

State Health Improvement Plan (SHIP) Team
Meeting Summary
Wednesday, August 15, 2012
9:00am – 12:00pm

Illinois Public Act 96-1153 created the State Health Improvement Plan Implementation Coordination Council. This law requires that the Governor appoint an implementation council for the State Health Improvement Plan comprised of the directors of the Illinois Department of Public Health, Human Services, Healthcare and Family Services, Aging, Agriculture, Insurance, Transportation, Commerce and Economic, Environmental Protection Agency, and Violence Prevention Authority, and the Chair of the State Board of Health. The Council also includes local health departments and private sector public health stakeholders including non-profit public interest groups, health issue groups, faith community groups, health care providers, business and employers, academic institutions and community based organizations. The Council is charged to coordinate stakeholders to implement the SHIP, including providing a forum for a collaborative action, coordinating existing and new initiatives, developing detailed implementation steps with mechanisms for action, identifying public and private funding sources, promoting public awareness, advocating for implementation of the SHIP, and developing an annual report.

ICC Members Attending: Michael Gelder, Governor Quinn’s Office, SHIP Co-Chair; Patricia Schou, Illinois Critical Access Hospital Networks, SHIP Co-Chair; Joseph Antolin, Illinois Latino Family Commission; Michele L. Bromberg, Illinois Department of Professional Regulation; Greg Chance, Administrator, Peoria City/County Public Health Department; Edwin Chandrasekar, Executive Director, Asian Health Coalition; Betsy Creamer, Illinois Department on Aging; Elmo Dowd, Illinois Environmental Protection Agency; Jessica Gerdes, Illinois State Board of Education; Cathy Grossi, Quality/Health Policy and Regulation, Illinois Hospital Association; LaMar Hasbrouck, Illinois Department of Public Health; Roger Holloway, Illinois Rural Health Association; Michael Jones, Illinois Department of Healthcare and Family Services; Robert Kieckhefer, Retired – Health Care Services Corporation; Janine Lewis, Illinois Maternal and Child Health Coalition; Clarita Santos, Blue Cross Blue Shield of Illinois; James Nelson, Executive Director, Illinois Public Health Association; Barbara Shaw, Illinois Violence Prevention Authority; Glendean Sisk, Illinois Department of Human Services; Terry Solomon, Illinois African American Family Commission; Janna Stansell, Health and Medicine Policy Research Group.

Guests: Sayora Abatova, Illinois Environmental Protection Agency; Quan Williams, Illinois African-American Family Commission; Cindy Kieckhefer.

Illinois Department of Public Health Staff: David Carvalho; Dr. Teresa Garate; Leticia Reyes-Nash

Governor's Office: Amy Sagen

SHIP ICC Process Staff Team:

- UIC School of Public Health: Joy Getzenberg, Richard Sewell
- Illinois Public Health Institute: Elissa Bassler
- McAlpine Consulting for Growth: Laura McAlpine

Welcomes & Introductions:

Meeting was called to order at 9:00 a.m.

SHIP ICC Co-chair Pat Schou welcomed everyone to the meeting. Schou highlighted the entire process of developing the SHIP up to this point. Schou discussed the meeting objectives and agenda before discussing the implementation framework and goals. She reminded ICC members to be mindful of the guiding principles when working in groups today.

Co-chair Michael Gelder welcomed the group. Gelder emphasized the importance of continuing the effort that began a year ago. Gelder mentioned the SHIP goal is to help Illinois become a healthier state through a collaborative effort that includes various stakeholders.

Dr. LaMar Hasbrouck, Director of IDPH, welcomed the group, remarking that the ICC is in the homestretch with one more meeting after today. Dr. Hasbrouck spoke of the SHIP as a framework to plan the work of improving the health of our state, and that the ICC is the group charged with implementing and tracking the plan. Dr. Hasbrouck sees the ICC at the epicenter of engagement, and calls for all ICC members to take an active role in implementing the SHIP, engaging other stakeholders in the plan, and to remain focused on the work today of determining how we measure engagement and the timelines for rolling out the plan. Dr. Hasbrouck informed the group that the launch will likely occur in either November or January.

Gelder shared information on the Governor's new state budgeting process, "Budgeting for Results", through which resource allocation will be based upon the value of the services provided, and that data measuring outcomes will inform decisions around statewide appropriations. Gelder spoke of the process of engaging stakeholders in each of the major sectors to determine the value created through the services/programs state government offers, and that this work is closely related to the work of the ICC as it implements the SHIP. Amy Sagen (Governor's Office) also commented on "Budgeting for Results" (BFR), discussing the collaborative efforts already underway to make this a success, and how BFR can work together with SHIP, as BFR is expressive of the SHIP priorities and SHIP elements are integrated in BFR.

Dr. Hasbrouck added that he was part of the BFR health team, and was working to assure alignment with the priorities and indicators of SHIP.

Minutes:

Gelder deferred action on the minutes from the June 29, 2012 meeting because a quorum was not present.

Public Comment:

Gelder asked for any public comment. There were no public comments.

Implementation Goals, Priorities & Guiding Principles:

Gelder and Elissa Bassler reviewed the guiding principles and indicated that the ICC members would have an opportunity provide feedback on the draft language and should be mindful of the principals while in the small group breakouts.

Guiding Principles:

- *Public Health System:* The SHIP Implementation process will engage the array of public, private and voluntary stakeholders who are concerned with and contribute to the health of the people of Illinois at the state and local levels. This includes not only health professionals, but also employers, faith groups, human services, transportation, housing, education, criminal

justice, and an many other sectors that have can have an impact on the health of people in communities.

- *Health Equity:* All SHIP implementation activities will include a focus on ensuring that everyone has a fair opportunity to live a long, healthy life. Implementation activities will look for solutions to improving the health of those whose health is negatively affected due to unequal social and economic conditions. Improving health equity requires looking beyond the health care system to the broad array of public health stakeholders as described in the Public Health System Pillar.
- *Innovation:* The SHIP Implementation process will promote evidence-based interventions, while also encouraging the use and study of promising and innovative approaches to health improvement.
- *Statewide:* The SHIP implementation is concerned with the health of all people in Illinois and the process will seek to engage communities from all parts of the state. The process will also promote state-level policies and systems improvements that can have a broad impact and sustainable affect.
- *Self-Determined Alignment:* The SHIP Implementation process will seek to illustrate how various sectors and partners in the public health system may connect to the SHIP, but will be built on the alignment of partners as they identify the intersections of their work and the SHIP.

A discussion followed on how the self-determined alignment principle would function. For example, prospective partners could identify parts of SHIP that are most consistent with their mission and day-to-day activities and work on those elements. Additional comments emphasized that not only does implementation of SHIP require coordination at the state level, it also needs to occur at the local level, where services and programs are delivered to people. There needs to be a concerted explicit effort to create integrations/collaboration at the local level. Elissa Bassler agreed and noted that the activities of the group “Raise Awareness and Engage Partners” address alignment of all local plans.

Looking at the “Framework” design slide, Elmo Dowd noted that the “Natural and Built Environment” SHIP priority was left off. The omission was inadvertent, and staff will add that back in.

Breakout Group Instructions:

Breakout group participants were instructed to conduct a final review of the goal, strategy and action steps, and complete the action plan’s “timeframe,” “who will act,” and “measures of success” components. Next meeting we will focus on the launch.

Breakout Groups:

Breakout groups for each goal met to develop action plans.

Report Back:

Each group briefly presented what was completed during the breakout session.

Goal 1: Raise Awareness and Engage Partners

See attached

Discussion focused on what it means to engage partners; how partners get involved without creating

new infrastructure; aligning up and down, across agencies and organizations, and utilizing state agency plans, IPLANS, hospital plans, etc., as a mechanism for moving the SHIP forward.

Goal 2: Monitor Activities and Evaluate Outcomes

See attached

Discussion emphasized that staff work needs to be completed by IDPH regarding data management and reporting; the importance of establishing a baseline prior to launch; challenges related to distinguishing evaluation/monitoring of measures of SHIP implementation and SHIP health outcomes; and system priorities. Group reminded the ICC that the charge is to measure both the success of implementation activities and also the health outcomes as the ultimate end result of the SHIP.

Goal 3: State Coordination

See attached

Discussion centered on getting state agency leaders/directors excited about the launch with pre-launch activities; the importance of assessing of what agencies are already doing that relates to the SHIP and how to coordinate those activities, and how to maintain ongoing implementation activities across agencies. The group noted that SHIP implementation will involve many people across agencies, not just top-down.

Goal 4: Workforce/ Capacity

See attached

Discussion revolved around keeping the guiding principles in mind, including health equity; identifying unique groups of stakeholders; need to develop a training and TA plan that addresses the priorities of all stakeholders; and the need for ongoing training –in performance improvement and collaboration

Goal 5: Policy/ Advocacy

See attached

This group focused on how the process would develop a policy agenda: what it should be, how it fits with IDPH and other state agency legislative priorities; and determining what happens when ICC members are in conflict. Also, the implementation approach should address what happens when a state agency is in conflict with activities or policies advocated for by another sector of stakeholders.

A brief discussion occurred regarding the role of the State Board of Health (SBOH):

Greg Chance commented that he would like to see a stronger role for SBOH and members suggested that the ICC was a good forum for discussions about the role of boards of health. State officials noted that the Board of Health has an advisory rather than a decision-making function under current state law as to its authority, and for the Board to have a more active role, state law would need to change. It was also noted that the somewhat limited role of the Board is consistent with most other boards established through state statute or executive order.

Next Steps:

Dr. Hasbrouck reminded the group that the launch would likely occur sometime between November and January. He mentioned some considerations as we move into the next stage of the implementation process, including the importance of pre-launch priorities and events to capitalize on momentum for SHIP, the need for a blueprint for the press event messaging, that there is a role for everyone, and developing ways to measure the success of SHIP as a living document. Dr. Hasbrouck encouraged ICC members to begin thinking about “what’s in it for you” as an organization, and how each of us can create excitement in terms of rolling SHIP out and including other stakeholders. Dr. Hasbrouck mentioned this SHIP culminates in 2015, and the new SHIP begins in 2016. The 2016 SHIP should not

be dramatically different than the one in the process of being implemented by the SHIP ICC. Joseph Antolin asked how the SHIP implementation process would address gaps that are currently not being addressed. Dr. Hasbrouck replied as we roll it out, we will use a system-wide framework, including a mechanism to highlight gaps, so that people and organizations can be recruited to fill in identified gaps, enlisting resources and organizations for the 14 SHIP priorities.

Richard Sewell presented on next steps, and referenced a proposed outline for the final report that had been distributed. He noted that ICC members should contact Elissa Bassler with any requested changes. Sewell discussed an appendix, which would link readers to a website to see all of the documents used to inform the action plan. Sewell asked for feedback on how the final documents should look to readers.

Joy Getzenberg proposed an agenda for the next SHIP meeting, including a review of the actual report, and a focus on the launch, including reviewing key messaging and tools providing feedback to the Governor's office and IDPH, and enrolling ICC members in launch of implementation activities.

The next meeting will be in October, as there is a lot of preparation work to do prior to the next meeting. Members requested that materials for the October meeting be sent as early as possible for review.

Closing Remarks:

Michael Gelder thanked everyone for their hard work. Gelder shared with the members that Dr. Teresa Garate will be leaving IDPH at the end of August and asked that she be recognized for her contributions to the SHIP ICC as well as throughout IDPH.

Meeting adjourned at 12:00 p.m.

Action Plan - FINAL SMALL GROUP LANGUAGE

Category: Workforce/Capacity

Action Plan Goal: Strengthen the ability of the public health system workforce to support the outcomes of the SHIP priorities through professional development, training and capacity building efforts.

Strategy 1: Professional Development and Training – Integrate training opportunities to support SHIP priority outcomes into current public health system workforce training venues.

Actions	Timeframe	Who Will Act	Measures of Success
Develop training around collaboration, coordination and performance management across sectors to implement SHIP priorities.	6 months following completion of strategy 2, action 1	Lead by IDPH, including education, state agencies, faith-based org.'s, social service org.'s hospitals, insurance, health dept.'s, etc.	<ul style="list-style-type: none"> • There is a unique and broad group of stakeholders engaged • Training program is ready to launch
Implement strategies that drive health equity for vulnerable communities (e.g. cultural competency, linguistic competence) through the implementation of SHIP.	15 – 18 months from launch	Lead by IDPH, including education, state agencies, faith-based org.'s, social service org.'s hospitals, insurance, health dept.'s, etc., and funders.	<ul style="list-style-type: none"> • More groups collaborate around health equity. • Increase in the number of people completing training on health equity and health disparities. • Improved measures for population health and health disparities over time.
Support a systems-based approach to health improvement.			

Strategy 2: Capacity Building – Provide technical assistance on best practices for SHIP alignment, integration and skill building.

Actions	Timeframe	Who Will Act	Measures of Success
Identify and integrate capacity development and professional training across state, regional and local	8 – 12 months from launch	Lead by IDPH, including education, state	A report of existing resources and current needs is developed; and recommendations for

systems, including existing resources and future needs.		agencies, faith-based org.'s, social service org.'s hospitals, insurance, health dept.'s, etc.	integration are made.
Provide technical assistance to local health systems/partners to build capacity to implement SHIP.			
Develop a mechanism for information sharing and feedback (online) across systems and sectors related to the implementation of SHIP.			
Identify and mobilize existing leaders in community health systems throughout the state to create coalitions; promote succession of new leaders.			

Action Plan - FINAL SMALL GROUP LANGUAGE

Category: Policy/Advocacy

Action Plan Goal: Within the ever changing socio-economic context, achieve ongoing legislative and administrative policy alignment to support implementation of SHIP, resulting in increased effectiveness of the public health system.

Strategy 1: Assess and create the policy agenda, based on the SHIP vision and priorities, by assessing current laws and administrative policies.

Actions	Timeframe	Who Will Act	Measures of Success
Track and review existing and emerging policy issues that influence SHIP and can be influenced by SHIP (e.g. “health in all policies” activities).	Year 1	Director, Illinois Department of Public Health; Dedicated ICC staff	Mechanism for tracking and review established, and production of report by IDPH for ICC Policy Advocacy Committee.
Identify existing strengths and gaps in current policy.	Year 1	Director, Illinois Department of Public Health; Dedicated ICC staff; ICC Policy Advocacy Committee	ICC Policy Advocacy Committee completes strength and gap analysis, with mechanism for stakeholder input as part of analysis process.
Develop policy agenda based on assessment findings and a health impact analysis, with attention to the guiding principles of the implementation plan.	Year 1	Director, Illinois Department of Public Health; Dedicated ICC staff; ICC Policy Advocacy Committee	Initial policy agenda established.

Strategy 2: Advocate for the policy agenda with key public and private policy makers, opinion leaders and community stakeholders.

Actions	Timeframe	Who Will Act	Measures of Success
Develop advocacy messages and tools in coordination with overall SHIP implementation for the target audiences <ul style="list-style-type: none"> Public and private 	Year 2-ongoing	Coalition of advocates, supported by ICC staff. Leaders and coalition	Documentation of formed coalitions and developed messages for each item on the policy agenda.

<p>policy makers</p> <ul style="list-style-type: none"> • Opinion leaders • Community stakeholders 		<p>membership likely to vary based on policy agenda topics.</p>	
<p>Evaluate, engage and mobilize target audiences to advocate for the policy agenda</p>	<p>Year 2-ongoing</p>	<p>Coalition of advocates, supported by ICC staff. Leaders and coalition membership likely to vary based on policy agenda topics.</p>	<p>Documentation of formed coalitions and level of engagement for each item on the policy agenda.</p>
<p>Gain acceptance and support of public and private policy makers who can advance implementation of the agenda</p>	<p>Year 2-ongoing</p>	<p>Coalition of advocates, supported by ICC staff. Leaders and coalition membership likely to vary based on policy agenda topics.</p>	<p>Measurable acceptance and engagement of external target audience for each item on the policy agenda.</p>

Strategy 3: Monitor implementation of policy agenda, revise and advocate accordingly.

Actions	Timeframe	Who Will Act	Measures of Success
<p>In coordination with the “Monitor Activities and Evaluate Outcomes” ICC implementation plan goal, collect and assess data relevant to the items in the policy agenda.</p>	<p>In conjunction with the evaluation timeline of the implementation plan, begin documentation in year one, and initiate these action steps in year three (or</p>	<p>Director, Illinois Department of Public Health; Dedicated ICC staff.</p>	<p>Mechanism for tracking and assessment of policy issues established, and production of report by IDPH for ICC Policy Advocacy Committee.</p>

	sooner if feasible).		
Recommend changes to the policy agenda based on implementation plan results.		Director, Illinois Department of Public Health; Dedicated ICC staff; ICC Policy Advocacy Committee	Consensus-based agenda is used continuously, and revised as needed.

Action Plan - FINAL SMALL GROUP LANGUAGE

Category: Raise Awareness & Engage Partners

Action Plan Goal: Increase utilization of the SHIP by raising statewide awareness of the SHIP and engaging partners to align their efforts and coordinate their strategies with the SHIP.

Strategy 1: Identify and target stakeholders and champions with specific messages and outreach to raise awareness about the SHIP.

Actions	Timeframe	Who Will Act	Measures of Success
<p>Create mechanisms, organize awareness and outreach channels and messages designed to reach the identified audiences.</p> <ul style="list-style-type: none"> • Sector Specific • Community 	<p>Pre-Launch</p> <p>Within 3-4 months after launch</p>	<ul style="list-style-type: none"> • ICC • IDPH • Sector leaders 	<p>Pre-Launch:</p> <ul style="list-style-type: none"> • Target sectors are identified • General SHIP Plan and implementation plan messages and materials developed <p>Post Launch:</p> <ul style="list-style-type: none"> • Sector-specific power point presentations are posted online • Speakers Bureau presenters are trained • Multi-year communications plan developed including channels like social media • Talking points for state agency directors developed
<p>Deploy materials and awareness channels and messages to deliver messages to identified audiences.</p>	<p>Pre-launch</p> <p>Within 3-4 months after launch, and ongoing.</p>	<ul style="list-style-type: none"> • IDPH • Dr. Hasbrouck • Dr. Orgain • Governor Quinn • ICC Members • Local Health Depts. • State Agency Directors • Speakers bureau 	<p>Pre-Launch:</p> <ul style="list-style-type: none"> • Roadshow: meeting(s) held with all We Choose Health groups • Governor’s office leadership in launch activities • Meeting with 5 separate sector leaders <p>Post Launch:</p> <ul style="list-style-type: none"> • Ongoing ICC Awareness/Engagement committee in place • ICC members and leaders give XX presentations/year • Meetings/presentations with XX sector groups (e.g. conferences, association meetings) held each year.

Strategy 2: Create a system to support coordinated action on SHIP priority areas.

Actions	Timeframe	Who Will Act	Measures of Success
<p>Create structures to enable public, private and voluntary partners to align their work with SHIP priorities and objectives.</p> <ul style="list-style-type: none"> • Endorsement form • Local plans are aligned with SHIP (CHNA, IPLAN) • Identify working coalitions to act as SHIP priority-area champions to track and report • Initiate a campaign to connect system partner strategic plans to SHIP • Develop and implement an online tracking system 	<p>Pre-Launch</p> <p>Ongoing</p> <p>Pre-launch & ongoing</p> <p>Within 6-9 months of launch & ongoing</p> <p>Stage 1: 2-3 months from launch; Stage 2: 6 -9 months from launch</p>	<p>IDPH</p> <p>IDPH, Local Health Departments, hospital groups</p> <p>ICC, IDPH, State agency liaisons, state agency directors Coalition/Champions</p> <p>IDPH, State agency directors, ICC, Sector leaders</p> <p>IDPH</p>	<ul style="list-style-type: none"> • Form online • Post launch: XX endorsement forms submitted • SHIP alignment included in IDPH guidance and training for LHDs • SHIP alignment included in guidance by hospital & other CHNA supporting groups • XX hospital CHNA’s name SHIP • XX \$ from Community Benefit directed to SHIP • XX IPLANs reference SHIP • Each SHIP priority has an identified Champion • Each SHIP priority area has a state government liaison • Champions reporting engagement/SHIP activities <p>Ongoing means to collect and share SHIP stories – how SHIP was used by organizations, what SHIP has kindled</p> <p>Stage 1: endorsements are tracked Stage 2: outcomes are tracked (align with and tie to work of Monitor and Evaluate Action Plan)</p>

Action Plan - FINAL SMALL GROUP LANGUAGE

Category: State Coordination

Action Plan Goal: Increase the funding and capacity of the public health system to successfully meet SHIP priorities through coordination of the SHIP-related state government activities.

Strategy 1: Convene state agency representatives with the authority, passion and expertise to develop and implement a state agency coordination effort

Actions	Timeframe	Who Will Act	Measures of Success
Engage state agency leaders and ask for their endorsement at SHIP priorities that align with their state agency priorities.	Pre-Launch	Governor's staff, SHIP Agency directors, agency designees	Letters of endorsement from directors; cross agency MOU; schedule meeting w/ SHIP directors prior to launch.
Align goals of SHIP with state agency plans and initiatives.	6-8 months	SHIP agency designees	Construct template for agencies' initiatives and programs; each agency will complete SHIP alignment document (similar to the Housing Task Force)
Study efforts of state agencies in other states for lessons learned regarding state agency coordination of SHIPs.	Ongoing	SHIP leadership team	summary of other state models that is distributed and used
All state agencies commit to an aligned activity to advance SHIP priorities	8-10 months post launch	SHIP Agency Designees	Use template from Action 2 and highlight initiatives that are most closely aligned and have the most potential for early completion (i.e. low-hanging fruit)
Governor's office and agencies partner with each other and coordinate their messages related to SHIP priorities	Ongoing	Governor's office policy and communications staff and agency public information officers (PIO's)	Increase multiagency initiatives; PIO's to create a key messages document; evaluate the frequency of SHIP mentions in press releases and speeches by Governor and agency directors

Strategy 2: Review and align existing and potential opportunities among state agencies with SHIP priorities.

Actions	Timeframe	Who Will Act	Measures of Success
Pursue opportunities to direct state resources towards SHIP prevention priorities and maximize nontraditional use of existing resources and funding.	9-12 months from launch	Agency fiscal officers, program staff and SHIP agency designees	assess and develop a matrix of what state resources are directed toward SHIP prevention priorities; identify existing non-traditional resource utilization as models
Create incentives for requiring SHIP integration in state agency grants and programs, incorporating BFR principles and require state agencies to review health related proposals, scoring them based on reflection of SHIP related outcomes.	1 year post-launch, ongoing	Budgeting For Results teams; agency program staff; agency CFO's and procurement officers	develop boiler plate language for contracts and grant solicitations; how closely aligned are BFR metrics w/SHIP quality measures
Support transparency in funding and outcomes reporting to demonstrate progress in achieving SHIP goals.	1 year post-launch, ongoing	PIO's, Governor's office, agency staff	Create "Sunshine on Health" webpage/dashboard; outcomes/reporting in BFR budget areas
Target resources to eliminate health inequities.	1 year post-launch, ongoing	Specific commissions like the Latino Family Commission, African-America Family Commission, Children's Mental Health Partnership	National Health Disparities report model; set baseline and compare after certain time period

Action Plan - FINAL SMALL GROUP LANGUAGE

Category: Monitor Activities and Evaluate Outcomes

Action Plan Goal: Increase effectiveness of SHIP by monitoring and evaluating health outcomes in SHIP priority areas and by supporting the SHIP implementation through monitoring and evaluation

Strategy 1: Monitor and Evaluate health outcomes: Develop a framework for monitoring and evaluate SHIP priority areas

Actions	Timeframe	Who Will Act	Measures of Success
Identify measures to assess health outcomes in SHIP priority areas	Prior to launch	IDPH	1) Consistency with national standards, benchmarks (e.g., <i>Healthy People</i> , CDC BRFSS, etc.) 2) Alignment with the state's Budgeting for Results (BRF) initiative
Identify gaps in data based on existing data	1) Prior to launch 2) Ongoing monitoring	1) IDPH 2) In coordination/cooperation with Regional Extension Center, Health Data Dissemination Task Force, HIE, IQuery, others	1) Immediate output: inventory list of gaps already identified by the various priority area workgroups 2) Over time new gaps may be identified which will be added to the list of gaps 3) Longer-term outcome measure: HIE includes public health indicators
Create feedback mechanism (such as a public reporting system) for public health agencies and stakeholders to report progress toward indicators in the populations they serve	1 year from launch	SHIP leadership team and IDPH	Interim public health reporting plan

<p>Develop a SHIP report card of health outcomes</p>	<p>Year 2 (from launch)</p>	<p>IDPH; possibly based on RWJ project comparing health status of counties</p>	<ol style="list-style-type: none"> 1) If feasible, field test report card for relevance and satisfaction with prospective stakeholders 2) Issuance of a report card 3) Feedback survey among SHIP leadership to assure report card meeting its objectives
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