

**State Health Improvement Plan (SHIP) Implementation Coordination Council**  
**Meeting Summary**  
**Tuesday, October 16, 2012**  
**12:00pm – 3:00pm**

*Illinois Public Act 96-1153 created the State Health Improvement Plan Implementation Coordination Council. This law requires that the Governor appoint an implementation council for the State Health Improvement Plan comprised of the directors of the Illinois Department of Public Health, Human Services, Healthcare and Family Services, Aging, Agriculture, Insurance, Transportation, Commerce and Economic, Environmental Protection Agency, and Violence Prevention Authority, and the Chair of the State Board of Health. The Council also includes local health departments and private sector public health stakeholders including non-profit public interest groups, health issue groups, faith community groups, health care providers, business and employers, academic institutions and community based organizations. The Council is charged to coordinate stakeholders to implement the SHIP, including providing a forum for a collaborative action, coordinating existing and new initiatives, developing detailed implementation steps with mechanisms for action, identifying public and private funding sources, promoting public awareness, advocating for implementation of the SHIP, and developing an annual report.*

**ICC Members Attending:**

Joseph Antolin, Illinois Latino Family Commission; Antonio Baxton, Illinois Department of Commerce and Economic Opportunity; Michele L. Bromberg, Illinois Department of Professional Regulation; Greg Chance, Administrator, Peoria City/County Public Health Department; Betsy Creamer, Illinois Department on Aging; Reshma Desai, Illinois Violence Prevention Authority; Elmo Dowd, Illinois Environmental Protection Agency; Michael Gelder, Senior Advisor on Health Policy, Office of Governor Quinn; Jessica Gerdes, Illinois State Board of Education; Cathy Grossi, Vice President of Quality/ Health Policy and Regulation, Illinois Hospital Association; LaMar Hasbrouck, Director, Illinois Department of Public Health; Robert Kieckhefer, Retired, Health Care Service Corp; Frank Kisner, Illinois Department of Insurance; Janine Lewis, Executive Director, Illinois Maternal and Child Health Coalition; Hong Liu, Executive Director, Midwest Asian Health Association; David McCurdy, Healthcare Ethicist, Advocate Health Care; Maureen McHugh, President, Northern Illinois Public Health Consortium; Sharon Post, Research Coordinator, SEIU; Jose Sanchez, President/Chief Executive Officer, Norwegian American Hospital; Clarita Santos, Director, Community Health Initiatives, Blue Cross Blue Shield of Illinois; Patricia Schou, Executive Director, Illinois Critical Access Hospital Network; Glendean Sisk, Department of Human Services; Janna Stansell, Policy Analyst, Health and Medicine Policy Research Group; Christina Welter, School of Public Health at University of Illinois at Chicago; Quan Williams, Illinois African American Family Commission.

**Illinois Department of Public Health Staff:** David Carvalho, Jason Villasenor, Leticia Reyes-Nash

**Non-members attending:** Linda B. Roberts, Illinois Department of Professional Regulation; Jason Rothstein, University of Illinois at Chicago

**SHIP ICC Process Staff Team:**

- UIC School of Public Health: Joy Getzenberg, Richard Sewell
- Illinois Public Health Institute: Elissa Bassler
- McAlpine Consulting for Growth: Laura McAlpine

**Welcome & Introductions:**

Meeting was called to order at 12:12 p.m.

Pat Schou (SHIP ICC Co-chair) welcomed everyone to the meeting. Schou highlighted the entire process of developing the SHIP up to this point. Schou discussed the meeting objectives before discussing the implementation framework and goals. She reminded ICC members that they have two tasks for the afternoon: to approve the SHIP implementation plan and to engage in the next steps toward meeting the goals outlined in the SHIP implementation plan.

David Carvalho (IDPH) also welcomed the group and outlined the agenda for the meeting. He reminded the group that the charge of the ICC extends until the delivery of the next SHIP plan in 2016. He asked for the continued engagement of the group and offered the opportunity to ICC members to sign up for specific roles throughout the implementation of SHIP.

**Minutes:**

Schou entertained a motion to approve the minutes from June 29, 2012 (motion – Kieckhefer, 2<sup>nd</sup> Antolin). The minutes were approved. She then entertained a motion to approve the minutes from the August 15, 2012 minutes (motion Stansell, 2<sup>nd</sup> Antolin), which were approved unanimously with a change in the stated organizational affiliation of Joseph Antolin.

**Public Comment:**

Schou asked for any public comment. No public comment was received.

**Review of Draft ICC Plan**

Schou introduced the review of the draft and asked if there were any initial issues or problems regarding the report. David McCurdy asked why the section on workforce capacity was folded into the goal of raising awareness and engaging partners. Schou explained that there was duplication in the report draft and by combining these two sections, staff was attempting to streamline the report. Bassler told McCurdy that she would be walking through the report with the group later and asked McCurdy if he could wait until that time to discuss that issue. McCurdy agreed. No one brought up any other issues or problems.

Schou reviewed the report executive summary, guiding principles, vision, and priorities.

Joseph Antolin mentioned that within the section on the summary of the 2010 SHIP, the language about the social determinants of health priority area seemed to have lost the focus on poverty by using the term “socio-economic status.” He stressed that an emphasis of the role of poverty is a priority area for Latinos and African Americans. Bassler noted that the area in question was directly taken from the approved and final SHIP document, and suggested that the ICC could integrate the language of poverty into the section on key messages on page 9, which address unequal outcomes. After further discussion, the group agreed to this approach.

Antolin also asked if a key message about workforce development could be added, because workforce investment is key to addressing racial and ethnic disparities in SHIP. Bassler suggested that a fourth key message about public health infrastructure could be added. After further discussion, the group agreed to this approach.

Dr. Hasbrouck guided the group through the next section of the ICC plan (Planning, Process, and Vision) and he outlined the following implementation timeline:

*Year 1*

- All ICC members sign on to SHIP

- Identify 14 priority area champions
- Choose measures for evaluations
- Receive endorsement from state agencies
- Alignment of funding priorities

#### *Year 2*

- Local health departments should mention SHIP in IPLAN
- Incentives for SHIP implantation in other state agencies

#### *Year 3*

- SHIP report card
- Evaluate progress by looking at how many partners have signed on and how many state agencies have aligned their activities with SHIP
- Release a publication of analysis on outcome measures

Hasbrouck emphasized that there are many moving parts in the plan, and the process will begin with buy-in from the Governor's Office and engagement with IDPH. He said that the group is seeking alignment from all of the ICC members' organizations, and called on ICC members to be ambassadors for the SHIP priority areas. He explained that the online tracking system will help to measure and evaluate progress on SHIP engagement and alignment throughout the state.

Hasbrouck explained that the last section explains how to get involved with the SHIP. He called on all ICC members to review their own assessments and workplans and think about how to align them with SHIP and enter them into the tracking system. He also encouraged members to promote their organization's SHIP alignment through social media.

Bassler then reviewed the amendments suggested for the key messages. Amendments were agreed upon as follows:

Key message 2, revised as follows:

*People have unequal health outcomes depending on where they live, their income, their race or ethnicity, and/or their education. It is critical to assure we tackle these disparities by addressing the social determinants of health, especially poverty.*

Key message 4 added (to be further "word-smithed" for report):

*The SHIP addresses and prioritizes not only crosscutting health issues, but also public health system improvements. Data availability, workforce development, access to care, measuring the system effectiveness and addressing social determinants are crucial to achieving the SHIP's goals for health improvement and reducing health disparities.*

*Action Plan Review:*

Bassler then introduced the review of the four action plans by reviewing revisions staff had made to the action plans in order to provide internal alignment and consistency in terms of timelines, terminology, and sequencing.

*Bassler reviewed the SHIP ICC Action Plan: Raise Awareness & Engage Partners. She explained that the strategy specifically addressing workforce development shared many similarities with Strategy 2 (Create structures, systems, and communications to support coordinated action on SHIP priority areas). For this reason, the duplicative aspects of the workforce strategy were dropped and a Strategy 3 (Provide training and technical assistance to*

SHIP stakeholders on best practices for SHIP alignment, integration, and skill building) that was the unique component of the Workforce priority was added to the Raise Awareness action plan. Janna Stansell suggested a revision to the “who will act” column of Strategy 3 to better reflect the intent of the workforce workgroup.

Leticia Reyes (IDPH) suggested that an acronym glossary be added into the report for clarity.

*Getzenberg reviewed the SHIP ICC Action Plan: Monitor Activities and Evaluate Outcomes*, and explained that the overall goal of this action plan is to increase overall effectiveness of SHIP implementation by monitoring and evaluating activities of the SHIP. Stansell asked who would be in charge of developing the online tracking system to monitor SHIP progress. Hasbrouck stated that IDPH would be taking leadership on the development of this tracking system. Stansell then asked that the measures of success include an example of other datasets or benchmarks from outside the traditional realm of health. The group concurred with this change.

*McAlpine reviewed the SHIP ICC Action Plan: State Coordination*. Group discussed the balance between state agencies integrating SHIP into existing initiatives and engaging in new and different activities. Language regarding “low-hanging fruit” was deleted. Group acknowledged connection between SHIP and state budget through inclusion of Budgeting for Results as an implementation component.

After clarifying meaning of “Sunshine on Health” database, the group concurred that this should be a component of the online tracking system referred to elsewhere, and language was changed to:

“Create Sunshine on Health webpage dashboard that illuminates SHIP initiatives across state agencies (DCFS, Department of Aging, etc...) in the online tracking system”.

Michael Jones suggested that the plan explicitly reference existing state planning processes as an area of alignment. The change will be made to include that example.

*Sewell reviewed the SHIP Action Plan: Policy and Advocacy*. Group discussed how the proposed action to develop a policy agenda aligned with the work of the State Board of Health (SBOH); a measure of success was added to include ratification of the agenda by the SBOH:

“Initial policy agenda established and it is ratified by the State Board of Health.” (page 27)

Cathy Grossi posed the question of how the ICC would move forward if there were not consensus regarding SHIP policy priorities among stakeholders. Dr. Hasbrouck said that some stakeholders will agree with the priorities outlined in SHIP and some will not be totally in agreement, but that hopefully they will embrace and promote the policy agenda. Dr. Hasbrouck expressed hope that agencies and organizations will embrace the components of the policy agenda that are in alignment with their respective organizational priorities.

#### **SHIP Implementation Plan Approval**

*Schou entertained a motion to approve the SHIP implementation plan report with the changes and revisions made during the discussion. The motion carried unanimously.*

#### **Next Steps:**

Dr. Hasbrouck presented an overview of the SHIP endorsement form. He asked all ICC to complete and submit the form. He then discussed plans for launching the plan.

- Hard launch involving a press event with the Department of Public Health and the
- Governor’s Office
- Series of 10-12 regional “soft launch” conferences across the state prior to this press event to prime and educate stakeholders that will let stakeholders know what SHIP entails and what tools are available.
  - Antolin stated that he liked the idea of these regional meetings, and stressed that they should include not only the public health community, but also stakeholders from all areas. He noted that this would be a good opportunity to hear other perspectives about barriers to SHIP implementation, and to test the SHIP messaging and toolkit.

Schou explained how to fill out the endorsement form. Several ICC members said that they could not fill out endorsement forms on behalf of the organizations they represented without first consulting them and getting institutional approval. It was agreed upon that a PowerPoint summary of the report and talking points would be helpful to facilitate the process of gaining organizational approval.

**Closing Remarks:**

- McAlpine asked the group for closing thoughts or comments.
- Schou addressed the group, encouraging them to stay engaged and committed to SHIP.
- Hasbrouck expressed his pleasure at meeting all of the ICC members and to be engaged with them on the SHIP planning process.
- Gelder told the group that he felt confident and optimistic moving forward on SHIP implementation. He noted that SHIP involves not just the state health department, but also many stakeholders coming together and working together. He thanked all the ICC leaders for providing structure and commitment to meeting proceedings. He said that the ICC meetings were time well spent, but noted that the real work of improving health outcomes and addressing disparities is still to come.

**Meeting adjourned at 3:03pm**