IDPH

Illinois Department of Public Health

Five Year Strategy 2014 – 2018

Honorable Pat Quinn
Governor, State of Illinois

LaMar Hasbrouck, MD, MPH
Director, Illinois Department of Public Health

MESSAGE FROM THE DIRECTOR

Greetings,

During the summer of 2012, I convened a 3-day senior staff retreat in Bloomington, Illinois. The purpose of the retreat was to share my vision about the direction of the Department, and to work with my senior staff to begin to develop our strategy for the next five years. Our planning efforts were grounded by a central question:

How do we (as a Department) maximize our effectiveness, influence, and value in promoting health equity, safety, and improved health outcomes for residents here in Illinois?

I believe the answer lies in addressing the following areas, which now comprise our strategic priorities, they are:

- Enhancing stakeholder engagement (partnerships);
- Improving data quality & dissemination;
- Reducing health disparities;
- Improving regulatory compliance; and,
- Broadening agency branding, marketing, & communication.

I am delighted to report that because of the honesty, openness, and passion shown by senior staff members at our initital retreat, and the many other key staff members that have contributed to this plan during the subsequent months, we have the competent and committed leadership to move our agency forward. We are "wonderfully diverse," and I believe that this diversity of opinions, perspectives, and approaches is one of our greatest assets.

I'm excited about leading this process of transformation, and about working with my team, public health champions, stakeholders, advocates, and the public on implementing a plan that makes us stronger. Ultimately, this plan will help us better serve the citizens of Illinois as we work to become a mission-driven, high-impact, Department of Public Health.

Truly yours,

LaMar Hasbrouck, MD, MPH
Director

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EXECUTIVE SUMMARY

Background

The Illinois Department of Public Health engaged in a systematic strategic planning process to guide the Department from 2014 through 2018. Strategic planning requires widespread stakeholder input and department-wide assessment of behavior and activity. Following an organizational assessment, Director Hasbrouck led the senior leadership team in a 3-day retreat facilitated by external consultants to develop a framework. Key considerations for the development of the plan were:

- The essential public health services and Public Health Accreditation Board (PHAB) standards;
- Survey results from a 2012 survey of the 96 certified Local Health Departments (LHDs) in Illinois which assessed IDPH's performance on essential public health functions; and
- The Department's vision, mission, and core beliefs and values.

Process

During the retreat, the senior leadership team completed an overall review and strengths, weaknesses, opportunities, and threats (SWOT) analysis of the Department's programs and regulatory functions. Afterwards, IDPH's leadership divided into five teams organized by specific priorities. Each team then drafted goals and objectives. After the completion of the planning process, additional staff members were recruited to participate in more formalized work groups that met over several months to formulate a draft plan. External stakeholders, partners, and the public at-large were then invited to review the draft strategic plan and offer comments via an online survey. This combined feedback was used to refine the final plan. The end result is a strategic plan which will allow the Department to monitor its achievement toward its mission-driven goals and objectives.

The plan focuses on the following five strategic priorities:

- Partnership development
- Data quality, utilization and dissemination
- Reducing health disparities
- Regulatory improvement
- Branding, marketing and communication

Next Steps

Under the direction of the Office of Performance Management (OPM), a vertically integrated team of leaders and staff members, trained in continuous quality improvement techniques and processes, will lead the effort to ensure that the goals and objectives of the Strategic Plan are fulfilled. This team will track the department's progress and assess and recalibrate the department's objectives as needed.

Senior staff will embark on a process of self-study. They will then work with the Office of the Director and OPM to transform and improve operations and overall work product through better alignment with the Strategic Plan using the strategies, indicators, short- and long-term outcomes outlined in the logic models as a guide.

Department Overview

First organized in 1877, IDPH is one of the state's oldest agencies with an annual budget of approximately $500 million, with headquarters in Springfield and Chicago and with seven regional offices, three laboratories and approximately 1,100 employees. Each office operates and supports many ongoing programs and is prepared to respond to emergency situations as they arise. The mission of the Illinois Department of Public Health (IDPH) is to protect the health and wellness of the people in Illinois through the prevention, health promotion regulation, and the control of disease and injury. In partnership with other state agencies, IDPH has over 200 programs which affect the lives and wellbeing of every resident and visitor in Illinois. IDPH promotes healthy living through education, science-based practice and by encouraging disease prevention and control.

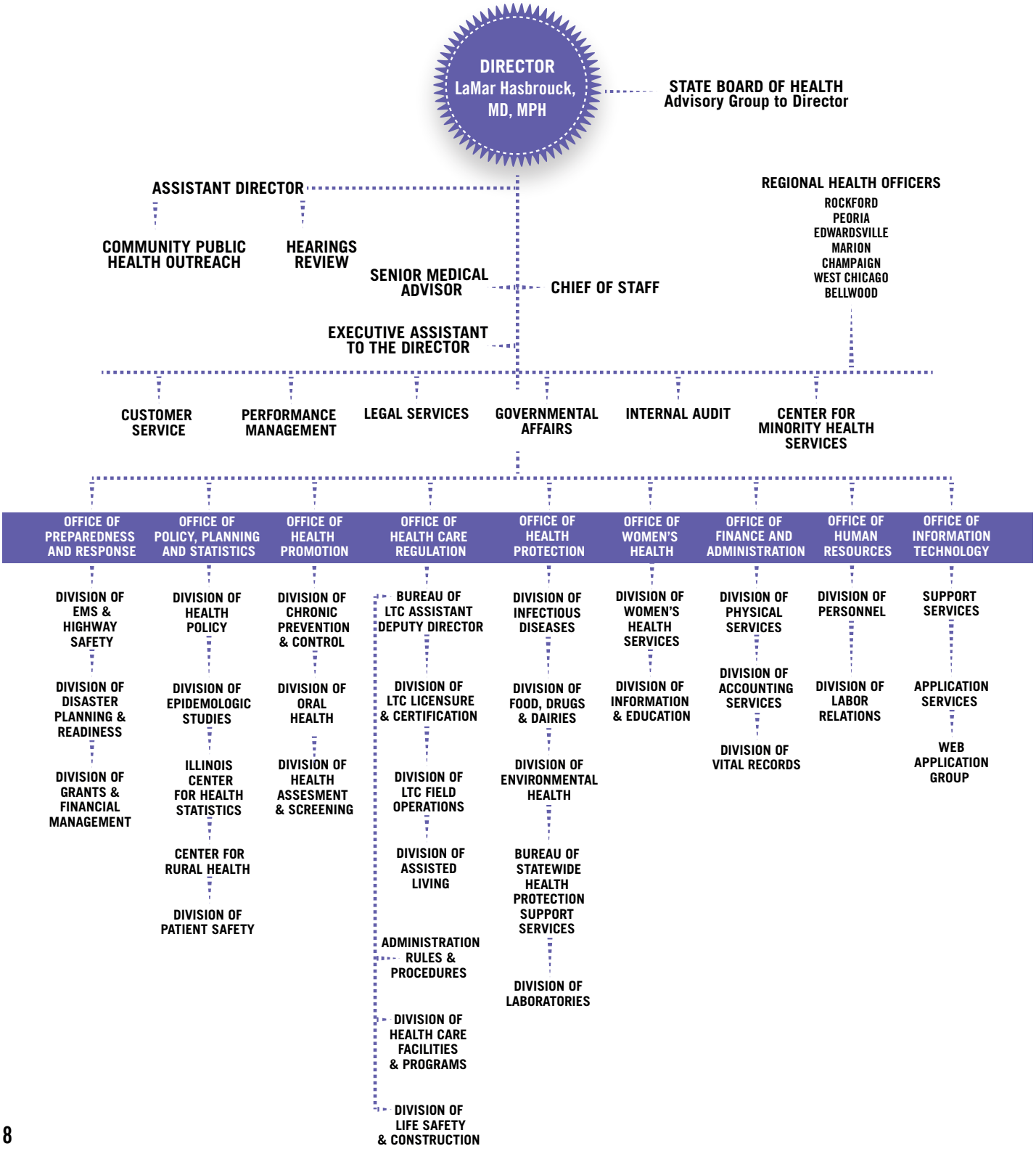
Through a diversity of programs and services, IDPH touches virtually every age, aspect and stage of an individual's life and makes Illinois a safer and healthier place to live. These programs and services include:

- Childhood immunization
- Food, water and drug testing
- Hospital and nursing home licensure
- Infectious disease control
- Chronic disease control
- Vital records
- Health statistics collection and evaluation
- Newborn screenings for genetic disorders
- Women's health promotion
- Emergency management system licensure
- Emergency Preparedness
- Workforce development

Although IDPH is a centralized state health department, there are seven Regional Health Offices that assist in supporting the network of 96 certified Local Health Departments, 102 counties, and communities throughout the state. Through the Regional Health Offices, IDPH is able to in effect decentralize regulatory functions and mobilize technical assets to improve the health of Illinoisans.

ORGANIZATIONAL CHART

Currently, the Department is organized into six major programmatic offices (e.g., Preparedness Response, Policy, Planning and Statistics, Health Promotion, Health Care Regulation, Health Protection, and Women's Health), seven Regional Health Offices, and several specialized units within the Office of the Director. In addition, the State Board of Health serves an important advisory role to the Director.



Our vision

Communities of Illinois will achieve and maintain optimal health and safety.

Our mission

Protect the health and wellness of the people in Illinois through the prevention, health promotion, regulation, and the control of disease and injury.

Our core beliefs and values

IDPH is committed to:

- Partnering and collaborating with all stakeholders, partners and communities, where possible
- Public health decision-making grounded in the principles, processes and infrastructure of science, that is maintained, enhanced and disseminated in accordance with our statutory mandates
- Communicating effectively with the public to maintain and enhance public health quickly, respectfully and excellently
- Establishing an atmosphere of understanding, collaboration and professionalism within public health regulation based on current best practices
- Promoting health equity, fairness and social justice within the context of the diverse communities of the State of Illinois through our policies and programs
- Integrity, competence, and trust among staff, key partners, and the general public

DEMOGRAPHICS AND HEALTH STATUS

Demographics

The 2010 census for Illinois shows over 12.8 million people live in Illinois, up 3.3 percent since 2000. According to the 2010 census, Illinois had an increase of more than 650,000 minorities over the last decade. Asians experienced the largest increase, adding 163,331 residents since 2000, a 38.6 percent increase. People reporting two or more races on their census form increased by 54,966 or 23.4 percent. People reporting Hispanic or Latino origin increased by nearly 500,000 residents, or 32.5 percent.

Of Illinois' population age 25 and older, 27.6% have only a high school diploma or high school equivalency degree, which closely resembles the percentage in 2000 (27.7%). Individuals age 25 and older who have attained up to a Bachelor's degree is slightly higher in 2010 than 2000, 19% versus 16.5%. Those with a graduate or professional degree were also higher in 2010 (11.6%) than in 2000 (9.5%).

Race/ethnicity

Education

Sex

Health Status

In 2012, Illinois was ranked 30th according to United Health Foundation's America's Health Rankings (www.americashealthrankings.org), no change from 2011.

Among the highlights listed were:

- Almost 2.7 million adults in Illinois are obese, and almost 2.5 million adults lead a sedentary lifestyle;
- In the past year, the incidence of infectious disease rose from 11.1 to 13.7 cases per 100,000 population;
- In the past 5 years, the percentage of children in poverty increased from 14.9 percent to 19.6 percent of persons under age 18;
- In the past 5 years, the rate of preventable hospitalizations decreased from 89.4 to 75.0 discharges per 1,000 Medicare enrollees; and,
- In the past 10 years, the infant mortality rate decreased from 8.5 to 7.0 deaths per 1,000 live births.

Significant health disparities persist, including:

- Obesity is more prevalent among non-Hispanic blacks at 41.0 percent compared to Hispanics at 31.1 percent and non-Hispanic whites at 26.0 percent;
- Smoking is more prevalent among non-Hispanic blacks at 22.2 percent compared to non-Hispanic whites at 17.0 percent; and,
- Sedentary lifestyle is more prevalent among non-Hispanic blacks at 29.5 percent compared to non-Hispanic whites at 23.3 percent.

When compared to the higheset ranked (referent) for various health outcomes, it is clear that despite some modest gains over the past few years, Illinois has significant room for improvement.

HEALTH OUTCOMES	RATE	RANK	REFERENT
Diabetes (Percent of adult population)	9.7	28	6.7
Poor Mental Health (in previous 30 days)	4.0	31	2.8
Poor Physical Health (in previous 30 days)	4.0	29	2.9
Infant Mortality (Deaths per 1,000 live births)	7.0	29	4.4
Cardiovascular Deaths (per 100,000 population)	269.3	31	195.9
Cancer Deaths (per 100,000 population)	191.6	35	128.6
Premature Death (Years lost per 100,000 population)	7,155	23	5,621

The 10 leading causes of death for Illinoisans are listed in the table below by specific age groups. The numbers in each cell represent the number of deaths for the specified cause. Deaths resulting from unintentional injury and homicide are highlighted for younger age groups; while cancer (malignant neoplasms), heart disease and stroke (cerebrovascular) are more prevalent among older age groups. There are notably higher rates among some racial and ethnic groups for many of the leading causes of death, for example, homicide (e.g., black males), heart disease (e.g., blacks and Latinos), and specific types of cancers (e.g., Latinos, blacks, Asians).

RANK \ AGE	<1	1-4	5-9	10-14	15-24
1	SHORT GESTATION 225	UNINTENTIONAL INJURY 30	UNINTENTIONAL INJURY 19	UNINTENTIONAL INJURY 28	UNINTENTIONAL INJURY 407
2	CONGENITAL ANOMALIES 163	CONGENITAL ANOMALIES 19	MALIGNANT NEOPLASMS 15	MALIGNANT NEOPLASMS 22	HOMICIDE 273
3	MATERNITY PREGNANCY COMPLICATIONS 85	HOMICIDE 15	CONGENITAL ANOMALIES 8	HOMICIDE 9	SUICIDE 136
4	SIDS 62	MALIGNANT NEOPLASMS 11	CHRONIC LOW RESPIRATORY DISEASES 6	HEART DISEASE 8	MALIGNANT NEOPLASMS 64
5	UNINTENTIONAL INJURY 52	HEART DISEASE 6	HOMICIDE 6	SUICIDE 7	HEART DISEASE 47
6	PLACENTA, CORD, MEMBRANES 32	SEPTICEMIA 2	HEART DISEASE 4	CONGENITAL ANOMALIES 3	HIV 10
7	BACTERIAL SEPSIS 31	CEREBROVASCULAR 4	PERINATAL PERIOD 3	SEPTICEMIA 3	COMPLICATED PREGNANCY 8
8	RESPIRATORY DISTRESS 27	INFLUENZA AND PNEUMONIA 3	SEPTICEMIA 2	CHRONIC LOW RESPIRATORY DISEASES 3	CHRONIC LOW RESPIRATORY DISEASES 7
9	NEONATAL HEMORRHAGE 26	BENIGN NEOPLASMS 2	NEPHRITIS 1	CEREBROVASCULAR 2	INFLUENZA AND PNEUMONIA 6
10	CIRCULATORY SYSTEM DISEASE 18	CHRONIC LOW RESPIRATORY DISEASES 2	INFLUENZA AND PNEUMONIA 1	DIABETES MELLITUS 2	CONGENITAL ANOMALIES 6

10 LEADING CAUSES OF DEATH BY AGE GROUP, ILLINOIS RESIDENTS, 2010 (Provisional)

25 - 34	35 - 44	45 - 54	55 - 64	65+	TOTAL
UNINTENTIONAL INJURY 502	MALIGNANT NEOPLASMS 460	MALIGNANT NEOPLASMS 2,027	MALIGNANT NEOPLASMS 4,305	HEART DISEASE 18,927	HEART DISEASE 23,876
HOMICIDE 222	UNINTENTIONAL INJURY 433	HEART DISEASE 1,573	HEART DISEASE 2,723	MALIGNANT NEOPLASMS 16,083	MALIGNANT NEOPLASMS 23,121
SUICIDE 170	HEART DISEASE 427	UNINTENTIONAL INJURY 555	CHRONIC LOW RESPIRATORY DISEASES 473	CEREBROVASCULAR 4,372	CEREBROVASCULAR 5,047
HEART DISEASE 152	SUICIDE 200	SUICIDE 265	DIABETES MELLITUS 418	CHRONIC LOW RESPIRATORY DISEASES 4,319	CHRONIC LOW RESPIRATORY DISEASES 5,042
MALIGNANT NEOPLASMS 131	HOMICIDE 92	LIVER DISEASE 261	UNINTENTIONAL INJURY 369	ALZHEIMER'S DISEASE 2,841	UNINTENTIONAL INJURY 3,611
DIABETES MELLITUS 31	LIVER DISEASE 81	CEREBROVASCULAR 216	CEREBROVASCULAR 350	NEPHRITIS 2,123	ALZHEIMER'S DISEASE 2,876
HIV 28	CEREBROVASCULAR 72	DIABETES MELLITUS 192	LIVER DISEASE 299	INFLUENZA AND PNEUMONIA 1,818	NEPHRITIS 2,507
LIVER DISEASE 26	DIABETES MELLITUS 70	CHRONIC LOW RESPIRATORY DISEASES 170	NEPHRITIS 224	DIABETES MELLITUS 1,710	DIABETES MELLITUS 2,429
INFLUENZA AND PNEUMONIA 20	HIV 69	NEPHRITIS 108	SEPTICEMIA 212	SEPTICEMIA 1,387	INFLUENZA AND PNEUMONIA 2,097
CEREBROVASCULAR 19	CHRONIC LOW RESPIRATORY DISEASES 41	SEPTICEMIA 97	SUICIDE 187	UNINTENTIONAL INJURY 1,216	SEPTICEMIA 1,759

Source: Illinois Department of Public Health, Illinois Vital Records System (IVRS)

STRATEGIC PLANNING PROCESS

In July, 2012, Director Hasbrouck convened a retreat that included the Illinois Department of Public Health's senior leadership team. The goal was to develop a five year strategic plan for IDPH, focusing on answering this overarching strategic question: *How do we (as a Department) maximize our effectiveness, influence, and value in promoting health equity, safety, and improved health outcomes for residents here in Illinois?*

All strategic planning, and ultimately the five priorities chosen, was anchored by three cross-cutting intentions, defined during the retreat:

1. To align the strategic plan with the State Health Improvement Plan (SHIP);
2. To align the legislative agenda with the strategic plan; and,
3. To create a culture of performance measurement with continuing quality improvement (cQI) to improve customer service.

The goal of the strategic planning process was to engage in organized reflection on the future of the Department by:

- Reviewing and revising the mission, vision and values of the Department;
- Developing and maintaining a strong communication network for the process with internal and external stakeholders;
- Examining the capacity of the Department to meet the revised mission, goals and objectives for the next five years;
- Developing and operationalizing a strategic plan that would support, extend and accomplish the mission, vision and values of IDPH; and,
- Identifying the next steps to develop, maintain, assess and incorporate the plan, identifying processes to monitor the achievement of the objectives, to review, reassess and recalibrate the goals, and objectives as necessary to guide the Department's progress.

SWOT ANALYSIS

To begin the process, the entire senior leadership team representing more than 200 years of collective experience at IDPH performed a strengths, weaknesses, opportunities and threats (SWOT) analysis for the Department as a whole. Following spirited discussion and an exhaustive list for each category, the leadership team reached consensus about global strengths, weakness, opportunities, and threats.

Strengths included strong leadership and talented staff throughout the agency, invaluable partnerships, a robust network of certified local health departments, and outreach to diverse communities across the state. Weaknesses identified were limited funding, outdated technology and IT infrastructure, barriers to data sharing, sub-optimal internal and external communication, and a dearth of professional development opportunities for staff. Health care reform–including an emphasis on prevention and wellness–, emerging technologies and data sharing opportunities, public health and primary health care integration, and use of real-time communication modalities, including social media were identified as ripe opportunities. Finally, threats to the department include funding, political shifts, staff fatigue, resulting in increased absenteeism, presenteeism, and low morale, infrastructure challenges, and workforce development. The table below summarizes the results of this exercise.

STRENGTHS

- Strong leadership
- Talented, dedicated, staff
- Strong relationships with existing partners
- Network of local health departments
- Diversity of communities reached

WEAKNESSES

- Limited financial resources
- Outdated technology & IT infrastructure
- Administrative & Legislative barriers
- Poor communication with staff, partners and the public
- Limited opportunities for professional development of staff

OPPORTUNITIES

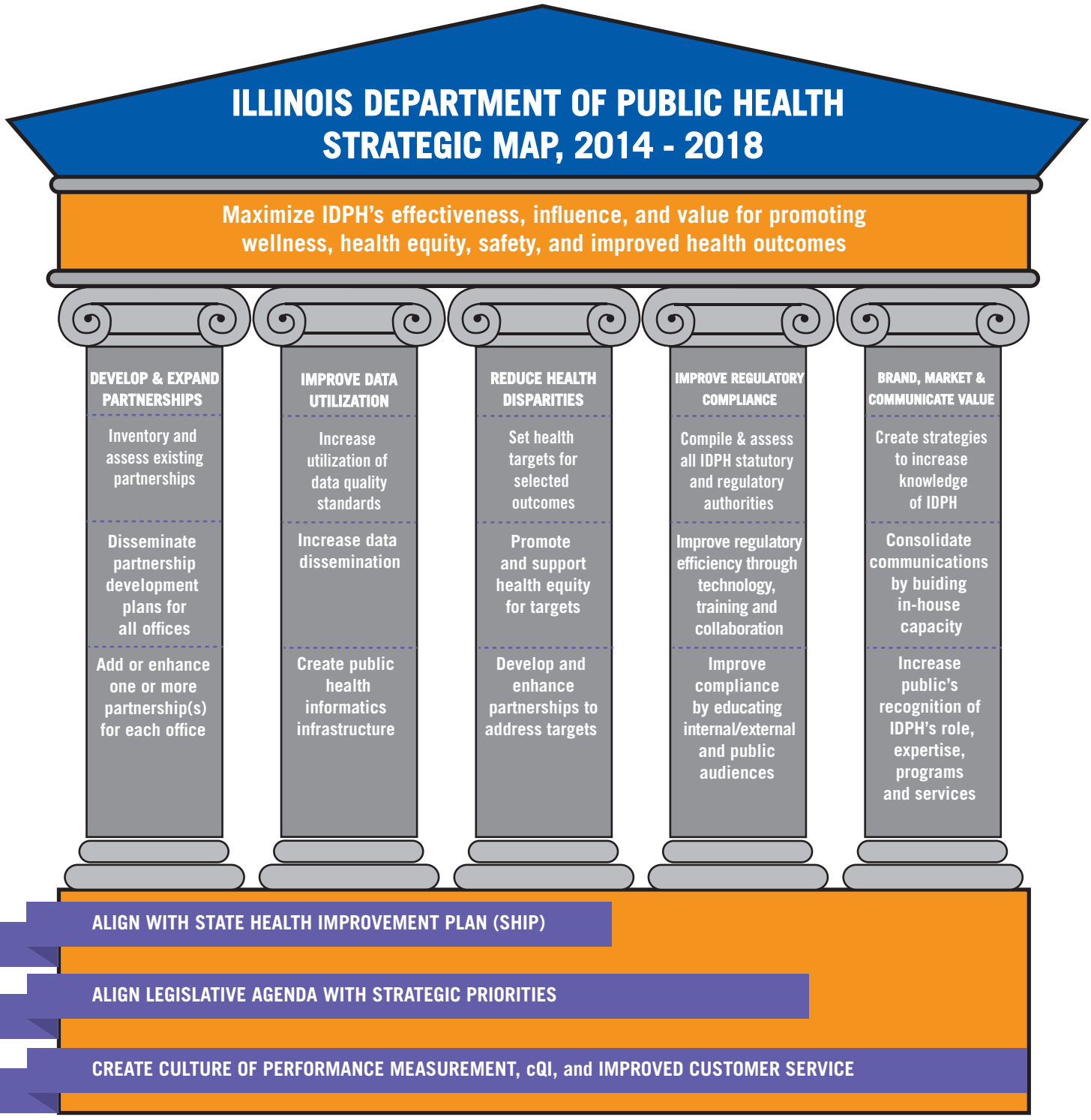
- Health care reform emphasis on prevention & wellness
- Emerging technology & data sharing strategies
- Increasing interest to integrate public health and primary care
- Diversity of population, staff and leadership
- New, real time communication modalities (e.g., social media)

THREATS

- Instability of funding
- Political opposition
- Staff fatigue (e.g., presenteeism)
- Infrastructure (e.g., aging laboratory)
- Public health workforce development (e.g., public health informatics)

STRATEGIC MAP

The result of the planning process led to the development of a specific, five-year plan focusing on time-bound, measurable objectives for five designated priority areas, and three cross-cutting principals. The priorities, goals and objectives are summarized in the strategic map below.



STRATEGIC PRIORITIES

Each senior staff self-selected into the working group that represented the specific priority that they wanted to address. Facilitated groups of 4-7 persons were then tasked with fleshing out the details related to the priority. A goal statement was developed for each stategic priority as well as SMART objectives for each goal. SMART is defined as: Specific, Measurable, Achievable, Related to the Goal, and Time Limited.

The following sections will discuss the priorities and goals listed below:

PARTNERSHIP DEVELOPMENT

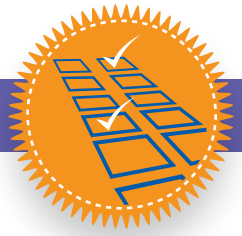
to expand and cultivate IDPH's strategic public and private partnerships to advance Illinois' public health agenda.

DATA QUALITY, UTILIZATION AND DISSEMINATION

to improve population health and healthcare by informing policies, programs and priorities through improved quality, availability, utilization and dissemination of data.

HEALTH DISPARITIES

to increase health equity and reduce disparities for the people of Illinois through targeted leadership and outreach via strategic partnerships.



REGULATORY COMPLIANCE

to increase the effectiveness and efficiency of IDPH's regulatory functions to ensure the health, safety and wellness of the public.

BRAND, MARKET, AND COMMUNICATE VALUE

to create and maintain a clear and consistent voice to advance the reputation of IDPH as the State's public health authority through proactive branding, marketing and communication of its programs and regulatory activities.

DEVELOP AND EXPAND PARTNERSHIPS

Goal: To expand and cultivate IDPH's strategic public and private partnerships to advance Illinois' public health agenda.

STRENGTHS

- Existing relationships with stakeholders
- Diverse group engagement and strong partner ships (state agencies, community based, faith based, private industry, associations, etc.)
- Department is perceived as a credible health resource by the general public
- Utilize manager of public health community outreach to implement and coordinate work
- Rich diversity of programs
- Wealthy source of diverse, statewide, health data

WEAKNESSES

- Partner communication is processed in "silos"
- Inconsistency in partnership development
- No clear policy on established partnerships
- No process in place to foster relationships
- Partner fatigue by using the same partners repeatedly
- Relationships with regulated entities complicated (e.g., IDPH may be both regulator and partner)
- Not fully utilizing relationships with Local Health Departments
- Minimal amount of cross-agency partnerships
- Inconsistent definition of partnerships (e.g., for some stakeholders funding defines partnership)

OPPORTUNITIES

- Expand private industry partnerships
- Department has Ethics Officer that can assist with developing policies and directives to provide guidance for partnership development
- There are many interested potential partners (e.g., local, state, federal)
- Several topical areas of interest to partners (e.g., obesity, chronic disease, physical activity, violence prevention)
- Budget limitations have enhanced our creativity in partnership building
- Personnel positions exists to coordinate work
- Partnerships can enhance influence and relationships with local health departments

THREATS

- Limited budget and resources
- Close partnerships can have undue influence
- Development of new partnerships may have unintended consequences for existing relationships
- Partnerships are often driven by outside factors (e.g., federal funding opportunities)
- Change in leadership of partners or governmental entities
- Some stakeholders do not perceive the Department as a credible and reliable resource
- With limited funding/resources, there are fewer financial incentives available
- State budget and delayed payments are potential barriers

Strategic public health partnerships are defined as voluntary collaborations of diverse community organizations, key stakeholders, and public and private partners who collaborate to address public health issues. These partnerships include coalitions, alliances, consortia, public entities, private organizations, as well as related forms of inter-organizational relationships created to improve health. The effectiveness of our future public health system depends largely on our ability to successfully collaborate with partners. For example, established governmental and community partnerships can collaborate on investigations of reportable disease outbreaks and environmental public health issues.

Currently, IDPH has a significant number of existing relationships with various organizations; however, there is no clear process in place by which to attract and build new partnerships or sustain existing relationships. Further, although many offices have the same or similar partners, information regarding these relationships isn't readily available.

During the next five years, IDPH will:

- Take an active role in strengthening its existing partnerships and developing new ones by creating partnership plans within each office,
- Evaluate areas where multiple connections exist, and
- Engage non-traditional partners

The **logic model** provided below offers a high-level view of the necessary objectives, strategies, short and long-term goals necessary to grow community, key stakeholder, and private partnerships.

SMART Objectives	STRATEGIES (selected)	INDICATORS OF SUCCESS
Inventory and assess existing partnerships	Build Inventory	PDP template developed
Create aligned partnership development plan (PDP)	Assess partnership data and identify partnership gaps	Analysis completed
Grow and enhance partnership(s)	Partnership development plan	PDP completed and approved

SHORT-TERM OUTCOMES (2014)	LONG-TERM OUTCOMES (2017)
All offices have completed PDP	Increase private partnerships by 50 – 100%
All offices engage # nontraditional partners	

Objective 1: Inventory and assess (using a standardized Partnership Development Plan - PDP) 100% of existing IDPH public and private partnerships to support a strategic approach to partnership development by June 30, 2014.

Strategies and Action Steps: An individual will be identified to serve as the project manager to facilitate the development and completion of the data system that will inventory existing partnerships. A partnership steering committee will then convene to identify elements needed to describe and assess partnerships, aligning those elements with the State Health Improvement Plan. This input will provide the necessary elements needed to create a Partnership Data Collection System (PDCS) that will serve to collect data regarding existing partnerships in the department, as well as serve as the tool for further development of partnerships within the Department. After the data is collected, reports will be compiled to will be utilized by the Partnership Steering Committee to develop a systematic approach to identify partnerships, gaps and opportunities, including opportunities to enhance the State Health Improvement Plan Implementation. The committee will develop a report that describes and quantifies the shared partnership relationships and gaps that exist across the Department. This report will provide a starting point for Offices when they develop their specific Partnership Development Plans.

Objective 2: Disseminate Partnership Development Plans (PDP) aligned with IDPH's strategic health priorities for 100% of IDPH's office by December 31, 2014.

Strategies and Action Steps: Partnership Development Steering Committee will work to develop a template for the PDP by reviewing examples of other plans, developing a focus group of IDPH staff and piloting the PDP. This thorough development process will provide feedback and information that will inform the training webinar that will be provided to Department Offices to ensure the effective completion of the PDP. Technical assistance is needed when staff is completing the PDP through email and phone calls. After the Offices have completed and submitted the PDP, the Partnership Development Steering Committee will review, align and identify opportunities for collaboration and leveraging.

Objective 3: Based on the PDP, add or enhance at least one strategic partnership for each IDPH office by June 30, 2015.

Strategies and Action Steps: Quarterly reports will provide progress and opportunities to share best practices to the Partnership Development Steering Committee (PDSC). The Committee will review progress and provide technical assistance and guidance for the effective implementation and alignment of each Office PDP. Each Office will implement the approved Partnership Development Plans.

IMPROVE DATA UTILIZATION AND DISSEMINATION

Goal: To improve population health and health care by informing policies, programs and priorities through better quality, availability, utilization and dissemination of data.

STRENGTHS

- Developing infrastructure to assist relevant IDPH programs with collecting public health data for meaningful use
- New resources for improving quality (e.g., training, partnerships)
- Nationally recognized standards i.e. (gold standard) cancer registry
- New data dissemination mechanisms, (e.g., Hospital Report Card, Data Map, Public Use files, web-based data query system/IQuery)
- New Chief Information Officer
- Beginning to liberate data (e.g., open use data)

WEAKNESSES

- Essential data gaps
- Timeliness and coordination in filling data requests/queries
- Outdated, cumbersome, agency website
- Lack of routine publications issued from agency (e.g., health data book, surveillance reports)
- Duplicative reporting
- Privacy and security control protocols
- Older data on mainframe needs to be converted
- Limited resources to manage data
- Standardization in disseminating data to partners (e.g., meta data, terminology)
- Ambiguous/outdated statutes are potential barriers
- Outdated data use/sharing agreements
- Identification and utilization of pertinent and timely health indicators
- Informatics infrastructure
- Low or unknown quality of data

OPPORTUNITIES

- Health Information Exchange (HIE) and meaningful use data availability
- Interoperability & Innovation initiatives (e.g., State Innovation Model, Illinois Framework for Health and Human Services)
- Expansion of data shared with local health departments and key stakeholders
- Collaboration between key stakeholders on community health needs assessments (CHNA)
- New models for data/surveillance systems with private dollars
- New electronic grants management system (eGRAMS)
- Can leverage Geographic Information System (GIS) expertise
- Cloud based environments

THREATS

- Lower quality HIE data (e.g., meaningful use for public health)
- Inability to keep up with changing technology and flexibility to integrate improved strategies in a timely manner
- Citizen concerns about privacy & security related to private health information (PHI)
- Inconsistent data release rules (e.g., informed consent requirements)
- Discrepancy between public expectation of data and data provided by IDPH
- Lack of public and legislature understanding about rules governing data collection, management and data use/sharing
- Unrealistic expectations by external data users (e.g., timeliness, elements, ability to answer questions)
- Dwindling federal and state funding to sustain data collection, dissemination and data quality improvement

Public health data are the backbone to disease control and prevention. Data are windows through which public health problems are viewed and progress measured. Data helps to identify emerging issues, informs the management of programs, assists in developing evaluations, making policies, and allocating resources. Because of this important role that data plays in public health, the quality, timeliness, completeness, and availability of the data are critical.

Currently, there are many useful public health data sets being generated and disseminated for program-specific needs. However, this data are contained and controlled by individual programs. Although program-specific standards are implemented, uniform department-wide standardization is lacking in terms of processes, collection, access, quality, dissemination, and data storage. Additionally, internal, (e.g.: other offices, sister agencies) and external (e.g.: universities, hospitals) data consumers may be unaware of the available data sources and how to access them.

In the next five years IDPH will work to develop a high quality, timely and complete data collection that will be maintained and disseminated utilizing emerging and affordable technologies in a data-centric environment. This will allow IDPH to be proactive in department-wide plans, establishing policy, and resource allocation.

The **logic model** provided below offers a high-level view of the necessary objectives, strategies, short and long term goals necessary to improve quality, availability and dissemination of data.

SMART Objectives	STRATEGIES (selected)	INDICATORS OF SUCCESS
Increase utilization of data quality standards	Create data survey	Data quality standards maintained and institutionalized
Increase data dissemination and utilization	Assess current status of data utilization & dissemination	Increased utilization of high quality state public health data sets to inform local, regional, state, and national public health decision-making
Improve the Department's ability to collect and use data	Develop strategies to address findings of needs assessment, (e.g., best practices, data quality standards at point of entry).	
	Establish IT plan workgroup	Public health informatics and infrastructure improved and maintained to industry standards
	Develop data warehouse plan, procedures and staff.	

SHORT-TERM OUTCOMES (2014)	LONG-TERM OUTCOMES (2017)
Analyze, review, and disseminate data survey	Institutionalized data quality standards
Data quality audit process established for internal and external partners	Data end-users able to access integrated data related to policy, programs and procedures
Implement and maintain data warehouse policies and procedures	Expanded public health informatics infrastructure in place, utilized appropriately and maintained to industry standards
Develop training program for public health informatics infrastructure	

Objective 1: Increase utilization of data quality standards for all programs by January 2015.

Strategies and Action Steps: IDPH will evaluate the current status of data systems within the Department while completing assessments of current data quality standards, best practices, and legislative requirements. The findings of the evaluation and assessments will then be used to identify and establish database-specific quality standards and ultimately used to create a database of data system information updated in real time. Institutionalized data quality standards will be distributed throughout the Department and comprehensive metadata will be available for each database.

Objective 2: Increase data dissemination and utilization by January 2016.

Strategies and Action Steps: IDPH will identify best practices for internal and external data dissemination as well as metadata. An internal review of IDPH policies, legislative mandates, and a survey of key stakeholders will be used to create a data dissemination tool which will be available for internal and external dissemination data. The dissemination plan will be implemented internally and externally, and policies and procedures will be established to address confidentiality, security, data quality, and geo-coding mapping.

Objective 3: Create a public health informatics infrastructure by January 2017 that will facilitate the transition to emerging technology needed to improve the Department's ability to collect and use data.

Strategies and Action Steps: IDPH will establish requirements for an informatics officer and informatics leadership. This information will be used to recruit and hire an informatics officer and to implement an informatics leadership infrastructure. IDPH will then evaluate existing informatics organizations and technologies. These evaluations will inform best practices and be used to define the informatics role in the development of agency-wide data quality, dissemination and utilization. IDPH staff will receive informatics training as the emerging technology is integrated into each office. Ultimately, these systems will be interoperable and used for collecting, sharing, disseminating, and exchanging health information.

REDUCE HEALTH DISPARITIES

Goal: To increase health equity and reduce health disparities for the people of Illinois through targeted leadership, outreach, increased funding, and strategic partnerships.

STRENGTHS

- IDPH staff has long standing relationships with grantees that serve groups defined by disparities (e.g., Racial/ethnic minoritites, poor, disabled, and rural communities)
- Overall increase in recognizing and addressing the social determinants of health by public health professionals at all levels of government
- Successful safety net programs exist (e.g., Breast Cervical Cancer program, AIDS Drug Assistance Program)
- Center for Minority Health Services can serve as a cross-agency focal point to address racial/ethnic disparities
- Center of Rural Health can serve as a cross-agency focal point for rural health disparities
- Office of Women's Health and Office of Men's Health can serve as a cross-agency focal point to address gender disparities
- Leadership from IDPH Director
- State Health Improvement Plan (SHIP) has been identified by stakeholders as a cross-cutting priority plan that can be used as a roadmap to guide programs
- Successful utilization of social media to reach at-risk populations

WEAKNESSES

- Disparities not a priority within all Offices/Divisions because of the perception that it's solely the Center for Minority Health Service's responsibility
- Lack of funding and programming opportunities for certain Divisions (e.g. Office of Men's Health)
- Small staff limits resources and manpower (e.g. Center for Minority Health Services)
- Lack of coordinated agenda, plan, and tracking across agencies to help determine progress/trends on disparities
- Disadvantaged groups/communities often lack professional expertise to successfully compete for grants. Lack of institutional capacity building opportunities exists for these groups
- Identified funding sources are typically for one purpose and are not transferrable. Greater flexibility would enhance program outcomes
- Few comprehensive data reports published by agency documenting disparities across the state
- Many grant program deliverables do not require impact on health disparities

OPPORTUNITIES

- Ability to collaborate with strong organizations to build support, fiscal sponsorship, and leverage in-kind contributions
- Collaborations, partnerships, outreach opportunities that will allow funding of new, non-traditional, organizations
- Ability to provide capacity building for historically disenfranchised communities (e.g. grant writing classes)
- Community Transformation Grant can be leveraged to address and identify disparities (e.g. focus rural communities)
- Implement Center for Disease Control's vision on health equity in Illinois
- Improve capacity to build on opportunities with internal and external partners
- Develop reports to describe health disparities (e.g. Community Profiles) for better understanding by the different agencies and decision makers

THREATS

- Lack of available funding to implement cross department program
- Changing demographics may require new knowledge base/approaches
- Chicagoland focus can minimize efforts to address disparities that are primary concerns of central and southern parts of state
- Ability to repond to large funding opportunities
- Lack of staff and resources to develop and monitor comprehensive agenda
- Complacency with status quo (e.g. little incentive to innovate)
- Commitment to prioritize and include disparities within various Program Offices

Disparities in health refer to the difference between two or more population groups in health outcomes and in the prevalence, incidence, or burden of disease, disability, injury, or death. For example, racial and ethnic minorities experience poorer outcomes than the general population for almost every health and social condition. By making the reduction of health disparities a strategic priority and focusing on specific, data-identified conditions, the Department will maximize its effectiveness in addressing health equity and improve health outcomes.

While the Department currently has a Center for Minority Health Services within the Office of the Director, and a Center for Rural Health within the Office of Policy, Planning and Statistics, that works to reach disparate populations and address issues of health equity, there is no coordinated, Department-wide effort. Segmented efforts, lack of organized data, funding, programming, and staff have stifled the Department's efforts surrounding this strategic priority. Nevertheless, the Department has a range of staff who have strong relationships with disparate communities and who understand the target areas of need. Their expertise aligned with existing successful programs and efforts will help create a framework for future growth in this area.

In the next five years IDPH will make changes to the internal and external environment to create a diverse, disparities-sensitive workforce and collect data to be used Department-wide.

The **logic model** provided below offers a high-level view of the necessary objectives, strategies, short and long term goals necessary to reduce disparities for priority health outcomes.

SMART Objectives	STRATEGIES (selected)	INDICATORS OF SUCCESS
Define target disparities and establish specific targets for reduction based on quantifiable data	Assess and establish database for targeted communities	Data quality standards maintained and institutionalized
	Develop baseline data for the targeted health disparities	Complete local, state and national data gathered to support initiatives
Embed the promotion of health equity and the reduction of target disparities in all offices	Develop ongoing benchmarks for priority health disparities	All IDPH staff trained regarding health disparity data, benchmarks, programs and partnerships
Develop and enhance partnerships to address target disparities	Provide training for staff, partners and the public regarding health disparities	All IDPH offices create specific programs to address designated health disparities
	Establish legislative agenda and partnerships to support health disparity reduction targets	Health disparity reduction targets met and sustained over time
	Develop traditional and nontraditional funding streams to support health disparity reduction programs and processes	

SHORT-TERM OUTCOMES (2013)	LONG-TERM OUTCOMES (2017)
Increased knowledge and understanding of health disparity data among staff, strategic partners and the public	Health disparity initiatives met measurable, timeframed reduction benchmarks
Wide spread buy-in to health disparity reduction initiatives	Initial projects are institutionalized in the culture of public health for Illinois
Process and outcomes defined to measure the success of initiatives over time	Long term health equity standards set for targeted disparity projects
	Health disparity initiatives refocused toward newly defined targets

Objective 1: Establish and define specific targets for reduction in disparities; and be able to monitor progress in reducing disparities based on quantifiable data by October 2014.

Strategies and Action Steps: The Department will assess, catalogue and establish linkages to minority health data within the Department and from state and national data sources. A cross-department workgroup consisting of representatives from each office identified by the Offices' Deputy Directors will work to establish criteria for determining which health disparities will be chosen for consideration. Additional sources such as surveys and the Illinois Query (IQuery) system will be used when applicable. Ultimately, a comprehensive list of state minority health data sources will exist as a clearinghouse that contains statewide minority health data and contact information. The Department will then develop a baseline to begin tracking the progress and improvement of disparities data collection. The crossdepartment workgroup will utilize collected data to establish a clear baseline from which all disparities data will be measured. Additionally, this workgroup will create a report stating the three priority areas, establish specific targets for reduction and share the report with the entirety of the Department. Finally, the Department will develop a data system that quantifies tracks and reports progress on the three priority health outcomes and a central depository of data needs for the purposes of monitoring and tracking.

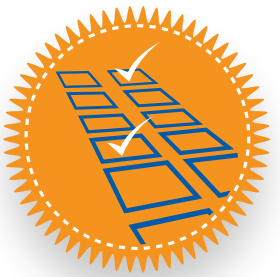
Objective 2: Embed the promotion of health equity and the reduction of the designated disparities among all IDPH Offices by July 2015.

Strategies and Action Steps: The interdepartmental workgroup will establish Department-wide and office specific standards for culturally and linguistically appropriate program development. To establish 29 these standards, the workgroup will assess the current IDPH programs to determine which programs have impact on the reduction of the designated health disparities and to determine the current level of cultural and linguistic competency. The standards will be a specific operational/ implementation plan to reduce the targeted disparities including use of best practices, media campaigns, legislative advocacy, and capacity building. Department-wide staff trainings, including annual trainings, will be mandated for all staff to ensure staff is aware of new standards and culturally competent. The ensure implementation and integration of health equity standards throughout IDPH, the Center for Minority Health Services will be expanded to include evaluation of infrastructure. Additionally, requests for funding will be examined to ensure compliance with the new standards. All standards will be implemented for Department hotlines, websites, messaging, and evaluated for effectiveness. Finally, a legislative agenda that supports the reduction of disparities will be created and presented to the Governor's Office for consideration.

Objective 3: Develop and enhance partnerships to address designated disparities by July 2016.

Strategies and Action Steps: All relevant IDPH offices/programs seek an increase in funding and effort to implement the identified evidence-based interventions designed to reduce disparities. In order to achieve this, the Department will create and distribute an education tool that provides information about the priority health disparities, techniques to address each target area, and ways to utilize the information to address funding opportunities. The education tool will incorporate identified best practices, media campaigns, legislative advocacy, evidence-based interventions and capacity building. Externally, the Department will identify community organizations that work with priority health disparities. Then, the Department will schedule and conduct a listening tour to community organizations. Utilizing surveys the Department will generate a report, create a fact sheet, and disseminate the information to community partners on how to use evidence-based community interventions and public education to improve social determinants. These findings will also be used to develop and provide capacity building training to identify organizations. Finally, the Department will produce a proposal for the increase of funding opportunities from public and private sources that support interventions that address health disparities. Additionally, the legislative agenda, public and private funding sources, and other factors that may interfere with funding streams will be examined as a component of this strategy.

IMPROVE REGULATORY COMPLIANCE



Goal: To increase effectiveness and efficiency of the Department's regulatory functions to ensure health, safety and wellness of the public.

STRENGTHS

- Department regulatory staff are knowledgeable, competent, and dedicated
- Department has a succesful history of minimizing/ preventing adverse public health outcomes in the State
- Compliant facilities that are regulated by IDPH, tend to contribute better to the economy
- Department has strong federal partnerships for many programs (e.g., Centers for Medicare & Medicaid)
- Department has legal authority/statutory mandates to issue sanctions, where needed
- Department has strong support from leadership for regulatory functions
- Department has an established administrative hearing process within the agency

WEAKNESSES

- There is a lack of intermediate sanctions
- Limited staffing to effectively monitor and hold accountable regulated entities
- Underfunded regulatory mandates
- Limited internal communication between programs for sharing ideas/resources
- Failure to promote regulatory compliance and/ or non-compliance
- Regulatory processes, procedures, and rules require updating
- Inconsistency in the enforcement of fines/violations across Department programs
- Staff members are resistant to change with turnover in Department leadership positions

OPPORTUNITIES

- The Department can benefit from improved cooperation with external associations
- The Department could seek technical assistance for front-line staff, including professional development
- Where appropriate, the Department could benefit from supporting good communication and capacity building with regulated entities
- Utilize and promote regulatory actions and infrac-tions, to improve public perception of IDPH oversight
- The Department should update all rule making activities
- The Department can learn from best practices in other states
- Use innovations/technology to expedite and monitor programmatic activities

THREATS

- Change management risks: Departmental staff being resistant to evaluating, modifying, or adopting new technologies or processes
- Industry and political influence is powerful
- The Department is occasionally beholden to mandates with limited authority for rulemaking
- The Department acknowledges there are diminishing resources/capabilities in local health departments across the State
- Despite being well-overdue and justified, there remains general opposition to increasing any user fees, where needed
- Monetary costs for non-compliance (e.g., fines) often less expensive than being in compliance
- Department funding availability is expected to be reduced going forward (e.g., GRF, federal)

In order to improve the public health environment for the state, the Department must first understand the current statutory and regulatory environment. While improving the Department's understanding of its authority, IDPH will be aligned to increase regulatory compliance and operational efficiency. These, in turn, will ensure the health, safety, and wellness of the residents of Illinois.

Currently, the Department has the legal authority to issue sanctions and access a number of programs. It also has an administrative hearing process and knowledgeable staff who have helped to efficiently regulate the many areas under the Department's jurisdiction. Still, there are barriers such as unfunded mandates, limited staffing, lack of communication between programs, and a lack of communication regarding regulatory compliance that have stifled the Department's successes in this strategic area.

In the next five years, IDPH will increase its ability to protect the citizens of Illinois by increasing regulatory compliance and the Department's visibility on all regulatory compliance and education issues. Overall, the effectiveness of the Department will be improved and the public will have a better understanding of the Department's regulatory role, purpose, and significance.

The **logic model** provided below offers a high-level view of the necessary objectives, strategies, short and long term goals necessary to improve regulatory compliance.

SMART Objectives	STRATEGIES (selected)	INDICATORS OF SUCCESS
Identify, compile and assess IDPH statutory and regulatory enforcement authorities	Identify and assess regulatory policies, and procedures	Increased knowledge of regulatory authorities processes and procedures, by staff, partners, regulated entities, and the public
Enhance compliance by increasing awareness and education	Create legislative strategy to change statutory requirements for enhanced enforcement	All IDPH staff trained regarding health disparity data, benchmarks, programs and partnerships
Increase operational efficiency of the regulatory programs through technology, training, consolidation, and collaboration	Increase coordination, communication and training for regulated entities	IT infrastructure developed and utilized to increase efficiency and effectiveness of regulatory processes
	Develop public education program to increase support for compliance	Reduction in regulatory violations

SHORT-TERM OUTCOMES (2014)	LONG-TERM OUTCOMES (2017)
Completed inventory and assessment of statutory and regulatory authorities	Increased ability to protect public health and safety by enhancing regulatory environment
Publish roadmap for regulation	Increased knowledge of regulatory process among staff, stakeholders, partners, and public
Heightened state-wide knowledge of public health regulatory process across through formal, informal and online education, activities and enforcement	Long term health equity standards set for targeted disparity projects
	Decline in regulatory violations across all IDPH programs and facilities

Objective 1: Identify, compile, and assess IDPH statutory and regulatory enforcement authorities by July 31, 2014.

Strategies and Action Steps: IDPH will identify the current regulatory enforcement responsibilities of the Department. This will help to develop a base line for the current state responsibilities and assess the strengths and weaknesses of the current regulatory authority. Then, the Department will develop partnerships with stakeholders to assist in an assessment of current regulatory authority. The stakeholders will include both interested parties of the regulated industry (i.e. general public) as well as industry representatives. These partnerships will help the Department understand the effect of statutory authority, as well as identify any areas where enhanced regulatory authority can improve the health and welfare of the State's citizens. Finally, a legislative action plan will be developed to implement changes to current law and identify areas where new legislation is required to achieve regulatory goals. The Department's Governmental Affairs unit and the Director's Office as a whole will be involved in developing and implementing the action plan.

Objective 2: Increase operational efficiency of regulatory programs through improvements to inspection, technology, training, prosecution and collaborative activities with regulated entities by June 30, 2016.

Strategies and Action Steps: IDPH will organize meetings/seminars, correspondence, press releases, newsletters and the publication of regulatory information on the Department's website. Through this interaction these entities will become more aware of the regulatory requirements and enforcement measures for which the Department is responsible. The strategies to be utilized to effectuate the objective are intended to increase coordination and communication with interest/business groups, licensees and the general public.

Objective 3: Enhance regulatory compliance by increasing the awareness and education of IDPH licensees, applicants and the general public by June 30, 2018.

Strategies and Action Steps: Current regulatory operations including licensure, field inspections, data management, training and department communications with regulated entities will be analyzed and evaluated in order to identify areas of process deficiencies that can be improved. Strategies will focus on better utilization of technology, especially web-based applications to streamline all regulatory processes with particular emphasis on licensure and field inspections as well as develop more effective communication mechanisms with the regulated communities. These strategies will assist the Department to more efficiently and effectively conduct regulatory activities while providing tools to enable regulated entities more useful, instructive methods of licensure and compliance. End-to-end visibility of regulated activities and facilities through web-based applications will result in heightened public awareness of public health regulation and enforcement.

BRAND, MARKET, AND COMMUNICATE VALUE

Goal: To create and maintain a clear and consistent voice to advance the reputation of IDPH as the state's public health authority through proactive branding, marketing and communication of its expertise, services, programs and regulatory activities.

STRENGTHS

- Great stories to tell
- New Director, new vision
- Experienced team with years of institutional knowledge
- Public Health impacts everyone
- Many programs to promote
- Reputation as non-bias health authority
- Media relationships and contact through Public Information Officers
- Work is populated based (important to all)
- Multiple partnerships to leverage
- Numerous ways to reach the public (e.g., mobile vans, wellness on wheels, social media
- Rich sources of data to shape stories and media impressions

WEAKNESSES

- No specific Office of Communications
- No marketing Czar
- Public Information Officers assigned to agency but not in-house
- Graphic designers are not in-house
- Lack of comprehensive marketing plan
- No public brand
- Lack of funding for marketing & communication
- When agency does its job, nothing happens – difficult to promote this as a story
- Outdated website

OPPORTUNITIES

- Website redesign
- Partnering with new organizations on health events (e.g., pink fire truck for breast cancer awareness)
- Coordinating and collaborating efforts across all programs and budgets
- Public feedback for brand development
- Lessons from other health departments
- Appointing a media savvy media director to develop innovative outreach approaches (e.g., health segments on YouTube)
- Openess to grow
- Strategic plan priority with emphasis on communication and marketing
- Identify inexpensive ways to tell stories
- Leverage sucesses from Community Transformation Grant to highlight in the media
- Fun, internal, competition for most creative outreach (e.g., awards, score cards)

THREATS

- Political will
- Government administration change
- Opposition from legislators
- The idea that public health should remain out of the spotlight – no media means we're doing our job
- No state funding for marketing in a budgeting crisis (e.g., money should be spent on "real" programs)
- Seen as tooting our own horn with advertising
- Push back from partners – money should be used for programs, not marketing
- Highlighting areas leads to demand more from these areas, criticism
- Increased attention may lead to increased expectations resulting in staff fatigue (e.g., retirement, transfers)

Branding, marketing, and communication impacts all offices, divisions and sections of the Department. Having a clear, concise communications plan will help to establish effective marketing, branding and communications that can further the Department's strategic goals. Having a communications plan can also help manage the Department's reputation, increase awareness and understanding of the Department, generate support among key stakeholders and partners and identify communication opportunities that can advance its mission to promote and to protect the health of the people of Illinois. The success of that undertaking will help to ensure the Department's role in providing leadership for and implementation of core public health services, prevention and control of disease, disability and injury.

Currently, Department operations related to branding, marketing, and communication are disjointed and carried out by various staff that is organizationally in different state agencies and in different IDPH program offices. This structure is the result of a reorganization intended to consolidate state communication functions under the control of the Department of Central Management Services and the Governor's press office. Additionally no central office/division or individual within IDPH is responsible for providing leadership and ensuring the agency's communication efforts are effectively coordinated and applied. During the next five years, IDPH will work to implement a successful branding strategy to ensure that the Department is perceived to be the state's public health authority.

The **logic model** provided below offers a high-level view of the necessary objectives, strategies, short and long term goals necessary to improve agency branding, marketing, and communication.

SMART Objectives	STRATEGIES (selected)	INDICATORS OF SUCCESS
Recommend branding, marketing and communication strategies	Create a committee to develop a marketing plan	Marketing plan developed
Consolidate all IDPH communication	Create a division of public affairs to fulfill plan	Division of Public Affairs created
	Centralize branding, marketing and communication programs and processes within the Division of Public Affairs	Increased public knowledge of Department
	Assess community awareness of IDPH functions, programs and processes	

SHORT-TERM OUTCOMES (2014)	LONG-TERM OUTCOMES (2017)
Committee chosen and marketing plan completed	Branding, marketing and communication plans implemented and maintained
Division of Public Affairs positions created and duties determined	Division of Public Affairs fully staffed and operational
Survey completed before marketing	Follow-up survey(s) to assess public awareness

Objective 1: Develop and recommend branding activities to influence perceptions and increase knowledge of the Departments vision, mission values and strategic priorities by June 2014.

Strategies and Action Steps: IDPH will establish a Branding Committee by June 30, 2014 to develop a marketing and branding plan. This committee will consist of identified employees with relevant knowledge and experience who will evaluate resources (staff and money) and reach out to national public health organizations for marketing plan models. Within the first year, the Branding Committee will choose a logo and slogan and create a marketing plan to address weaknesses and needs identified in a community assessment.

Objective 2: By July 1, 2015 consolidate all IDPH communications internally and externally — with the news media, key stakeholders, vertically between senior management and employees and horizontally across all offices to optimize the Departments' message through increased awareness and understandings of programs and regulatory activities.

Strategies and Action Steps: IDPH will create a Division of Public Affairs. To create this new division, the Branding Committee will determine what duties this division will be responsible for, the number of people who will be a part of the division, the funding support, and existing positions within the Department that can be used or reallocated to the new division, secure Governor's Office approval, and select a Division Chief to manage the division. The division of Public will establish consistent guidelines to assist offices with communicating about their programs. Support will be offered via educational tools, trainings, and the creation/revision of communication approval forms and guidelines. Directives related to public information, graphics, website, marketing, and publications will also be revised. Finally, the Division of Public Affairs will identify and catalog key issues and messages and work with the other staff to determine communication needs and opportunities to promote the Department. These opportunities will be utilized to promote the Department's mission, vision, and strategic priorities.

Objective 3: Increase public recognition of IDPH and its programs and regulatory actions beginning in 2016.

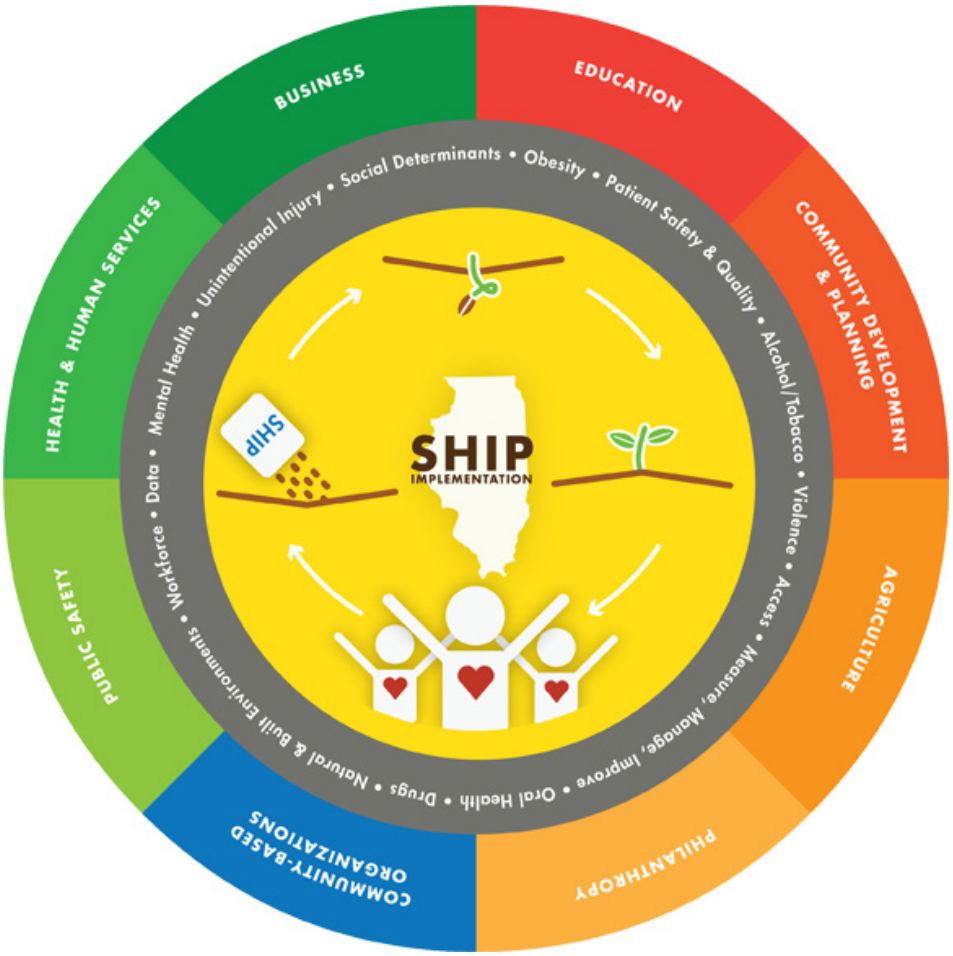
Strategies and Action Steps: IDPH will conduct a survey to assess community awareness, perceptions and knowledge of the Department’s programs and regulatory activities. Then the Division of Public Affairs will implement the marketing plan through work on marketing, media campaigns, internal talking points, social media, and outreach communication. Finally, the Division of Public Affairs will conduct a follow up survey to allow comparisons of public opinion before and after the implementation of the plan and analyze the results to make suggestions for future plan activities. This assessment of community awareness, perceptions and knowledge will be posted and shared throughout the Department.

LINKAGES WITH THE STATE HEALTH IMPROVEMENT PLAN (SHIP)

By law, Illinois is required to produce a State Health Improvement Plan (SHIP) every four years. The SHIP must include priorities and strategies for health status and public health system improvement in Illinois, with a focus on prevention. It also must address reducing racial, ethnic, geographic, age and socioeconomic health disparities. The plan is produced by a team of public, private sector and voluntary stakeholders appointed by the director of the Illinois Department of Public Health.

The SHIP focuses on both public health system priorities (e.g., improve access to health services; enhance data and health information, technology; social determinants of health and health disparities; system measurement; and, workforce development) as well as the following public health concerns:

- Alcohol/Tobacco
- Use of Illicit Drugs/Misuse of Legal Drugs
- Mental Health
- Natural and Built Environment
- Obesity: Nutrition and Physical Activity
- Oral Health
- Patient Safety and Quality
- Unintentional Injury
- Violence



In September of 2011, the Governor appointed and convened the State Health Improvement Plan Implementation Coordination Council (ICC) to develop this implementation plan that includes coordinating the efforts and engagement of public, private and voluntary sector public health system stakeholders to implement the SHIP. This Five Year Strategy is deliberately aligned with the SHIP and the work of the SHIP ICC.

Partnership Development

In support of SHIP, IDPH will measure, manage and improve the public health system by addressing partnership development:

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

SHIP Rationale: Partnerships will strengthen and develop traditional and non-traditional partners and provide increased capacity, scope, resources and perspective upon which to further develop the public health of Illinois.

SHIP Strategic Issue(s)

How can the Illinois public health system assure ongoing assessment, planning, accountability, quality improvement and performance management?

Intermediate Outcomes	Long Term Outcomes
• Convene, maintain and train ongoing multistake holder leadership to promote system alignment on SHIP initiatives and identify opportunities for coordinated action to implement SHIP • Promote policies, programs and initiatives and identify opportunities for coordination and integration as primary components • Improve, remove or ameliorate barriers to coordinated action to implement SHIP • Develop public and private resources to maintain and promote multi-stakeholder action that is aligned and coordinated with the public health system priorities embodied in SHIP	• A high performing public health system comprised of informed and engaged public, private and voluntary partners
• Resources are provided for leadership development for SHIP priorities • Biennial summits to report on progress toward SHIP objectives and through annual reports to the Governor and Legislature • Leadership produces an annual State Health profile that is searchable and web-based	• SHIP priorities are measured and improvement strategies implemented to ensure results
• Educate state and local policy makers on the importance of core public health services and infrastructure as the foundation for achieving a healthy population • Develop tax, fee and other policies designed to raise revenues that can be dedicated to health promotion, prevention and health system infrastructure advancement	• Adequate resources and action are provided to sustain and improve essential public health infrastructure and services

Enhance Data and Health Information Technology

In line with SHIP, the Department aims to collect and manage data using affordable and emerging technology. Data collection, as described in SHIP, is necessary for understanding health issues and threats and for crafting policies and programs to combat them. According to the SHIP, the public health system should:

- Use the data that are currently collected effectively
- Develop effective, reliable secure information systems for collecting, sharing, disseminating and exchanging health information

SHIP Rationale: Improving data collection and utilization will support SHIP and simultaneously support the Department's strategic plan as well as the serve as a platform to sustain and improve the public health of Illinois.

SHIP Strategic Issue(s)

How can the Illinois public health system assure its data are complete, accurate, timely, accesible and secure?

Intermediate Outcomes	Long Term Outcomes
• Build accessible systems (utilization and dissemi nation) with timely population data integrating data from relevant public and private sources, including data on populations affected by health disparities and the social and economic determinants of health • Provide training, technical assistance and capacity building for all user groups • Provide and maintain publicly available data resources for health outcomes and health information which promote informed consumer choice and improved performance at the system level	• Enhanced ability of communities, policy makers, public health workforce and communities to use data to guide policy, programs and quality improvement

SHIP Strategic Issue(s)

How can data utilization be improved to better inform state-wide and community level policy and program development?

Intermediate Outcomes	Long Term Outcomes
• Develop standards for data set development, requisite support, including support requires for analysis and dissemination • Develop expectations concerning timeliness, accuracy and accessibility • Leverage electronic health records (EHR) and Health Information Exhange (HIE) with all payer data to expand the capacity to understand population-level health status and identify public health needs • Support existing health data surveillance systems • Develop and implement new public health surveillance systems such as the Illinois Health Survey and the Child Health Examination Surveillance System to expand heath surveillance for children and youth	• Identify high priorities for public health surveillance (e.g., population groups, geographic areas, emerging health conditions) and build a plan to expand and strenghten data collection, data integrity and data accessibility for these high priority outcomes

Determinants of Health and Health Disparities

The SHIP will address health outcome disparities related to race, ethnicity, gender, geography, age, socio-economic status (education, income and community assets), sexual orientation and disability status which are pervasive in Illinois. These disparities and social conditions significantly contribute to health disparities specified by SHIP and by the IDPH Strategic Plan.

To align with SHIP and to fulfill our mission as the State's guardian of public health and safety, we will reduce disparities by addressing internal, external and legislative barriers affecting health equity and align with the stated SHIP goals:

- To improve the social determinants that underlie health disparities
- To work to reduce health disparities
- To increase individual and institutional capacity to reduce health disparities

SHIP Rationale: By creating a culture within the department which is even more sensitive to the culture and process of disparities, the Department will be better equipped to address social determinants that underlie health disparities. With quantifiable data, tools and invested stake-holders, IDPH will support the SHIP as the State aims to reduce health disparities collectively and effectively.

SHIP Strategic Issue(s)	
How can the Illinois public health system acknowledge and address the social determinants of health that perpetuate health disparities?	
Intermediate Outcomes	**Long Term Outcomes**
• The public health system, our partners and stakeholders incorporate startegies to reduce poverty, adverse childhood events. Unequal environmental exposure by increasing educational equity, independent living, housing improvements, eliminate racism, ethnocentrism and class distinctions. • Mitigate geographical distance and other health system factors, improve accessibility for less able persons and address other social determinants of health • Promote system initiatives across traditional and non-traditional sectors to reduce barriers to health and public health services due to the built environment, including transportation and other access issues facing rural and low income populations, and people with disabilities	• A public health system that integrates health improvement efforts with efforts that address the social determinants that affect health outcomes
• Increased cultural and linguistic effectiveness of the public health and its workforce • Reduce institutional, resource, system barriers and discrimination based on race, ethnicity, gender, geography, age, socio-economic status (education, income and community assets), sexual orientation and disability status that prevent equitable provision of health care and public health services	• A public health system that is actively engaged in improving the health of populations that experience disaparate health outcomes across the lifespan

The oversight and review of the Strategic Plan will be managed by a committee with twenty-five members, drawn from senior management, but including staff from all programs and aspects of IDPH. This group will further subdivide into priority area groups responsible for monitoring the overall status of the strategic plan as well as the progress toward objectives over time. The entire team will be trained in the principles of Six Sigma, a quality improvement and management tool adapted from industry but now widely used in health quality improvement programs.

The basic principles are:

- Define the services and outcomes of the health program
- Know the population and their critical needs
- Identify critical needs and tailor them to meet customers' critical needs well
- Establish a process of doing consistent work
- Error-proof the processes
- Measure and analyze performance, improving it as necessary

This team will ultimately be responsible for incorporating the culture of continuous Quality Improvement (cQI) into all programs, projects and functions of IDPH. Beginning with the incorporation of this strategic plan, the progress toward goals and objectives will be assessed quarter by quarter and adjusted as required. The team (and its subgroups) can be deployed to specific priority area groups to help solve problems and barriers revealed by the planning process so that forward momentum is maintained across all priorities.

In addition to the principles of Lean Six Sigma, other management improvement tools will be used to achieve the ongoing improvement process, embedded in this plan, including quarterly dashboard presentations for each priority group. A dashboard is a one page summary of progress, using a graphic, numeric interface that summarizes and encapsulates progress. External stakeholders and the public at-large will be able to monitor steps forward to accomplish the goals and objectives outlined by viewing progress reports posted on the IDPH website.

In sum, the purpose of this plan is to build the capacity of the Department to better meet the public health needs of all people and communities in Illinois. This is best accomplished by maximizing contributions to a robust public health system which begins with the commitment of each of the nearly 1,100 IDPH staff, and includes all public, private, and voluntary enitites that impact the delivery of essential public health services to the state.

GLOSSARY OF TERMS

BASUAH	Brothers and Sisters United Against HIV
BRFSS	Behavioral Risk Factor Surveillance System
CBO	Community Based Organizations
CDC	Centers for Disease Control and Prevention
CIO	Chief Information Officer
CMHS	Center for Minority Health Services
EHR	Electronic Health Record
EMR	Electronic Medical Record
GIS	Geographic Information System
GRF	General Revenue Fund
HEDIS	Health Plan Employer Data and Information Set
HIE	Health Insurance Exchange
ICARE	Illinois Comprehensive Automated Immunization Registry Exchange
IDPH	Illinois Department of Public Health
IHA	Illinois Hospital Association
I-NEDSS	Illinois National Electronic Disease Surveillance System
IPHA	Illinois Public Health Association
IPHI	Illinois Public Health Institute
IPLAN	Illinois Project for Local Assessment of Needs
IQuery	Illinois Query
LHD	Local Health Department
PDP	Partnership Development Plan
PHAB	Public Health Accreditation Board
PHN	Public Health Node
PIO	Public Information Officer
TA	Technical Assistance

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Illinois Department of PUBLIC HEALTH

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