



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

Illinois State Board of Health

May 2007

Prepared by



*Health is a state of complete physical, mental and social well-being
and not merely the absence of disease or infirmity.*

World Health Organization, 1994

*The mission of public health is to fulfill society's interest in assuring
conditions in which people can be healthy.*

Institute of Medicine, 1988

*The public health system is the collection of public, private and
voluntary entities as well as individuals and informal associations
that contribute to the public's health.*

U.S. Centers for Disease Control and Prevention, 2003

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December 2006

Dear Public Health System Partner:

For the past year, it has been our privilege to work together on the State Health Improvement Planning process. We have been proud to work with an incredibly thoughtful, talented and committed Team representing business, labor, health care providers, academia, philanthropy, non-profit health organizations, local health departments, the legislature, and state government agencies.

We are pleased to present the State Health Improvement Plan to all our partners in the public health system - the Governor, the General Assembly, and all those working to improve the health of Illinois residents.

The Plan envisions *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.*

The Plan focuses on several key system priorities and outcomes that, when achieved, will support health improvement across a wide range of health issues. In addition, the Plan has identified four priority health conditions as risk factors for a number of diseases and disabilities. Strategic, system-focused planning has resulted in a State Health Improvement Plan that can be embraced and implemented by all.

It is the hope of the State Board of Health and the Planning Team that you will use activities associated with your sector in the Plan as a springboard for future action to improve the functioning and outcomes of the public health system.

We and our colleagues on the Planning Team are eager to work with everyone in the Illinois public health system to make this plan a successful blueprint for the good health of our communities.

Sincerely,



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Director
Illinois Dept. of Public Health
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Robert Kieckhefer
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Our deep appreciation is owed to Bob Kieckhefer and the staff at Blue Cross/Blue Shield of Illinois, who hosted several Team meetings.

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Executive Director
Illinois Public Health Institute
December 8, 2006

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List of Acronyms (Glossary found in Appendix B)

AHCTF	Adequate Health Care Task Force
ATOD	Alcohol, Tobacco and Other Drugs
BRFSS	Behavioral Risk Factor Surveillance System
CBO	Community-based Organization
CBPR	Community-based Participatory Research
CDC	U.S. Centers for Disease Control and Prevention
DCFS	Illinois Department of Children and Family Services
EMS	Emergency Medical Services
EPHS	Essential Public Health Services
EPSDT	Early Periodic Screening Diagnosis and Testing
GS/HS	Grade School/High School
HC	Health Care
IACET	International Association of Continuing Education Training
IDHS	Illinois Department of Human Services
IDPH	Illinois Department of Public Health
IDHFS	Illinois Department of Healthcare and Family Services
IPLAN	Illinois Project for Local Assessment of Needs
IT	Information Technology
LBW	Low Birth Weight
LCC	Language and Culture Competence
LEP	Limited English Proficiency
LHD	Local Health Department
LMS	Learning Management System
MAPP	Mobilizing for Action through Planning and Partnerships
MCH	Maternal and Child Health
MH	Mental Health
NACCHO	National Association of County and City Health Officials
NPHPS	National Public Health Performance Standards
PBM	Pharmacy Benefits Management
PH	Public Health
SHIP	State Health Improvement Plan
TA	Technical Assistance
UIC	University of Illinois at Chicago
WHO	World Health Organization
WIC	Women, Infants and Children
YPLL	Years of Potential Life Lost

Executive Summary

The State Health Improvement Plan

In August 2004, Gov. Rod R. Blagojevich signed the State Health Improvement Plan Act. This groundbreaking law requires that Illinois develop a prevention-focused State Health Improvement Plan (SHIP) every four years.

The 2006 Illinois State Health Improvement Plan was crafted by a diverse leadership team appointed by the director of the Illinois Department of Public Health (IDPH) to work with the Illinois State Board of Health. Team members represent public, private and voluntary sectors. IDPH engaged the Illinois Public Health Institute (IPHI) to facilitate the SHIP process. The Team developed a *vision, six strategic issues with associated long- and intermediate-term outcomes, and recommendations of strategies and actions* for the sectors that make up the public health system.

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.

SHIP Strategic Issues and Outcomes

Access: access to health care and public health services, including quality prevention programs, oral health, mental health, medical and long-term care.

○ *A health care and public health system that:*

- *is responsive to the cultural, linguistic and other needs of the population.*
- *integrates prevention and care.*
- *is universally available and affordable.*

Data and Information Technology: assure that current health status and public health system data are used to plan and implement policy and programs.

- *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.*

Disparities: monitor health disparities and implement effective strategies to eliminate them.

- *A public health system actively engaged in addressing health disparities and the social determinants that affect health outcomes across the lifespan.*

Measure, Manage and Improve the Public Health System: assure accountability, ongoing improvement, and performance management.

- *A high functioning public health system comprised of active public, private and voluntary partners.*
- *Ongoing monitoring of the identified health conditions and risk factors.*

Workforce: assure an optimal, diverse and competent workforce.

- *A workforce that is optimal in terms of preparation, distribution and number of public health and health care workers.*
- *A workforce that reflects the diversity of the state and is culturally and linguistically competent.*

Priority Health Conditions: monitor priority health conditions and risk factors, and implement effective strategies to reduce them.

- *Decrease use of alcohol, tobacco and illegal drugs and the misuse of legal drugs.*
- *Reduce the proportion of children and adolescents who are overweight or obese, and the proportion of adults who are obese.*

- *Improve the physical activity level of Illinois residents.*
- *Reduce violence and exposure to violence.*

SHIP Strategies/Actions

The SHIP addresses strategies and actions for each priority for many sectors, including local health departments, state agencies, health care providers, the legislature, community-based organizations, voluntary health organizations, higher and K-12 education, health plans, employers, philanthropy, the media and organized labor.

Proposed actions include employer wellness programs, the design of a new and comprehensive health data system, workforce training in cultural competency, investment in local health priorities, and development of a statewide physical activity and obesity prevention initiative.

Recommendations

The Illinois State Health Improvement Planning Team recognized that Illinois has

passionate advocates for many health conditions and populations, and that our state has many health needs. Thus, the Team sought to identify cross-cutting issues affecting the public health system and opportunities to strengthen it. It was the intention of the Team to fashion the six priority areas such that all system partners could see their particular issue or area of concern reflected and that most health conditions of concern could be more effectively addressed. The Team believes that as Illinois advances in addressing health improvement in multiple domains and across the lifespan, we must always be cognizant of and working on the critical system supports that make a healthy population possible.

The Team challenges the partners in the public health system to focus their energy on the issues and objectives identified in this plan, and to take these critical first implementation steps to ensure the realization of the State Health Improvement Plan vision:

Initial Steps:

- Focused and committed leadership is needed for SHIP. The public and private sectors should collaborate to advance and monitor SHIP implementation efforts.
- The Governor and General Assembly should use the critical recommendations found in SHIP to shape budgetary and legislative priorities for the coming years.
- Partners in the Illinois public health system – employers, health care providers, local health departments, community groups and others – should identify priorities in SHIP to which they contribute and expand upon and implement the recommended strategic actions.
- The Governor should ensure the promotion and coordination of SHIP implementation efforts across state agencies. State agencies should use their monitoring and improvement activities as opportunities to incorporate the strategies described in SHIP.
- The philanthropic sector should re-direct funding resources to include the systems and infrastructure approaches addressed in this Plan.

Introduction

In August 2004, Gov. Rod R. Blagojevich signed Illinois Public Act 93-0975, the State Health Improvement Plan Act. This groundbreaking law requires that a prevention-focused State Health Improvement Plan (SHIP) be developed every four years. Recognizing that improvements in the health of the public will need the collective action of stakeholders across the state, the law calls for the state public health director to appoint a multi-sector planning team to carry out the planning process. After a series of public hearings, the State Board of Health delivers the plan to the Governor who then submits the SHIP to the General Assembly for use in public policy development.

In *The Future of the Public's Health in the 21st Century*¹, the Institute of Medicine (IOM) issued a call to action:

“Achieving the vision of *healthy people in healthy communities* is a difficult and complex task that cannot be accomplished through a single plan of action or by a single governmental agency or nongovernmental entity. Rather, broad societal action is required at every level.... To support the creation of an effective intersectoral public health system, the IOM committee identified six areas of action and change:

1. Adopt a **population health approach** that builds on evidence of the multiple determinants of health;

¹ The Future of the Public's Health in the 21st Century (2003), Board on Health Promotion and Disease Prevention (HPDP), Institute of Medicine (IOM)

2. Strengthen the governmental public health infrastructure—the **backbone** of any public health system;
3. Create a new generation of **partnerships** to build consensus on health priorities and support community and individual health actions;
4. Develop appropriate systems of **accountability** at all levels to ensure that population health goals are met;
5. Assure that action is based on **evidence**; and
6. Acknowledge **communication** as the key to forging partnerships, assuring accountability, and utilizing evidence for decision making and action.”

The Illinois State Health Improvement Plan Act provides a vehicle to examine and effectively carry out these critical public health system imperatives.

Thus, SHIP is *not* a plan for government action. Rather, it is a plan for the entire public health system – all those institutions with a stake in a healthy population, including state government, to come together in a strategic fashion.

As described below, the process used to develop SHIP sought input from a broad representation of experts in public health and health care and comments from the public. This process resulted in a plan that focuses on issues of critical importance that can be strategically addressed to improve the health of the population and the functioning of the public health system.

SHIP

In October 2005, the Illinois Department of Public Health (IDPH) director, Eric E. Whitaker, M.D., convened the SHIP Planning Team. The Team was comprised of a diverse leadership group representing

public, private and voluntary sectors. IDPH engaged the Illinois Public Health Institute (IPHI) to facilitate the SHIP process and direct the Team through a state-level adaptation of the Mobilizing for Action through Planning and Partnerships (MAPP) strategic planning model.

Originally developed for use in local public health jurisdictions, the MAPP framework is broad in scope and strategic in its focus and readily adaptable to state-level planning. The phases of the MAPP process were carried out by the members of the Planning Team, meeting as a committee of the whole and in subcommittees.

Early in the process the team crafted a vision statement to guide the development of the SHIP.

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.

In order to craft a plan driven by data, both qualitative and quantitative, the Team conducted the four types of assessments suggested by the MAPP process. These assessment modules include:

- a *State Health Profile*, examining the health of the state's population
- a *State Public Health System Assessment*, examining the performance of the Illinois public health system in carrying out the ten essential public health services
- a *Statewide Themes and Strengths Assessment*, examining (1) the perceptions of various sectors (e.g.,

health care providers) and population groups (e.g., minority populations); (2) local public health priorities; and (3) state-level strategic plans; and

- a *Forces of Change Assessment*, identifying externally-driven challenges and opportunities that the Illinois public health system will face in the coming years.

More complete information on the assessments can be found in Appendix A and at www.idph.state.il.us/ship.

From each assessment the Team developed findings. The Team worked through a process of clustering the resulting information to identify issues that were supported by findings *across* the assessments. These cross-cutting issues were of strategic importance and gave rise to the final set of *Strategic Issues* that served as a framework for all subsequent work by the Team. The six strategic issues are presented below.

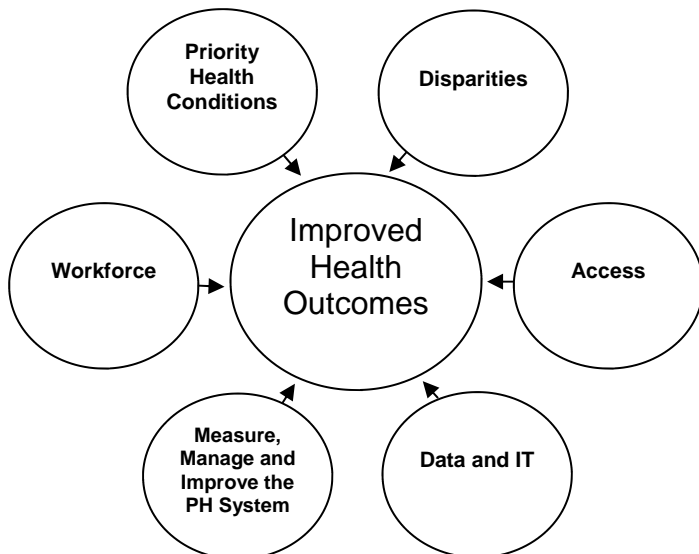
SHIP Strategic Issues

1. Access—Access to health care and public health services, including quality prevention programs, oral health, mental health, medical and long-term care.
2. Data and Information Technology—Assure that current health status and public health system data are used to plan and implement policy and programs.
3. Disparities—Monitor health disparities and implement effective strategies to eliminate them.
4. Measure, Manage and Improve the Public Health System—Assure accountability, ongoing improvement, and performance management.
5. Workforce—Assure an optimal, diverse and competent workforce.
6. Priority Health Conditions—Monitor priority health conditions and risk factors, and implement effective strategies to reduce them.

Specific long-term and intermediate outcomes and multi-sectoral strategies were developed for each strategic issue. Successful implementation of these strategies will improve the health of Illinois' population, enhance the effectiveness of the Illinois public health system and constitute progress toward accomplishing the SHIP vision.

The Illinois State Board of Health held three public hearings on the draft State Health Improvement Plan in August of 2006. The meetings were held in Mount Vernon, Bloomington and Chicago. At each hearing, a variety of citizens' groups, provider organizations, trade associations, health organizations and local health departments commented on the Plan's impact on their work and issue areas. Public comments also were accepted through the Internet. There were a total of 33 public comments accepted at the hearings and 45 written comments submitted.

Figure: 1: Strategic Issues



The Planning Team and the Illinois Public Health Institute reviewed the testimony based on the plan's strategic orientation. They evaluated and incorporated testimony that was consistent with the plan's support for health improvement across the spectrum of health status issues through systems development. The Planning Team believes that many of the issues raised in testimony and comment, but not directly incorporated into the plan, may be achieved as a result of the public health system changes promoted by the State Health Improvement Plan.

Recommendations

The Illinois State Health Improvement Planning Team recognized that Illinois has passionate advocates for many health

conditions and populations, and that our state has many health needs.

Thus, the Team sought to identify cross-cutting issues affecting the public health system and opportunities to strengthen it. It was the intention of the Team to fashion the six priority areas such that all system partners could see their particular issue or area of concern reflected and that most health conditions of concern could be more effectively addressed. The Team believes that as Illinois advances in addressing

health improvement in multiple domains and across the lifespan, we must always be cognizant of and working on the critical system supports that make a healthy population possible.

The Team challenges the partners in the public health system to focus their energy on the issues and objectives identified in this plan, and to take these critical first implementation steps to ensure the realization of the State Health Improvement Plan vision:

Initial Steps:

- Focused and committed leadership is needed for SHIP. The public and private sectors should collaborate to advance and monitor SHIP implementation efforts.
- The Governor and General Assembly should use the critical recommendations found in SHIP to shape budgetary and legislative priorities for the coming years.
- Partners in the Illinois public health system – employers, health care providers, local health departments, community groups and others – should identify priorities in SHIP to which they contribute and expand upon and implement the recommended strategic actions.
- The Governor should ensure the promotion and coordination of SHIP implementation efforts across state agencies. State agencies should use their monitoring and improvement activities as opportunities to incorporate the strategies described in SHIP.
- The philanthropic sector should re-direct funding resources to include the systems and infrastructure approaches addressed in this Plan.

Assessment Findings and Logic Models By Strategic Issue

Following the identification of the strategic issues, the Team began a process of delineating long- and intermediate- term outcomes related to each issue. In addition, the Team began identifying the various sectors (e.g. Local Health Departments, employers, etc.) that would need to take action to achieve the outcomes. The Team delineated within- and across-sector strategies and actions that would be necessary to accomplish the outcomes and to realize the improved “state of the public health system” represented in the strategic issues.

The logic models for each strategic issue follow. For each strategic issue, there is a narrative description of the relevant findings from the assessments, followed by a two-page logic model(s). The logic models include the statement of the strategic issue itself, the long- and intermediate-term outcomes and the strategies and actions for the various sectors identified in the process. There is also an additional *multi-sector* box for those strategies and actions that were thought to be necessary for multiple, if not all, sectors.

While the Team attempted to be as comprehensive as possible in identifying strategies and actions, the proposals are not exhaustive; groups may determine other actions or strategies that will move Illinois toward the stated outcomes. The Team proposed a range of sectors that could engage in the actions proposed, but many other groups, even if not specifically listed, could and should participate in realizing the vision of this plan.

The logic models provide a framework that various actors within the sectors (and coalitions of actors across sectors) can use to begin taking action on the identified outcomes and strategic issues. It is most likely necessary that for any strategic activity outlined here, partners will have to build a set of action steps to implement the activity. Public health system partners are encouraged to identify and seize other opportunities to help realize the outcomes identified in SHIP. The logic models should therefore be used as tools for catalyzing work to improve the health of all persons living in Illinois.

The working logic models used by the Team for their deliberations included inputs. In the interest of space, they are not described separately in the following pages. Inputs are the resources necessary to implement a program or policy as well as barriers and constraints in the current environment. The inputs included in all the working logic models were:

- Training
- Legislation
- Recruitment
- Policy development
- Research
- Coalition development
- Partnerships
- Program development
- Resource development
- Incentives
- Needs assessment
- Gap analysis
- Data collection and analysis

Strategic Issue: Access

How can the people of Illinois gain access to health care and public health services, including quality prevention programs, oral health, mental health, medical and long-term care when they need it?

Access to health care is one of the most important issues to the health of Illinois residents. Because of Illinois' diverse population, health care services not only need to be present but also need to accommodate the variety of cultures and languages of Illinois. Adequate access to health services also includes mental health services, oral health services, vision and prevention programs. In order to have a healthy Illinois, the availability of and access to health care must be increased.

Key Findings from Assessments:

- Illinois compares unfavorably with other states when looking at the number of people without access to health care.
- People are increasingly becoming uninsured, as employment benefits are decreasing and health care costs rise.
- Access to care remains a high priority among Illinois organizations. Interest in access encompasses basic health care and the factors that affect access: the

health care workforce distribution, lack of insurance, financial challenges and limited cultural and linguistic competence.

- Illinois' residents must have knowledge of the health care system, the services, programs or payment options that are available within a community to assist in achieving optimal health.
- Access to care includes access to mental health, oral health, vision, subspecialty services and prevention.
- A variety of issues complicate the problem of health care access: limited outreach services, the relationship of malpractice rates to the decrease in physicians, the ability to navigate the system and long wait times for services.
- The local public health system needs assistance in developing partnerships to reduce barriers and promote access to health care for underserved populations.
- Illinois partners must work together to develop the health care infrastructure (e.g., hospitals, clinics), which will improve access to care.

The logic model developed for the access strategic issue follows.

Access

Strategic Issue: <i>How can the people of Illinois gain access to health care and public health services, including quality prevention programs, oral health, mental health, medical and long-term care when they need it?</i>
Long-Term Outcomes: <ol style="list-style-type: none"> 1. A health care and public health system that is responsive to the cultural, linguistic, and other needs of the population 2. A health care and public health system that integrates prevention and care 3. A health care and public health system that is universally available and affordable
Intermediate Outcomes: <ul style="list-style-type: none"> • Immigrants, including those without documentation, have access to the full range of care • Institutional, legal and workforce biases that are barriers to access are eliminated • Public health and the health care system promote community health priorities • Individuals have needed information, motivation and skills in prevention and self-management • Financing systems and policies that support prevention in health care are in place • Adequate funding for public health infrastructure to ensure effective prevention and health promotion programming is available to all residents • A comprehensive approach to expand access (e.g., AHCTF) is supported, analyzed and, where needed, additional efforts and resources are expended to improve access

The efforts of organizations and individuals from numerous different sectors of the community will be necessary to achieve the long-term and intermediate goals related to this strategic issue. Proposed actions and strategies for these various sectors are listed in the tables below and on the facing page.

Strategies/Actions By Sector

Local Health Departments
<ul style="list-style-type: none"> • Lead and facilitate community needs assessment/planning • Implement clear policies and consistent procedures to meet the needs of groups with cultural, linguistic or other barriers • Incorporate prevention into direct health care service programs • Work with community partners to improve access

State Agencies
<ul style="list-style-type: none"> • Support and implement All Kids re: EPSDT • Ensure that application materials and procedures are not barriers to access including requirements for documentation of citizenship • Reimburse and promote prevention in publicly funded HC programs (e.g., All Kids) • Utilize regulatory role to improve quality of long-term care • Improve Medicaid reimbursement rates, eligibility, covered services and provider certification for oral and mental health

Health Care Providers
<ul style="list-style-type: none"> • Implement clear policies and consistent procedures to meet the needs of groups with cultural, linguistic, or other barriers • Incorporate prevention into clinical patient interactions • Partner with payers to develop prevention reimbursement opportunities

Legislature
<ul style="list-style-type: none"> • Fund health care coverage for immigrants despite federal barriers • Fund All Kids re: EPSDT • Fund programming for local community health priorities (e.g., IPLAN) • Fund access expansion initiatives (e.g., AHCTF, Medicaid) • Expand mental health parity laws

Strategies/Actions By Sector

Community-Based Organizations

- Incorporate prevention into direct health care service programs

Voluntary Health Organizations

- Partner with HC community to promote prevention in HC interactions

Higher Education

- Evaluate prevention elements utilized in HC interactions
- Provide training and resources to improve workforce competency

Philanthropy

- Convene partners to address issues related to access
- Fund pilot programs, research, policy analysis and development regarding integrating preventive care and reducing barriers
- Fund social marketing programs to enhance uptake of access initiatives, especially for immigrants
- Fund agency operating costs of primary care centers

Health Plans

- Pay providers for prevention and health promotion services
- Provide mental health parity in benefit design
- Reduce limitations on pre-existing conditions
- Provide print and Web-based information on prevention and self-management

Employers

- Implement workplace wellness programs focusing on disease prevention and health promotion programs supportive of healthy choices
- Provide information to employees on accessing public and community HC programs

Multi-Sector

- Participate in state level and local community needs assessments/planning, including health care facility planning
- Implement social marketing programs to enhance uptake of access initiatives, esp. for immigrants
- Develop and implement programs to reduce stigma related to mental health issues
- Ensure adequate access to long-term care for seniors, the disabled and mentally ill in the least restrictive setting and promote consumer choice
- Collaborate to address crisis in EMS access in rural communities

Education

- Promote coordinated school health programs and school-based clinics

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Strategic Issue: Data and IT

How can the Illinois public health system assure that current health status and public health system data are used to plan and implement policy and programs?

In the course of its work, the Team and several subcommittees considered data from many different sources. One unambiguous finding is that an opportunity exists to enhance the capacity, quality and usefulness of state and local data systems in Illinois. Additional human, financial and technical resources to facilitate adequate data collection, analysis and dissemination are critical to assure accurate understanding of community health issues, development of appropriate interventions and evaluation of the impact of such interventions.

Expansion of the capacity to collect and analyze data by various subpopulations, including but not limited to age, race, ethnicity, education, geography, disability, gender and sexual orientation is critical to understanding and eliminating health disparities. In order to have a healthy Illinois, the public health system must improve the quality, variety and versatility of health data.

Key Findings from Assessments:

- Illinois has many advantages regarding public health data such as the IPLAN data system and county specific BRFSS data
- Integration of systems and disparate data sources is a significant challenge, without which effective cross-program planning cannot occur.
- The resources for data collection, analysis and dissemination do not meet

the needs of planners and policy-makers.

- Categories used in data collection (e.g. race) are not standardized across all data systems.
- Health care problems go undocumented and untreated without accurate data.
- Data systems need enhancement to provide more useful analyses, using tool such as Geographic Information Systems applications.
- Lack of data regarding health disparities is particularly problematic in smaller communities.
- Current surveillance systems must be redesigned to improve monitoring of health problems
- To improve data collection, more information must be collected about individuals' health behaviors; this must be guided by protocols to protect personal health information and maintain confidentiality of data with personal identifiers.
- Results of performance evaluations and assessments of public health programs must be shared with partners for use in local health improvement and strategic planning.
- A statewide communication process for sharing research findings on innovative public health practices would improve public health planning and policy development.
- Personnel with statistical, epidemiological and systems management expertise must be involved in health status monitoring.

The logic model developed for the data and IT strategic issue follows.

Data and Information Technology

Strategic Issue: <i>How can the Illinois public health system assure that current health status and public health system data are used to plan and implement policy and programs?</i>
Long-Term Outcomes: A well-understood and utilized linked data system that measures analyzes and reports on the health status of Illinois residents, including those impacted by health disparities.
Intermediate Outcomes:
<ul style="list-style-type: none"> • IDPH leads state agencies and private organizations to design and implement a timely, flexible, reliable, publicly accessible data system that incorporates data from participating public and private data collectors/holders • Public health workforce and other public health partners have increased ability to collect and use health data as a result of TA, training and capacity building • State agencies have rational and streamlined data reporting processes for system partners and provide information back in a timely manner

The efforts of organizations and individuals from numerous different sectors of the community will be necessary to achieve the long-term and intermediate goals related to this strategic issue. Proposed actions and strategies for these various sectors are listed in the tables below and on the facing page.

Strategies/Actions By Sector

Local Health Departments
<ul style="list-style-type: none"> • Participate in development of legislative data system initiative, educate legislators • Adopt standardized racial, ethnic, gender, age, socio-economic and geographic categories • Have and utilize IT capacity • Educate workforce in data/IT issues and uses • Use data for planning and policy development

State Agencies
<ul style="list-style-type: none"> • Adopt standardized racial, ethnic, gender, age, socio-economic and geographic categories • Propose/support legislative data system initiative • Work with system partners to identify and ameliorate confusing and difficult data reporting processes • Provide adequate staff and financial resources for IT infrastructure, data collection, analysis and dissemination activities • Create and deliver TA/training programs on using and accessing data • Create legal framework/mechanisms to allow HIPAA-compliant data sharing • Use data for planning and policy development

Health Care Providers
<ul style="list-style-type: none"> • Contribute to design of the linked data system • Adopt standardized racial, ethnic, gender, age, socio-economic and geographic categories • Contribute data • Improve IT connectivity • Educate workforce in data/IT issues and uses

Legislature
<ul style="list-style-type: none"> • Mandate and fund existing health data infrastructure and planning and development of enhancements to the system • Expand data collection regarding groups that experience health disparities • Use data for planning and policy development

Strategies/Actions By Sector

Community-Based Organizations
<ul style="list-style-type: none"> • Assist in identifying data reporting process barriers and in crafting solutions • Educate legislators on need for data system • Adopt standardized racial, ethnic, gender, age, socio-economic and geographic categories

Voluntary Health Organizations
<ul style="list-style-type: none"> • Adopt standardized racial, ethnic, gender, age, socio-economic and geographic categories • Create and deliver TA/training programs on using and accessing data • Use data for planning and policy development

Higher Education
<ul style="list-style-type: none"> • Train PH and HC workforce re: data and IT • Train Data and IT workforce re: PH and HC

Education K-12
<ul style="list-style-type: none"> • Participate in data collection surveys

Health Plans
<ul style="list-style-type: none"> • Provide data to the data system • Use state provided data on health conditions in designing prevention and intervention benefits

Business
<ul style="list-style-type: none"> • IT companies assist in design of interoperability, architecture, data analysis methods and data integration strategies

Multi-Sector
<ul style="list-style-type: none"> • Participate in and advocate for the development of the data system initiative • Contribute to design of the linked data system • Contribute data • Adopt standardized racial, ethnic, gender, age, socio-economic and geographic categories • Ensure the collection of data on the social and cultural determinants of health in addition to race and ethnicity (e.g., poverty, education, sexual orientation)

Philanthropy
<ul style="list-style-type: none"> • Fund pilot programs, policy analysis and policy development activities related to data issues • Convene partners to address issues related to data and IT

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Strategic Issue: Disparities

How can the Illinois public health system monitor health disparities and identify and implement effective strategies to eliminate them?

Across Illinois community organizations, practitioners, providers and researchers report health disparities in various segments of the population. Health disparities occur as a result of a variety of determinants – limited access to social and economic resources, lack of education and educational opportunities, poor access to health care due to geographical location, behavioral risks, age, gender and other individual characteristics.

Lack of attention on the part of public health practitioners and health care providers to the differential effects of these determinants perpetuates existing disparities. Members of minority communities are disproportionately affected by many of these determinants. Experiences of bias and discrimination have resulted in distrust of the health care system that prevents people from achieving optimal health. Recognition of the varied cultural practices and linguistic needs of Illinois residents is a critical component in efforts to eliminate disparities. Illinois must actively address health disparities through interventions that

acknowledge the multiple social determinants that affect health outcomes.

Key Findings from Assessments:

- Health has many determinants – not only access to insurance and quality health care, but also varied social and economic factors.
- Bias and discrimination are barriers to achieving optimal health for many underserved populations. Issues relating to optimal health include alienation from the health system within those communities, as well as linguistic and cultural barriers, such as the lack of translated materials and the providers' lack of knowledge of cultural practices.
- Programs must be developed to increase the cultural and linguistic competency of the public health and personal health care workforce. (See the Glossary in Appendix B for definitions of cultural and linguistic competency.)
- Populations such as people recently released from incarceration, undocumented immigrants and non-English speaking persons need support to overcome the social and economic barriers inhibiting healthy lifestyles.

The logic model developed for the disparities strategic issue follows.

Disparities

Strategic Issue: <i>How can the Illinois public health system monitor health disparities and identify and implement effective strategies to eliminate them?</i>
Long-Term Outcomes: A public health system actively engaged in addressing health disparities and the social determinants that affect health outcomes across the lifespan.
Intermediate Outcomes:
<ul style="list-style-type: none"> • Healthcare is accessible to all residents. See access model. • Public health system partners incorporate strategies to reduce poverty, adverse childhood events and environmental exposure inequalities and increase educational opportunities, support independent living and address other social determinants of health • PH and HC workers are trained in health disparities and the role of social determinants • PH and HC workforce is more diverse and culturally and linguistically competent. (See workforce model.)

The efforts of organizations and individuals from numerous different sectors of the community will be necessary to achieve the long-term and intermediate goals related to this strategic issue. Proposed actions and strategies for these various sectors are listed in the tables below and on the facing page.

Strategies/Actions By Sector

Local Health Departments
<ul style="list-style-type: none"> • Disseminate and utilize the findings of the <i>Community Guide to Preventive Services</i> • Engage in community-based participatory research projects with universities, state agencies, CBOs and HC providers and use results to improve health • Engage with non-traditional partners (e.g., business, faith, education) in health improvement efforts • Ensure groups impacted by disparities are included in planning

State Agencies
<ul style="list-style-type: none"> • Create flexibility in funding streams to implement cross-cutting, dynamic programs at the local level • IDPH– Disseminate, utilize and provide technical assistance for the <i>Community Guide to Preventive Services</i> • Partner with universities to evaluate programs • Create incentives for community-based participatory research through grants and contracts and use results to improve health • Ensure groups impacted by disparities are included in planning

Health Care Providers
<ul style="list-style-type: none"> • Market and utilize findings of the <i>Community Guide to Preventive Services</i> • Engage in community-based participatory research regarding health disparities and the social determinants of health and implement findings • Utilize holistic approaches to HC service provision that account for the social determinants of health

Legislature
<ul style="list-style-type: none"> • Create flexibility in funding streams to implement cross-cutting, dynamic programs at the local level • Fund capital improvements in schools in communities impacted by health disparities to eliminate environmental inequities that cause negative health outcomes

Strategies/Actions By Sector

Community-Based Organizations

- Participate in community-based participatory research opportunities regarding health disparities and the social determinants of health use results to improve health

Voluntary Health Organizations

- Engage in community-based participatory research regarding health disparities and the social determinants of health and implement findings

Higher Education

- Support community-based participatory research with local and state health agencies, CBOs and HC providers
- Incorporate material on health disparities and social determinants into training and educational programs

Consumer Advocacy Groups

- Conduct social marketing programs and community-based participatory research

Health Plans

- Create demand for holistic approaches through design of insurance products
- Train staff and assist providers in delivering services to members with diverse cultures and languages

Employers

- Participate in community health initiatives
- Adopt evidence-based health promotion/disease prevention programs in the workplace
- Raise awareness of health care disparities

Multi-Sector

- Develop/implement programs to increase health literacy
- Work with researchers to increase understanding of and intervention on health disparities and the social determinants of health (see individual sector boxes)
- Advocate for policies/practices to reduce health and health care disparities
- Train staff and assist providers in delivering services to members with diverse cultures and languages

Philanthropy

- Fund research and interventions addressing health disparities and the social determinants of health
- Convene partners to address issues related to health disparities

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

How can the Illinois public health system ensure accountability, ongoing improvement and performance management?

In the face of new and ever more complex public health challenges, including newly emerging and re-emerging infectious diseases, bioterrorism and health disparities, Illinois' public health and health care systems must adapt. Health care providers, community organizations, government public health departments and businesses must work as partners to coordinate their activities and develop opportunities to collaborate on health-related projects. Collaborative planning, data and program development across organizations and departments is required to improve the functioning of the entire system.

Key Findings from Assessments:

- Gaps in the health system infrastructure, including a lack of understanding by public system stakeholders of their role in the system are an impediment to achieving optimal health.
 - Resources to implement community health plans are insufficient, creating a fundamental disconnect between health priorities and the action needed to address them.
 - The public health system must direct the garnering, leveraging and managing of resources for a more proactive public health system.
- Public health policy needs to direct the allocation of current resources and develop new resources to support health status monitoring, diagnosis, intervention, health planning and policy development.
 - System-wide resources (workforce, technology and financing) need to be coordinated to implement health communications, health education and promotion services. This will encourage the development of constituencies, partnership mobilization, health planning and policy-making.
 - Resources need to be committed for the sustainability of public health partnerships.
 - Programs and projects must integrate state and local action.
 - Evaluations of the population-based and personal health services offered throughout the state help improve the quality of the public health system.
 - Insufficient coordination of public health/emergency medical systems leads to inadequate responses.
 - The continuing focus on bioterrorism diverts attention and resources from other public health issues.
 - Medical and public health organizations are becoming interdependent due to challenges of public funding.
 - Public health system partners must implement and support new technologies such as telemedicine.

The logic model developed for the strategic issue measure, manage and improve the public health system follows.

Measure, Manage and Improve the Public Health System

Strategic Issue: *How can the Illinois 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

Intermediate Outcomes:

- Stakeholders report on progress toward SHIP goals and objectives at a biennial summit
- Stakeholders create and implement revised action plans to improve progress toward SHIP objectives
- An adequately staffed and funded system to monitor SHIP goals and objectives and implement improvements
- IDPH produces an annual State Health Profile that is in a searchable Web-based format (see data model)

The efforts of organizations and individuals from numerous different sectors of the community will be necessary to achieve the long-term and intermediate goals related to this strategic issue. Proposed actions and strategies for these various sectors are listed in the tables below and on the facing page.

Strategies/Actions By Sector

Local Health Departments
<ul style="list-style-type: none"> • Align organizational plans with SHIP objectives • Continue to move towards conducting NPHPS and IPLAN process • Promote SHIP objectives with partners

State agencies
<ul style="list-style-type: none"> • Allocate resources necessary for implementation • Align organizational plans with SHIP objectives • Periodically conduct National Public Health Performance Standards (NPHPS) assessment and implement recommendations • Improve coordination between agencies • Provide training and TA regarding health data collection, reporting and use for planning purposes • IDPH to allocate resources to plan for annual data compilation and publication • Review current funding priorities and resource allocation and re-align where possible to implement components of SHIP

Health Care Providers
<ul style="list-style-type: none"> • Align organizational plans with SHIP objectives

Legislature
<ul style="list-style-type: none"> • Allocate resources necessary for implementation • Fund development and ongoing management of monitoring system • Fund local public health systems assessment and needs assessment and planning (e.g., IPLAN) • Review current funding priorities and resource allocation and re-align where possible to implement components of SHIP

Strategies/Actions By Sector

Community-Based Organizations

- Align organizational plans with SHIP objectives

Voluntary Health Organizations

- Align organizational plans with SHIP objectives

Higher Education

- Align organizational plans with SHIP objectives

Education K-12

- Align organizational plans with SHIP objectives

Health Plans

- Align organizational plans with SHIP objectives

Business

- Inform business community about SHIP objectives
- Align local business coalition plans with SHIP objectives

Philanthropy

- Align funding priorities with SHIP objectives
- Fund development and ongoing management of monitoring system
- Convene partners to address issues related to public health systems improvement

Multi-Sector

- Use data for planning purposes

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Strategic Issue: Workforce

How can the Illinois public health system assure an optimal, diverse and competent workforce?

Outcome 1 – Distribution, Number and Preparation

The demand for public health and health care workers will soon outpace the capacity of the workforce. Health care workers need to be trained and prepared to deal with the diverse health needs of Illinois' residents. With an optimal, diverse and competent workforce, Illinois can improve the state public health system.

Outcome 2 – Diversity and Cultural/Linguistic Competency

Illinois has a diverse population that requires multi-cultural and linguistically appropriate health care services. To improve the quality of the public health system, public health and health care workers must be trained to recognize and understand a patient's cultural and linguistic needs.

Key Findings from Assessments:

- Current demands of the public health workforce outpace its capacity.
- Infrastructure barriers include shortage or maldistribution of both the public health workforce and health care providers.

- Local public health systems need assistance in developing partnerships to reduce barriers and promote access to health care for underserved populations.
- The workforce must be assessed regarding its capacity to deliver statewide population-based and clinical health care services.
- A statewide public health workforce plan is needed to guide development.
- Partnership linkages facilitate the improvement of continuing educational offerings.
- System-wide resources need to be shared in order to conduct more effective workforce activities.
- The public health system must assure training through enforcement personnel, licensing and other regulations.
- Expansion of information sources available to the public increases the demand on health care services.
- Increasing recognition of the importance of public health in other professions expands the reach of practitioners beyond their familiar working environments.
- The malpractice "crisis" limits specialty care in Illinois.

The logic models developed for the workforce strategic issue follow.

Workforce (Distribution, Number and Preparation)

Strategic Issue: <i>How can the Illinois public health system assure an optimal, diverse and competent workforce?</i>
Long-Term Outcome: A workforce that is optimal in terms of preparation, distribution and number of public health and health care workers
Intermediate Outcomes:
<ul style="list-style-type: none"> • Public health and health care workforce of sufficient number and distribution to meet the need • A more competent public health and health care workforce • A system that effectively analyzes and addresses the preparation, distribution and number of public health and health care workers

The efforts of organizations and individuals from numerous different sectors of the community will be necessary to achieve the long-term and intermediate goals related to this strategic issue. Proposed actions and strategies for these various sectors are listed in the tables below and on the facing page.

Strategies/Actions By Sector

Local Health Departments
<ul style="list-style-type: none"> • Contribute data on workforce needs • Increase utilization of Learning Management System (LMS) • Develop/participate in internship opportunities • Promote public health careers

State Agencies
<ul style="list-style-type: none"> • Enhance capacity/utilization of Learning Management System • Reinforce standards and expectations through rules/grants/contracts • Participate in the interstate nursing compact • Maximize the use of skills by reducing regulatory and policy barriers regarding educational “silo-ization”

Health Care Providers
<ul style="list-style-type: none"> • Research the number and distribution of the workforce/analyze workforce needs • Increase number of primary care providers and family physicians

Legislature
<ul style="list-style-type: none"> • Pass legislation and fund consolidation of public health and health care workforce development activities • Develop incentives to work in underserved areas (e.g. rural and inner city areas) • Allocate funding to improve PH infrastructure/programming/salaries

Strategies/Actions By Sector

Community-Based Organizations

- Develop/participate in internship opportunities

Voluntary Health Organizations

- Develop/participate in internship opportunities

Higher Education

- Research the number and distribution of the workforce/analyze workforce needs
- Provide continuing education in topical areas
- Track graduates
- Educate on evidence-based practice
- Provide education on data use
- Develop more faculty

Education K-12

- Promote health careers

Health Plans

- Insurance industry: reinforce standards and expectations through rules/grants/contracts

Trade Associations

- Contribute data on workforce
- Promote career paths, professional certification

Multi-Sector

- Develop a career lattice and a related set of educational opportunities to provide entrance to and progress through PH and HC careers for a broad sub-set of the working age population
- Participate in certification/licensure process in support of the SHIP

Organized Labor

- Contribute data on workforce

Philanthropy

- Fund workforce development initiatives
- Convene partners to address issues related to workforce development

Workforce (Diversity, Cultural/Linguistic Competency)

Strategic Issue: <i>How can the Illinois public health system assure an optimal, diverse and competent workforce?</i>
Long-Term Outcomes: A workforce that reflects the diversity of the state and is culturally and linguistically competent
Intermediate Outcomes:
<ul style="list-style-type: none"> Increased number (proportion) of racial and ethnic minorities enter PH and HC educational and career opportunities
<ul style="list-style-type: none"> PH and HC workforce trained in and utilizing cultural and linguistic competency skills
<ul style="list-style-type: none"> More bilingual and multi-lingual workers in the PH and HC workforce

The efforts of organizations and individuals from numerous different sectors of the community will be necessary to achieve the long-term and intermediate goals related to this strategic issue. Proposed actions and strategies for these various sectors are listed in the tables below and on the facing page.

Strategies/Actions By Sector

Local Health Departments <ul style="list-style-type: none"> Conduct needs assessment of current workforce/demand for services/consumer need/populations served Market public health as career to diverse populations (see educational institutions) Ensure staff receive cultural competency training Encourage staff development and offer career ladders

State Agencies <ul style="list-style-type: none"> Reinforce standards and expectations regarding cultural and linguistic competency through grants/contracts/certification/policies Develop and fund incentives/changes in regulations to increase workforce diversity/cultural and linguistic competency
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Health Care Providers <ul style="list-style-type: none"> Conduct needs assessment of current workforce/demand for services/consumer need/populations served Engage/train paraprofessionals/community health workers/translators Implement policies/procedures to improve cultural and linguistic competency of workforce Implement retention/training/recruitment initiatives (see legislature) Develop programs to encourage health careers, especially among young people Ensure staff receive cultural competency training Encourage staff development and offer career ladders for diverse staff
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Legislature <ul style="list-style-type: none"> Fund loan and scholarship initiative to increase recruitment and secure retention of students and faculty Develop funding incentives/changes in regulations to increase workforce diversity/cultural and linguistic competency
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Strategies/Actions By Sector

Community-Based Organizations
<ul style="list-style-type: none"> • Engage/train paraprofessionals/community health workers/translators • Create career ladders • Develop programs to encourage health careers, especially among young people

Voluntary Health Organizations
<ul style="list-style-type: none"> • Ensure staff receive cultural competency training

Higher Education
<ul style="list-style-type: none"> • Develop two-year/community college programs, GS/HS introduction programs • Develop diverse faculty • Develop curriculum/competencies/assessment tools for training of PH and HC workforce • Expand training on/use of CBPR

Education K-12
<ul style="list-style-type: none"> • Develop a PH/HC high school/charter school program • Develop programs to encourage health careers, especially among young people

Health Plans
<ul style="list-style-type: none"> • Develop incentives/requirements for cultural competency training • Identify/assess needs of current workforce/ demand for services/consumer need/populations served • Reinforce standards and expectations through rules/grants/contracts

Philanthropy
<ul style="list-style-type: none"> • Convene partners to address issues related to cultural and linguistic competency • Fund workforce development initiatives

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Strategic Issue: Priority Health Conditions

How can the Illinois public health system monitor priority health conditions and risk factors and implement effective strategies to reduce them?

Illinois residents face mounting health challenges; more people suffer from conditions that put them at risk of chronic illness, disability and premature death. The public health system must think about health as a broad concept and embrace approaches that are more comprehensive for health improvement and the elimination of the problems associated with these priority health conditions in Illinois.

Key Findings from Assessments:

- Negative trends were found in the areas of Overweight and obesity; diabetes; injury and violence; access and general health.
- Integration of state and local action is needed, especially in building state-level and local partnerships to identify and solve health problems and provide technical assistance.
- The overall burden of disease has shifted from acute to chronic disease burdens like obesity, diabetes and

asthma; even health problems once seen as fatal, like HIV/AIDS, are now treated more like chronic health maladies.

- There is an inherent conflict between population health approaches and “American individualism” that inhibits effective prevention programs.
- Categories ranked as the most important Illinois health problems are injury and violence; overweight and obesity and maternal, infant, and child health.
- Substance abuse/methamphetamine use and production continues to plague Illinois residents in rural, suburban and urban areas.
- Emerging infectious disease does not appear to be the cause of the current health crisis; the crisis is driven by behavioral health factors leading to chronic disease.

The Team identified four priority health conditions, 1) alcohol, tobacco and other drugs; 2) obesity; 3) physical activity and 4) violence. The process for choosing these four conditions is covered in Appendix A: Assessment Findings. The logic models developed for each of the four priority health conditions follow.

Priority Health Conditions: Alcohol, Tobacco and Other Drugs

Strategic Issue: <i>How can the Illinois public health system monitor priority health conditions and risk factors and implement effective strategies to reduce them?</i>
Long-Term Outcomes: Decrease use of alcohol, tobacco and other illegal drugs and the misuse of legal drugs
Intermediate Outcomes:
<ul style="list-style-type: none"> • Reduce cigarette smoking by adults (HP 2010 27-1a) and adolescents (HP 2010 27-2b) • Reduce the proportion of adults (HP2010 26-10a) and adolescents (HP2010 26-10c) using alcohol or any illicit drugs during the past 30 days • Increase smoking and alcohol abstinence during pregnancy (HP 2010 16-17) • Reduce the proportion of adults engaging in binge drinking of alcoholic beverages during the past month (HP 2010 26-11c) • Prevent the misuse of prescription and over the counter drugs

The efforts of organizations and individuals from numerous different sectors of the community will be necessary to achieve the long-term and intermediate goals related to this strategic issue. Proposed actions and strategies for these various sectors are listed in the tables below and on the facing page.

Strategies/Actions By Sector

Local Health Departments
<ul style="list-style-type: none"> • Promote tobacco prevention and cessation programs • Educate local retailers on their enforcement responsibilities • Implement mass media/social marketing campaigns to educate the public of the health effects of use • Implement ATOD prevention programs in the community utilizing coalitions

State Agencies
<ul style="list-style-type: none"> • Fund programs to reduce use • Implement mass media campaigns to educate the public of the health effects of use • Promote campaigns to educate community on dangers of use • Collaborate with ongoing planning and program efforts

Health Care Providers
<ul style="list-style-type: none"> • Educate on the health effects of use • Provide prevention and treatment programs • Improve identification and screening of persons at risk of/using ATOD • Engage in coalition efforts to reduce ATOD use

Legislature
<ul style="list-style-type: none"> • Increase taxes and fees on the sale of alcohol and tobacco products to discourage use • Ban smoking in public accessible businesses and facilities • Develop rehabilitative programs for those arrested for drug crimes • Increase fines for selling tobacco, alcohol products to minors • Provide adequate funding/earmark funding for prevention and treatment programs • Update comprehensive health education legislation

Strategies/Actions By Sector

Community-Based Organizations
<ul style="list-style-type: none"> • Promote campaigns to educate community on dangers of use • Promote cessation contests, especially for tobacco products • Create support groups for those trying to quit • Promote campaign to discourage advertising and promotion of alcohol and tobacco • Engage in coalition efforts to reduce ATOD use

Higher Education
<ul style="list-style-type: none"> • Develop educational component on the health effects of use

Health Plans
<ul style="list-style-type: none"> • Provide funding for treatment programs • Establish incentives for tobacco cessation • Use benefit design to promote cessation and support treatment

Local Governments
<ul style="list-style-type: none"> • Encourage/pass smoking bans in places of public accommodation • Improve enforcement activities and training regarding use and sales • Reduce access to alcohol and tobacco through zoning and licensing restrictions

Voluntary Health Organizations
<ul style="list-style-type: none"> • Educate on the negative aspects of use • Engage in coalition efforts to reduce ATOD use

Education K-12
<ul style="list-style-type: none"> • Develop educational component on the health effects of use • Promote coordinated school health programs • Implement comprehensive health education curricula • Engage in coalition efforts to reduce ATOD use

Employers
<ul style="list-style-type: none"> • Promote and provide funds for cessation programs • Discourage use by creating policies restricting use at the workplace • Provide funding for treatment programs • Use benefit design to promote cessation and support treatment • Engage in coalition efforts to reduce ATOD use

Philanthropy
<ul style="list-style-type: none"> • Fund programs aimed at reducing the use of alcohol, tobacco and other drugs • Fund community based participatory research and other programs designed to measure the efficacy of interventions to reduce use • Convene partners to address issues related to alcohol, tobacco and other drug use

Media
<ul style="list-style-type: none"> • Assist in education campaigns

Priority Health Conditions: Obesity

Strategic Issue: <i>How can the Illinois public health system monitor priority health conditions and risk factors and implement effective strategies to reduce them?</i>
Long-Term Outcomes: Reduce the proportion of children and adolescents who are overweight or obese (HP 2010 19-3c) and the proportion of adults who are obese (HP 2010 19-2)
Intermediate Outcomes:
<ul style="list-style-type: none"> • Increase physical activity (see physical activity model) • Increase consumption of fruits, vegetables and whole grains • Reduce consumption of fat, saturated fat and sodium • Increase rates of breastfeeding initiation and breastfeeding six months post-partum

The efforts of organizations and individuals from numerous different sectors of the community will be necessary to achieve the long-term and intermediate goals related to this strategic issue. Proposed actions and strategies for these various sectors are listed in the tables below and on the facing page.

Strategies/Actions By Sector

Local Health Departments
<ul style="list-style-type: none"> • Develop programs to encourage nutritional eating habits in communities, including among mothers, infants and young children • Implement social marketing campaigns on the importance of nutritional eating to combat obesity • Participate in development of a legislative campaign for a physical activity and obesity reduction initiative

State Agencies
<ul style="list-style-type: none"> • Fund incentives to develop evidence-based programs encouraging nutritional eating habits in communities • Support legislation and programs to encourage healthy eating • Implement social marketing campaigns to encourage healthy eating • Assist in development of legislative initiative; implement initiative

Health Care Providers
<ul style="list-style-type: none"> • Educate patients/parents/providers on nutrition and healthy eating • Educate patients on the chronic problems of obesity • Participate in development of a legislative campaign for a physical activity and obesity reduction initiative • Provide comprehensive nutrition counseling to pregnant women • Provide education on benefits of breastfeeding and supportive services for breastfeeding mothers including access to lactation counseling

Legislature
<ul style="list-style-type: none"> • Pass an Illinois physical activity and obesity reduction initiative incorporating nutrition and physical activity components and a soft drink tax to fund the program (see physical activity model) • Develop policies that support nutritional food and beverage choices in schools and government buildings

Strategies/Actions By Sector

Community-Based Organizations
<ul style="list-style-type: none"> • Develop programs to encourage healthy eating habits in communities • Promote awareness of obesity through social marketing • Improve availability and marketing of healthy foods

Voluntary Health Organizations
<ul style="list-style-type: none"> • Educate patients/providers on nutrition and healthy eating • Educate patients/providers on chronic problems of obesity • Participate in development of a physical activity and obesity reduction initiative • Lead council to coordinate efforts of chronic disease initiative

Philanthropy
<ul style="list-style-type: none"> • Fund and support programs promoting healthy, nutritional eating habits and reducing obesity • Fund community-based participatory research designed to measure the efficacy of programs to promote healthy eating and reduce obesity • Convene partners to address issues related to obesity

Education K-12
<ul style="list-style-type: none"> • Develop nutritional education programs for families and school children • Eliminate unhealthy food and drinks in schools • Promote coordinated school health programs • Implement comprehensive health education curricula • Support mental health staff to work with children at risk of eating disorders • Promote healthy eating behaviors in the school community • Implement active school wellness council and promote new wellness initiatives

Health Plans
<ul style="list-style-type: none"> • Educate members about the value of having an appropriate weight and offer programs and information to assist them in reducing weight

Employers
<ul style="list-style-type: none"> • Promote weight loss programs in the workplace • Establish policies that promote appropriate food choices • Develop nutritional education programs for employees • Provide healthy food choices in the workplace • Implement policies and procedures to support breastfeeding mothers when they return to work (i.e., lactation rooms, breaks to pump milk)

Business
<ul style="list-style-type: none"> • Improve availability and marketing of healthy food • Promote portion control and nutrition labeling in Illinois restaurants

Media
<ul style="list-style-type: none"> • Assist in education campaigns

Priority Health Conditions: Physical Activity

Strategic Issue: <i>How can the Illinois public health system monitor priority health conditions and risk factors and implement effective strategies to reduce them?</i>
Long-Term Outcomes: Improvement in physical activity level of Illinois residents
Intermediate Outcomes:
<ul style="list-style-type: none"> • Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day (HP 2010 22-2)
<ul style="list-style-type: none"> • Increase the proportion of children and adolescents who engage in moderate physical activity for at least 30 minutes on five or more of the previous seven days (HP 2010 22-6)

The efforts of organizations and individuals from numerous different sectors of the community will be necessary to achieve the long- term and intermediate goals related to this strategic issue. Proposed actions and strategies for these various sectors are listed in the tables below and on the facing page.

Strategies/Actions By Sector

Local Health Departments
<ul style="list-style-type: none"> • Participate in the development of programs to promote physical activity • Develop health care guidelines regarding education for patients promoting physical activity • Implement social marketing campaigns to encourage physical activity • Educate residents on ways to increase physical activity • Participate in development of a legislative campaign for a physical activity and obesity reduction initiative

State Agencies
<ul style="list-style-type: none"> • Participate in the development of programs to promote physical activity throughout the lifespan • Develop health care guidelines regarding education for patients promoting physical activity • Implement social marketing campaigns to encourage physical activity • Assist in development of legislative initiative; implement initiative

Health Care Providers
<ul style="list-style-type: none"> • Participate in the development of programs to promote physical activity • Educate patients on ways to increase physical activity • Participate in development of a legislative campaign for a physical activity and obesity reduction initiative

Legislature
<ul style="list-style-type: none"> • Pass an Illinois physical activity and obesity reduction initiative incorporating nutrition and physical activity components and a soft drink tax to fund the initiative (see obesity model) • Fund physical activity and PE programs and capital development in schools to create gym and other facilities for physical activity and PE

Strategies/Actions By Sector

Community-Based Organizations
<ul style="list-style-type: none"> • Develop programs promoting physical activity for neighbors and clients • Encourage participation in physical activity as recreational and therapeutic activity

Voluntary Health Organizations
<ul style="list-style-type: none"> • Participate in the development of programs to promote physical activity • Implement social marketing campaigns to encourage physical activity • Participate in development of and legislative campaign for a physical activity and obesity reduction initiative

Higher Education
<ul style="list-style-type: none"> • Teach future PE teachers to implement health related fitness approaches to PE • Develop programming to promote physical activity in the school community • Implement health related fitness approaches to PE courses offered to students

Education K-12
<ul style="list-style-type: none"> • Encourage participation in sports, including noncompetitive sports • Maintain, enhance and increase the availability of PE programs using best practices in physical education • Maintain recess periods in K-12 • Promote coordinated school health programs • Incorporate physical activity into the classroom and other school activities • Implement comprehensive health education curricula

Local Government and Legislature
<ul style="list-style-type: none"> • Provide environment that promotes physical activity (consult <i>Community Guide to Prevention</i>) • Require new school construction to include physical activity space

Employers
<ul style="list-style-type: none"> • Develop policies to encourage participation in physical activities and other fitness programs (consult <i>Community Guide to Prevention</i>) • Allot time during work/provide flexible schedules for physical activity • Include building and grounds designs that encourage physical activity

Health Plans
<ul style="list-style-type: none"> • Help members understand the value of maintaining and improving fitness and offer programs and information to assist in increasing physical activity

Philanthropy
<ul style="list-style-type: none"> • Fund programs encouraging physical activity and healthy lifestyles • Convene partners to address issues related to physical activity

Media
<ul style="list-style-type: none"> • Assist in education campaigns

Priority Health Conditions: Violence

Strategic Issue: ***How can the Illinois public health system monitor priority health conditions and risk factors and implement effective strategies to reduce them?***

Long-Term Outcomes: Reduce violence and exposure to violence

Intermediate Outcomes:

- Reduce incidence of abuse/neglect of older persons
- Reduce maltreatment of children (HP 2010a 15- 33a) and maltreatment fatalities (HP 2010a 15- 33b)
- Reduce the annual rate of rape, attempted rape (HP 2010 15-35), sexual assault (HP 2010 15-36) and physical assault by current or former intimate partners (HP 2010 15-34)
- Reduce physical assaults (HP 2010 15-37) and homicides (HP 2010 15-31)
- Reduce physical fighting (HP 2010 15-38) and weapon carrying among adolescents
- Reduce the prevalence and ameliorate the consequences of adverse childhood experiences that contribute to childhood trauma (see access and alcohol, tobacco and other drug [ATOD] models)
- Reduce the suicide rate (HP 2010 18-1)

The efforts of organizations and individuals from numerous different sectors of the community will be necessary to achieve the long-term and intermediate goals related to this strategic issue. Proposed actions and strategies for these various sectors are listed in the tables below and on the facing page.

Strategies/Actions By Sector

Local Health Departments

- Expand programs for home visitation by nurses or trained paraprofessionals for families at risk of violence
- Train staff, doctors and dentists to recognize domestic/other violence/child abuse
- Educate clients on services for violence prevention and intervention, when appropriate
- Implement screening and referral protocols for family violence and suicide
- Expand systems of care to serve families who are experiencing violence

State Agencies

- Provide therapeutic foster care for children in DCFS care
- Expand programs for home visitation by nurses or trained paraprofessionals for families at risk of violence
- Enforce firearm and violence prevention programs
- Implement mass media campaigns about elder abuse, family violence and other harms of violence

Health Care Providers

- Expand programs for home visitation by nurses/trained paraprofessionals for families at risk of violence
- Educate providers and staff to recognize domestic/other violence/child abuse
- Educate clients on services for violence prevention and intervention
- Implement screening and referral protocols for family violence
- Expand systems of care to serve families who are experiencing violence

Legislature

- Enact laws requiring certification, licensing and training for gun owners and restrictions for people with a history of violence
- Enact ban on certain firearms and ammunition
- Fund expansion of violence prevention programs (e.g., Safe From the Start; Illinois Health Cares)
- Fund a range of child abuse prevention services and services to support children in households w/ substance abuse or mental illness
- Tax sale/rental of violent video games

Strategies/Actions By Sector

Community-Based Organizations
<ul style="list-style-type: none"> • Expand programs for home visitation by nurses or trained paraprofessionals for families at risk of violence • Expand therapeutic foster care for children in DCFS care • Expand systems of care to serve families who are experiencing violence • Implement violence prevention programs

Higher Education
<ul style="list-style-type: none"> • Research risk/protective factors and effective use of prevention/treatment programs • Provide training on violence prevention and interventions

Multi-Sector
<ul style="list-style-type: none"> • Fund, implement and/or participate in a range of violence prevention programs and services for children exposed to violence

Philanthropy
<ul style="list-style-type: none"> • Fund multi-faceted violence prevention programs • Convene partners to address issues related to violence • Fund community-based participatory research designed to measure program efficacy/effectiveness

Voluntary Health Organizations
<ul style="list-style-type: none"> • Expand programs for home visitation by nurses or trained paraprofessionals for families at risk of violence and ATOD use • Educate providers and staff to recognize domestic/other violence/child abuse • Educate clients on services for violence prevention/intervention

Education K-12
<ul style="list-style-type: none"> • Address firearms and other weapons at schools • Educate families on methods of conflict management • Train mental health staff to work with children at risk of or exposed to violence and household member ATOD use • Implement school safety/violence prevention programs • Promote coordinated school health programs • Add comprehensive health education curricula • Train staff on recognizing child abuse and mandatory reporting

Employers
<ul style="list-style-type: none"> • Provide access to therapy and other services for employees with problems associated with violence and ATOD use • Offer workplace violence policies and conflict management programs

Media
<ul style="list-style-type: none"> • Assist in educational campaigns

Appendix A: Assessment Findings

Assessment Findings

Public Health System Assessment

The National Public Health Performance Standards (NPHPS) program was developed to improve the quality of public health practice by creating performance standards to encourage public health systems to promote continuous quality improvement; strengthen the science base for public health practice improvement; and engage in national, state and local partnerships to improve public health preparedness. The four concepts that drive the NPHPS are that 1) the standards are designed around the 10 Essential Public Health Services (EPHS), 2) the standards focus on the overall public health system rather than a single organization, 3) the standards describe an optimal level of performance rather than provide minimum expectations and 4) the standards are intended to support a process of quality improvement.

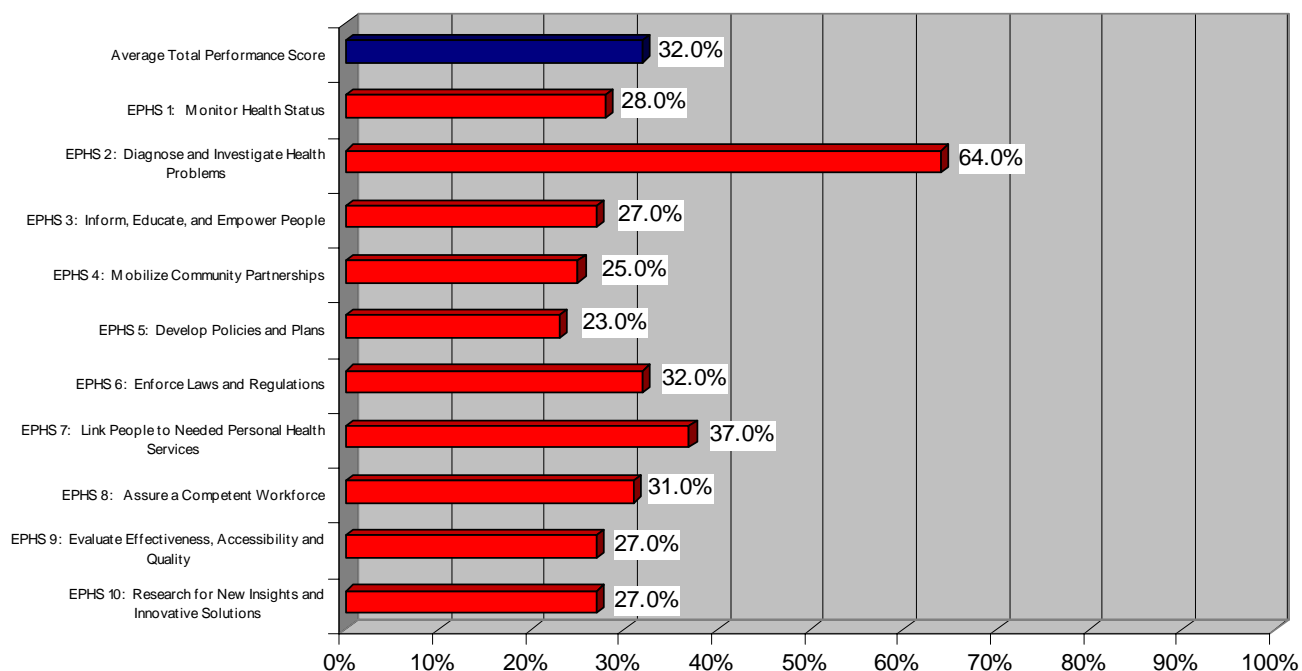
The 10 essential public health services are:

- 1) Monitor health status to identify and solve health problems
- 2) Diagnose and investigate health problems and health hazards
- 3) Inform, educate, and empower people about health issues
- 4) Mobilize partnerships to identify and solve health problems
- 5) Develop policies and plans that support individual and statewide health efforts
- 6) Enforce laws and regulations that protect health and ensure safety
- 7) Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- 8) Assure a competent public health and personal health care workforce
- 9) Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- 10) Research for new insights and innovative solutions to health problems

In 2004 IPHI collaborated with the Illinois Departments of Public Health (IDPH) and Human Services (IDHS) to implement the state-level NPHPS assessment in Illinois. The assessment, *From Silos to Systems: Assessing Illinois' Public Health System*, found that overall Illinois scores are fairly low, with nine out of the 10 essential services ranked as either partially met or not met. Only one essential service, #2: *Diagnose and Investigate Health Problems and Health Hazards*, received a score of substantially met. In analyzing the qualitative data from the assessment retreat, a conclusion emerged that while there is more or less activity going on related to each standard and measure (sometimes quite a lot of effort) the work is not well-coordinated in a systematic way.

The participants in the assessment, conducted at a two-day retreat in June 2004, concluded that the data are baseline information that needs to be used by stakeholders in the Illinois public health system to inform quality improvement activities and next steps. Overall, the Illinois public health system assessment resulted in an average score of 32.

**Figure A-1: Essential Public Health Services Scores
Illinois 2004**



A second retreat, held August 9, 2005, reviewed the performance standards assessment results of 2004 and developed a set of findings and priorities for consideration by the State Health Improvement Plan Planning Team, to assist in designing next steps to improve the Illinois public health system. The State Health Improvement Plan Team began reviewing the Illinois NPHPS assessment findings in November 2005 via subcommittee, in order to review all priorities identified in the August 2005 retreat. The subcommittee presented six topic areas needing improvement in the Illinois public health system to the full

Planning Team on December 14, 2005. These six topic areas, with a total of 51 priorities, are:

- Collect Data and Use Information Effectively
- Garner and Leverage Resources for a More Proactive Public Health System
- Integrate State and Local Action
- Manage Continuous Improvement
- Infuse Cultural Competency throughout the Public Health System
- Invest in the Public Health and Personal Care Workforce

Forces of Change Assessment

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 are not driven within the public health system but rather are imposed on either by the system itself, or on the parameters within which public health professionals operate.

At the November 10, 2005 meeting of the State Health Improvement Plan Team, Planning Team members brainstormed specific forces of change that create these effects 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 identify ways either to enhance or mitigate the effects of these forces of change, Planning Team members identified challenges and opportunities within each force. Final presentation of the assessment was made at the December 14, 2005, meeting of the Planning Team.

Eighteen specific areas of focus were identified by the Planning Team. Within each of these focus areas, specific trends or forces were identified that were thought to be affecting the public health system in some way. The focus areas are categorized below, including key trends or forces that were discussed as part of the focus area:

Changing Demography

Several issues regarding how to serve a changing population have emerged as a result of recent demographic fluctuations in Illinois that include an increasing immigrant population, an aging population, an increasing urban and suburban population and an increasing incarcerated population.

Emergency Response

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.

Environment/Social

Environmental and social issues, including the transformation of public housing, the role of the built environment, 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.

Funding and Resources

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. 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. Government programs, such as Medicaid, Medicare and All Kids pose both opportunities and challenges.

Image of Public Health

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

Public Health Approaches/Policy/Law

Public health practice does not match statutes governing and funding boards of health. Medical and public health systems are becoming more interdependent because of challenges of public funding. Concurrently, there is an increasing emphasis on prevention and evidence-based practice, which may not be adequately funded. Ideology and a focus on individualism are conflicting with appropriate development of science policy and population approaches. The quality and availability of public health data are inadequate, yet at the same time, the public demands transparency regarding how public health and medical care providers operate and how health data are used.

Specific Health Conditions

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

Technology/Telemedicine

There is a need for appropriate implementation of and support for new technologies (telemedicine, electronic health records, etc.).

Workforce

There are demands that outpace the capacity of the current workforce. In addition, the public has access to more health information than ever, and the

health and health care workforce operate within this changing knowledge base.

Statewide Themes and Strengths Assessment

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

The subcommittee met in late November 2005 to choose the focus group questions. Held in Springfield and Chicago, a total of seven focus groups were made up of representatives from the following: local health departments; state/governmental agencies; health issue and prevention groups; special populations; local community partnerships; providers; nontraditional partners; and business. The same seven questions were asked to all groups over a two-hour period.

Focus Group Questions

1. What do your constituents like about living in Illinois?
2. What are the top three concerns or issues facing your constituents?
3. Where does health fit in your top three concerns?
4. How would you define health?
5. What are important health issues that your constituents face every day or every week?
6. How would your constituents describe their health?
7. What are the things that make your constituents well?

IPLAN is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. The subcommittee reviewed the following data that are warehoused at the Illinois Department of Public Health: summary statement on IPLAN data; round one data 1994 - 1998; round two data 1999 - 2003; round three data 2004 - February 2006 (only 24 out of 102 local health jurisdictions collected thus far).

IPLAN priorities were sorted by prevalence for rounds one, two and three. Also noted were changes in prevalence of types of priorities between rounds and the percentage of total priority share for rounds one, two and three. Differences in priorities between urban and rural health jurisdictions were also identified. Local health departments that identified IPLAN priorities also reported the related impact and priority objectives that will be accomplished through intervention strategies. From the 335 priorities identified in Round 2, 1603 intervention strategies were identified. Of approximately 1600 intervention strategies, only 451 mention a specific target group or subpopulation. All indicators also were assessed for their

potential match with one of the Healthy People 2010 (HP 2010) 10 Leading Health Indicators.

Several strategic plans were chosen for review by the committee and included the following:

Population/Issue Specific Plans:

- State Oral Health Plan
- Illinois State Nutrition Action Plan
- Children's Mental Health Strategic Plan

Infrastructure/ Resource Specific Plans:

- Illinois Rural Health Workforce Assessment
- Racial and Ethnic Health Disparities Action Council: *Strategy in Action*
- Adequate Health Care Taskforce/Health Care Justice Act
- Rural EMS Assessment
- Enrich and Strengthen Governmental Public Health
- Heartland Alliance Poverty Report
- Cultural Competency and Literacy Plan

Eleven key findings of the assessment were reviewed and agreed upon by the Planning Team at the meeting on March 23, 2006. They are as follows:

- "Health" is seen as a broad concept. This shared understanding is a strength for Illinois.
- Health is influenced by many factors – services, insurance, providers, and social and economic determinants. Understanding determinants is important in shaping interventions.
- Reducing risk factors for chronic disease is a critical tool.
- The top local health priorities are access to care, cancer and cardiovascular disease.

- Illinois has a diverse population that requires multi-cultural and linguistic competence. Unfortunately, bias and discrimination remain obstacles.
- Awareness of health disparities and the need to eliminate them are evident, but data are insufficient to address them.
- People view access to care as encompassing health, mental health and dental services, which can be affected by workforce distribution, lack of insurance and finances, limited cultural and linguistic competence, and knowledge.
- Healthy relationships with friends and family combined with a strong community where violence is minimized are key elements to making people well.
- Illinois attempts to improve health in the state through system approaches. Gaps in the health system infrastructure are an impediment to achieving optimum health.
- There is a fairly strong planning culture in Illinois, but resources for community implementation are insufficient.
- Despite geographic differences in population density, major health issues seem to be prioritized similarly in both urban and rural communities.

State Health Profile Assessment

The purpose of the State Health Profile Assessment was to develop a set of measures that broadly communicate the “health profile” of Illinois’ population. It is important to collect these data in a manner that facilitates the description of health disparities experienced by special populations. A subcommittee of the State Health Improvement Plan Team was formed and reviewed the following data,

with presentation to the Planning Team on January 27, 2006:

- Healthy People 2010 Leading Health Indicators and Objectives – Healthy People 2010 provides a framework for prevention for the United States, with national health objectives designed to identify the most significant preventable threats to health and establish national goals to reduce these threats. The two goals are: a) increase quality and years of healthy life and b) eliminate health disparities.
- Centers for Disease Control and Prevention State Health Profiles – profiles are collected in partnership with all 50 states and housed at the National Center for Health Statistics.
- Illinois Project for Local Assessment of Need (IPLAN) indicators – the group of indicators used by certified local health jurisdictions when developing a community health assessment and plan every five years.

The Healthy People 2010 Leading Health Indicators and other HP 2010 objectives provided a main focus for comparison to Illinois data and a framework for categorizing the indicators in the profile. The committee also reviewed information on leading causes of death and years of potential life lost. Attempts were made to collect data by gender, race, ethnicity, education, income, age and geography.

Key Health Status Findings

Overall, Illinois compares favorably to only six of 33 Healthy People 2010 objectives under consideration in this profile. The committee used seven criteria to rank the categories. The seven criteria included:

- **Comparison criterion-** How do the Illinois values for the various indicators related to each category compare to the

HP 2010 objective and/or the national value?

- **Trend criterion-** Does there appear to be a trend moving in the right direction, no trend/stability or a trend moving in the wrong direction?
- **Disparities criterion-** Are there disparities by the categorization variables of age, race, ethnicity, gender, socioeconomic status, geography and education?
- **Magnitude criterion-** What proportion of the population is affected?
- **Severity criterion-** How severe are the consequences regarding mortality, morbidity, years of potential life lost, years lived with a disability or a chronic disease?
- **Effect on youth criterion-** To what degree do the health issues included in the category affect young people (those younger than 18 years of age)?
- **Data criterion-** What are the availability, timeliness and accuracy of the data for each of the indicators included in a category?

When considering all seven criteria, the categories ranked most important were: injury and violence; overweight and obesity; and maternal, infant and child. Mental health, HIV, diabetes and cancer had equal rankings just behind the top three followed by a group with access, tobacco use and physical activity.

The committee's efforts revealed as much about the state of our information systems infrastructure as it did about the health of the population. Serious challenges existed in compiling this assessment regarding data quality issues, timeliness and data availability. Illinois has many advantages regarding public health data, such as the IPLAN data system, but integration of systems and data sources is a significant challenge. It appears that resources for

data collection, analysis, dissemination and use are inadequate to meet needs. The availability of data for sub-populations is uneven and must be improved. If we are serious about reducing disparities, then we must be able to document them.

Choosing Priority Health Conditions

The committee used the information from the ranking exercise and several additional criteria to arrive at a shorter list of priority health conditions from among the categories under consideration for the State Health Improvement Plan. To assure the plan would take a preventive approach, the committee focused on conditions that:

- Have a large impact/affect a number of other conditions
- Have broad appeal (can engage a diverse set of public health system partners)
- Provide an opportunity for action (there's a gap to be filled)
- Have evidence-based interventions available
- Are amenable to an ecological approach
- Are cost effective
- Are measurable

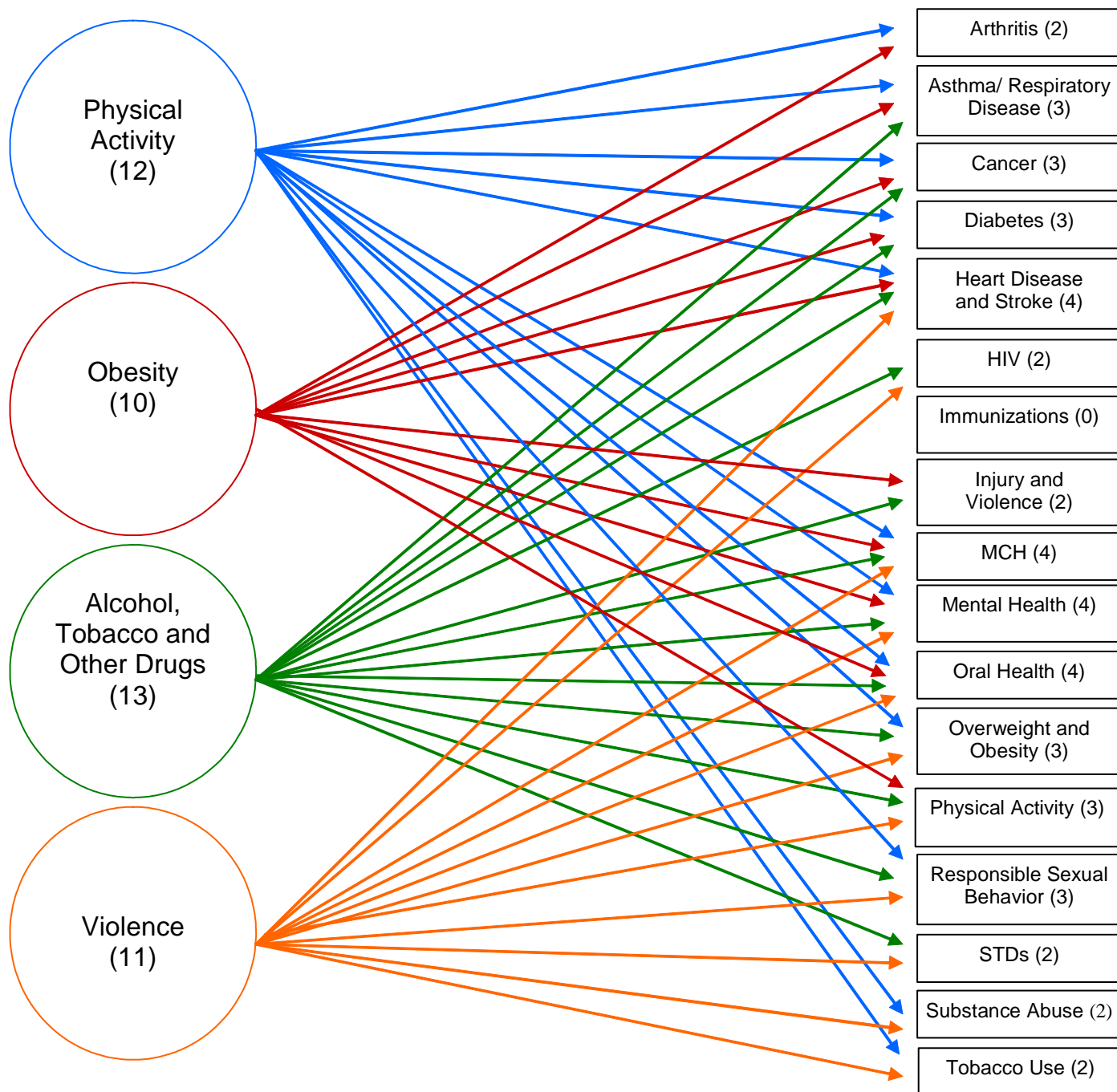
Using these criteria, the committee arrived at a final list of four priority health conditions: physical activity; obesity; alcohol, tobacco and other drugs; and violence for inclusion in the State Health Improvement Plan.

Figure A-2 provides a graphical depiction of the four priority health conditions and the relationship between those conditions and the other categories. The number included under the four priority health conditions signifies how many of the 17 other categories are affected by the priority health condition. The number in each of

the category boxes shows how many of the four priority health conditions are related to that category. Choosing to work directly on

these four priority health conditions ensures that the other categories will be affected at least indirectly.

Figure A-2: Relationship Among Four Priority Health Conditions and Seventeen Healthy People 2010 Categories



Appendix B: Glossary

Glossary

Access²

The potential for or actual entry of a population into the health system. Entry is dependent upon the wants, resources and needs that individuals bring to the care-seeking process. The ability to obtain wanted or needed services may be influenced by many factors, including travel, distance, waiting time, available financial resources, and availability of a regular source of care.

Access to Care

Access to care problems include lack of access for health, mental health, dental, vision and specialty services and prevention education. The affordability of and ability to pay for care, which are tied to health insurance difficulties, are also prominent access to care issues. Other issues include limited outreach services, the relationship between malpractice rates and the loss of physicians, the ability to navigate the system, the lack of community-based services and long wait times for services.

Adequate Health Care Task Force³

Illinois Public Act 93-0973 established an Adequate Health Care Task Force with 29 voting members—five appointed by the Governor and six appointed by each of the four leaders of the General Assembly (the Speaker of the House, the House Minority Leader, the President of the Senate and the Senate Minority Leader). The directors of the departments of Public Health and Healthcare and Family Services and Department on Aging, along with the

² National Public Health Performance Standards Program (NPHPSP) Glossary, www.cdc.gov/od/ocphp/nphpsp/documents/glossary.pdf

³ For more information: <http://www.idph.state.il.us/hcja/index.htm>

Secretary of the Department of Human Services, are *ex officio* members. The Task Force is charged with creating a health care plan that provides access to a full range of preventive, acute and long-term health care services and maintains and improves the quality of health care services.

Adverse Childhood Experiences (ACE)⁴

Childhood abuse, neglect, and exposure to other traumatic stressors. The ACE Study uses the ACE Score, which is a count of the total number of ACE respondents reported. This score is composed of exposure to the following conditions during childhood: abuse (emotional, physical or sexual); neglect (emotional or physical); or household dysfunction (including mother treated violently, substance abusing household member, mentally ill household member, parental separation or divorce and incarceration of a member of the household). The State Health Improvement Plan (SHIP) process focused on the ACE's of abuse, neglect, mother treated violently, substance abusing household member and mentally ill household member.

Advocacy⁵

The process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights, and explore choices and options. Advocates support and argue the case for service users and help them put across their point of view.

⁴ CDC (<http://www.cdc.gov/nccdphp/ace/index.htm>)

⁵ Public Health Electronic Library (UK) <http://www.phel.gov.uk/glossary/glossaryAZ.asp?getletter=A>

All Kids⁶

The All Kids program is a complete health care program for every child in Illinois. All Kids covers a wide range of services: doctor visits, hospital stays, prescription drugs, vision care, dental care, immunizations, and special services like medical equipment, speech therapy, and physical therapy for children who need them.

Bias and Discrimination

Bias, or influence in an unfair way, and discrimination, the unfair treatment of a person or group on the basis of prejudice, are problems in achieving optimal health for special populations. Issues related to achieving optimal health include alienation from the health system within minority communities as well as linguistic and cultural barriers, such as the lack of translated materials and the lack of knowledge of culturally-influenced health practices in communities.

Children's Mental Health Strategic Plan⁷

The Illinois Violence Prevention Authority and 20 different agencies identified the key issues and gaps in mental health programs and services for children.

Community-Based Participatory Research (CBPR)⁸

Community-based participatory research advances a collaborative approach to research that involves all partners in the development and implementation of applied research. Grounding itself in a community's concerns, CBPR aims to combine methodological and technical expertise with community expertise to achieve social change.

⁶ For more information: www.allkidscovered.com

⁷ For more information:
<http://www.ivpa.org/childremsmhtf/>

⁸ University of Michigan School of Public Health, Community Health Scholars Program.
<http://www.sph.umich.edu/chsp/>

Community Guide to Preventive Services⁹

The Community Guide to Preventive Services is an online clearinghouse of evidence-based health policies and practices developed by the Centers for Disease Control and Prevention.

Community-Based Organizations^{10,11}:

The term community-based organization (CBO) implies a public or private nonprofit organization of demonstrated effectiveness that is representative of a community or significant segments of a community, and provides educational or related services to individuals in the community. CBOs are typically value-based and function, in whole or in part, on charitable donations and voluntary service. Some are faith-based organizations; others promote policy advocacy. Although the non-governmental sector has become increasingly professionalized over the last two decades, principles of altruism and voluntarism remain key defining characteristics.

Comprehensive Health Education¹²

Comprehensive health education is the combination of planned social actions and learning experiences based on current, scientifically proven information designed to enable people to gain control over the

⁹ CDC . For more information:

www.thecommunityguide.org

¹⁰ US Department of Education website "Title XI: General Provisions - Definitions."

<http://www.ed.gov/policy/elsec/leg/esea02/pg107.html>

¹¹ World Bank website "Nongovernmental Organizations and Civil Society/Overview."
<<http://wbIn0018.worldbank.org/essd/essd.nsf/NGOs/home>>

¹² Meeting Global Health Challenges, XIV World Health Conference on Health Education, World Health Organization, International Union for Health Education
Joint Committee on Health Education Technology: Association of State and Territorial Directors of Health Promotion and Public Health Education, Association of State and Territorial Health Officers

determinants of health and health behaviors, and the conditions that affect their health status and the health status of others. The planned social actions and learning experiences include modules to support an understanding of the biological, emotional, psychological, social and sexual components of health and behaviors leading to health. The ideal goal of comprehensive health education is to facilitate voluntary adaptations of behaviors conducive to health.

Culture¹³

The integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. The anthropological concept of culture has been broadened to include such factors as gender, functional status, age, sexual identity, and profession.

Cultural Competence¹⁴

A set of skills that result in an individual's understanding and appreciating cultural differences and similarities within, among, and between groups and individuals. The word "competence" is used because it implies having the capacity to function effectively. This competence requires that the individual draw on the community-based values, traditions and customs to work with knowledgeable persons of and from the community in developing targeted interventions and communications.

¹³ A National Health Care Disparities Report, 2002, www.iom.edu/Object.File/Master/11/919/Disp-Gamble.pdf

¹⁴ NPHPSP Glossary, www.cdc.gov/od/ocphp/nphpsp/documents/glossary.pdf, and *The Right Thing to Do, The Smart Thing to Do: Enhancing Diversity in Health Professions -- Summary of the Symposium on Diversity in Health Professions in Honor of Herbert W. Nickens, M.D.*, 2001, Institute of Medicine

A broad definition put forth by the U.S. Department of Health and Human Services Office of Minority Health National Standards of Cultural and Linguistic Competency is "the ability of health care providers to understand and respond to the cultural and linguistic needs brought by patients to the health care encounter." Lavizzo-Mourey and Mackenzie (1996) conceptualized cultural competence "as the demonstrated awareness and integration of three population-specific issues: health related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy."

Cultural competence requires that organizations:

1. Have a defined set of values and principles and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally;
2. Have the capacity to a) value diversity, b) conduct self-assessment, c) manage the dynamics of difference, d) acquire and institutionalize cultural knowledge, and e) adapt to diversity and the cultural contexts of the communities they serve;
3. Incorporate the above in all aspects of policy making, administration, practice, service delivery and systematically involve consumers, key stakeholders, and communities.

Determinants of Health¹⁵

Direct causes and risk factors that, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem. These may be defined as the "upstream" factors that affect the health status of populations and individuals. Roughly divided into the social environment (cultural, political, policy, economic systems, social capital, etc.), the

¹⁵ NPHPSP Glossary, www.cdc.gov/od/ocphp/nphpsp/documents/glossary.pdf

physical environment (natural and built), and genetic endowment. The determinants of health affect both individual response (behavior and biology) and the prevalence of illness and disease.

Dietary Guidelines for Americans¹⁶

These Guidelines are published every five years by the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA). It provides authoritative advice about how good dietary habits can promote health and reduce risk for major chronic diseases.

Diversity¹⁷

Diverse populations include both visible and invisible diversity. Some visible forms of diversity would include physical differences, abilities and disabilities, race or ethnicity, and speech differences. Other types of diversity include sexual orientation, gender identification, socioeconomic status and age.

Ecological Model¹⁸

An ecological model assumes that health and well being are affected by interaction among multiple determinants, including biology, behavior and the environment. Interaction unfolds over the life course of individuals, families and communities, and evidence is emerging that societal-level factors are critical to understanding and improving the health of the public. For example, epidemiologic evidence demonstrates that social support improves the prognosis and survival of people with serious cardiovascular disease; social engagement and networks slow the rate of

cognitive decline in aging men and women; and more socially integrated societies appear to have better overall quality of life and lower rates of mortality from all causes.

Enrich and Strengthen Governmental Public Health

The Illinois Department of Public Health convened public health practitioners across the state to create a comprehensive plan to improve the structure and effectiveness of the public health system in Illinois.

Evidence-Based Practice¹⁹

Evidence-based practice is the process of systematically reviewing, appraising, and using programs, policies or other practices that have been researched and found to be effective in achieving their desired goal.

Health²⁰

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Health Care System²¹

A system comprised of the organizations, institutions, and resources that are devoted to producing a health action, whether in personal health care or in public health services. The primary purpose of the health care system is to improve the health of the general population or a specified and recognized segment of the general population.

¹⁶ For more information:
<http://www.healthierus.gov/dietaryguidelines/>

¹⁷ Adapted from American Medical Student Association Diversity Curriculum, www.amsa.org/programs/diversitycurriculum.cfm

¹⁸ Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century (2003), Board on Health Promotion and Disease Prevention (HPDP), Institute of Medicine (IOM)

¹⁹ CDC, Evidence-based Practice Centers. <http://www.ahrq.gov/clinic/epc/> and Association of State and Territorial Health Officials http://www.astho.org/?template=evidence_based_ph_practice.html.

²⁰ World Health Organization, www.who.int/about/definition/en/

²¹ World Health Organization, World Health Report 2000: Health Systems : Improving Performance, <http://www.who.int/whr/en/>

Health Disparities

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

Health Promotion²²

The science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual and intellectual health. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior, and create environments that support good health practices.

Illinois Health Cares

Illinois Health Cares is an initiative of the Illinois Violence Prevention Authority conducted in partnership with the Illinois Department of Public Health (IDPH). It provides grants to community coalitions to conduct activities that improve the local health system's capacity to respond to, intervene early with, and prevent domestic violence and sexual assault.

Illinois Oral Health Plan²³

IFLOSS coalition (a private-public partnership that works through advocacy and education), IDPH Division of Oral Health, and other organizations provided a guidepost for improving the oral health of all people in Illinois in addition to serving as a model for other states.

Illinois Poverty Summit – 2006 Report on Illinois Poverty²⁴

²² American Journal of Health Promotion, www.healthpromotionjournal.com

²³ For the full assessment: www.cdc.gov/OralHealth/state_reports/oh_plans/PDF/IL.pdf

²⁴ For the full assessment: <http://www.heartlandalliance.org/creatingchange/documents/Povertyreport2006lr.pdf>

The report identified the number of Illinois residents living in poverty, assessed the populations most affected, compared rates of poverty in Illinois to those of other states, and strategized ways to decrease poverty rates.

Illinois Rural Health Workforce Assessment²⁵

The UIC Illinois Regional Health Workforce Center investigated health resource policy issues and the health status of rural Illinois residents and evaluated rural staffing levels.

Illinois State Nutrition Action Plan²⁶

Illinois State Board of Education, U.S. Department of Agriculture and other organizations promoted adoption of healthy dietary patterns and regular physical activity and increased awareness about the importance of a healthy school nutrition environment.

IPLAN²⁷

The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the Assessment Protocol for Excellence in Public Health (APEX-PH) model, 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 Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

²⁵ For more information: <http://www.uic.edu/sph/irhwc/index.html>

²⁶ For the full assessment: <http://inc.aces.uiuc.edu/SNAPactionplan102.05.pdf>

²⁷ Illinois Department of Public Health, <http://app.idph.state.il.us/>

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

Learning Management System (LMS)²⁸

The Illinois Department of Public Health LMS is a Web-based application through which training content is delivered and managed. It includes functionality for cataloging and launching courses, registering users, tracking user progress, and assessing user learning. The LMS uses a browser interface to display a public front-end for the learner and a private back-end for administrators and instructors. It seamlessly displays real-time information, drawn from a secure database within a graphically attractive and user-friendly interface. Competency-driven assessment and course associations are integrated in the system, as are online quizzing and evaluation processes. The result is measurement and reporting of training progress that are both accurate and automated.

Linguistic Competence

The capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate and individuals with disabilities.

Literacy and Cultural Competency Strategic Plan

The Illinois Department of Human Services coordinated the policy and planning efforts surrounding issues of literacy and cultural competency to make language-assisted

services accessible, uniform and high quality.

Multi-Sector Partnerships

Multi-sector partnerships are the collaboration of a variety of sectors or fields. In public health, multi-sector partnerships can include government public health officials, hospital administrators, legislators, health insurance agents, trade union representatives, physicians and other professionals working in the health care field.

Prevention²⁹

Prevention is a method of averting health problems (e.g., disease, injury) through interventions. Preventing and reducing the incidence of illness and injury may be accomplished through three mechanisms: activities reducing factors leading to health problems (primary); activities involving the early detection of, and intervention in the potential development or occurrence of a health problem (secondary); and activities focusing on the treatment of health problems and the prevention of further deterioration and recurrence (tertiary). Selective prevention interventions are targeted to individuals or a sub-group of the population whose risk of developing disorders is significantly higher than average. The risk may be imminent, or it may be a lifetime risk.

Provider³⁰

A person, agency, department, unit, subcontractor or other entity that delivers a health-related service, whether for payment or as an employee of a governmental or other entity. Examples include hospitals, clinics, free clinics,

²⁸ University of Illinois-Chicago, Center for the Advancement of Distance Education, http://www.uic.edu/sph/cade/case_idph.htm

²⁹ Public Health Agency of Canada, www.phac-aspc.gc.ca/vs-sb/voluntarysector/glossary.html

³⁰ NPHPS Glossary, www.cdc.gov/od/ocphp/nphpsp/documents/glossary.pdf

community health centers, private practitioners, the local health department, etc.

Public Health³¹

The science and the art of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment; the control of community infections; the education of the individual in principles of personal hygiene; the organization of medical and nursing service for the early diagnosis and treatment of disease; and the development of the social machinery to ensure to every individual in the community a standard of living adequate for the maintenance of health.

Public Health Infrastructure³²

The systems, competencies, relationships and resources that enable performance of public health's core functions and essential services in every community. Categories include human, organizational, informational and fiscal resources.

Public Health System³³

The collection of public, private and voluntary entities as well as individuals and informal associations that contribute to the public's health within a jurisdiction.

Public Health Worker³⁴

Individuals who are responsible for providing the essential public health services whether or not they work in an official health agency. At the state level, many workers have public health responsibilities even though they may work for non-public health agencies, such as environment, agriculture and education departments. This definition does not

include those workers who occasionally contribute to the public health effort while fulfilling other responsibilities.

Racial and Ethnic Health Disparities Action Council³⁵

Council of more than 30 minority health stakeholders organized by the Illinois Public Health Institute to develop strategies on issues surrounding reducing racial and ethnic health disparities. In 2005, the Council issued "Strategy in Action: Eliminating Health Disparity in Illinois," an assessment of disparities with recommendations for action.

Rural Emergency Medical Services (EMS) Assessment³⁶

The Illinois Rural Health Association and 350 individuals from 48 counties investigated the challenges facing rural EMS providers in Illinois.

Safe from the Start

Safe from the Start is a program of the Illinois Violence Prevention Authority. It provides grants to seven selected sites to develop, implement and evaluate community-based models for identifying and providing services to young children (0-5) who have been exposed to and traumatized by violence, such as domestic violence. Program activities also include public education and systems advocacy related to preventing children's exposure to violence and intervening early when necessary.

Social Marketing³⁷

A technique, often used in public health, which employs marketing principles and

³¹ Ibid.

³² Ibid.

³³ Ibid.

³⁴ www.healthypeople.gov

³⁵ For the full assessment:
http://app.idph.state.il.us/phfi/Home%20page/REHDAC_Strategy%20In%20Action%20-%20FINAL%20REPORT.pdf

³⁶ For the full assessment:
<http://www.ilruralhealth.org/doc/EMS%20Final%20Report%20Executive%20Summary.doc>

³⁷ US Department of Health & Human Service

techniques to influence a target audience to voluntarily accept, reject, modify or abandon a behavior for the benefit of individuals, groups or society as a whole.

Special Populations

The special populations identified in the State Health Improvement Plan include:

African-American

Asian

Disabled

Lesbian, Gay, Bisexual, Transgender
(LGBT)

Homeless

Incarcerated/formerly incarcerated

Latinos (including immigrants and non-English speakers)

Low-income (including uninsured)

Mentally ill

Other ethnicities: Middle Eastern, Native American, Polish, non-English speakers

Rural

Seniors

Women

Youth/children

These special populations can be summarized in the following categories: race/ethnicity, geography, socioeconomic status, gender, ability, sexual orientation, age and legal status.

Violence³⁸

Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person or living being, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.

³⁸ World Health Organization,
http://www.who.int/violence_injury_prevention/violence/en/

Appendix C: List of Electronic Supporting Documents

1. Public Health System Assessment <www.idph.state.il.us/ship>
2. Forces of Change Assessment <www.idph.state.il.us/ship>
3. Statewide Themes and Strengths Assessment <www.idph.state.il.us/ship>
4. State Health Profile Assessment <www.idph.state.il.us/ship>
5. Public Comment <www.idph.state.il.us/ship>

