

# 2009/2010 State Health Improvement Plan State Health Profile Subcommittee - Findings

## 2007 Findings

### Key Finding

1. The committee's efforts revealed as much about the state of our information systems infrastructure as it did about the health of the population.

### General Findings

2. Illinois has many advantages regarding public health data such as the IPLAN data system, Behavioral Risk Factor Surveillance System (BRFSS) data specific to local health departments, etc.
3. A broad assessment such as this requires a tremendous amount of time, effort and searching for different data sets many of which are of varying quality and timeliness. Integration of systems and disparate data sources is a significant challenge.
4. It appears that resources for data collection, analysis, dissemination, and use are inadequate to meet needs.
5. The committee's efforts revealed serious challenges regarding issues of data quality, timeliness, and availability.
6. The availability of data for subpopulations (race, age, income, etc.) is uneven and must be improved
7. If we are serious about reducing disparities, then we need to be able to document them.
8. Efforts should be made to maintain and improve upon sub-state and sub-county data collection, availability, and use.
9. Enhancements should be made to expand the use and availability of geo-coding and other GIS applications.

### Health Status Findings

10. Illinois compares favorably in only six of 33 HP2010 goals under consideration in this profile.
11. When considering all seven criteria, the categories ranked most important were Injury and Violence; Overweight and Obesity; and Maternal, Infant and Child. Mental Health, HIV, Diabetes, and Cancer had equal rankings just behind the top three followed by Access, Tobacco Use, and Physical Activity

## 2009 Additional Findings

### General Findings:

1. Data on children are generally insufficient. Development of new surveillance systems/data sets such as data from the School Child Health Examination forms, Illinois Health Survey, the Illinois Youth Risk Behavior Survey, American Community Survey (ACS) and Illinois Hospital Discharge Data should be promoted.
2. Health and health disparities are driven by social determinants as well as race/ethnicity; factors such as education (education is a more meaningful predictor than any other determinant of health) and income are clearly associated with poorer health status.
3. The SHIP Team should consider the most appropriate manner to examine risk to children and youth, i.e. it is important to look at children's health through the lens of childhood, rather than through the lens of health conditions that contribute to morbidity and mortality in adulthood. Children are generally healthy and don't often die; however, healthy development throughout childhood sets the stage for long-term health and well-being (such as success in school, healthy eating and becoming physically active, addressing developmental, mental and behavioral conditions during the period in life when treatment /intervention is the most effective).
4. The absence of unintentional injury (see violence findings) and mental health as strategic priorities was controversial in 2007; continues to be a concern of the Profile subcommittee. The most recent BRFSS survey indicates that over 37% of the population in Illinois reported their mental health as not good in the past 30 days, an increase of 6% between 2003 and 2008.

### Access to Care:

1. The Profile is "disease oriented" and does not include access indicators regarding barriers such as language and cultural issues; health care facility and provider supply issues; and transportation barriers. The SHIP Team should determine if the other assessments being conducted by the SHIP Team (Forces of Change, Statewide Themes and Strengths, Public Health System Assessments) address these issues, and consider such issues in formulating action plans.

### Alcohol, Tobacco and Other Drugs:

1. The data continue to support the selection of Tobacco/Alcohol as a SHIP Strategic Priority.
2. Tobacco and Alcohol are far more prevalent than illicit drug use; are more directly linked to other conditions/causes of morbidity and mortality; and result in greater negative outcomes on a population level.
3. In contrast to Alcohol/Tobacco, consequences of illicit drug use are more related to issues of violence and quality of communities as a social determinant of health and access to care/access to treatment.
4. The SHIP Team should consider addressing Alcohol/Tobacco separately from Substance Abuse.

## **Obesity/Physical Activity/Nutrition:**

1. The data continue to support the selection of Obesity/Physical Activity as a SHIP Strategic Priority.
2. The SHIP Summit recommended that these two priorities be combined, and the subcommittee concurs.
3. Data are needed regarding built environment, access to nutritious foods.

## **Violence:**

1. The data continue to support the selection of Violence as a SHIP Strategic Priority.
2. Unintentional injury should be re-considered for inclusion in SHIP as a stand-alone issue or in conjunction with violence. About one-third of youths who die in Illinois from age 1 through 14 die from unintentional injury (2 to 5 times the rate of violent death). Adolescents are equally likely to die from unintentional injury as from violence. Unintentional injury is responsible for the greatest number of years of life lost in Illinois, and for about 10% of all pediatric hospital admissions in Illinois. The leading cause of unintentional injury death is motor vehicle occupant deaths; the vast majority of these deaths are adolescents. There are important urban/rural differences in unintentional injury death and hospitalization causes that would suggest the need for geographically sensitive prevention efforts.

## **Suggestions for the Profile:**

- Include/provide the data definitions for race/ethnicity if the data source provides it (e.g. does “white” include Hispanic?)