

State Health Improvement Plan
Statewide Themes And Strengths
Assessment



November 23, 2009

Prepared by
Illinois Public Health Institute



State Health Improvement Plan 2009 Statewide Themes and Strengths Assessment

Table of Contents

Statewide Themes and Strengths Assessment: Executive Summary	1
Statewide Themes and Strengths Assessment: Full Assessment: Introduction	4
1) Illinois Project for Local Assessment of Needs Review	5
2) Summary of Progress on Key Initiatives	12
• Progress on Strategic and Issue-specific Plans identified in 2007 SHIP	
• Analysis of new state obesity and violence prevention plans	
• Report on initiatives responding to SHIP	
3) Status of SHIP Priorities - SHIP Planning Team Discussion Groups	26
Appendix A: State Level Plans	33

Statewide Themes and Strengths - Executive Summary

The Statewide Themes and Strengths Assessment conducted for the 2007 SHIP aimed to capture and frame 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?

As part of the 2009 SHIP process, the Illinois Department of Public Health contracted with the Illinois Public Health Institute to revisit and refresh the themes, issues, plans and resources identified in the 2007 Statewide Themes and Strengths report. Various methods were employed to collect relevant, qualitative and quantitative information to assist the 2009 SHIP Team in achieving the goal of refining and focusing the 2007 SHIP and identify emerging issues. IPHI analysts produced the following material for this assessment:

- 1) IPLAN Report: Reported on the frequency of different health priorities and community health interventions that local health departments selected through their Illinois Project for Local Assessment of Needs (IPLAN) process and compared those to previous IPLAN cycles;
- 2) Summary of Progress on Key Initiatives: Obtained and analyzed updates on state level strategic plans identified as assets in the 2007 Statewide Themes and Strengths assessment, and analyzed new plans relevant to specific 2007 SHIP priorities; reported on status of 2007 SHIP-specific Initiatives.
- 3) SHIP Status Discussion Groups report: Reported on responses from 2009 SHIP Planning Team discussion groups held on October 21, 2009

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

Analysis was conducted and compared for each five-year round of IPLAN assessments. The date ranges for each round were as follows:

- Round one data—1994-1998
- Round two data—1999-2003
- Round three data—2004-2009

Major findings of the comparative analysis are:

- **Obesity** went from being selected by 0% of health jurisdictions in round 2 to 27% of health jurisdictions in round 3.

- **Diabetes** went from being selected as a priority by 3% of health jurisdictions in round 2 to 14% of health jurisdictions in round 3
- Taken together, **cardiovascular/congestive heart disease/stroke, obesity, diabetes, and chronic disease** priorities represent one third of all the priorities selected by communities in round 3.
- **Cardiovascular diseases/ congestive heart disease/stroke** remained the most frequently reported health priority reported by local health departments across all regions: 62% of jurisdiction LHDs statewide reported this category of priorities among their top three highest priorities, and this category represents 19% of selected priorities overall.
- **Access to Care** was selected by 45% of jurisdictions; selection of this priority doubled between round 2 and round 3: selected 25 times in round 2 (8% of all priorities) and 49 times in round 3 (15% of all priorities).
- **Cancer** was again reported as a major health priority by LHDs (14% of the total) though its ranking fell from second ranked in Round 2 to third highest ranked in Round 3.
- **Substance abuse** increased as a selected priority by 27% from round 2 to round 3.
- **Mental health and depression** increased significantly from round 1 to round 2, though it decreased slightly as a priority between round 2 and round 3.
- **Maternal Child Health** has significantly decreased as a priority over time (from 13% in round 1 to 4% in round 3), as have adolescent health (8% in round 1 to 4% in round 3); HIV/AIDS/STDs (7% round 1, 2% round 3), violence (7% to 2%), and injury (6% to 2%).

Limitations of population data remain problematic. Population morbidity and mortality data is not uniformly analyzed (many counties do not adjust for age) across Illinois. Data may not be age-adjusted and may not be available for racial/ethnic minorities. Therefore, data available to local IPLAN administrators is insufficient to assess relative community health status and plan for appropriate interventions to address sub-population health needs.

2) Summary of Progress on Key Initiatives

Progress updates were requested and analyzed for the state level strategic plans analyzed in the 2007 SHIP. Two plans that were issued after the 2007 SHIP process (IDPH Obesity Plan and Illinois Violence Prevention Authority strategic plan) were also analyzed because of their relevance to 2007 SHIP Priorities.

Overall, the majority of the plans analyzed under the 2007 assessment are currently being implemented, though several are delayed with respect to timeline. The plans that reported their status as delayed or inactive cited the lack of funding or fiscal resources in some cases, and/or the lack of political will to provide funding as critical barriers to progress in meeting objectives.

Following an extensive collaborative planning process funded by the Centers for Disease Control and Prevention (CDC), IDPH released a comprehensive healthy eating and physical activity plan to prevent and control obesity in 2007. This plan serves as a guide for state and community action, but funding from CDC was not renewed to initiate implementation activities. The overall goal of the plan is to prevent and control overweight, obesity and related chronic diseases among Illinois residents.

During 2008 and 2009, the Illinois Violence Prevention Authority (IVPA) undertook a multi-stage, collaborative planning process to identify and plan for high priority strategies deemed by stakeholders to be the most critical to long-term violence prevention. This plan is designed not only to guide the work of IVPA, but also to engage and promote stakeholder alignment across the violence prevention system. The plan focuses on advancing three strategies: 1) Promoting peaceful families and raising children to resist violence; 2) Promoting healthy relationships and community connectedness among youth through schools and community youth serving organizations; and 3) Providing effective interventions for children and youth exposed to violence and trauma.

Though few, there have been some initiatives that have responded directly to the 2007 SHIP as well as initiatives and programs that advance SHIP goals that stemmed from other processes. Of particular note among this latter type, the enactment of Smoke Free Illinois significantly advanced the Alcohol, Tobacco and Other Drugs priority. Significant SHIP-specific initiatives include:

- The July 2008 SHIP Summit to monitor SHIP progress
- The Illinois Health Data Dissemination Initiative to integrate state health data and enable expanded public access to health data
- The Language Assistance Act to improve interpretation services in hospitals and long-term care facilities
- The launch of a Physician Workforce Institute to study physician supply and demand issues
- Passage of the Obesity Prevention Initiative to hold public hearings on the issue of obesity

3) Status of SHIP Priorities - SHIP Planning Team Discussion Groups

The first meeting of the 2009 State Health Improvement Plan (SHIP) Planning Team included a status assessment of the 2007 SHIP Priority Areas. Small groups were formed, each assessing two of the 2007 SHIP priority areas, and the following is a summary of their deliberations. Of particular note, each group described lack of data on the issue as being a particular factor that limits progress.

Each of the SHIP priorities was discussed. Groups recognized that progress was made in each area, though it was limited at best. Participants agreed that much more needed to be done to achieve the 2007 SHIP objectives, and to address fragmented and uncoordinated services.

Statewide Themes and Strengths: Full Assessment - Introduction

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As part of the 2009 SHIP process, the Illinois Department of Public Health contracted with the Illinois Public Health Institute to revisit and refresh the themes, issues, plans and resources identified in the 2007 Statewide Themes and Strengths report

IPHI analysts produced the following material:

- 1) IPLAN Report: Reported on the frequency of different health priorities and community health interventions that local health departments selected through their Illinois Project for Local Assessment of Needs (IPLAN) process and compared those to previous IPLAN cycles;
- 2) Summary of Progress on Key Initiatives: Obtained and analyzed updates on state level strategic plans identified as assets in the 2007 Statewide Themes and Strengths assessment, and analyzed new plans relevant to specific 2007 SHIP priorities; reported on status of 2007 SHIP-specific Initiatives.
- 3) SHIP Status Discussion Groups report: Reported on responses from 2009 SHIP Planning Team discussion groups held on October 21, 2009

The following assessment provides detailed information on each of the three steps taken to develop this assessment. This assessment is designed to assist the SHIP Team in reviewing and refining the strategic direction of the 2007 State Health Improvement Plan and to assist in the identification of emerging issues for inclusion in the 2009 SHIP or other system-level public health improvement initiatives.

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 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: organizational capacity assessment; community health needs assessment; and community health plan, focusing on a minimum of three priority health problems. For each priority health problem, the IPLAN must identify intervention strategies.

Local health departments engage their communities in this process; thus, the selected priorities and interventions are community priorities, and the plan is a community plan. IPLANs must be completed every five years. The third round of IPLAN was completed in 2009.

- Round one—1994-1998
- Round two—1999-2003
- Round three—2004–2009

For this assessment, IPLAN priorities for local health jurisdictions were analyzed with respect to the frequency of issues selected; the frequency was then compared to previous rounds. Regional differences in frequency are also presented. This report also provides a descriptive analysis of intervention strategies for round three.

Complete data are available through the IPLAN SHARE application for rounds one and two on the IPLAN Website (<http://app.idph.state.il.us/>). Round 3 data is anticipated to be available for public use in 2010. The IPLAN program provided preliminary round three data to the Illinois Public Health Institute for this assessment.

Priorities named by all local health departments in Illinois were tabulated and coded according to the following coding schema:

- 1) Access to Care
- 2) Adolescent Health
- 3) Cancer
- 4) Cardiovascular Disease/CHD/Stroke
- 5) Chronic Disease (general)
- 6) Diabetes
- 7) Environmental, Food Borne Illness
- 8) HIV/AIDS STDs
- 9) Injuries
- 10) Maternal and Child Health
- 11) Mental Health
- 12) Miscellaneous (includes systems issues)
- 13) Obesity
- 14) Oral Health
- 15) Respiratory Health
- 16) Substance Abuse
- 17) Violence

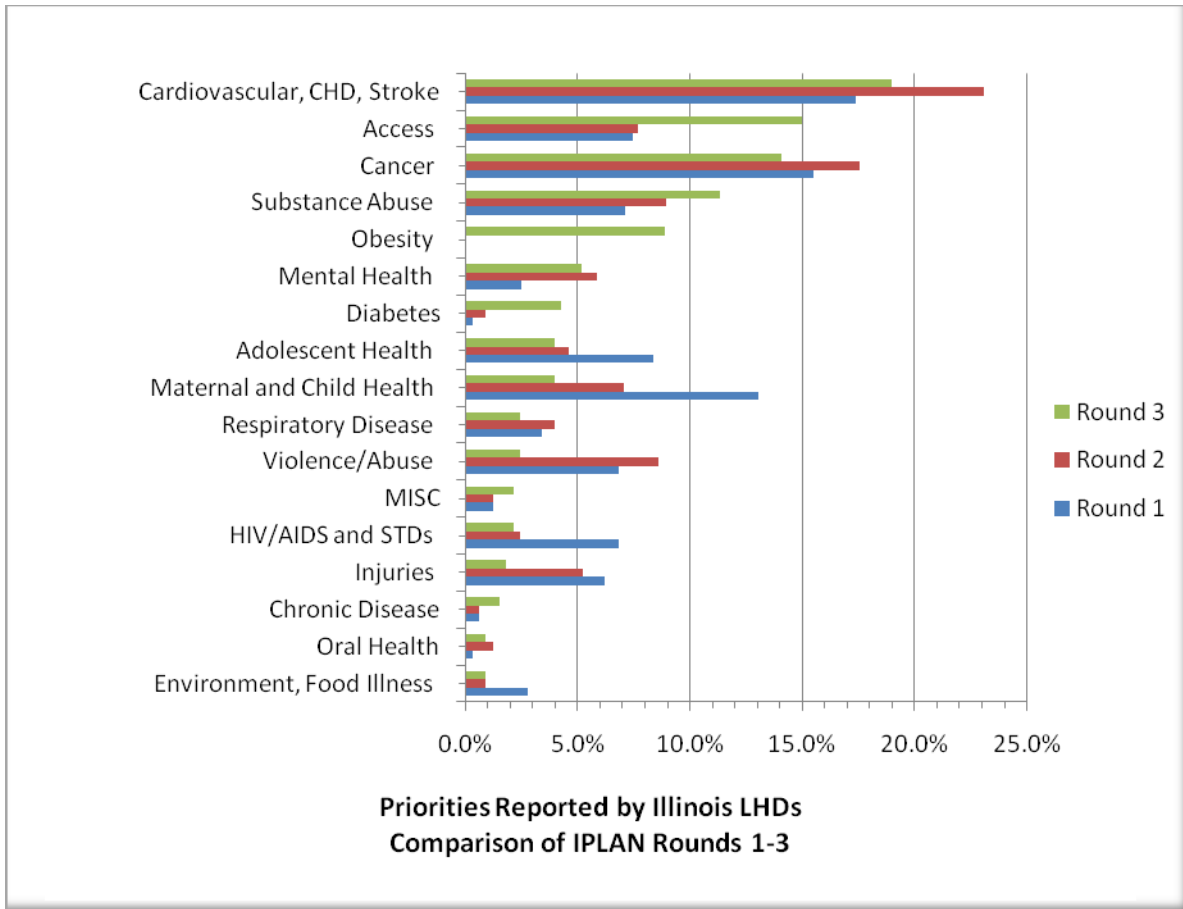
Table 1 presents the percent of health departments selecting specific priorities, Round 3

Priority	# of LHDs reporting by category	% of LHDs reporting by category
Cardiovascular, CHD, Stroke	58	62%
Access	42	45%
Cancer	42	45%
Substance Abuse	33	35%
Obesity	26	28%
Mental Health and Depression	17	18%
Diabetes	14	15%
Adolescent Health	13	14%
Maternal and Child Health	12	13%
Respiratory Disease	8	9%
Violence/Abuse	7	7%
HIV/AIDS and STDs	7	6%
MISC	5	5%
Injuries	6	6%
Chronic Disease	5	5%
Environment, Food Illness	3	3%
Oral Health	3	3%

TABLE 2 presents a summary tabulation of all priorities for IPLAN Rounds 1, 2 and 3.

TABLE 2 Comparison of Reported IPLAN Local Health Jurisdiction Priorities Rounds 1 - 3	Times Reported			Round 3
	Round 1	Round 2	Round 3	% of Total
Cardiovascular, CHD, Stroke	56	75	62	19%
Access	24	25	49	15%
Cancer	50	57	46	14%
Substance Abuse	23	29	37	11%
Obesity	0	0	29	9%
Mental Health and Depression	8	19	17	5%
Diabetes	1	3	14	4%
Maternal and Child Health	42	23	13	4%
Adolescent Health	27	15	13	4%
Violence/Abuse	22	28	8	2%
Respiratory Disease	11	13	8	2%
HIV/AIDS and STDs	22	8	7	2%
MISC	4	4	7	2%
Injuries	20	17	6	2%
Chronic Disease	2	2	5	2%
Environment, Food Illness	9	3	3	1%
Oral Health	1	4	3	1%
TOTAL	322	325	327	

FIGURE 1: CHANGES IN IPLAN PRIORITIES, ROUND 1, 2, 3



Major trends and themes in Round 3

Limitations of population data remain problematic. Population morbidity and mortality data is not uniformly analyzed (many counties do not adjust for age) across Illinois. Data may not be age-adjusted and may not be available for racial/ethnic minorities. Therefore, data available to local IPLAN administrators is insufficient to assess relative community health status and plan for appropriate interventions to address sub-population health needs

In the most recent IPLAN round, the top five priorities selected by local health jurisdictions were cardiovascular disease/congestive heart disease/stroke; access to care; cancer; substance abuse; and obesity.

It is important to note the trends and frequency of diseases and conditions with nutritional and physical activity related risk factors appear in this analysis.

- **Obesity** went from being selected by 0% of health jurisdictions in round 2 to 28% of health jurisdictions in round 3 (Table 1).
- **Diabetes** went from being selected as a priority by 3% of health jurisdictions in round 2 to 15% of health jurisdictions in round 3 (Table 1)

- Taken together, **cardiovascular/CHD/stroke, obesity, diabetes, and chronic disease** priorities represent one third of all the priorities selected by communities in round 3 (Table 2).
- If **cancer** priorities are also included in this analysis, then 47% of all local priorities fall into this category (nutrition and physical activity are risk factors for some cancers) (Table 2).

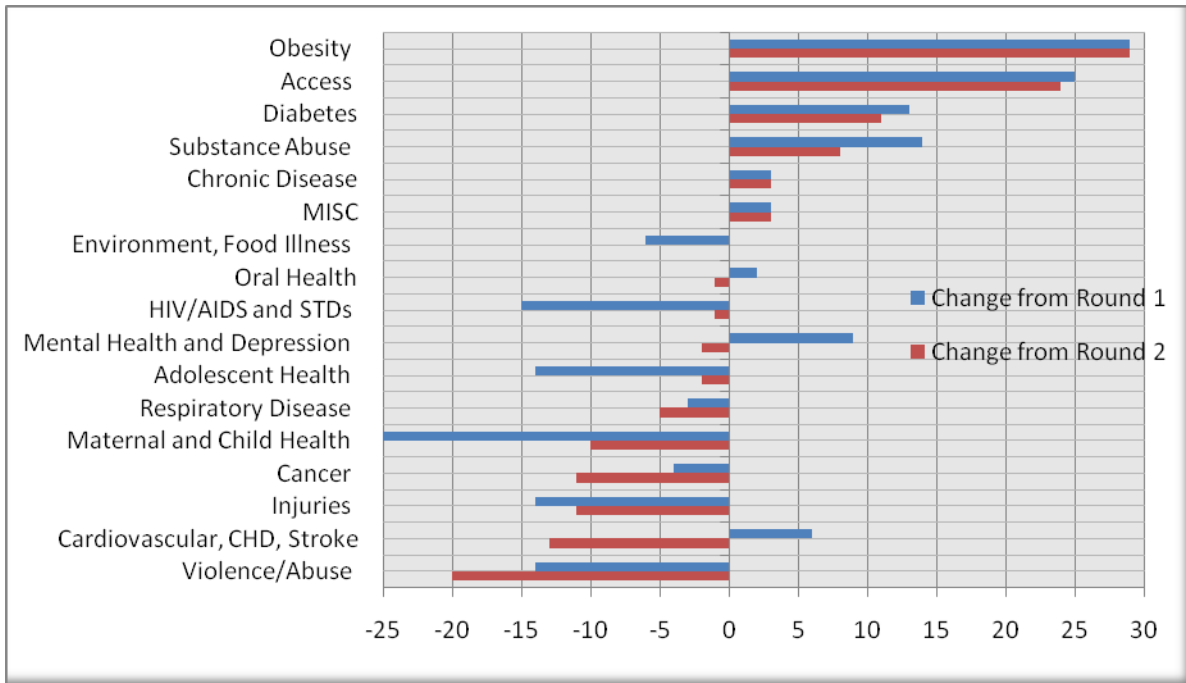
Overall, trends in the selection of priorities include the following:

- **Cardiovascular diseases, congestive heart disease, stroke** remained the most frequently reported health priority reported by local health departments across all regions 62% of jurisdiction LHDs statewide reported this category of priorities among their top three highest priorities, and this category represents 19% of selected priorities overall.
- **Access to Care** was selected by 45% of jurisdictions; selection of this priority doubled between round 2 and round 3: selected 25 times in round 2 (8% of all priorities) and 49 times in round 3 (15% of all priorities).
- **Cancer** was again reported as a major health priority by LHDs (14% of the total) though its ranking fell from second ranked in Round 2 to third highest ranked in Round 3.
- **Substance abuse** increased as a selected priority by 27% from round 2 to round 3.
- **Mental health and depression** increased significantly from round 1 to round 2, though it decreased slightly as a priority between round 2 and round 3.
- **Maternal Child Health** has significantly decreased as a priority over time (from 13% in round 1 to 4% in round 3), as have HIV/AIDS/STDs (7% round 1, 2% round 3), violence (7% to 2%), injury (6% to 2%) and adolescent health (8% to 4%).

Changes in Priority Ranking Over Time

Over the three rounds, selected priorities changed in rank.

FIGURE 2 CHANGES IN REPORTED PRIORITIES: RANKED GREATEST INCREASE (+) TO GREATEST DECREASE (-)



- **Access to care** moved to 2nd ranked in round 3 from 5th ranked in Round 1 (tied with three others) and 4th ranked in Round 2.
- **Substance Abuse** moved to 4th ranked in Round 3 from 5th ranked in Round 1 (tied with three others) and 3rd ranked in Round 2.
- **Obesity** ranked 5th highest priority in Round 3, was not reported in Rounds 1 - 2.
- **Diabetes** moved to 7th ranked in Round 3 from 15th ranked in Round 1 and 14th rank in Round 2.
- More than half of the priorities included under the *miscellaneous* category, 12th ranked in Round 3, were infrastructure barriers related to access and workforce.
- **Cancer** moved to 3rd highest rank from 2nd ranked in Rounds 1 and 2.

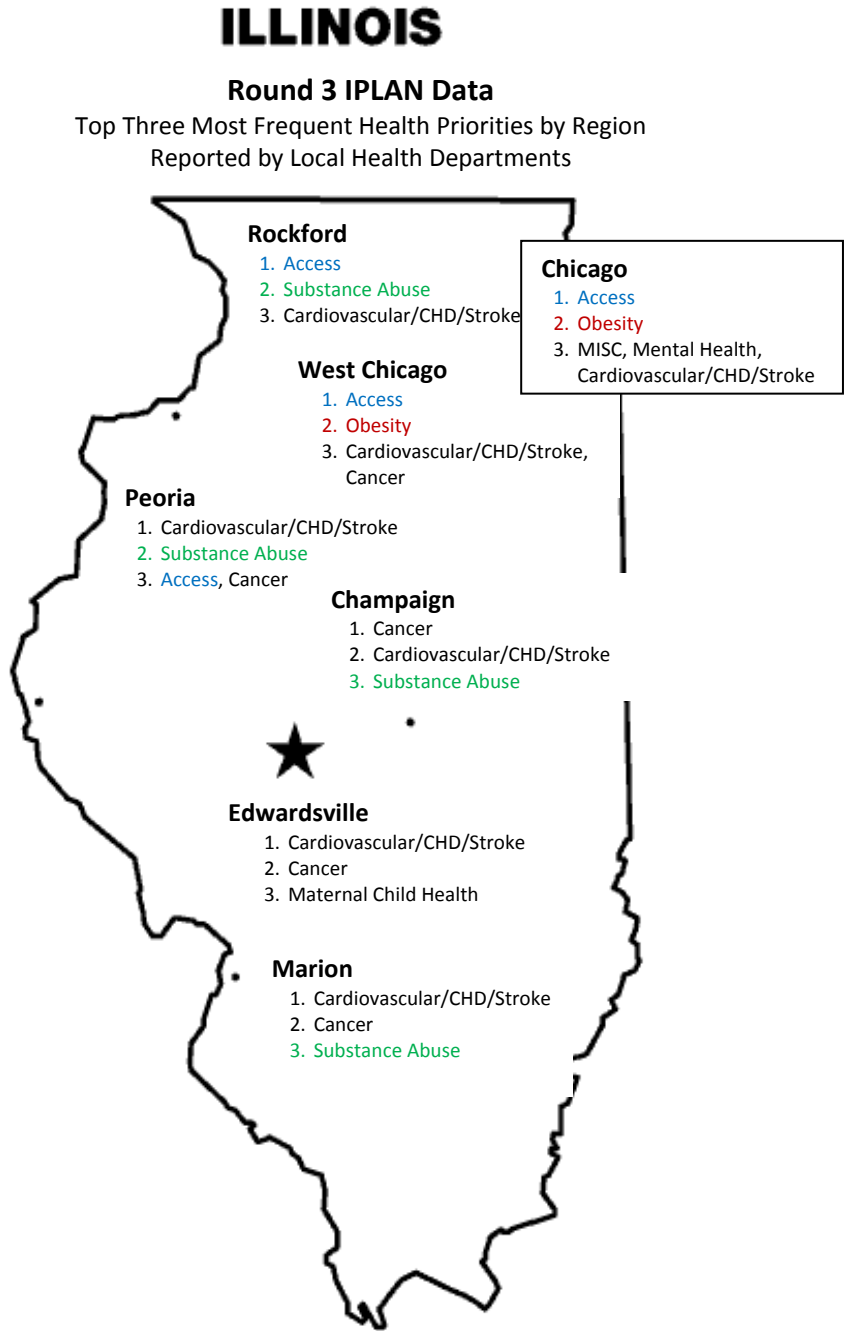
Variation of Priorities by Region

Reported priorities were analyzed by region to determine variation across the state.

TABLE 3 Priorities Reported by Category and by Region	# Reported by Category	# LHDs Reporting by Category	# of Total Regions Reporting	Champaign	Chicago	Edwardsville	Marion	Peoria	Rockford	West Chicago
				# of Reported Priorities by Category by Region						
				Cardiovascular, CHD, Stroke	62	58	7	8	2	13
Access	49	42	7	4	5	3	6	8	11	5
Cancer	46	42	7	9	1	9	10	8	2	3
Substance Abuse	37	33	6	6	1	3	9	9	5	0
Obesity	29	26	7	4	4	1	5	7	1	4
Mental Health and Depression	17	17	7	1	2	4	2	4	2	2
Diabetes	14	14	6	4	1	1	3	2	3	0
Maternal and Child Health	13	12	6	0	1	5	1	3	1	1
Adolescent Health	13	13	5	3	0	4	1	3	2	0
Violence/Abuse	8	7	5	3	1	1	1	1	0	0
Respiratory Disease	8	8	5	0	0	3	1	1	2	1
HIV/AIDS and STDs	7	7	4	2	1	3	0	0	0	1
MISC	7	5	3	1	2	2	0	0	0	0
Injuries	6	6	5	1	1	1	0	2	0	1
Chronic Disease	5	5	3	2	1	0	0	2	0	0
Environment, Food Illness	3	3	3	0	1	0	0	0	1	1
Oral Health	3	3	2	0	0	0	0	2	0	1
Total # Reported	327			48	24	53	51	68	34	23

TABLE 4 IPLAN ROUND 3 TOP THREE PRIORITIES BY REGION			
IDPH Regions	Highest Ranked	2nd Ranked	3rd Ranked
Champaign	Cancer	Cardiovascular	Substance Abuse
Chicago	Access	Obesity	Misc, Mental Health, Cardiovascular/CHD/Stroke
Edwardsville	Cardiovascular/CHD/Stroke	Cancer	Maternal/Child Health
Marion	Cardiovascular/CHD/Stroke	Cancer	Substance Abuse
Peoria	Cardiovascular/CHD/Stroke	Substance Abuse	Access, Cancer
Rockford	Access	Substance Abuse	Cardiovascular/CHD/Stroke
West Chicago	Access	Obesity	Cardiovascular/CHD/Stroke Cancer

FIGURE 3 IPLAN ROUND 3 TOP THREE RANKED PRIORITIES REPORTED BY REGION



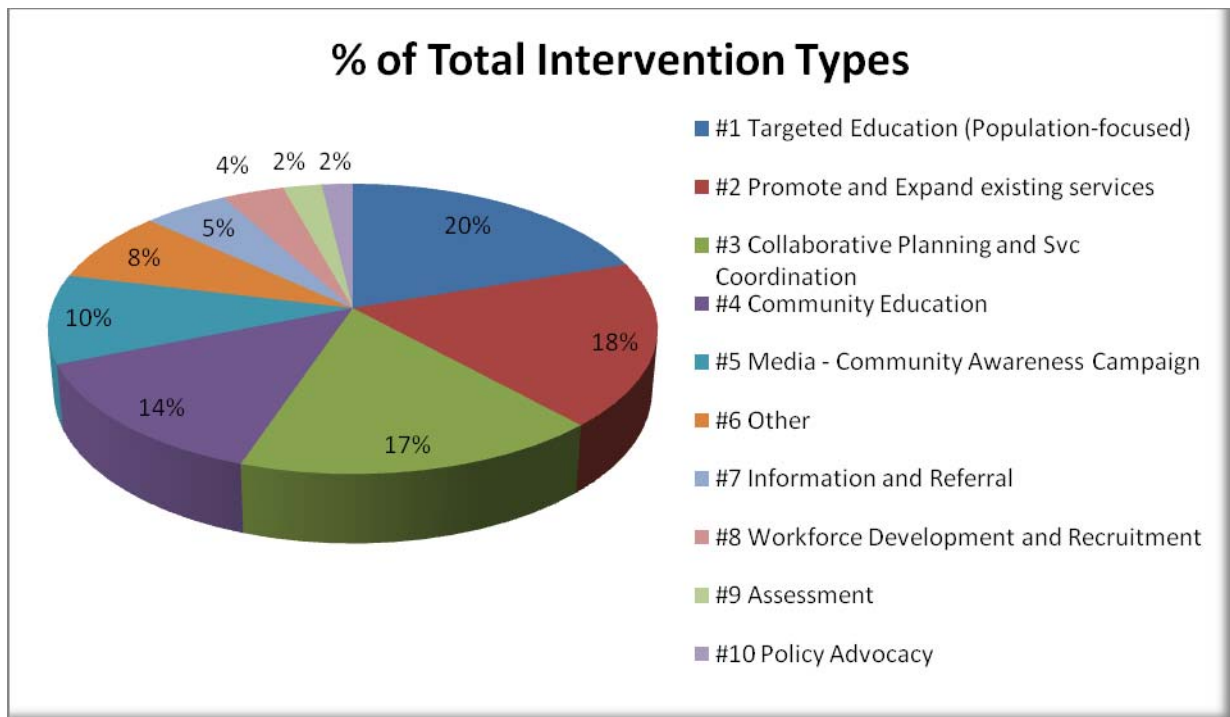
- Local health jurisdictions in the southern (Edwardsville, Marion) and western (Peoria) regions ranked cardiovascular disease as the highest priority whereas northern (Rockford), eastern (Champaign) and northeastern (Chicago and West Chicago) LHDs ranked this priority as the second or third highest ranked.
- Cancer was ranked as the top priority in only the Champaign region. Cancer was second or third ranked in three other regions, though absent from the top priorities in the northernmost regions.

As noted in the 2007 Statewide Themes and Strengths assessment, LHDs are more frequently reporting systemic issues, social determinants, and risk factors, rather than diseases, as their top priorities.

- In Round 3, the top ranked priorities in the Chicago region are **access to care, followed by obesity; multiple infrastructure/system issues, cardiovascular disease and mental health** tied for third ranked priority in the region.
- Likewise, **access to care** was recognized as the highest priority in Rockford and West Chicago regions: the same system factor ranked third highest reported priority in the Peoria region.
- **Substance abuse** was reported more frequently by LHDs in southern and western regions in Round 3 than in Round 2.

IPLAN Interventions

In addition to selecting priorities, local health jurisdictions must plan interventions to address priorities. As shown in the figure below, local health jurisdictions employ a wide variety of strategies for addressing their health priorities.



2) SUMMARY OF PROGRESS ON KEY INITIATIVES

STATE LEVEL PLANS

For the Statewide Themes and Strengths assessment conducted for the 2007 SHIP, a variety of state-level plans were reviewed as state assets. The plans covered both health and population specific plans, as well as infrastructure/resource-focused plans, as follows:

Population/Issue Specific Plans:

- State Oral Health Plan – Illinois Department of Public Health
- State Nutrition Action Plan: Illinois – Illinois Department of Public Health
- Strategic Plan for Building a Comprehensive Children’s Mental Health System in Illinois – Illinois Violence Prevention Authority

Infrastructure/Resource Specific Plans:

- The Health Care Workforce in Rural Illinois: Successes, Challenges and Future Prospects – Illinois Rural Health Association
- Strategy in Action: Eliminating Health Disparity in Illinois – Racial & Ethnic Health Disparities Action Council
- Health Care Justice Act – Adequate Health Care Task Force
- Emergency Medical Services in Rural Illinois: Report of 10 Community Forums – Illinois Rural Health Association
- Enrich and Strengthen Governmental Public Health – Illinois Department of Public Health
- Illinois Poverty Summit - 2006 Report on Illinois Poverty
- Literacy and Cultural Competency Strategic Plan – Illinois Department of Human Services

In the 2007 Statewide Themes and Strengths assessment, each of these plans was analyzed and cross-cutting themes were identified:

- **Health Disparities** - the plans were reviewed for their attention to racial/ethnic, geographic, socioeconomic, sexual orientation, age and gender.
- **Knowledge** - the review looked at creating community awareness, education efforts to change perceptions, and promoting healthy lifestyles.
- **Workforce**- the analysis addressed numbers/ratios of care providers, funding and staffing relationships, training or continuing education, and the cultural/linguistic capabilities of providers.
- **Health system infrastructure**- the plans were reviewed for their attention to resource coordination, community partnerships, fragmented framework of services, funding and access to services.

Status of Ongoing Initiatives since 2007 SHIP –

Key informants were identified and were asked for status updates on the plans that were analyzed for the 2007 SHIP. First, informants were asked whether their plan was: Not Started (NS); Complete (COM) In Progress/On Target or Ahead (OT); In Progress/Delayed (DEL).

TABLE 5

<i>Plan</i>	<i>NS</i>	<i>COM</i>	<i>OT</i>	<i>DEL</i>
State Oral Health Plan			✓	
State Nutrition Action Plan			✓	
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	✓			
Emergency Medical Services in Rural Illinois				✓
Enrich and Strengthen Governmental Public Health (no report)				
Illinois Poverty Summit			✓	
Literacy and Cultural Competency Strategic Plan (no report)				

Overall, the majority of the plans analyzed under the 2007 assessment are currently being implemented, though several are delayed with respect to timeline. The plans that reported their status as delayed or inactive cited the lack of funding or fiscal resources in some cases, and/or the lack of political will to provide funding, as critical barriers to progress in meeting objectives.

Specifically, the rural healthcare workforce plan cited that the lack of funding has hindered rural health care workforce development as well as expansion of health care access. In other cases, agencies continue to await approval for release of funding earmarked for the specific initiatives: progress depends on that funding. Another critical barrier reported was the legislative and budget climate: the Health Care Justice Act developed the required consensus plan for universal access, but was superseded by Governor Blagojevich’s proposed Illinois Covered plan, which was not enacted by the legislature.

Cross-Cutting Themes Update

The 2007 assessment of the Statewide Themes & Strengths gathered and analyzed an inventory of state plans addressing overarching cross-cutting themes. The latest iteration of the SHIP process revisits the 2007 assessment to update on the efforts of these plans in addressing those cross-cutting themes upon implementation. The four major cross-cutting themes previously defined were:

FIGURE 6

Health Disparities	Knowledge Change	Workforce Development	Public Health System Infrastructure
<ul style="list-style-type: none"> • Age • Geographic • Gender • Racial/Ethnic • Sexual Orientation • Socioeconomic 	<ul style="list-style-type: none"> • Creating Community Awareness • Education efforts to change perceptions • Promoting Healthy Lifestyles 	<ul style="list-style-type: none"> • Numbers/ratios of care providers • Funding & Staffing relationships • Training or continuing education • Cultural/linguistic capabilities of providers 	<ul style="list-style-type: none"> • Coordination • Community Partnerships • Fragmented Framework of services • Funding • Access to Services

Each of the key informants was asked to provide information/a status update on progress, if any, that the plan was driving with respect to these themes. Below is a summary of the themes that applied in the initial analysis, and the brief update that was reported regarding each theme.

Health Disparities

- Age
 - State Oral Health Plan
 - ✓ *Efforts to fund oral health and aging assessment and planning.*
 - Strategic Plan for Building Comprehensive Children’s Mental Health System in Illinois
 - ✓ *Early Intervention Pilot Project for Children of Incarcerated Parents: Provides early intervention services (e.g., mental health services, supports, and referrals) to help children whose primary care giving parent has been incarcerated, through*
 - ✓ *Early Childhood Services: Provides services to children under the age of five and their families who are at risk for or experiencing mental health issues.*
- Geographic
 - State Oral Health Plan
 - ✓ *Efforts to encourage and support dental clinic development in rural Illinois*
 - Health Care Workforce in Rural Illinois
 - ✓ *The RMED program at the University of Illinois-Rockford has and continues to promote workforce development in rural Illinois.*
 - Emergency Medical Services in Rural Illinois
 - ✓ *Geographic barriers common to rural communities was a target of legislative efforts. However this issue of health disparity is directly linked to funding which must come from a redesigned state system to overcome the issues which face the mostly volunteer EMS systems located in rural Illinois.*

Knowledge Change

- Creating Community Awareness
 - Emergency Medical Services in Rural Illinois
 - ✓ *Through some EMS training conducted by IRHA, the American Heart Association and IDPH there was some community education opportunities to draw awareness to the challenges existing in our EMS system.*
 - Strategic Plan for Building Comprehensive Children’s Mental Health System in Illinois
 - ✓ *Children’s Mental Health Public Awareness Campaign: Educates the public and other key target audiences about the importance of children’s social and emotional development and mental well-being, and to reduce the stigma of childhood mental illness through implementation of a comprehensive, multi-faceted Public Awareness Campaign Plan*
 - State Nutrition Action Plan: Illinois
 - ✓ *Develop one day school wellness conference featuring various sessions including physical activity, school based nutrition and successful foodservice practices*
- Education Efforts to Change Perceptions
 - State Oral Health Plan
 - ✓ *Expanded efforts to build community-based early childhood oral health programs that provide consistent meaningful education to pregnant women, new moms and families*
 - State Nutrition Action Plan: Illinois
 - ✓ *Develop presentation, “Whole Grains for Breakfast” and deliver at 3 half day Breakfast Summits statewide*

- Promoting Healthy Lifestyles
 - State Nutrition Action Plan: Illinois
 - ✓ *CATCH program: Promotes physical activity and increases in fruits and vegetables specifically with the on-site demonstration garden. The demonstration garden is being utilized for both educational purposes for integration into the CATCH Program and working with local farmers to procure fresh local produce to incorporate into the foodservice for school meals*
 - ✓ *Expansion of the Move & Crunch challenge for elementary School Principals as role models initiative*

Workforce Development –

- Numbers/ratios of care providers
 - Strategic Plan for Building Comprehensive Children’s Mental Health System in Illinois
 - ✓ *SEL Professional Development: Enhances children’s school readiness and ability to achieve academic success through implementation of a Social and Emotional Learning (SEL) Standards Professional Development Plan for educators.*
 - *Trained 18 SEL Cadre members to provide training and ongoing coaching to the 82 participating schools across Illinois, in partnership with ISBE and the Collaborative for Academic, Social and Emotional Learning (CASEL).*
- Funding & Staffing Relationships
 - Health Care Workforce in Rural Illinois
 - ✓ *Creation and participation in the Joint Task Force gave IRHA new opportunities for change in Illinois’ overall work force strategies*
- Training or Continuing Education
 - Strategic Plan for Building Comprehensive Children’s Mental Health System in Illinois
 - ✓ *Evidence-informed Practice Initiative: Strengthens the capacity of community mental health agencies to utilize evidence informed practices in their children’s mental health service system.*
 - State Nutrition Action Plan: Illinois
 - ✓ *ISBE will provide Best Practices on Local Wellness Policies featured in The Outlook newsletter that is distributed to INC members.*
 - ✓ *Maintenance of the Nutrition Education Loan Library catalog online at Addition of wellness materials to the ISBE Nutrition Loan Library for INC members. ISBE Nutrition Loan Library will add more materials on special needs and accommodations*
 - ✓ *Utilize Team Nutrition, MyPyramid, Fruits & Veggies – More Matters and other program resources; identify resources and strategies used by various member groups including action plans*
 - ✓ *Provide resources, strategies and training to address physical activity in Headstart, Food Stamps and other programs.*

Public Health System Infrastructure –

- Coordination
 - Emergency Medical Services in Rural Illinois
 - ✓ *IRHA through participation on the Strategic Planning Committee at the state level has partnered with other stakeholders to identify infrastructure changes which are necessary.*
 - Strategic Plan for Building Comprehensive Children’s Mental Health System in Illinois

- ✓ *Children’s Mental Health Consultation Project: Develops and enhances the capacity of community mental health agencies to address the mental health needs of young children ages 0-7 and their families.*
 - ✓ *Outcomes Information System: Assesses the quality of mental health treatment services provided in community mental health agencies through a new Outcomes Analysis System developed by DMH.*
 - *State Nutrition Action Plan: Illinois*
 - ✓ *Communicate and educate through existing groups: Action for Healthy Kids-IL (State Board of Ed), Interagency Nutrition Council (INC), Consortium to Lower Obesity in Chicago Children (CLOCC) Obesity Steering Committee (IDPH) and others as identified.*
 - ✓ *The CDC Collaborative Chronic Disease FOA DP09-901: includes the Department of Human Service’s Diabetes Prevention and Control Program, the Illinois Department of Public Health’s Healthy Communities initiative, the Illinois Tobacco Free Communities Program, and the Behavior Risk Factor Surveillance System’s Program (BRFSS). These programs will work collaboratively for the next five years to reduce morbidity and mortality of chronic diseases through the prevention and reduction of risk factors. A comprehensive chronic disease plan will be developed that engages statewide*
- *Community Partnerships*
 - *State Oral Health Plan*
 - ✓ *New, renewed and expanded partnerships have ensued with creation of the Chicago Community Oral Health Forum and Oral Health Clinics Network*
 - ✓ *The Ounce of Prevention has re-established an oral health link.*
 - ✓ *Efforts to re-invigorate the Dental Role in Preparedness and Response are ongoing.*
 - *Emergency Medical Services in Rural Illinois*
 - ✓ *Through IRHA legislative advocacy efforts and collaboration with state legislators – made many attempts to propel the EMS system forward in our state.*
 - *Strategic Plan for Building Comprehensive Children’s Mental Health System in Illinois*
 - ✓ *Created a network of Parent Advocates to assist parents and school districts in their area to form partnerships for implementing the SEL Standards in school and reinforcing them at home.*
 - ✓ *Family Leadership Project: Promotes parent/caregiver leadership and support in the children’s mental health system through initiation of a Family Leadership Project. The Project is implementing a regional network to support parents and caregivers in understanding their children’s mental health needs, navigating the complexities of the children’s mental health system*
 - *State Nutrition Action Plan: Illinois*
 - ✓ *Provide information on INC website. Utilizing the INC website and network of members share workshop and pertinent conference information, grant opportunities, INC meeting notes, regular meetings of established groups, List serves, and e-newsletters. Web sites are routinely updated*
- *Fragmented Framework of Services*
 - *Strategic Plan for Building Comprehensive Children’s Mental Health System in Illinois*
 - ✓ *Family-Consumer Specialist Staff Positions: Family Consumer Specialist positions work within DMH to promote family engagement in the children’s mental health system.*
 - ✓ *Psychiatric Consultation Line: Provides a psychiatric phone consultation line to Medicaid primary care providers (e.g., pediatricians, family physicians) through a psychiatric phone consultation*

- ✓ *Transitional Services: Provides social/emotional support services for 16-18 year old youth transitioning from or between public systems (i.e., child welfare, mental health, juvenile justice)*
- Funding
 - Strategic Plan for Building Comprehensive Children’s Mental Health System in Illinois
 - ✓ *School Mental Health Support Grants Program: Strengthens the capacity of school districts to identify and meet the early intervention mental health needs of students in natural settings and in coordination with existing mental health support programs and structures*
 - State Oral Health Plan
 - ✓ *The Division of Oral Health has expanded the Early Childhood Oral Health Program with HRSA funding.*
 - State Nutrition Action Plan: Illinois
 - ✓ *Implementing various grants program including In partnership with the IL After School Partnership, provide 10 grants of \$2,000 to after school programs participating in the After school Snack Program and mini-grants of \$3,500 to 20 elementary schools to provide training for Healthier US School Challenge application requirements*
- Access to Services
 - State Oral Health Plan
 - ✓ *Assessing local health departments, dental and dental hygiene schools and safety net dental clinics in order to pinpoint areas of interest and need for oral health program development and expansion.*
 - Strategic Plan for Building Comprehensive Children’s Mental Health System in Illinois
 - ✓ *Juvenile Justice System Trauma Initiative: Builds the capacity of juvenile justice system facilities to provide trauma services for youth in the system, and supports the development of a trauma-sensitive climate within the facility.*
 - ✓ *Tele-psychiatry Project: Provides psychiatric services to children and youth in areas of the state where communities do not have access to a board certified child psychiatrist through the DMH Tele-psychiatry Pilot Project*

New Plans and Initiatives Since 2007

Since the 2007 SHIP Plan was published, the Illinois Department of Public Health (IDPH) completed a planning process for obesity prevention, the Illinois Violence Prevention Authority (IVPA) conducted a collaborative strategic planning process for the violence prevention system. Both obesity/physical activity and violence were included as priorities in the 2007 SHIP. In addition, the Illinois State Board of Health developed a policy agenda addressing Patient Centered Medical Homes to complement and support the implementation of 2007 State Health Improvement Plan. Below is an analysis of the Obesity Plan with respect to the cross-cutting themes developed in 2007, and a description of the proposed violence prevention plan and Patient Centered Medical Homes initiatives.

Illinois Strategic Plan: Promoting Healthy Eating and Physical Activity to Prevent and Control Obesity 2007-2013 – Illinois Department of Public Health (IDPH)

Following an extensive collaborative planning process funded by the Centers for Disease Control and Prevention (CDC), IDPH released a comprehensive healthy eating and physical activity plan to prevent and control obesity in 2007. This plan serves as a guide for state and community action, but funding from CDC was not renewed to initiate implementation activities. Currently, federal stimulus funding is available for community obesity/physical activity initiatives; IDPH and some eligible local jurisdictions are preparing applications.

The overall goal of the plan is to prevent and control overweight, obesity and related chronic diseases among Illinois residents. Sub goals include:

- Utilization of the U. S. Centers for Disease Control and Prevention (CDC) priority areas to addresses overweight and obesity, which includes: energy balance of caloric intake and expenditure; improved nutrition including increased consumption of fruits and vegetables; increased physical activity and reduction in television and video viewing time; and increasing initiation and duration rates for breastfeeding.
- Decrease the prevalence of overweight among adults to 32%.
- Maintain the prevalence of obesity among adults at a minimum of 23.5 % or lower.
- Increase the percentage of adults getting any exercise to 80 %
- Increase the percentage of adults who meets the moderate activity standards for five days a week for 30 minutes to 38%
- Increase the number of CATCH schools to 120 where students participating in CATCH physical education are involved in moderate-to-vigorous physical activity (MVPA) for a minimum of 50 percent of physical education class time.
- Increase [sic] the percentage of adults consuming less than three servings of fruits and vegetables to 46% and those consuming more than five servings of fruits and vegetables to 28%
- Increase the proportion of mothers who continued to breastfeed at one month after delivery to 65%
- Increase the proportion of infants participating in the WIC program who are breastfed at initiation to 65% and at six months to 25%
- Reduce by 1% the estimated adult obesity attributable medical expenditures for Medicaid population.
- Evaluation of the process, impact, and outcomes upon implementation via the CDC 6-step evaluation framework.

	Cross Cutting Themes	Key Issues
Health Disparities	Racial ethnic	<ul style="list-style-type: none"> • Target minority populations and address potential barriers to adoption of PA • Develop culturally competent program to enhance PA, healthy cultural meal prep/diet
	Geographic	<ul style="list-style-type: none"> • Center of excellence model for rural and urban areas targeting underserved and under-insured.
	Age	<ul style="list-style-type: none"> • Educate individuals, youth, families on food advertising targeting youth • Promote breastfeeding, including among minorities
	Socioeconomic	<ul style="list-style-type: none"> • Collaborate with chefs/cooking groups to promote healthy cooking to low income and minority populations
Knowledge	Creating community awareness	<ul style="list-style-type: none"> • Recognize eating establishments that provide nutrition info, fruits, veggies, heart healthy items • Media campaign to educate public about breastfeeding and

		connection between formula and obesity
	Promoting healthy lifestyles	<ul style="list-style-type: none"> • Provide physical activity, nutrition, wellness opportunities through schools, workplaces, community groups • Healthy vending and non-food fundraising options for schools • Expand food demo kitchens through community programs • Collaborate w/ grocers, convenience stores to display healthy food messaging, provide incentives • Consumer ed. on healthy restaurants • Promote Fruit and veggies More Matters campaign • Provide incentives through workplaces to employees to practice healthy eating • Health care providers and health care settings to educate all patients on HE/PA & chronic disease prevention
Workforce	Numbers/ ratios of care providers	<ul style="list-style-type: none"> • Develop network of dietitians/nutritionists for schools • Education to increase #s of health care providers that provide guidance on weight loss and healthy weight maintenance
	Training or continuing education	<ul style="list-style-type: none"> • Best practices to schools, workplaces on physical activity, nutrition • Train LHDs to assess nutrition environment of retail and restaurants • Educate health care professionals and providers on overweight/obesity treatments, recognizing at-risk groups, supporting healthy behaviors, making referrals • Center of Excellence/multi-disciplinary model utilizing evidence based approaches and chronic care model
	Cultural/linguistic capabilities of providers	<ul style="list-style-type: none"> • Train health care providers to recognize cultural barriers in minority populations related to obesity and weight reduction
Public Health System Infrastructure	Coordination	<ul style="list-style-type: none"> • Encourage home visiting programs to include nutrition • Provide Bridges to Breastfeeding training to bring hospitals and community agencies together to promote breastfeeding • Promote breastfeeding friendly workplaces
	Community partnerships	<ul style="list-style-type: none"> • Target schools identified as a primary venue for promoting healthy eating, physical activity and wellness policies; • Target workplaces/businesses: worksite wellness, data collection, • Encourage health care providers to align strategies and commit resources to LHDs for community based programs
	Fragmented framework of services	<ul style="list-style-type: none"> • Collect data on health, wellness, physical activity, nutrition through schools, workplaces, health care settings

Funding	<ul style="list-style-type: none"> • Provide extensive financial resources to schools for HE/PA and wellness • Provide resources to small businesses for nutrition info and education • Encourage health insurance plans to promote wellness and cover weight management
Access to Services	<ul style="list-style-type: none"> • Expand community based farmers markets • Promote healthy affordable vending and food options in communities, highway rest areas • Increase PE, recess, healthy food in schools through policy and education • Provide and support safe indoor and outdoor community areas for adults and youth to be PA • Promote walkable/bikeable communities including bike paths, sidewalks, traffic calming

Illinois Violence Prevention Strategic Plan – 2009; Illinois Violence Prevention Authority

During 2008 and 2009, the Illinois Violence Prevention Authority undertook a multi-stage, collaborative planning process to identify and plan for high priority strategies deemed by stakeholders to be the most critical to long-term violence prevention. This plan is designed not only to guide the work of IVPA, but also to engage and promote stakeholder alignment across the violence prevention system. Three strategies are incorporated into the proposed plan with a variety of action steps that await final approval by the state of Illinois. The primary violence prevention strategies are:

- Provide effective interventions for youth/children exposed to violence/trauma
 - Building capacity to parents, caregivers, and children to be able to have healthy relationships and live in peaceful environments
 - Create centers for peace, safety, and social justice in every community and neighborhood in Illinois
 - Helping children to achieve safety and resist violence (in the real world).
- Promote healthy relationships and community connectedness among youth through schools and community serving organizations.
 - Design, implement, and disseminate a prevention/intervention framework to promote healthy relationships among youth
 - Identify and promote framework for training parents, caregivers, and other adults involved in systems in which youth work, learn, play and live to promote health relationship-building among youth
- Promote peaceful families and raising children to resist violence
 - Ensure accessible & sustainable effective services and support are available for children exposed to violence and their families
 - Ensure that those who interact with children that have been exposed to violence have the knowledge and skills necessary to provide and support appropriate effective interventions

Organization of Health Care Delivery: Public Health, Patient-Centered Medical Homes & Community Care Coordination – Illinois State Board of Health Policy Committee, 2008 Agenda

The Illinois State Board of Health (SBOH) and its Policy Committee proposes an organizing framework that can be used to develop implementation strategies for SHIP, and can be beneficial for fulfillment of other objectives of the SBOH. This framework focuses on the organization of public and private healthcare delivery, specifically through the development of collaborative relationships between public health organizations, patient-centered medical homes, community care coordination organizations, and mental health organizations.

This policy agenda acknowledges that properly integrated and coordinated public health systems optimize health care delivery, and also reduce inequity, inequalities, and cost of health care. Through a comprehensive literature review of Patient-Centered Medical Home (PCMH) and Care Coordination Organizations (CCO) the committee establishes precedent for recommendations on adopting integrative methods to maximize health care delivery in the Illinois public health system. The policy agenda cites the PCMH as a proven model for delivering much-needed primary care, but recommends expanding access and enhancing quality through better organization of PCMH's statewide. The integration and organization of PCMH's allow for improved health outcomes in chronic medical conditions among the population as evidenced by Illinois Medicaid Primary Care Case Management (PCCM) and Disease Management (DM) initiatives and -similar initiatives in other states such as Community Care of North Carolina. Moreover, the committee also references community-level case management utilizing CCO's as an integral system of care particularly for Medicare recipients and those who need a concentrated level of care.

With a broad approach to health care delivery in Illinois, the proposed agenda offers three recommendations for the integration of public health initiatives and mental health services:

- Develop methods to better integrate Public Health initiatives and Public Health departments with medical practices, particularly those that qualify as Patient-Centered Medical Homes, with community Care Coordination Organizations, with mental health services and with hospital organizations.
- Develop recommendations and policies that support the development of effective community care coordination.
- Develop recommendations and policies that support the development of a pervasive network of PCMHs.

In addition to these recommendations, the committee cites specific action-steps when considering strategies to execute the recommendations as follows:

- Develop implementation steps for the SHIP by examining each section in the light of these recommendations.
- Examine appropriate parts of the Legacy items, the Health Care Justice Act, and the Local Health Protection Act in light of these recommendations.
- Utilize the concept of an integrated organization of healthcare systems to address the following issues of interest to the SBOH:
 - Tobacco Control and Smoking Cessation
 - Patient Safety Initiatives

- Breast Cancer and Cervical Cancer Screening Programs
- Illnesses Preventable by Immunization
- Consider the utilization of health data from State of Illinois employees for demonstration projects of healthcare integration, outcomes and costs. Give specific attention to the effect for medically vulnerable populations.
- Utilize such data for policy development and workforce recommendations

SHIP 2007 STATUS AND INITIATIVES

In July 2008, the Illinois Public Health Institute convened stakeholders in a SHIP Summit to achieve three goals: 1) Report on SHIP Progress; 2) Initiate Collaborative Actions on Near-Term SHIP Opportunities; 3) Identify Longer-Term Opportunities and Emerging Issues. The report on the Summit should be read in conjunction with this Statewide Themes and Strengths Assessments.

The following legislative and funding initiatives respond directly to the 2007 SHIP. Many other initiatives that advance SHIP goals have also been launched and many are described in the Summit Report. Of particular note among initiatives that have been implemented coincidentally to the SHIP (advances the SHIP Alcohol, Tobacco and Other Drugs priority) is the Smoke Free Illinois Act which prohibits smoking in public facilities statewide.

SHIP PRIORITY: Data and Information Technology—Assure that current health status and public health system data are used to plan and implement policy and programs. *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.*

Initiatives:

- Illinois Health Data Dissemination Initiative
 - \$1.25 million over five years in Centers for Disease Control and Prevention funding to Illinois Public Health Institute as bona fide agent for the Illinois Department of Public Health. The funding is building a new web-based data query system (WDQS). The WDQS is being designed to make data more accessible, available to the public in a more timely way. The system targets specific user groups: local health department staff; community based organizations including health care providers; and state agency staff.
 - Passage of PA 95-0418, the Health Data Task Force, which establishes as state policy that state public health data and health-related administrative data be used to understand and report on the scope of health problems, plan prevention programs, and evaluate program effectiveness. It is a policy priority to use data to address racial, ethnic and other health disparities. The act establishes a health data task force made up of the Illinois Departments of Public Health, Human Services, Healthcare and Family Services, Children and Family Services, Aging, Illinois State Board of Education and Illinois Environmental Protection Agency. The Task Force, advised by a public interest advisory committee, is charged with developing a plan to coordinate, integrate and improve the quality of health data and make it more available inside and outside state government, with a particular focus on health disparities.

While this task force meets periodically, only the data access component is funded, through the CDC funding for the WDQS. Little progress has been made on a larger plan to integrate and improve the quality of health data.

SHIP PRIORITY: Disparities—Monitor health disparities and implement effective strategies to eliminate them. *Long-Term Outcomes: A public health system actively engaged in addressing health disparities and the social determinants that affect health outcomes across the lifespan.*

Initiatives:

- Language Assistance Act (PA 95-0667): legislation requiring hospitals and long-term care facilities to 1) have and annually review a policy for assuring language assistance services to patients with language barriers, including provision of interpretation services 24 hours per day; 2) inform patients of the availability of interpretation services; 3) train staff on the availability of language assistance services.
- Cultural Competency Demonstration Program (PA95-0630): creates a cultural competency demonstration grant program for health and public health providers. Subject to appropriation, no appropriation was made.

SHIP PRIORITY: Measure, Manage, and Improve the Public Health System — Assure accountability, ongoing improvement, and performance management. *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.*

Initiatives:

- July 2008 SHIP Summit reported on progress regarding SHIP priorities, identified areas for immediate action (obesity/physical activity, access, workforce, health disparities)
- SHIP 2009 Process (including updated assessments, an large and broadly conceived SHIP Planning Team charged with to refine and focus 2007 SHIP and identifying emerging issues.

SHIP PRIORITY: Workforce A & B—Assure an optimal, diverse and competent workforce. *Long-Term Outcome: A workforce that is optimal in terms of preparation, distribution and number of public health and health care workers. Long-Term Outcome: B workforce that reflects the diversity of the state and is culturally and linguistically competent.*

Initiatives:

- Responding to the SHIP Summit call for the development of a health care workforce study center, HJ56, 96th General Assembly was introduced and adopted. The resolution calls on stakeholders to create an Illinois Physician Workforce Institute to collect, analyze and distribute data on the physician workforce in Illinois, conduct studies of physician supply and demand, including effects of the physician education system, resident retention analysis, and report on the diversity of Illinois physicians and suggest strategies for ensuring the physician workforce reflects Illinois' diversity.

SHIP PRIORITY: Obesity and Physical Activity Monitor priority health conditions and risk factors, and implement effective strategies to reduce them: *Long-Term Outcomes: 1. 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). 2. Improvement in physical activity level of Illinois residents.*

Initiatives:

- Responding to the SHIP Summit call for a trust fund to support obesity prevention funded by a tax on obesity-causing foods, PA96-0155, the Obesity Prevention Initiative, was enacted which calls for three public hearings in the state to highlight existing state and community level initiatives, identify existing plans and opportunities for action, inform policy-makers and the public about effective solutions to the problem, and identify and engage stakeholders to promote action to reduce obesity, improve nutrition, and increase physical activity.

3) REPORT OF SHIP DISCUSSION GROUPS

SHIP Planning Team Discussion Group Summary:

2007 SHIP Priority Area Status Assessment

The first meeting of the 2009 State Health Improvement Plan (SHIP) Planning Team included a status assessment of the 2007 SHIP Strategic Priority issues. Small groups were formed, each assessing two of the 2007 SHIP priority areas. The following is a summary of their deliberations. Of particular note, each group described lack of data on the issue as being a particular factor that limits progress. This section of the report also refers to some key points raised at the 2008 SHIP Summit. In addition, at the end of the discussion of the strategic priorities, the Team as a whole held an extended discussion of how to assure implementation of the plan once completed, including discussion of accountability, and achievable scope.

Priority Area: Data (Facilitator: Laura Landrum)

Progress

The group assessed the progress as mixed. Illinois has benefited from state legislation that created the Health Data Task Force to improve collection, coordination and dissemination of public health data in Illinois. This legislation, coupled with a 5-year grant to Illinois from the Centers for Disease Control and Prevention, had led to the development of a web-based data query system that will enable state and local public health officials, agencies and community-based organizations to search for health-related data at various levels. This work, the Illinois Health Data and Dissemination Initiative, is being led by the Illinois Department of Public Health and the Illinois Public Health Institute.

The Illinois Department of Public Health is set to launch (by the end of October) the web-based Hospital Report Card/Consumer Guide which will provide consumers with access to information on hospital acquired infections and nurse staffing ratios. The Consumer Guide will report on conditions and procedures demonstrating the widest variation in charges and quality of care, including inpatient and outpatient data with current comparison information related to volume of cases, average charges, risk-adjusted mortality rates, complications, and hospital associated infections.

Electronic Health Records were also discussed at the 2008 SHIP Summit, with a presentation by Krista Donahue, Deputy Director, Illinois Department of Healthcare and Family Services (IHFS). IHFS has been leading the Illinois Health Information Exchange planning efforts, which recently distributed funding for planning grants to 16 regions of the state. IHFS has also submitted for significant funding to the federal government under the American Recovery and Reinvestment Act of 2009, to further implement EHR and HIE in Illinois.

Lack of Progress

The Health Information Security and Privacy Collaborative-Illinois (HISPC-IL) had been working for a number of years with a multi-state collaborative to address privacy and security, this ended July 2009 due to a lack of funding, without changes to state legislation.

The various databases that are the foundation of a public data query system are not as strong as they should be for the IHDDI web-based data query system to become a powerful tool. Certain

“underneath” databases are degrading due to lack of resources (e.g. less frequent county level Behavioral Risk Factor Surveillance System (BRFSS) data). This has also resulted in a reduced workforce for Illinois CMS (Central Management Services).

There has also been a lack of progress on increasing the partnership between data managers and data users/analysts. Consistency is an issue and universal data agreements remain controversial. These areas were also noted at the 2008 Summit, where the group suggested that state leadership was needed to establish standards for data that would address availability, definition and interpretation.

Uncoordinated/Fragmented Work

It will be important to set priorities for resource allocation to data system development and maintenance. There is currently no external process that will allow for partners to help state agencies with advocacy. Data systems are often incomplete.

Priority Area: Measure, Manage & Improve the Public Health System (*Facilitator: Laura Landrum*)

Progress

Illinois has a goal of achieving a well functioning public health system that assures accountability, ongoing improvement and performance management. The 2007 SHIP is the document that guides the overall work to achieve this goal, with “Measure, Manage & Improve” providing a special focus to document success in the efforts. The state level political climate is amenable to SHIP as a blueprint for improvements. System communication opportunities have been successful, including the 2008 SHIP Summit, the 2009 National Public Health Performance Standards Retreat, and the establishment today of the 2009 SHIP Planning Team.

Lack of Progress

Monitoring progress on SHIP objectives has been insufficient. The 2008 Summit report noted that the correct data to collect and analyze the SHIP has not been established. There is little strategic alignment of organizational plans, and we do not have buy-in from the broader range of public health system stakeholders.

Uncoordinated/Fragmented Work

Perceptions of the SHIP and its role vary among stakeholders. Is it an aspirational document or a commitment to action? Is it a reference document or should it be promoted and coordinated proactively? What is its relationship to IPLAN? Few local health departments understand or use the SHIP. 2008 Summit participants noted that the strategy should emphasize quality improvement and address ways to encourage participation in the system.

Priority Area: Obesity (*Facilitator: Laura McAlpine*)

Progress

Certain policy changes were successful to help address obesity, including revised guidelines for pregnant women, the ability for women to breastfeed in public spaces, and the establishment of the Illinois State Board of Education Wellness Policy. There are also successful public/private partnerships in major communities (e.g. Consortium to Lower Obesity in Chicago Children (CLOCC); employer-school partnerships/Peoria), which support the increase of farmer markets and school gardens. Media attention and heightened awareness by the general public has also led to the expectation that healthy weight will be discussed between patients and providers. The negative outcomes and costs associated with obesity are better understood by the general public. There are now online tools for weight management.

Lack of Progress

Two key problems noted in the obesity priority area include the lack of political movement on instituting a soda pop tax, as well as the continued health disparities associated with obesity. While the priority area plan is considered strong, a system is not in place to measure or monitor the desired outcomes. There needs to be standardization of how data is collected and the creation of a shared database. While CLOCC held a Summit in 2008 to explore how the school health exam form could be used to collect key data, health information technology has not been sufficiently implemented to support moving the data from paper into an electronic system. It was noted that the BRFSS is not useful for collecting child data.

There is also a lack of progress on ensuring healthy food in schools as well as in low-income communities. Many of our socializing still centers around sharing food. Societal attitudes which leave people reluctant to talk openly about obesity prevent progress on transforming exercise and eating practices.

Uncoordinated/Fragmented Work

There is a growing awareness of some aspects of healthy eating that will help with obesity prevention - eating food locally grown; appropriate portion size; choosing organic/less processed food. In support of this, there is an ability to use food stamps/electronic transfer at farmers markets at some parts of state. And, some restaurants are reporting calorie counts of food.

Corporate programs for weight management are in some businesses, but not connected to local community initiatives. While some insurers and some employers provide incentives for obesity prevention, not all health care providers spend time discussing obesity with their patients. Some hospitals are becoming breastfeeding friendly.

At the government level, the capital tax on soft drinks is not going to prevention. According to reports at the 2008 Summit, Illinois ranks 40th among states for spending/funding for obesity prevention and physical activity initiatives.

Priority Area: Physical Activity (Facilitator: Laura McAlpine)

Progress

The group was only able to point to a few areas of progress for advancing physical activity goals, most notably that the SHIP continues to provide a roadmap for activities. There is also awareness that planning "Built Communities" is important. Schools are now limited to 6 years for the waiver on providing students with physical activity programs. Some technology has become popular with young people to increase physical activity (e.g. Wii, Dance Dance Revolution).

Lack of Progress

The economic crisis was noted as a hindrance in maintaining momentum. While designing bike paths and other strategies in urban planning is better understood, putting these designs in place have been put on hold in many communities. There is not a solid funding base to support physical activity, such as via Medicaid/Medicare. The Illinois Department of Public Health (IDPH) has few resources devoted to this topic.

Increased time spent sitting in front of computers and television exacerbate the problem. People believe they need money to do physical activity. People should be better informed about what moderate physical activity means. Employers have not created ways for employees to engage in

physical activity at the work place. Parents are working longer hours, leading to a decrease in family activity. And in some communities, increased levels of violence create areas that have limited physical activity. Schools are often the only community institution where physical activity can take place, and given the 6-year waiver, some of these schools are unavailable.

Lastly, as noted with other priority areas, there is no data system for collecting and analyzing outcome measures for this priority area.

Uncoordinated/Fragmented Work

While the 2008 Summit notes the increase in gas prices as a step toward increased physical activity, gas prices have come down, limiting this effect. Some efforts are in place for community access to “Built Communities” for activity. Youth-based sports programs provide opportunities for physical activity, but are not in all communities throughout the state.

Building a Healthier Chicago is a good effort, but not replicated statewide. There are limited social marketing campaigns (e.g. Chicago Wilderness), and some employers promote gym memberships.

Priority Area: Access to Care (*Facilitator: Mairita Smiltars*)

Progress

Approximately 2.4 million people are receiving health coverage through state programs, including state employees as well as individuals and families enrolled in Illinois All Kids and Family Care (All Kids covers 1.5 million children¹). Illinois Health Connect links enrollees to a medical home and a primary care provider. The Illinois Department of Healthcare and Family Services, which administers the programs, has improved the application process through the use of the internet and other IT systems.

There are improvements in disease management, which are saving money by providing people with appropriate care. According to the 2008 Summit report, access to prescription drugs has been increased through various state programs.

With regards to a public health system that is responsive to the cultural and linguistic needs of the population, most hospitals in Illinois are now collecting better data on racial and ethnic categories in accordance with federal regulations. In addition, most hospitals have created comprehensive plans to assist patients that do not speak English, and some facilities have implemented cultural competency trainings for staff.

Lack of Progress

Universal health care in Illinois has not been achieved and the proposed expansion of Family Care was defeated. The state budget shortfall has worsened from 2008 to 2009, making progress in the General Assembly more difficult. Increasing access to health services is often seen as an expensive proposition to those who pay for the services, but making a stronger case to show how prevention saves more money than treatment could lead to increased access to health services. Dartmouth released a good study showing how Medicare ultimately saved money by increasing access to preventive medicine.

¹ <http://www.allkids.com/about.html>

Illinois needs care coordination/coordinators in local health departments, and the 2008 Summit report also notes that many areas of specialty care remain unwilling to see state-covered patients. UCSF and Harvard released a relevant report that discusses “What Works” for care coordination and medical homes, and the Institute of Medicine has also released a report on this topic. Creating and highlighting best practices in care coordination could lead to future action.

A prevention focus is needed at the community level, including access to primary care, mental health and oral health. The public needs to receive more consistent and pervasive public health messages and outreach. All sectors of the health care system need to project the same prevention and healthy living messages to the public. Prevention is caused by behavioral change in individuals, and individuals will change their behavior more quickly when the same message is reinforced through repetition. In addition, public health outreach programs should aim to improve the coordination of care, not increase fragmentation and silos.

Two special populations were noted: 1) need for a continuum of care coordinated with the criminal justice system for inmates going in and out; 2) community health care for people moving between nursing homes and their residential home.

Ultimately, more resources should be allocated to support research and policy analysis on issues that affect access to care for Illinoisans.

Uncoordinated/Fragmented Work

Scattered opportunities for uninsured patients are found in the state, including an initiative in the western Cook County suburbs highlighted at the 2008 Summit. One national example cited at the October 2009 SHIP Planning Meeting is Community Care of North Carolina, which provides a patient centered medical home that increases prevention, decreases medical interventions and saved \$550 million. There are also different levels of access among various services. In Illinois, proven public health interventions (e.g. obesity) are not taken to scale.

Illinois does not have a method to monitor access at the state level, and with a changing landscape it is unclear who is responsible for monitoring. At least six state agencies have some jurisdiction over access to care but no one agency currently owns it. Assigning accountability for monitoring and better messaging will help increase access to care. Uncoordinated system changes, such as closing community clinics, are done with a “wait and see” method, resulting in Darwinian outcomes for the community.

Priority Area: Disparities (*Facilitator: Mairita Smiltars*)

Progress

The group noted that there has not been much progress since the 2008 Summit, where it was noted that the Racial and Ethnic Health Disparities Action Council (REHDAC) of the Illinois Public Health Institute successfully advocated for the passage of the Health Data Task Force, the Language Assistance Services Act and the Cultural Competency Demonstration Program. While these pieces of legislation were passed, not much has happened to move this legislation forward, primarily due to a lack of appropriated government funds. Everyone is in survival mode and disparities work is no longer a priority.

Lack of Progress

This has been mostly because of both the government upheaval with the impeachment of the Governor, but also because of the downturn in the economy. The outcomes are not improving and there is not a database to track the disparities. No one agency is charged with monitoring disparities.

Uncoordinated/Fragmented Work

There is an annual federal report on health disparities, but no corresponding Illinois report. Unfortunately, IDPH doesn't have sufficient staff to take care of this. Public universities should do more state-based research and foundations need to fund evidence-based research. The public health sector needs to highlight the link between health status of students with educational outcomes. Data on health disparities between different sectors of the workforce could also be collected.

The group did highlight the rural/urban disparities in Illinois and suggests highlighting farmer health to get rural Illinois attention. Tort reform is a suggested intervention for addressing rural disparities as it will bring specialists back to rural Illinois where there are limited OB/GYNs, neurosurgeons and child psychologists.

Priority Area: Workforce A & B (Facilitator: Elissa Bassler)

Progress

The General Assembly passed HJR56 to create a Physician workforce studies center, which is being developed by Northwestern University Feinberg School of Medicine and the Illinois Hospital Association. Some rural communities are responding to changing demographics and seeking to attract a healthcare workforce that can meet those needs. The American Medical Association (AMA) has also developed training for the medical workforce that is focused on emergency preparedness but includes broad public health concepts, including cultural competency. The Illinois dental schools participate in this AMA initiative but the medical schools have yet to pick it up. UIC College of Medicine has an ongoing program to attract minority students, but this has not increased since the 2007 SHIP was published.

Lack of Progress

Area Health Education Center program is no longer operating in Illinois, but discussions are underway with Northwestern and a downstate University to revitalize AHEC with primary and secondary students.

Uncoordinated/Fragmented Work

The initial efforts to pass HJR56 focused on a comprehensive health and public health workforce studies center, but dispersed initiatives on various workforce sectors (e.g. the nurse workforce program at the Illinois Department of Commerce and Economic Opportunity) were a barrier to the development of a comprehensive and coordinated approach to the health workforce.

Priority Area: Alcohol, Tobacco, Other Drugs (Facilitator: Maryanne McDonald)

The group initially opted to address the two categories separately, but overlapping issues were immediately acknowledged. Intensive discussion of alcohol, tobacco and other drugs consumed most of the allotted time. Additional discussion of violence will be incorporated into the SHIP assessment and planning process as it proceeds.

Progress

Group members recognized Smoke Free Illinois as an important milestone. Members also suggested that the lead advocates for this legislation, IDPH, American Cancer Society, and Respiratory Health Association, continue to champion prevention and treatment statewide. Participants also noted broader adoption of evidence-based practice as documented through grantee reports. Though remarks regarding funding were qualified as “relative” progress, participants noted that preservation of prevention funding in the state budget is an important indicator in an economically fragile environment.

Lack of Progress

In contrast to prevention funding, funding for treatment has been cut and is in danger of further erosion. Residential programs are cost prohibitive for the vast majority of persons in need. Under-training of staff and staff shortages compound access to care issues. Lack of coverage for smoking cessation programs complicates challenges for persons seeking to quit. Local level zero-tolerance drug policies criminalize behavior, thereby fostering conflict and/or dis-incentivizing health seeking behavior. Current policies force quick disciplinary action rather than promote relationships skills and conflict resolution. If progress is to be made, policies must be changed and funding awarded for comprehensive prevention and respectful treatment programs – programs must respond to adolescent risk-taking as normal behavior and address the social context as the primary determinant of substance use among racial and ethnic communities. Participants agreed that drug trade is both an influence and an outcome of social inequities. As such, drug trade must be addressed as part of comprehensive policy change. Public safety officials must be educated and involved in policymaking and program development in order to make substantive progress.

Uncoordinated/Fragmented Work

The single most important resource to develop comprehensive and effective policies and programs is data. Participants acknowledged progress on a single source, web-based data query system, but reiterated that the quality, comprehensiveness, and timeliness of data will be essential to design effective interventions and evaluate program impact. Population data must include sufficient detail (e.g. age-adjusted, social support, relative wealth) to understand and attend to the contributing factors to alcohol, tobacco and other substance use. Likewise, violence-related data (e.g. violence against children) must be incorporated into the centralized health database resource for the state.

Appendix A. State-level plans

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

New Plans and Initiatives Since 2007

- Illinois Strategic Plan: Promoting Healthy Eating and Physical Activity to Prevent and Control Obesity 2007-2013 – Illinois Department of Public Health (IDPH) http://www.idph.state.il.us/HealthWellness/IL_Existing_State_Plan.pdf
- Illinois Violence Prevention Strategic Plan – 2009; Illinois Violence Prevention Authority (not currently posted online)
- Organization of Health Care Delivery: Public Health, Patient-Centered Medical Homes & Community Care Coordination – Illinois State Board of Health Policy Committee, 2008 Agenda Authority (not currently posted online)