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ILLINOIS PUBLIC HEALTH ASSOCIATION
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IPHA

ILLINOIS PUBLIC HEALTH ASSOCIATION

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December 8, 2010

Damon Arnold, MD, MPH
Director
Illinois Department of Public Health
535 West Jefferson, 5th Floor
Springfield, Illinois 62761

Dear Dr. Arnold:

On behalf of the leadership of the Illinois Public Health Association, we appreciate the opportunity to submit the enclosed testimony to the Chronic Disease Prevention and Health Promotion Task Force.

The Association's recommendations provide strategic direction to address the issues of leadership, epidemiology and surveillance, partnerships, planning, best practice intervention strategies, evaluation, and program management and administration. It is our hope that these strategies will be considered in the Task Force's final recommendations to ensure an effective delivery system for chronic disease prevention and to ensure adequate funding of the infrastructure so that the burden of chronic disease, the disparities in health status and the state's health care expenditures may be reduced.

Should the Task Force have any questions or require additional information regarding the enclosed testimony, please contact the Association office at 217-522-5687.

Sincerely,

Valerie Webb

Valerie Webb, MPH
President

Testimony to the
Chronic Disease Prevention and Health Promotion Task Force
on behalf of the Illinois Public Health Association

The Chronic Disease Prevention and Health Promotion Task Force has been "convened to study and make recommendations regarding the structure of the chronic disease prevention and health promotion system in Illinois, as well as changes that should be made to the system in order to integrate and coordinate efforts in the State and ensure continuity and consistency of purpose and the elimination of disparity in the delivery of this care in Illinois."

In particular, the Task Force has been charged with "mak[ing] recommendations to the General Assembly and the Director of the Illinois Department of Public Health (IDPH) on the following: reforming the delivery system for chronic disease prevention and health promotion in Illinois; ensuring adequate funding for infrastructure and delivery of programs; addressing health disparity; and the role of health promotion and chronic disease prevention in support of State spending on health care.

The work of this Task Force is not unlike that of the "National Prevention, Health Promotion and Public Health Council" created by the Patient Protection and Affordable Care Act, which is charged, among other things, to "develop a national prevention, health promotion, public health, and integrative health care strategy that incorporates the most effective and achievable means of improving the health status of Americans and reducing the incidence of preventable illness and disability in the United States." [P.L. 111-148, Title IV, Subtitle A, Section 4001(d)(2)]. We look forward to the release of the Council's recommended strategy for the nation, which is due to be released in March of next year.

The following recommendations are presented by the Illinois Public Health Association (IPHA), a 7000 membership organization devoted exclusively to the matters of public health in Illinois and the largest affiliate of the American Public Health Association. IPHA represents individuals and organizations from local and state agencies, hospitals, community clinics and voluntary organizations, all who have supported a healthy Illinois throughout its 70 year history. In fulfillment of IPHA's mission to lead and advance public health practice in Illinois, the following recommendations including leadership, epidemiology and surveillance, partnerships, planning, best practice intervention strategies, evaluation, and program management and administration are offered for strategic direction.

1. Leadership:[1] IPHA recommends that IDPH must strengthen its leadership role regarding the prevention of chronic diseases in Illinois. This includes:

[1] The description of the state role as consisting of leadership, epidemiology and surveillance, partnerships, planning, targeting interventions, education, program management and administration is adapted from Wheeler, Fran C. "State Programs: Leadership, Partnership and Evidence Based Programs," in Centers for Disease Control and Prevention, Center for Chronic Disease Prevention and Health Promotion, (2003) "Promising Practices in Chronic Disease Prevention and Control," Atlanta, Georgia: Author. Pages 1-1 through 1-9. Dr. Wheeler is a Senior Program Consultant with the Association of State and Territorial Chronic Disease Program Directors

a) strengthening the capacity for program management, ensuring stable funding, targeting of and accounting for resources, directing the planning, implementation and evaluation of evidence-based interventions and providing information on the epidemiology of chronic diseases throughout the state

b) building and leading partnerships among state agencies, colleges and universities, faith-based organizations, employers, health insurers, media and others to design and conduct an integrated, coordinated approach to the prevention of chronic disease and

c) establishing ongoing communication regarding the burden of chronic disease, the strategies that can be and are being used to prevent them and the accomplishments of the public health system in combating them.

2. Epidemiology and Surveillance

a) It is recommended that IDPH expand its commitment of resources to the Behavioral Risk Factor Surveillance System. This survey collects information on the behavioral risk factors associated with the development of chronic diseases and will be an important strategy in measuring short-term progress. IDPH should have sufficient resources to collect a statistically reliable and valid sample on an annual basis for all 102 counties, the city of Chicago and suburban Cook County. IDPH should also have the resources for analysis, interpretation and publication of the survey's findings. The management of the survey can be done most efficiently at the state level.

b) It is recommended that IDPH expand its commitment of resources to analysis of the hospital discharge data base and the vital records system. These two data sets provide important information on the longer-term impact of prevention efforts and the burden of chronic disease in morbidity and mortality. Due to the current lack of resources to invest in this information infrastructure, IDPH is often two years late in publishing annual vital statistics reports and has only limited ability to analyze and interpret trends in these data. These data are needed to describe the burden of chronic disease in Illinois so that it can be communicated to a variety of audiences and used to mobilize a variety of partners; used to plan and target resources effectively and efficiently; and used to measure progress. It is difficult to plan tactics or evaluate strategies when the best information available to you is two years old.

3. Partnerships

No sector of the health care system can address the burden of chronic disease in isolation. There are many partners who have a stake in the prevention of chronic disease; therefore, all of these partners should have a hand in designing, implementing, monitoring and evaluating the system's overall performance, as well as their own contribution. IDPH at the state level and local health departments at the community level have a unique role and responsibility to convene partners to address these interrelated health problems comprehensively. Some of these partnerships include: the medical community including both primary and specialty care providers and the institutions in which they work;

voluntary organizations, many of which were organized to address the unique needs of individuals and families who are affected by a specific chronic condition; colleges and universities with expertise in research, evaluation and the training of individuals who comprise the health care workforce; faith-based organizations that have a unique opportunity to serve as a channel for conveying information, assisting efforts for early identification of persons who have developed a chronic disease and supporting families. Schools and families are essential components in the chronic disease prevention system since so many of the core behaviors that will place an individual at risk for chronic disease are formed in childhood and adolescence. State and local governments are essential to the effort because preventing chronic diseases requires governmental support not only for the allocation of resources but also for regulations like smoking bans, housing policy, development of neighborhoods and parks, controlling access to alcohol and tobacco, and related environmental strategies.

Coordination of policy and intervention strategies at the state level is essential for success in preventing chronic disease. IDPH should work with the Illinois State Board of Education (ISBE) and with the Illinois Department of Human Services (IDHS) to ensure that efforts to prevent tobacco and alcohol abuse in and out of the classroom are consistent. IDPH should work with the Department on Aging to ensure support for community preventive health services, including screening and referral efforts. IDPH and Illinois Department of Healthcare and Family Services (IDHFS) should ensure that preventive health services, including self-care education and the other services required by the Patient Protection and Affordable Care Act[2], are available to Medicaid recipients. IDHFS should continue its efforts to provide intensive health education and support to persons who consume an excessive amount of health care services to treat their chronic health conditions. IDHFS should take full advantage of the grants authorized by the Patient Protection and Affordable Care Act to develop programs for tobacco cessation, weight loss, reducing cholesterol and blood pressure and the prevention or management of diabetes among Medicaid beneficiaries.[3] Through the Task Force, IDPH and IDHFS should collaborate on the media campaign required by the Patient Protection and Affordable Care Act[4] to inform Medicaid recipients of the availability and coverage of obesity-related services.

All of these partners have a role in the prevention of chronic disease, should be a part of the Task Force's on-going membership, should work closely with IDPH at the state level and should be partners with local health departments in every community.

4. <u>Planning</u>

State and local health departments should plan comprehensively for the allocation of resources to prevent chronic diseases. We now know that relatively few behavioral risk factors account for the development of many chronic health conditions. Planning for the use of public resources to prevent

[2] Public Law 111-148, Title IV, Subtitle B, Section 4106(a)
[3] Public Law 111-148, Title IV, Subtitle B, Section 4108
[4] Public Law 111-148, Title IV, Subtitle A, Section 4004(i)

chronic disease must not be done by focusing on the "chronic disease *du jour.*" This will only fragment efforts and frustrate progress.

Coordinated use of categorical federal funds for chronic disease prevention should occur at the state level, while IDPH and its counterparts across the country press for a more coordinated and non-categorical method for allocating resources to the states.

5. Best Practice Intervention Strategies

Leadership at the state and local level involves the work of setting targets for change, identifying channels for intervention and selecting appropriate intervention strategies.

IPHA recommends that IDPH assemble from partners the appropriate expertise to identify and recommend intervention strategies. Local health departments, through the collaborations established or the Illinois Project for the Local Assessment of Needs (IPLAN), should continue to engage community partners not only in the identification of health problems but also in the development of solutions that will be effective in their unique circumstances.

Interventions should obviously target individuals. They should also target organizations that can influence the health of target populations and the environments in which people live, work and play.

There are several channels through which interventions reach their intended audience; all of them should be used in a coordinated strategy to prevent chronic disease. These intervention channels include health care providers, work places, schools and community organizations (including faith-based organizations).

"Intervention strategies should be comprehensive, multi-faceted, mutually reinforcing, culturally relevant and based on the best current scientific evidence."[5] These strategies include individual skill building through health education (whether presented directly to members of high risk groups or through training of the providers who serve them), preventive health services to detect and treat risk factors at the earliest possible stage; the use of media to support behavior change and inform the public of the importance of prevention efforts; and public policy initiatives.

Media campaigns designed at the state or local level must complement the national campaign which the Centers for Disease Control and Prevention will be launching in the near future. This campaign will address risk reduction for the prevention of chronic diseases, among other purposes, and is authorized by the Patient Protection and Affordable Care Act.[6]

[5] Wheeler, 2003, page 1-6
[6] Public Law 111-148, Title IV, Subtitle A, Section 4004(c)(2)(A)

6. Evaluation

Like the role that public health plays in the measurement of the burden of disease, identification of at-risk populations and risk behavior through epidemiology, it must also ensure that plans are being implemented successfully and that the interventions are achieving their intended results. Accountability for public resources entails the obligation to monitor and measure the implementation of interventions, and carrying out this responsibility requires adequate resources.

7. Program Management and Administration

Both the state and local health departments must have adequate resources for carrying out the roles and responsibilities that have discussed up to this point. A solid state and local infrastructure, with adequate financial and staff resources is required to get the job done.

An adequate infrastructure for chronic disease prevention must be able to provide training and technical assistance to local health departments and other partners in effective intervention strategies. It must include information systems that can be used to monitor and evaluate performance at the state and local level. It must include the staff and resources to monitor the implementation of interventions at the community level.

Finally, financial support for local efforts should be coordinated through the local health department. The local health department, as a unit of local government, has a unique responsibility to assess, plan for and assure (whether directly or through partners) the health of *all* citizens. Financial support for local chronic disease prevention efforts should be provided to local health departments in a manner that promotes comprehensive and coordinated interventions directed to the risk behaviors associated with the development of chronic disease. Local health departments should have the flexibility to tailor interventions to the needs identified in the communities they serve, while providing the information required to measure progress toward the reduction of risk behavior and the incidence and prevalence of chronic conditions.

IPHA has developed the recommendations presented to the Task Force to reform the delivery system for chronic disease prevention and to ensure adequate funding of the infrastructure so that the burden of chronic disease, the disparities in health status and the state's health care expenditures may be reduced. IPHA stands ready to assist the Chronic Disease Task Force.