2009 STATE HEALTH IMPROVEMENT PLAN
FORCES OF CHANGE ASSESSMENT RESULTS

The SHIP Planning Team identified Forces of Change (<u>Trends</u> - patterns over time; <u>Factors</u> - discrete elements; <u>Events</u> - one-time occurrences) that fell into ten broad categories:

- Economy and the recession
- Health disparities and demographic shifts
- Health care/insurance reform
- Leadership crisis in public health
- Access to care
- Funding and system fragmentation
- Illinois political culture
- Chronic Disease
- Technology
- Education System
- Workforce
- Emergent/current issues

- **Economy and the recession** (noted in 5 out of 5 small groups)
  The economic crisis is weakening access to health insurance and increasing stress on the public health sector in a number of ways, most notably through rising unemployment and corresponding rising numbers of uninsured, as well as increases in health and mental health problems.
    o **Opportunities:** stimulus funding; less consumerism; opportunity to build a new economic model that links health and productivity; impetus to re-structure the health and health care system (including the safety net system); more affordable housing; support for a more "activist" government; impetus to share/integrate system resources.
    o **Challenges:** unemployment, homelessness, more uninsured, more demand on health and human services at the same time services are being reduced (particular focus on behavioral health, safety net); permanent change in economic structure/smaller middle class; more behavioral health issues; state, federal, local budget gaps.

- **Health Disparities and Demographic Shifts** (noted in 5 out of 5 small groups)
  Health disparities based on social determinants continue to be a significant problem (disparities noted include race, ethnicity, socioeconomic, geographic, gender). With the economic recession, class distinctions are stark; low-income people cannot afford care yet need it the most. There is currently a weak infrastructure to support the changing demographic using the health system. Social attitudes of individualism (e.g. "I've got mine, so don't take it"), limit community responsiveness to addressing health disparities.

- o **Opportunities:** increasing diversity promotes attention to disparities.
- o **Challenges:** cultural & language barriers, need to improve cultural competency of workforce; immigrants vis-à-vis healthcare coverage/reform; lack of data to inform interventions, data should drive funding; re-entering prisoners a particular challenge; low health literacy; aging population/increasing of chronic disease; social determinants drive disparities.

- **Health care/insurance reform** (noted in 4 out of 5 small groups)
  The current legislative process in Congress to reform the health system is a current event with future ramifications. The public discourse on health reform is exposing ignorance by the general public about how the health system works and operates.
  - o **Opportunities:** increased access to care/insurance; focus on prevention, primary care, cost savings, evidence based medicine; potential for reorganizing health care system, both care and compensation; coordinated networks/medical homes; reduced duplication; community mental health.
  - o **Challenges:** divisive/politically driven process; long timeline for implementation; system may be overwhelmed by new patients/waiting times increase; systems are disconnected; hard to serve a very diverse population/one size won't fit all; lack of understanding by the general public about the need for public health.

- **Illinois political culture** (noted in 4 out of 5 small groups)
  Because of the recent corruption in the Governor's Office, there is low public trust in political leadership. The Illinois political environment is dysfunctional, with too much partisanship on public health issues and a lack of evidence-based decision making. Legislation has both helped and hurt public health.
  - o **Opportunities:** President from Illinois; new governor has staff that understand public health; some recent public health successes (e.g. smoke free); pass laws to measure/manage obesity.
  - o **Challenges:** legacy of corruption and dysfunction by state government; partisanship; current government is seen as having a loss of power and status; can't wait for state/federal regulators to spearhead change in the local or private sector.

- **Leadership Crisis in Public Health** (noted in 3 out of 5 small groups)
  There is poor understanding of public health by the Illinois Governor and the General Assembly, and a lack of vision to provide needed, comprehensive funding for the public health system. With the changing landscape, there is no actual commitment to improving the public health system.
  - o **Opportunities:** void in leadership provides plenty of room for new leaders; opportunity to redefine, support and train leaders; development of a general; IDPH could lead policy-making.
  - o **Challenges:** Lack of vision on public health results in lack of workforce and lack of/fragmentation of funding; disconnect between legislative/election cycle and long-term public health needs; state board of health has only advisory role; IDPH needs

more legislative authority to make policy; government needs a more proactive culture; aging leadership – reluctant to "let go".

- **Access to care** (noted in 3 out of 5 small groups)
  Access to care is fragmented and deteriorating, particularly with the rise in uninsured residents. The public health system is fragmented and more coordination is needed.
  - o **Opportunities:** health insurance reform may increase access to insurance coverage; may promote primary care; increasing understanding by public of health care system resulting from the health care reform debate; potential to disseminate information via community infrastructure.
  - o **Challenges:** Illinois is a net loser of medical school grads; fragmentation and deterioration of health care and public health system; increasing uninsured; unequal services rural/urban; unequal access to diagnostic and specialty care, particularly for uninsured and minorities; explosion of retail clinics; lack of public/provider interest in providing prevention (focus on acute care).

- **Funding and system fragmentation** (noted in 3 out of 5 small groups)
  There exists fragmented government involvement in health systems and fragmented funding for public health initiatives.
  - o **Opportunities:** best practice models for coordinating public health, prevention and primary care; infuse public health into government health care agencies; increasing partnerships with non-traditional partnerships and promotion of multi-stakeholder alignment; emergency preparedness funding
  - o **Challenges:** disconnect between plans and funds/implementation activities; silos within system/government; across the board cuts threaten core services; lack of policy approaches, e.g. smoking ban; partnership sustainability; staff cuts; time-limited funding; silo-ed funding; chase monetary streams for programming that may not be need-based.

- **Chronic disease** (noted in 3 out of 5 small groups)
  There is an increase in chronic disease, which is exacerbated by the stress of job loss and the economic recession. The rise in obesity rates has also fueled the increase in chronic disease.
  - o **Opportunities:** reach out to corporations/leverage commercial interest to promote healthy behaviors/healthy eating (e.g. McDonalds, big box stores); development of food rating systems in grocery stores/restaurants; increasing interest in sugar-sweetened beverage tax; increased focus on healthy school lunches; new partners (e.g. impact on national security/armed forces).
  - o **Challenges:** marketing of unhealthy foods; fad diets; mis-information on healthy eating to public; school lunches controlled locally; decrease in school physical education/access to recreation for youth; healthy foods more expensive; food access/food deserts; lack of health literacy; family cultural practices regarding food and exercise; obesity stigma.

- **Technology** (noted in 3 out of 5 small groups)
  Health Information Technology initiatives are being promoted at the federal and state level. Social networking/IT is changing the ethics of interpersonal relationships between providers and consumers. This also may change the way health information is disseminated.
    - **Opportunities:** provide personal health records/link to health literacy (e.g. through cell phone technology; Health information exchange/electronic medical records improve quality, saves lives, provides data; deliver health education through internet; distance health care.
    - **Challenges:** new technologies are costly to implement; overuse of technological solutions, adds to cost of health care; unequal distribution of higher-tech tools impacts disparities; not a huge life expectancy gained through technology, prevention more effective; digital divide.

- **Education System** (noted in 3 out of 5 small groups)
  The education system hasn't adjusted to changing times. The educational achievement gap highlights the inequality and disparity among underserved and minority populations.
    - **Opportunities:** schools a resource for disseminating health information, promoting healthy behaviors, improving school lunches; create partnerships of education & health.
    - **Challenges:** don't provide comprehensive health education in all schools; failures of education system leading to more low-skilled workers/low-income people; economic trends stressing education system even more; education a predictor of health status (disparities).

- **Health Care Workforce** (noted in 2 out of 5 small groups)
  Health reform may bring significant change to the health care workforce, both through the increased numbers of workers needed to meet influx of formerly uninsured patients, as well as in response to changes in how health care is delivered (e.g. increased focus on community health delivery).
    - **Opportunities:** increasing number of jobs in health/health care field;
    - **Challenges:** cultural competency of the workforce; too few professionals trained and ready; transition to electronic health records/technology – training, cultural shift.

- **Emergent/Current Issues**
    - H1N1 (*opportunities:* funding, build systems, raise awareness of public health, *challenge:* diverts attention).
    - Iraq/Afghan war (*opportunities:* link VA system; *challenges:* returning vets with health problems, reintegration into workforce barriers; drain on resources).
    - Environment/Climate change (*opportunities:* healthy homes/green living, reducing pollution, new funding opportunities; increasing understanding of environmental health effects; *challenges:* impact of weather changes on agriculture/food supply and weather emergencies).

- Business/employers (*opportunities:* can influence employee health; provide incentives for healthy behaviors; *challenges:* demonstrating ROI of wellness; increasing costs of benefits; creating buy-in for partnering with public health; public health departments aren't setting wellness initiative examples).
- Violence (youth violence, effect of early exposure to violence on long-term physical health, e.g. ACES).
- Community connectedness
- Mental health/impact of stress
- Personal and community responsibility