

# 2009/2010 State Health Improvement Plan Public Health System Assessment Subcommittee - Findings

## **1. Collect Data and Use Information Effectively**

### **2007 Findings:**

Collect data and use health information effectively, including: using data to inform policy and program planning; maintenance and improvement of surveillance programs, provision of a standard data set to partners; develop/implement a public health research agenda, assessing availability of personal health care services, and enforcing protections of confidential personal health information.

### **2009 Additional Findings:**

1. ***The 2007 measures identified as priorities for action and categorized under “Collect Data and Use Information Effectively” continue to be priorities.***
2. The development of electronic health records and health information exchange represents a rich new opportunity to obtain health data to assist the public health enterprise to understand and act on population health problems. ***The public health system should assertively and aggressively work to link EHR/HIE data to public health population and surveillance databases.***
3. The 2009 NPHPSP participants ranked as minimal measure 1.1.3 “Does the SPHS publish or disseminate health-related data into one or more documents that collectively describe the prevailing health of the state’s population (i.e., a state health profile)?” In fact, the SHIP process in 2007 produced a State Health Profile; this ranking therefore represents a lack of awareness. ***The products of the State Health Improvement Plan should be packaged, branded, and promoted as resources to the public health system.***

## **2. Garner, Leverage and Manage Resources for a More Proactive Public Health System**

### **2007 Findings:**

Effectively **manage current resources** and **develop new resources** for health status monitoring, diagnosis and investigation of health threats, health planning and policy development, provision of medical care and evaluation.

**Coordinate** system-wide **resources** (workforce, technology development, and financing) for health communications and health promotion, mobilize and sustain partnerships, conduct health planning and policy development, conduct research, and enhance in-state laboratory capacity.

### 2009 Additional Findings:

1. ***The 2007 measures identified as priorities for action and categorized under “Garner, leverage and manage resources for a more proactive public health system” continue to be priorities.***
2. ***Additional priorities from 2009 System Assessment (Unduplicated Measures Ranked Minimal or No Activity)*** Effectively manage the allocation of current resources and develop new resources to support health communication, education and promotion, partnership sustainability and workforce development
3. While the public health system provides personal health care services, generally, public health departments do not. ***Management and allocation of resources to personal health care services for traditional governmental public health should be understood as speaking to traditional public health’s role in assuring the provision of health care services.***
4. ***Coordination of the provision of personal health care services should be added as a priority;*** improved health outcomes can be achieved if public health promotes and provides coordination among primary care, hospitals and public health services to people in Illinois through models such as primary care case management and medical homes systems. This is more important as health care reform moves forward.
5. ***Assuring or providing personal health care services, and coordinating such services, must be understood to include behavioral health care/community mental health services.***

### 3. **Integrate State and Local Action**

#### 2007 Findings:

**Integrate** state and local efforts on surveillance programs, partnerships, data-driven policy and program development, evaluation and research findings. **Provide assistance, consultation and skill building** to local communities and partners on interpreting epidemiologic findings, community health and access to care partnership development, integrated planning and using research.

#### 2009 Additional Findings:

1. ***The 2007 measures identified as priorities for action and categorized under “Integrate State and Local Resources” continue to be priorities.***
2. ***Enabling partners to develop skills to improve community and personal health and assisting partners to develop effective health communication, health education, and health promotion strategies (Measures 3.2.1 and 3.2.3) are components of successfully implementing the coordinated systems of care*** described in the previous section.
3. ***Improving data, data integration and access to data (5.4.5) are the necessary foundation for the success/achievement/improvement represented by these findings and is therefore a core and***

**primary finding of this assessment.** This becomes even more critical in light of the expected transition to electronic medical records and health information exchange.

4. In 2009, measure 8.2.2 **assist local public health systems with workforce development** was ranked as having minimal activity. Given the transition of the health care system to electronic medical records and health information exchange, a special focus should be placed on **ensuring that the workforce receives the training and skills development necessary for the successful transition to electronic health records.**

#### **4. Continuously Improve the Quality of the Public Health System**

##### **2009 Additional Findings:**

Conduct evaluations and use the results to improve personal and population based health services, including health communications/health promotion interventions, partnership development, health policies, and regulatory enforcement. Establish and use public health system performance standards. Use incentives and education to promote compliance with laws and regulations. Assign responsibility for monitoring the health care delivery system to a single entity.

1. ***The 2007 measures identified as priorities for action and categorized under “continuously improve the quality of the public health system” continue to be priorities.***
2. The 2009 Public Health Performance Standards Assessment process found that ten<sup>i</sup> measures in the category of reviewing, managing and improving performance as having “no activity” or “minimal activity.” ***Systematic and organized quality improvement is occurring only in a limited fashion.***
3. ***It is critical to use data and evaluation to manage and improve the quality of public health services and the public health system.***
4. ***The education, skills, training, and practical experience of the workforce are key to ensuring systematic application of continuous quality improvement.***

#### **5. Infuse Cultural Competency throughout the System**

##### **2007 Findings:**

Develop the cultural competency of the public health and personal health care workforce, and deliver culturally and linguistically appropriate health education/health promotion interventions. Ensure that administrative processes are customer centered.

##### **2009 Additional Findings:**

1. ***The 2007 measures identified as priorities for action and categorized under “infuse cultural competency throughout the system” continue to be priorities.***

## **6. Invest in the Public Health and Personal Health Care Workforce**

### **2007 Findings:**

Share resources to assess workforce needs for health care services and develop a statewide workforce development plan; facilitate workforce education partnerships. Ensure that personnel conducting health status monitoring have statistical, epidemiological and systems management expertise and that enforcement staff are trained.

### **2009 Additional Findings:**

1. ***The 2007 measures identified as priorities for action and categorized under “invest in the public health and personal health care workforce” continue to be priorities.***
2. Breaking down silos, barriers and turf is necessary to ensuring that the health care and public health workers ***receive the best possible education and are able to work at the top of their degree; this in turn is necessary to achieve the desired coordinated care delivery system.***
3. 2007 Measure 8.1.2, Develop a statewide workforce development plan to guide workforce development is a critical strategy/action step called for in the 2007 SHIP. ***However, the needle has not moved significantly on this, and it remains a priority area.***

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<sup>i</sup> “Continuously improve the quality of the public health system” related measures (unduplicated in 2007) from the 2009 assessment that were Ranked Minimal or No Activity

- 1.3.1 Review the effectiveness of its efforts to monitor health status
- 1.3.2 Actively manage and improve the overall performance of its health status monitoring activities
- 7.3.2 Actively manage and improve the overall performance of its activities to link people to needed personal health care services
- 8.3.1 Review its workforce development activities
- 8.3.2 Review the extent to which academic-practice partnership(s) address the preparation of personnel entering the SPHS workforce
- 8.3.3 Actively manage and improve the overall performance of its workforce development activities
- 9.3.1 Review the effectiveness of its evaluation activities
- 9.3.2 Actively manage and improve the overall performance of its evaluation activities
- 10.3.1 Review its public health research activities
- 10.3.2 Actively manage and improve the overall performance of its research activities