



Aligning Illinois for HEALTH IMPROVEMENT & EQUITY

IMPLEMENTATION PLAN FOR THE
ILLINOIS STATE HEALTH IMPROVEMENT PLAN 2010 - 2015

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COORDINATION COUNCIL OCTOBER, 2012

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EXECUTIVE SUMMARY

Executive Summary

In July 2010, Governor Pat Quinn signed legislation creating the State Health Improvement Plan (SHIP) Implementation Coordination Council (ICC) to coordinate efforts of the public health system to implement Illinois' State Health Improvement Plan, published in 2010. This report outlines the first phase of that work—the Council's framework for coordinated, effective action on the fourteen priorities in the SHIP.

The SHIP is a strategic plan to address public health issues through an interdisciplinary approach that utilizes the strengths of the entire public health system. It includes fourteen priority areas for improvement (five public health system improvements and nine health status improvements). The purpose of this Implementation Plan is to create a framework for action across all fourteen priority areas, not specific action steps for each priority area. Like the SHIP itself, this plan is not for any single government agency, but for the public health system: the array of stakeholders in the public, private and voluntary sectors who have a stake in, and a role in, improving the health of Illinoisans.

The 2010 – 2015 Illinois State Health Improvement Plan includes a vision, cross-cutting issues, and identifies fourteen priorities outlined below. More extensive information on each of these priorities can be found in the full plan, at www.idph.state.il.us/ship.

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.

2010 SHIP—PUBLIC HEALTH SYSTEM PRIORITIES

1. Improve Access to Health Services
2. Enhance Data and Health Information Technology
3. Address Social Determinants of Health and Health Disparities
4. Measure, Manage, Improve and Sustain the Public Health System
5. Assure a Sufficient Workforce and Human Resources

2010 SHIP—PRIORITY HEALTH CONCERNS

1. Alcohol/Tobacco
2. Use of Illicit Drugs/Misuse of Legal Drugs
3. Mental Health
4. Natural and Built Environment
5. Obesity: Nutrition and Physical Activity
6. Oral Health
7. Patient Safety and Quality
8. Unintentional Injury
9. Violence

In September of 2011, the Governor appointed and convened the State Health Improvement Plan Implementation Coordination Council (ICC), to develop this implementation plan. By law, the ICC is charged with coordinating the efforts and engagement of public, private and voluntary sector public health system stakeholders to implement the SHIP, including:

- Serving as a forum for a collaborative action;
- Coordinating existing and new initiatives;
- Developing detailed implementation steps with mechanisms for action;
- Implementing specific projects;
- Identifying public and private funding sources at the state, local and federal levels;
- Promoting public awareness of the SHIP;
- Advocating for implementation of the SHIP; and
- Developing an annual report to the governor, general assembly and public regarding the status of SHIP implementation.

2010 – 2015 SHIP IMPLEMENTATION PLAN

The implementation plan includes five guiding principles that steer the development and execution of the Implementation Plan and four Action Plan focus areas that taken together will ensure the implementation of the 2010 – 2015 Illinois State Health Improvement Plan.

GUIDING PRINCIPLES

- A public health system approach that engages an array of public, private and voluntary stakeholders.
- A health equity approach that focuses implementation on ensuring that everyone has a fair opportunity to live a long and healthy life.
- An innovation orientation that fosters new ways of effectively achieving health improvement.
- A statewide approach that engages communities from all parts of the state and includes state-level policies and systems improvements.
- An approach to stakeholder alignment that supports partners to engage with SHIP implementation in the areas that are most relevant to them.

SHIP IMPLEMENTATION ACTION PLAN

GOALS

- I. **RAISE AWARENESS AND ENGAGE PARTNERS:** Increase utilization of the SHIP by raising statewide awareness of the SHIP, engaging partners to align their efforts and coordinate their strategies with the SHIP, and building capacity for multi-sectoral initiatives to implement the SHIP.
- II. **MONITOR ACTIVITIES AND EVALUATE OUTCOMES:** Increase effectiveness of the SHIP by monitoring and evaluating health outcomes in SHIP priority areas and by supporting SHIP implementation through monitoring and evaluation.
- III. **STATE COORDINATION:** Increase the resources and capacity of the public health system to successfully meet SHIP priorities through coordination of SHIP-related state government activities.
- IV. **POLICY & ADVOCACY:** Within the ever changing socio-economic context, achieve ongoing legislative and administrative policy alignment to support implementation of the SHIP, resulting in increased effectiveness of the public health system.

In the full ICC report are details of this plan, as well as guidance on how to use the plan, and how to get started participating in the broad, multi-sectoral initiative to improve Illinoisan's health.



INTRODUCTION

Introduction

In order to fully realize the potential of the State Health Improvement Plan (SHIP), in 2010 the Illinois General Assembly passed HB5565 which Governor Quinn signed into law on July 21, 2010. This law, Public Act 96-1153, created the State Health Improvement Plan Implementation Coordination Council (ICC), charged with coordinating the efforts and engagement of public, private and voluntary sector public health system stakeholders to implement the SHIP, including:

- Serving as a forum for a collaborative action;
- Coordinating existing and new initiatives;
- Developing detailed implementation steps with mechanisms for action;
- Implementing specific projects;
- Identifying public and private funding sources at the state, local and federal levels;
- Promoting public awareness of the SHIP;
- Advocating for implementation of the SHIP; and
- Developing an annual report to the governor, general assembly and public regarding the status of SHIP implementation.

IMPLEMENTATION PLAN PURPOSE

While the State Health Improvement Plan (SHIP) has fourteen priority areas for improvement (five public health system improvements and nine health status improvements), the purpose of this Implementation Plan is to create a framework for action across all fourteen priority areas, not specific action steps for each priority area. When the ICC considered the extent to which communities, organizations and individuals across Illinois are already concerned with and taking action to improve on the SHIP's priority areas, its members determined that their most critical first step was to design ways in which that rich and diverse set of activities could be aligned to more effectively achieve the outcomes detailed in the SHIP. The Implementation Plan seeks to create a means by which the vision 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 — can be achieved by weaving the SHIP's priorities, goals, outcomes and approaches into the fabric of work already occurring in state, local and regional agencies, organizations, communities.

Like the SHIP itself, this plan is not for any one government agency, but for the public health system: the array of stakeholders in the public, private and voluntary sectors who have a stake in, and a role in, improving the health of Illinoisans. As described in the plan's principles, these stakeholders include traditional public health groups and health care, but also state government agencies, community organizations, faith groups, business and many others. The foundation for this public health system approach is to support alignment, encompass the entire state, promote health equity, and foster innovation to achieve the SHIP's improvement goals.

This plan — Aligning Illinois for Health Improvement and Equity — is a companion document the 2010 State Health Improvement Plan, found here: www.idph.state.il.us/ship/index.htm.

IMPLEMENTATION PLAN FOCUS AND OVERVIEW

This implementation plan is built on five principles, and focused on four action areas that the ICC believes will lead to the effective achievement of the SHIP priorities:

1. Raise Awareness and Engage Partners
2. Monitor Activities and Evaluate Outcomes
3. State Coordination
4. Policy and Advocacy

GOAL	STRATEGIES
<p>I. RAISE AWARENESS AND ENGAGE PARTNERS Increase utilization of the SHIP by raising statewide awareness of the SHIP, engaging partners to align their efforts and coordinate their strategies with the SHIP, and building capacity for multi-sectoral initiatives to implement the SHIP.</p>	Identify and target stakeholders and champions with specific messages and outreach to raise awareness about the SHIP.
	Create structures, systems and communications to support coordinated action on SHIP priority areas.
	Provide training and technical assistance to SHIP stakeholders on best practices for SHIP alignment, integration and skill building.
<p>II. MONITOR ACTIVITIES & EVALUATE OUTCOMES Increase effectiveness of the SHIP by monitoring and evaluating health outcomes in SHIP priority areas and by supporting SHIP implementation through monitoring and evaluation.</p>	Develop a framework for monitoring and evaluating SHIP priority areas.
	Create a means for tracking public health activities related to SHIP implementation.
<p>III. STATE COORDINATION Increase the resources and capacity of the public health system to successfully meet SHIP priorities through coordination of SHIP-related state government activities.</p>	Convene state agency representatives with the authority, passion and expertise to develop and implement a state agency coordination effort.
	Review and align existing and potential opportunities among state agencies with SHIP priorities.
<p>IV. POLICY & ADVOCACY Within the ever changing socio-economic context, achieve ongoing legislative and administrative policy alignment to support implementation of the SHIP, resulting in increased effectiveness of the public health system.</p>	Assess and create the policy agenda, based on the SHIP vision and priorities, by assessing current laws and administrative policies.
	Advocate for the policy agenda with key public and private policy makers, opinion leaders and community stakeholders.
	Monitor and assess implementation of the policy agenda; revise and advocate accordingly.

SUMMARY OF THE 2010 STATE HEALTH IMPROVEMENT PLAN

The SHIP is a framework to address public health issues through an interdisciplinary approach that utilizes the strengths of the entire public health system. Pursuant to Public Act 93-0975, the 2010 SHIP includes priorities and strategies for health status and public health system improvements in Illinois, with a focus on prevention. It also addresses reducing racial, ethnic, geographic, age and socio-economic health disparities. The SHIP was produced by a multi-sectoral team of public, private and voluntary stakeholders concerned with a healthy Illinois population, appointed by the director of the Illinois Department of Public Health.

The 2010 – 2015 Illinois State Health Improvement Plan includes a vision, cross-cutting issues, and identifies 14 priorities — five public health system priorities and nine priority health concerns — outlined below. More extensive information on each of these priorities, including long-term and related intermediate outcomes and crosscutting issues related to each priority can be found in the full plan, at www.idph.state.il.us/ship.

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.

2010 SHIP—PUBLIC HEALTH SYSTEM PRIORITIES

1. IMPROVE ACCESS TO HEALTH SERVICES

Poor access to public health services and medical care are major determinants of poor health outcomes and high health care costs.

The public health system should:

- Ensure that health services meet the needs of racially and ethnically diverse groups.
- Optimize integration of prevention and primary care through reform of payment and delivery systems, such as the development of a pervasive network of patient-centered medical homes.
- Assure universal health care access and coverage.

2. ENHANCE DATA AND HEALTH INFORMATION TECHNOLOGY

Highly functioning public data collection and management systems, electronic health records, and systems of health information exchange are necessary for understanding health problems and threats, and crafting policies and programs to combat them.

The public health system should:

- Effectively use the data that are currently collected.
- Develop effective, reliable, secure, and interoperable information systems for collecting, sharing, disseminating and exchanging health information.

3. ADDRESS SOCIAL DETERMINANTS OF HEALTH AND HEALTH DISPARITIES

Health outcome disparities related to race, ethnicity, gender, geography, age, socio-economic status (education, income, and community assets), sexual orientation, and disability status are pervasive in Illinois, and social conditions significantly contribute to these disparities.

The public health system should:

- Improve the social determinants that underlie health disparities.
- Work to reduce health disparities.
- Increase individual and institutional capacity to reduce health disparities.

4. MEASURE, MANAGE, IMPROVE & SUSTAIN THE PUBLIC HEALTH SYSTEM

Performance measurement, continuous improvement, accountability, and sustainability of the public health system can help to ensure the Illinois population is served efficiently and effectively. Achieving the goals of Data and Health Information Technology are important to the success of this strategic issue.

The public health system should:

- Actively work to engage and align the work of public health system stakeholders.
- Promote coordination and integration of programs, policies, and initiatives.
- Convene public health system leadership to implement the SHIP and monitor results.
- Provide adequate resources to assure that the public health system can protect and promote the health of Illinois residents.

5. ASSURE A SUFFICIENT WORKFORCE AND HUMAN RESOURCES

A well-trained, appropriately compensated, and diverse health and health care workforce of adequate size is necessary for optimal health.

The public health system should:

- Assess and plan for future workforce needs, including addressing already identified shortages of health care providers such as physicians and nurses.
- Provide training and education to the current and future professional, para-professional, and non-professional workforce.
- Implement strategies to assure workforce diversity, cultural/linguistic/health literacy effectiveness.

2010 SHIP—PRIORITY HEALTH CONCERNS

1. ALCOHOL/TOBACCO

Tobacco use causes chronic diseases, including lung, oral, laryngeal, and esophageal cancers, and chronic obstructive pulmonary disease (COPD), as well as diseases in non-smokers through exposure to secondhand smoke. Similarly, excessive alcohol use, either in the form of heavy drinking or binge drinking can lead to increased risk of health problems, such as liver disease or unintentional injuries. Alcohol or tobacco initiation and use by youth are of particular concern given their addictive properties and long-term health effects.

Therefore, the public health system should work to:

- Decrease tobacco and excessive alcohol use by adults, and prevent alcohol use and tobacco initiation among youth.

2. USE OF ILLICIT DRUGS/MISUSE OF LEGAL DRUGS

Use of illicit drugs cause harm to both the individuals through increased risk of injury, disease, and death and to communities through increasing injuries and decreasing community safety. Non-medical use of over-the-counter and prescription drugs is high, particularly among youth. Misuse of legal drugs can lead to injury, addiction, and death. Accidental misuse of legal/prescription drugs also poses a health threat, particularly among the elderly who may be using many prescriptions that interact and cause unintentional injury.

Therefore, the public health system should work to:

- Decrease the use of illegal drugs among adults and adolescents.
- Decrease the unintentional and intentional misuse of legal drugs.

3. MENTAL HEALTH

There is a clear connection between mental and physical health. Mental health is fundamentally important to overall health and well-being. Mental disorders affect nearly one in five Americans in any given year. Mental disorders are illnesses that, when left untreated, can be just as serious and disabling as physical diseases, such as cancer and heart disease.

Therefore, the public health system should work to:

- Prevent mental illness and intervene early with those at risk of mental health issues.
- Increase treatment of mental health issues in the most appropriate setting.

4. NATURAL AND BUILT ENVIRONMENT

The natural and built environments impact health both through exposure to pollutants, diseases, and toxins and by limiting or enhancing healthy lifestyles, such as walking and exercise.

The public health system should act to:

- Reduce outdoor and indoor environmental exposure to pollutants and infectious diseases.
- Improve the built environment to reduce pollution and promote healthy lifestyles.

5. OBESITY: NUTRITION AND PHYSICAL ACTIVITY

Obesity, sedentary lifestyle, and poor nutrition are risk factors for numerous chronic diseases and they exacerbate others, including heart disease, diabetes, hypertension, asthma, and arthritis. Obesity has reached an alarming rate in Illinois, with 62 percent of adults overweight; 21 percent of children are obese, the fourth worst rate in the nation.

The Illinois public health system must act quickly to reverse this epidemic through:

- Implementation of individual, family, environmental, and policy initiatives to increase physical activity.
- Implementation of individual, family, environmental, and policy initiatives to improve nutrition.

6. ORAL HEALTH

Good oral health is important to overall health. Poor oral health is a risk factor for chronic diseases such as heart disease and diabetes.

The public health system should ensure:

- Access to preventive oral health services.
- Screening and treatment for oral cancers and other oral health related conditions.

7. PATIENT SAFETY AND QUALITY

Patient injury in the health care system is preventable.

The public health system should:

- Engage the health care system in implementing processes that promote safety and reduce errors.

8. UNINTENTIONAL INJURY

The leading cause of death among children is injury. Unintentional injury is preventable.

The public health system should:

- Promote personal safety devices and safe habits at work, in the home, and for automobiles, motorcycles, and bicycles. Identify mechanisms through which injury can be prevented.

9. VIOLENCE

Violence is a health concern as both a source of injury and mortality and, particularly for children exposed to violence, is a risk factor for chronic disease and substance abuse in adults. Lack of safety in communities is a social determinant associated with an array of health issues.

The public health system should work to prevent all forms of interpersonal violence through:

- An increase in protective factors for safe and peaceful families and communities.
- A reduction of risk factors and implementation early interventions.
- Collaborative implementation of evidence-based violence prevention strategies.

KEY MESSAGES OF THE 2010 STATE HEALTH IMPROVEMENT PLAN

1. We can achieve more impact and better health outcomes by changing conditions and addressing risk factors that affect health, rather than focusing all our attention on treating individuals one at a time.
2. People have unequal health outcomes depending on where they live, their income, their race or ethnicity, and/or their education. It is critical to assure that we tackle these disparities by addressing the social determinants of health, especially poverty.
3. The SHIP addresses and prioritizes not only health issues, but also cross-cutting public health system improvements. Data quality and availability, workforce development, access to care, performance management, and addressing social determinants of health are crucial to achieving the SHIP's goals for health improvement and reducing disparities.
4. People get healthier and stay healthy in the places where they live, work, learn and play: in our communities, at work, in school, in our families. Everyone is part of the public health system, and collaboration and partnership across public health system stakeholders is critical for achieving health improvement.

WHY SHOULD PUBLIC HEALTH SYSTEM STAKEHOLDERS ALIGN TO ACHIEVE THE SHIP?

The SHIP identifies key strategic and high impact priorities that, if addressed, are likely to have significant impact on the health of Illinoisans. By focusing on preventing risk factors for disease, like obesity, environmental toxins and tobacco use, we can impact many of the diseases and conditions that are leading to poor health and high costs to our society. While public health system partners are working hard every day to address the issues of concern to them, Illinois continues to rank poorly on numerous indicators of health. The SHIP represents a consensus of key strategic health issues and incorporates evidence-based approaches and strategies that are designed for success. Especially in this era of resource constraints, by focusing our collective energy on the key strategic priorities in the SHIP, we can have a significant impact on the health of Illinoisans.



THE IMPLEMENTATION
COORDINATION COUNCIL

The Implementation Coordination Council

IMPLEMENTATION PLANNING PROCESS AND VISION

By law, the ICC is appointed by the Governor, and includes:

- The Illinois Departments of Public Health
- Healthcare and Family Services
- Aging, Agriculture, Insurance
- Financial and Professional Regulation
- Transportation
- Commerce and Economic Opportunity
- The Illinois Environmental Protection Agency
- Illinois State Board of Education
- The Illinois Violence Prevention Authority
- The Chair of the Illinois State Board of Health

The Council must also include local health departments (LHDs) and individuals representing an array of organizations and stakeholders engaged in public health improvement, including non-profit public interest groups, health issue groups, faith community groups, health care providers, businesses and employers, academic institutions, and community-based organizations.

Governor Quinn appointed the SHIP ICC during the summer of 2011 and charged it with creating Illinois' first SHIP Implementation Plan as its first phase of work. The Council convened for the first time on September 22, 2011.

Over the course of six meetings culminating in October, 2012, the Council considered various approaches to implementation, including a focus on ranking and then designing implementation steps for a subset of the SHIP priorities, before determining that a broad multi-sector approach encompassing all the SHIP priorities should be the first stage of implementation. In addition to this broadly focused approach, the Council developed guiding principles to support the development of implementation goals and strategies, and to guide execution of the implementation plan. The Council developed a framework for implementation that illustrates the relationship between the 2010 SHIP priorities and the implementation goals and guiding principles. With the support of Illinois Department of Public Health (IDPH) staff and the facilitation team from the University of Illinois at Chicago, School of Public Health, the Illinois Public Health Institute, and McAlpine Consulting for Growth, in a series of large and breakout group meetings, the Council developed action plan goals, strategies, action steps, timelines, measures of success and accountabilities.

Over the next three years, until the next SHIP is developed, the ICC will manage the plan detailed in the following pages, with staff and leadership support from the Illinois Department of Public Health and the Governor's Office. Key to the success of implementation will be the continued engagement of the SHIP ICC members and the expansion of engagement to the non-governmental SHIP Priority-area Champions described in the plan, who will lead stakeholder efforts for each of the 14 SHIP priorities. State agency priority-area

liaisons will be identified to support each of the SHIP priority-areas, and an online system to support and manage stakeholder engagement, track efforts on the 14 SHIP priorities, and facilitate evaluation and monitoring will be developed.

At the end of those three years, the Council envisions coordinated action that embodies the SHIP vision of a functioning public health system comprised of active public, private and voluntary partners. This system will be designed to achieve the outcomes identified for each of the fourteen SHIP priorities which together lead to the achievement of the SHIP vision of optimal physical, mental and social well-being for all people in Illinois.

HOW TO USE THIS PLAN

The Action Plans presented in the next few pages have been aligned with each other to provide for an interconnected set of activities that together will provide a framework for achieving the health and system outcomes called for in the SHIP. There is a SHIP Implementation Framework graphic that illustrates how the high level components of the Plan (action plan goals and guiding principles) relate to each other, and, importantly, to the fourteen SHIP Priorities — that is, that the action plan goals and guiding principles are designed to help achieve all the SHIP Priorities. There is also a SHIP Implementation Diagram that illustrates how, when implementation is fully underway, the public health system partners will be acting across the state on all the priorities, supported by the priority-area champions and guided by the ICC, the governor and SHIP-related state government agencies.

EACH ACTION PLAN HAS

1. A GOAL describing an overall change or impact desired for that action plan area
2. STRATEGIES that detail high level approaches to achieving the goal
3. ACTION STEPS that outline the steps and activities that need to be taken to carry out the strategies
4. TIMEFRAME that provides the target timeline within the plan for completion of the action steps
5. WHO WILL ACT that suggests key individuals, groups, organizations or stakeholders who have roles in carrying out the action steps
6. MEASURES OF SUCCESS that describe products, results or other indicators that will demonstrate that the action step has been completed

Within the “Who Will Act” column, there are some actors who have similar names and therefore, may be difficult for the reader to distinguish; here is some guidance to those:

STATE AGENCY DIRECTORS/DESIGNEES

These are the directors of the state agencies named in the Implementation Coordination Council Act as members of the ICC (or the person they designate to represent them): Illinois Departments of Public Health, Healthcare and Family Services, Aging, Agriculture, Insurance, Financial and Professional Regulation, Transportation, Commerce and Economic Opportunity, and the Illinois Environmental Protection Agency, Illinois State Board of Education, the Illinois Violence Prevention Authority and the Chair of the Illinois State Board of Health.

STATE AGENCY PRIORITY-AREA LIAISONS

These are staff within state government who are assigned to be the internal champion and liaison for each of the fourteen priorities in the SHIP. They should be subject matter experts and can be drawn from the various agencies involved. Some may come from the Illinois Department of Public Health, but others may be drawn from other SHIP agencies that have expertise and accountability for the priority. This is intended to provide the non-governmental priority-area champions with an internal resource, and spread accountability for achieving the SHIP across state government.

OTHER ACTORS MENTIONED ARE

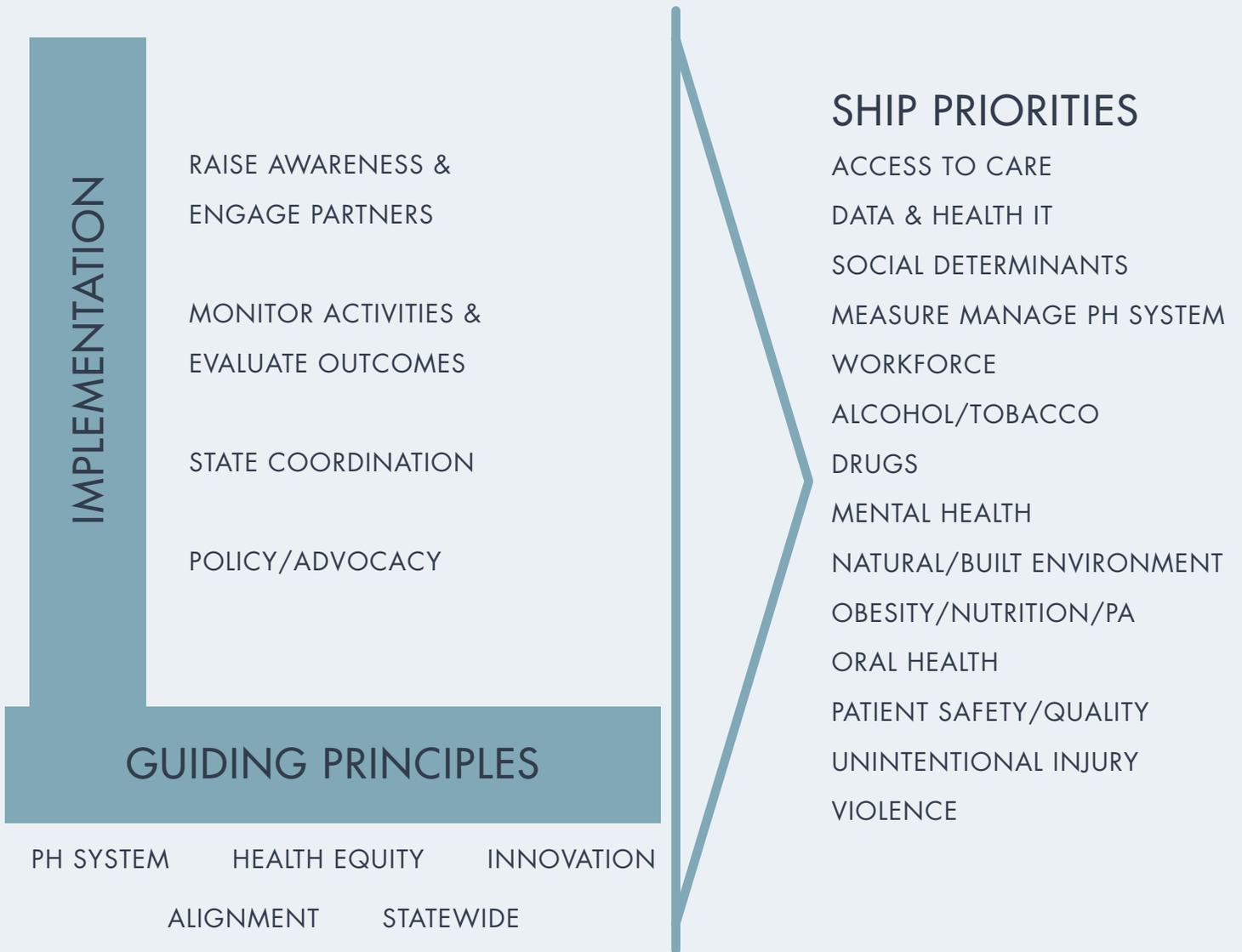
- LHDs: Local Health Departments
- IDPH: Illinois Department of Public Health
- Sector Leaders: leaders of the various sectors in the public health system — business, faith, healthcare, academia, etc. who need to be engaged early
- Priority-area champions: Non-governmental coalitions and groups already engaged in action on the SHIP priority area, recruited and supported to coordinate action and integration of SHIP outcomes into the ongoing efforts in their issue area.

HOW TO GET STARTED

This Implementation Plan will take coordination and effort over the next few years, but it is possible for organizations to get started right away. Some immediate steps include:

1. Review the State Health Improvement Plan at www.idph.state.il.us/ship/ and determine which priority areas and outcomes you are working on, or are related to your work. Then, fill out and submit an Endorsement Form indicating which areas you would be interested in participating in.
2. If you think your organization has the capacity and relationships to serve as a priority-area champion, let the appropriate contact know about your interest.
3. If you have one, review your community health improvement plan, community health needs assessment or organizational strategic plan, and identify how it aligns with the SHIP. Are there other ways that you could enhance that alignment? Engage other decision-makers in making adjustments to more fully align your plan.
4. Link to the SHIP and the implementation plan, *Aligning Illinois Stakeholders for Health Improvement and Health Equity*, on your website and post information on your Facebook and other social media sites.

SHIP IMPLEMENTATION FRAMEWORK



WHAT DOES SUCCESSFUL IMPLEMENTATION OF SHIP LOOK LIKE?

The graphic on page 26 illustrates a fully implemented State Health Improvement Plan. Stakeholders from multiple sectors align their policy agendas and activities with the SHIP, and work collaboratively to share best practices and achieve common goals across priority areas.

Under SHIP implementation, stakeholders will also collect data related to SHIP indicators. The Governor's Office and IDPH will compile this information and make it available to the public and policy makers both as a queryable information system, and in published formats such as SHIP 'report cards.'

The Governor's Office, IDPH, and the ICC will lead these efforts in conjunction with other stakeholder leaders who will lead policy development and coordination efforts within a given focus area. The state-level leaders will ensure that the final group of priority area champions represent a cross section of public health sectors, and reflect the geographic and social diversity of the state.

The Governor's Office and IDPH have met the four action plan goals of this Implementation Plan, and will provide staff resources to the ICC to support:

1. increased utilization of the SHIP and the capacity for multi-sectorial initiatives to implement SHIP via engagement activities;
2. increased effectiveness of SHIP via monitoring and evaluation activities;
3. increased the resources and capacity via coordination of the SHIP-related state government activities; and
4. ongoing legislative and administrative policy alignment to support implementation of SHIP, resulting in increased effectiveness of the public health system.

The Governor's Office and IDPH have established the following measures of success for years 1-3 of implementation:

YEAR ONE

- The ICC transitions into a working group for implementation, with each member taking responsibilities within a priority area or in a coordination role.
- The ICC works with support from IDPH to develop messages, materials, and methods to communicate with stakeholders and the public about SHIP Implementation.
- The ICC and IDPH work jointly to identify state agency priority-area liaisons and 14 priority area champions identified among ICC members and other local leaders.
- IDPH develops and deploys an online tool to facilitate priority area and other ICC working groups.
- IDPH develops and deploys a public web site to communicate information about the SHIP to policy-makers and the public.
- An ICC-led sub-committee works with state level leaders determine key SHIP indicators, and develop a process to collect and repurpose data using IQuery, a state system for combining and querying public health data; in parallel, an ICC-led subcommittee will work with IDPH to develop a public communications plan related to progress in these indicators.
- The Governor's Office, IDPH, and the ICC roll out SHIP implementation and the call for stakeholders through a statewide conference and a series of regional meetings.
- The Governor's Office, IDPH, and the ICC enlist additional stakeholders through an endorsement campaign covering state agencies, local government units, other public-sector entities, non-profit organizations, and private-sector entities.
- The priority area working groups consisting of representatives of these stakeholders develop detailed policy agendas to support SHIP priorities.

YEAR TWO

- ICC priority area workgroups and other stakeholders expand advocacy campaigns to promote policy agendas.
- The ICC and its subcommittees realign their work towards expanding the impact of SHIP policy agendas.
- State agencies and local government units bring plans into alignment with SHIP.
- Indicators begin to reflect the impact of health equity strategies on vulnerable communities.
- New stakeholders and partners use SHIP related data disseminated via IQuery and by other means.
- State agencies build SHIP-related incentives into contracts and grant solicitations.
- State agencies align Budgeting for Results metrics.

YEAR THREE

- The Governor's Office and IDPH publish a 'report card' on SHIP progress, noting gaps as well as successes in meeting SHIP goals and objectives
- IDPH works with state agencies to regularly update the public web with information about how their activities support SHIP.
- IDPH and its partners contribute to the scientific literature about how SHIP implementation is affecting health disparities in Illinois.
- The Governor's Office, IDPH, and the ICC commence planning for the next SHIP, reflective of successful policy implementations and policy shortfalls.



IMPLEMENTATION PLAN
FULL DETAILS

Implementation Plan (Full Details)

GUIDING PRINCIPLES

PUBLIC HEALTH SYSTEM PRINCIPLE

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 and health care organizations, but also employers, faith groups, human services, community-based organizations, transportation, housing, education, criminal justice, and many other sectors that can have an impact on the health of people in communities.

HEALTH EQUITY PRINCIPLE

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 principle.

INNOVATION PRINCIPLE

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 PRINCIPLE

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, systems, and environmental improvements that can have a broad impact and sustainable effect. These state-level policies will be informed by and align with national prevention strategies and health objectives.

ALIGNMENT PRINCIPLE

The SHIP implementation process will seek to illustrate how various sectors and partners in the public health system may connect to the SHIP and will be built on the alignment of partners as they identify the intersections of their work and the SHIP.

Raise Awareness & Engage Partners

ACTION PLAN GOAL

Increase utilization of the SHIP by raising statewide awareness of the SHIP, engaging partners to align their efforts and coordinate their strategies with the SHIP, and building capacity for multi-sectoral initiatives to implement the SHIP.

STRATEGY ONE 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>Within 3–4 months after launch</p>	<ul style="list-style-type: none"> • ICC • IDPH • Sector leaders 	<ul style="list-style-type: none"> • General SHIP Plan and implementation plan messages and materials developed • Target sectors are identified and 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>Within 3–4 months after launch, and ongoing</p>	<ul style="list-style-type: none"> • IDPH Director • State Board of Health • Governor • ICC Members • LHDs • State Agency directors • Speakers Bureau members 	<ul style="list-style-type: none"> • Governor’s office leadership in launch activities • Road show: meeting(s) held with all We Choose Health sites (IDPH’s community initiative on physical activity, nutrition, tobacco and mental health) • Ongoing ICC Awareness/Engagement committee in place • Each ICC member gives at least 1 presentation/year to sector groups/conferences/association meetings, etc.

Raise Awareness & Engage Partners

STRATEGY TWO Create structures, systems and communications to support coordinated action on SHIP priority areas.

ACTIONS	TIMEFRAME	WHO WILL ACT	MEASURES OF SUCCESS
Create structures to enable public, private and voluntary partners to align their work with SHIP priorities and objectives		<ul style="list-style-type: none"> • ICC 	
Endorsement form	At Launch	<ul style="list-style-type: none"> • DPH 	<ul style="list-style-type: none"> • Form online • Distributed to ICC
	Ongoing	<ul style="list-style-type: none"> • IDPH • Priority-area Champions • State agency priority-area liaisons 	<ul style="list-style-type: none"> • 30 ICC members have signed endorsement • Goals for endorsements are set and achieved
Local plans are aligned with SHIP (e.g. Hospital Community Health Needs Assessments; Local Health Jurisdiction IPLANs)	Within 1 year and ongoing	<ul style="list-style-type: none"> • IDPH • LHDs • Hospital associations and consortia • Non-profit hospitals 	<ul style="list-style-type: none"> • SHIP alignment included in IDPH guidance and training for LHDs • SHIP alignment included in guidance to hospitals by hospital association & other CHNA supporting groups • Goals for number of plans referencing SHIP set and achieved
Identify working coalitions to act as SHIP Priority-area Champions to track and report	At launch and ongoing	<ul style="list-style-type: none"> • ICC • IDPH • State agency priority-area liaisons • State agency directors • Priority-area Champions 	<ul style="list-style-type: none"> • Each SHIP priority has an identified Champion • Each SHIP priority area has a state agency liaison • Priority-area Champions reporting engagement/SHIP activities
Initiate outreach to connect system partner strategic plans to SHIP	Within 6–9 months of launch & ongoing	<ul style="list-style-type: none"> • IDPH • State agency directors • ICC • Sector leaders • IDPH 	<ul style="list-style-type: none"> • Ongoing means to collect and share SHIP stories — how SHIP was used by organizations, what SHIP has kindled
Develop and implement an online tracking system	Stage 1: 2–3 months from launch; Stage 2: 6–9 months from launch		<ul style="list-style-type: none"> • Stage 1: Endorsements are tracked; • Stage 2: outcomes are tracked (align with and tie to work of Monitor and Evaluate Action Plan)

Raise Awareness & Engage Partners

STRATEGY THREE Provide training and technical assistance to SHIP stakeholders 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 systems, including existing resources and future needs	8–12 months from launch	<ul style="list-style-type: none"> • IDPH • ICC • State Agency directors • Sector Leaders 	<ul style="list-style-type: none"> • A report of existing resources and current needs is developed; and recommendations for integration are made, including education, state agencies, faith-based & social service organizations hospitals, insurance, LHDs, etc.
Develop and deliver training on collaboration, coordination and performance management across sectors, including local health partners, to implement SHIP priorities	6 months following completion of Action 1	<ul style="list-style-type: none"> • IDPH • ICC 	<ul style="list-style-type: none"> • There is a unique and broad group of stakeholders engaged, including education, state agencies, faith-based & social service organizations hospitals, insurance, LHDs, etc. • Training program is ready to launch
Implement strategies that drive health equity for vulnerable communities (e.g. cultural competency, linguistic competency) through the implementation of SHIP	15–18 months from launch	<ul style="list-style-type: none"> • IDPH • ICC 	<ul style="list-style-type: none"> • More groups collaborate around health equity, including education, state agencies, faith-based & social service organizations hospitals, insurance, LHDs, etc. • Increase in the number of people completing training on health equity and health disparities • Improved measures for population health and health disparities over time

Monitor Activities & Evaluate Outcomes

ACTION PLAN GOAL

Increase effectiveness of the SHIP by monitoring and evaluating health outcomes in SHIP priority areas and by supporting the SHIP implementation through monitoring and evaluation.

STRATEGY ONE Develop a framework for monitoring and evaluating SHIP priority areas.

ACTIONS	TIMEFRAME	WHO WILL ACT	MEASURES OF SUCCESS
Identify measures to assess health outcomes in SHIP priority areas	3 months from launch	<ul style="list-style-type: none"> IDPH ICC State agencies directors 	<ul style="list-style-type: none"> Consistency with national or regional standards, benchmarks (e.g., Healthy People, County Health Rankings, CMAP Go-To 2040 housing affordability targets) Alignment with the state's Budgeting for Results (BFR) initiative
Identify gaps in data relevant to SHIP priority areas	3–6 months from launch Ongoing monitoring	<ul style="list-style-type: none"> IDPH ICC In coordination/cooperation with Regional Extension Center, Health Information Exchange (HIE), IQuery, others Priority-area Champions State agency priority-area liaisons 	<ul style="list-style-type: none"> Immediate output: inventory list of gaps already identified by the respective Priority-area Champions Over time new gaps may be identified which will be added to the list of gaps Longer-term outcome measure: HIE includes public health indicators
Utilize the online tracking system (see Awareness/Engagement plan) to serve as a feedback mechanism for public health agencies and stakeholders to report progress toward indicators in the populations they serve	1 year from launch online system in place 18 months (all SHIP priority areas being tracked)	<ul style="list-style-type: none"> IDPH Priority-area Champions State agency priority-area liaisons 	<ul style="list-style-type: none"> Online tracking system includes progress on SHIP indicators component All SHIP priority areas are being tracked in online tracking system
Develop a SHIP report card of health outcomes	2 years from launch	<ul style="list-style-type: none"> IDPH 	<ul style="list-style-type: none"> If feasible, field test report card for relevance and satisfaction with prospective stakeholders Issuance of a report card Feedback survey among SHIP leadership to assure report card meeting its objectives

Monitor Activities & Evaluate Outcomes

STRATEGY TWO Create a means for tracking public health activities related to SHIP implementation.

ACTIONS	TIMEFRAME	WHO WILL ACT	MEASURES OF SUCCESS
Establish structure to facilitate the overall evaluation of the SHIP implementation process	At launch and ongoing	<ul style="list-style-type: none"> • IDPH • ICC 	<ul style="list-style-type: none"> • Council members identified and recruited to Executive Committee • Additional stakeholders recruited to committee
Identify key process measures to determine success of SHIP implementation	At launch and ongoing	<ul style="list-style-type: none"> • IDPH • ICC Executive Committee 	<ul style="list-style-type: none"> • From among plan “Measures of Success” identify and determine 5 key process measures • Inventory of projects & stakeholder contributions to SHIP (align with Engagement/Awareness Action Plan) • Review and adoption of process measures by SHIP ICC.
Create feedback mechanism for reporting on achievement of key action plan measures of success	1 year from launch and ongoing	<ul style="list-style-type: none"> • IDPH • ICC Executive Committee 	<ul style="list-style-type: none"> • Dissemination of results; ability for committees to report in and out
Develop an ICC report card on key action plan measure of success	1 year from launch and ongoing	<ul style="list-style-type: none"> • ICC Executive Committee 	<ul style="list-style-type: none"> • Creation and dissemination of report card • Used as a feedback loop to IDPH and ICC leadership in re: direction of SHIP-related activities

State Coordination

ACTION PLAN GOAL

Increase the resources and capacity of the public health system to successfully meet SHIP priorities through coordination of SHIP-related state government activities.

STRATEGY ONE

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 of SHIP priorities that align with their state agency priorities	Within 3-6 months post-launch	<ul style="list-style-type: none"> • Governor's staff • SHIP Agency Directors • Agency designees 	<ul style="list-style-type: none"> • Letters of endorsement from directors • Cross-agency MOU • SHIP Agency Directors identify state agency priority-area liaisons
Align state agency plans and initiatives with goals of SHIP	6-8 months post-launch	<ul style="list-style-type: none"> • SHIP agency designees 	<ul style="list-style-type: none"> • Template to identify and track agencies' initiatives and programs is created • Each agency has completed SHIP alignment document (similar to the Housing Task Force) • Statutorily mandated agency plans are aligned with SHIP
Study efforts of state agencies in other states for lessons learned regarding state agency coordination of SHIPs	Ongoing	<ul style="list-style-type: none"> • ICC 	<ul style="list-style-type: none"> • 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 2 years post-launch	<ul style="list-style-type: none"> • SHIP Agency designees 	<ul style="list-style-type: none"> • Agency alignment template (from second action step) highlights initiatives that are most closely aligned and have the most potential for early completion • New cross-agency and intra-agency initiatives that represent alignment are in place.
Governor's Office and agencies partner with each other and coordinate their messages related to SHIP priorities	Ongoing	<ul style="list-style-type: none"> • Governor's Office Policy and Communications staff • Agency public information officers (PIOs) 	<ul style="list-style-type: none"> • Increase multiagency initiatives • PIO's have created a key messages document • Goals for SHIP mentions in press releases and speeches by Governor and agency directors are set and met

State Coordination

STRATEGY TWO 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	<ul style="list-style-type: none"> • Agency fiscal officers • Program staff and SHIP agency designees 	<ul style="list-style-type: none"> • Matrix of what state resources are directed toward SHIP prevention priorities is developed and tracked • Identify existing non-traditional resource utilization as models
Create incentives for requiring SHIP integration in state agency grants and programs, incorporating BFR principles and requiring state agencies to review health related proposals, scoring them based on reflection of SHIP related outcomes	1 year post-launch, ongoing	<ul style="list-style-type: none"> • Budgeting for Results teams • Agency program staff • Agency chief financial officers and procurement officers 	<ul style="list-style-type: none"> • Boiler plate language for contracts and grant solicitations is developed • Crosswalk SHIP and BFR metrics, with on-going monitoring
Support transparency in funding and outcomes reporting to demonstrate progress in achieving SHIP goals	1 year post-launch, ongoing	<ul style="list-style-type: none"> • Public information officers • Governor’s Office • Agency staff 	<ul style="list-style-type: none"> • Create “Sunshine on Health” webpage/ dashboard in the online tracking system that illuminates SHIP initiatives across agencies. • Outcomes/reporting in Budgeting for Results budget areas, as well as production of report using SHIP evaluation and monitoring online system
Target resources to eliminate health inequities	1 year post-launch, ongoing	<ul style="list-style-type: none"> • Specific commissions like the Latino Family Commission, African-American Family Commission, Children’s Mental Health Partnership 	<ul style="list-style-type: none"> • National Health Disparities report model • Set baseline and compare after certain time period

Policy & Advocacy

ACTION PLAN GOAL

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

STRATEGY ONE 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	<ul style="list-style-type: none"> • Director, IDPH • Priority-area Champions • State agency directors 	<ul style="list-style-type: none"> • Mechanism for tracking and review established • Production of report by IDPH for ICC Policy Advocacy Committee.
Identify existing strengths and gaps in current policy	Year 1	<ul style="list-style-type: none"> • Director, IDPH • State agency directors • Priority-area Champions • State agency priority-area liaisons • ICC Policy Advocacy Committee 	<ul style="list-style-type: none"> • Strength and gap analysis, with mechanism for stakeholder input as part of analysis process • Analysis includes Budgeting for Results and funding alignment across agencies.
Develop policy agenda based on assessment findings and a health impact analysis, with attention to the guiding principles of the implementation plan	Year 1	<ul style="list-style-type: none"> • Director, IDPH • Priority-area Champions • State agency directors • ICC Policy • Advocacy Committee 	<ul style="list-style-type: none"> • Initial policy agenda established, ratification by the State Board of Health • Initial policy agenda aligned with state coordination activities.

Policy & Advocacy

STRATEGY TWO 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
<p>Develop advocacy messages and tools in coordination with overall SHIP implementation for the target audiences</p> <ul style="list-style-type: none"> • Public and private policy makers • Opinion leaders • Community stakeholders 	<p>Year 2–ongoing</p>	<ul style="list-style-type: none"> • Relevant priority-area champions and state agency priority-area liaisons (likely to vary based on policy agenda topics) 	<ul style="list-style-type: none"> • Priority-area champions have engaged coalitions and developed messages for each item on the policy agenda
<p>Evaluate, engage and mobilize target audiences to advocate for the policy agenda</p>	<p>Year 2–ongoing</p>	<ul style="list-style-type: none"> • Relevant priority-area champions and state agency priority-area liaisons (likely to vary based on policy agenda topics) 	<ul style="list-style-type: none"> • Priority-area champions have engaged coalitions and identified levels of engagement for each item on the policy agenda
<p>Gain acceptance and support of public and private policy makers who can advance implementation of the agenda</p>	<p>Year 2–ongoing</p>	<ul style="list-style-type: none"> • Relevant priority-area champions and state agency priority-area liaisons (likely to vary based on policy agenda topics) 	<ul style="list-style-type: none"> • Measurable acceptance and engagement of external target audience for each item on the policy agenda

Policy & Advocacy

STRATEGY THREE Monitor and assess implementation of the policy agenda; revise and advocate accordingly.

ACTIONS	TIMEFRAME	WHO WILL ACT	MEASURES OF SUCCESS
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	Within 18 months of launch	<ul style="list-style-type: none"> • Director, IDPH • Dedicated ICC staff 	<ul style="list-style-type: none"> • Mechanism for tracking and assessment of policy issues established • Production of report by IDPH for ICC Policy Advocacy Committee
Recommend changes to the policy agenda based on implementation plan results	Year 2 and ongoing	<ul style="list-style-type: none"> • Director, IDPH • Dedicated ICC staff • ICC Policy Advocacy Committee 	<ul style="list-style-type: none"> • Consensus-based agenda is used continuously, and revised as needed



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Glossary of Acronyms

BFR. Budgeting for Results (a Governor's office budget reform tool to help government agencies set priorities, meet goals, and deliver excellent services and achieve the best value possible to taxpayers)

CHNA. Community Health Needs Assessment (community health assessment and plan required of non-profit hospitals under the Affordable Care Act)

HIE. Health Information Exchange

ICC. Implementation Coordination Council

IDPH. Illinois Department of Public Health

IPLAN. Illinois Project for Local Assessment of Needs (local health department led community health assessment and plan)

LHD. Local Health Department

MOU. Memorandum of Understanding

PIO. Public Information Officer

SHIP. State Health Improvement Plan

Links to Resources and Background Materials

- Illinois 2010 SHIP http://www.idph.state.il.us/ship/09-10_Plan/SHIP_Final_2010.pdf 10/02/2012
- Illinois Public Act 096-1153. <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=096-1153> 10/02/2012.
- SHIP ICC Bylaws. http://www.idph.state.il.us/ship/icc_bylaws.htm 10/01/2012. The Illinois SHIP and the legislative charge to the Council guided the Council's work.
- Healthy People 2020 Framework <http://www.healthypeople.gov/2020/consortium/HP2020Framework.pdf> 10/10/2012
- National Prevention Strategy: America's Plan for Better Health and Wellness. National Prevention Council. June 2011. Office of the Surgeon General. <http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf> 10/01/2012
- 2010 Annual Status Report: National Prevention, Health Promotion and Public Health Council. July 1, 2010. <http://www.hhs.gov/news/reports/nationalprevention2010report.pdf> 10/01/2012
- The Healthy People 2020 and National Prevention Strategy documents together show the framework used by the federal government in working to improve the nation's health and the one which they encourage all public health stakeholders to use as well.
- Commentary: Frieden, Thomas R. A Framework for Public Health Action: The Public Health Impact Pyramid. American Journal of Public Health. April, 2010. Vol 100. No. 4. P. 590.