

SHIP Team Synthesis of Assessment Findings 12-9-09

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.

Overarching Forces Affecting Current Environment

Economy and the Recession – There were many deficiencies before the recession that will now be exacerbated, particularly with respect to health status problems. All 2007 SHIP Priority areas will be impacted by the state of the Illinois economy, and the 2010 action plan will need to address this.

Health Disparities - All of the 2007 SHIP Priorities have a relationship to health disparities and should be addressing this issue. Having one of the SHIP priorities specifically be health disparities allows an emphasis. The 2010 SHIP should consider noting more specifically social determinants and health care equity.

Health Care/Insurance Reform – The current legislative process in Congress to reform the health system should be central to the final drafting of the 2010 SHIP. The 2010 SHIP priorities should bear a relationship to the final health reform legislation, as well as other changes noted in federal health policy. The Illinois legislative process that will occur in response to the enacted health reform federal policy is an opportunity to implement relevant aspects of the 2010 SHIP.

Illinois Political Culture and Public Health Leadership – The Governor and the Illinois General Assembly will have to address the rising costs of healthcare. The 2010 SHIP's prevention focus can help people be healthier, and relieve pressure for health care dollars. Therefore, the SHIP should be used to inform the political process and promote investment of public and private funds in prevention. Leadership for implementing the 2010 SHIP will also need to be identified specifically.

Funding and System Fragmentation – Fragmentation of funding leads to system fragmentation. The 2010 SHIP can recommend comprehensive, integrated funding to replace fragmented, categorical funding.

Plan Framing Issues:

- Health should be considered across the life-span, from pre-conception to old age, including a focus on maternal and child health. Action on the priority health conditions in SHIP should be designed to focus on affected groups by age.
- Changes in federal health policy and federal health care reform can be a mechanism to achieve the public health system goals in the 2010 SHIP.
- Health is driven by social determinants and achieving health improvement requires addressing the social circumstances in which affect people's ability to be healthy.
- Implementation of the SHIP requires leadership, collaboration and integration/coordination of systems, programs, and sectors.

2010 SHIP Priority Recommendations

1. All current SHIP Strategic Priority areas will be retained, with consideration of the following revisions:

- a. Access; 4 possible components: Availability of services; Insurance coverage/ability to pay; Cultural competency; Coordination/Health Care Homes
 - b. Data; 4 possible components: Data quality, availability and integration; health disparities/social determinants; electronic health records and health information exchange; workforce
 - c. Disparities will be reframed as “Social Determinants of Health” with 4 possible components: Social determinants/health equity; Cultural competency; Leadership and systems; Data
 - d. Measure, Manage and Improve the Public Health System; 6 possible components: Coordination and integration; Leadership, alignment and SHIP Implementation; Integration of specific domains; Planning; Resource development; Quality improvement.
 - e. Workforce; 2 possible components: Workforce planning and development; workforce skills
 - f. Alcohol, Tobacco and Other Drugs will be separated into two priorities: Alcohol/Tobacco as one priority and Substance Abuse as a separate priority.
 - g. Obesity and Physical Activity continues to be implemented (as one priority area instead of two).
 - h. Violence continues to be implemented.
2. Possible new priority areas for development and inclusion in the 2010 SHIP:
- a. Mental Health/Behavioral Health?
 - b. Unintentional Injury?

Implementation of the 2010 SHIP

Recommendations will be provide on January 8, 2010 by the SHIP Planning Team Implementation Subcommittee. Issues being address concern the identification of an on-going convener for SHIP activities, stakeholder agreements for participation, and a suggested framework for on-going collaboration.

NOTE ON MATERIAL BELOW: The strategic issue statements, long-term and intermediate-term outcomes that introduce each section are cut and paste from the 2007 plan for reference; we will use our synthesized findings to revise/refine/focus these strategic issues and outcomes. Following those grids is the synthesis of all four small groups' work at the 12-9-09 SHIP Team meeting.

Strategic Priority: Access

Strategic Issue: <i>How can the people of Illinois gain access to health care and public health services, including quality prevention programs, oral health, mental health, medical and long-term care when they need it?</i>
Long-Term Outcomes: 1. A health care and public health system that is responsive to the cultural, linguistic, and other needs of the population 2. A health care and public health system that integrates prevention and care 3. A health care and public health system that is universally available and affordable
Intermediate Outcomes: • Immigrants, including those without documentation, have access to the full range of care • Institutional, legal and workforce biases that are barriers to access are eliminated • Public health and the health care system promote community health priorities • Individuals have needed information, motivation and skills in prevention and self-management • Financing systems and policies that support prevention in health care are in place • Adequate funding for public health infrastructure to ensure effective prevention and health promotion programming is available to all residents • A comprehensive approach to expand access (e.g., AHCTF) is supported, analyzed and, where needed, additional efforts and resources are expended to improve access

2009/10 Access related findings:

AVAILABILITY OF SERVICES

- (TS) People view access to care as encompassing medical care services, behavioral health services and oral health services which can be affected by **workforce distribution**, lack of insurance and finances, limited cultural and linguistic competence & knowledge
 - Vision care?
 - Access to care (primary, specialty, behavioral, oral) is a top local priority
- (PHSYSTEM) Assess availability of personal health care services
- (PHSYSTEM) Traditional public health should ASSURE personal health care services
- (TS) Illinois attempts to improve health in the state through system approaches. Gaps in the health system infrastructure are an impediment to achieving optimum health
- (PHSYSTEM) Assess workforce needs for health care services and develop a statewide workforce development plan
- (PROFILE) is “disease oriented” and does not include access indicators regarding barriers such as....health care facility and provider supply....transportation
- (FOC) Health reform may bring significant change to the health care workforce....through the increased numbers of workers needed to meet influx of formerly uninsured patients...

- (PHSYSTEM) Assuring or providing personal health care services and coordinating such services, must be understood to include behavioral health care/community mental health services.

INSURANCE COVERAGE/ABILITY TO PAY

- (TS) People view access to care as encompassing medical care services, behavioral health services and oral health services which can be affected by workforce distribution, **lack of insurance and finances**, limited cultural and linguistic competence & knowledge
- (FOC) Access to care is fragmented and deteriorating particularly with the rise in uninsured residents
- (FOC)The current legislative process in congress to reform the health system has future ramifications.....
- (FOC)The economic crisis is weakening access to health insurance and increasing stress on the public health sector in a number of ways, most notably through rising numbers of uninsured, as well as increases in health and mental health problems.

CULTURAL COMPETENCY

- (TS) People view access to care as encompassing medical care services, behavioral health services and oral health services which can be affected by workforce distribution, lack of insurance and finances, **limited cultural and linguistic competence** & knowledge
- (PHSYSTEM) Develop the cultural competency of the personal and public health and personal health care workforce....

COORDINATION/HEALTH CARE HOMES

- (PHSYSTEM) Coordination of the provision of personal health care servicesimproved health outcomes can be achieved if public health promotes and provides coordination among primary care, hospitals, and public health services to people in Illinois through models such as primary care case management and medical homes systems. This is more important as HC reform moves forward.
- (PHSYSTEM) Assuring or providing personal health care services and coordinating such services, must be understood to include behavioral health care/community mental health services.
- (TS) Reorganizing the primary care delivery system, focusing on outcomes and providing access to comprehensive, integrated and coordinated primary care (medical homes) is a critical component of improving the public's health)
- (TS)The outcome of federal health care reform will impact the approaches and strategies for public health
- (TS) Without a public health approach, costs to treat health problems will continue to escalate
- (TS) The outcome of federal health care reform will impact the approaches and strategies for public health.
- (FOC) Access to care is fragmented and deteriorating.....The public health system is fragmented and more coordination is needed.
- (PHSYSTEM) Quality improvement (outcomes) continues to be a priority.
- (PHSYSTEM) Assign responsibility for monitoring the health care delivery system to a single entity.

MENTAL HEALTH

- (PHSYSTEM) Assuring or providing personal health care services and coordinating such services, must be understood to include **behavioral health care**/community mental health services.
- (FOC) Impact of stress/mental health is an emergent issue
- (TS) Health is a broad concepta state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- (PROFILE) When considering all seven criteria, the categories ranked most important were Injury and Violence; Overweight and Obesity; and Maternal, Infant and Child. **Mental Health, HIV, Diabetes, and Cancer** had equal rankings just behind the top three followed by Access, Tobacco Use, and Physical Activity
- (TS) People view access to care as encompassing medical care services, **behavioral health** services and oral health services which can be affected by workforce distribution, lack of insurance and finances, limited cultural and linguistic competence & knowledge
- (PHSYSTEM) Assuring or providing personal health care services and coordinating such services, must be understood to include behavioral health care/community mental health services.
- (PROFILE) In contrast to Alcohol/Tobacco, consequences of illicit drug use are more related to issues of violence and quality of communities as social determinant of health and access to care/access to treatment.

Strategic Priority: Data and Information Technology

Strategic Issue: <i>How can the Illinois public health system assure that current health status and public health system data are used to plan and implement policy and programs?</i>
Long-Term Outcomes: A well-understood and utilized linked data system that measures analyzes and reports on the health status of Illinois residents, including those impacted by health disparities.
Intermediate Outcomes:
• IDPH leads state agencies and private organizations to design and implement a timely, flexible, reliable, publicly accessible data system that incorporates data from participating public and private data collectors/holders
• Public health workforce and other public health partners have increased ability to collect and use health data as a result of TA, training and capacity building
• State agencies have rational and streamlined data reporting processes for system partners and provide information back in a timely manner

2009/10 Data/IT related findings:

DATA QUALITY, AVAILABILITY, INTEGRATION

- (PHSYSTEM) Use data to inform policy and program planning; maintain and improve surveillance programs.
- Improving data, data integration and access to data are the necessary foundation for the success/achievement/improvement represented by the System assessment findings and is therefore a core and primary finding of this assessment.
- (PROFILE) Greater use of predictive modeling to understand population health should be encouraged.

- (T&S) Without a public health approach, costs to treat health problems will continue to escalate (data underlies PH approach)
- (PHSYSTEM) provide a standard data set to partners....
- (PROFILE) Serious challenges regarding issues of data quality, timeliness and availability.
- (PROFILE) Integration of systems and data sources is a significant challenge.
- (PROFILE) It appears that resources for data collection, analysis, dissemination and use are inadequate to meet needs.
- (T&S) Illinois attempts to improve health in the state through system approaches. Gaps in the health system infrastructure are an impediment to achieving optimum health
- (T&S) Lack of resources threatens the viability of the public health enterprise
- (PROFILE 12-9-09 Group) with respect to finding: efforts should be made to maintain and improve upon sub-state and sub-county data collection, availability and use: while sub-county data is ideal, the maintenance of at least county level data is critical; the advantages that Illinois has regarding data are fragile at best and need to be protected.
- (PROFILE) Data on children are generally insufficient. Development of new surveillance systems/data sets such as data from the School Child Health Examination forms, Illinois Health Survey, the Illinois Risk Behavior Survey, American community Survey (ACS) and Illinois Hospital Discharge data should be promoted.

DATA AND HEALTH DISPARITIES/SOCIAL DETERMINANTS

- (FOC) Health disparities based on social determinants continue to be a significant problem
- (T&S) Awareness of health disparities and the need to eliminate them are evident, but **data**, funding and political will are insufficient to address them.
- (PROFILE) The availability of data for subpopulations (race, age, income, etc.) is uneven and must be improved.
- (PROFILE) If we are serious about reducing disparities, we need to be able to document them.

ELECTRONIC HEALTH RECORDS/HEALTH INFORMATION EXCHANGE

- (12-9 PHSYSTEM BREAKOUT) Electronic Health Records related stimulus funding should link to public health data systems
- (PHSYSTEM) It is critical to use data and evaluation to manage and improve the quality of public health services and the public health system (EHR will enhance this ability)
- (T&S)....other initiatives are underway in Illinois that should be considered as the SHIP Planning goes forward: health information exchange planning (HFS)
- (FOC) health Information Technology initiatives are being promoted at the federal and state level.
- (PHSYSTEM) The public health system should assertively and aggressively work to link HER/HIE data to public health population and surveillance databases

WORKFORCE

- (PROFILE) As we work to improve data infrastructure there needs to be more focus on capacity for analysis, dissemination and use of data.
- (T&S) Focus should be placed on ensuring that the workforce receives the training and skills necessary for the successful transition to electronic health records.

Strategic Priority: Disparities

Strategic Issue: <i>How can the Illinois public health system monitor health disparities and identify and implement effective strategies to eliminate them?</i>
Long-Term Outcomes: A public health system actively engaged in addressing health disparities and the social determinants that affect health outcomes across the lifespan.
Intermediate Outcomes:
• Healthcare is accessible to all residents. See access model.
• Public health system partners incorporate strategies to reduce poverty, adverse childhood events and environmental exposure inequalities and increase educational opportunities, support independent living and address other social determinants of health
• PH and HC workers are trained in health disparities and the role of social determinants
• PH and HC workforce is more diverse and culturally and linguistically competent. (See workforce model.)

SOCIAL DETERMINANTS/HEALTH EQUITY

- (12-9-09 T&S Group): consider re-framing as Social Determinants of Health/addressing social determinants and focusing on social inequalities in order to ameliorate health disparities.
- (12-9-09 FOC Group): consider noting more specifically social determinants of health equity.
- (T&S) Health is influenced by many factors- policy, services insurance, providers, and social, economic, community, environmental and political determinants. Understanding determinants is important in shaping interventions.
- (PROFILE) Health and health disparities are driven by social determinants as well as race/ethnicity; factors such as education (education is a more meaningful predictor than any other determinant of health) and income are clearly associated with poorer health status.
- (FOC) The education system hasn't adjusted to changing times. The educational achievement gap highlights the inequality and disparity among underserved and minority populations.
- (FOC) The economic recession is weakening access to health insurance and increasing stress on the public health sector in a number of ways, most notably through rising unemployment and corresponding rising numbers of uninsured, as well as increases in health and mental health problems.
- (FOC) health disparities based on social determinants continue to be a significant problem (disparities include race, ethnicity, socioeconomic, geographic, gender). With the economic recession, class distinctions are stark; low income people cannot afford care yet need it the most.
- (T&S) Health relationships with friends and family combined with a strong community where violence is minimized are key elements of making people well.
- (T&S) Despite geographic differences in population density, major health issues seem to be prioritized similarly in both urban and rural communities.
- (PROFILE) In contrast to Alcohol/Tobacco, consequences of illicit drug use are more related to issues of violence and quality of communities as social determinant of health and access to care/access to treatment.

CULTURAL COMPETENCY

- (T&S) Illinois has a diverse population that requires multi-cultural and linguistic competence. Unfortunately, bias and discrimination remain obstacles.

- (PHSYSTEM) Develop the cultural and competency of the public health and personal health care workforce, and delivery culturally and linguistically appropriate health education/health promotion interventions.
- (FOC) Social networking /IT is changing the ethics of interpersonal relationships between providers and consumers. This also may change the way health information is disseminated.
- (FOC) Health reform may bring significant change to the health care workforce, both through the increased numbers of workers to meet influx of formerly uninsured patients, as well as in response to changes in how health care is delivered (e.g. increased focus on community health delivery).
- (T&S) people view access to care as encompassinglimited cultural and linguistic competence.....
- (PROFILE) The profile is disease oriented and does not include access indicators regarding barriers such as language and cultural issues.....

LEADERSHIP AND SYSTEMS

- (T&S) Awareness of health disparities and the need to eliminate them are evident, but data, funding and political will are insufficient to address them
- (FOC) There is poor understanding of public health by the Illinois Governor and General Assembly, and lack of vision to provide needed, comprehensive funding for the public health system. With the changing landscape, there is no actual commitment to improving the public health system.
- (FOC) There exists fragmented government involvement in health systems and fragmented funding for public health initiatives.
- (FOC) Because of the recent corruption in the Gov. Office, there is low public trust in political leadership. The Illinois political environment is dysfunctional, with too much partisanship on public health issues and a lack of evidence based decision making.
- (PHSYSTEM) Effectively manage, coordinate and develop resources for health communications, health promotion, mobilization and sustainability of partnerships, health planning and policy development.
- (FOC) The current legislative process in Congress to reform the health systemhas future ramifications.
- (FOC) Access to care is fragmented and deteriorating, particularly with the rise in uninsured residents. The public health system is fragmented and more coordination is needed.
- (T&S) Lack of resources threatens the viability of the public health enterprise.

DATA (similar to Health disparities/data section)

- (FOC) Health disparities based on social determinants continue to be a significant problem
- (T&S) Awareness of health disparities and the need to eliminate them are evident, but **data**, funding and political will are insufficient to address them.
- (PROFILE) The availability of data for subpopulations (race, age, income, etc.) is uneven and must be improved.
- (PROFILE) If we are serious about reducing disparities, we need to be able to document them.
- (PHSYSTEM) It is critical to use data and evaluation to manage and improve the quality of public health services and the public health system.
- (PROFILE) Efforts should be made to maintain and improve upon sub-state and sub-county data collection, availability, and use.

Strategic Priority: Measure, Manage, and Improve the Public Health System

Strategic Issue: <i>How can the Illinois public health system assure accountability, ongoing improvement and performance management?</i>
Long-Term Outcomes: 1. A high functioning public health system comprised of active public, private and voluntary partners 2. Ongoing monitoring of the health conditions and risk factors identified in SHIP
Intermediate Outcomes: • Stakeholders report on progress toward SHIP goals and objectives at a biennial summit • Stakeholders create and implement revised action plans to improve progress toward SHIP objectives • An adequately staffed and funded system to monitor SHIP goals and objectives and implement improvements • IDPH produces an annual State Health Profile that is in a searchable Web-based format (see data model)

COORDINATION & INTEGRATION (STATE/LOCAL)

- (PHSYSTEM) Integrate state/local efforts on surveillance programs, partnerships, data-driven policy and program development, evaluation & research findings. Provide assistance, consultation and skill building to local communities and partners on interpreting epidemiologic findings, community health and access to care partnership development, integrated planning and using research.
- (FOC) There exists fragmented government involvement in health systems and fragmented funding for public health initiatives.
- (PROFILE) Illinois has many advantages regarding public health data such as the IPLAN data system, BRFSS data specific to local health departments, etc.
- (PROFILE) Efforts should be made to maintain and improve upon sub-state & sub-county data collection
- (PHSYSTEM) Enabling partners to develop skills to improve community and personal health and assisting partners to develop effective health communication, health education and health promotion.

LEADERSHIP, ALIGNMENT & SHIP IMPLEMENTATION

- (T&S) Making progress on SHIP requires funding and traditional resources but also requires engagement and alignment of effort toward common interests and priorities
- (T&S) Success of the public health effort depends on the robust engagement of the private sector with the non-profit and government sectors.
- (T&S) Illinois attempts to improve health in the state through system approaches. Gaps in the public health infrastructure are an impediment to achieving optimum health.
- (FOC) Because of the recent corruption in the Gov. Office, there is low public trust in political leadership. The Illinois political environment is dysfunctional, with too much partisanship on public health issues and a lack of evidence-based decision making. Legislation has both helped and hurt public health.
- (FOC) There is poor understanding of public health by the Ill. Governor and the General Assembly, and a lack of vision to provide needed, comprehensive funding for the public health system. With the changing landscape, there is no actual commitment to improving the public health system.

- (T&S) Making progress on the SHIP requires funding and traditional resources, but also requires engagement and alignment of effort toward common interests and priorities.
- (T&S) Success of the public health effort depends on the robust engagement of the private sector with the non-profit and governmental sectors.
- (T&S) There is a fairly strong planning culture in Illinois, but resources for implementation are insufficient.
- (PHSYSTEM)The products of the State Health Improvement Plan should be packaged, branded, and promoted as resources to the public health system.
- (FOC) There exists fragmented government involvement in health systems and fragmented funding for public health initiatives.
- (FOC) The education system hasn't adjusted to changing times(provision of public health interventions/services through schools)
- (T&S) Provisions in proposed health care reform legislation may provide new opportunities for employers to incentivize, promote and motivate improved health behaviors and wellness in their employee population.
- (PROFILE – 12-9-09 group) Implementation plans should include very specific recommendations to specific entities (e.g. state agencies)
- (T&S) In addition to the plans/initiatives reviewed in the assessment, other initiatives are underway in Illinois that should be considered as the SHIP planning goes forward: health information exchange planning (DHS); older adult services plan (DOA); DHS Strategic Prevention Framework initiative to reduce mis-use of alcohol.
- (FOC) Business/employers provide an opportunity to influence employee health, provide incentives for healthy behaviors; challenges include demonstrating ROI, creating buy-in for partnering with public health, increasing costs of benefits.

INTEGRATION OF SPECIFIC DOMAINS

- (PROFILE) Assessment require(d) a tremendous amount of time, effort and searching for different data sets, many of which are of varying quality and timeliness. Integration of systems and disparate data sources is a significant challenge. *(Data)*
- (PHSYSTEM) Improving data, data integration and access to data are the necessary foundation for the success/achievement/improvementis ...a core finding. This becomes even more critical in light of the expected transition to electronic medical records and HIE. *(Data)*
- (PROFILE) Resources for data collection, analysis, dissemination and use are inadequate...serious challenges regarding issues of data quality, timeliness and availability.....availability of data for subpopulations (race, age, income, etc.) is uneven and must be improved. *(Data)*
- (PROFILE – 12-9-09 Group) Health data functions need to be integrated across the various systems. *(Data)*
- (PROFILE – 12-9-09 group) There needs to be more work on standardization of data definitions across the system *(Data)*
- (PHSYSTEM) Breaking down silos, barriers and turf is necessary to ensuring that the health care an public health workers receive the best possible education and are able to work at the top of their degree; this in turn is necessary to achieved the desired coordinated care delivery system.
- (PHSYSTEM) Facilitate workforce education partnerships. *(Workforce)*
- (PHSYSTEM) Coordination of the provision of personal health care services should be added as a prioritycoordination among primary care, hospitals and public health services.....primary care case management and medical homes. *(Health Care)*

PLANNING – GENERAL & DOMAINS

- (PHSYSTEM) Effectively manage, develop and coordinate resources to conduct health planning and policy development
- (T&S) There is a fairly strong planning culture in Illinois, but resources for implementation are insufficient.
- (PHSYSTEM) Share resources to assess workforce needs for health care services and develop a statewide workforce development plan.

RESOURCE DEVELOPMENT

- (PHSYSTEM) Effectively manage the allocation of current resources and develop new resources to support health communication, education and promotion, partnership sustainability and workforce development.
- (T&S) Lack of resources threatens the viability of the public health enterprise.
- (T&S) Without a public health approach, costs to treat health problems will continue to escalate.
- (PROFILE) It appears that resources for data collection, analysis, dissemination and use are inadequate to meet needs.
- (PHSYSTEM) develop new resources for health status monitoring, diagnosis and investigation of health threats, health planning and policy development, provision of medical care and evaluation.
- (FOC) There exists fragmented government involvement in health systems and fragmented funding for public health initiatives.

QUALITY IMPROVEMENT

- (PHSYSTEM) Conduct evaluations and use the results to improve personal and population based health services including health communications/health promotion interventions, partnership development, health policies and regulatory enforcement,
- (PHSYSTEM) Establish and use public health system performance standards
- (FOC) Health information technology initiatives are being promoted at the federal and state level.
- (FOC) There exists fragmented government involvement in health systems and fragmented funding for public health initiatives.
- (T&S) Illinois attempts to improve health in the state through system approaches. Gaps in the health system infrastructure are an impediment to achieving optimum health.
- (T&S) The outcome of federal health care reform will impact the approaches and strategies for public health (Fed. health reform will include quality improvement strategies via Medicare and Medicaid/ EHR and meaningful use)
- (PHSYSTEM) It is critical to use data and evaluation to manage and improve the quality of public health services and the public health system.
- (T&S) Reorganizing the primary care delivery system, focusing on outcomes and providing access to comprehensive, integrated, coordinated primary care (medical homes) is a critical component of improving the public's health.
- (PHSYSTEM)systematic and organized quality improvement is occurring only in a limited fashion.

Strategic Priority: Workforce preparation, distribution, number, cultural competency & diversity

Strategic Issue: <i>How can the Illinois public health system assure an optimal, diverse and competent workforce?</i>
Long-Term Outcome: A workforce that is optimal in terms of preparation, distribution and number of public health and health care workers
Intermediate Outcomes:
• Public health and health care workforce of sufficient number and distribution to meet the need
• A more competent public health and health care workforce
• A system that effectively analyzes and addresses the preparation, distribution and number of public health and health care workers
Long-Term Outcome: A workforce that reflects the diversity of the state and is culturally and linguistically competent
Intermediate Outcomes:
• Increased number (proportion) of racial and ethnic minorities enter PH and HC educational and career opportunities
• PH and HC workforce trained in and utilizing cultural and linguistic competency skills
• More bilingual and multi-lingual workers in the PH and HC workforce

WORKFORCE PLANNING AND DEVELOPMENT (COORDINATION)

- (PHSYSTEM) Share resources to assess workforce needs for health care services and develop a statewide workforce development plan
- (PHSYSTEM) Facilitate workforce education partnerships.
- (T&S) Awareness of health disparities and the need to eliminate them are evident, but data, funding and political will are insufficient to address them.
- (T&S) People view access to care as encompassing medical care services, behavioral health services and oral health services, which can be affected by **workforce distribution**, lack of insurance and finances, limited cultural and linguistic competence, and knowledge.
- (T&S) Reorganizing the primary care delivery system, focusing on outcomes and providing access to comprehensive, integrated and coordinated primary care (medical homes) is a critical component of improving the public's health.
- (FOC) The economic crisis is weakening access to health insurance and increasing stress on the public health sector in a number of ways, most notably through rising unemployment and corresponding rising numbers of uninsured, as well as increases in health and mental health problems.
- (FOC) Because of the recent corruption in the Governor's Office, there is low public trust in political leadership. The Illinois political environment is dysfunctional, with too much partisanship on public health issues and a lack of evidence-based decision making. Legislation has both helped and hurt public health.
- (FOC) There is poor understanding of public health by the Illinois Governor and the General Assembly, and a lack of vision to provide needed, comprehensive funding for the public health system. With the changing landscape, there is no actual commitment to improving the public health system.
- (T&S) Illinois attempts to improve health in the state through system approaches. Gaps in the health system infrastructure are an impediment to achieving optimum health.
- (T&S) Making progress on the SHIP requires funding and traditional resources, but also requires engagement and alignment of effort toward common interests and priorities.

WORKFORCE SKILLS

- Ensure that personnel conducting health status monitoring have statistical, epidemiological and systems management expertise.
- Assist local public health systems with workforce development is ranked minimal. Given the transition of the health care system to electronic medical records and health information exchange, a special focus should be placed on ensuring that the workforce receives the training and skills development necessary for the successful transition to electronic health records.
- (PROFILE 12-9-09 Group) As we work to improve data infrastructure there needs to be more focus on capacity for analysis, dissemination and use of data.
- (PHSYSTEM) Develop the cultural competency of the public health and personal health care workforce.
- Illinois has a diverse population that requires multi-cultural and linguistic competence. Unfortunately, bias and discrimination remain obstacles.
- (T&S) People view access to care as encompassing medical care services, behavioral health services and oral health services, which can be affected by workforce distribution, lack of insurance and finances, **limited cultural and linguistic competence**, and knowledge.

Strategic Priority: Priority Health Conditions: Alcohol, tobacco and other drugs

Strategic Issue: <i>How can the Illinois public health system monitor priority health conditions and risk factors and implement effective strategies to reduce them?</i>
Long-Term Outcomes: Decrease use of alcohol, tobacco and other illegal drugs and the misuse of legal drugs
Intermediate Outcomes:
• Reduce cigarette smoking by adults (HP 2010 27-1a) and adolescents (HP 2010 27-2b)
• Reduce the proportion of adults (HP2010 26-10a) and adolescents (HP2010 26-10c) using alcohol or any illicit drugs during the past 30 days
• Increase smoking and alcohol abstinence during pregnancy (HP 2010 16-17)
• Reduce the proportion of adults engaging in binge drinking of alcoholic beverages during the past month (HP 2010 26-11c)
• Prevent the misuse of prescription and over the counter drugs

- **(PROFILE) The SHIP Team should consider addressing Alcohol/Tobacco separately from Substance Abuse. (affirmed by 12-9-09 breakout group)**
- (PROFILE) The data continue to support the selection of Tobacco/Alcohol as a SHIP Strategic Priority.
- (PROFILE) Tobacco and Alcohol are far more prevalent than illicit drug use; are more directly linked to other conditions/causes of morbidity and mortality; and result in greater negative outcomes on a population level.
- (PROFILE) In contrast to Alcohol/Tobacco, consequences of illicit drug use are more related to issues of violence and quality of communities as a social determinant of health and access to care/access to treatment .
- (T&S) In addition to the plans/initiatives reviewed in the assessment, other initiatives are underway in Illinois that should be considered as the SHIP planning goes forward: health information exchange planning (DHS); older adult services plan (DOA); **DHS Strategic Prevention Framework initiative to reduce mis-use of alcohol.**
- (T&S 12-9-09 Group) The group did not find many findings supporting the Alcohol, Tobacco and other Drugs priority. Much more was evident regarding chronic disease.

- (T&S) Illinois has a diverse population that requires multi-cultural and linguistic competence. Unfortunately, bias and discrimination remain obstacles.
- (T&S) People view access to care as encompassing medical care services, behavioral health services and oral health services, which can be affected by workforce distribution, lack of insurance and finances, limited cultural and linguistic competence, and knowledge.
- (T&S) Provisions in proposed health care reform legislation may provide new opportunities for employers to incentivize, promote and motivate improved health behaviors and wellness in their employee population.
- (FOC) There is poor understanding of public health by the Illinois Governor and the General Assembly, and a lack of vision to provide needed, comprehensive funding for the public health system. With the changing landscape, there is no actual commitment to improving the public health system.
- (FOC) Access to care is fragmented and deteriorating, particularly with the rise in uninsured residents. The public health system is fragmented and more coordination is needed.
- (FOC) There exists fragmented government involvement in health systems and fragmented funding for public health initiatives.
- (FOC) The education system hasn't adjusted to changing times. The educational achievement gap highlights the inequality and disparity among underserved and minority populations.
- (T&S) People view access to care as encompassing medical care services, behavioral health services and oral health services, which can be affected by workforce distribution, lack of insurance and finances, limited cultural and linguistic competence, and knowledge.

Strategic Priority: Priority Health Conditions: Obesity and Physical Activity

Strategic Issue: <i>How can the Illinois public health system monitor priority health conditions and risk factors and implement effective strategies to reduce them?</i>
Long-Term Outcomes: Reduce the proportion of children and adolescents who are overweight or obese (HP 2010 19-3c) and the proportion of adults who are obese (HP 2010 19-2)
Intermediate Outcomes:
• Increase physical activity (see physical activity model)
• Increase consumption of fruits, vegetables and whole grains
• Reduce consumption of fat, saturated fat and sodium
• Increase rates of breastfeeding initiation and breastfeeding six months post-partum
Long-Term Outcomes: Improvement in physical activity level of Illinois residents
Intermediate Outcomes:
• Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day (HP 2010 22-2)
• Increase the proportion of children and adolescents who engage in moderate physical activity for at least 30 minutes on five or more of the previous seven days (HP 2010 22-6)

- (FOC) There is an increase in chronic disease, exacerbated by the stress of job loss and the economic recession. The rise in obesity rates has also fueled the increase in chronic disease.
- (T&S) Without a public health approach, costs to treat health problems will continue to escalate.
- (FOC 12-9-09 group) How does prevention get incorporated into the SHIP? Is it a guiding principle?
- (T&S) Provisions in proposed health care reform legislation may provide new opportunities for employers to incentivize, promote and motivate improved health behaviors and wellness in their employee population.

- (PROFILE) The data continue to support the selection of Obesity/Physical Activity as a SHIP Strategic Priority.
- (PROFILE) The SHIP Team should consider the most appropriate manner to examine risk to children and youth, i.e. it is important to look at children's health through the lens of childhood, rather than through the lens of health conditions that contribute to morbidity and mortality in adulthood. Children are generally healthy and don't often die; however, healthy development throughout childhood sets the stage for long-term health and well-being (such as success in school, healthy eating and becoming physically active, addressing developmental, mental and behavioral conditions during the period in life when treatment /intervention is the most effective).
- (T&S) "Health" is seen as a broad concept. This shared understanding is a strength for Illinois. Health should be defined per the WHO: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- (T&S) Reducing risk factors for chronic disease is a critical tool. In recent years, there has been a significant increase in the number of times local communities, through their local health department led IPLAN processes, have identified obesity and diabetes as priority health issues affecting their communities and in need of action/intervention.
- (T&S) Reorganizing the primary care delivery system, focusing on outcomes and providing access to comprehensive, integrated and coordinated primary care (medical homes) is a critical component of improving the public's health.
- (FOC) Education system hasn't adjusted to changing times.schools as a source for health promotion.
- (PHSYSTEM) Enabling partners to develop skills to improve community and personal health and assisting partners to develop effective health communication, health education and health promotion strategies.
- (PHSYSTEM) Coordinate system-wide resources (workforce, technology development, and financing) for health communications and health promotion, mobilize and sustain partnerships.
- (T&S) Health is influenced by many factors – policy, services, insurance, providers, and social , economic, community, environmental, and political determinants. Understanding determinants is important in shaping interventions.
- (T&S) Illinois has a diverse population that requires multi-cultural and linguistic competence. Unfortunately, bias and discrimination remain obstacles.
- (T&S) People view access to care as encompassing medical care services, behavioral health services and oral health services, which can be affected by workforce distribution, lack of insurance and finances, limited cultural and linguistic competence, and knowledge.
- (T&S) In addition to the plans/initiatives reviewed in the assessment, other initiatives are underway in Illinois that should be considered as the SHIP planning goes forward: health information exchange planning (DHS); older adult services plan (DOA); DHS Strategic Prevention Framework initiative to reduce mis-use of alcohol.
- (FOC) The economic crisis is weakening access to health insurance and increasing stress on the public health sector in a number of ways, most notably through rising unemployment and corresponding rising numbers of uninsured, as well as increases in health and mental health problems.
- (PROFILE) Data are needed regarding built environment, access to nutritious foods.

- (FOC 12-9 -09 group) Consider looking at health across the **life-span** , from pre-conception to old age, as a strategy to **address chronic disease** (FOC)

Strategic Priority: Priority Health Conditions: Violence

Strategic Issue: <i>How can the Illinois public health system monitor priority health conditions and risk factors and implement effective strategies to reduce them?</i>
Long-Term Outcomes: Reduce violence and exposure to violence
Intermediate Outcomes:
• Reduce incidence of abuse/neglect of older persons
• Reduce maltreatment of children (HP 2010a 15- 33a) and maltreatment fatalities (HP 2010a 15- 33b)
• Reduce the annual rate of rape, attempted rape (HP 2010 15-35), sexual assault (HP 2010 15-36) and physical assault by current or former intimate partners (HP 2010 15-34)
• Reduce physical assaults (HP 2010 15-37) and homicides (HP 2010 15-31)
• Reduce physical fighting (HP 2010 15-38) and weapon carrying among adolescents
• Reduce the prevalence and ameliorate the consequences of adverse childhood experiences that contribute to childhood trauma (see access and alcohol, tobacco and other drug [ATOD] models)
• Reduce the suicide rate (HP 2010 18-1)

- (PROFILE) The data continue to support the selection of Violence as a SHIP Strategic Priority.
- (T&S) Healthy relationships with friends and family combined with a strong community where violence is minimized are key elements to making people well.
- (FOC) Iraq/Afghan Warreturning vets with health problems
- (T&S 12-9-09 Group) The group found very little regarding violence in the T&S findings to match up with references to violence in other assessments. Violence seemed to fall more into the category of social determinant in terms of its impact on health.
- (FOC 12-9-09 group) How does prevention get incorporated into the SHIP? Is it a guiding principle?
- (T&S) “Health” is seen as a broad concept. This shared understanding is a strength for Illinois. Health should be defined per the WHO: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- (T&S) Health is influenced by many factors – policy, services, insurance, providers, and social , economic, community, environmental, and political determinants. Understanding determinants is important in shaping interventions.

Emerging Issues/Reframing Recommendations/Themes

- **Mental health** as a stand-alone issue/**Behavioral health** an emerging issue (PROFILE, FOC)
- **Unintentional Injury** as a stand-alone (or see children, below) (PROFILE)
- **Separate Alcohol and Tobacco from Illicit Substance Use/Abuse** (PROFILE)
- Reframe the category of health disparities as **social determinants of health**; focus on social inequalities in order to ameliorate health disparities (T&S and FOC Groups)
- Many findings related to **integration, coordination, promoting alignment, engaging of people beyond PH**. Perhaps restate Measure, Manage, Improve strategic priority to convey the concept of coordination more clearly. (T&S) Create a funding recommendation that eliminates fragmented, categorical funding and shifts to **comprehensive, integrated funding**. (FOC)

- **Focus access to care on implementing health care reform** to achieve SHIP goals: Chronic disease, comprehensive medical homes- primary, vision, oral, behavioral, workforce issues, data from EMR/HIE (T&S, FOC)
- **Implementation** – inform the political process, work of political leaders, & allocation of public dollars; consider recession-related resource barriers; leadership and alignment critical. (T&S, FOC)
- **Framing related to population groups:**
 - o Improving the availability of children’s health data and examining risks to children should be stand-alone strategic issues or embedded as an overarching approach (PROFILE)
 - Unintentional injury a particular risk to children (PROFILE)
 - o Maternal and child health promotion/Infant mortality (FOC)
 - o Consider looking at health across the **life-span** , from pre-conception to old age, as a strategy to **address chronic disease** (FOC)
- New issues/concepts since 2007 SHIP
 - o HIE/EMR
 - o Federal health reform
 - o Medical homes/primary care case management