/Abuse
HIV/AIDS and STDs
Substance Abuse
Access
Adolescent Health
MCH
Cancer
Cardiovascular, CHD, Stroke


Priority Changes Between Rounds Two and Three
(Percent of Total)
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Round Two
Round Three
Obesity
Environment, Food Illness
Oral Health
HIV/AIDS and STDs
MISC
Respiratory Disease
Adolescent Health
Injuries
Mental Health and Depression
MCH
Access
Violence/Abuse
Substance Abuse
Cancer
Cardiovascular, CHD, Stroke

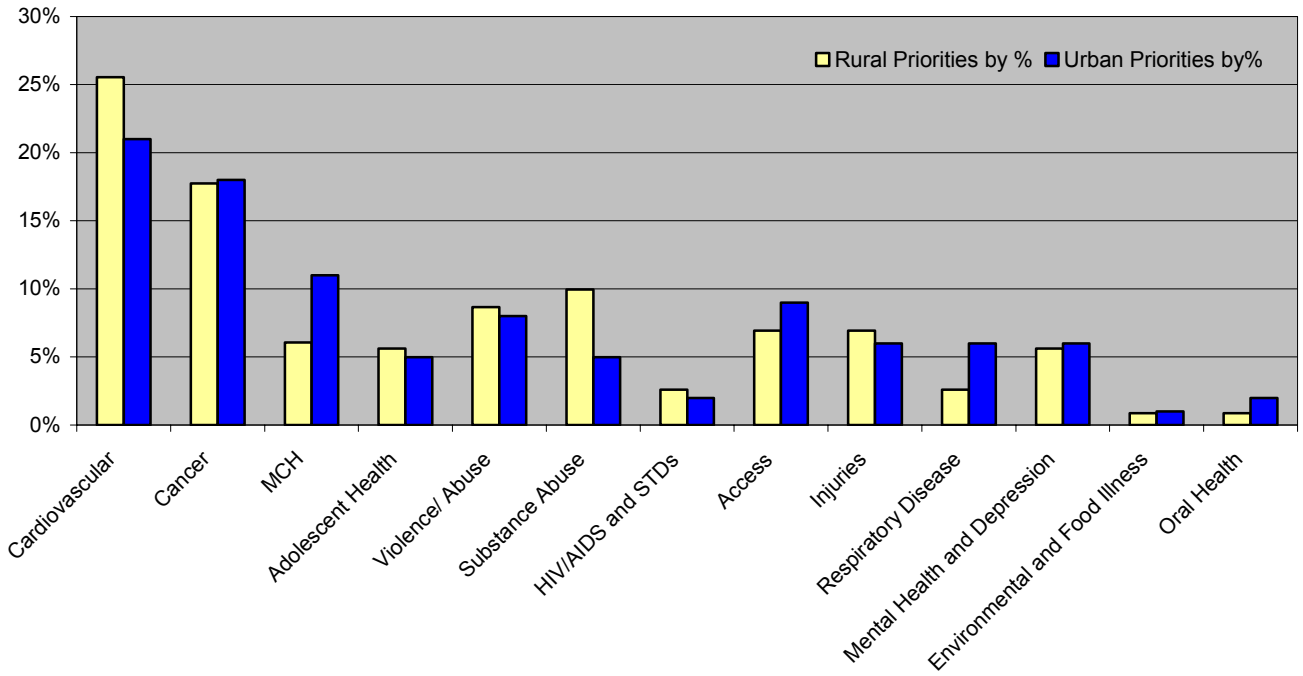
Urban and Rural Local Health Departments

The Behavioral Risk Factor Surveillance System (BRFSS) shows variations in priorities between rural and urban local health department. The cardiovascular, MCH and substance abuse priorities differ by more five percent between rural and urban local health departments.

BRFSS organized counties into two categories: rural and urban. The priorities were tabulated according to the same coding schema used in organizing round one, two and three data. The rural health departments outnumbered the urban health departments, three categories were combined to create the “urban” category. These included the Chicago health department, Cook County health department, and all other urban health departments. It should be noted that rural health departments outnumber the combined urban category approximately 2:1.

Because of this imbalance, priorities were assessed as a percentage of each category. This is shown in the graph below:

Urban and Rural Priorities by Percent



Analysis of IPLAN Round 2 Intervention Strategies

Overview

Local health departments that identified IPLAN priorities also reported the related impact and priority objectives that will be accomplished through intervention strategies. From the 335 priorities identified in round two, 1,603 intervention strategies were identified. These interventions were extracted from the SHARE database application of IPLAN and recorded in an Excel spreadsheet. An analysis of the intervention strategies was three-pronged: a descriptive analysis, identifying which indicators targeted specific subgroups and populations; a mapping of all interventions to the Healthy People 2010 leading health indicators; and a more in depth sub-analysis of the intervention strategies for cardiovascular disease and cancer given they are two of the leading causes of death in Illinois.

Methods

Using the SHARE database, priority names and intervention strategies were searched using specific keywords for each category. The following key words were used for each search:

Race and Ethnicity: African, black, Hispanic, Latino, minority, ethnic, ethnicity, Pacific Islander, Asian
Men: Males, boys, father, son, brother
Women: female, women, girls, daughter, sister
Adolescent: teen, adolescent
Elderly: elder, elderly, senior
Children: child, children
Infant: infant, baby, babies, toddler
Youth: youth
LGBT: lesbian, gay, bisexual, transgendered

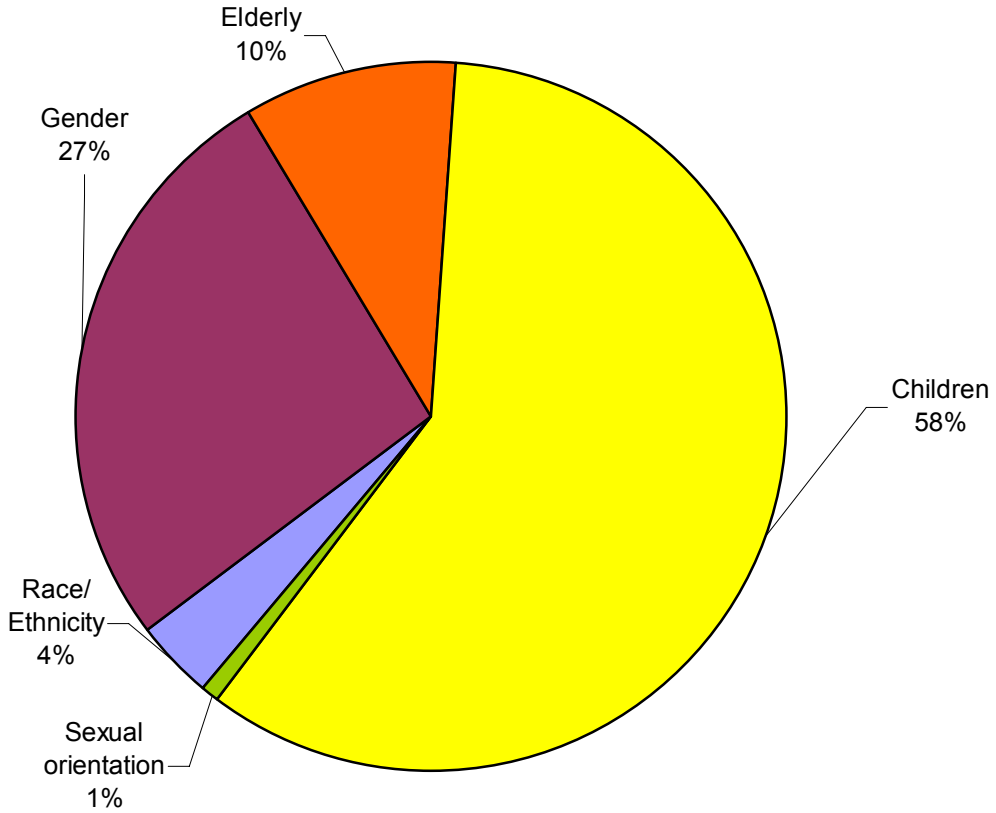
If a term was found to be used in the title of an organization, such as “Boys and Girls Club” or “Women, Infants and Children,” and it was not specified that a specific subgroup was targeted for the intervention, this intervention was not counted for this sub-group. These instances were rare, accounting for fewer than 10 interventions. Similarly, if a search term was used more than once in an intervention, the intervention was not counted multiple times. Key words that appeared in both priority names and intervention strategies were only counted once. If a local health department identified a priority that used a key word, but the corresponding intervention strategies did not use any of the key words, these intervention strategies were still included, as it was assumed the intervention strategies corresponded to the search terms by default.

Results

Using the stated methodology for searching the intervention strategies, the following search terms yielded these results:

Race, Ethnicity
16 target specific ethnic or minority populations
Gender
111 target women or girls
10 target men or boys
Age
44 target elderly or senior populations
266 target children, youth, or teens
20 target infants or toddlers
98 target children or child health related items
78 target teens or adolescents
70 target "youth"
Sexual orientation
4 interventions target the lesbian and gay community

This is represented in the graph below:



Healthy People 2010 Leading Health Indicators

Overview

All indicators were assessed for their potential match with one of the Healthy People 2010 (HP 2010) 10 leading health indicators. The HP 2010 Indicators are: access to care, environmental quality, tobacco use, adolescent health, responsible sexual behavior, mental health, physical activity, overweight and obesity, injuries, and immunizations.

Methods

Intervention strategies were matched to a 2010 leading health indicator if their intent was similar. A description of the inclusion criteria for each of the indicators is listed below:

Access to Care: Includes providing education regarding existing services, increasing access to providers, increasing access to health insurance

Environmental Health: Includes any efforts related to clean air, water, pollution; also included are efforts to decrease restaurants and public spaces that allow smoking

Tobacco Use: Includes any program designed to reduce the number of smokers in the community, programs that are centered on smoking cessation, programs reducing the number of children who begin smoking

Responsible Sexual Behavior: Includes interventions targeted at reducing teen pregnancy, increasing family planning, increasing knowledge about contraception, decreasing incidence of sexually transmitted diseases

Mental Health: Includes interventions related to reducing depression and suicide and recognizing and treating mental illness

Physical Activity: Includes interventions that specifically mention walking or biking programs, programs that encourage an overall increase in physical activity

Overweight and Obesity: Includes interventions referencing food intake, quality of food, programs designed to increase fruit and vegetable consumption (such as the “Five a day program”)

Injuries: Includes interventions related to motor vehicle accidents, as that was the intention of the Healthy People category; this means that interventions designed to reduce injuries from farm accidents, spousal violence, violence against children, elder abuse and interventions related to stress reduction and conflict resolution were not included

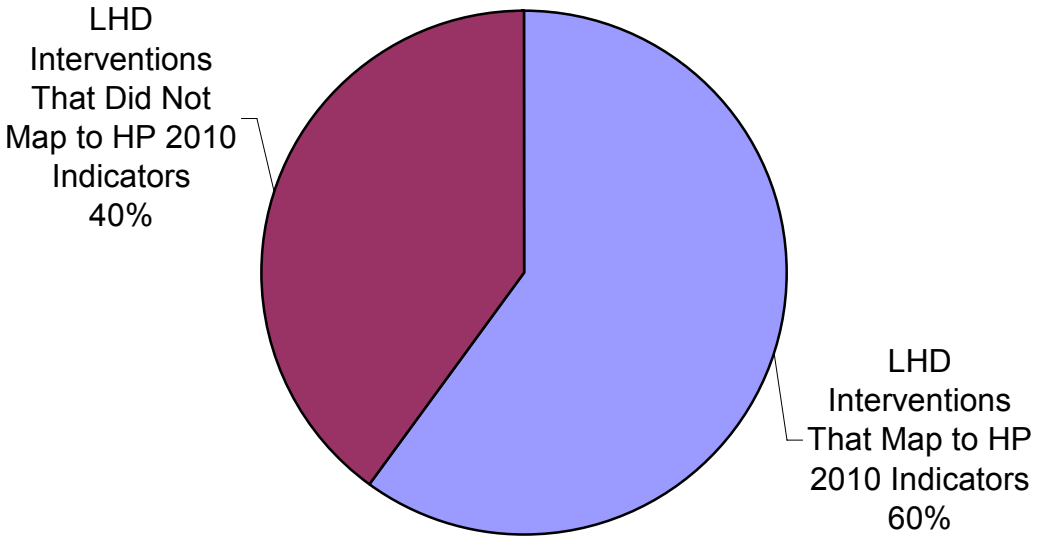
Immunizations: Includes infant and childhood immunization interventions, as well as those immunizing against flu in elderly and vulnerable populations

Substance abuse: Includes interventions relating to drug and alcohol abuse

Results

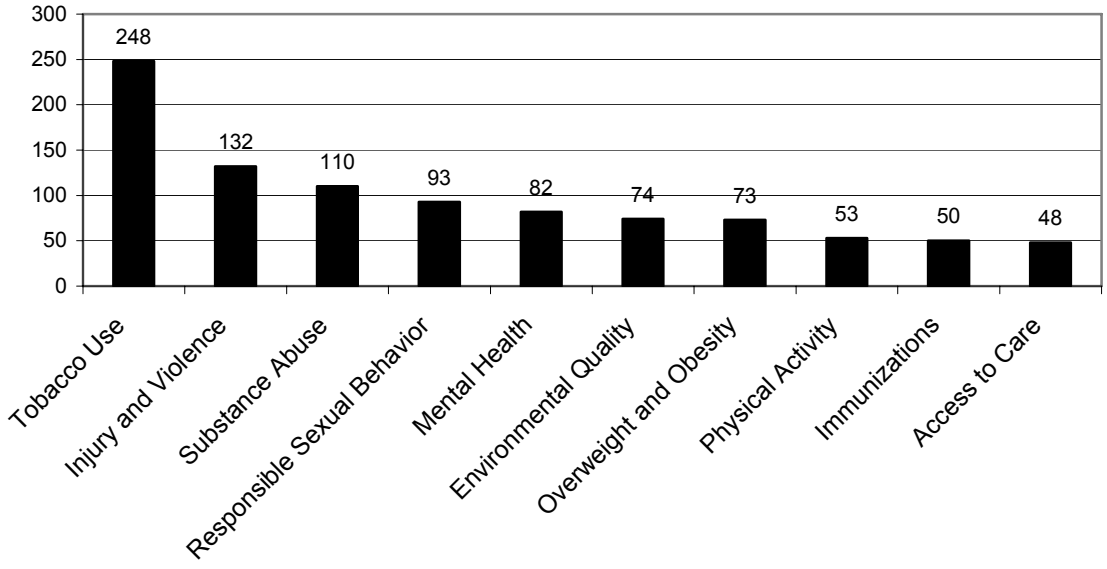
All intervention strategies were sorted and matched to the HP 2010 leading health indicators. Of the 1603 intervention strategies, 963 (~ 60 percent) matched to a HP 2010 leading health indicator; 639 intervention strategies (~40 percent) did not match to a HP 2010 leading health indicator.

Illinois Local Health Department Level Intervention Strategies and HP 2010 Indicators



Most of the intervention strategies that matched to a HP 2010 leading health indicator referred to tobacco use, injury and violence and substance abuse. The following table shows the distribution of interventions across the HP 2010 leading health indicators.

Illinois Local Health Department Intervention Strategies by HP 2010 Leading Health Indicator



Strategic Planning Processes Review

Strategic Plan Overview

- Matrix of Key Issues and Strategic Plans
- Comparison of State Health Improvement Plan and Health Care Justice Act
- Strategic Plans Summary by Key Issue
- Summary of Plans
    - State Oral Health Plan – Illinois Department of Public Health http://www.ifloss.org/OralHealth/
    - State Nutrition Action Plan: Illinois – Illinois Department of Public Health http://www.fns.usda.gov/OANE/SNAP/Plans/Illinois.htm
    - Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois – Illinois Violence Prevention Authority http://ivpa.org/childrensmhtf/pdf/ICMHP_Exec.20050908.pdf
    - The Health Care Workforce in Rural Illinois: Successes, Challenges and Future Prospects – Illinois Rural Health Association http://www.ilruralhealth.org/doc/The%20Rural%20Health%20Workforce%20paper%20Cooksey%20final%201.3.03.pdf
    - Strategy in Action: Eliminating Health Disparity in Illinois – Racial and Ethnic Health Disparities Action Council http://app.idph.state.il.us/iphi/docs/REHDACStrategyinActionReport122004.pdf
    - Health Care Justice Act – Adequate Health Care Task Force http://www.idph.state.il.us/hcja/index.htm
    - Emergency Medical Services in Rural Illinois: Report of 10 Community Forums – Illinois Rural Health Association www.ilruralhealth.org/doc/EMS%20Final%20Report%20Executive%20Summary.doc
    - Enrich & Strengthen Governmental Public Health – Illinois Department of Public Health
    - 2006 Report on Illinois Poverty – Illinois Poverty Summit http://www.heartlandalliance.org/creatingchange/documents/2005RptonILPoverty.pdf
    - Literacy and Cultural Competency Strategic Plan – Illinois Department of Human Services

Matrix of Key Issues and Strategic Plans

	Population/Issue Specific Plans			Infrastructure/Resource Specific Plans						
	State Oral Health Plan	State Nutrition Action Plan - Illinois	Strategic Plan for Building a Comprehensive Children's Mental Health System In Illinois	The Health Care Workforce in Rural Illinois	Strategy in Action: Eliminating Health Disparity in Illinois	Health Care Justice Act	Emergency Medical Services in Rural Illinois	Enrich & Strengthen Governmental Public Health	2006 Report on Illinois Poverty	Literacy and Cultural Competency Strategic Plan
Health Disparities										
Racial/ethnic										
Geography										
Socioeconomic										
Sexual orientation										
Age										
Gender										
Knowledge										
Creating community awareness										
Education efforts to change perceptions										
Promoting healthy lifestyles										
Workforce										
Numbers/ratios of care providers										
Funding and staffing relationships										
Training or continuing education										
Cultural/linguistic capabilities of providers										
Health System Infrastructure										
Resource coordination										
Community partnerships										
Fragmented framework of services										
Funding										
Access to services										

How Does the State Health Improvement Plan (SHIP) Align with the Efforts of the Adequate Health Care Task Force (AHCTF)?

	State Health Improvement Plan	Health Care Justice Act
Guiding Principles	State act governing the state board of health (SBOH): It is public policy in Illinois that all citizens are entitled to lead healthy lives, and governmental public health has a specific responsibility to ensure that a system is in place to allow the public health mission to be achieved.	Assure access to quality health care for all residents of Illinois, contain health care costs while maintaining and improving the quality of health care, and ensure that all residents have access to quality health care at costs that are affordable
Appointed Body	SHIP Planning Team appointed by the Director of IDPH that includes a range of public, private, and voluntary sector stakeholders and participants in the public health system.	AHCTF consists of 29 voting members. Dir of PH, Aging, Health Care and Family Services, Insurance and Human Services are invited to meetings but are not be members of the task force.
Final Product	State Health Improvement Plan	Health Care Access Plan
Timeframe	The first and second plans shall be delivered on January 1, 2006, and January 1, 2009, and every four years thereafter.	Submit final report in mid 2006, General Assembly vote by December 2006, implement a health care access plan on or before July 1, 2007
State Action	SBOH delivers plan to Governor for presentation to the General Assembly.	Task force submits plan to General Assembly and Governor
Community involvement/ input	Take into consideration priorities and strategies developed at the community level through the Illinois Project for Local Assessment of Needs (IPLAN). The SBOH shall hold at least three public hearings addressing drafts of the Plan in representative geographic areas of the State.	The task force seeks public input on plan development by holding public hearings in each congressional district. A Web site will be developed for ongoing input. Meeting minutes will be available. Health care providers and consumers will also be consulted.
Access		Provide access to a range of preventive, acute, and long-term health care services, including an integrated system of health care delivery and core benefits
Prevention	Focus on prevention as a key strategy for long-term health improvement.	Provide access to a range of preventive, acute, and long-term health care services; provide mechanism for reviewing and implementing approaches to preventive medicine from new technologies

How Does the State Health Improvement Plan Align with the Efforts of the Adequate Health Care Task Force? (continued)

	State Health Improvement Plan	Health Care Justice Act
Universal health care		Provide core benefits; provide portability of coverage, regardless of employment status
Infrastructure	Recommend priorities and strategies to improve the public health system, considering national health objectives and system standards as frameworks for assessment; examine and recommend contributions and strategies of the public/private sectors for improving health status and the public health system	Address administrative efficiencies
Health Disparities	Make recommendations regarding priorities and strategies for reducing and eliminating health disparities in Illinois	
Quality		Maintain and improve the quality of health care services offered
Financing		Include cost-containment measures and incentives; promote affordable coverage options for small businesses; reimbursement mechanisms; mechanisms for generating spending priorities; methods for reducing cost of prescription drugs; appropriate reallocation of existing health care resources; equitable financing
Process	Adaptation of the Mobilizing for Action through Planning and Partnerships (MAPP) process including development of strategic issues, objectives, and an action plan.	IDPH will contract with an independent research entity to assess financial costs and different health care models

Key Issues from Strategic Plans

Health Disparities

Racial/ethnicity

- **State Oral Health Plan**
  - Increase culturally competent training for oral health professionals, provide community based experiences, especially for populations that need special care
- **Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois**
  - Develop culturally competent mental health consultation initiatives
- **Strategy in Action: Eliminating Health Disparity in Illinois**
  - Review the Office of the Governor, state and local public health agencies, legislative initiatives, healthcare organizations and human services budgets to ensure the inclusion of appropriate resources to reduce racial and ethnic health disparities in Illinois
- **2006 Report on Illinois Poverty**
  - Diminish increasing wage gap between white, Hispanic, and African-American workers

Geography

- **State Oral Health Plan**
  - Investigate lack of appropriate levels of fluoridation in the water supply in several communities in Illinois
- **The Health Care Workforce in Rural Illinois**
  - Identify health disparities between urban and rural residents in Illinois; rural areas are experiencing a lack of providers and a concurrent aging health care workforce potentially exacerbating these differences
- **Emergency Medical Services in Rural Illinois**
  - Work with rural areas facing challenges in providing adequate emergency medical services

Socioeconomic

- **State Oral Health Plan**
  - Improve access to oral health care for people of lower incomes and/or educational status, the elderly, and those with disabilities
- **Strategy in Action: Eliminating Health Disparity in Illinois**
  - Ensure data analysis, policy and program development include contextual information about the determinants of health
- **2006 Report on Illinois Poverty**
  - Decrease poverty rates by improving efforts in education, employment, health, housing, nutrition, and basic necessities

Sexual orientation

- **Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois**
  - Identify the mental health needs of special populations, including children and youth who are: out-of-school or school dropouts; exposed to trauma and violence; pregnant and parenting teens; homeless; lesbian, gay, bisexual, and transgender (LGBT); and raised by a parent with mental health needs
  - Promote effective mental health programming in juvenile detention/incarceration that addresses the unique needs of youth including: 1) girls, 2) pregnant girls and parenting youth, 3) LGBT and questioning youth, 4) youth being tried as adults, 5) sexually or physically abused youth, and 6) youth abusing substances

Age

- **State Oral Health Plan**
  - Identify a large number of Illinois children still suffering from preventable oral health problems, lack of preventive care, and oral health disparities found in data from a 1993-1994 survey conducted by CDC
- **State Nutrition Action Plan - Illinois**
  - Diminish childhood obesity in Illinois
- **Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois**
  - Improve access to adequate services for children who have mental health problems
- **2006 Report on Illinois Poverty**
  - Work to decrease 2004 rates of poverty and near poverty for seniors, (9 percent and 36.3 percent, respectively)
  - Work to decrease the Illinois poverty rate and child poverty rate (worst of all Midwestern states)

Gender

- **2006 Report on Illinois Poverty**
  - Promote changes to help the 70 percent of women living alone in Illinois who live at the near poverty level
  - Work to change the finding that Illinois women have a higher poverty rate than men

Knowledge

Creating community awareness

- **State Oral Health Plan**
  - Increase oral health awareness and information at local health departments, using health department nurses

- **State Nutrition Action Plan - Illinois**
  - Maintain communication among partners to foster activities that promote healthy communities and school nutrition environments
- **Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois**
  - Create a comprehensive public awareness campaign plan
- **Strategy in Action: Eliminating Health Disparity in Illinois**
  - Collaborate on initiatives that educate minority communities about the importance of racial and ethnic data and the communities' role in ensuring that data collection meets their needs
- **Emergency Medical Services in Rural Illinois**
  - Eliminate lack of community awareness
- **Enrich & Strengthen Governmental Public Health**
  - Craft a message and delivery methods to communicate the role and value of public health both to promote funding and to educate the public about available services

Educating to change perceptions

- **State Oral Health Plan**
  - Change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health
- **State Nutrition Action Plan - Illinois**
  - Eliminate lack of education/knowledge on healthy eating and nutrition program and policies
- **Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois**
  - Create a comprehensive public awareness campaign plan
- **Strategy in Action: Eliminating Health Disparity in Illinois**
  - Collaborate on initiatives that educate minority communities about the importance of racial and ethnic data and the communities' role in ensuring that data collection meets their needs
- **Emergency Medical Services in Rural Illinois**
  - Lack of community awareness

Promoting healthy lifestyles

- **State Oral Health Plan**
  - Change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health
- **State Nutrition Action Plan - Illinois**
  - Promote adoption of healthy dietary patterns and regular physical activity among individuals, families, and communities based on key messages in the Dietary Guidelines for Americans

Workforce

Numbers/ ratios of care providers

- **State Oral Health Plan**
  - Build an effective infrastructure that meets the oral health needs of all Illinoisans and integrates oral health effectively into overall health
  - Establish a process for the systematic collection of oral health workforce capacity in Illinois
- **Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois**
  - Expand and develop the mental health workforce
- **The Health Care Workforce in Rural Illinois**
  - Consider telemedicine and telehealth as ways to expand patient access to specialists
  - Extend clinician services by allowing regular but not continuous on-site supervision
  - Increase retention and recruitment efforts to draw professionals to the benefits of rural living
- **Strategy in Action: Eliminating Health Disparity in Illinois**
  - Work toward the reduction of barriers to minority employment in community health fields
  - Encourage regulatory agencies to explore streamlining and expediting the certification of community health professionals credentialed at institutions outside the United States
  - Advocate for an increase in representation of under-represented minority community health workers
- **Emergency Medical Services in Rural Illinois**
  - Address inability to recruit and retain EMS personnel

Funding and staffing relationships

- **State Oral Health Plan**
  - Pursue options of loan repayment programs for dental professionals who will practice in underserved and rural communities
- **The Health Care Workforce in Rural Illinois**
  - Explore options for salary enhancements for professionals
  - Engage corporate and civic partners to invest in a vibrant community health center as a community asset
  - Consider innovative, lower cost health care service alternatives for specific group or individual care needs that allow for expanded use of health care extenders
  - Utilize federal funding initiatives to preserve or add additional health care resources such as the critical access hospital program, the expansion of community health centers, public health infrastructure investment, and education program support

- **Emergency Medical Services in Rural Illinois**
  - Correct inability to generate revenue to pay expenses
  - Create a state income tax credit for EMS volunteers and increase state-funded scholarships for required training programs
  - Establish low-interest loans for capital purchases
  - Create ability for EMS providers to receive revenue from impact fees

Training or continuing education

- **Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois**
  - Build and enhance school-based activities, provide professional development and technical assistance to school administrators and staff
- **The Health Care Workforce in Rural Illinois**
  - Identify health disparities between urban and rural residents in Illinois, as well as those rural areas experiencing a lack of providers and a concurrent aging health care workforce that may exacerbate these differences
  - Expand education and training opportunities for health professional students
  - Evaluate options to increase community college health degree programs
- **Strategy in Action: Eliminating Health Disparity in Illinois**
  - Require or encourage providers and public health professionals to receive cultural proficiency training prior to receiving a state license
- **Emergency Medical Services in Rural Illinois**
  - Maximize use of technology to provide training curriculum
  - Create an EMS Licensing Board to support the licensing of professionals
- **Enrich & Strengthen Governmental Public Health**
  - Identify methods to measure competency, the responsibilities of leadership and a system-wide goal to ensuring a fully prepared, culturally competent, adequately sized, and appropriately distributed governmental public health workforce
- **Literacy and Cultural Competency Strategic Plan**
  - Provide regular language and cultural competence training to all staff

Cultural/linguistic capabilities of providers

- **State Oral Health Plan**
  - Increase culturally competent training for oral health professionals, provide community based experiences, especially for populations that need special care
  - Fully fund the dental scholarship program and increase

representation of minority students into the program
    - Increase services and educational resources for pediatric dentistry; increase community-based experiences for health care providers in pediatric dentistry, expand pediatric dental clinics
    - Increase continuing education and service learning opportunities for dental professionals through partnerships between IDPH oral health and other state training programs
- **Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois**
    - Develop culturally competent mental health consultation initiatives
- **Strategy in Action: Eliminating Health Disparity in Illinois**
    - Recruit and hire culturally and linguistically proficient employees when and where possible and appropriate
    - Help to ensure an adequate supply of culturally proficient providers to promote higher quality and more efficient services
- **Literacy and Cultural Competency Strategic Plan**
    - Hire and retain an adequate number of qualified bilingual staff

Health System Infrastructure

Resource coordination

- **Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois**
    - Convene a multi-agency and multidisciplinary work group to examine children's mental health services funding
- **Emergency Medical Services in Rural Illinois**
    - Develop legislation that clearly identifies EMS providers as an integral component of a community health system and funds a state-level agency to carry out designated responsibilities to enhance EMS in Illinois
- **Enrich & Strengthen Governmental Public Health**
    - Develop expectations for the relationships and partnerships between the state and local public health departments, including but not limited to statutory and regulatory authority

Community partnerships

- **State Oral Health Plan**
    - Use public-private partnerships to improve oral health of those who suffer disproportionately from oral diseases
- **State Nutrition Action Plan - Illinois**
    - Effectively utilize current partnerships through existing groups to address at least 50 percent of state goals
    - Identify tools, resources, and strategies that could be shared among partners to address state goals
    - Provide partnership opportunities in order to promote common nutrition goals
    - Maintain communication among partners to foster activities that

promote healthy communities and school nutrition environments

- **Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois**
  - Partner with families/caregivers and youth
- **Strategy in Action: Eliminating Health Disparity in Illinois**
  - Support the allocation of resources within the public health and health care system to meet the needs of facilities and programs serving racial and ethnic minorities
- **Enrich & Strengthen Governmental Public Health**
  - Create a framework that details the relationships between the state and local health agencies

Fragmented framework of services

- **State Oral Health Plan**
  - Build an effective infrastructure that meets the oral health needs of all Illinoisans and integrates oral health effectively into overall health
- **Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois**
  - Correct the fragmented, under-resourced and "limited in scope" mental health system
  - Build coordinated systems for early intervention and response to mental health needs that are responsive to children and their families
  - Ensure that children have access to quality, coordinated, and culturally competent systems of care that provide comprehensive treatment and family supports
- **Emergency Medical Services in Rural Illinois**
  - Eliminate lack of collaboration within rural EMS system
- **Enrich & Strengthen Governmental Public Health**
  - Create a framework that will enable state and local public health departments to clarify what public health agencies should be doing and identify programs that work; the framework will include a means to exchange data across organizations

Funding

- **Illinois Rural Health Workforce Assessment**
  - Engage corporate and civic partners to invest in a vibrant community health center as a community asset
  - Utilize federal funding initiatives to preserve or add additional health care resources such as the critical access hospital program, the expansion of community health centers, public health infrastructure investment, and education program support
- **Emergency Medical Services in Rural Illinois**
  - Address inability to generate revenue to pay expenses
  - Create a state income tax credit for EMS volunteers and increase state-funded scholarships for required training programs

    - Establish low-interest loans for capital purchases
    - Create ability for EMS providers to receive revenue from impact fees
- **Strategy in Action: Eliminating Health Disparity in Illinois**
    - Strengthen the state's minority health infrastructure through public support by senior state officials and investment of resources
- **Enrich & Strengthen Governmental Public Health**
    - Develop an approach to fund public health that will allow for sustainability and adequate funding at the state and local level

Access to Services

- **State Oral Health Plan**
- **State Nutrition Action Plan - Illinois**
- **Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois**
- **The Health Care Workforce in Rural Illinois**
- **Strategy in Action: Eliminating Health Disparity in Illinois**
- **Health Care Justice Act - Adequate Health Care Task Force**

Summary of Strategic Plans

State Oral Health Plan
http://www.ifloss.org/OralHealth/

Purpose/Mission of Statewide Collaborative Process: To provide a guidepost for improving the oral health of all people in Illinois in addition to serving as a model for other states as they work to improve the oral health of their citizens

Structure of Process
Participation: IFLOSS coalition, IDPH Division of Oral Health, Campaign for Better Health Care, Ounce of Prevention, Maternal and Child Health Coalition, University of Illinois at Chicago (UIC) School of Public Health, Southern Illinois University (SIU)

Topics of subcommittee work
Education and awareness
Infrastructure
Access to care
Research and evidence-based services
Increasing public/private partnerships

Timeframe: August 2000–January 2002

Key Findings
Description of problem:

- Based on data from a 1993–1994 survey study by Centers for Disease Control (CDC), a large number of Illinois children still suffer from preventable oral health problems and a of lack preventive care, and oral health disparities exist among or within populations.
- Several communities in Illinois lack appropriate levels of fluoridation in the water supply
- There is no oral health surveillance system
- People of lower incomes and/or educational status, the elderly and those with disabilities still face difficulties in accessing oral health care

Objective/priority statements:

- Change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health
- Build an effective infrastructure that meets the oral health needs of all Illinoisans and integrates oral health effectively into overall health
- Remove barriers between people and oral health services
- Accelerate the building of the science and evidence base and apply science effectively to improve oral health
- Use public-private partnerships to improve oral health of those who suffer disproportionately from oral diseases

Strategy statements:

- Improve coordination of statewide oral health efforts and resources
- Develop an early childhood caries (cavity) prevention program based on the collection of prevalence data; use Women, Infants and Children (WIC) and other Illinois Department of Human Services (IDHS) programs as pilot sites; examine foods included in WIC programs and suggest substitutes for high sugar items
- Increase services and educational resources for pediatric dentistry; increase community based experiences for health care providers in pediatric dentistry; expand pediatric dental clinics
- Work with local school boards and child advocacy organizations to encourage mandatory dental examinations at the local level
- Develop public-private partnerships to increase awareness of adverse pregnancy outcomes and dental health among low-income women
- Pursue additional funding from CDC to establish comprehensive school-based oral health programs that will educate school staff, reinforce healthy oral health messages within schools, and encourage policies that limit access to candy and soda machines as part of this message
- Implement “Project Mouthguard” – a program to education and promote the use of effective mouth pieces for school sports activities
- Increase oral health information at local health departments; use health department nurses to increase oral health awareness
- Educate medical providers about oral disease prevention and where to refer patients
- Increase oral health training in medical, public health and nursing schools
- Include non-dental health providers on the State Oral Health Board
- Increase funding for the National Institute of Dental and Craniofacial Research project to expand prevention of oral and pharyngeal cancer
- Fully fund the dental scholarship program and increase representation of minority students into the program
- Increase culturally competent training for oral health professionals; provide community-based experiences, especially for populations that need special care
- Increase continuing education and service learning opportunities for dental professionals through partnerships between IDPH Division of Oral Health and other state training programs
- Establish a process for the systematic collection of oral health workforce capacity in Illinois
- Increase education surrounding the costs of starting a dental practice, increase funding for clinic start-up grants
- Increase funding and infrastructure for dental sealant programs
- Develop a pilot program to reduce missed dental appointments among low income women
- Pursue options of loan repayment programs for dental professionals who will practice in underserved and rural communities

- Increase education programs for businesses that emphasize the need for dental coverage for employees
- Improve the dental Medicaid program in Illinois
- Increase funding for a statewide dental health surveillance system
- Expand oral health needs assessment and planning grants to include resources for all local health departments
- Establish a formal mechanism for leaders in dental health to convene on a regular basis
- Identify funding to ensure the long-term existence of the IFLOSS coalition

State Nutrition Action Plan - Illinois
http://www.fns.usda.gov/OANE/SNAP/Plans/Illinois.htm

Purpose/Mission of Statewide Collaborative Process: Promote adoption of healthy dietary patterns and regular physical activity among individuals, families and communities based on key messages in the Dietary Guidelines for Americans. (Use/adapt Team Nutrition, Loving Support, Eat Smart. Play Hard.™, and other national resources whenever possible.)

Increase awareness among teachers, staff and parents about the importance of a healthy school nutrition environment and school wellness policies that foster the development of healthy eating and physical activity behaviors in children (Use Changing the Scene, Making It Happen, and other national resources whenever possible.)

Structure of Process
Participation: Interagency Nutrition Council includes representatives from:

- University of Illinois Urbana Champaign (UIUC) Extension
- Illinois State Board of Education (ISBE)
- DHS Bureau of Family Nutrition
- LaRabida Children's Hospital
- Sokofa Safe Child Initiative
- University of Illinois at Chicago (UIC)
- US Department of Agriculture (USDA)

Topics of subcommittee work:
Identifying community partnerships
Tools, resources, and strategies identification
Promotion of common nutrition goals
Increasing activities that promote healthy communities and school nutrition environments
Increasing communication among school districts

Timeframe: Began October of 2003; many projects ongoing; plan was last updated August of 2005

Key Findings
Description of problem:

- Lack of education and knowledge regarding healthy eating and nutrition programs and policies
- Increase in childhood obesity in Illinois
- Lack of communication among current partnerships

Objective/priority statements:

- Effectively utilize current partnerships through existing groups to address at least 50 percent of state goals

- Identify tools, resources, and strategies that could be shared among partners to address state goals
- Provide partnership opportunities in order to promote common nutrition goals
- Maintain communication among partners to foster activities that promote healthy communities and school nutrition environments
- Initiate monthly conference calls to develop a consistent message for school districts related to wellness policy recommendations in child nutrition reauthorization

Strategy statements:

- Communicate through existing groups: Action for Healthy Kids Coalition (State Board of Education), Interagency Nutrition Council (INC), Consortium to Lower Obesity in Chicago Children (CLOCC), Obesity Steering Committee (IDPH) and others as identified
- Utilize Team Nutrition and other program resources; identify resources and strategies used by various member groups including action plans
- Nutrition Assistance Program Outreach mailing to all WIC agencies; participate in Food Stamp outreach in Pilsen neighborhood (Chicago) *COMPLETED:* Food Stamp/WIC outreach mailing completed March 2004 to 85,000
- CDC State Obesity Program is completing their state plan and an Executive Committee will be created including various INC members in 2006
- *COMPLETED:* CATCH program active in 19 schools with plans to expand if funding allows
- *COMPLETED* September 15, 2005, INC members participated in the Nutrition Connections Meeting in Alexandria, VA.
- *COMPLETED*: June 2006 INC members contributed to and participated in Nutrition Month and other nutrition promotion activities in Illinois
- *COMPLETED*: Participated in Illinois Food Summit, November 19 & 20, 2004, Champaign, to plan for creation of Illinois Food Policy Council (FPC)
- *COMPLETED:* A joint abstract has been submitted by IDHS Bureau of Family Nutrition and University of Illinois Extension.
- *COMPLETED*: March 1, 2005, Nutrition Month event, State Capitol. Theme: "Improving Access to Food and Providing Nutrition Education." All INC member agencies participated including Teen Reach providers; awards presented to youth and communities showing strength in theme areas. Plans in process for March 2006.
- *COMPLETED:* October 14 & 15, 200,5 KidsFest Chicago, St. Charles, IL: a fun family extravaganza promoting healthy lifestyle choices for kids
- *COMPLETED*: February 28, 2005, initiation of monthly conference calls to develop a consistent message for school districts related to Wellness Policy recommendations in Child Nutrition Reauthorization
- Maintain communication among partners to foster activities to address healthy communities and school nutrition environments through INC meeting notes, regular meetings of established groups list serves, and

Web sites: www.aces.uiuc.edu/~inc/; www.nutritioneducators.org; www.actionforhealthykids.org; www.clocc.net

Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois
http://ivpa.org/childrensmhtf/pdf/ICMHP_Exec.20050908.pdf

Purpose/Mission of Statewide Collaborative Process: To identify the key issues facing children, youth, and their families as well as the challenges and gaps in mental health programs and services for children; the plan provides a strategy for reforming the children's mental health system in Illinois.

Structure of Process
Participation: Illinois Violence Prevention Authority chaired the plan, and 20 different agencies had representation on the Executive Committee. Most were state agencies such as Healthcare and Family Services and Department of Children and Family Services (DCFS) as well as minority groups (Latino Coalition for Prevention, Association of Black Psychologists), and other organizations, such as Metropolis 2010.

Topics of subcommittee work:
Cultural competence
Early childhood
Family involvement
Public awareness
School age
School policies and standards

Timeframe: The Children's Mental Health Act was passed in 2003. The Children's Mental Health Strategic Plan was presented to the Governor in June 2005.

Key Findings
Description of problem:
- Mental health system is fragmented, under resourced, and limited in scope
- Most children who have mental health problems do not receive adequate services
- Current system places little or no emphasis on prevention
- There is little coordination of existing resources

Objective/priority statements:
- Promote ongoing/family consumer and youth involvement in administrative policy making and resource decisions on a state, regional, and local level
- Advocate for increased children's mental health services and programs
- Develop culturally competent mental health consultation initiatives
- Create a comprehensive public awareness campaign plan
- Build public and private sector awareness and response to maternal depression

- Build and enhance school-based activities, provide professional development and technical assistance to school administrators and staff
- Promote mental health screening and assessment and appropriate follow-up services
- Increase early intervention and mental health treatment services for children 0-5, children transitioning from public services (such as welfare or juvenile justice), children who have experienced trauma, children who need follow-up services and children with mental health problems that may not be severe enough to qualify them for public programs
- Convene a multi-agency and multidisciplinary work group to examine children's mental health services funding
- Initiate development of a policy and research center

Strategy statements:

Prevention

- Partner with families/caregivers and youth
- Promote children's mental health services that are culturally and linguistically competent
- Establish a mental health consultation initiative that serves early childhood, child care, primary care, mental health, education, and other key systems that come into regular contact with children and their families
- Increase public and private sector responses to maternal perinatal depression
- Strengthen and develop best practices, quality standards, and professional training associated with voluntary mental health screening conducted with parental consent and parental involvement and in accordance with existing Illinois and federal confidentiality, consent, reporting, and privacy laws and policies
- Incorporate the social and emotional development of children as an integral component of the mission of schools (critical to the development of the whole child, and necessary to academic readiness and school success) in accordance with existing Illinois and federal confidentiality, consent, reporting, and privacy laws and policies
- Identify the mental health needs of special populations including those children and youth who are out-of-school or school dropouts; have experienced exposure to trauma and violence; are pregnant and parenting teens; are homeless; are gay, lesbian, bisexual, or transgender (LGBT); and have a parent with a mental health need
- Promote effective mental health programming in juvenile detention/incarceration that addresses the unique needs of youth including: 1) girls, 2) pregnant girls and parenting youth, 3) LGBT and questioning youth, 4) youth being tried as adults, 5) sexually or physically abused youth, and 6) youth abusing substances

Early Intervention

- Build coordinated systems for early intervention and response to mental health needs that are responsive to children and their families

Treatment

- Promote the idea that children have access to quality, coordinated, and culturally competent systems of care that provide comprehensive treatment and family supports

- Expand and develop a qualified and adequately trained mental health workforce

The Health Care Workforce in Rural Illinois: Successes, Challenges and Future Prospects
http://www.ilruralhealth.org/doc/The%20Rural%20Health%20Workforce%20paper%20Cooksey%20final%201.3.03.pdf

Purpose/Mission of Statewide Collaborative Process: To investigate health resource policy issues and the health status of rural Illinois residents and to evaluate rural staffing levels

Structure of Process
Participation: UIC Illinois Regional Health Workforce Center

Topics of subcommittee work:
Assessment of workforce policy issues at the national level
Assessment of the health of Illinois rural residents
Supply of Illinois health professionals

Key Findings
Description of problem:
There are health disparities between urban and rural residents in Illinois. Additionally, some rural areas experience a lack of providers and a concurrent aging health care workforce that may exacerbate these differences.

Objective/Priority statements:
- Provide a summary review of health resource policy issues, differences in the health status of Illinois residents as compared to urban residents and national health status
- Compare the rural staffing levels to the rest of Illinois and the nation

Strategy statements:
- Expand education and training opportunities for health professional students
- Evaluate options to increase community college health degree programs
- Strengthen interest in a variety of health careers in middle/high school students
- Use telemedicine/telehealth (delivery of health services via remote telecommunications) to expand patient access to specialists
- Extend clinician services by allowing regular but not continuous on-site supervision
- Increase retention and recruitment efforts to draw professionals to the benefits of rural living
- Explore options for salary enhancements for professionals
- Engage corporate and civic partners to invest in a vibrant community health center as a community asset
- Consider innovative lower cost health care service alternatives for specific group or individual care needs that allow for use of health care extenders

- Utilize federal funding initiatives to preserve or add additional health care resources such as the critical access hospital program, the expansion of community health centers, public health infrastructure investment, and education program support

Health Care Justice Act - Adequate Health Care Task Force
www.idph.state.il.us/hcja/index.htm

Purpose/Mission of Statewide Collaborative Process: To implement a health care plan that provides access to a full range of preventive, acute, and long-term health care services and maintains and improves the quality of health care services

Structure of Process
Participation: Legislation establishes an "Adequate Health Care Task Force" with 29 voting members—five appointed by the Governor and six appointments by each of the four leaders of the General Assembly (the Speaker of the House, the House Minority Leader, the President of the Senate, and the Senate Minority Leader). The directors of the departments of Public Health, Healthcare and Family Services, and Aging, along with the secretary of the Department of Human Services, are ex officio members

Topics of subcommittee work: The legislation mandates public hearings in each Illinois Congressional District

Timeframe: Task force report due to the General Assembly October 1, 2006

Strategy in Action: Eliminating Health Disparity in Illinois
www.app.idph.state.il.us/iphi/docs/REHDACStrategyinActionReport122004.pdf

Purpose/Mission of Statewide Collaborative Process: To organize as a forum for stakeholders and unique partners to develop strategies on issues surrounding reducing racial/ethnic health disparities

Structure of Process:
Utilized a modified Mobilizing for Planning and Partnership (MAPP) strategic planning model

Participation: More than 30 traditional and non-traditional minority health stakeholders from public and private organizations across the state

Topics of subcommittee work:
Access to Care
Workforce
Health data and information

Timeframe: 12=month planning process, three-year work plan

Key Findings
Description of problem: Health disparities are the differences in incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States

Objective/priority statements:

- Support integration models of prevention as presented in the Illinois Plan for Public Health System Change
- Support the process of the State Health Improvement Plan (SHIP) and advocate for the inclusion of its recommendations in policy
- Publicly champion and invest resources in strengthening of the state's minority health infrastructure
- Review by the Office of the Governor, in cooperation with state agency directors and legislative leaders of agency public health, healthcare, and human services budgets to assure the inclusion of appropriate resources to reduce racial and ethnic health disparities in Illinois
- Support the adequate and appropriate allocation of resources within the public health and health care system

Strategy statements:

- Adopt the Classification of Federal Data on Race and Ethnicity standard as the minimum standard for collecting and reporting health data
- Advocate for the collection, reporting, and tracking of health information by race and ethnicity

- Assess the need to collect and report health data about racial and ethnic subgroups
- Initiate strategies to identify and bridge gaps in data for small population groups

Community-centered data collection

- Empower communities to collect their own data, thus building the capacity of non-traditional public health partners and enriching the current data set
- Collaborate on initiatives that educate minority communities about the importance of racial and ethnic data and the communities' role in ensuring that data collection meets their needs
- Ensure that data collected supports a population-based prevention agenda
- Ensure that analysis of data and policy and program development include contextual data about determinants of health

Data dissemination and use

- Work toward an integrated data warehouse, structured for usability, to further integrate and maximize data resources across the state.
- Mobilize communities to advocate for data dissemination and accessibility.
- Work in collaboration with the Governor's initiative to eliminate the digital divide as it relates to access to public health data.
- Ensure the dissemination of timely and accurate data

Workforce

- Work toward the reduction of barriers to minority employment in community health fields
- Encourage regulatory agencies to explore streamlining and expediting the certification of community health professionals credentialed at institutions outside the United States
- Advocate for an increase in representation of underrepresented minority community health workers

Culturally and linguistically proficient workforce

- Require cultural proficiency training and develop a plan for optimal levels of language capacity for their services
- Develop minimum cultural and linguistic service standards tailored to their population
- Collect language preference and race/ethnicity data for all beneficiaries in all settings (this information should be kept confidential and be used for reporting and monitoring racial and ethnic disparities, quality improvement initiatives, and targeted program development)
- Promote, through funding and sponsorship, research that identifies tools to detect medical errors caused by lack of "structural cultural competence"
- Recruit and hire culturally and linguistically proficient employees, when possible and where appropriate

- Help to ensure an adequate supply of culturally proficient providers to promote higher quality and more efficient services
- Require or encourage providers and public health professionals to receive cultural proficiency training prior to receiving a state license

Linguistically proficient services

- Develop guidelines for the use of on-site interpreters
- Understand that reimbursement for interpretation services is essential(bilingual staff should be recruited for areas with large proportions of Limited English Proficient [LEP] patients)
- Evaluate programs to assess their impact on improving outcomes by decreasing disparities
- Develop a grievance process with appropriate interpreters for patients to access when their needs are unmet

Access to care

- Work in collaboration to advocate for and implement universal access to health care

Emergency Medical Services in Rural Illinois: Report of 10 Community Forums
www.ilruralhealth.org/doc/EMS%20Final%20Report%20Executive%20Summary.doc

Purpose/Mission of Statewide Collaborative Process: Investigate through a work group the challenges facing rural EMS providers in Illinois

Structure of Process
Participation: Coordinated by the Illinois Rural Health Association, the work group hosted 10 "town meetings" geographically dispersed throughout rural Illinois. Data collected at the town meetings reveals that more than 350 individuals from 48 counties participated in the discussion. Participants ranged from EMS providers, hospital staff, local health departments, fire departments, physicians, nurses, sheriff departments, IDPH employees, and elected officials.

Key Findings
Description of problem:
Rural areas face challenges in providing adequate emergency medical services:
● Inability to recruit and retain EMS personnel
● Inability to generate revenue to pay expenses
● Lack of community awareness
● Burden of regulatory requirements
● Lack of collaboration within rural EMS system

Strategy statements:
- Create a state income tax credit for EMS volunteers and increase state-funded scholarships for required training programs
- Maximize use of technology to provide training curriculum
- Provide organization management training for EMS agencies to include fundraising, volunteer management, and community relations
- Provide low-interest loans for capital purchases
- Develop legislation that clearly identifies EMS providers as an integral component of a community health system; authorize and fund state-level agency to carry out designated responsibilities to enhance EMS in Illinois
- Create ability for EMS providers to receive revenue from impact fees
- Develop statewide public information resources/tools that can be tailored for local use
- Develop statutory authority for public entities to impose fees specific for EMS provision
- Create an EMS licensing board to support the licensing of professionals
- Develop a model for statewide utilization related to the performance of EMS community assessment and strategic planning
- Review and standardize all regulatory document requirements.
- Establish a lead agency within IDPH responsible for EMS system planning and development
- Create work groups at state-level to create a statewide plan for EMS

- Provide resources necessary for community-based self-assessment and determination concerning the level and type of EMS desired

Enrich and Strengthen Governmental Public Health

Purpose/Mission of Statewide Collaborative Process: To create a comprehensive plan to improve the structure and effectiveness of the public health system in Illinois

Structure of Process

Participation: Eight subcommittees have been convened by the Illinois Department of Public Health and are led by public health practitioners across the state

Topics of subcommittee work:
Define governmental public health
Organize the governmental public health structure
Detail and divide responsibilities for governmental public health
Develop the governmental public health workforce
Fund governmental public health
Assure performance of governmental public health
Use information for public health decision making
Advocate for governmental public health

Timeframe: Originally planned for completion in November 2005, extended to December 2006

Key Findings

Description of problem:
Illinois public health system is under funded and fragmented. A clearer system with an overarching coordinating body is needed to differentiate responsibilities of local and state governments.

Objective/priority statements:

- Develop a definition of governmental public health that puts into practice the national operational definition of a local public health agency, the ten Essential Public Health Services, and the national public health performance standards
- Create a framework that details the relationships between the state and local health agencies
- Develop expectations for the relationships and partnerships between the state and local public health departments, including but not limited to statutory and regulatory authority.
- Identify methods by which competency will be achieved and measured as well as the responsibilities of leadership and the workforce with the goal of ensuring a fully prepared, culturally competent, adequately sized, and appropriately distributed governmental public health workforce
- Develop an approach to fund public health that will allow for sustainability and adequate funding at the state and local level

- Generate a statewide data collection system to measure state and local public health, which will serve as a framework for evaluation, including a mechanism to develop measures, identify data, create feedback instruments, and establish accountability
- Create a framework that will enable state and local public health departments to clarify what public health agencies should be doing and identify programs that work; the framework will include a means to exchange data across organizations
- Craft a message and delivery methods to communicate the role and value of public health to both promote funding and to educate the public on available services

Strategy statements:

- Develop a model focused on the delivery of specific services and defining the functional requirements of local health departments
- Review National Association of County and City Health Officials (NACCHO) standards and identify necessary data elements, baseline data, or the definition of a standardized unit that all local health departments can use to measure
- Recommend adoption of the NAACHO operational definition, with addition of emergency preparedness, of a local public health agency as recently released; undertake legal research to determine what may need to be changed in state statute or rules in order to adopt this definition
- Create new a statewide public health authority, which is independent, e.g., Tollway Authority
- Make local boards of health be independent units of local government, e.g., fire protection district
- Centralize review of potential legal issues connected with the various aspects of creating a new authority
- Transfer all prevention programs in DHS to IDPH
- Enhance the role and responsibilities of the State Board of Health
- Assign the state health department to carry out initial permitting and licensing; local health department (LHD) would be responsible as an agent of the state for follow-up
- Assign LHDs to act as agents of the state
- Develop and implement a plan to assess the racial and ethnic diversity of the Illinois public health workforce, to determine the geographic distribution of minority public health workers and to identify those who are culturally competent
- Expand the Learning Management System (LMS) to include the necessary demographic data for use in evaluation of the workforce
- Develop and promote the use of a public health continuing education unit (CEU) through approval as an authorized International Association of Continuing Education Training (IACET) CEU provider
- Establish orientation and/or training guidelines for local board of health members

- Assure performance of LHDs by developing a measurement system consistent with the use of the NACCHO operational definition of a local public health agency
- Review NACCHO standards and select data requirements that LHDs would need from the state to carry these out, e.g., definition of a standard indicator, actual data, feedback tools
- Develop voluntary accreditation program that would work in Illinois, transitioning the local public health certification program into a more performance-based program
- Appoint an Illinois Accreditation Task Force to adopt a set of performance standards
- Obtain feedback from LHD administrator organizations in Illinois:
    a. Illinois Association of Public Health Administrators
    b. Northern Illinois Public Health Consortium
    c. Southern Illinois Public Health Consortium
- Coordinate with Illinois Public Health Institute (IPHI) on IPHI's grant application to Robert Wood Johnson to "enhance the current Illinois certification program"
- Develop a strategic communication plan to promote optional funding for public health
- Increase the effectiveness of advocacy support by building relationships with legislators
- Train public health partners on how to be effective advocates

2006 Report on Illinois Poverty
www.heartlandalliance.org/creatingchange/documents

Purpose/Mission of Statewide Collaborative Process: To identify the numbers of Illinois residents living in poverty, assess which populations are most affected, compare rates of poverty in Illinois to other states, and strategize ways to decrease poverty rates in Illinois

Structure of Process

Participation: Heartland Alliance produces this annual report
Timeframe: Annual report for 2006

Key Findings

Description of problem:
Illinois leads the Midwest in its poverty rates, ranking worst on 15 key poverty indicators (approximately 12 percent of the state lives in poverty)

Objective/priority statements:
Illinois needs to decrease poverty rates by improving efforts in education, employment, health, housing, nutrition and basic necessities

Problems:

- Imbalance in the Illinois school funding system will lead to fewer college graduates, limiting employment opportunities
- Declining private sector health insurance rates
- Decreasing funding for emergency food programs
- In Illinois, 70 percent of women living alone live at the near poverty level
- Poverty rates in 31 counties increased from 2002-2003
- Illinois has highest poverty rate and highest child poverty rate in the Midwest
- Working poor remain the highest percentage of those in poverty
- Increasing wage gap exists between white, Hispanic, and African-American workers
- 70 percent of former welfare recipients do not receive benefits from their jobs
- Illinois has the fourth worst job growth rate in the nation
- 2004 poverty/near poverty rates for seniors were 9 percent and 36.3 percent
- Illinois Supplemental Security Income (SSI) payment is significantly lower than the national average
- Illinois women have a higher poverty rate than men

Illinois' improvements to decrease poverty rates:

- Illinois has invested 90 million dollars in the early childhood block grant
- Illinois minimum wage is above federal level
- Illinois has expanded of FamilyCare

- Illinois has created AllKids
- Illinois has invested in IDHS to increase accuracy of food stamp program
- Illinois has passed Illinois Cares prescription program

Literacy and Cultural Competency Strategic Plan

Purpose/Mission of Statewide Collaborative Process: To coordinate the policy and planning efforts surrounding issues of literacy and cultural competency and to make language-assisted services accessible, uniform, and high quality

Structure of Process
Participation: Report was produced by the Illinois Department of Human Services

Topics of subcommittee work: N/A

Timeframe: N/A

Key Findings
Description of problem:
There is insufficient or inadequate language services and lack of cultural competency training

Objective/priority statements:

- Create an Office of Language and Cultural Competence (LCC) charged with department-wide planning and coordination
- Develop clear policy and consistent procedures
- Collect, analyze and use standardized data
- Ensure that agency contractors deliver LCC services
- Hire and retain an adequate number of qualified bilingual staff
- Use only qualified and trained interpreters
- Accurately translate vital documents
- Provide regular language and cultural competence training to all staff
- Ensure linguistic access at key points of customer contact

Strategy statements:

- Create an adequately funded new office of LCC to coordinate key LCC functions department-wide
- Provide the director of this office with sufficient authority and experience to effectively implement the LCC Plan
- Charge the LCC office to coordinate data collection, analysis and planning; to establish IDHS-wide LCC performance standards and goals and monitor department and division level performance; coordinate the language proficiency testing of bilingual staff and interpreters; oversee the agency's oral interpretation services and document translations; oversee department-wide LCC training; oversee monitoring of contractor LCC services
- Rename division Limited English Proficient (LEP) liaisons and LCC liaisons and broaden their role
- Adopt clear definitions of "effective communication" and "meaningful access"

- Simplify procedure for determining whether someone is LEP and eligible for free language services
- Make an unqualified offer of free language assistance services to all LEP persons and encourage their use
- Standardize local plans to serve LEP customers while allowing local flexibility
- Obtain standardized primary language data on all IDHS-funded clients within one year
- Require divisions to report annually on critical LEP outcomes
- Utilize primary language data to improve services
- Analyze census and other data to assess whether agency programs adequately serve LEP persons
- Regularly collect input from community experts on LEP issues
- Regularly survey client satisfaction
- Publish LCC guidelines for all contracted agency service providers
- Require that each contractor have an LCC plan with a small but powerful set of key performance indicators and actively monitor contractors' LCC performance
- Require that contractors collect standardized primary language data
- Expand contract incentives/bonuses for serving LEP persons
- Offer contractors access to IDHS interpreter and cultural competence training and technical assistance
- Adequately assess language proficiency of bilingual staff and make appropriate assignments
- Actively monitor the deployment of bilingual staff to maximize services to key language groups
- Increase the number of bilingual staff to adequately represent and serve key language groups
- Support bilingual staff in obtaining required educational credentials
- Create a pool of qualified interpreters
- Develop oral and written language proficiency tests in multiple languages that accurately determine skill levels of potential interpreters
- Adopt required performance standards/code of ethics for all agency interpreters
- Create access to other competent interpreters including telephonic as needed
- Maintain database including daily log of interpreted encounters
- Review all department forms, notices, and outreach materials to determine which are "vital" documents
- Translate all vital documents into Spanish within three months; establish thresholds for other languages
- Apply standards that ensure accuracy of existing and future translations
- Include multilingual "language block" with all vital documents informing recipient of document's importance
- Display links to translated documents on agency's homepage
- Conduct plain language review of all documents

- Develop cultural competence training for all staff
- Provide a minimum of 80 hours of training in interpreting techniques to bilingual staff and IDHS interpreters who demonstrate proficiency in two languages; tailor curriculum to IDHS services
- Train all IDHS staff on how to work with qualified interpreters and on IDHS language services policies and procedures
- Promote and support continuing education that advances LCC
- Provide 24-hour access to language services in all resident facilities
- Provide adequate on-site and contracted interpreter services to ensure language access at all IDHS offices
- Ensure clear multilingual signage at all points of customer contact especially signage that offers interpreter services
- Ensure the consistent implementation of meaningful access policies at all key points of access

Success indicators:

- Language services will be easily accessible at all key points of contact
- IDHS will be providing interpreting and translation services for primary language groups in addition to Spanish
- An Office of Language and Cultural Competence will be in place to plan and coordinate department-wide
- Adequate funds will have been allocated to support the achievement of language and cultural competence department-wide
- Policies and procedures will be clear and consistent department-wide
- Bilingual staff will be tested, qualified and trained
- Interpreters will be tested, qualified and trained
- Language and cultural competence training will be ongoing and competency based
- All direct service staff will have received training about accessing language services, using interpreters, and achieving cultural competence

Focus Groups

Eight population groups were selected for focus groups:

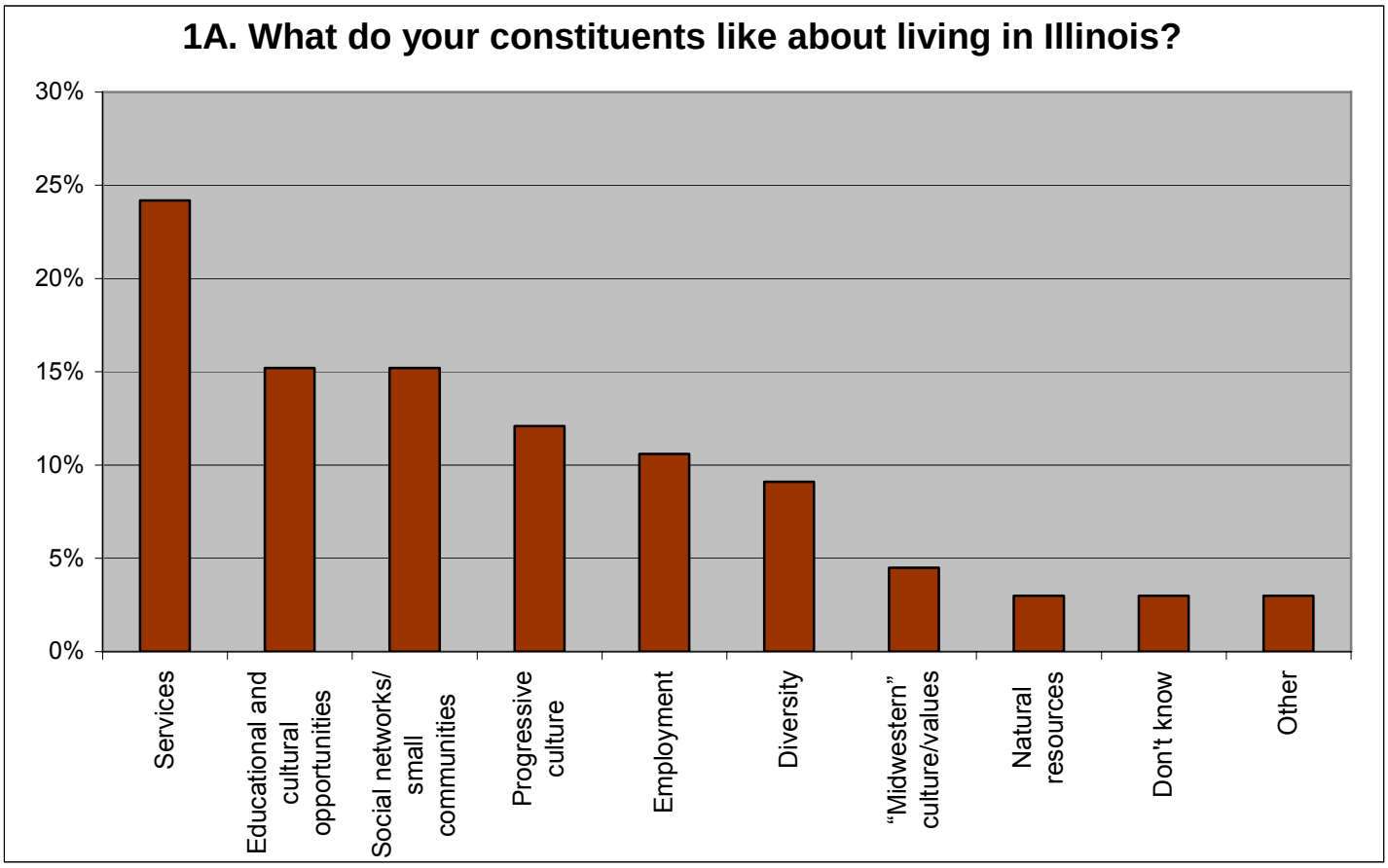
- Local Health Departments
- State/Governmental Agencies
- Health Issue and Prevention Groups
- Special Populations
- Local Community Partnerships
- Providers
- Non-traditional Partners
- Business

The subcommittee met in late November to choose the focus group questions. The SHIP Team held seven focus groups. The focus group with business partners was incorporated into the nontraditional partners group because of the limited number of participants. The same seven questions were asked of all groups over a two-hour period.

Focus Group Summary

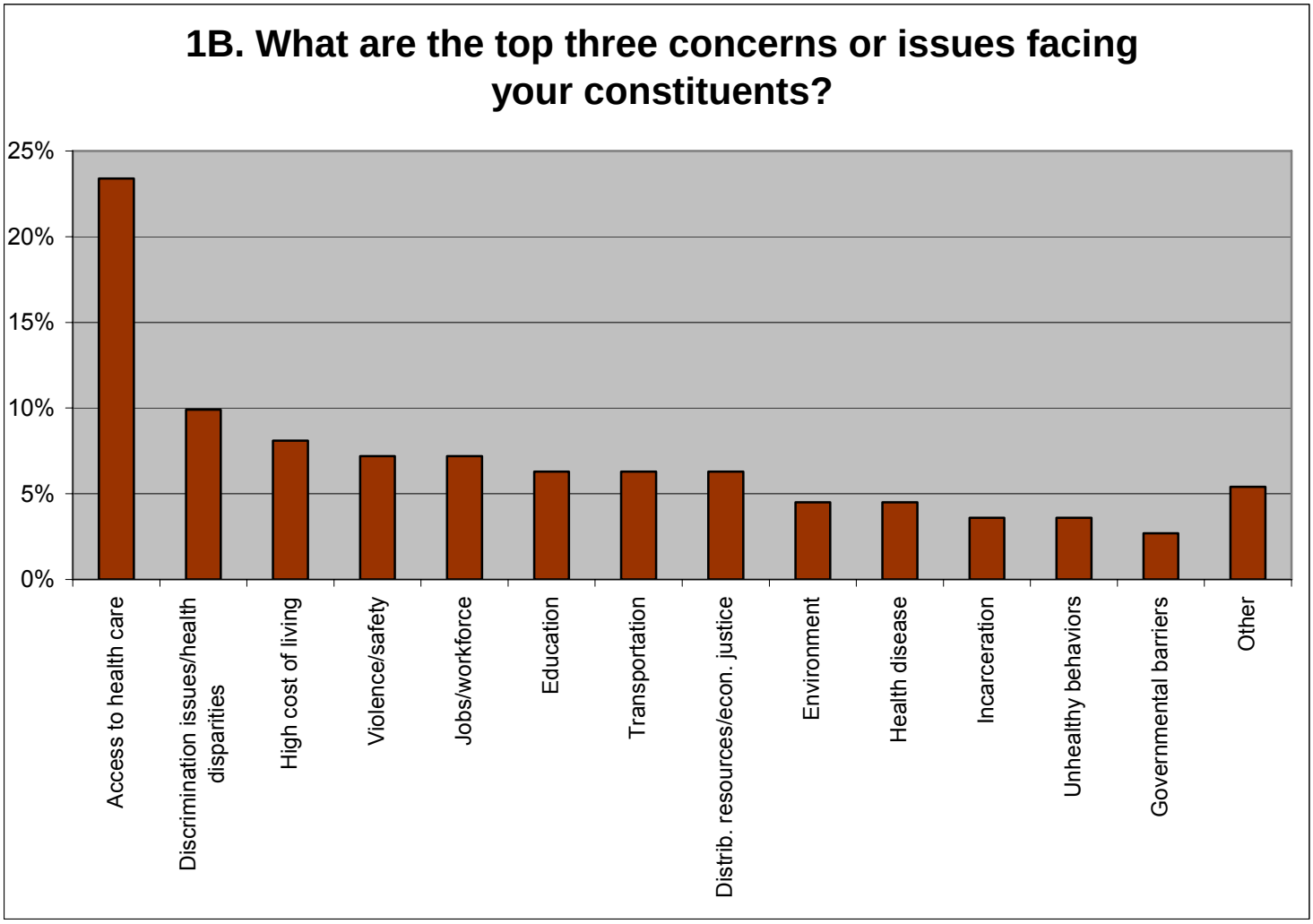
The focus groups' responses tended to reflect a broad understanding of "health." The responses centered primarily on determinants and risk factors, rather than on specific diseases and conditions. The following pages provide each question raised in the focus groups, and a summary of respondents' answers.

Question 1A. What do your constituents like about living in Illinois?



- **Question was asked of all groups**
- **66 comments coded**
- **10 issue codes employed**
  - Services 24.2%
  - Educational and cultural opportunities 15.2%
  - Social networks/ small communities 15.2%
  - Progressive culture 12.1%
  - Employment 10.6%
  - Diversity 9.1%
  - "Midwestern" culture/values 4.5%
  - Natural resources 3.0%
  - Don't know 3.0%
  - Other, n=2 3.0%

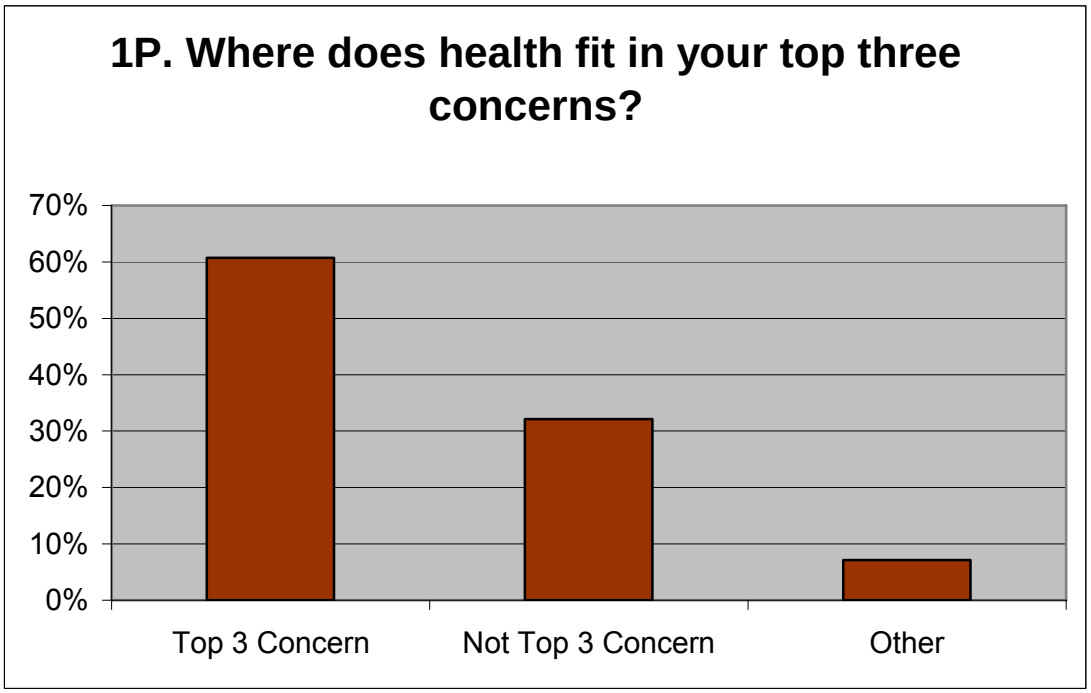
Question 1B. What are the top three concerns or issues facing your constituents?



- **Question was asked of all groups**
- **111 comments coded**
- **14 issue codes employed**
  - Access to health care 23.4%
  - Discrimination issues/health disparities 9.9%
  - High cost of living 8.1%
  - Violence/safety 7.2%
  - Jobs/workforce 7.2%
  - Education 6.3%
  - Transportation 6.3%
  - Distribute resources/ econ. justice 6.3%
  - Environment 4.5%
  - Health disease 4.5%

- Incarceration 3.6%
- Unhealthy behaviors 3.6%
- Governmental barriers 2.7%
- Other, n=6 5.4%

Question 1P. Where does health fit in your top three concerns?

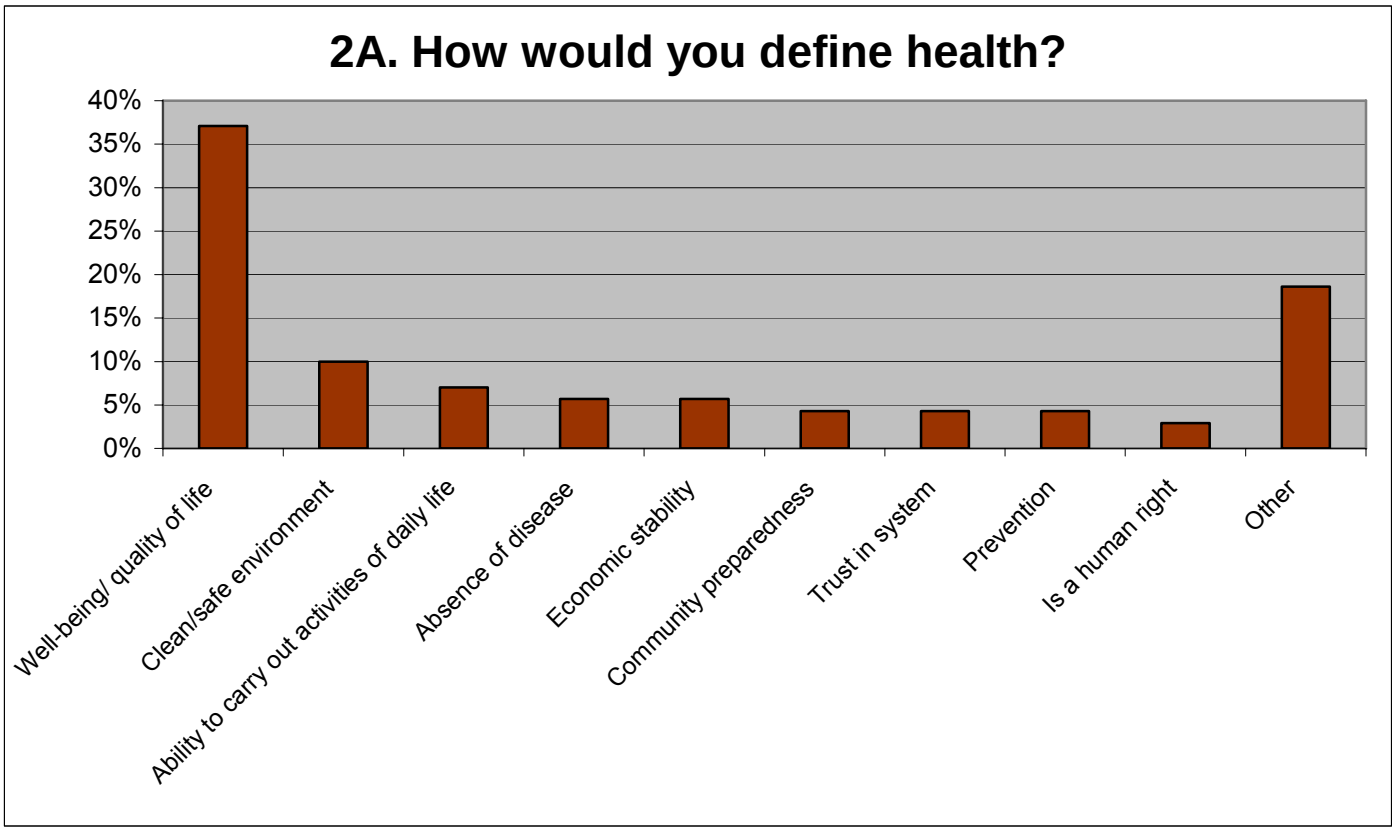


- **Question asked of following groups**
  - State/government agencies
  - Health issue/prevention group
  - Special populations
  - Local community partnerships
  - Nontraditional partners

- **28 comments coded**

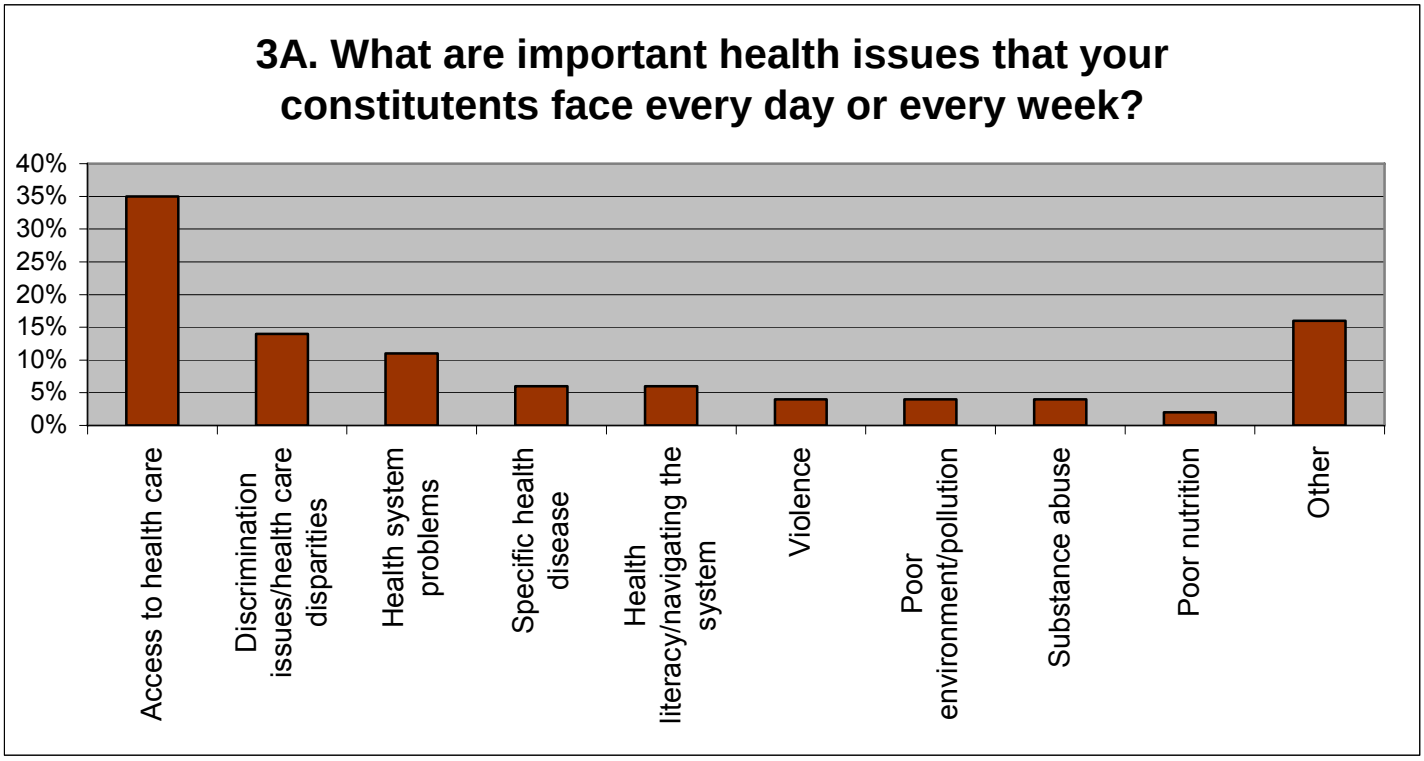
- **3 issue codes employed**
  - Top 3 concern 61%
  - Not top 3 concern 32%
  - Other, n=2 7%

Question 2A. How would you define health?



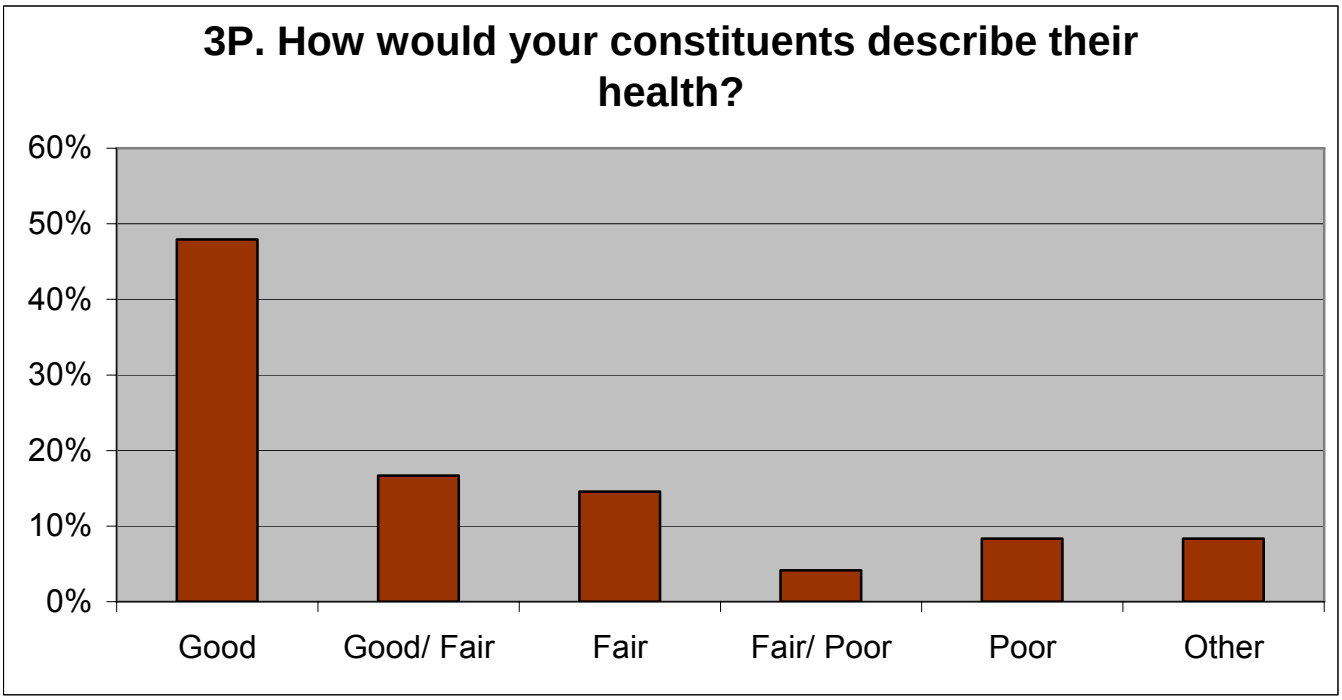
- **Question was asked of all groups**
- **70 comments coded**
- **10 issue codes employed**
  - Well-being/quality of life 37.1%
  - Clean/safe environment 10.0%
  - Ability to carry out activities of daily life 7.1%
  - Absence of disease 5.7%
  - Economic stability 5.7%
  - Community preparedness 4.3%
  - Trust in system 4.3%
  - Prevention 4.3%
  - Is a human right 2.9%
  - Other, n=13 18.6%

Question 3A. What are important health issues that your constituents face every day or every week?



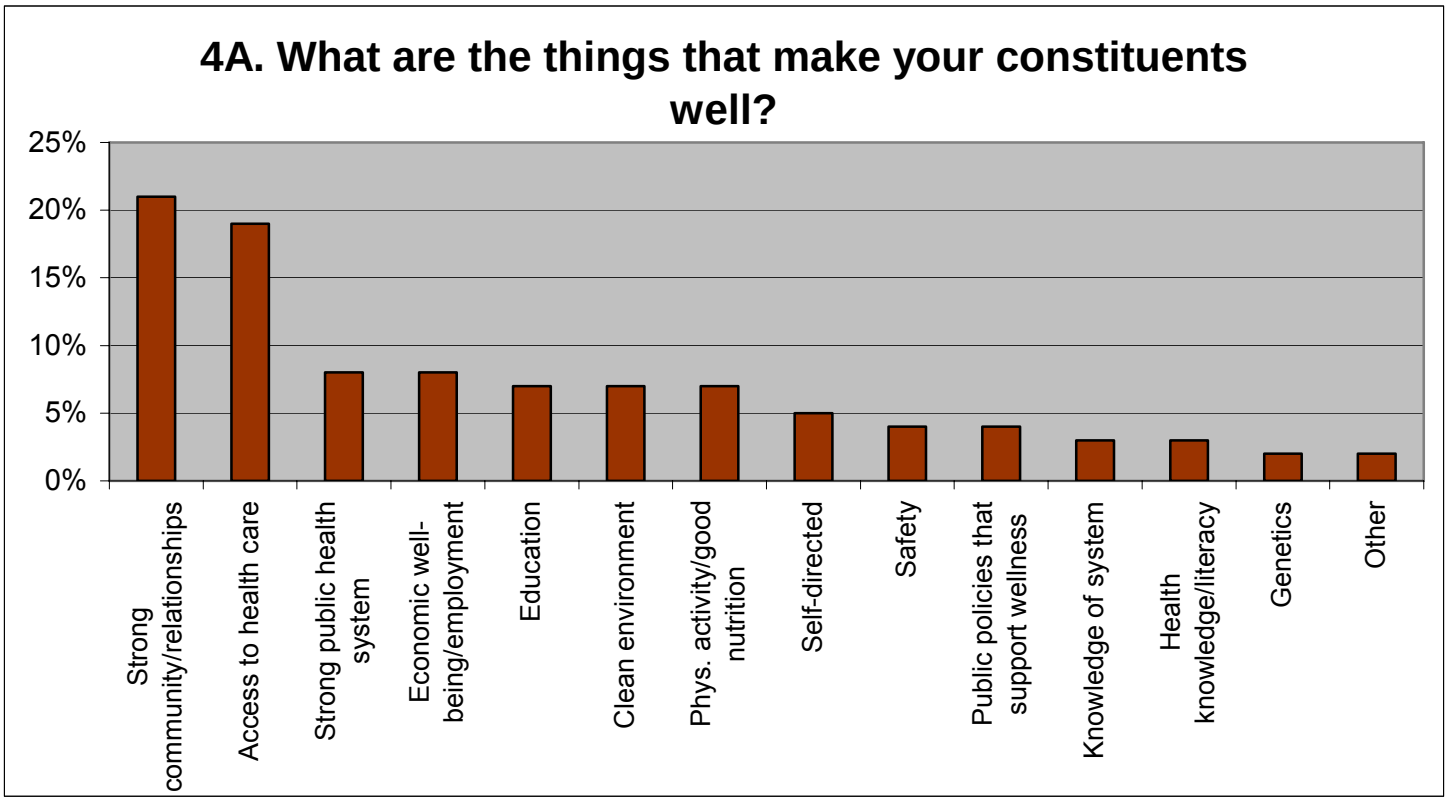
- **Question was asked of all groups**
- **107 comments coded**
- **10 issue codes employed**
  - Access to health care 35%
  - Discrimination issues/health care disparities 14%
  - Health system problems 11%
  - Specific health disease 6%
  - Health literacy/navigating the system 6%
  - Violence 4%
  - Poor environment/pollution 4%
  - Substance abuse 4%
  - Poor nutrition 2%
  - Other, n=17 16%

Question 3P. How would your constituents describe their health?



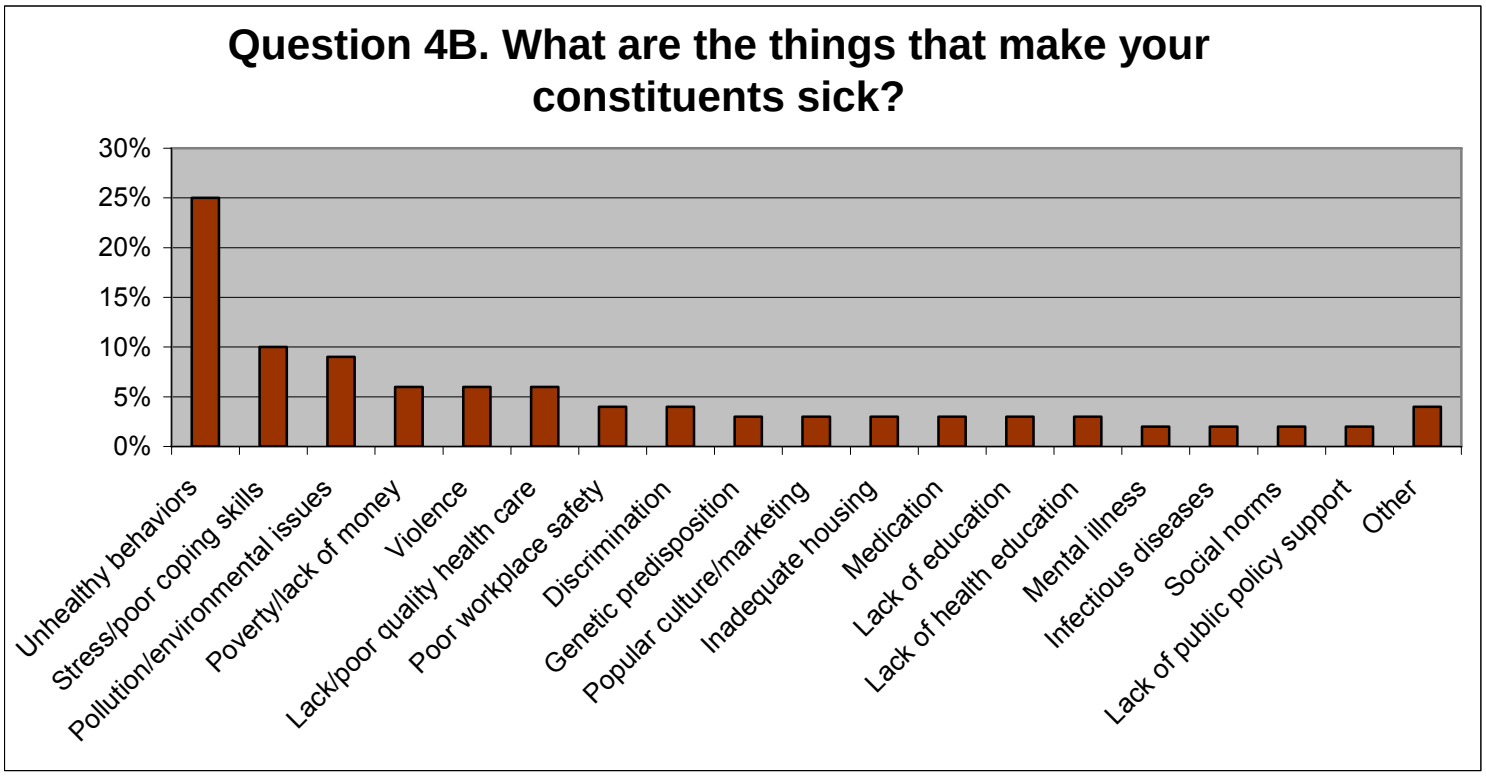
- **Question was asked of all groups**
- **48 comments coded**
- **6 issue codes employed**
  - Good 48%
  - Good/fair 17%
  - Fair 15%
  - Fair/poor 4%
  - Poor 8%
  - Other, n=4 8%

Question 4A. What are the things that make your constituents well?



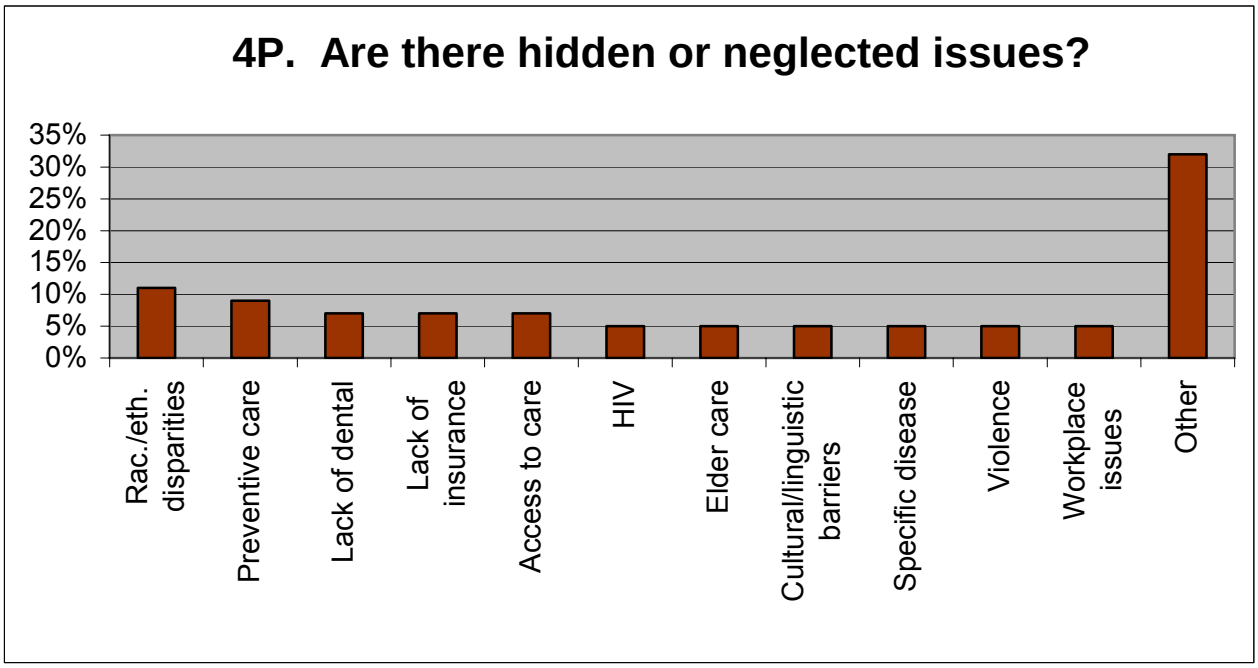
- **Question was asked of all groups**
- **91 comments coded**
-
- **14 issue codes employed**
  - Strong communities/relationships 21%
  - Access to health care 19%
  - Strong public health system 8%
  - Economic well-being/employment 8%
  - Education 7%
  - Clean environment 7%
  - Physical activity/good nutrition 7%
  - Self-directed 5%
  - Safety 4%
  - Public policies that support wellness 4%
  - Knowledge of system 3%
  - Health knowledge/health literacy 3%
  - Genetics 2%
  - Other, n=2 2%

Question 4B. What are the things that make your constituents sick?



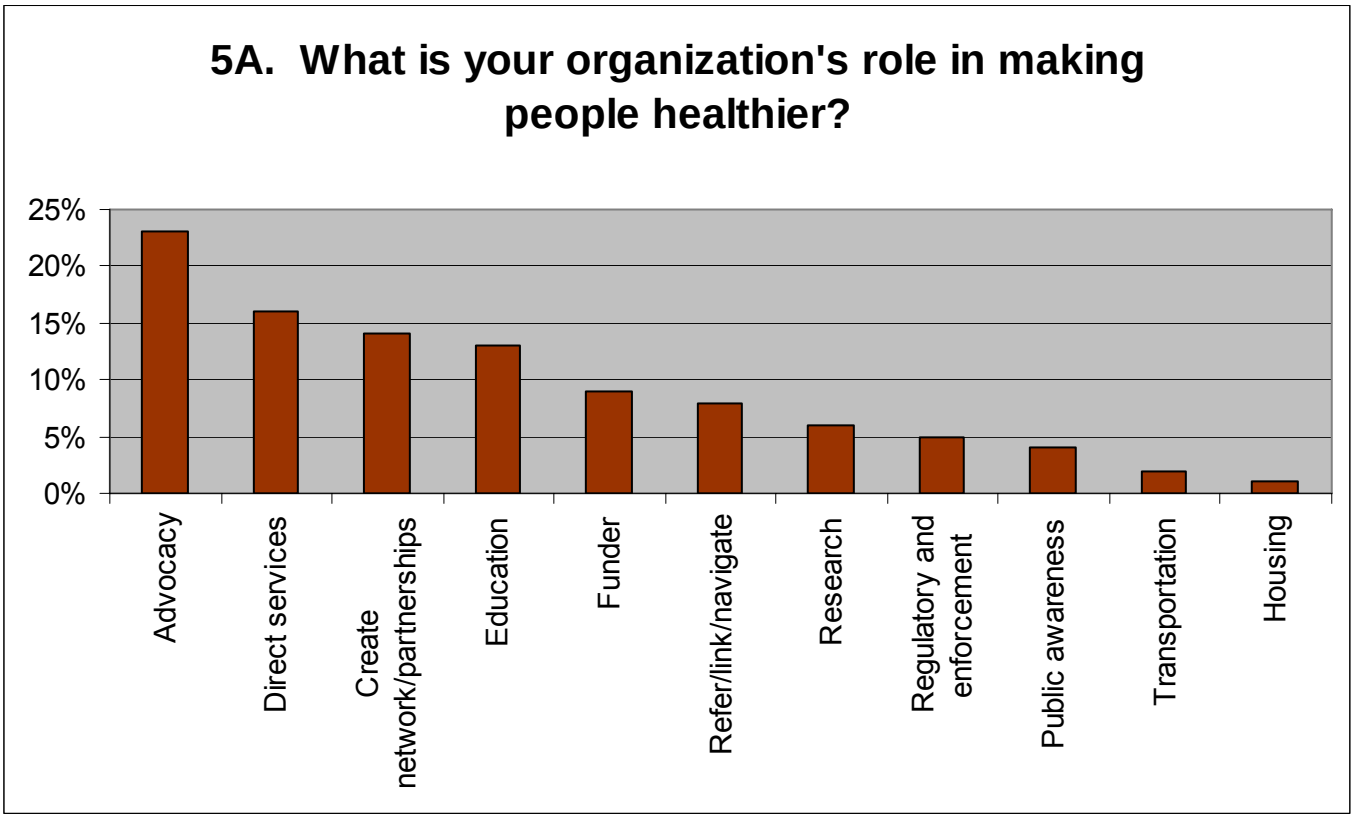
- **Question was asked of all groups**
- **100 comments coded**
- **19 issue codes employed**
  - Unhealthy behaviors 25%
  - Stress/poor coping skills 10%
  - Pollution/environmental issues 9%
  - Poverty/lack of money 6%
  - Violence 6%
  - Lack/poor quality health care 6%
  - Poor workplace safety 4%
  - Discrimination 4%
  - Genetic predisposition 3%
  - Popular culture/marketing 3%
  - Inadequate housing 3%
  - Medication 3%
  - Lack of education 3%
  - Lack of health education 3%
  - Mental illness 2%
  - Infectious diseases 2%
  - Social norms 2%
  - Lack of public policy support 2%
  - Other, n=4 4%

Question 4P. Are there hidden or neglected issues?



- **Question asked of following groups**
  - State/government agencies
  - Health issue prevention group
  - Special populations
  - Local community/partnerships
  - Providers
  - Nontraditional partners
- **44 comments coded**
- **12 issue codes employed**
  - Racial/ethnic disparities 11%
  - Lack of preventive care 9%
  - Lack of dental care 7%
  - Lack of insurance 7%
  - Access to care 7%
  - HIV 5%
  - Elder care 5%
  - Cultural/linguistic barriers 5%
  - Specific disease 5%
  - Violence 5%
  - Workplace issues 5%
  - Other, n=14 32%

Question 5A. What is your organization's role in making people healthier?



- **Question was asked of all groups**
- **105 comments coded**
- **11 issue codes employed**
  - Advocacy 23%
  - Direct services 16%
  - Create network/partnerships 14%
  - Education 13%
  - Funder 9%
  - Refer/link/navigate 8%
  - Research 6%
  - Regulatory and enforcement 5%
  - Public awareness 4%
  - Transportation 2%
  - Housing 1%

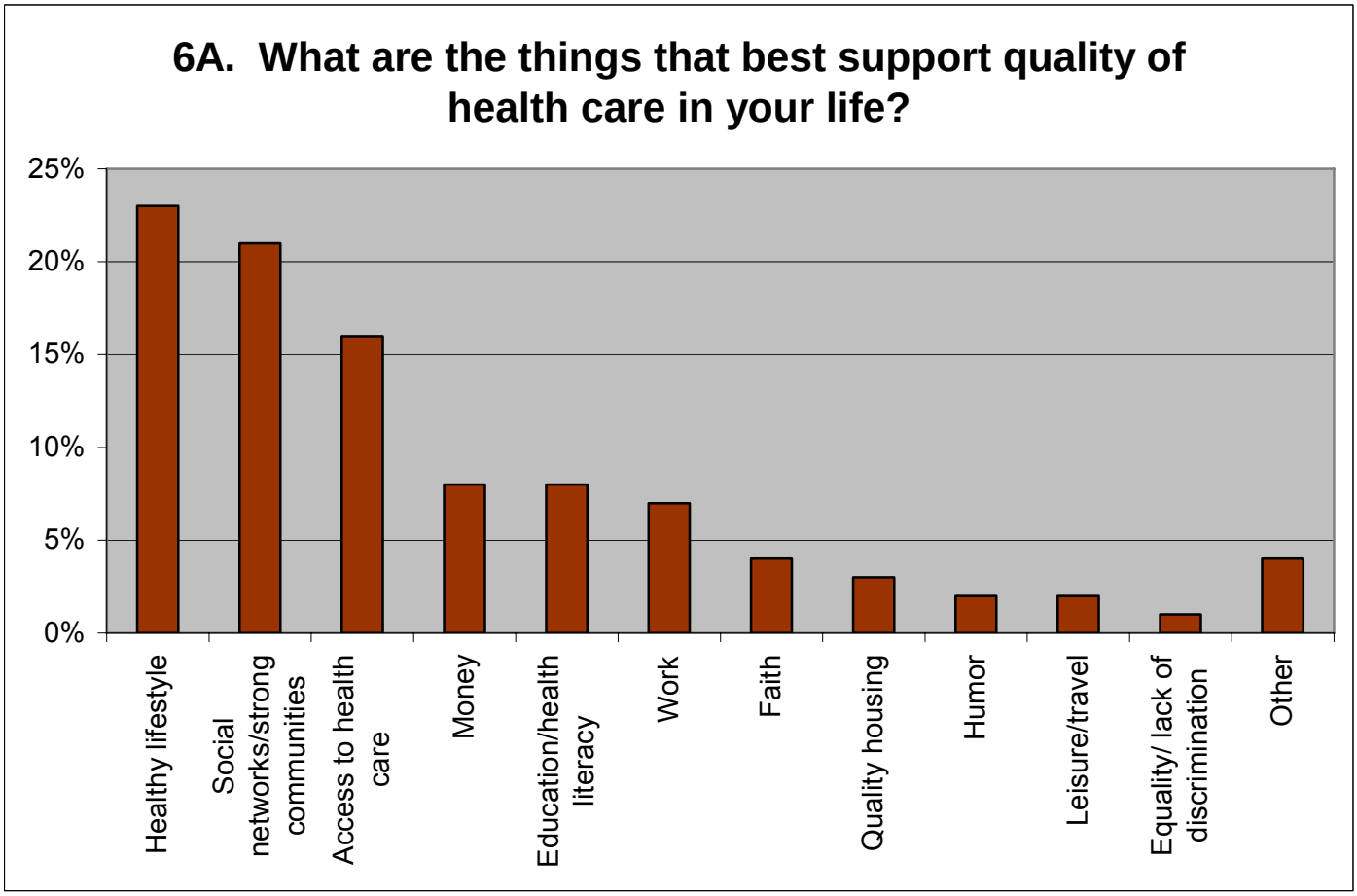
Question 5P. Why (is this your role)?

- **Question asked of following groups**
  - Health issue prevention group
  - Special populations
  - Local community/partnerships
  - Providers
  - Nontraditional partners

- **36 comments coded**

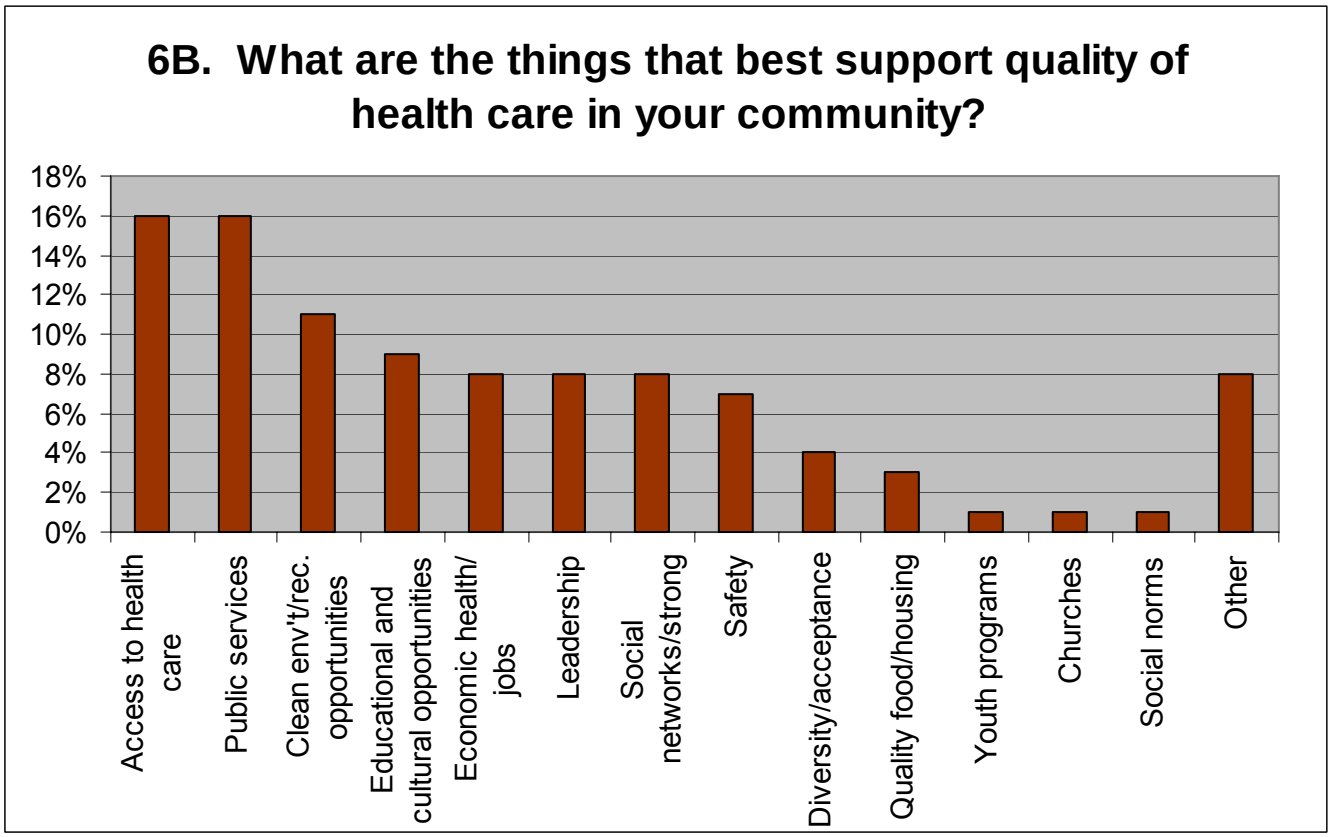
- **6 issue codes employed**
  - It is part of our Mission 25%
  - Unmet need/government not doing 22%
  - Response to community 17%
  - It is part of our Calling 14%
  - Right thing to do 11%
  - Other, n=4 12%

Question 6A. What are the things that best support quality of health in your life?



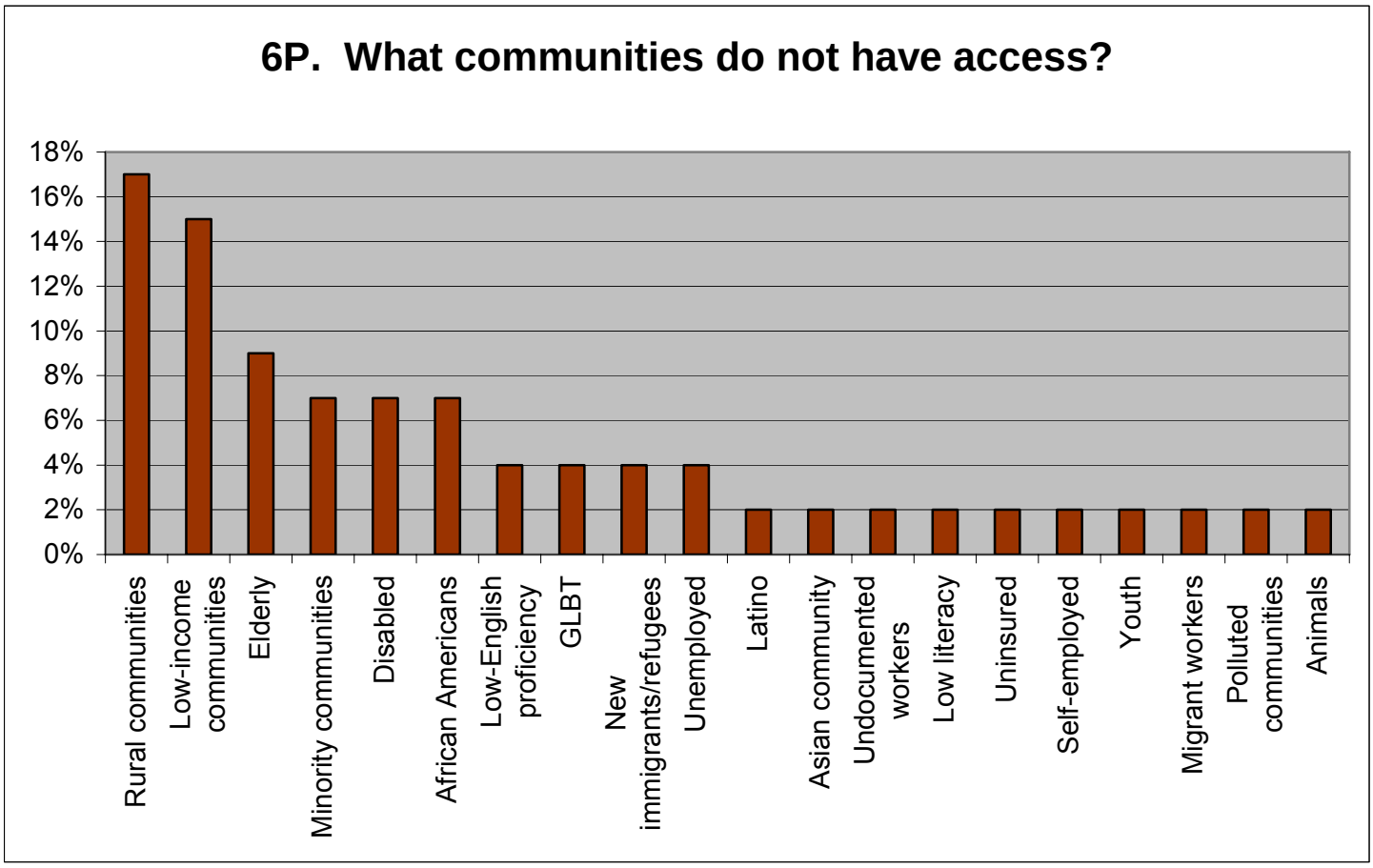
- **Question was asked of all groups**
- **90 comments coded**
- **12 issue codes employed**
  - Healthy lifestyle 23%
  - Social networks/strong communities 21%
  - Access to health care 16%
  - Money 8%
  - Education/health literacy 8%
  - Work 7%
  - Faith 4%
  - Quality housing 3%
  - Humor 2%
  - Leisure/travel 2%
  - Equality/lack of discrimination 1%
  - Other, n=4 4%

Question 6B. What are the things that best support quality of health in your community?



- **Question was asked of all groups**
- **76 comments coded**
- **14 issue codes employed**
  - Access to health care 16%
  - Public services 16%
  - Clean environment recreational opportunities 11%
  - Educational and cultural opportunities 9%
  - Economic health/jobs 8%
  - Leadership 8%
  - Social networks/strong communities 8%
  - Safety 7%
  - Diversity/acceptance 4%
  - Quality food/housing 3%
  - Youth programs 1%
  - Churches 1%
  - Social norms 1%
  - Other, n=6 8%

Question 6P. What communities do not have access?



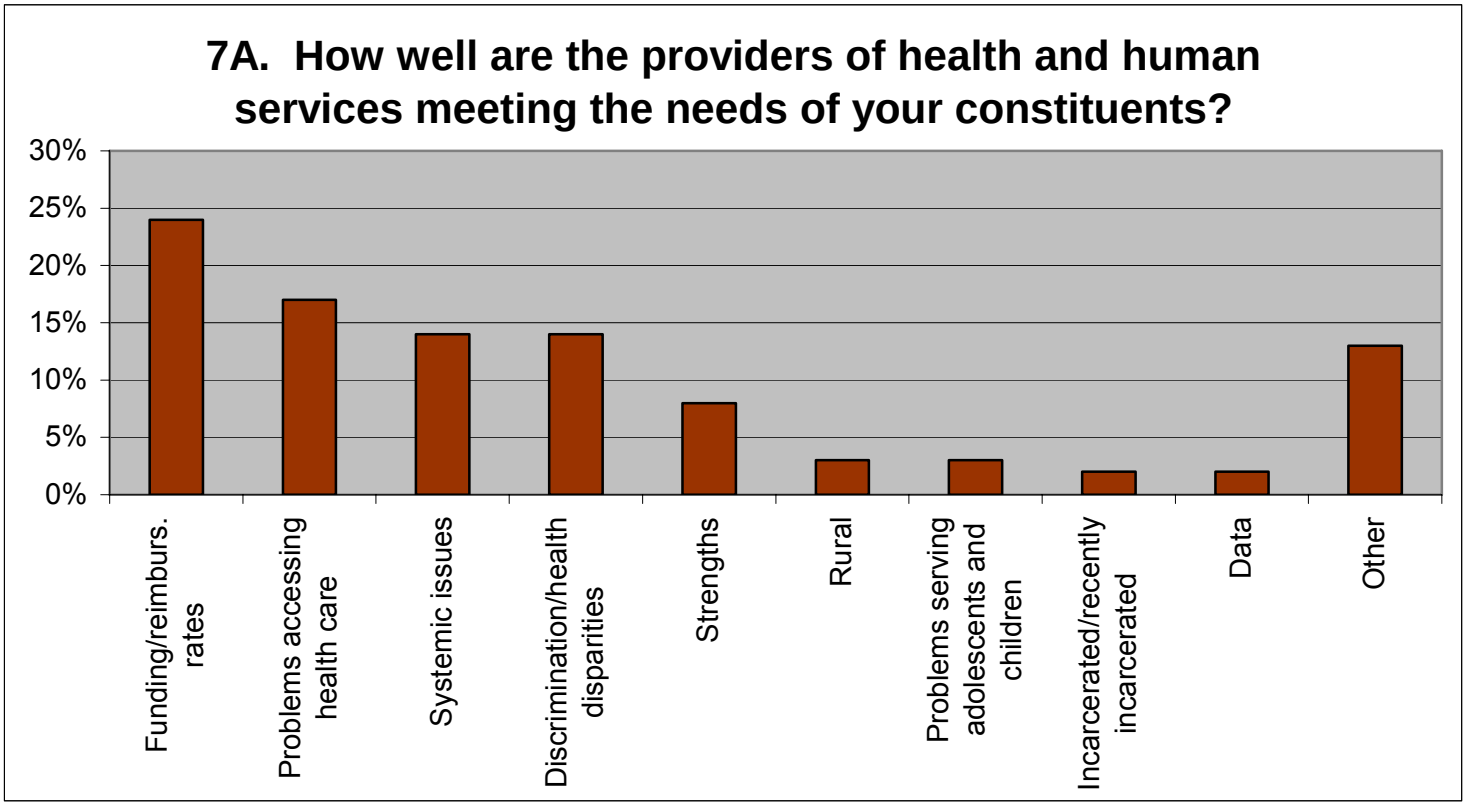
- **Question asked of following groups**
  - Local health departments
  - State/government agencies
  - Health issue prevention group
  - Special populations
  - Local community/partnerships
  - Nontraditional partners

- **46 comments coded**

- **20 issue codes employed**
  - Rural 17%
  - Low income 15%
  - Elderly 9%
  - Minority 7%
  - Disabled 7%
  - African-Americans 7%
  - Low English proficiency 4%
  - Gay, lesbian, bisexual, transgender 4%

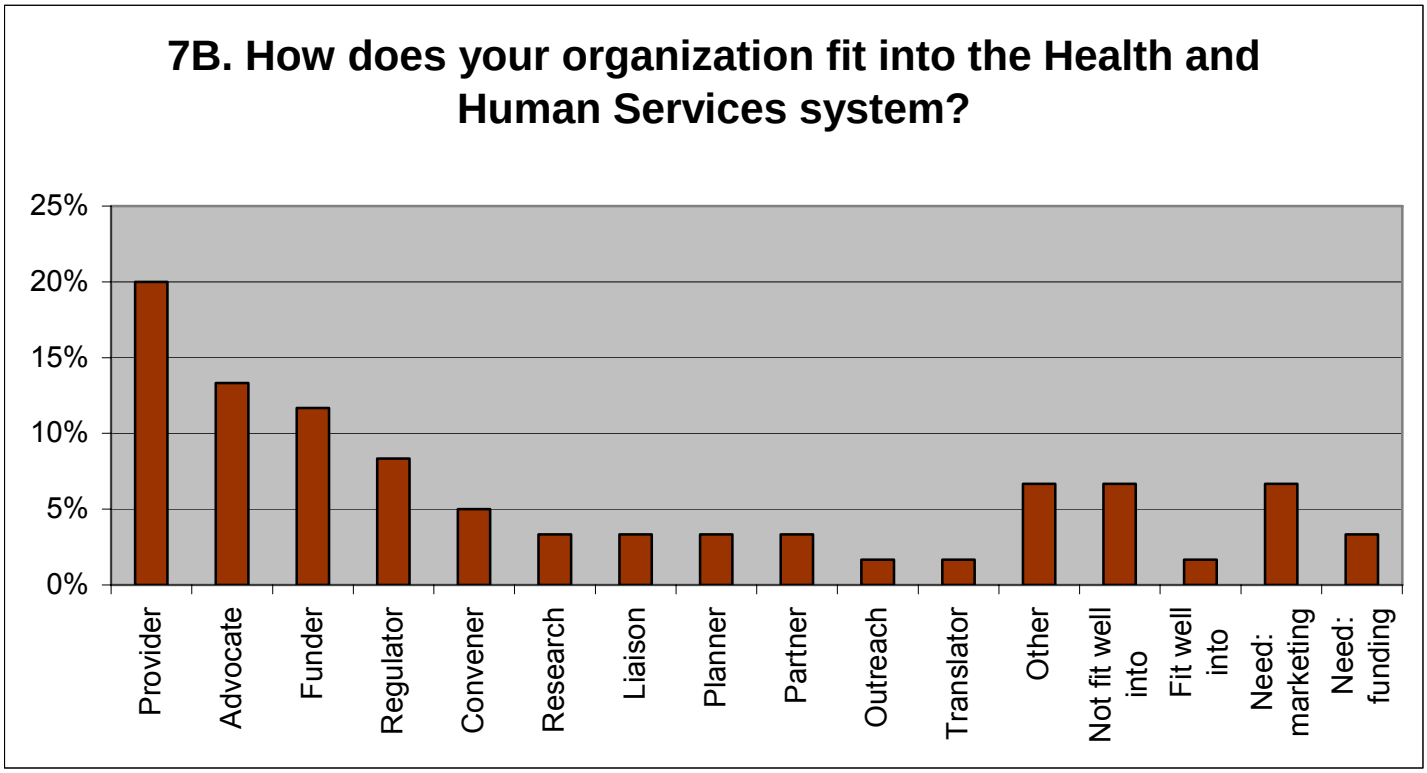
- New immigrants/refugees 4%
- Unemployed 4%
- Animals 2%
- Latino 2%
- Asian 2%
- Undocumented workers 2%
- Low literacy 2%
- Uninsured 2%
- Self-employed 2%
- Youth 2%
- Migrant workers 2%
- Polluted 2%

Question 7A. How well are the providers of health and human services meeting the needs of your constituents?



- **Question was asked of all groups**
- **63 comments coded**
- **10 issue codes employed (majority of these categories are about problems/gaps in meeting needs)**
  - Funding/reimbursement rates 24%
  - Problems accessing health care 17%
  - Systemic issues 14%
  - Discrimination/health disparities 14%
  - Strengths 8%
  - Rural 3%
  - Problems serving adolescents and children 3%
  - Incarcerated/recently incarcerated 2%
  - Data 2%
  - Other, n=8 13%

Question 7B. How does your organization fit into the Health and Human Services system?



- **Question was asked of all groups**
- **60 comments coded**
- **16 issue codes employed**
  - Provider 20%
  - Advocate 13%
  - Funder 12%
  - Regulator 8%
  - Convener 5%
  - Research 3%
  - Liaison 3%
  - Planner 3%
  - Partner 3%
  - Outreach 2%
  - Translator 2%
  - Does not fit well into system 7%
  - Fits well into system 2%
  - Need: marketing 7%
  - Need: funding 3%
  - Other, n=4 7%

Special Populations and Issues Mentioned

I. African-Americans

- Question 1B. What are the top three concerns or issues facing your constituents?
  - High blood pressure, diabetes
  - No primary care physicians
  - Access
  - Trust/discrimination
- Question 1P. Where does health fit in your top three concerns?
  - Health is at the bottom (third), economics is at the top (first)
- Question 2A. How would you define health?
  - African-American women do not integrate health
- Question 3A. What are important health issues that your constituents face every day or every week?
  - Sense of alienation, more so with Hispanic services
  - Lack of trust in health providers
  - Low birth weight African-American babies
  - Bias, ignorance, hatred
- Question 4P. Are there hidden or neglected issues?
  - See high health issues
  - HIV/AIDS
  - Homicide (crime vs. health)
  - African-American women – fibroids, hysterectomy
  - African-American males – no places for health care for unemployed
  - Low birth weight
- Question 6B. What are the things that best support quality of health care in your community?
  - Cultural: plays, concerts – lack of African-American and Hispanic cultural attractions
  - ● Question 6P. What communities do not have access?
  - African-American males

II. Asians

- Question 1B. What are the top three concerns or issues facing your constituents?
  - Diabetes
- Question 1P. Where does health fit in your top three concerns?
  - Health — in the top three
- Question 4P. Are there hidden or neglected issues?
  - Mental health; liver cancer; hepatitis B; low screening
  - Language barriers
- Question 7A. How well are the providers of health and human services meeting the needs of your constituents?
  - Not well - lack of sensitivity and knowledge of Asian community

III. Disabled

- Question 1B. What are the top three concerns or issues facing your constituents?
  - Disparity in educational achievement
  - Silence issue
- Question 1P. Where does health fit in your top three concerns?
  - Special needs children—health is top three
- Question 2A. How would you define health?
  - Health is security—for special needs population who are medically fragile, they risk death or institutional care
- Question 3A. What are important health issues that your constituents face every day or every week?
  - Understanding by their physician—transition times are especially hard for special needs children
- Question 4A. What are the things that make your constituents well?
  - Acceptance and love
- Question 4B. What are the things that make your constituents sick?
  - Providers have a preconceived notion about chronic conditions, e.g., Down's syndrome, cerebral palsy, aging issues for adults with Down's syndrome
- Question 4P. Are there hidden or neglected issues?
  - Stroke survivors—continuation of insurance coverage for rehabilitation beyond initial coverage
  - Medically fragile—lack of home health care
- Question 6P. What communities do not have access?
  - Physical disabilities
  - Mental health disabilities

IV. Discriminated Groups

- Question 2A. How would you define health?
  - As a discriminated group, my health is a result of this oppression (outside impact) and then how I personally manage the oppression

V. Gay, Lesbian, Bisexual, Transgender (LGBT)

- Question 1A. What do your constituents like about living in Illinois?
  - Passage of human rights bill—protection for gender identity and sexual orientation
- Question 1B. What are the top three concerns or issues facing your constituents?
  - Silence issue
- Question 1P. Where does health fit in your top three concerns?
  - May not name it because focused on other concerns, but it may rise
  - African-American lesbians—health is top three concerns
- Question 2A. How would you define health?
  - Spiritual, emotional, physical, social, cultural—if absent from African-American lesbian women's health, then ill health
- Question 3A. What are important health issues that your constituents face every day or every week?

    - Bias, ignorance, hatred
- Question 4A. What are the things that make your constituents well?
    - Acceptance and love
- Question 4P. Are there hidden or neglected issues?
    - Healthy role models for youth lacking in school curriculum; lack of positive youth adult relationships
    - Youth homelessness
    - Lack of access to health prevention
- Question 5A. What is your organization's role in making people healthier?
    - Train providers about LGBT issues
    - Promote early detection for LBT women
    - Organize with and promote visibility for African-American lesbians
    - Advocate for better data collection for LGBT youth—how they fare in the educational system
- Question 6P. What communities do not have access?
    - Nontraditional families
- Question 7A. How well are the providers of health and human services meeting the needs of your constituents?
    - Needs are met in crisis; if crisis is in epicenter (e.g., white), regional issues if outside of Chicago metropolitan area
- Question 7B. How does your organization fit into the health and human services system?
    - We fit in uncomfortably—our organization is a comma in a long list of issues and not an integrated part of planning of health care

VI. Geographic

- Question 1A. What do your constituents like about living in Illinois?
    - Small community—friendships, familiar
    - Like Chicago—lakefront, openness, culture, restaurants
    - Good sense of community and neighbors in Chicago and Peoria
    - Central Illinois—like smaller communities—people have a voice
    - Generally urban, but relaxed
    - Primarily suburban, yet access to urban via transportation system
    - Northern Illinois—elementary and secondary education is good
    - Access to community resources—human services: health care, social service—in suburban Chicago as well
    - Chicago is a global city
    - People outside of Chicago like the small communities
- Question 4A. What are the things that make your constituents well?
    - Provider availability depending on place of residence

VII. Homeless

- Question 3A. What are important health issues that your constituents face every day or every week?
    - Increasing population with psychiatric issues who come to emergency room, especially in winter

VIII. Immigrants

- Question 1A. What do your constituents like about living in Illinois?
  - Illinois is welcoming to immigrants, rural and urban; opposite of border states
- Question 1B. What are the top three concerns or issues facing your constituents?
  - How best to help people already here who are from other countries
  - Many undocumented and Mexican nationals
  - Immigration status
- Question 3A. What are important health issues that your constituents face every day or every week?
  - Undocumented residents lack trust because of immigration issues
  - Bias, ignorance, hatred
  - Interpreter and culturally appropriate providers
- Question 4B. What are the things that make your constituents sick?
  - Living in the United States — there are dramatic health differences between those who live in Mexico and those in the United States
- Question 4P. Are there hidden or neglected issues?
  - Language barriers

IX. Incarcerated/ Formerly Incarcerated

- Question 1B. What are the top three concerns or issues facing your constituents?
  - Department of Corrections—overrepresentation of low income and minority. Increase in female population with kids
  - Disproportionate number of African-Americans—access to education issue
  - Housing for sex offenders—being put in nursing homes—disproportionate in minority neighborhoods
  - Prisoner re-entry
- Question 7A. How well are the providers of health and human services meeting the needs of your constituents?
  - Not well for people going into and out of jail. Many have mental health needs better served by hospital. Come out in poverty with prison records.

X. Latinos

- Question 1A. What do your constituents like about living in Illinois?
  - Growing Latino population outside of Chicago, finding more community
- Question 1B. What are the top three concerns or issues facing your constituents?
  - Diabetes
  - Increasing population and providing health care and transportation needs
  - Access
  - Trust/discrimination
  - Immigration status
  - Economic security
- Question 3A. What are important health issues that your constituents face every day or every week?
  - Growth in Hispanic population affects health care

    - Cultural practices that prevent accessing health care
    - Northern Illinois—24 hour Spanish speaking translators
    - Surprising number of Latino physicians downstate, language is less of an issue
    - Undocumented residents lack trust because of immigration issues
- Question 4A. What are the things that make your constituents well?
    - Knowledge is powerful – *promotores* program demonstrates how responsive people can be to health education from peers
- Question 4B. What are the things that make your constituents sick?
    - Latino workers across all sectors, not just farming, die at higher rates than others
    - Living in the United States—dramatic health differences between those who live in Mexico and those in the United States
- Question 4P. Are there hidden or neglected issues?
    - Language barriers
- Question 5A. What is your organization's role in making people healthier?
    - Clinics
- Question 6B. What are the things that best support quality of health care in your community?
    - Cultural: plays, concerts—lack of African-American and Hispanic cultural attractions

XI. Low Income

- Question 1A. What do your constituents like about living in Illinois?
    - We talk about class and race – cross issue
- Question 1B. What are the top three concerns or issues facing your constituents?
    - Asthma
    - Limited psychiatric services available
    - Housing
    - Food
    - Environmental issues
    - Jobs
- Question 1P. Where does health fit in your top three concerns?
    - Health is low; affected by education and income
- Question 3A. What are important health issues that your constituents face every day or every week?
    - Wait lists for health, mental health and dental
    - Access to quality care when on Medicaid
    - Paying for employee share of health benefits
- Question 4B. What are the things that make your constituents sick?
    - Communities with poor housing stock
    - Economic factors affect access to health care which affects motivation to be self-sufficient
    - Pollution
- Question 4P. Are there hidden or neglected issues?
    - Lack of access to healthy food

    - Largest percentage of contaminants in community
    - Lack of dental care
    - High insurance costs
- Question 6P. What communities do not have access?
    - Working poor
    - Number in Chicago—Austin, Albany Park, southwest side, low-income
    - Communities without real property wealth

XII. Mentally ill

- Question 1B. What are the top three concerns or issues facing your constituents?
    - Silence issue
- Question 3A. What are important health issues that your constituents face every day or every week?
    - Medication—people finding it difficult to pay
    - Lack of coordination between primary care and psychiatric care
- Question 7A. How well are the providers of health and human services meeting the needs of your constituents?
    - Not good response by providers—struggling to find suitable services

XIII. Middle Eastern community

- Question 4P. Are there hidden or neglected issues?
    - Language barriers

XIV. Minority Groups (Racial and Ethnic)

- Question 1A. What do your constituents like about living in Illinois?
    - Diversity—racial, ethnic, cultural
    - Have experienced racial segregation and still do; multiple ways to organize
    - We talk about class and race—cross issue
    - Strength is that we have ethnic neighborhoods
- Question 1B. What are the top three concerns or issues facing your constituents?
    - Asthma
    - Environmental issues
    - Childhood obesity
    - Disparity in educational achievement
- Question 2A. How would you define health?
    - As a discriminated group, my health is a result of this oppression (outside impact) and then how I personally manage the oppression
- Question 3A. What are important health issues that your constituents face every day or every week?
    - Bias, ignorance, hatred
- Question 4P. Are there hidden or neglected issues?
    - Largest percentage of contaminants in community
    - Cultural barriers—immigrant groups
    - Lack of access to healthy food

- Question 7A. How well are the providers of health and human services meeting the needs of your constituents?
  - Health disparities
  - Provider response because of race

XV. Native American

- Question 4P. Are there hidden or neglected issues?
  - Language barriers

XVI. Non English Speakers

- Question 6B. What are the things that best support quality of health care in your community?
  - Access to different language translations

XVII. Polish

- Question 4P. Are there hidden or neglected issues?
  - Language barriers
  -

XVIII. Rural

- Question 1A. What do your constituents like about living in Illinois?
  - Safe in rural setting
  - Rural hospital workers love their ability to live and work in a rural community
  - Rural residents—independence and freedom
- Question 1B. What are the top three concerns or issues facing your constituents?
  - Malpractice driving out doctors
  - Mental health services
- Question 3A. What are important health issues that your constituents face every day or every week?
  - Farm workers
    - Transportation and lack of control to get to doctor if sick
    - Long and inflexible work schedules
    - More and more men without their families
    - Farmers average age is 57
  - Lack of EMS services
  - Lack of providers
- Question 3P. How would your constituents describe their health?
  - Farm workers who travel are basically well because of hard work conditions—strong and healthy
  - Female farm workers are in fair health
- Question 4B. What are the things that make your constituents sick?
  - Sexual Assault
- Question 4P. Are there hidden or neglected issues?
  - Farmworkers—workplace hazards plus exposure to family members
  - Seasonal workers and construction workers—lack of insurance and dangerous occupations

    - Lack of access to good food
- Question 5A. What is your organization's role in making people healthier?
    - Advocacy for farm workers so individual patients get health care; community level—encourage responsiveness by health care system to farm workers
- Question 6P. What communities do not have access?
    - Rural that is not connected to other infrastructures (e.g., wells)
    - Illinois counties without public hospitals
    - Communities without high schools
- Question 7A. How well are the providers of health and human services meeting the needs of your constituents?
    - Highlights geographic disparities—psychiatric, obstetric, neurology not always in certain areas
    - Geographic and economic barriers not addressed well
- Question 7B. How does your organization fit into the health and human services system?
    - Hampered by outdated definition of migrant farm worker ; landscaping and dairy/poultry doesn't apply; funding reimbursement issue at federal level

XIX. Seniors

- Question 1B. What are the top three concerns or issues facing your constituents?
    - Elder abuse
- Question 3A. What are important health issues that your constituents face every day or every week?
    - Medication—people finding it difficult to pay
- Question 4A. What are the things that make your constituents well?
    - Acceptance and love
- Question 4P. Are there hidden or neglected issues?
    - Elder abuse
    - Senior care
- Question 5A. What is your organization's role in making people healthier?
    - Wellness for elderly

XX. Uninsured

- Question 3P. How would your constituents describe their health?
    - Good/fair
- Question 4P. Are there hidden or neglected issues?
    - Lack of dental care

XXI. Women

- Question 4P. Are there hidden or neglected issues?
    - Pregnant women who smoke have less access to smoking cessation

XXII. Youth/Children

- Question 1A. What do your constituents like about living in Illinois?
    - Few babies dying before first birthday, and relatively low teen pregnancy rates

    - Wards get Medicaid coverage immediately
    - Statewide system for health/health works
    - Supportive services for young parents
- Question 1B. What are the top three concerns or issues facing your constituents?
    - Obesity, increase in Type 2 diabetes
    - Not being prepared for information age
    - Substance abuse
    - Interpersonal violence
    - Access to subspecialty care
- Question 1P. Where does health fit in your top three concerns?
    - Children, especially low-income—dental care and health top three concerns
- Question 3A. What are important health issues that your constituents face every day or every week?
    - Prescription overuse; access for adolescents
    - Providing a healthy environment for kids—healthy food, clean air and water
- Question 4A. What are the things that make your constituents well?
    - Breastfeeding
    - Health insurance availability for kids
    - Health insurance, Kidcare
    - Generally well for adolescents
- Question 4P. Are there hidden or neglected issues?
    - Males 17 to 21 years old—gap in health care services
    - Young people—healthy sexual development
    - Trauma—children, especially early age
- Question 5A. What is your organization's role in making people healthier?
    - Prepare for transition to adulthood by working with other state agencies and nonprofits partnerships
    - Provide support for families in neonatal intensive care unit
    - Kindergarten
    - Ensuring that children and youth in state care receive mental and physical health services
- Question 6B. What are the things that best support quality of health care in your community?
    - Daycare
    - State services like Kidcare
    - Youth services and advocacy/after school programs
    - Social norm for positive health—adolescent behavior
- Question 7A. How well are the providers of health and human services meeting the needs of your constituents?
    - Not well - lack of training about younger age children
    - Providers not teen friendly

APPENDIX A

"Other" Responses from Focus Groups

Note: Categories were created for all answers that were given more than once to a particular question. The following answers did not fit into a category created for the particular question noted below.

I. Question 1A. What do your constituents like about living in Illinois?

- Heard mostly negative responses
- Housing – was affordable to buy to help anchor

II. Question 1B. What are the top three concerns or issues facing your constituents?

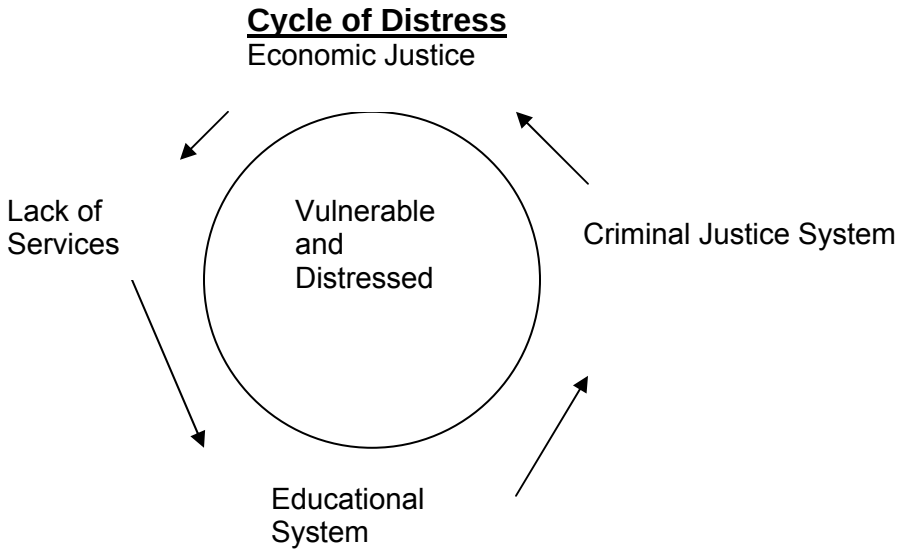
- Sustaining capability
- Impact of hurricane Katrina
- Personal preparedness
- Maternal and child health issues
- Denial by community—Peoria
- Family well-being – education, healthcare and support services – fewer family ties leave gaps

III. Question 1P. Where does health fit in your top three concerns?

- Where health fits is very population dependent
- Access to information about programs and services

IV. Question 2A. How would you define health?

- Individual and community
- Positive comparison to HR2010 LHI
- Health is wealth - if you have it, you have everything
- Health needs to be integrated in all we do
- As a way of living
- African-American women do not integrate health
- Health is defined for us by industry, doctors, outside of self
- With slogans that don't include special populations
- Definition needs to include development as a perspective – youth – how you will become what you want to be
- Health is a theme that should be integrated in school, business, cultural activities—defined in different ways for different groups
- Development approach
- Being able to perform at your peak
- Physical, behavioral, oral, vision, hearing
- See cycle of distress below



V. Question 3A. What are important health issues that your constituents face every day or every week?

- Farm workers – more and more men without their families
- Farm workers –surprising number of Latino physicians downstate – language is less of an issue
- Farmers' average age is 57
- Anxiety—finances, status of health
- Workplace stress
- Growth in Hispanic population affects health care
- Social marketing of unhealthy behavior—sex, food, weight loss
- Lacking a holistic approach
- Delay in care—time between seeking care and appointment
- Health is controlled by someone other than the individual – and sometimes the provider
- Economic impact of being ill
- Nutrition and fitness
- Lack of using preventive health care
- Access to health care in non-school hours
- Deteriorating physical activity practices
- Cost of medical malpractice insurance
- Increasing homeless population with psychiatric issues, who come to emergency room, especially in winter

VI. Question 3P. How would your constituents describe their health?

- Age dependent—youth think they are in great health
- Think everyone has it worse

- This is just my state—acceptance of legacy of disease such as hypertension, cancer, etc.
- Perception varies

VII. Question 4A. What are the things that make your constituents well?

- When we see ourselves reflected in the world around us
- Good relationship with a health care provider that is reciprocal; new role for farm workers—interactive, asking questions

VIII. Question 4B. What are the things that make your constituents sick?

- Lack of the above. Refers to all items in Question 4A
- Not being able to live to your fullest
- Latino workers across all sectors, not just farmers, die at higher rates than others
- Not being able to navigate system

IX. Question 4P. Are there hidden or neglected issues?

- Rise in abuse of prescription drugs
- Pregnant women who smoke have less access to smoking cessation
- Young people—healthy sexual development
- Medically fragile—home health care
- Healthy role models (curriculum); positive youth adult relationships, LGBT youth
- Politicized for special populations—talking about health needs, getting on health agenda (e.g., reproductive rights)
- Homelessness—LGBT youth
- Co-morbid conditions—secondary diagnoses
- Transportation—large issue for uninsured
- Behavioral health—mental health and substance abuse services
- Lack of healthy food in poor, rural, and communities of color
- Eye care expensive
- Racism, discrimination

X. Question 5P. Why (is this your role)?

- Live to be 125 years old
- Self-interest
- Provide jobs; hospitals are often largest employer in area
- To address disparities

XI. Question 6A. What are the things that best support quality of health in your life?

- Living in Chicago
- Sunshine
- Holistic methods
- Speak and read English

XII. Question 6B. What are the things that best support quality of health in your community?

- Access to different language translations
- Choice
- Family unit
- Similar list to individual life
- Reasonable population density
- Daycare

XIII. Question 7A. How well are the providers of health and human services meeting the needs of your constituents?

- Broaden scope of perspective of community
- Services are individual-focused, when they could be community-focused through policy change
- Needs improvement
- Limited access to organ donation
- Gaps in services in parts of state—long travel—especially southern part of the state
- Invisibility for how well they can meet the needs
- Need to get institutional buy-in
- Access vs. quality questions

XIV. Question 7B. How does your organization fit into the health and human services system?

- We represent a group of people but reflect issues that affect everyone
- If this is special population group, where is everyone else? Who isn't represented here? Who is missing?
- Why are certain things an afterthought?
- If we were in other parts of the country, other groups would be captured

APPENDIX B

Notes on Coding from Focus Groups

I. Question 1A. What do your constituents like about living in Illinois?

- Previous category "Childcare" was merged into existing category of "Services"
- Previous categories "Educational opportunities" and "Cultural opportunities" were merged into a new category "Educational and cultural opportunities"
- Previous categories "Small communities," "Community," and "Family/friends" were merged into a new category "Social networks/small communities"

II. Question 1B. What are the top three concerns or issues facing your constituents?

- Previous categories "Access to care," "Lack of mental health care," "Lack of dental care," "Uninsured/underinsured," "Malpractice/loss of physicians," "Subspecialty healthcare," and "Ability to navigate system" were merged into a new category "Access to health care"
- Previous categories "Disparities in health," "Language/cultural barriers," "Discrimination," and "Immigrant status" were merged into a new category "Discrimination issues/health disparities"
- Previous categories "Housing," "Taxes," and "Energy costs" were merged into a new category "High cost of living"
- Previous categories "Drug use" and "Health behavior" were merged into a new category "Unhealthy behaviors"
- Previous "Other" comments, "Public corruption," "Government reimbursement," and "Overregulation by state on business" were combined to create a new category "Governmental barriers"

III. Question 2A. How would you define health?

- Previous categories "Well-being/quality of life," "WHO definition," "Mental well-being," "Physical well-being," "Spiritual well-being," "Social well-being (lack of discrimination)" were merged into a new category "Well-being/quality of Life."
- The World Health organization (WHO) defines "health" in the following manner: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." A number of participants referred specifically to this definition while other participants expanded upon this definition by adding additional components such as spiritual well-being or lack of discrimination.

IV. Question 3A. What are important health issues that your constituents face every day or every week?

- Previous category “Medication—access and overuse” was split into two categories: “Medication access” and “Medication overuse”
- Previous categories “Access to affordable care/ability to pay,” “Access to high quality care,” “Lack of health insurance,” “Lack of community-based services,” “Medication access,” “Access to specialty care,” “Access to dental care,” and “Access to mental health care” were merged into a new category “Access to health care”
- Previous categories “Bias/Discrimination,” “Lack of culturally competent providers,” “Undocumented residents,” and “Health care disparities” were merged into a new category “Discrimination issues/health care disparities.”
- Previous categories “Medication overuse” and “Substance abuse” were merged into a new category “Substance abuse”
- Previous categories “Health literacy” and “Navigating the system” were merged into a new category “Health literacy/navigating the system”
- Previous category “Chronic disease” was merged into existing category “Specific health disease”

V. Question 4A. What are the things that make your constituents well?

- Previous categories “Strong communities” and “Strong relationships” were merged into a new category “Social networks/strong communities”
- Previous categories “Access to care,” “Preventive care,” and “Health insurance” were merged into a new category “Access to health care”
- Previous categories “Economic well-being” and “Employment” were merged into a new category “Economic well-being/employment”
- Previous categories “Physical activity” and “Good nutrition” were merged into a new category “Physical activity/good nutrition”

VI. Question 4B. What are the things that make your constituents sick?

- Previous categories “Poor nutrition/obesity,” “Substance abuse,” and “Tobacco use” were merged into existing category of “Unhealthy behaviors”
- Previous categories “Stress” and “Low self-esteem/poor coping” were merged into a new category “Stress/ poor coping skills”
- Previous categories “Lack of preventive services” and “Lack of insurance” were merged into existing category of “Lack/poor quality health care”

VII. Question 6A. What are the things that best support quality of health in your life?

- Previous categories “Relationships/friends/family” and “Healthy community/social support” were merged into a new category “Social networks/strong communities”
- Previous categories “Physical activity” and “Good diet/access to healthy food” were merged into existing category of “Healthy lifestyle”
- Previous categories “Health insurance,” “Access to care,” and “Preventive services” were merged into a new category “Access to health care”

- Previous categories “Education” and “Health literacy” were merged into a new category “Education/health literacy”

VIII. Question 6B. What are the things that best support quality of health in your community?

- Previous categories “Access to quality medical care” and “Access to insurance” were merged into a new category “Access to health care”
- Previous category “Public transportation” was merged into existing category of “Public services”
- Previous categories “Community cohesiveness” and “Support systems” were merged into a new category “Social networks/strong communities”
- Previous categories “Education/schools” and “Cultural opportunities” were merged into a new category “Education and cultural opportunities”
- Previous categories “Parks/recreational opportunities” and “Clean environment” were merged into a new category “Clean environment/recreational opportunities”
- Previous categories “Quality food” and “Housing” were merged into a new category “Quality food/housing”

IX. Question 7A. How well are the providers of health and human services meeting the needs of your constituents?

- Previous categories “Integration/coordination of services” and “System” were merged into a new category “Systemic issues”
- Previous categories “Uninsured,” “Accessing care,” “Access to mental health,” “Access to prevention programs,” “Long wait times for services,” “Access to outreach,” “Access to dental care,” “Access to vision care,” and “Malpractice rates” were merged into a new category “Problems in accessing health care”
- Previous categories “Cultural competency,” “Minority groups,” “LGBT community,” and “Asian community” were merged into a new category “Discrimination/health disparities”
- Previous categories “Adolescent issues” and “Children” were merged into a new category “Problems serving adolescents and children”

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