



**Healthy Illinois 2021
SHIP Planning Council Meeting
Monday, July 13, 2015 1:00 PM – 4:30 PM**

Present: Karen Ayala, Jay D. Bhatt, Jane Bachman, Posh Charles, Bonnie K. Condon, Theresa Eagleson, Diego Estrella, Jessica Gerdes, Judith Gethner, Gail Hedges, Eric Hargan, Krysta Heaney, Robert L. Hilliard, Grace Hong Duffin, Tom Hughes, Jeffrey S. Joy, Vincent D. Keenan, Keith Kudla, Hong Liu, David K. Livingston, Terry Mason, David McCurdy, Dan Harris, Samantha Olds Frey, Javette Orgain, Leticia Reyes-Nash, Jose Sanchez, Nirav Shah, Karen Shoup, Bernadine Stetz, Anita Stewart, Layla Suleiman Gonzalez, Charlie Weikel, Staci Wilson, Janet Albers, Bill Dart, Thomas Hornshaw, CJ Metcalf, Todd S. Roberts, Karen Shoup, Karin Zosel

Members of the Public Present: Esther Sciammarella, Kim Fornero, Odilia Garcia, Jamie Dornfeld, Kelly Wright, Natalia Cipolla

UIC SPH MidAmerica Center for Public Health Practice Staff Present: Christina Welter, Jennifer McGowan, Geneva Porter, Martina Coe

Absent: Edwin Chandrasekar, Michelle Gentry Wiseman, Jennifer Hammer, Michael Holmes, Larry Kissner, David E. Munar, Latrice Nettles, Jennifer Reif, Richard Sewell, James D. Stone

Topic	Discussion/Updates	Action Items/Decisions Made	Responsibility/Deadline
Welcome <ul style="list-style-type: none"> • Roll Call and Agenda Review • Approval of Minutes from June 29 meeting 	<p>Healthy Illinois 2021 is one of three initiatives (SHIP, SHA, and SIM) that aim to improve the health status of Illinois residents. The Healthy Illinois 2021 focus is a launching pad for improvement statewide.</p> <p>Goal for the meeting is to identify strengths in Illinois that help create a stronger public health and healthcare systems within Illinois, identify specifically where innovation is already occurring, and use collective knowledge to move forward.</p> <p>Meeting Purpose:</p> <ul style="list-style-type: none"> • Agree on major strengths and assets presented by the existing data, as well as limitations • Agree on the major opportunities and ‘forces of change’ • Revisit health priorities and measures of success • Revisit process and next steps for Planning Council 	<p>Motion to approve minutes provided by Vince Keenan, seconded by Javette Orgain and were unanimously approved.</p>	
Planning Status	<p>State Health Assessment Products of this process will include a state health profile with clinical and</p>		Will be available in November

	<p>prevention indicators to be updated annually to track progress.</p> <ul style="list-style-type: none"> • A performance monitoring and data use system and committee accountable to update the profile and review the data • A comprehensive summary will be available of all findings for grant purposes. 		2015
Statewide Themes and Strengths Assessment	<p>Statewide SWOT (Strengths, Weaknesses, Opportunities, and Threats) Assessment</p> <p>SWOT analysis was used in reviewing 36 statewide plans for themes and sixteen interviews or written statements from Planning Council members.</p> <p>The Essential Public Health Services Results from the Public Health Systems Assessment conducted by DPH address how services are provided by the public health system:</p> <ul style="list-style-type: none"> • 502 respondents in survey • Summary of Assessment (based on Ten Public Health Services 1-10) <p>Strengths: (1) Monitor Health (2) Diagnose and Investigate (3) Inform, Education and Empower (6) Enforce Laws (8) Assure a competent workforce</p> <p>Weaknesses: (4) Mobilize community partnerships (5) Develop policies and plans (6) Link to and provide care (9) Evaluate (10) Research</p> <p>Strengths and Weaknesses Discussion -What is missing that should be added? -What is common among all categories? - Select the top strengths and weaknesses for the Illinois.</p> <p>Overall Exercise Goal: Analyze statewide strengths and weaknesses and identify areas for additional feedback during upcoming focus groups.</p>		

	<p>Results of Exercise:</p> <p>Strengths</p> <ul style="list-style-type: none"> • Infrastructure, including number of medical schools and health centers • Commitment to advance innovation and health care; Openness to finding new models – financing health care, clinical • Efforts underway to further advance health and health services • Efforts specific to vulnerable populations • Regional efforts • Increased communication among different sectors • State agencies working together • Merging better organized health care orgs • Evidence-based best practice (#6); PCMH • Good job of assessing workforce needs • Good job of planning • Corporate partners that connect to the State; i.e. employers • State has leverage as a payer <p>Weaknesses</p> <ul style="list-style-type: none"> • Sustainable funding • Lack of communication and coordination; linking communication and health literacy • IT infrastructure and sharing of data • Linking to care – bridging gap between services available and those that can access • Means to share best practices and means to share those; implementation of plans/sharing • Driving of best practices -- a lot of good work is being done at the local levels • How can we look at this with the lens of policy, systems and environmental change (PSE) and addressing social determinants of health? (example of food deserts, asthma triggers based on where one lives) • Lack of a common definition of quality • Violence as a public health issue • Underinsured, vulnerable populations are being focused upon (70 per cent of population) • Integration of mental health and physical health 		
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	<ul style="list-style-type: none"> • Faith-based, large employers (self-insured), food security • Lack of chronic disease surveillance • Implementation • Lack of current data; data sharing blocks that may be policy-oriented; what are the missing pieces? • GATA work • DHS systems • How is this all being looked at holistically • Grant reporting and follow-up • Perhaps be multi-year; can the State look at that type of system? • Strategic vision and long-term performance metrics instead of a crises-based view • Forecasting of impact; alignment of payment streams 		
Statewide Forces of Change Assessment	<p>Comments were provided by Planning Council members. Highlights include:</p> <ul style="list-style-type: none"> • Anita Stewart, Blue Cross Blue Shield of Illinois <ul style="list-style-type: none"> ○ Developing programs such as partnering with community organizations to instruct change to help members ○ Using models like pay-for-performance to engage ○ Need better IT integration system throughout communities and community organizations ○ Make sure to not leave out the community partners that have been the safety net of the community ○ Major weaknesses: IT integration and behavioral health with commercial and non-commercial spaces • Vince Keenan, Illinois Academy of Family Physicians and Janet Albers, IAFP and Southern Illinois University School of Medicine <ul style="list-style-type: none"> ○ Top priorities: mental health, obesity, primary care, access to and promotion of primary prevention, and reducing disparities and social determinations of health ○ Focus is on behavioral health integration within the Illinois. ○ Decreasing childhood obesity with sugar-sweetened beverage taxes. Also better understanding of adult obesity ○ Family physician providers across Illinois are working on creative means to integrate behavioral health within medical home ○ More information available in summary document provided at the meeting. 		

	<ul style="list-style-type: none"> • Jay Bhatt, Illinois Hospital Association <ul style="list-style-type: none"> ○ Vulnerability of patient and understanding a patient’s living conditions. ○ Understanding living conditions can affect the treatment and understanding of patient ○ Obtain data for predictability and integrating clinical data for planning allocation ○ Comprehension of neighborhood unrest and tension ○ Data footprint to understand people and their community ○ Hospital industry preparation ○ Communities get better with adaptive problems, not technology • Tom Hughes, Illinois Public Health Association <ul style="list-style-type: none"> ○ Local public health departments do not have luxury of thinking of “big picture” ○ Illinois health departments want to work with non-traditional partners to fund concerns in the state ○ Ethnic/racial minorities are not only in urban areas, but all over state of Illinois, in all forms. • Jose Sanchez, Norwegian Hospital <ul style="list-style-type: none"> ○ Perspectives on improvement of hospital and patient care quality at Norwegian ○ Financial and clinical improvements made over the last several years, including reducing hospital-acquired infections 		
Forces of Change Discussion	<p>Attendees participated in a discussion focusing on the following:</p> <ul style="list-style-type: none"> • What is one major opportunity you heard or you thought of during the presentation that resonates with your work? • What is one major threat you heard or you thought or during the presentation that resonates with your work? • What else has occurred recently that may affect our healthcare and/or public health system? • What else may occur or has occurred that may pose a threat to achieving as we’ve described it? <p>Chicago Discussion</p>		

	<p>Opportunities</p> <ul style="list-style-type: none"> --Partnering with community stakeholders --Behavioral health and how to link --IT infrastructure (in order to connect) --Workforce group rec's in report and how to leverage --Collect data on services to help forecast in needed at state level --How do entities get comfortable taking risks? --More ways are needed to get information to communities about the process --Health information exchange as a tool to help make better decisions --Getting health plans and hospitals on SDOH issues in communities they serve --Current fiscal situation may lead to more creativity <p>Threats</p> <ul style="list-style-type: none"> --CBO's may not be around due to funding challenges --Access to care may equal high deductibles on health plans --Not including community providers --Illinois Dental Society not present at this meeting --Navigation within health care system and how non-profit organizations/community health workers integrated together <p>Springfield Discussion</p> <p>Opportunities</p> <ul style="list-style-type: none"> --Health Information Exchange --Standardization for care coordination; implementation of management process and drawing on best practices --Improving prevention activities --Innovative delivery – telemedicine <p>Threats</p> <ul style="list-style-type: none"> --Funding --Workforce (i.e., capacity and competency) --Data analytics – workforce --Coordination and collaboration 		
Closing Activities		Top 5 cross-cutting priorities identified to date include: --Mental Health	

		--Access to quality care --Chronic disease --Social determinants of health --Maternal health	
Action Items and Next Steps	<p>It was reiterated that Planning Council members can help champion the information-gathering process by doing the following:</p> <ul style="list-style-type: none"> • Promote Healthy Illinois 2021 in your organizations and with your constituents. • Share this process at your meetings and in your newsletters and raise visibility around health improvement efforts. • Be a lead for one of the focus groups by helping with the planning efforts and helping to facilitate the conversation. • Recruit participants for the focus groups. • Schedule a presentation for your own organization about Healthy Illinois 2021 by emailing. <p>Contact HealthyCommunitiesIL@uic.edu for more information.</p> <p><u>Focus Groups Dates:</u> Chicago: July 29, 1 – 3 PM Dixon: August 3, 1 – 3 PM Champaign: August 10, 1 – 3 PM St. Clair: August 10, 1 – 3 PM Springfield: August 11, 1 – 3 PM</p> <p><u>Future Planning Council Meetings:</u> September 28 (Webinar), 2:30 – 4 PM October 5 (In Person, location TBD), 1 – 3 PM November 9 (In Person, location TBD), 1 – 3 PM December 14 (In Person, location TBD), 1 – 3 PM</p>		
Public Comment	None		
Adjournment	4:15 PM		

