SHIP Vision

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

Illinois
State Health Improvement Plan
Forces of Change Assessment

Illinois State Board of Health

May 2007

Prepared by

ILLINOIS PUBLIC HEALTH INSTITUTE

State Health Improvement Plan Forces of Change Assessment

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Forces of Change Assessment: Executive Summary

Purpose and Process
The purpose of the Forces of Change Assessment was to identify the external factors that affect the environment in which the Illinois public health system operates and the related challenges and opportunities these factors pose. Forces of change include factors both generated inside the public health system and imposed from the outside. Examples of external influences included:

- Demographic changes
- Changes in technology
- Growth in Medicaid/managed care

Members were asked to submit their thoughts on forces of change and related challenges and opportunities. At the November 10, 2005, meeting of the state planning team, members brainstormed specific forces of change that create these external factors and organized them into the areas of focus that shape or influence the public health system. The effects of these focus areas could be on any part of the public health system, including resources, strategic issues, infrastructure, culture, or environment.

In order to help the team identify ways to either enhance or mitigate the effects of these forces of change, members identified challenges and opportunities within each force.

The work of the committee was completed at the November 10, 2005 State Health Improvement Plan meeting, and was presented at the December 15, 2005 State Health Improvement Plan meeting.

Executive Summary
The planning team identified 18 areas of focus. Within each of these focus areas, the team identified specific trends or forces that were thought to be affecting the public health system in some way. A summary of these forces of change and their corresponding focus areas is included in the table below.

Focus Area	Force/Trend
Emergency response issues	■ Insufficient coordination of public health/emergency response systems; silo funding ■ Continuing focus on bioterrorism diverting attention and resources from other public health issues ■ Emerging infectious disease ■ Increasing importance of global health to our national health
Changing demography — Immigration/language	■ Increasing immigrant/non-English speaking/undocumented population

Focus Area	Force/Trend
Changing demography — Seniors	■ Increasing number of older persons in need of access to out-patient medical treatment and treatment for substance abuse and mental health issues
Changing demography — Age	■ Changing population age distribution: baby boomers aging, young immigrant population increasing; changing family structure
Changing demography — Population growth/growing diversity	■ Changing and moving population; both urban and suburban sprawl; declining rural population
Changing demography — Other	■ Impact of incarceration
Funding and resources	■ Reduced/insufficient government resources ■ Tendency of policy makers to think short term ■ Lack of public health advocacy on Capitol Hill ■ Continued focus on categorical funding ■ Government funding problems that foster expansion of public private partnerships in all aspects of life ■ New issues (Katrina, Iraq) putting pressure on public health/human services funding
Health care cost/financing/access	■ Organization of the health care system by payment systems instead of health care needs ■ Rising health care costs, rising insurance costs, more uninsured and underinsured ■ Malpractice "crisis"; limits of specialty care in Illinois
Medicaid	■ Changes in Medicaid at the federal level, in Illinois, and other states
Medicare	■ Seniors' lack of understanding regarding Medicare prescription program and how to manage prescriptions effectively
All Kids/state children's health insurance program	■ Lack of focus on other uninsured in need ■ Short timeframe for major program
Public health approaches/policy/law	■ Lack of match of public health practice with funding and statutes governing boards of health (BOH); inconsistent functions ■ Increasing interdependence of medical and public health "systems" because of challenges of public funding, etc. ■ Increasing focus on prevention and community and availability of information on evidence based practice ■ Unavailability of current health status data ■ Public demand for transparency regarding

Focus Area	Force/Trend
	health and quality information/accountability
Other policy issues	■ Conflict between population health approach and "American individualism" ■ Ideology driving science policy ■ Need for appropriate development of health care infrastructure (clinics, hospitals, etc.)
Technology/telemedicine	■ Need for appropriate implementation of and support for new technologies (telemedicine, information sharing technologies, etc.)
Workforce issues	■ Workforce capacity outpaced by current demands ■ Expansion of information sources available to the public
Image of public health	■ Increasing recognition of the importance of public health by other professions ■ Unclear or changing perception of public health; media influence ■ Shifting burden of disease from acute to chronic illness
Environmental/social issues	■ Transformation of public housing ■ Increased introduction of new chemicals in consumer and commercial products ■ Increasing awareness and understanding of the importance of the built environment and its relationship to health outcomes ■ Continuing lack of resources/inequitable distribution of resources for education system resulting in disparities in educational achievement
Specific health conditions/issues	■ Increasing chronic disease burden (obesity, diabetes, asthma) ■ Lack of progress in reducing low birth weight (LBW) ■ Momentum regarding legislation to limit environmental tobacco smoke exposure ■ Emergence of behavioral health as a public health issue ■ Substance abuse/methamphetamine use and production (environmental issues)

Findings

- Despite the importance of issues related to preparedness for bioterrorism, focus on bioterrorism has diverted attention from broader public health issues and from other emergency response issues such as the emergence of infectious diseases and the insufficient coordination of emergency response systems.

- Several issues have emerged because of recent demographic fluctuations in Illinois that include increasing immigrant population, an aging population, an increasing urban and suburban population and an increasing incarcerated population.

- Adequate and consistent funding and resources for public health are threatened by lack of support from government officials, lack of advocacy efforts with legislators, a focus on categorical funding and other events like the Iraq War and Hurricane Katrina.

- Factors detrimental to a well functioning health care system include rising health care and insurance costs, lack of universal coverage, organization by payment system rather than health and health care needs, lack of specialty care and malpractice issues.

- Changes in Medicaid at the federal level, in Illinois, and in other states all have ramifications in Illinois.

- The new array of Medicare prescription plans poses uncertainties for its population.

- "All Kids" health insurance was enacted and should reduce the number of uninsured children.

- Public health practice does not match the statutes on governance and funding for boards of health.

- Medical and public health systems are becoming more interdependent because of challenges of public funding.

- There is an increasing emphasis on prevention and evidence-based practice.

- The quality and availability of public health data are inadequate.

- The public demands transparency regarding how public health and medical care providers operate and how health data are used.

- The health care infrastructure needs to be enhanced.

- Ideology and a focus on individualism are conflicting with appropriate development of science policy and population approaches.

- There is a need for appropriate implementation of and support for new technologies.

- Public health and health care demands are outpacing the capacity of the current workforce.

- The public has access to various new health information sources.

- The shift from acute to chronic illnesses provides an opportunity and a challenge to the role of public health and underscores the importance of public health in other professions.

- Environmental and social issues including the transformation of public housing, the role of the built environment, the introduction of new chemicals into products and the environment and a lack of adequate funding for the education system result in deleterious effects on the health of the public.

- Several health conditions and issues currently need attention, including chronic diseases, substance abuse, low birth weight rates, tobacco smoke exposure and behavioral health.

Forces of Change Assessment: Full Assessment

Focus Area: Emergency Response Issues

Force: *Insufficient coordination of public health/emergency response systems; silo funding*

Challenge
- Lack of leadership

Opportunities
- Opportunity to learn from Katrina response/engage stakeholders, special populations in planning
- Opportunity to develop greater coordination
- More opportunity for "bottom up" approaches and highlighting such/engagement with stakeholders, more inclusion at the "ground level"

Force: *Continuing focus on bioterrorism diverts attention and resources from other public health issues*

Challenge
- Public health distracted from other critical disaster response issues

Opportunity
- Some ability to do all hazards planning and infrastructure development

Force: *Emerging infectious disease*

Challenges
- Greater commitment of state and local resources is required
- Attention and resources are diverted from existing and more probable public health threats because of increased media attention on pandemic avian flu
- Careful image management to emphasize strengths as well as deficiencies
- Attention and resources have been diverted from existing public health threats because of national attention to hurricane survivors and families
- Little integration/communication between state public health and animal disease diagnostic laboratories; interferes with surge capacity (e.g., testing for West Nile Virus, avian influenza, SARS) especially for zoonotic and emerging diseases

Opportunities
- Possible increased visibility of public health community and opportunity to educate the public regarding public health value and function
- Possible increased appropriations

- Opportunity to refine emergency response plans that transcend a single, specific public health crisis
- Increased public awareness of inadequate coordination at federal, state and local levels in responding to emergencies beyond terrorism
- Public and political pressure for increased resources
- Opportunity to build alliances and strengthen relationships between states
- Development of new communications and collaborations among state agencies

Force: *Increasing importance of global health to our national health*

Challenges
- International transmission of infectious diseases
- Rapid acceleration of infectious disease

Opportunity
- Increased level of importance in foreign relations–issue of national security

Focus Area: Changing Demography—Immigration/Language

Force: *Increasing immigrant/non-English speaking/undocumented population*

Challenges
- Interference with ability to disseminate public health information and programs
- Interference with provider/patient communication
- Lack of understanding of variations in values and customs (and impact on health orientation) by public health community
- Limited diversity among health care providers
- Decreased ability to disseminate public health messages
- Social, political, and economic challenges of using tax dollars to help people who didn't immigrate legally
- In-migration of Hispanic people, changing racial/ethnic mix of our state affects health access, financing, and utilization trends

Opportunities
- Opportunity to focus multi-ethnic collaboration around issues of shared importance
- Opportunity for more language education in the (pre-college level) schools
- Increased involvement in the Latino community and development of cross-cultural competence
- New collaborations between state and local agencies and NGOs, community groups

Focus Area: Changing Demography—Seniors

Force: Increase in number of older persons in need of access to out-patient medical treatment, e.g., cancer treatment, cardiac therapy, respiratory therapy, and kidney dialysis, as well as treatment for substance abuse and mental health issues

Challenges
- Increase in older adults who struggle with mental disorders including depression and dementia; nearly 20 percent of persons 55 and older experience mental disorders including depression, anxiety, phobias, obsessive-compulsive disorders, and cognitive impairment
- Increase in Alzheimer's disease; over the next 20 years, the number of adults in the United States with Alzheimer's disease is expected to increase from 4.5 million to 15 million
- Older adults who abuse alcohol and prescription drugs are largely hidden and are at high risk for acute illness, falls and injuries, and suicide
- Lack of affordable and accessible non-emergency medical transportation and escort services that respond to the unique needs and functional abilities of older persons and persons with disabilities, especially in rural areas

Opportunities
- Opportunity to increase public awareness to remove the social stigma from mental illness; to educate and collaborate with primary care physicians and qualified mental health professionals to assess, diagnose, and treat mental illness in older adults; and to conduct comprehensive geriatric assessments of adults to identify and treat mild cognitive impairment in order to maximize the functional capacity and quality of life for persons with dementia, especially Alzheimer's disease
- Opportunity to prevent and treat the abuse of alcohol and prescription drugs and to prevent depression and suicide, especially among men older than 55
- Opportunity to develop rural public transportation systems in 44 downstate counties and increase the availability of individualized assisted transportation for persons in need of out-patient medical treatment

Focus Area: Changing Demography—Age

Force: Changes in population age distribution: baby boomers aging, young immigrant population increasing, changing family structure

Challenges
- More poverty in young families
- More uninsured

- Difficulty of deciding what constitutes an equitable and effective use of resources
- Possibility of creating an "us-against-them" mentality
- Focus on treatment rather than prevention
- More people with age-related health concerns
- Changes in the geographic/age distribution of the population
- Increased demand for health care and decreased ability to meet this demand
- Different public health issues; long-term vs. short-term results
- Increased incidence of acute and chronic diseases and functional disabilities in later life, such as heart disease, cancer, stroke, diabetes, osteoporosis, vision loss, hearing loss, and dental health problems
- Meeting needs of some segments of the population who are resistant to healthy lifestyle counseling because of cultural norms and other socioeconomic factors

Opportunities
- Opportunity to devise creative approaches that bridge generations and cultures
- Opportunity for medicine and public health to learn the burden a population can put on a system and prepare for the future by educating about healthy lifestyle
- Opportunity to underscore importance of programs to support "healthy aging" and promote independent lifestyle
- Opportunity to promote healthy aging and preventing diseases among today's seniors and aging baby boomers through adequate nutrition, physical activity, health risk assessments and screenings, education, immunizations, and improved patient access to clinical preventive services and assistive technology
- Opportunity to encourage healthier life choices incorporating physical activity and moderations in diet and alcohol consumption to a large proportion of the population interested in "self-improvement"

Focus Area: Changing Demography—Population Growth/Growing Diversity

Force: *Changing and moving population; both urban and suburban sprawl and rural population decline*

Challenges
- Issues of water and other infrastructure needs in formerly rural areas that are now suburbanizing
- Challenge to local governments in formerly rural or suburban areas to serve populations with new and different needs (e.g., poverty, race and ethnicity, aging, etc.)
- Provision of necessary preventive services

Opportunity
- Opportunity for community screenings services rather than individual exams in an effort to cut health care demand and costs

Focus Area: Changing Demography—Other

Force: *Impact of incarceration*

Challenges
- Issue of who is and is not incarcerated; issues of race, ethnicity, socioeconomics
- Incarcerated women with children
- Lack of continuity of care
- Older prisoners released to community health and mental health systems
- Network of health and social services inadequately prepared to address unique needs
- Mental health care needs of prisoners

Opportunity
- Opportunity for public health/human services programs to engage the justice system

Focus Area: Funding and Resources

Force: *Reduced/insufficient government resources*

Challenges
- Lack of resources to embark on new initiatives, even those that are proven
- Decreased resources for providers to spend on prevention and other innovative initiatives
- Identification of who or what receives less attention
- Difficulty in accomplishing long-term changes to influence health status
- Fewer dollars for programs
- Leveraging the access to populations that may need public health resources through and in collaboration with the private sector
- Promotion by employers of good health as a way to lower cost

Opportunities
- Opportunity to re-examine policies that are in place with an eye to improve them
- Opportunity to establish priorities
- Greater understanding of benefits of investing in prevention
- Greater deployment of public health strategies utilizing the resources of the private sector

Force: *Tendency of policy makers to think short term*

Challenge
- Result is that funds and funding formulas do not provide adequate resources, especially for chronic disease issues

Opportunity
- Opportunity to use resources better

Force: *Lack of public health advocacy on Capitol Hill*

Challenge
- Lack of effective public health lobbying and advocacy at the federal level, will result in discretionary funding being allocated to other issues and "public health" bills trapped in committee

Opportunity
- None listed

Force: *Continued focus on categorical funding*

Challenge
- Narrow focus limits and drives agenda, prevents examination of long-term issues

Opportunity
- None listed

Force: *Government funding problems fostering the expansion of public-private partnerships in all aspects of life*

Challenge
- Lack of corporate understanding of public health and how it affects them

Opportunity
- Opportunities for public-private partnerships related to occupational or other prevention initiatives because of intense corporate interest regarding ways to reduce employee health costs

Force: *New issues (Katrina, Iraq) putting pressure on public health/human services funding*

Challenge

- Negative impact of the war in Iraq on our federal budget and funding of domestic programs, especially discretionary spending for public health initiatives

Opportunity
- Opportunity to use these new issues (Katrina, Iraq) to frame our issues

Focus Area: Health Care Cost/Financing/Access

Force/: *Organization of the health care system by payment systems instead of health care needs*

Challenge
- Disconnections within the payment system and among payers

Opportunity
- None listed

Force/: *Rising health care costs, rising insurance costs, more uninsured and underinsured*

Challenges
- Problems with employer-based insurance
- Focus on treatment rather than prevention/preventive care
- Larger number of people at-risk for poor health
- Increased likelihood that at-risk people will become chronically ill but will not have financial access to care
- Significant proportion of Illinoisans forced to forgo needed medical care
- Safety nets stretched to their limits
- Changes in types/number of jobs that provide access to health insurance
- More demands on public sector from larger numbers of people without generous health coverage
- Increased number of uninsured puts at risk insurance payment cost shifting to subsidize uninsured
- Difficulty for politicians to "invest" in public health, when so much of state/federal budget is already devoted to health
- Need for parity for mental health services
- Residents facing tough choices in addressing health care needs vs. paying for other life necessities
- Population expectation of easy access to best/newest medical technology, causing duplication and driving costs up
- Lack of access to specialty care in rural areas
- Extension of the business model of medicine and its attendant values, at expense of public good
- Reduction in services to rural and already underserved communities

- Reduced resources for governmental public health services that were formerly reimbursed by Medicaid
- Resistance of managed care organizations to Medicaid clients at miserly reimbursement rates
- Questionable willingness of managed care entities to perform care coordination functions required to effectively (and cost effectively) treat the Medicaid population
- Helping people understand their health issues when the medical help isn't as forthcoming as it used to be (people are used to easier access);helping people learn to advocate for themselves and not give up when they encounter the inevitable bureaucratic hurdles
- Co-pays going up for the poor

Opportunities
- Opportunity to market the value of disease prevention; opportunities to develop cost benefit analyses that explore the consequences of expanding insurance products that provide incentives for health improvement to control employer costs and to develop broader, fundable, and needed prevention programs
- Advocating not just for public health, but for major quality-of-life issues (such as minimum wage increase, corporate responsibility, etc.)
- Development of safety-net clinics and programs in public health system
- Better coordination of the deployment of medical technology
- Fewer health care entities to coordinate and cooperate, both in public insurance programs and preventive activities
- Opportunities to encourage large practices that are more likely to financially support prevention and community health activities as part of marketing their organization
- Opportunity to foster economy of scale
- Opportunities to set/coordinate standards for prevention (and other key elements of care)
- Opportunity to be proactive, along the lines of a patient's bill of rights and to create ways for poor people to access assistance with co-pays
- Opportunity to work with community-based, faith-based, and non-profit organizations

Force: *Malpractice "crisis"; limits of specialty care in Illinois*

Challenges
- Speaks for itself
- Difficulty in getting attention of medical societies to support and participate in public health initiatives

Opportunity

- None listed

Focus Area: Medicaid

Force: *Changes in Medicaid at the federal level, in Illinois, and in other states*

Challenges
- Impact of federal budget on Illinois
- Influx of population caused by cuts in other states
- Medicaid cuts in other states shifting populations
- Issues of dual eligibility, elderly, persons with mental illness and disabilities
- Medicaid terminated instead of suspended when a person is incarcerated
- Shifting children from Medicaid to (presumably) state-funded Kids First, affecting both services and availability of funds for other health-related matters
- Failing safety net for adults and seniors with inadequate insurance
- Serving a population with health needs despite decreasing or delayed payments to providers
- Limit in the amount of funding and therefore the number of people able to pay for and access necessary treatment services

Opportunities
- Increased pressure to collaborate across health care sectors
- Supporting legislation to improve Medicaid reimbursement in an effort to keep providers serving the Medicaid population.

Focus Area: Medicare

Force: *Seniors' lack of understanding regarding Medicare prescription program and how to manage prescriptions effectively*

Challenges
- Seniors' lack of education or understanding of new Medicare benefit
- Seniors' challenged in managing prescription drugs effectively because of the increased availability and affordability of prescription medications

Opportunities
- Development of community-based nursing programs to help older adults to manage chronic disease and prescriptions
- Education program on the benefits of prescriptions and also education about taking prescriptions and not rationing, etc.
- Opportunity for education of older adults and persons with disabilities about effective treatments for chronic diseases including self-management of prescription drugs and seeking alternative therapies and medication

management programs to assist older persons with physical and mental disabilities to live at home

Focus Area: All Kids/State Children's Health Insurance Program

Force/Trend: *Lack of health insurance for children*

Challenges
- Diversion of attention and resources from uninsured low-income adults, particularly men, because of focus on insurance needs of families with higher incomes
- Short timeframe for major system changes (e.g. Primary Care Case Management)
- Limits in ability of clinicians to implement prevention/control measures in this large population at a time when lifestyle choices pertaining to health are made

Opportunities
- Providing more kids with health insurance
- Improving access to health care
- Opportunity to expand excellent clinical disease prevention and management care because of new state program

Focus Area: Public Health Approaches/Policy/Law

Force: *Incompatibility of public health practice with board of health (BOH) governing statutes and funding; functions are not consistent*

Challenges
- Ineffectiveness of old and fragmented statutes and regulations in advancing today's population health
- Creation by national and Illinois public health organizations of practices that do not match Illinois statute

Opportunity
- Opportunity to create model public health law for state and local adoption

Force: *Medical and public health "systems" becoming more interdependent because of challenges of public funding, etc.*

Challenges
- Lack of knowledge among many physicians about the goals and activities of the public health system and of public health professionals
- "Anti-physician" and "anti-medicine" attitude among many public health professionals

Opportunity
- Opportunity for important collaborations between medicine and public health: e.g., education of health professionals and public health students; joint awareness, public education, and advocacy efforts; focused community campaigns

Force: *Increasing focus on prevention and community and availability of information on evidence-based practice*

Challenges
- Implementing evidence-based practices at the local level more effectively; making data to drive decision-making more easily available at all levels
- Limited infrastructure to support community-based efforts and to link these to clinical care sites

Opportunities
- Opportunity to leverage access to information to help local implementation of evidence-based strategies
- Replicating and expanding work that is being done related to violence, obesity, AIDS and asthma across communities and expanded within communities; there is funding for this kind of work

Force: *Current health status data not available*

Challenges
- Two to three year lag in health status data availability makes doing relevant community assessment difficult

Opportunity
- Opportunity to set up state-of-the-art medical/health informatics system

Force: *Public demand for transparency regarding health and quality information/accountability*

Challenges
- Ability to take complex issues and communicate to the public/risk communication/health literacy
- Ensuring that information is accurate
- Complying with Health Insurance Portability and Accountability Act (HIPAA)
- Working with media

Opportunities
- Opportunity to learn to work more effectively with the media
- Development of good habits of disclosure of information on the part of health care providers
- Opportunity for improved quality of care

- Opportunity to implement HIPAA

Focus Area: Other Policy Issues

Force/Trend: *Conflict between population health approach and "American individualism"*

Challenges
- Challenge of maintaining ethical public health values
- Related policies potentially limit resources to citizens of Illinois and/or decrease access to services
- Issues for undocumented immigrants
- Low/decreasing belief in efficacy of government

Opportunity
- Opportunity to increase and/or improve resources in Illinois, depending on the policy

Force: *Ideology driving science policy*

Challenge
- Increasing emphasis on abstinence-only sex education

Opportunity
- None listed

Force: *Need for appropriate development of health care infrastructure (clinics, hospitals, etc.)*

Challenges
- Meeting needs of communities of need at the same time as expanding resources required by metropolitan growth
- Uneven growth of capacity across the city requires that expansion efforts are targeted to areas of greatest needs

Opportunities
- Opportunity to discuss racial, economic disparities in health care and possible solutions
- Opportunity to take advantage of more services available for low-income individuals as a result of significant expansion of federally funded community health centers

Focus Area: Technology/Telemedicine

Force/Trend: Need for appropriate implementation of and support for new technologies (telemedicine, information sharing technologies, etc.)

Challenges
- Prioritizing (and supporting) the cost of these rapidly obsolete technologies
- Difficulty sharing information
- Rapid access of public to information
- Making telemedicine technology accessible and affordable to older persons and persons with disabilities

Opportunities
- Implementation of electronic medical records
- Opportunity to link urban and rural public health and health care practitioners
- Increased opportunity for effective collaboration with minimal face-to-face meetings
- Utilization of cybertechnology to better inform/educate the public
- Opportunity to make telemedicine available to older persons and persons with disabilities to help them and their caregivers manage diseases and disabilities in the least restrictive setting, e.g., at home, in a licensed assisted living facility, or a certified supportive living facility and prevent emergency room visits and admissions to long-term care facilities

Focus Area: Workforce Issues

Force/Trend: Current demands outpace capacity of workforce

Challenges
- Quality of care threatened; limited access to services
- Impact on public health of the people in Illinois by the quality and number of nurses and other providers
- Low salaries
- Inadequate cultural/linguistic proficiency of workforce
- Need for "career matrices"/bridge programs to help people move into new positions
- Licensing issues
- Issues of quality and evidence-based programming
- Need for community-based nursing
- Current workforce lack of training in public health science–unable to perform duties
- Loss and inadequate replacement of skilled individuals
- Lack of public health education coverage under "Medical Services Act"
- Need to market public health careers

- Disproportionate demographic profile of health providers and the public health workforce

Opportunities
- Opportunity for Illinois to participate in a multi-state collaborative regarding accreditation of public health departments
- Opportunity to recruit and train workforce to address diversity in population
- Design of systems to integrate learning into job; core competency training
- Workforce investment

Force/Trend: *Expansion of information sources available to the public*

Challenge
- None listed

Opportunity
- None listed

Focus Area: Image of Public Health

Force/Trend: *Increasing recognition of the importance of public health by other professions*

Challenge
- None listed

Opportunity
- None listed

Force/Trend: *Perception of public health not clear/changing/media influence*

Challenges
- Scarce resources for responding to disproportionate perceptions/fears/risks
- Low perceptions of relevance
- Possible management of high profile public health challenges by non-public health, emergency response agencies
- Inaccurate/misleading information shaping public opinion affecting public health
- Misrepresentation of the true and full role of public health
- Low impact/diluted advocacy capacity
- Shifting burden of disease to chronic diseases, diminishing the perceived importance of public health

Opportunities
- Public awareness and engagement in public health issues
- Opportunity to use media as catalyst to promote community health

- Improvement of disease surveillance systems to provide "visibility"
- Reducing costs of good public health measures

Force: *Shifting burden of disease from acute to chronic illness*

Challenge
- Diminishment of public perception of public health usefulness

Opportunity
- Opportunity to engage new partners, heighten focus on population health, and increase emphasis on prevention

Focus Area: Environmental/Social Issues

Force: Transformation of public housing

Challenge
- Increased risk of childhood lead poisoning because of relocation from lead-free housing units to new homes

Opportunity
- None listed

Force: *Increased introduction of new chemicals in consumer and commercial products*

Challenges
- Assessing and controlling risks of chemicals whose uses are not regulated

Opportunity
- None listed

Force: *Increased awareness and understanding of the importance of the built environment and its relationship to health outcomes*

Challenges
- Contribution to overweight and obesity, disease, etc.
- Lack of human impact analyses on decisions about roadways, building/ development, etc.

Opportunity
- Encourage Chicago's goal as a center for sustainable and green architecture, community development; Chicago Metropolis 2020 is very interested in this work

Force: Continuing lack of resources/inequitable distribution of resources for education system resulting in disparities in educational achievement

Challenge
- Interference with efforts to improve the socioeconomic status of all citizens

Opportunity
- New collaborations among state, local and nongovernmental agencies and community groups

Focus Area: Specific Health Conditions/Issues

Force: *Increasing chronic disease burden (obesity, diabetes, asthma)*

Challenges
- Lack of effective strategies
- Opposition to policy changes
- Effective community and patient education
- Difficulty in treating obesity

Opportunities
- Opportunity to improve health
- Opportunity to get attention of policymakers and the public to address obesity prevention

Force: *Lack of progress in reducing low birth weight (LBW)*

Challenge
- Overcoming a complex multi-faceted problem

Opportunity
- Opportunity to try new strategies

Force: *Momentum regarding legislation to limit environmental tobacco smoke exposure*

Challenge
- Primary and secondary tobacco smoke exposure in public places

Opportunity
- Opportunity to capitalize on recent Chicago initiative to ban smoking and to propose the same statewide

Force: *Emergence of behavioral health as a public health issue*

Challenges
- Perception of behavioral health as separated from physical health
- Lack of adequate resources
- Lack of access
- Historical stigma—illness vs. health
- Lack of understanding between interconnection of mental and physical

Opportunities
- Opportunity to look at behavioral health along a continuum within ecological, public health, population-based, and early intervention frameworks
- Opportunity to change the way society deals with mental health
- Opportunities for new partners, including justice system, aging, and child welfare
- Opportunity to capitalize on the realization that early stages of life (0-5 yrs) are important in behavioral health

Force: *Substance abuse/methamphetamine use and production (environmental issues)*

Challenge
- None listed

Opportunity
- None listed