



Healthy **ILLINOIS** *2021*

Planning Council Meeting
November 9, 2015

Presented by:

Illinois Department of Public Health
and University of Illinois at Chicago
School of Public Health



**MidAmerica Center for
Public Health Practice**

Welcome and Agenda

<u>Agenda Topic</u>	<u>Time Allotted</u>
1. Welcome / Logistics - Minutes	1:00 – 1:15 PM
2. Action Planning Framework	1:15 – 1:45 PM
3. Action Team Expectations	1:45 – 2:00 PM
4. Data Presentation <ul style="list-style-type: none">• Overview• Data Indicators• Discussion	2:00 – 3:15 PM
5. Mapping Assets	3:15– 4:00 PM
6. Next Steps	4:00 – 4:15 PM
7. Public Comment	4:15 – 4:30 PM
8. Adjourn	4:30 PM

Logistics

- Sign in
- Take breaks and snacks as needed
- Approval of Minutes
 - September 28
 - October 5

Meeting Purpose

- Understand framework for action planning
- Review health priority data to frame action planning
- Discuss resources to address the health priorities
- Clarify Action Team expectations and objectives

Where the rubber meets the road



ACTION PLANNING FRAMEWORK



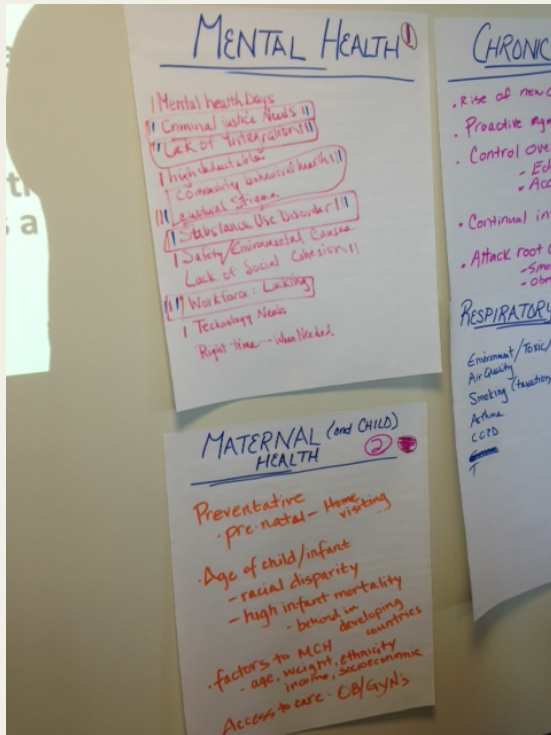
Where were we?

1

- Defined Health Priorities

- Broke into groups and discussed definitional elements for each potential health priority

- See handout for definitions



Where were we?

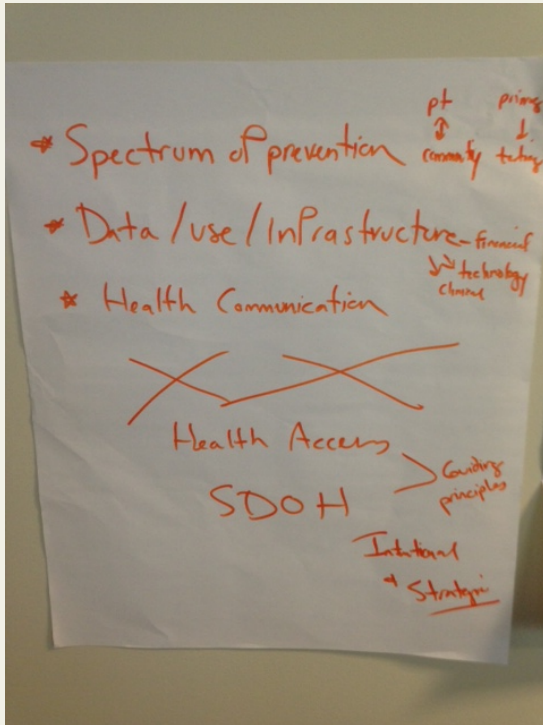
2a

- Refined Measures of Success
 - Provided specificity to measures of success
 - Discussed moving from 8 measures to 4

Where were we?

2b

- Common themes emerged during discussion:
 - Data/Use/Infrastructure
 - Spectrum of prevention from clinical to primary that's asset based
 - Use health communications very broadly (health literacy, awareness of health access)



Where were we?

3

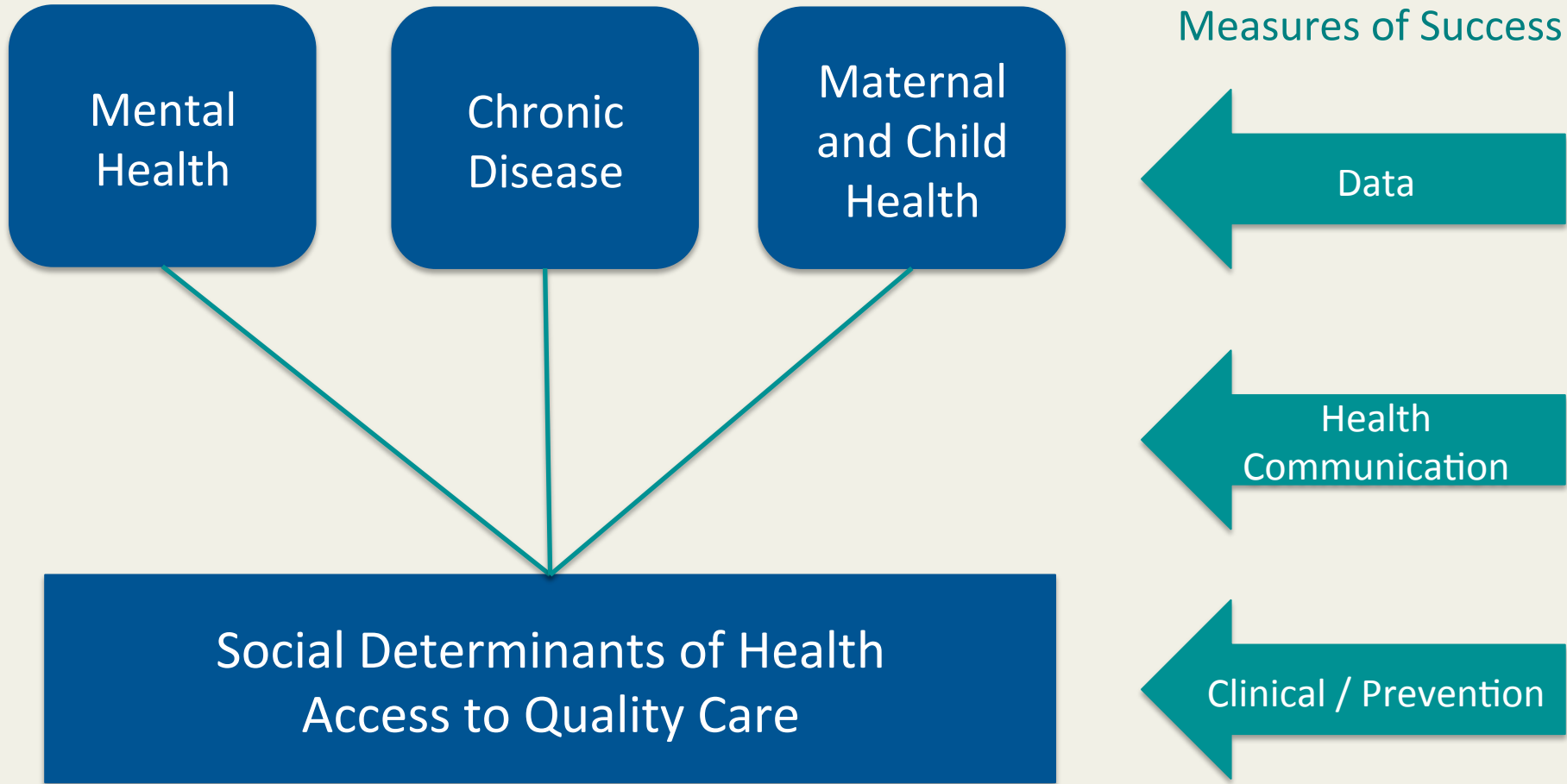
- Discussed role of the public health system
 - Foster communication and coordination across state and public health systems
 - Share best practices
 - Collect and share data; address data infrastructure
 - Demonstrate return on investment on community based interventions
 - Align and coordinate care
- Frame for action
 - Frame at the state level but with a deep connection for meaningful work on the ground
 - Call others to join; establish partnerships
 - Create urgency around development
 - Create stronger alignment

Where were we?

4

- Made recommendations for health issue priorities:
 - Mental Health
 - Chronic Disease
 - Maternal and Child Health
- Reached consensus around social determinants of health and access to quality care as foundational, strategic approaches to addressing health priorities

Planning Council Recommendation



Illinois' State Health Assessment and Plan for Population Health Improvement Timeline

Phases	Basic activities
Phase 1: April – May 2015	<ul style="list-style-type: none">• Conduct primary and secondary data analysis for SHA
Phase 2: May-June 2015	<ul style="list-style-type: none">• Engage Planning Council members• Assess data, indicators and measure availability
Phase 3: June –July 2015	<ul style="list-style-type: none">• Facilitate Planning Council review of data toward draft priorities, develop strategic approach, and align organizational strengths
Phase 4: August – September 2015	<ul style="list-style-type: none">• Conduct focus groups and continued organizational feedback sessions• Analyze results of vetting process statewide
Phase 5: October – December 2015	<ul style="list-style-type: none">• Planning Council reviews SHA• Submit final draft of the SHA
Phase 6: October 2015 - February 2016	<ul style="list-style-type: none">• Undertake action planning• Review and revise actions plans with Planning Council
Phase 7: March – April 2016	<ul style="list-style-type: none">• Public commentary on SHIP• Revise SHIP per feedback
Phase 8: April 2016	<ul style="list-style-type: none">• SHIP Plans submitted for final approval

Where are we going?



"OKAY, HERE'S THE PLAN..."

Public Health System
Healthy Illinois 2021 Planning Council

Social Determinants of Health
Access to Quality Care

Tactical Approaches

Strategies

Health Priorities

Data
Partnerships
Interventions
Health Communication

Data
Partnerships
Interventions
Health Communication

Data
Partnerships
Interventions
Health Communication

Mental
Health

Chronic
Disease

Maternal
and Child
Health

Outcomes

Where are we going?

- The State Health Improvement Plan is due in April 2016
- What's required?
 - Specific focus on prevention and elimination of health disparities
 - Outcome orientation; including interventions that are specific and measurable
- How do we accomplish this?
 - Identifying assets and strategies that address outcomes

ACTION TEAM EXPECTATIONS



Action Teams

- Action Team Structure
 - Co-Chairs
 - Technical Experts
 - MCPHP Support
- Meeting Structure
 - 4-6 meetings between November and February
 - First meeting will be a training
 - Meetings will be held by phone and/or webinar

Meeting Outlines

- Meeting 1: Train Action Team Members
- Meeting 2: Priority-specific (Environmental) Scan, continued
- Meeting 3: Goals and Measures
- Meeting 4: Goals and Measures; Refining
- Meeting 5: Refining, continued (if needed)
- Meeting 6: Plan draft finalization for submission

Action Planning Template – Healthy Chicago 2.0

ACTION TEAM:						
Goal 1:						
	Objectives	Year achieved	Strategies	Proposed Owner	Evidence base for strategy	Status
1	WRITE HERE	2016				
	Rationale for specific disparity focus:					
	WRITE HERE					
	Method for choosing target:					
	WRITE HERE					
	Data source:					
	WRITE HERE					
2						
	Rationale for specific disparity focus:					
	Method for choosing target:					
	Data source:					

Toolkit: Implementation of Clinical Practice Guidelines

Action Plan Template:

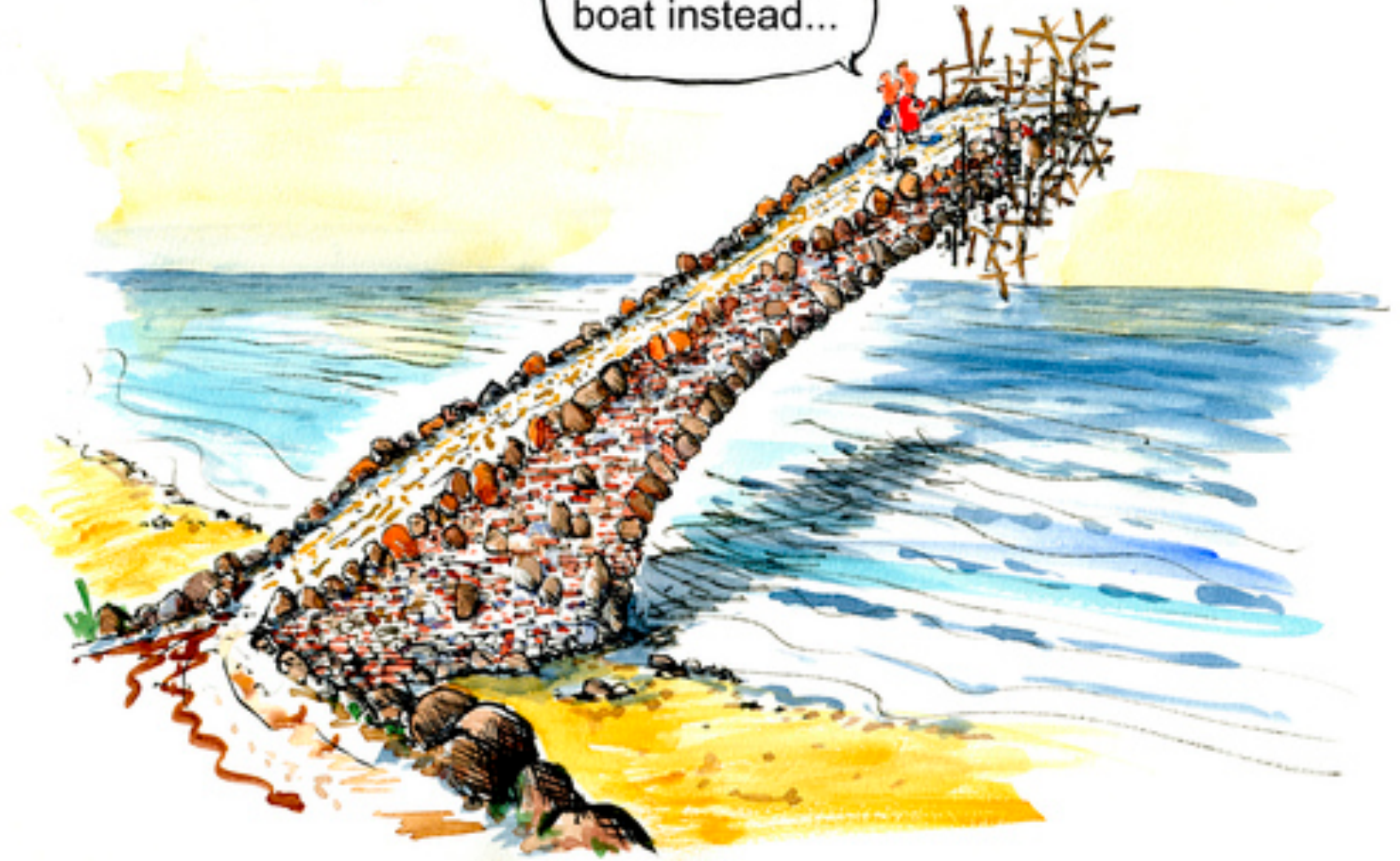
Instructions: Use this template to develop your implementation action plan. You will need to complete the columns and identify specific activities under each of the major activities identified in the template.

	activity	target date	most responsible person	outcome/deliverables	progress
1.	Create a proposal describing the project background, goals and rationale. Include any information you have on costs and benefits, implementation strategies, action planning, timetables and evaluation. Don't forget the executive summary.				
2.	Identification of project lead, champions and/or the group who will lead the identification and implementation of a CPG a) Identify skill and role requirements. b) Communicate/recruit interested individual or group. c) Secure participation of project lead. d) Ensure project lead has clear mandate and resources required to start the planning process.				
3.	Identification, analysis and engagement of stakeholders a) Define scope of implementation-- extent of implementation. b) Identify stakeholders-- use team approach to identify. c) Using team, collect data about the stakeholders-- use template provided. d) Organize the data and analyze--again use a team approach--strive for consensus. e) Determine strategies that will be used to influence, support and engage stakeholders				

DATA PRESENTATION: OVERVIEW



Maybe we should build a boat instead...



What are others saying?



DATA PRESENTATION: INDICATORS



Data presentation reminders

1. SHA/SHIP data production fits into a larger vision for data sharing and use in Illinois.
2. Data and the documented process presented is for at least three purposes.
 - SHA documentation
 - SHIP development
 - On-going system of data assessment and review. The SHIP Planning Council may serve as one source of this review.
3. Undertaking data production allows for management of the data and takes coordination and effort.
4. The version emailed and presented remains a working draft.

Statewide Indicator Data

A wide array of data are presented to provide an integrated examination of Illinois health indicators.

- All data are *estimates*, with varying degrees of reliability
- Multiple indicators from multiple data sources
- Measurement approaches differ

View the data as a whole—equal to *more* than the sum of its parts

Thinking about the Data for Action Planning

- How common or rare the indicator is—how many people it affects
- Magnitude of the indicator—where does IL stand in relation to a benchmark, and are there disparities between groups, by age, race/ethnicity, or geography
- The severity of the indicator—what are the consequences
- The extent of political will to address the indicator
- Are there known and feasible prevention or intervention strategies to address the indicator
- Are the indicators appropriate for making cross-indicator comparisons—are there other indicators that might be more informative

Thinking about the Data for Action Planning

Some caveats:

Considering disparities, benchmarks, and directionality

1. How big or small are disparities and how do these relate to a benchmark? How do they relate to action planning?
2. Is the benchmark a goal for the future or a current value, for example for the nation as a whole? Is it 'better' to be above or below a benchmark?
3. How might other factors affect the indicator value?

A few identified errors and issues for further consideration will be highlighted as we go through the findings

Social Determinants / Context

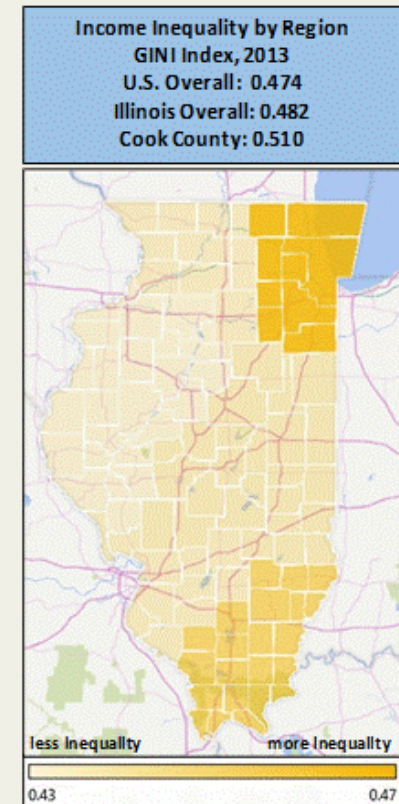
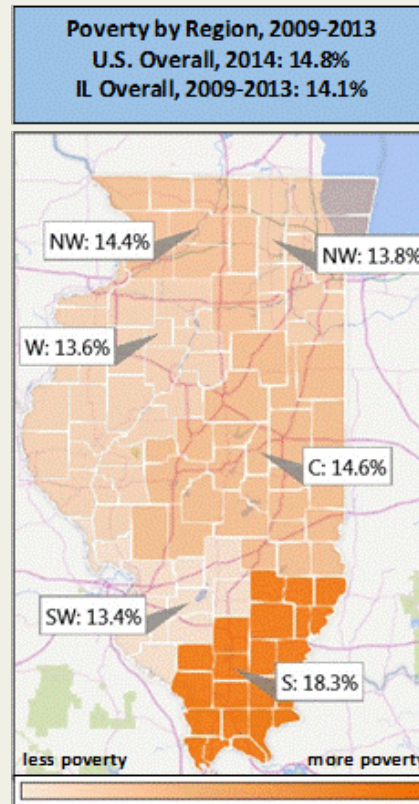
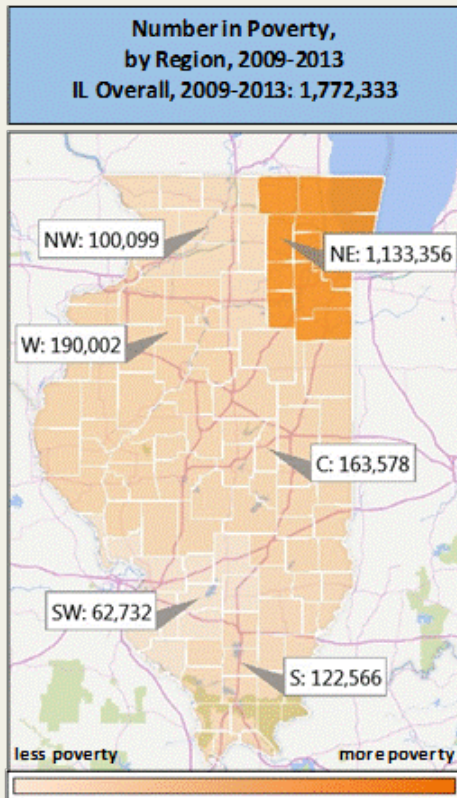
Select Socio-Demographic Characteristics, Illinois		
<i>Source: IDPH, Center for Health Statistics*</i>		
Race/Ethnicity	Number	Percent
Non-Hispanic Black	1,885,164	14.6
Non-Hispanic White	8,115,541	63.0
Hispanic	2,152,974	16.7
Non-Hispanic Other	726,901	5.6
Age		
<20	3,332,774	25.9
20-34	2,688,805	20.9
35-44	1,679,806	13.0
45-54	1,771,582	13.8
55-64	1,619,080	12.6
65-74	1,002,122	7.8
75-84	530,359	4.1
85 and older	256,052	2.0
*U.S. Census Bureau Vintage Population Estimates 2014; U.S. Census Bureau, 2009-2013 5-Year American Community Survey		

Social Determinants / Context

Select Socio-Demographic Characteristics, Illinois <i>Source: IDPH, Center for Health Statistics*</i>		
	Number	Percent
At Least High School Education, Among Ages 25 and Over	7,427,358	87.3
Foreign Born	1,774,726	13.8
Poverty	1,772,333	14.1
*U.S. Census Bureau Vintage Population Estimates 2014; U.S. Census Bureau, 2009-2013 5-Year American Community Survey		

Social Determinants / Context

The highest rate of poverty is in Southern IL, but most of the people in poverty live in the Northeast region. Income inequality is highest in both Southern IL and the Northeast region.



DRAFT

Social Determinants / Context

**Percent of Children Less than 18
Reported as Never or Only Sometimes Safe
in Their Community / Neighborhood*
Illinois Overall and by Race/Ethnicity, 2011**

*Source: Child and Adolescent Health Measurement
Initiative, Data Resource Center
National Survey of Children's Health (NSCH)*

Benchmark**	13.4
Illinois Overall	14.9
Non-Hispanic Black	24.5
Non-Hispanic White	7.0
Hispanic	27.1
Non-Hispanic Other	9.6

*"How often do you feel [child name] is safe in your community or neighborhood?"
NSCH, 2011/12

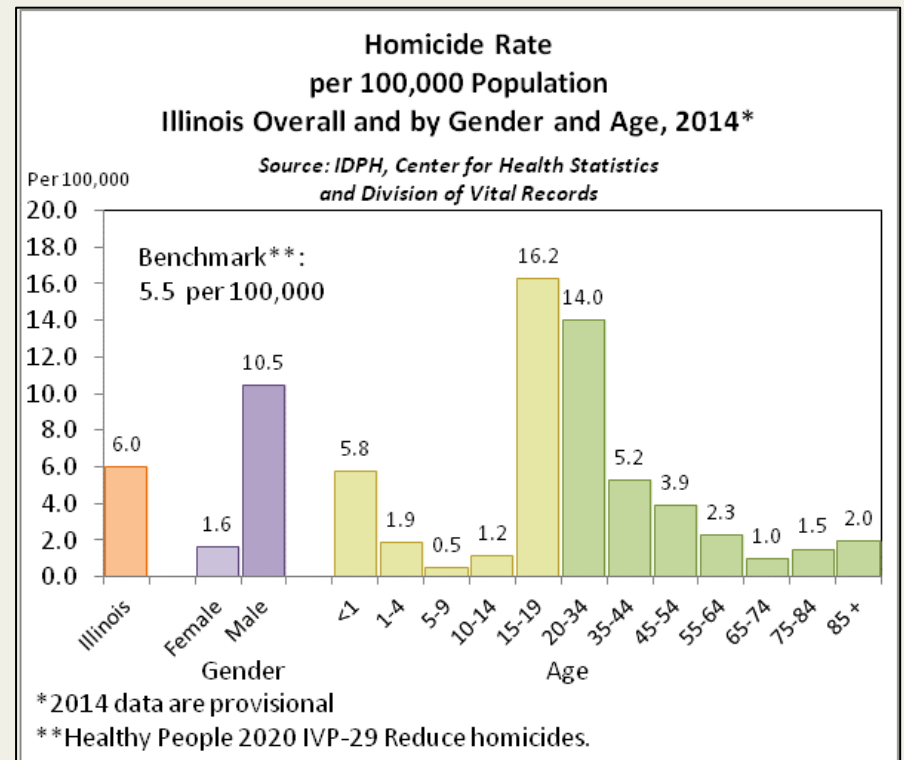
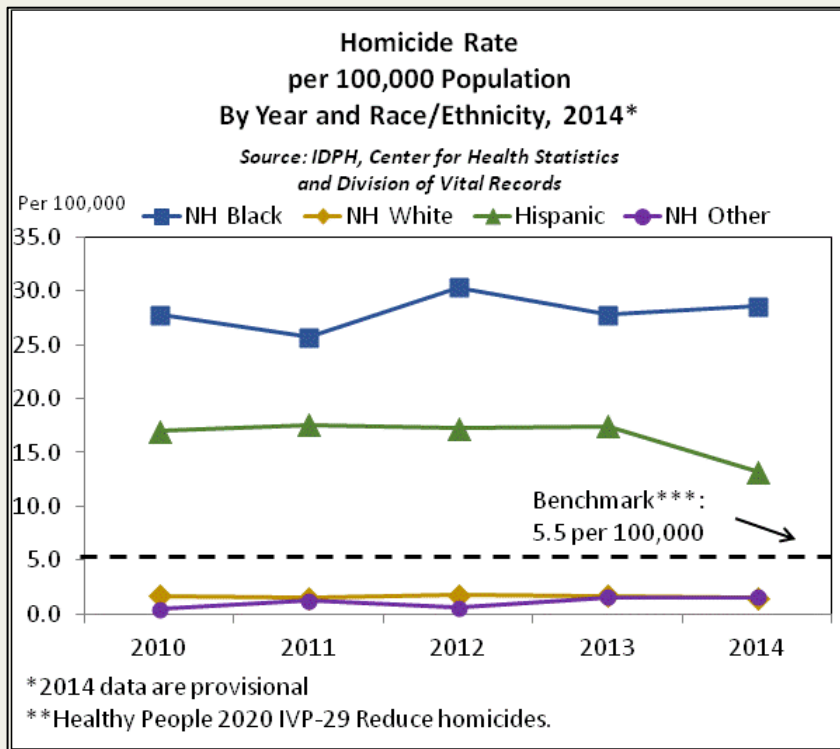
** U.S. Overall from NSCH, 2011/12

Community safety is considered an adverse childhood experience (ACE).

Close to 1 in 6 Illinois children were reported as living in an unsafe community; 1 in 4 non-Hispanic black and Hispanic children were reported as living in an unsafe community.

Social Determinants / Context

There are disparities by race/ethnicity, gender, and age in the IL homicide rates.



Caveat: The rates are not age-adjusted—the race/ethnic disparities are likely to be somewhat smaller after adjustment.

Access to Care

**Percent of Children Reported as
Not Having a Medical Home*
Illinois Overall and by Race/Ethnicity, 2011**

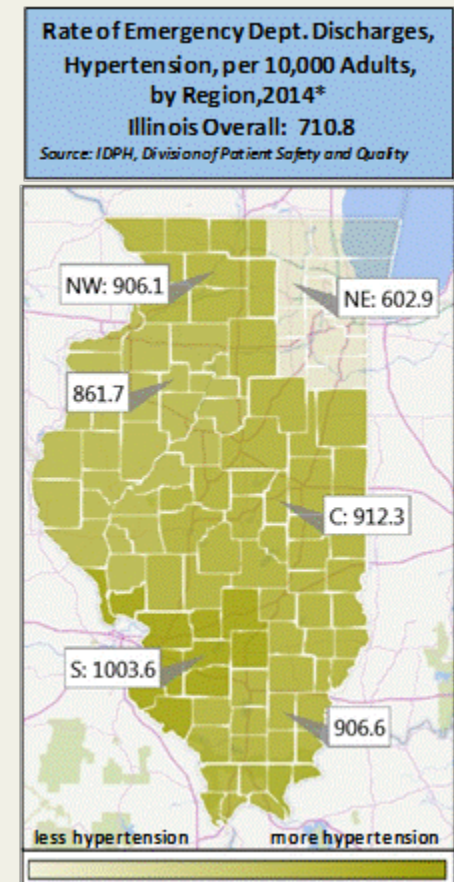
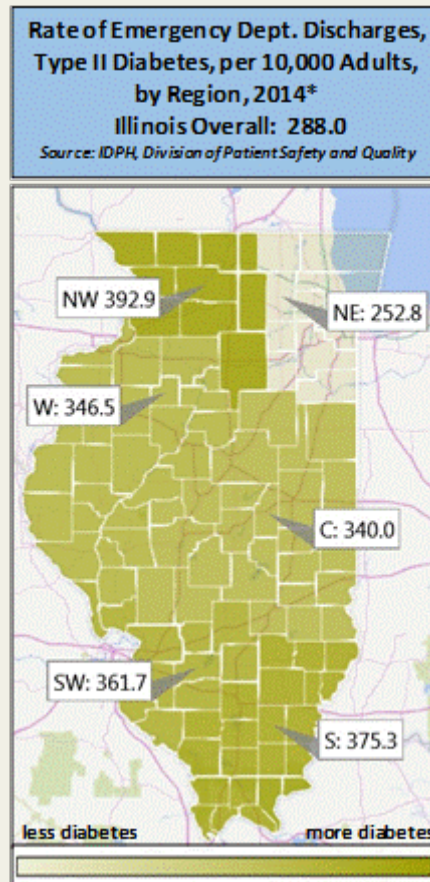
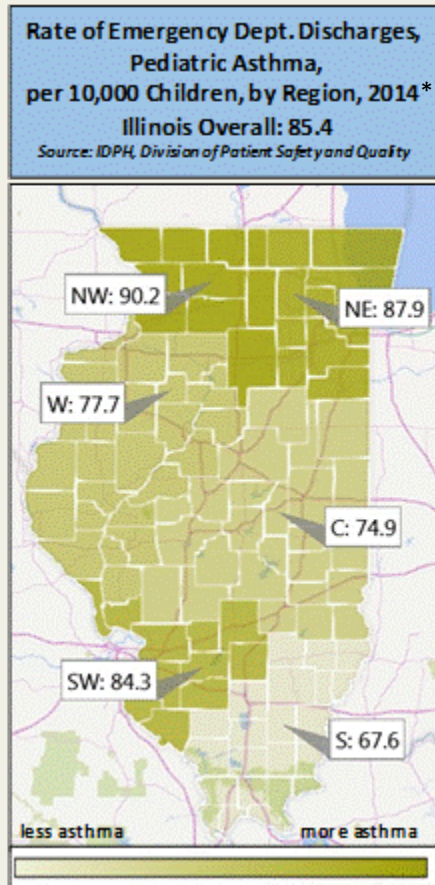
Source: Child and Adolescent Health Measurement Initiative, Data Resource Center National Survey of Children's Health (NSCH)

Benchmark**	36.7
Illinois Overall	44.1
Non-Hispanic Black	54.7
Non-Hispanic White	27.1
Hispanic	72.9
Non-Hispanic Other	53.4

*Children who do not receive coordinated, ongoing, comprehensive care within a medical home

**Healthy People 2020 MICH-30 Increase the proportion of children, including those with special health care needs, who have access to a medical home. Target: 63.3 having a medical home; 36.7 not having a medical home.

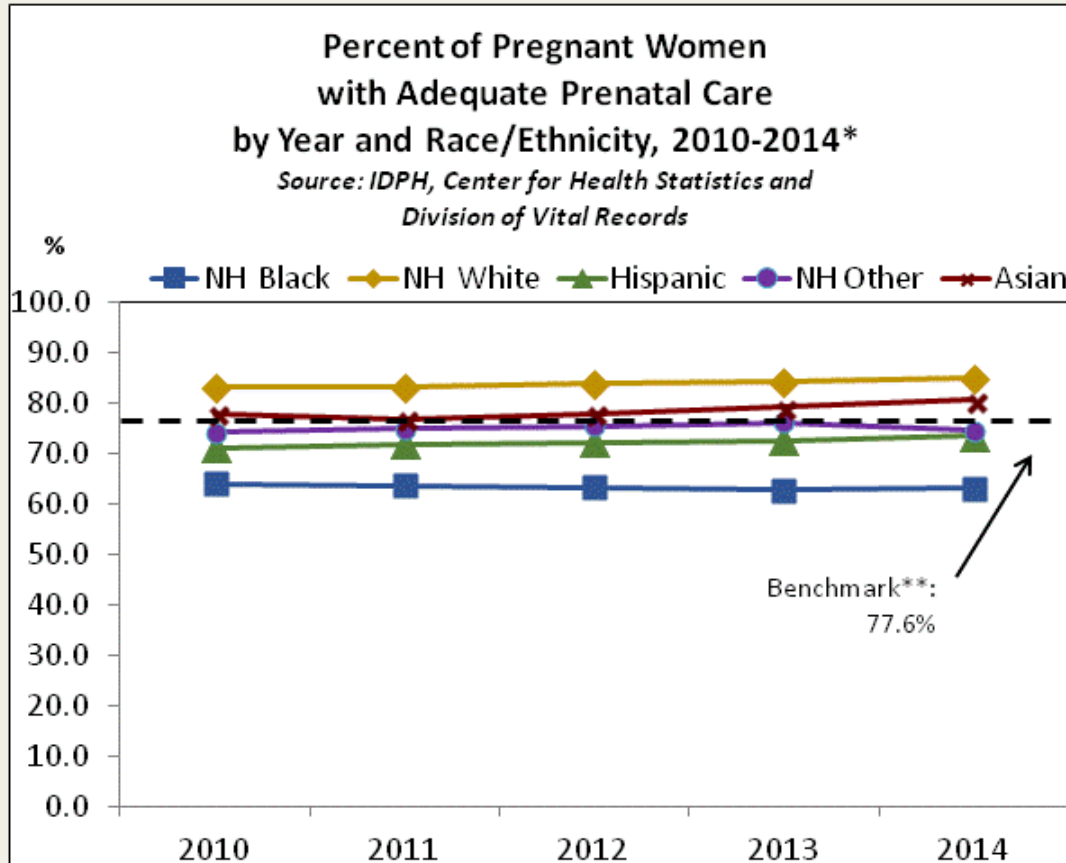
Access to Care: Ambulatory Care Sensitive Conditions



Childhood asthma, type II diabetes, and hypertension should be addressed in a primary care setting—use of emergency care should be rare. There appear to be geographic disparities in ED use.

*Denominator is the mean 2012-2014 data, from Claritas

Access to Care



*2014 data are provisional.

Healthy People 2020 MICH-10.2 Increase the proportion of pregnant women who receive early and adequate prenatal care—entry by month 4 **and number of visits corresponding to recommendations of the American College of Obstetricians and Gynecologists (ACOG).

Overall, the trends in receiving adequate prenatal care did not improve between 2010-2014.

The percent of non-Hispanic black women who receive adequate prenatal care falls well below the Healthy People Objective.

Health Behaviors / Risk Factors

Percent of All Adults Reporting Smoking* Illinois Overall and by Race/Ethnicity, 2014

Source: IDPH, Center for Health Statistics,
Behavioral Risk Factor Surveillance System (BRFSS)

Benchmark**	12.0
Illinois Overall	16.7
Non-Hispanic Black	25.2
Non-Hispanic White	16.5
Hispanic	12.9

*Current Smoker

**Healthy People 2020 TU-1.1 Reduce cigarette smoking by adults.

Overall, IL adults are not meeting the Healthy People objective for smoking.

One quarter of non-Hispanic black adults in IL are smokers.

A lower percentage of adult women smoke compared with men, and the percent among ***pregnant women*** is 8.8% overall.

Health Behaviors / Risk Factors

Percent of Adults Reporting Adverse Childhood Experiences* (ACES) Illinois Overall and by Race/Ethnicity, 2013

*Source: IDPH, Center for Health Statistics,
Behavioral Risk Factor Surveillance System (BRFSS)*

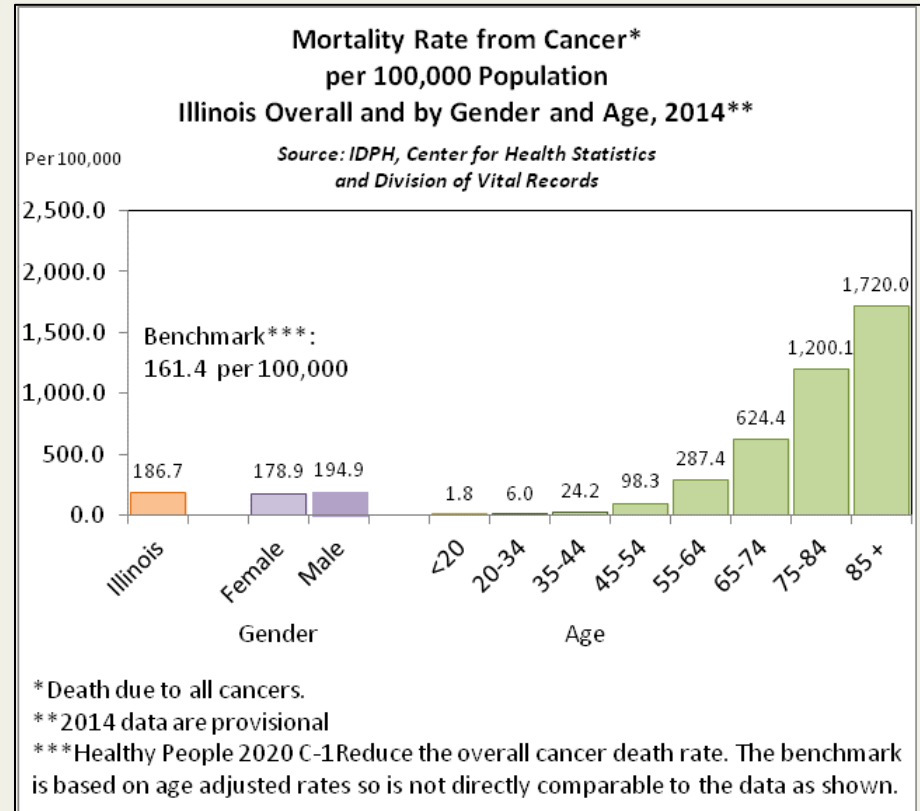
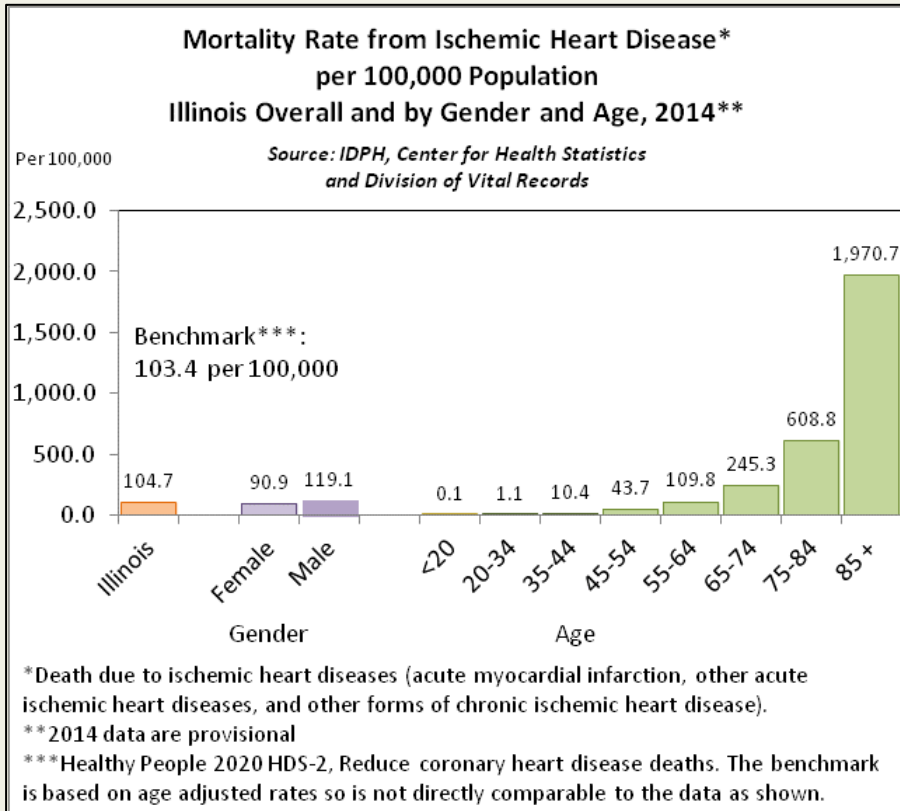
Benchmark	-
Illinois Overall	12.2
Non-Hispanic Black	16.3
Non-Hispanic White	11.2
Hispanic	16.5
Non-Hispanic Other	2.4

* 4 or more ACES reported. ACES include physical, sexual, verbal abuse, living in a household with an alcohol or drug user, with someone with mental illness/depression, someone ever incarcerated, with physical abuse among adults, or with divorced parents.

ACEs have an impact on both physical and mental health outcomes. Overall, approximately 1 in 8 IL adults report experiencing 4 or more adverse childhood experiences. While small disparities exist, reporting of ACEs is similar across race/ethnicity, gender, age, and geography.

Chronic Disease Mortality

The benchmark is not met for men and women; not is it met even at younger ages.



Chronic Disease

Percent of Adults Reporting Diabetes* Illinois Overall and by Race/Ethnicity, 2014

*Source: IDPH, Center for Health Statistics,
Behavioral Risk Factor Surveillance System (BRFSS)*

Benchmark**	9.7
Illinois Overall	10.2
Non-Hispanic Black	14.0
Non-Hispanic White	9.1
Hispanic	12.7

*"Have you ever been told by a doctor that you have diabetes?"

**U.S. Overall from BRFSS 2013.

Chronic Disease

Percent of Adults Reporting Obesity* Illinois Overall and by Race/Ethnicity, 2014

*Source: IDPH, Center for Health Statistics,
Behavioral Risk Factor Surveillance System (BRFSS)*

Benchmark**	30.5
Illinois Overall	29.5
Non-Hispanic Black	42.5
Non-Hispanic White	27.6
Hispanic	34.7

*Body Mass Index (BMI) of 30 or more.

**Healthy People 2020 NWS-9 Reduce the proportion of adults who are obese. The benchmark is based on age adjusted rates so is not directly comparable to the data as shown.

Overall, close to 1 in 3 IL adults are obese, using the consensus cutpoint on Body Mass Index (BMI), with non-Hispanic blacks having the highest percent.

Similar patterns are seen for childhood obesity in IL —high percents overall and the highest percent among non-Hispanic black children.

Mental Health

Percent of Adults Reporting Poor Mental Health More than 7 Days in a Month*

Illinois Overall and by Race/Ethnicity, 2014

*Source: IDPH, Center for Health Statistics,
Behavioral Risk Factor Surveillance System (BRFSS)*

Benchmark	-
Illinois Overall	14.8
Non-Hispanic Black	17.3
Non-Hispanic White	14.7
Hispanic	15.5
* "... how many days during the past 30 days was your mental health not good?"	

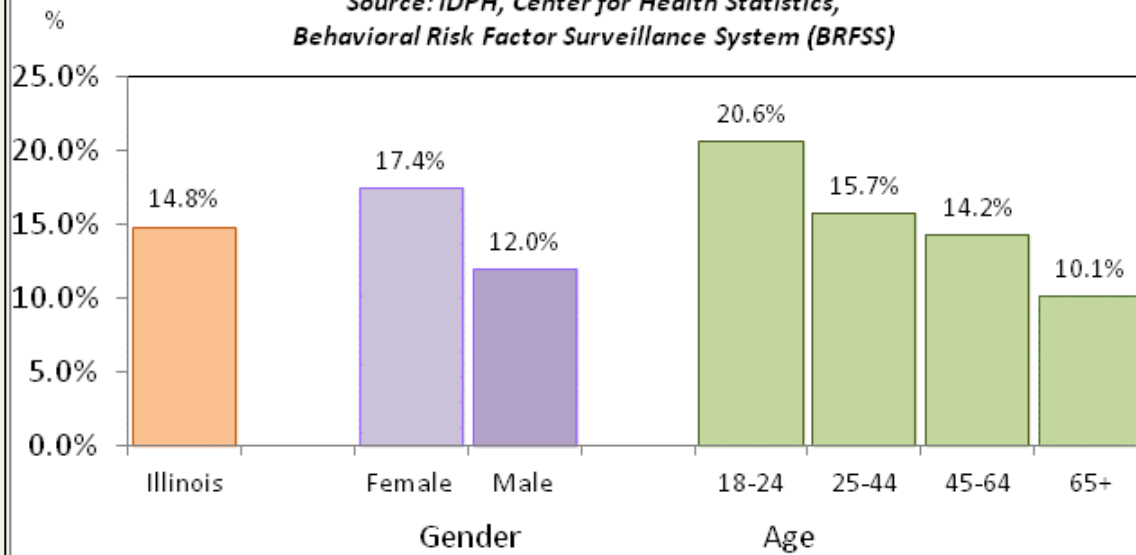
There are only small racial and ethnic disparities in how IL adults reported experiencing poor mental health for more than one week in a month.

The percent of IL adults reporting this extent of poor mental health ranged from 15-17%.

Mental Health

Percent of Adults Reporting Poor Mental Health
More than 7 Days in a Month*
Illinois Overall and by Gender and Age, 2014

Source: IDPH, Center for Health Statistics,
Behavioral Risk Factor Surveillance System (BRFSS)



*" ...how many days during the past 30 days was your mental health not good?"

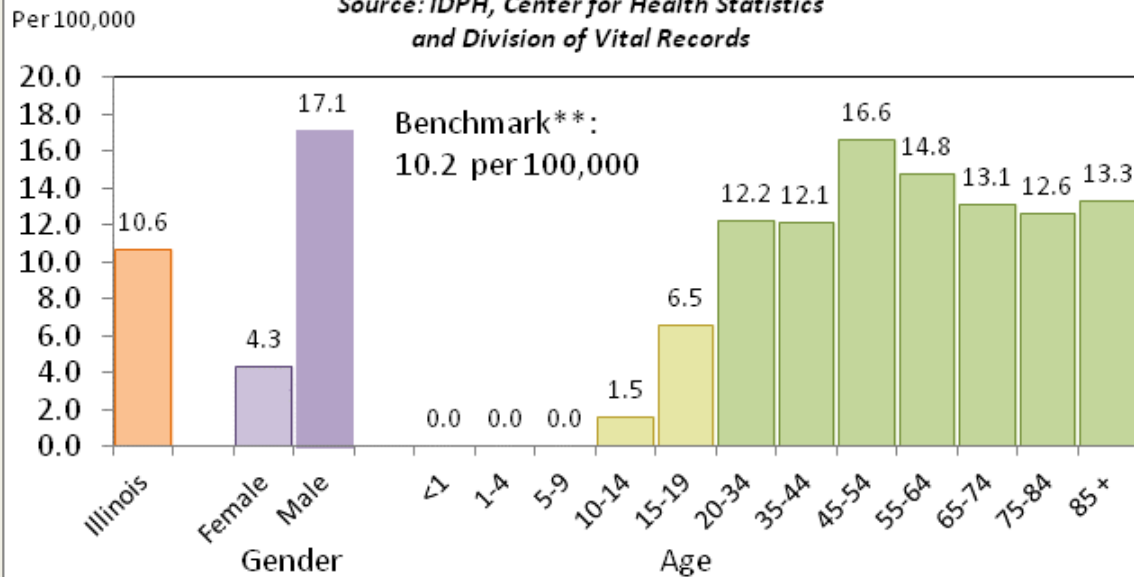
Close to 1 in 6 IL adults report poor mental health for more than one week in a month

The highest percents on this mental health measure are for women and young adults.

Mental Health

**Suicide Rate
per 100,000 Population
Illinois Overall and by Gender and Age, 2014***

*Source: IDPH, Center for Health Statistics
and Division of Vital Records*



*2014 data are provisional

**Healthy People 2020 MHMD-1 Reduce the suicide rate. The benchmark is based on age adjusted rates so is not directly comparable to the data as shown.

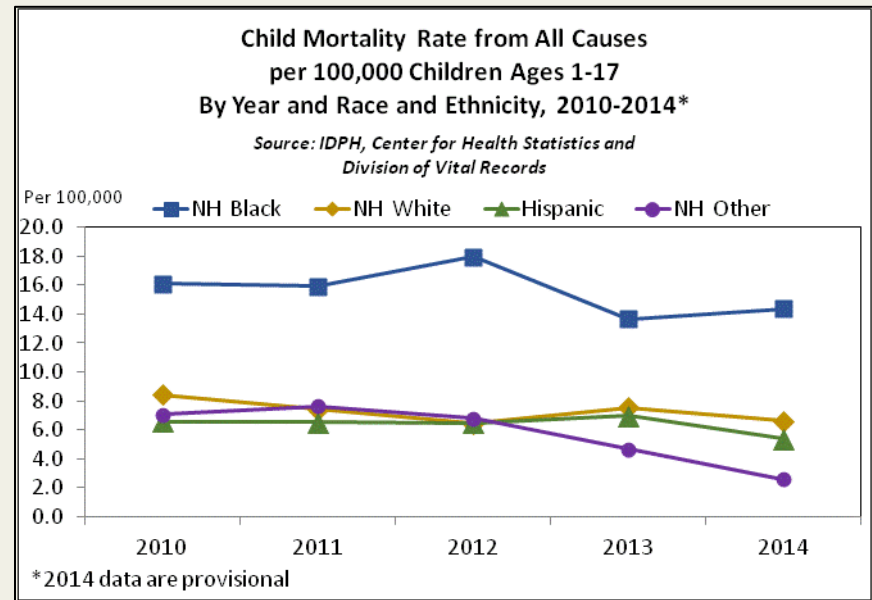
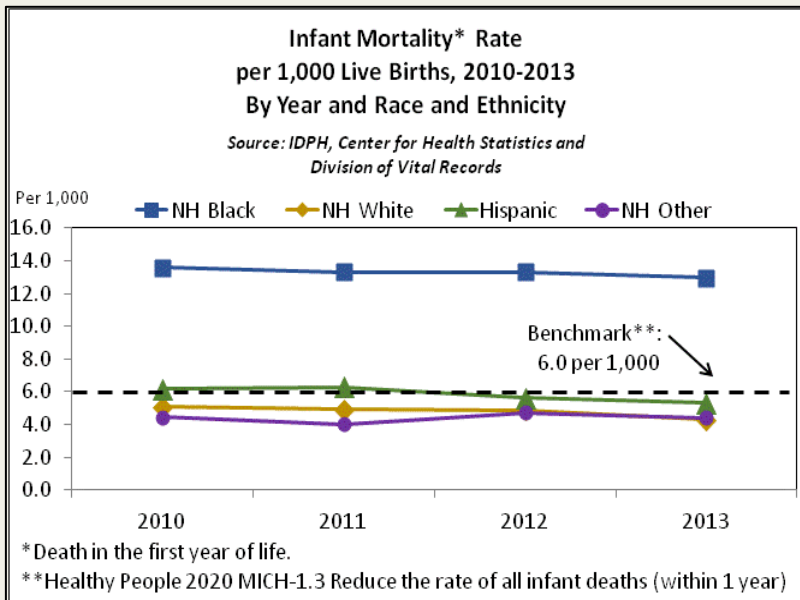
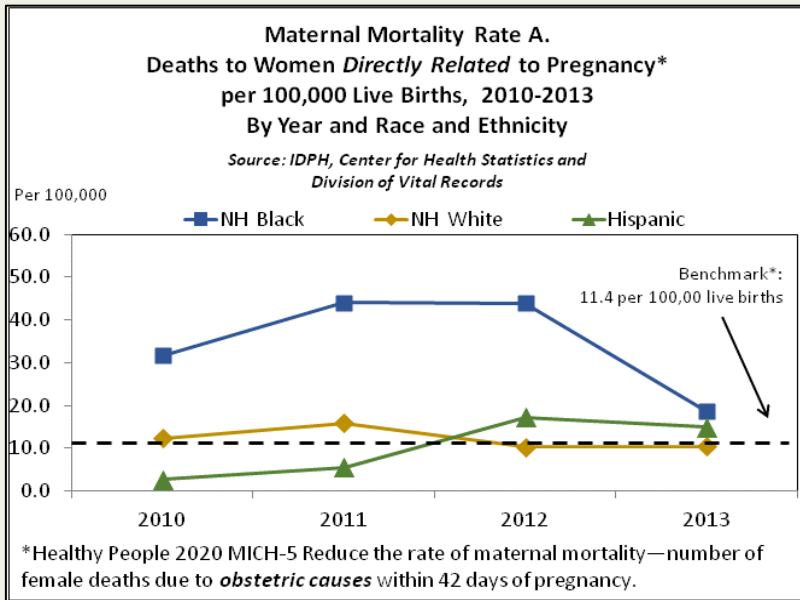
While women and young adults tend to report poor mental health more than others, it is men who have the highest rates of suicide.

Adults have higher rates of suicide than do adolescents; among adults, the variation by age is relatively small.

Maternal and Child Health

Persistently highest maternal, infant, and child mortality rates for non-Hispanic blacks.

Note: Rates for maternal death are unstable since thankfully this is a rare event.



Maternal and Child Health

Rate of Severe Maternal Morbidity* per 10,000 Delivery Hospitalizations Illinois Overall and by Race/Ethnicity, 2014

Source: IDPH, Division of Patient Safety and Quality

Benchmark**	129.0
Illinois Overall	167.8
Non-Hispanic Black	287.7
Non-Hispanic White	128.8
Hispanic	165.3
Asian	162.7
Non-Hispanic Other	176.8

*Severe maternal morbidity is defined using an algorithm identifying pregnant women with any of 25 markers of potentially life threatening obstetric diagnoses and procedures. Callaghan WM, et al. Am J Obstet Gynecol 2008;199:133. e1-8.

** National estimate from analysis of the 2008-2009 Nationwide Inpatient Sample Callaghan WM, , et al. Am J Obstet Gynecol 2012;120:1029-36

Severe maternal morbidity (SMM) reflects the extent of conditions that are the precursors to maternal death due to clinical causes and that might be amenable to improved access and care.

Maternal and Child Health

**Percent of Live Births
Born at Low Birthweight*
Illinois Overall and by Race/Ethnicity, 2013**

*Source: IDPH, Center for Health Statistics
and Division of Vital Records*

Benchmark**	7.8
Illinois Overall	8.3
Non-Hispanic Black	13.9
Non-Hispanic White	6.8
Hispanic	7.2
Non-Hispanic Other	9.2

*Low Birthweight is weight less than 2500 grams.

** Healthy People 2020 MICH-8.1 Reduce low birth weight (LBW)

Low birthweight reflects the extent of conditions that are the precursors to infant death and that might be amenable to improved access and care.

Ten Indicators which have the Largest Black-White *or* Hispanic-White Disparity Ratios

Ratio of 3.0 or greater

Homicide

ED Pediatric Asthma Discharges

% Children Living in Unsafe Neighborhoods

Infant Mortality

Ratio of 2.0-2.9

ED Discharges for Type II Diabetes

ED Discharges for Hypertension

Rate of Severe Maternal Morbidity

Child Mortality

Low Birthweight

% of Children Not Having a Medical Home

Discussion

1. What general questions do you have now?
2. What's surprising about the data?
3. What will be most useful for action planning?
4. Write down two additional questions you have about the data.

MAPPING ASSETS



Priority-Specific Scan

- Why do a priority-specific scan?
 - Develop a picture of current assets and resources specific to health priorities
 - Further identify areas where strategies align with assets

Public Health System
Healthy Illinois 2021 Planning Council

Tactical Approaches

Social Determinants of Health
Access to Quality Care

Strategies

Data
Partnership
Interventions
Health Communication

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Health Priorities

Mental
Health

Chronic
Disease

Maternal
and Child
Health

Outcomes

Action Team Activity

- Use handout
- Select outcome
- Generally brainstorm how to address the outcome
- Brainstorm assets
- Categorize by data, community intervention, clinical intervention, health communication, or partnership
- How do these activities address access to quality care and the social determinants of health?

NEXT STEPS



Action Teams

- Action Team Process
 - Self-nomination
 - Open recruitment for external participant / technical experts
 - Must submit nomination to HealthyCommunitiesIL@uic.edu
 - Call for additional nominations will be sent out this week with quick turnaround request

What's next?

- MCPHP will set meeting schedule
- Planning Council members should continue documenting resources through environmental scan worksheet
- Provide recommendations / distribute recruitment email for technical experts on Action Teams

Closing Activity

- Say one word to describe where you are right now

Public Comment

- State your first and last name, organization
- Limit comments/questions to 2 minutes

Adjourn

- Slides available at www.healthycommunities.illinois.gov
- Questions can be sent to HealthyCommunitiesIL@uic.edu

