



ILLINOIS STATE HEALTH IMPROVEMENT PLAN 2010

SHIP Vision

Optimal physical, mental and social well-being for all people in Illinois through a high-functioning public health system comprised of active public, private and voluntary partners.

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2010 STATE HEALTH IMPROVEMENT PLAN

Summary of Recommendations

Public Health System Priorities

1. Improve Access to Health Services

Poor access to public health services and medical care are major determinants of poor health outcomes and high health care costs. The public health system should:

- Ensure that health services meet the needs of racially and ethnically diverse groups.
- Optimize integration of prevention and primary care through reform of payment and delivery systems, such as the development of a pervasive network of patient-centered medical homes.
- Assure universal health care access and coverage.

2. Enhance Data and Health Information Technology

Highly functioning public data collection and management systems, electronic health records, and systems of health information exchange are necessary for understanding health problems and threats, and crafting policies and programs to combat them.

The public health system should:

- Effectively use the data that are currently collected.
- Develop effective, reliable, secure, and interoperable information systems for collecting, sharing, disseminating and exchanging of health information.

3. Address Social Determinants of Health and Health Disparities

Health outcome disparities related to race, ethnicity, gender, geography, age, socio-economic status (education, income, and community assets), sexual orientation, and disability status are pervasive in Illinois, and social conditions significantly contribute to these disparities.

The public health system should:

- Improve the social determinants that underlie health disparities.
- Work to reduce health disparities.
- Increase individual and institutional capacity to reduce health disparities.

4. Measure, Manage, Improve and Sustain the Public Health System

Performance measurement, continuous improvement, accountability, and sustainability of the public health system can help to ensure the Illinois population is served efficiently and effectively. Achieving the goals of Data and Health Information Technology are important to the success of this strategic issue.

The public health system should:

- Actively work to engage and align the work of public health system stakeholders.
- Promote coordination and integration of programs, policies, and initiatives.
- Convene public health system leadership to implement the SHIP and monitor results.

- Provide adequate resources to assure that the public health system can protect and promote the health of Illinois residents.

5. Assure a Sufficient Workforce and Human Resources

A well-trained, appropriately compensated, and diverse health and health care workforce of adequate size is necessary for optimal health.

The public health system should:

- Assess and plan for future workforce needs, including addressing already identified shortages of health care providers such as physicians and nurses.
- Provide training and education to the current and future professional, para-professional, and non-professional workforce.
- Implement strategies to assure workforce diversity, cultural/linguistic/health literacy effectiveness.

Priority Health Concerns

6. Alcohol/Tobacco

Tobacco use causes chronic diseases, including lung, oral, laryngeal, and esophageal cancers, and chronic obstructive pulmonary disease (COPD), as well as diseases in non-smokers through exposure to secondhand smoke. Similarly, excessive alcohol use, either in the form of heavy drinking or binge drinking can lead to increased risk of health problems, such as liver disease or unintentional injuries. Alcohol or tobacco initiation and use by youth are of particular concern given their addictive properties and long-term health effects.

Therefore, the public health system should work to:

- Decrease tobacco and excessive alcohol use by adults, and prevent alcohol use and tobacco initiation among youth.

7. Use of Illicit Drugs/Misuse of Legal Drugs

Use of illicit drugs cause harm to both the individuals through increased risk of injury, disease, and death and to communities through increasing injuries and decreasing community safety. Non-medical use of over-the-counter and prescription drugs is high, particularly among youth. Misuse of legal drugs can lead to injury, addiction, and death. Accidental misuse of legal/prescription drugs also poses a health threat, particularly among the elderly who may be using many prescriptions that interact and cause unintentional injury. Therefore, the public health system should work to:

- Decrease the use of illegal drugs among adults and adolescents.
- Decrease the unintentional and intentional misuse of legal drugs.

8. Mental Health

There is a clear connection between mental and physical health. Mental health is fundamentally important to overall health and well-being. Mental disorders affect nearly one in five Americans in any given year. Mental disorders are illnesses that, when left untreated, can be just as serious and disabling as physical diseases, such as cancer and heart disease.

Therefore, the public health system should work to:

- Prevent mental illness and intervene early with those at risk of mental health issues.
- Increase treatment of mental health issues in the most appropriate setting.

9. Natural and Built Environment

The natural and built environment impact health both through exposure to pollutants, diseases, and toxins and by limiting or enhancing healthy lifestyles, such as walking and exercise.

The public health system should act to:

- Reduce outdoor and indoor environmental exposure to pollutants and infectious diseases.
- Improve the built environment to reduce pollution and promote healthy lifestyles.

10. Obesity: Nutrition and Physical Activity

Obesity, sedentary lifestyle, and poor nutrition are risk factors for numerous chronic diseases and they exacerbate others, including heart disease, diabetes, hypertension, asthma, and arthritis. Obesity has reached an alarming rate in Illinois, with 62 percent of adults overweight; 21 percent of children are obese, the fourth worst rate in the nation.

The Illinois public health system must act quickly to reverse this epidemic through:

- Implementation of individual, family, environmental, and policy initiatives to increase physical activity.
- Implementation of individual, family, environmental, and policy initiatives to improve nutrition.

11. Oral Health

Good oral health is important to overall health. Poor oral health is a risk factor for chronic diseases such as heart disease and diabetes.

The public health system should ensure:

- Access to preventive oral health services.
- Screening and treatment for oral cancers and other oral health related conditions.

12. Patient Safety and Quality

Patient injury in the health care system is preventable. The public health system should:

- Engage the health care system in implementing processes that promote safety and reduce errors.

13. Unintentional Injury

The leading cause of death among children is injury. Unintentional injury is preventable. The public health system should:

- Promote personal safety devices and safe habits at work, in the home, and for automobiles, motorcycles, and bicycles. Identify mechanisms through which injury can be prevented.

14. Violence

Violence is a health concern as both a source of injury and mortality and, particularly for children exposed to violence, is a risk factor for chronic disease and substance abuse in adults. Lack of safety in

communities is a social determinant associated with an array of health issues. The public health system should work to prevent all forms of interpersonal violence through:

- An increase in protective factors for safe and peaceful families and communities.
- A reduction of risk factors and implementation early interventions.
- Collaborative implementation of evidence-based violence prevention strategies.

INTRODUCTION

State Health Improvement Plan Vision

Optimal physical, mental and social well-being for all people in Illinois through a high-functioning public health system comprised of active public, private and voluntary partners.

Background

Public Act 93-0975 requires the production of a State Health Improvement Plan (SHIP) every four years that is prevention-focused and includes priorities and strategies for health status and public health system improvement in Illinois. It also must address reducing health disparities.

Pursuant to this statute, the Illinois Department of Public Health convened a State Health Improvement Plan (SHIP) team, which met monthly between October 2009 and March 2010 to produce this draft plan. The team finalized the plan following public hearings and comment in April/May 2010.

Because the previous SHIP was fairly recent, the team was charged by the Director of the Illinois Department of Public Health to refine, focus and update the 2007 SHIP, and add emerging issues as necessary; this plan should be understood as building on, rather than replacing, the 2007 SHIP.

SHIP Planning Team

The SHIP Planning Team is comprised of leaders of organizations and agencies that mirror the diversity and breadth of the public health system, including those that are traditionally understood to be part of “health” and the non-traditional sectors that also are impacting the health of Illinoisans. Consistency between the 2007 and 2009 planning teams was achieved by retaining many of the members. New members were selected to enhance and broaden that group. Team members were appointed by the director of the Illinois Department of Public Health.

The Public Health System

Public health is the science and art of preventing disease, prolonging life, and promoting health through organized community efforts, and the public health system is the collection of public, private and voluntary entities as well as individuals and informal associations that contribute to the public’s health within a jurisdiction. The Illinois State Health Improvement Plan is designed to be a public health *system* plan; it is crafted and designed to be carried out by the broad array of stakeholders and sectors that have an interest in, and impact on, the health of the public. As a *system plan* targeting this audience of stakeholders, the purpose of the SHIP is in large measure to decrease system fragmentation and promote collaboration, coordination, and efficiency that is particularly necessary now, given the current economic and fiscal reality. The system stakeholders envisioned in this plan include: state and local government, community organizations, health care providers, employers, the faith community, advocacy and public interest groups, and schools and universities. To decrease fragmentation and optimize collaboration, it is imperative that barriers between public health entities and health care delivery and educational systems be eliminated. While not addressed in detail in this SHIP, the SHIP team also considered the emerging discussion of “one health,” reflecting the inextricable interconnectedness of human, animal and ecosystem health. As implementation of the SHIP goes forward, this concept should be further integrated into action steps. In addition, approaches that build on evidence of the multiple determinants of health should be encouraged.

Purpose and Implementation

The State Health Improvement Plan is designed to identify high-impact strategic issues and desired health and system outcomes that are of concern to and amenable to, action by this broadly defined public health system. Many planning processes exist in Illinois at the local and state level, but these are often geographically-, subject-, and/or sector-specific. In the process of developing the SHIP, the team reviewed existing state and local plans (such as local IPLANs) and other data and identified crosscutting issues, priorities and themes. The SHIP seeks to elevate these common issues to the *strategic* level – that is, issues, which if addressed collaboratively by system stakeholders, have the potential to make the most impact on improving health and improving the system’s capacity to act effectively on health issues. The SHIP is not intended to supplant other plans, but to provide a mechanism for the array of stakeholders in the system to come together around a set of strategic issues that transcend any one sector, community or health problem. The team encourages public health and health care system stakeholders to use the SHIP to inform their own strategic planning processes and align their planning and action across and among sectors. Local health departments are encouraged to use the SHIP to inform their local, community engaged planning processes (IPLANs). In addition to state-level strategic and coordinated action and local planning, communities should use the SHIP to promote coordination and reduce duplication of services and programs.

A recurring discussion and theme throughout the planning process was SHIP implementation. The team was determined that a process for next steps be in motion concurrent with the completion of the plan. A subcommittee met several times to review various mechanisms and precedents for ongoing plan implementation efforts, articulate the activities and purposes of an ongoing implementation leadership group, and think through the optimal structure for such a group. To that end, legislation was introduced and passed the Illinois General Assembly that creates an Implementation Coordination Council (HB5565), to be appointed by the Governor, to carry forward the SHIP. The Implementation Coordination Council will provide further definition of priorities and action steps engage stakeholders in collaborative approaches to achieving the SHIP objectives and promote the plan as a common agenda for health improvement across the public health system. The SHIP planning team also discussed the role of state and local governmental public health to act as leaders in promoting the SHIP to stakeholders as implementation moves forward.

Overarching Forces

The SHIP team undertook a multi-pronged assessment process that resulted in the affirmation of and revision and additions to the 2007 State Health Improvement Plan. One of these, the Forces of Change Assessment, identified several overarching or contextual forces that affected the decision-making about the plan content and affect the plan’s implementation:

- **Economy and the Recession** – There were many deficiencies before the recession that will now be exacerbated, particularly with respect to health status problems. All 2007 SHIP priority areas will be impacted by the state of the Illinois economy, and the 2010 action/implementation plan will need to address this. By promoting reduced fragmentation and promoting enhanced collaboration and integration, the SHIP can help Illinois be more efficient in addressing the health care and public health system challenges that face us.
- **Health Disparities and Changing Demographics:** Disparities in health outcomes for racial, ethnic and other minority groups drive deteriorating health trends and overall high rates of illness and death; similarly, changing demographics, including proportionately higher numbers of immigrants and elderly, are going to continue to impact health outcome trends. Therefore, in

order to improve health outcomes, special attention must be paid to these factors. Furthermore, poorer health outcomes for racial, ethnic and other special populations are social justice issues antithetical to America's values of equity and fairness. The 2009/10 SHIP team defined health disparities as disparities related to: race, ethnicity, gender, geography, age, socio-economic status (education, income, and community assets), sexual orientation and disability status.

- **Health Care/Insurance Reform** – The Patient Protection and Affordable Care Act was being debated during the 2010 SHIP planning process and signed into law on March 23, 2010, by President Obama. The 2010 SHIP priorities have been analyzed for their relationship to the act, as well as other federal and state health policies. The Illinois legislative process that will occur in response to the enacted federal health reform policy is an opportunity to implement relevant aspects of the 2010 SHIP.
- **Illinois Political Culture and Public Health Leadership** – The Governor and the Illinois General Assembly will have to address the rising costs of health care. The 2010 SHIP's prevention focus can help people be healthier, and relieve pressure for health care dollars. Therefore, the SHIP should be used to inform the political process and promote investment of public and private funds in prevention. Leadership for implementing the 2010 SHIP also will need to be specifically identified.
- **Funding and System Fragmentation** – The goal of creating a more organized and effective public health system from across many state and local agencies and among many sectors is impeded by outdated funding mechanisms that focus on narrow categorical issues rather than the integrated and coordinated approaches that the SHIP vision promotes. Fragmentation of funding exacerbates system fragmentation. The 2010 SHIP recommends comprehensive, integrated funding to replace fragmented, categorical funding.

Plan Structure

Consistent with the SHIP statutory requirements, this plan includes both public health system improvements and health status improvements. Public health system improvements focus on building and strengthening the public health infrastructure necessary for health improvement and protection, such as public health data collection and analysis, the coordination between local and state health departments, and building a capable workforce. Health status improvements focus on supporting and facilitating the development of programs and policies intended to directly address the health issues affecting Illinoisans, such as decreasing obesity and reducing the use of tobacco.

To develop the system and health status strategic priorities and outcomes, the SHIP team conducted and developed findings from four assessments. These were: 1) the Statewide Themes and Strengths Assessment, which reports on state assets, identified health priorities at the state and local levels, and the results and progress of the 2007 SHIP; 2) State Health Profile, which presents data on numerous health conditions and risk factors overall for the state, and on a number of demographic variables such as race and ethnicity, geography, and socio-economic status; 3) the Public Health System Assessment, which reports on the application and results of the National Public Health Performance Standards assessment that was conducted by system stakeholders in March 2009; and 4) the Force of Change Assessment, which reviews the contextual and environmental forces and trends affecting the public

health system and the public's health. The team synthesized the findings from these four assessments to select the plan's 13 strategic issues.

There are five **public health system** strategic issues in the SHIP Plan: 1) Improve Access to Health Services; 2) Enhance Data and Health Information Technology; 3) Address Health Disparities and Social Determinants of Health; 4) Measure, Manage, Improve, and Sustain the Public Health System; and 5) Assure a Sufficient Workforce and Human Resources. There are also nine **priority health concerns** addressed here: 1) Alcohol and Tobacco; 2) Use of Illegal Drugs/Misuse of Legal Drugs; 3) Mental Health; 4) Natural and Built Environment; 5) Obesity: Nutrition and Physical Activity; 6) Oral Health; 7) Unintentional Injury; 8) Violence; and 9) Patient Safety and Quality.

The team also identified five cross-cutting plan framing issues that must be used to guide action on and engagement in achieving the outcomes envisioned for each strategic issue:

- **Health Care Reform/Policy:** Changes in federal health policy and federal health care reform may be a mechanism to achieve the public health system goals in the 2010 SHIP.
- **Health Across the Lifespan:** Health should be considered across the lifespan, from pre-conception to old age, including a focus on maternal and child health and recognition of the impact on health and public health systems of the increasing older population. Action on the priority health conditions in SHIP should be designed to focus on affected groups by age.
- **Social Determinants of Health:** Health is driven by social determinants and achieving health improvement requires addressing the social circumstances that affect people's ability to be healthy.
- **Community Engagement and Education:** Health improvement efforts must recognize and support the role of the community in promoting and protecting public health through health communications, community education and health literacy, training, programs, and services.
- **Leadership/Collaboration/Integration:** Implementation of the SHIP requires leadership, collaboration and integration/coordination of systems, planning efforts, programs and sectors.

The current SHIP team recognizes there are many public health issues of concern to Illinoisans. The priorities above were selected based on the results of an assessment process that involved many stakeholder groups. With respect to the public health system priorities, the planning process gave many stakeholders the opportunity to weigh in on the strengths and weaknesses of the current system and to explore ways to optimize efforts in the coming years to build stronger partnerships and expand the capacity of the system to meet the complex health needs of Illinoisans. With respect to the health status priorities, the plan focuses on risk factors for disease and injury. The team believes that addressing and reducing risk factors is an upstream, promotion and prevention approach that can effectively reduce disease, disability, and preventable mortality. The team believes individuals and groups concerned with particular health issues or specific populations will find their concerns are addressed through this risk-factor based strategy combined with the framework focus on lifespan and multiple determinants of health such as social, economic and environmental determinants. The team recognized that, in particular, chronic disease is on the rise and is driving health care costs and reducing quality of life, and several of the selected priority health concerns are particularly aimed at reducing chronic disease.

IMPROVE ACCESS TO HEALTH SERVICES

Poor access to public health services and medical care are major determinants of poor health outcomes and high health care costs. The public health system should:

- Ensure that health services meet the needs of groups affected by health disparities.
- Optimize integration of prevention and primary care through reform of payment and delivery systems, such as the development of a pervasive network of patient-centered medical homes.
- Assure universal health care access and coverage.

<p>Strategic Issue How can the people of Illinois identify, gain access to, and effectively use quality affordable health care and public health services, including prevention programs, oral health, and vision care, and mental health, medical and long-term care?</p>
<p>Long-term Outcome 1. A health care and public health system that is linguistically and culturally effective</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Institutional and legal biases that are barriers to access are eliminated. • Individuals have needed information, motivation, and skills in prevention and self-management. • Individuals have needed information and skills to navigate the health care system.
<p>Long-term Outcome 2. A health care and public health system that emphasizes and integrates prevention, primary care, specialty care, and diagnostic services</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Financing systems and policies that support prevention in health care are in place (e.g., payer reimbursement of preventive services). • Expand and promote the development of medical home systems as the preferred delivery system structure. • Link local public health prevention and health promotion services to primary care for all residents in their primary care home (or medical home). • Link primary care with specialty and diagnostic services. • Explore and encourage emerging evidence-based models for health care delivery.
<p>Long-term Outcome 3. A health care and public health system that is universally available and affordable, particularly during difficult economic times</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Adequate funding for public health infrastructure to ensure effective prevention and health promotion programming is available to all residents. • Immigrants and refugees, including those without documentation, have access to the full range of care. • Transportation barriers are identified and overcome (including development of telemedicine options where appropriate). • The Illinois General Assembly will pass state legislation in line with federal health reform legislation to ensure universal coverage.

Health Care Reform/Policy

Health reform legislation provides a role for the federal and state government, as well as the public health system, to improve access to health services. Title I of the act, “Quality, and Affordable Health Care for all Americans” provides mechanisms for increased access through health insurance reforms and the establishment of health insurance exchanges, including coverage of dependent children until age 26. This section also provides an emphasis on linguistic and cultural competency. Title II “Role of Public Programs” will support increased access through expansion of Medicare and Medicaid. It also provides for an emphasis and integration of prevention, primary care, specialty care and diagnostic services through quality improvements. Title III “Improving the Quality and Efficiency of Health Care” supports integration through the establishment of patient-centered medical homes, which are also required to be culturally and linguistically competent. Title IV “Prevention of Chronic Disease and Improving Public Health” increases access to clinical preventive services and oral health care, supports prevention and public health innovation, and emphasizes cultural competency. Title V “Health Care Workforce” has a number of provisions to support increased access through addressing shortages and training of the workforce, while also emphasizing cultural competency and prevention. Increasing the supply of the health care workforce will occur through a combination of grants, student loans and training opportunities. Workforce expansion includes primary care physicians, physician assistants, mental health providers, nurses, dentists and community health workers are increased, along with the number of community health centers. Integration is specified for the co-location of primary and specialty care in community-based mental health settings. The legislation also notes a number of special populations, including a focus on low-income, the elderly, children, and maternal health. It also focuses on prevention, chronic disease, oral health, and mental health.

Health reform does not address all the SHIP Access objectives: undocumented immigrants and refugees are not covered by this act, and therefore, the SHIP objective to assure health care to immigrants including those without documentation will need to be achieved through state action. Enabling services have suffered from funding reductions (e.g. transportation), leading to under resourced components of the health care delivery system. There will be increased strain on these services with the expansion of access. Infrastructure issues are not fully addressed by the federal legislation and will need state action. Vision care is only noted in the essential health benefits requirements for the establishment of qualified health plans. It will be critical to monitor the impact of health reform in Illinois, both its intended and unintended aspects, to ensure that it achieves the goals of the SHIP.

Health Across the Lifespan

Access to care initiatives should ensure that the particular needs of various age groups are met, especially those of children, women of childbearing age, and the elderly; including ensuring availability of services in locations convenient to the population, e.g., schools, child care, long-term care facilities, and adult day care.

Social Determinants of Health

The health care and public health systems need to understand health is affected by social and economic conditions, including income, education, and race/ethnicity. Institutional racism has an impact on health outcomes. Health care and public health should be integrated with human services, education systems, environmental health, and economic development. Research has shown that disparities in health care and outcomes due to social and racial inequalities are drastically reduced in areas where there is a high supply/proportion of primary care physicians relative to the overall physician workforce in the area.

It is important to develop mechanisms and strategies to recruit health care workers and providers from communities affected by disparities in order to reduce access barriers that result from differences in race, ethnicity, and cultural expectations and understanding.

Community Engagement/Education

In order for access initiatives to be most effective, communities must be engaged in their development and implementation. Promotion of health literacy and capacity to navigate systems, particularly by vulnerable populations and age groups, will empower community residents to take charge of their health and promote healthier communities. Implementation of a statewide 211 referral system will enhance communities' ability to access the care they need when and where they need it.

Leadership/Collaboration/Integration

Integration and coordination of systems, Electronic Health Records (EHR) and services are key to the success of access initiatives. Restructuring of the health care delivery system to ensure everyone has a medical home will promote prevention and reduce racial and ethnic health disparities. The coordination of care between in-patient and out-patient services is critical to achieving desired health outcomes.

In order to ensure a range of prevention needs are met and/or addressed in the primary care setting, such as oral health care, vision care, and mental health care, it is important to promote coordination between primary care providers and other health providers.

ENHANCE DATA AND HEALTH INFORMATION TECHNOLOGY

Highly functioning public data collection and management systems, electronic health records and systems of health information exchange are necessary for understanding health problems and threats, and crafting policies and programs to combat them. The public health system should:

- Effectively use the data that are currently collected.
- Develop effective, reliable, secure, and interoperable information systems for collecting, sharing, disseminating, and exchanging of health information.

<p>Strategic Issue</p> <p>How can the Illinois public health system assure its data are complete, accurate, timely, and accessible, and data is utilized to inform statewide and community-level policy and program development?</p>
<p>Long-term Outcome</p> <p>1. Enhanced ability of communities, the public health and health care workforce, and policymakers to analyze and utilize data to guide policy decisions, health program development, and quality improvement</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Build an accessible data dissemination system with timely, standardized population data that integrates data from relevant public and private sources, including data on populations impacted by health disparities and the social and economic determinants of health. • Provide training, technical assistance, and capacity building for communities, public health, and health care workforce to understand and use data. • Provide and maintain publicly available data resources that report on health outcomes and information, promote informed consumer choice, and improve performance in health care and public health. • Develop, enhance, and support consumer access to and use of personal health information to promote self-management and healthy behaviors.
<p>Long-term Outcome</p> <p>2. Identify high priorities for public health surveillance (population groups, geographic areas, emerging health conditions) and build a plan to expand and strengthen data collection, data integrity, and data accessibility for these high priority areas.</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Develop standards for data set development, requisite support, including support required for analysis and dissemination, and expectations concerning timeliness, accuracy, and accessibility. • Leverage electronic health records (EHR) and the Health Information Exchange (HIE) to expand the capacity to understand population-level health status and identify public health needs. • Support existing and develop and implement new public health surveillance systems, such as the Illinois Health Survey and the Child Health Examination Surveillance System, to expand health surveillance for children and youth.

Health Care Reform/Policy

Health care reform offers numerous opportunities for increasing health data. The Health Information Technology for Economic and Clinical Health (HITECH) Act, part of the stimulus package (ARRA), promotes conversion to electronic health records and concurrent development of health information exchange that will enable opportunities to capture this data; the public health system should vigorously pursue collection and capture of EHR data to be interoperable with public health data systems.

The state should facilitate the adoption and meaningful use of EHR technology as defined in the HITECH Act to help all eligible providers qualify for incentive payments.

The health reform legislation emphasizes data collection and the use of health information technology throughout the act. In particular, Title I develops interoperable and secure standards and protocols that facilitate enrollment of individuals in federal and state health and human services programs. Title III amends the Public Health Service Act to establish a Center for Quality Improvement and Public Safety with linkage to HIT activities. Data on quality and resource use is addressed specifically in Title III, providing grants to support new or improved efforts to collect and aggregate measures from information systems used to support health care delivery and to implement the public reporting of performance information; that includes expanded public and community access to data that can be a foundation for the education of communities and stakeholders. Title IV ensures that any federally conducted or supported health care or public health program, activity, or survey collects and reports on race, ethnicity, sex, primary language, and disability status, in order to better address health disparities.

To enhance capacity to collect, integrate, analyze, and use data across systems, the state should develop a universal identifier in data systems, while protecting patient identity.

Health Across the Lifespan

Data on children's health and integration of that data with data regarding indicators of long-term developmental and health outcomes, such as educational attainment, is minimal. New surveillance systems must be developed on children's health status and childhood conditions that have an impact on adult health outcomes.

Social Determinants of Health

Health data collection systems must include collection of socio-economic indicators to ensure health disparities are adequately identified and described and social determinants are considered in the implementation of prevention efforts.

It is critical to promote improved collection of all factors of health disparities: race, ethnicity, gender, geography, age, socio-economic status (education, income, and community assets), sexual orientation, and disability status.

It is important to note "safety-net" providers may have difficulty purchasing and implementing health information technology systems that can improve quality and link to statewide health information exchange. This gap in capacity and resources may exacerbate health disparities because disadvantaged populations will not reap the quality improvement benefits of EHR and HIE, and documenting disparities also will remain a challenge to be addressed. In addition, other public health system partners, such as schools, that serve disadvantaged populations, also are challenged to obtain and use information technology to collect, to share and, to use data effectively.

It is important to create and/or utilize existing surveillance systems that track social concerns, such as food security and hunger surveillance systems, and link them to health data systems to better understand and address social determinants of health.

Community Engagement/Education

Data and information, and the ability to use them, are tools that can empower communities to identify and act on health issues affecting them. Community access to and capacity to understand data can be used to support interventions and advocacy for necessary resources. Health data dissemination efforts must be culturally and linguistically appropriate.

Communities also are sources of data and information, and community systems and resources should be leveraged to produce information that can increase the public health system's understanding of and capacity to act on community concerns.

Leadership/Collaboration/Integration

Effective leadership and resources should be provided to state agencies for data analysis and dissemination. This leadership may be supplied through partnerships with universities with an expertise in data analysis.

Many state agencies collect extensive health related data through program administration and health surveillance efforts that could support improved public health planning. Numerous barriers prevent sharing data across agencies. The barriers may be addressed by setting standards for inter-departmental data collection and data sharing in partnership with experts inside and outside of state government.

Illinois should move toward the development of a universal identifier for clients/patients, so that the public health system is better able to understand the health of individuals and groups across systems and agencies.

ADDRESS SOCIAL DETERMINANTS OF HEALTH AND HEALTH DISPARITIES

Health outcome disparities related to race, ethnicity, gender, geography, age, socio-economic status (education, income, and community assets), sexual orientation, and disability status are pervasive in Illinois, and social conditions significantly contribute to these disparities. The public health system should:

- Improve the social determinants that underlie health disparities.
- Work to reduce health disparities.
- Increase individual and institutional capacity to reduce health disparities.

<p>Strategic Issue How can the Illinois public health system acknowledge and address the social determinants of health that perpetuate health disparities?</p>
<p>Long-term Outcome 1. A public health system that integrates health improvement efforts with efforts that address the social determinants that affect health outcomes.</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Public health system partners incorporate strategies to reduce poverty, adverse childhood events and unequal environmental exposure, and increase educational equity, support independent living; improve housing; eliminate racism, ethnocentrism, and class distinctions; mitigate geographical distance and other health system factors; improve accessibility for less-abled persons; and address other social determinants of health. • Promote and utilize data that integrates health and social indicators to help identify and promote action on social determinants of health. • Promote system initiatives across traditional and non-traditional sectors to reduce barriers to health care and public health services due to the built environment, including transportation and other access issues facing rural and low-income populations.
<p>Long-term Outcome 2. A public health system that is actively engaged in improving the health of populations that experience disparate health outcomes across the lifespan.</p>
<p>Intermediate Outcomes:</p> <ul style="list-style-type: none"> • Increase the cultural and linguistic effectiveness of the public health and health care 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.

Health Care Reform/Policy

Health care reform offers opportunities to reduce disparities by expanding access, but access to medical care is only one component of overall health.

As noted in the Access priority area, health reform provides numerous opportunities to address health disparities, including the promotion of medical homes, cultural, and linguistic competency, and prevention. Title IV has three distinct sections emphasizing health disparities and the social determinants that underlie the disparities: creation of a Community Preventive Services Task Force; provision of grants for community preventive activities; and data collection to address health care disparities in Medicare, Medicaid, and CHIP. Title V identifies the importance of addressing health disparities through cultural competency, prevention, and public health training of the workforce. Grants to promote the community health workforce will allow for an increase in culturally competent community-based lay health workers and health promoters. The importance of addressing and eliminating health disparities also is noted in relationship to home visitation programs and health care quality.

Health Across the Lifespan

Age and age-related discrimination and prejudice can be a factor in the quality of health services and prevention efforts, particularly for the elderly and youth.

The United States ranks last among wealthy nations in maternal and child health outcomes (38 out of 38) and below some second world nations. Recent data suggest that Illinois is below average when compared to the United States as a whole. In order to improve overall health outcomes in Illinois, particular attention must be paid to maternal and child health issues.

In particular, while there have been measurable improvements in reducing infant mortality, driving these overall poor outcomes is the fact that black infants are twice as likely to die within the first year of life as white infants, even after controlling for socioeconomic factors. Research suggests that in addition to maternal, family, and community characteristics related to this disparity, individual and institutional racism and the ways in which it permeates the lives of black women is linked to and underlies the seeming intractability of this disparity. This knowledge should inform how interventions are developed and should drive the public health system to directly address racism as a social determinant of health.

It is also important to note that racism and other social determinants of health have a tremendous impact on health outcomes throughout the life course. Therefore it is imperative to address interventions from a Life Course Perspective (LCP) (Lu and Halfon 2002). LCP focuses on understanding how early life experiences can shape health across the entire lifetime and potentially across generations.

Health literacy and health information is age-related. It is important to assure people receive the health information they need, when they need it.

Education and social supports are key health determinants that are highly correlated with health outcomes, yet there are deep inequities in funding for these programs across the state. Fairer and more equitable school funding policies are needed.

Social Determinants of Health

Social determinants of health are the conditions in which people are born, grow, live, work, and age, including the health system that lead to inequities in health outcomes. The intermediate outcomes in the SHIP should be addressed using evidence about related social determinants. The interventions should be designed to eliminate or reduce the negative aspects of these social determinants as a strategic component of the set of solutions.

Community Engagement/Education

Communities must be engaged in promoting health literacy and capacity to navigate health systems as the flip side of the need for increased cultural and linguistic effectiveness in the health and public health system. Support for and development of community health worker initiatives (e.g., *promotores*) can help empower communities and community members to take charge of their health. Existing service delivery and service payment systems need to be reformed to encourage the role of community health workers.

The social capital and assets of communities, including informal systems of community support and health, should be leveraged and strengthened by the public health system to improve health.

Local initiatives to minimize negative social determinants should be supported and encouraged.

The public health system should draw on the extensive knowledge generated directly by communities to help define and address social determinants of health. Building community models that consider the individual in their context and environment are critical to addressing the social determinants of health.

Leadership/Collaboration/Integration

Community economic development, educational improvement initiatives, and other socio-economic initiatives in communities and populations experiencing disparate outcomes should be integrated with health improvement activities, and health improvement/public health efforts should link to social/economic improvement initiatives.

Government agencies and leaders should identify and implement multi- agency initiatives to develop comprehensive and cross-cutting solutions to reducing health disparities that stem from social determinants.

MEASURE, MANAGE, IMPROVE, AND SUSTAIN THE PUBLIC HEALTH SYSTEM

Performance measurement, continuous improvement, accountability, and sustainability of the public health system can help to ensure the Illinois population is served efficiently and effectively. Achieving the goals of Data and Health Information Technology are important to the success of this strategic issue. The public health system should:

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

<p>Strategic Issue How can the Illinois public health system assure ongoing assessment and planning, accountability, quality improvement and performance management?</p>
<p>Long-term Outcome 1. A high performing public health system comprised of informed and engaged public, private, and voluntary partners</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Convene, maintain, and train ongoing multi-stakeholder leadership to promote system alignment on SHIP initiatives and identify opportunities for coordinated action to implement SHIP. • Promote policies, programs, and initiatives that include coordination and integration as primary components; remove or ameliorate barriers to coordination and integration, e.g., unnecessary rules and program requirements. • Develop public and private resources to maintain and promote multi-stakeholder, aligned and coordinated action on public health system priorities, e.g., SHIP.
<p>Long-term Outcome 2. SHIP priorities are measured and improvement strategies implemented to ensure results.</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Resources are provided for SHIP implementation leadership. Implementation leadership will report on progress toward SHIP objectives at a biennial summit and through annual reports to the Governor and Legislature. • Resources are provided to SHIP implementation leadership to create and to act on revised action plans to improve progress toward SHIP objectives. • Resources are provided for Illinois Department of Public Health and SHIP implementation leadership to produce an annual State Health Profile that is in a searchable, Web-based format.
<p>Long-term Outcome 3. Adequate resources and action are provided to sustain and improve essential public health infrastructure and services.</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • 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 affect health behaviors and also raise revenues that can be dedicated to health promotion and prevention efforts and infrastructure to support

an improved public health system.
<ul style="list-style-type: none"> • Increase core funding for local public health departments and programs and fund local public health programs, infrastructure, and capacity to support priorities for disease prevention and health promotion.
<ul style="list-style-type: none"> • Utilize performance measurement and continuous quality improvement methodologies, tools, and resources to examine sector-specific and system activities, such as H1N1 response, for the ongoing benefit and strengthening of the public health system.
<ul style="list-style-type: none"> • Routinely conduct the National Public Health Performance Standards assessment at the state and local levels.
<ul style="list-style-type: none"> • Routinely conduct public health system planning for effective use of health programs and services.
<ul style="list-style-type: none"> • Conduct research on effective public health system strategies to inform and to support public health system action.

Health Care Reform/Policy

Implementation of health care reform should not only increase access to health care coverage, but also include measures to leverage and bolster traditional public health services at the community level. HR3590 amends the Public Health Service Act and references the public health system throughout. Title I and II will significantly increase access to health care, while also transforming the private and public payment programs. Title III will improve the quality and efficiency of health care delivery. Within Title III, there are multiple opportunities to support prevention and public health innovation, including research to optimize the delivery of public health services and grants for epidemiology laboratories. Accountable care organizations are also allowed to manage and coordinate care for Medicare recipients as a mechanism for shared savings as well as high quality and efficient services. Title IV creates mechanisms to prevent chronic disease and improve public health, including the establishment of the National Prevention, Health Promotion and Public Health Council, as well as the Prevention and Public Health Fund. Community Transformation grants will be given to organizations for the implementation, evaluation, and dissemination of evidence-based community preventive health activities to reduce chronic disease, to prevent the development of secondary conditions, to address health disparities, and to develop a stronger evidence-base of effective prevention programming. Title V provides support for the health care workforce with particular focus on public health workforce recruitment, retention, and training.

The current state budget crisis poses a potentially devastating threat to the health care and public health systems over the next few years. Underlying the crisis is a long-term structural budget deficit. The state of Illinois needs a modern, adequate revenue system.

Health Across the Lifespan

The priority health concerns in the SHIP should be monitored and reported on recognizing that health is a continuum that manifests differently at different stages of life.

Social Determinants of Health

Many sectors within the public health system have an impact on the social circumstances in which health occurs. These groups often don't understand they are part of the public health system (e.g., housing, economic development, transportation, etc.). Every effort should be made to educate these "non-traditional" public health partners on their role in the public's health and to engage them in implementing and promoting SHIP.

Community Engagement/Education

Communities and the individuals that comprise them must be recognized as full partners in the public health system, and engaged in a meaningful way in understanding their role in and implementing and monitoring SHIP priorities.

Leadership/Collaboration/Integration

Leadership and vision are needed to enable the development of collaborative, silo-busting, initiatives called for in the SHIP. Effectively integrating systems and promoting collaboration can improve the efficiency and effectiveness of the public health system. Alignment between local and state health priorities must be promoted. Employers, including health care employers, can be engaged in developing workplaces that promote and support the health of employees.

Identify and coordinate related prevention, health promotion, and health protection programs across state agencies at the state level, and through the administration of programs and projects at the local level.

Mechanisms are needed to promote and share evidence-based and innovative public health strategies and interventions, disease prevention, and health promotion efforts.

ASSURE A SUFFICIENT WORKFORCE AND HUMAN RESOURCES

A well-trained, appropriately compensated, and diverse health and health care workforce of adequate size is necessary for optimal health. The public health system should:

- Assess and plan for future workforce needs, including addressing already identified shortages of health care providers such as physicians and nurses.
- Provide training and education to the current and future professional, para-professional, non-professional workforce.
- Implement strategies to assure workforce diversity and cultural/linguistic/health literacy effectiveness.

<p>Strategic Issue</p> <p>How can the Illinois public health system assure it has an optimal, diverse and competent workforce supported by infrastructure to effectively protect and promote the health of the public?</p>
<p>Long-term Outcome</p> <p>1. A public health and health care workforce that is optimal in terms of preparation, distribution, and number.</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • A State Center for Health Workforce Analysis to develop and to promote a workforce planning and development system that includes other partners; regularly and periodically assesses and analyzes the preparation, distribution, numbers, and future needs for the public health and health care workers; and develops plans for addressing identified gaps and needs. • Development of education and training systems and career ladders that promote identified skill and capacity needs, professional development and certification, and reform of regulations and policies that lead to educational “silos.” • Recognition, integration, support, and training to maximize and enhance the skills and contributions of community health workers and family members and friends who are engaged in providing care. • Development of health and public health workforce “pipelines” in the K-12 and undergraduate education systems. • Development of health and health care faculty “pipelines” to improve capacity of training and education programs for health care and public health professionals.
<p>Long-term Outcome</p> <p>2. A workforce that reflects the diversity of the state and is culturally and linguistically effective.</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Increased number/proportion of racial and ethnic minorities pursuing public health and health care educational and career opportunities, including development of K-12 “pipeline” programs in minority communities. • Increase health professional training opportunities for underrepresented racial and ethnic groups, including opportunities for community health workers, physician assistants, and other community-based care providers. • Education, training programs, tools, and initiatives are available to increase the cultural and linguistic effectiveness of the current and future public health and health care workforce.

Health Care Reform/Policy

Expanded health coverage under federal health care reform will require a workforce adequate to and prepared to meet expanded need, especially for primary care services. Demands from health care reform will make workforce data and planning even more critical. Title V, Health Care Workforce, will improve access to and the delivery of health care services for all individuals, particularly low income, underserved, uninsured, minority, health disparity, and rural populations by: a) gathering and assessing comprehensive data for the health care workforce, including supply, demand, distribution, diversity and skills needed; b) increasing the supply of a qualified workforce; c) enhancing education and training; and d) providing support to the existing health care workforce. Funding is provided for the National Health Services Corps, as well as a Ready Reserve Corps, for service in time of national emergency. Funding to expand delivery systems and workforce training is included in Title V, with an emphasis on cultural competency. Increasing the supply of the health care workforce will occur through a combination of grants, student loans, and training opportunities. Workforce expansion includes primary care physicians, physician assistants, mental health providers, nurses, dentists, and community health workers are increased, along with the number of community health centers. New delivery systems, such as medical homes systems, more community-based care, and reduction in use of hospitals for ambulatory care, and management systems (such as EMRs) will require new and re-aligned skills and capacities in the health care and public health workforce. Implementation of federal health care reform in Illinois can be leveraged to promote cultural and linguistic effectiveness. Illinois must maintain its medical residency slots as health care reform provisions that impact graduate medical education are implemented.

Health Across the Lifespan

Deficits of providers who serve specific age groups must be attended to and assessed. Special attention should be given to developing a workforce capable of meeting end-of-life care needs and geriatric care. An adequate workforce for pediatric specialty care also must be developed.

State and federal policies and programs, including proposals in federal health care reform legislation, are promoting “rebalancing” of long-term care to encourage more home- and community-based services and less institutional care, build community capacity to provide integrated services, and maintain and expand the home care workforce.

Social Determinants of Health

The public health system workforce must develop knowledge of the powerful influence of social factors on health and the achievement of positive health outcomes. Health care administrators and leadership of other sectors impacting health must consider social determinants when crafting policies and programs that address health issues. Reducing and mitigating barriers to certification and licensing of foreign health care professionals can help to diversify the workforce and reduce language barriers.

It is important to integrate training and curricula to provide specific skills and education needed to serve people with disabilities for an array of health professionals, such as nurses and dentists.

Community Engagement/Education

Communities should be engaged in promoting public health and health care careers. The health system can be enhanced by engaging community members as community health workers to promote healthy behaviors and act as health care navigators. Health care professionals also should be deployed more effectively and strategically in communities rather than hospitals and traditional medical facilities.

Youth volunteer and youth employment strategies can be part of achieving community health improvement goals, for example through service learning programs, faith communities, and “green” job development.

Leadership/Collaboration/Integration

Currently, workforce assessment and planning systems exist for some types/categories of public health and health care workers. The workforce assessment and planning systems need to be coordinated and integrated to develop comprehensive understanding of the workforce, coordinated plans, and the educational systems to support those plans. Employers need to recognize and support the role of families as a critical component of the health workforce, especially as the population ages.

The health and health care workforce is aging, and the public health system needs to plan for pending gaps in order to provide for the retention and transfer of institutional knowledge.

PRIORITY HEALTH CONCERN – ALCOHOL/TOBACCO

Tobacco use causes chronic diseases, including lung, oral, laryngeal, and esophageal cancers, and chronic obstructive pulmonary disease (COPD), as well as diseases in non-smokers through exposure to secondhand smoke. Similarly, excessive alcohol use, either in the form of heavy drinking or binge drinking can lead to increased risk of health problems such as liver disease or unintentional injuries. Alcohol or tobacco initiation and use by youth are of particular concern, given their addictive properties and long-term health effects.

Therefore, the public health system should work to:

- Decrease tobacco and excessive alcohol use by adults and prevent alcohol use and tobacco initiation among youth.

<p>Strategic Issue How can the Illinois public health system monitor priority health concerns and risk factors and implement effective strategies to reduce them?</p>
<p>Long-term Outcome 1. Decrease abuse of alcohol among adults and use of alcohol among adolescents.</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. • Increase the proportion of adolescents who remain alcohol free and increase the age at which adolescents try alcohol. • Increase alcohol abstinence during pregnancy.
<p>Long-term Outcome 2. Decrease use of tobacco.</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Reduce tobacco use by adults and adolescents. • Reduce initiation of tobacco use among children, adolescents, and young adults. • Reduce adolescents’ access to alcohol and tobacco. • Increase smoking abstinence during pregnancy.

Health Care Reform/Policy

Tobacco is addressed in numerous ways, with a particular focus on Medicaid coverage for tobacco cessation, cessation programs for pregnant women and families with small children, and prevention programs in conjunction with the creation of healthier communities. Title I and Title II requires the inclusion of behavioral health treatment for mental health and substance use disorder services in the health insurance essential health benefits. Group health plans must have mental health parity. Under Title IV, the newly established National Prevention, Health Promotion and Public Health Council will have as a primary goal the reduction of tobacco use, along with reducing sedentary behavior and poor nutrition, including the use of Community Transformation Grants. Alcohol is addressed in health reform in Title IV, Sec 4206, which creates a pilot program to test the impact of providing at-risk populations who utilize community health centers with individualized wellness plans. Risk factors are to include tobacco and alcohol use, with appropriate alcohol and smoking cessation counseling and services provided as needed.

Research has proven that raising cigarette prices, through excise taxes or other methods, increases the quit rate among adult smokers and is especially effective in discouraging children and young people from ever starting to smoke.

In addition, increasing the alcohol tax by drink and other alcohol related costs will reduce abuse of alcohol and use by youth who are underage. Increased revenues should be used to support alcohol prevention and treatment programs.

Evidence indicates that implementing policies that promote a change in social norms appear to be the most effective approach for sustained behavior change.

Consistent enforcement of local policies and laws that reduce youth access to alcohol and tobacco has proven to be an effective strategy to deter youth use of tobacco and alcohol.

The Public Health Service guideline stresses that health care system changes are needed (e.g., implementing a system of tobacco use screening and documentation, linking tobacco users to quitline services, and providing insurance coverage for proven treatments). Model programs in large managed care plans show that full implementation of the health care system changes, quitline services, comprehensive insurance coverage, and promotion of the services increases the use of proven treatments and decreases smoking prevalence.

Health Across the Lifespan

Support and/or facilitate tobacco prevention and control and alcohol prevention coalition development, as well as links to other related coalitions (e.g., cancer control).

Ensure that funding formulas for the local public health infrastructure provide grantees (e.g., local and county health departments, nonprofit organizations) operating expenses commensurate with prevention program and evaluation efforts.

Establish a strategic plan for comprehensive tobacco control and alcohol prevention with appropriate partners at the state and local levels.

Implement evidence-based policy interventions to decrease tobacco and alcohol use initiation, to increase tobacco cessation, and to protect people from exposure to secondhand smoke.

Collect community-specific data and developing and implementing culturally appropriate interventions with appropriate multicultural involvement.

Sponsor local, regional, and statewide training, conferences, and technical assistance on best practices for effective tobacco use prevention and cessation programs, binge and youth drinking prevention programs, and drunk-driving prevention programs.

Monitor pro-tobacco and pro-alcohol influences to facilitate public discussion and debate among partners, decision makers, and other stakeholders at the community level. Support innovative demonstration and research projects to prevent youth tobacco and alcohol use, promote cessation, promote tobacco-free communities, and reach diverse populations.

Conduct mass media education campaigns combined with other community interventions.

Beverage Alcohol Sellers and Servers Education and Training (BASSET) to prevent overserving alcohol to adults is an effective strategy to reduce adult overconsumption of alcohol and drunk driving.

Develop and implement smoking cessation programs for pregnant women.

Social Determinants of Health

Because some populations experience a disproportionate health and economic burden from tobacco and alcohol use, a focus on eliminating such disparities is necessary.

In an effort to identify and eliminate disparities, the state program should:

- Conduct a population assessment to guide efforts.
- Seek consultation from specific population groups and community-based organizations.
- Ensure that disparity issues are an integral part of state and local tobacco control and an alcohol prevention strategic plan.
- Provide funding to organizations that can effectively reach, involve, and mobilize identified specific populations.
- Provide culturally competent technical assistance and training to grantees and partners.
- Provide health communications to address tobacco- and alcohol-related disparities in appropriate languages that support community-level interventions.
- Ensure quitline services are culturally competent and have adequate reach and intensity to meet the required needs of population subgroups.
- Reduce out-of-pocket costs for patients.
- Implement health care provider reminder systems (alone or combined) with provider education.

Children and adults with disabilities and special needs have particular challenges and often have less access to prevention and treatment services. Intervention services should ensure accessibility to all.

Community Engagement/Education

Effective community programs involve and influence people in their homes, work sites, schools, places of worship, places of entertainment, health care settings, civic organizations, and other public places. Changing policies that can influence societal organizations, systems, and networks necessitates the involvement of community partners.

Promote and train communities to use the strategic prevention framework to assess the issue of alcohol and tobacco, to identify the intervening variables relevant to the community, and to select evidence-based strategies to address the identified intervening variables.

Promote community support and involvement at the grassroots level in implementing strategies for health care providers to reach their patients with the Public Health Service (PHS) cessation guidelines and evidence-based youth alcohol prevention strategies.

Promote public discussion among partners, decision makers, and other stakeholders about tobacco- and alcohol-related health issues and pro-tobacco and alcohol influences.

- Establish a local strategic plan of action that is consistent with the state's strategic plan.
- Ensure local grantees measure and evaluate social norm change outcomes (e.g., policy adoption, increased compliance) resulting from their interventions.

Use grassroots promotions, local media advocacy, event sponsorships, and other community tie-ins to support and reinforce the statewide campaign and to counter pro-tobacco and pro-alcohol influences.

Fetal Alcohol Syndrome Disorders (FASD) are a devastating outcome of alcohol consumption during pregnancy. Communities should be engaged in broad public education on the dangers of alcohol consumption while pregnant.

Leadership/Collaboration/Integration

Sustain, expand, and promote the services available through population-based counseling and treatment programs, such as cessation quitlines.

- Cover treatment for tobacco and alcohol use under both public and private insurance, including individual, group, and telephone counseling and all FDA-approved medications.
- Eliminate cost and other barriers to treatment for underserved populations, particularly the uninsured and populations disproportionately affected by tobacco use.
- Make the health care system changes recommended by the PHS guideline.

Alcohol and tobacco use are critical issues on college campuses, and it is important to engage higher education in the development of solutions and interventions.

PRIORITY HEALTH CONCERN- USE OF ILLICIT DRUGS/MISUSE OF LEGAL DRUGS

Use of illicit drugs cause harm to both the individuals through increased risk of injury, disease, and death, and to communities through increased injuries and decreased community safety. Non-medical use of over-the-counter and prescription drugs is high, particularly among youth. Misuse of legal drugs can lead to injury, addiction, and death. Accidental misuse of legal/prescription drugs also poses a health threat, particularly among the elderly who may be using many prescriptions that interact and cause unintentional injury. Therefore, the public health system should work to:

- Decrease the use of illegal drugs among adults and adolescents.
- Decrease the intentional misuse of legal drugs.

Strategic Issue: How can the Illinois public health system monitor priority health concerns and risk factors and implement effective strategies to reduce them?
Long-term Outcome 1. Decrease the use of illegal drugs.
Intermediate Outcomes
• Reduce past-month use of illicit substances.
• Increase proportion of adolescents who remain drug free.
• Reduce the number of children who start using drugs at an early age.
• Assess the effectiveness of existing programs targeting illegal drug use.
Long-term Outcome 2. Decrease the misuse of legal drugs.
Intermediate Outcomes
• Reduce past-year non-medical use of prescription drugs.

Health Care Reform/Policy

Under the HITECH Act, health information exchanges must incorporate the use of electronic prescribing. EHR and HIE should be used to ensure that individuals who have multiple prescriptions are monitored for potentially dangerous drug interactions and over-prescribing.

Programs that effectively reduce illegal drug use should be funded.

Health care policy developments present opportunities to collaborate with non-traditional partners on reducing the use of illegal drugs and the misuse of legal drugs. Substance abuse is addressed in Title I, Quality, Affordable Health Care for All Americans; Title II, Role of Public Programs; and Title V, Workforce. Mental health and substance abuse issues are referenced together. In Title I, individuals with mental health or substance-related disorders are noted as special populations for enrollment in public insurance programs. Title II gives states the option to provide health homes for Medicaid enrollees with chronic conditions, including substance abuse. States also are offered the opportunity in Title III to receive grants for community health teams in patient-centered medical homes, which may include behavioral and mental health providers. The National Prevention, Health Promotion and Public Health Council are directed to address behavioral and mental health. The home visiting program for supporting maternal and child health also is encouraged to be used in communities with high concentrations of

substance abuse. The workforce section identifies substance abuse as an important area of expertise, as well as needed training area. The Health Reform Act does not use the terms “illicit drugs” or “misuse of legal drugs.” No references were found to prescription drug abuse. The workforce section also provides for cultural competency training of the health care workforce.

Research shows a strong deterrent to youth substance use are strategies that reduce youth access to alcohol and tobacco. Local ordinances and policies that promote swift and appropriate consequences for the purchase of alcohol or tobacco products are one example. Increased law enforcement and compliance checks to ensure retailers are checking youth identification and refusing sales to minors are also effective. These strategies, combined with media advocacy, can shift community norms tolerant of youth alcohol or tobacco use and change a community’s environment.

Health Across the Lifespan

Support and facilitate coalition development focusing on youth substance abuse prevention and young adults. While there has been a decrease in the use of illegal drugs among youth over the past several years, there has been an increase in the use of other substances, such as inhalants and abuse of over-the-counter medications.

Support and link to coalitions serving the elderly population to identify and to promote strategies to reduce misuse of prescription and over-the-counter medications.

Sponsor local, regional, and statewide training, conferences, and technical assistance on best practices for effective substance abuse prevention.

Social Determinants of Health

Social determinants are of particular relevance with respect to the health and well-being of minority drug users. While minorities use drugs at similar rates as non-minorities, low-income and other disadvantaged minorities experience more severe health impacts, including higher incidence of HIV/AIDS (a very high proportion of new drug-related cases are among minority groups) and higher rates of drug overdose fatalities. High rates of homicide among youth in minority communities also are linked to the drug trade in those communities.

Provide culturally competent technical assistance and training to grantees and partners.

Provide health communications to address substance abuse related disparities in appropriate languages that support community-level interventions.

Children and adults with disabilities and special needs have particular challenges and often have less access to prevention and treatment services. Intervention services should ensure they are accessible to all.

Community Engagement/Education

Development of community networking groups, town hall meetings, schools, and community action to reduce and prevent illicit drug use. Effective community programs involve and influence people in their homes, work sites, schools, places of worship, places of entertainment, health care settings, civic organizations, and other public places. Changing policies that can influence societal organizations, systems, and networks necessitates the involvement of community partners.

Build on community assets to promote community cohesiveness and community engagement in preventing and reducing drug abuse. Support effective community problem-solving strategies, teach communities how to assess their local substance abuse-related problems and develop a comprehensive plan to address them.

Leadership/Collaboration/Integration

Despite common stereotypes, 77 percent of adults who use illicit substances are employed. Employers can collaborate within the public health system to promote drug abstinence and drug-free workplaces.

Implementing treatment programs for drug users as an alternative to incarceration can save resources and improve health.

Connect with academic partners and identify how research on smoking can be translated to prevention of illegal drug use.

Drug use is a critical issue on college campuses, and it is important to engage higher education in the development of solutions and interventions.

PRIORITY HEALTH CONCERN – MENTAL HEALTH

There is a clear connection between mental and physical health. Mental health is fundamentally important to overall health and well-being. Mental disorders affect nearly one in five Americans in any given year. Mental disorders are illnesses that, when left untreated, can be just as serious and disabling as physical diseases, such as cancer and heart disease. Therefore, the public health system should work to:

- Prevent mental illness and intervene early with those at risk of mental health issues.
- Increase treatment of mental health issues in the most appropriate setting.

<p>Strategic Issue How can the Illinois public health system monitor priority health concerns and risk factors and implement effective strategies to reduce them?</p>
<p>Long-term Outcome 1. Increase prevention and early identification of mental health issues and those at risk for mental health issues.</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Increase community-based primary mental health promotion programs. • Increase the training to conduct and to deliver mental health screenings across the lifespan by primary-care providers. • Increase mental health education and screenings in primary care settings and schools for adolescents by professionally trained personnel. • Increase mental health data collection, monitoring, and utilization for policy formation and program development. • Increase resources and funding within community- and school-based programs to support children, adults, and families to develop positive social and emotional capacities and skills.
<p>Long-term Outcome 2. Increase the proportion of those persons with mental health problems and disorders who receive early treatment in the appropriate settings utilizing best practices.</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Increase the number of children and adolescents with mental health problems and disorders who receive early treatment in the appropriate setting. • Increase the number of adults with mental health problems and disorders who receive treatment in the appropriate setting. • Increase the number of homeless, incarcerated, and veterans with mental health problems who receive treatment. • Translate and monitor the use of evidence-informed and evidence-based practices into the delivery of mental health services. • Increase the proportion of those persons with co-occurring substance abuse and mental health problems who receive treatment for both. • Increase resources and funding of community mental health and social services to support persons with mental health problems across the lifespan. • Increase the integration of mental health services within primary care settings and vice versa. • Leverage electronic health records or create other mechanisms to share patient data across systems of care.
<p>Long-term Outcome 3. Reduce suicide attempts and suicide rates across the lifespan.</p>

Intermediate Outcome

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| <ul style="list-style-type: none">• Implement the strategies identified in the state Suicide Prevention Plan. |
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Health Care Reform/Policy

Mental health is a major topic of the act. Title I and Title II requires the inclusion of behavioral health treatment for mental health and substance use disorder services in the health insurance essential health benefits. Group health plans must have mental health parity. Individuals with mental health or substance-related disorders are noted as special populations for enrollment in public insurance programs. States have the option to provide for medical assistance through a health home to eligible individuals with chronic conditions, including the prevention and treatment of mental illness and substance abuse. One serious and persistent mental health condition qualifies as a chronic condition under this section. States also are offered the opportunity in Title III to receive grants for community health teams in patient-centered medical homes, which may include behavioral and mental health providers. The National Prevention, Health Promotion and Public Health Council are directed to address behavioral and mental health.

Title V includes mental health professionals in workforce education and training grants. In addition, demonstration projects will provide coordinated and integrated services to special populations through the co-location of primary and specialty care services in community-based mental and behavioral health settings. Specific mention of addressing mental health issues includes the following: postpartum depression, emergency psychiatric services, delivery via school-based health centers, Medicare wellness visits, and community prevention grants. The workforce section also provides for cultural competency training of the health care workforce.

Federal health care reform includes provisions for the development of accountable care organizations or ACOs. The ways in which the ACO models may apply to behavioral health providers should be considered. In addition medical home models may promote the coordination of primary medical and specialty behavioral health services for both Medicaid, unfunded, and other patients.

Under the HITECH Act, community mental health providers are not eligible for the incentive payments authorized to promote implementation and meaningful use of electronic health records. Federal policy should be monitored to ascertain whether eligibility is corrected in pending legislation. In addition, strategies should be developed to assist mental health/safety net providers with start-up EHR funding to ensure that mental health information is included in individuals' health records and the HIE. Interoperability of EHR systems across state agencies providing services and supports to persons with mental illness also is critical.

State policy should focus on the continued development of policies and systems change that promotes prevention, early intervention, and treatment with cultural and linguistic effectiveness, and coverage initiatives that ensure accessibility and affordability for youth and adults.

The current state budget crisis jeopardizes many public health and health services, but proposed cuts of \$90 million in mental health services stand out as potentially devastating to access to mental health care. Both public facilities and community-based agencies will be forced to dramatically cut services or, in some instances, close. Urgent action is needed to maintain mental health services and minimize the effects of these cuts. In addition, expanded access to licensed social workers requires full funding under state health programs and plans.

Health Across the Lifespan

Mental health issues impact persons from birth through end of life and need to be addressed differently across development and life stages. Age-appropriate services need to be integrated within the various health and public health systems that serve young children, adolescents, teens, young adults, adults, and the elderly. Post-partum women at risk for depression should be screened and referred/provided access to services. Using an evidence base, the mental health system should ensure screenings for individuals and populations at particular risk for mental illness, such as family members of those with mental health problems and veterans at risk for post-traumatic stress disorder.

Research has established a relationship between depression and chronic disease. Individuals with chronic diseases should be screened and, if necessary, treated for depression.

Increasing access to mental health services across the lifespan will require the development of the appropriate workforce. While there is a shortage of psychiatrists across the state, the shortage of child psychiatrists, particularly outside the Chicago metropolitan area, must be addressed if the delivery system is to meet the needs of behavioral health patients across the lifespan and across the state. In addition, services must be developed to meet the needs of the non-elderly mentally ill person who may be currently receiving care in inappropriate nursing home settings. Finally, a particular focus is needed on providing screening and services to seniors who are at risk for mental health issues, including dementia and Alzheimer's disease.

Social Determinants of Health

The health care and public health systems need to develop a more comprehensive understanding that mental health is a vital part of overall health status, and the implications that social and economic conditions have on mental health, including environmental and behavioral factors, income, education, race/ethnicity, and societal stigma. Health care and public health systems need to work to integrate health care and mental health services across all systems in Illinois.

Mental health services and systems need to recognize and address cultural differences in the perception of mental health and willingness to seek services. Mental health screening tools must be reviewed to assure they do not contain cultural or social biases.

Children and adults with disabilities and special needs have particular challenges and often have less access to prevention and treatment services. Intervention services should ensure they are accessible to all.

Community Engagement/Education

Promoting mental health and wellness, and education on prevention, on early identification, and on treatment of mental health issues needs to be integrated in communities at the grassroots level. Communities must be engaged, educated, and empowered to both promote mental health and help build systems of care locally through collaboration among community members, professionals, and local health and public health systems.

Comprehensive health education programs in schools should include a strong focus on improving mental health and supporting and promoting children's self-esteem.

A robust community mental health system is needed to provide behavioral health services in the most appropriate and least restrictive setting, and will improve care and reduce costs. More transportation

options, greater use of technology, and enhanced training for health care professionals who interface with patients with mental illness will improve the delivery system. This will maximize the ability of patients to receive care in their communities, particularly in rural settings.

Efforts must be made at the community level to reduce the stigma of mental illness in order to promote care-seeking.

Leadership/Collaboration/Integration

Rather than the current system organized around funding streams, the behavioral health system should be organized, funded, and regulated for a coordinated, comprehensive continuum of care that is patient centered, delivered according to the best known evidence and practices, and is accessible, cost-effective, culturally competent, and recovery oriented. Care should be delivered at the right time and in the right setting. There needs to be a mechanism that includes all of the state agencies that have a responsibility for either funding or regulating behavioral health services to articulate a unified vision and goals for a behavioral health system of care organized around patients/consumers. Acute inpatient and/or crisis services designed, staffed, and funded appropriately must be available to serve persons with serious mental illness whose conditions require stabilization and treatment.

The Children’s Mental Health Partnership (CMHP) has created and is implementing a plan that addresses numerous issues related to mental health delivery systems and services and primary prevention strategies. Coordinating and complementing the work of the CMHP is needed in implementing the SHIP.

Transitions and continuity of care for adult and juvenile ex-offenders need to be addressed. The public health system should ensure that the Illinois departments of Corrections and Juvenile Justice provide documentation of diagnoses and treatment in order to promote appropriate treatment post-incarceration and reduce recidivism.

Mental health is a critical issue on college campuses, and it is important to engage higher education in the development of solutions and interventions.

Among public health system stakeholders, employers can be specifically engaged to support improved mental health through workplace efforts.

PRIORITY HEALTH CONCERN – NATURAL AND BUILT ENVIRONMENT

The natural and built environment impact health both through exposure to pollutants, diseases, and toxins and by limiting or enhancing healthy lifestyles, such as walking and proper nutrition¹. The public health system should act to:

- Reduce outdoor and indoor environmental exposure to pollutants and infectious diseases.
- Improve the built environment to reduce pollution and promote healthy lifestyles.

<p>Strategic Issue How can the Illinois public health system monitor priority health concerns and risk factors and implement effective strategies to reduce them?</p>
<p>Long-term Outcome 1. Significantly reduce the negative health impacts caused by pollution (air, land, water, point source, etc.).</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Ensure community and private water supplies that meet the regulations of the Safe Drinking Water Act and other regulatory standards. • Reduce, prevent, and monitor waterborne disease outbreaks and other negative impacts stemming from drinking water supplies and recreational water with better surveillance and data. • Reduce air toxin emissions and decrease the risk of adverse health effects related to air toxins. • Reduce point source (factories, drycleaners, lead-based painted houses, mercury, etc.) pollution. • Reduce exposure to toxic and polluted land and facilities. • Increase green infrastructure (parks, preserves, natural areas), particularly in high density urban areas. • Promote the appropriate collection and disposal of outdated and unused prescription and over-the-counter medication. • Reduce exposure to environmental pollutants in vulnerable communities.
<p>Long-term Outcome 2. Reduce negative impacts caused by indoor pollution (schools, homes, etc.) and promote the “healthy homes” concept.</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Eliminate elevated blood toxin levels in children. • Decrease the number of Illinois homes found to have lead-based paint or related hazards. • Increase the awareness of environmentally friendly household supplies, such as cleaners, paints, and building materials, to improve overall health and indoor air quality.
<p>Long-term Outcome 3. Improve built environments to reduce pollution while enhancing opportunities for healthier lifestyles.</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Reduce the number of single-person automobile trips through improvements to the public transportation system. • Increase the “walkability” of communities through construction and promotion of walk paths, bike paths, recreational facilities, and parks and by adopting multimodal policies, such as

¹ The linkages between the natural and built environment and obesity are addressed in the section on obesity.

complete streets or livable communities.
<ul style="list-style-type: none"> • Increase collaboration between urban planners, transportation planners, and public health departments.
<ul style="list-style-type: none"> • Expand the use of Health Impact Assessment, to include personal health and public impact when evaluating improvements or changes to the built environment.
<ul style="list-style-type: none"> • Decrease the use of personal transportation by improving and promoting public transportation infrastructure and development in close proximity to existing transit hubs.
<ul style="list-style-type: none"> • Increase opportunities for people to live near where they work to reduce commute times and to increase time for healthy lifestyles.

Health Care Reform/Policy

Develop greater collaboration and cooperation between federal agencies, state of Illinois agencies, and surrounding states’ agencies to improve cleanup methods and schedules for ground water and contaminated sites. Create evolving policies that reflect changes in the environment to promote use of best practices and changing science. Advocate for the inclusion of Health Impact Assessments by transportation departments.

The Health Reform Act did not have many references to the natural and built environment. The National Prevention, Health Promotion and Public Health Council includes the administrator of the Environmental Protection Agency (EPA). The National Health Care Workforce Commission is asked to consult with the EPA. And the Community Preventive Services Task Force is directed to study the social, economic, and physical environments that can have broad effects on the health and disease of populations and health disparities among sub-populations and age groups. Community Transformation grants do reference the submission of detailed plans that include the policy, environmental, programmatic, and infrastructure changes needed to support active living and access to nutritious foods in a safe environment.

Other federal opportunities to leverage include the CDC’s healthy communities program, transportation and housing/sustainable communities initiatives, and initiatives that may be included in proposed climate change/energy policy legislation that focus on reducing particulate matter and emissions.

Increase integration between health improvement plans and polices, such as the SHIP or local IPLANs, with county and local comprehensive community development plans.

Advocate for inclusion of healthier lifestyle policies and health prevention and promotion strategies in the health planning efforts throughout the state, particularly in urban areas required to develop long-term transportation and/or land use plans.

Health Across the Lifespan

Reducing toxin exposure in the built environment an improving air and water quality should help to reduce negative health affects experienced by living organisms due to excessive exposure.

Residents of all ages benefit from built environment that emphasize walkable communities, complete streets, safe-routes to school, and open space and parks. Improvements in transportation infrastructure reduce congestion and improve the air quality for all residents. Cleaning up areas where pollution has been identified benefits everyone.

Social Determinants of Health

The health care and public health systems need to recognize that a disproportionate number of toxic exposures are in minority and low-income areas. Public health care systems should partner with other agencies and environmental justice advocates to address awareness to increased toxin exposure to vulnerable populations.

The built environment in low-income areas often lack both private and public investments to make the significant changes, such as increased open space or parks, building bike trails or sidewalks.

There is often a spatial imbalance between where people live and work that creates long commutes. Research demonstrates long commute times are associated with poorer health outcomes because people have less time available to do things, such as cook healthy meals, exercise, and recreate. These imbalances affect the broader population, but are particularly acute for low-income communities. Community planning and economic development should address the job/housing spatial imbalance.

Community Engagement/Education

Open communication with education in communities can promote awareness of health threats and change potentially harmful behavior. Affected citizens need to be empowered to improve the environmental health of their homes and communities. Create policy reflecting the need for better outreach and education to exposed persons in high-risk areas.

Non-health community activities provide an opportunity to discuss health issues. Public meetings, such as school boards and village councils, provide opportunities to influence changes in the natural and built environment that can improve people's health.

Leadership/Collaboration/Integration

Collaboration and partnerships that can effectively communicate the risk of health exposure to toxins and strategies for incorporating the use of sustainable environmentally sound practices will require a sharing of responsibility across organizations. This approach will work only if it becomes a core value of multiple public and private organizations.

Public health officials need to engage in and leverage planning and public policy efforts that would not typically be viewed as health related. Health is interwoven in everything that people do and is affected by numerous decisions that are made in other arenas. Health advocates and leaders need to engage in these processes so that the impact on health is considered, such as housing, transportation, land use, adaptive re-use, zoning and building codes, and neighborhood lead community development initiatives. The public health system should promote "health in all policies" and apply strategies, such as Health Impact Assessments, which evaluate policies in diverse arenas to ascertain their potential impact on improving or harming health.

The Chicago Metropolitan Agency on Planning (CMAP) comprehensive plan for Northeastern Illinois, *GO TO 2040*, includes strategies and goals related to the relationship between the built environment and health, and should be used as a resource in implementation of this priority.

Increase the proportion of the state's elementary, middle, and high schools that have official school policies and engage in practices that promote a healthy and safe school environment. Ensure the

curriculum for continuing education units for environmental health professionals are developed around the core competencies for environmental health professionals.

PRIORITY HEALTH CONCERN – OBESITY: NUTRITION AND PHYSICAL ACTIVITY

Obesity, sedentary lifestyle and poor nutrition are risk factors for numerous chronic diseases and they exacerbate others, including heart disease, diabetes, hypertension, asthma, and arthritis. Obesity has reached an alarming rate, with 62 percent of adults overweight; 21 percent of children in Illinois are obese, the fourth worst rate in the nation. The public health system must act quickly to reverse this epidemic through:

- Implementation of individual, family, environmental, and policy initiatives to increase physical activity.
- Implementation of individual, family, environmental, and policy initiatives to improve nutrition.

<p>Strategic Issue How can the Illinois public health system monitor priority health concerns and risk factors and implement effective strategies to reduce them?</p>
<p>Long-term Outcomes</p> <ol style="list-style-type: none"> 1. Reduce the proportion of children and adolescents who are overweight or obese. 2. Reduce the proportion of adults who are overweight or obese.
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Increase consumption of fruits, vegetables, and whole grains. • Reduce consumption of calories from saturated fat, added sugars, and sodium. • Increase consumption of water. • Decrease consumption of sugar-sweetened beverages. • Increase consumption of low-fat dairy among children older than 2 years of age. • Increase rates of breastfeeding initiation and breastfeeding six months postpartum. • Increase the proportion of children, adolescents, and adults who meet guidelines for physical activity. • Decrease the proportion of children, adolescents, and adults who lead sedentary lifestyles. • Increase initiation and early onset of physical activity. • Enhance the built environment to increase safe opportunities for physical activity and improve infrastructure for physical activity – parks, playgrounds, sidewalks, safe routes to school and school sating, multipurpose use of schools to increase physical activity during non-school hours, enhanced community walkability, and increase access to affordable opportunities for physical activity. • Increase the access to fresh produce by expanding availability of affordable healthy foods in communities and schools in the long term. Facilitate travel across communities in the short term so residents of low-access communities can more easily access produce in higher-access communities.

Health Care Reform/Policy

Develop resources for prevention and promotion programs through tax and other revenue initiatives that also serve the purpose of affecting health behaviors, such as by increasing the cost of unhealthy foods and beverages relative to healthier options.

In the federal health reform bill, weight management, physical fitness, and nutrition are components of wellness and prevention programs to be included in reporting requirements for group and individual health insurance plans in Title I. Nutritionists are eligible to be included in the health team for medical homes in Title III. Under Title IV, the newly established National Prevention, Health Promotion and Public Health Council will have as a primary goal the reduction of tobacco use, along with reducing sedentary behavior and poor nutrition. Education and outreach campaigns will be developed regarding preventive benefits, including guidelines for nutrition, regular exercise, and obesity reduction. Competitive grants also will be made for community preventive health activities, including the creation of healthy food options, physical activity opportunities and promotion of healthy lifestyle. Similar initiatives on physical activity, nutrition, and obesity are included in the Healthy Aging, Living Well grants for Medicare beneficiaries. For FY2010 through FY2014, \$25 million is appropriated for the Childhood Obesity Demonstration Project, Section 1139A (e) (8) of the Social Security Act. Nutrient content disclosure, including suggested daily caloric intake, is required for vending machines and for chains with 20 or more locations. A pilot program will be established for providing individualized wellness plans, which are inclusive of nutritional counseling and physical activity, to at-risk populations who utilize community health centers. Title V offers grants to promote the community health workforce who will support community-based culturally and linguistically appropriate health and nutrition education. Nutritional support also is identified as a key competency for personal or home care aides.

Promote availability and use of fresh local foods in schools. Include comprehensive health education in schools, including education on nutrition and physical activity. Reinstate physical education and recess in schools. Establish and enforce a strong competitive foods policy (i.e., a policy regarding foods in vending machines and sold a la carte) in all Illinois schools.

Establish statewide nutrition and physical activity standards for all licensed childcare providers and health care facilities.

Establish a statewide surveillance system to monitor obesity among children younger than those surveyed through the Youth Risk Behavioral Surveillance System.

Implement the Illinois Fresh Food Fund to encourage grocery stores in underserved communities.

Encourage insurance practices that reimburse for preventive services and for the care of obese patients (nutrition education, multi-component obesity interventions, etc).

Health Across the Lifespan

Expand systems and opportunities to combat obesity and increase physical activity across the lifespan in schools, child care, the workplace, and settings serving seniors.

Promote development of community gardens to engage children and families in producing and eating fruits and vegetables.

Educate school children on healthy food choices, and eliminate unhealthy foods from school menus to model healthy eating.

Support worksite wellness initiatives that focus on healthy lifestyle promotion.

Educate seniors raising children about childhood obesity and healthy lifestyles for children of all ages.

Improve nutrition standards in senior centers, “Meals on Wheels” programs, and other food resources for senior citizens.

Integrate health education --including healthy eating and activity-- in prenatal care programs.

Social Determinants of Health

The public health system must incorporate strategies to reduce “food deserts” and increase local access to healthy foods. The public health system should work to provide opportunities for and education about physical activity and healthy eating, particularly to the low income and minority most at risk for heart disease and diabetes. Current efforts to promote and develop an Illinois farm and food economy, including the development of urban farms and farm-to-school initiatives, are an important part of the strategy to improve access to food in underserved communities.

The public health system must work with other disciplines to ensure that the built environment supports physical activity by increasing safety, reducing crime, and strengthening infrastructure for active transportation.

Ensure equitable access to safe and affordable parks, gyms, and other facilities for physical activity.

Ensure equitable access to healthy and affordable food by promoting traditional (groceries, corner stores, restaurants) and non-traditional (farmers’ markets, produce carts and kiosks) food retail in all communities, particularly to the low-income and minority communities most at risk for heart disease and diabetes.

Children and adults with disabilities and special needs have particular challenges and often have less access to prevention and treatment services. Intervention services should ensure they are accessible to all.

Community Engagement/Education

Engage the community through culturally competent approaches (e.g., in nutrition education) and provide resources to create culturally appropriate adaptations of traditional cooking and activities.

Leadership/Collaboration/Integration

State level leadership is needed to promote coordination of strategies and efforts across communities, and to promote sharing of evidence-based and best practices regarding effective programs and strategies.

Ensure community safety by reducing violence and hazardous traffic to increase access to local physical activity.

Work with restaurants, schools, and social centers (e.g., churches) to increase the healthiness of prepared foods and expand the choices available for healthy food selection.

Establish a multi-agency task force at the state level (modeled on Chicago’s Inter-departmental Task Force on Childhood Obesity and the newly emerging federal multi-agency taskforce).

Coordinate with the Illinois Food, Farms and Jobs Council on development of strategies to improve access to fresh foods, especially in underserved areas/food deserts.

In an effort to foster obesity prevention and management, build capacity and provide support to local health departments and other components of the public health system to address healthy lifestyle promotion.

Align incentives to promote healthy behaviors through enhanced physician and clinical service reimbursements. Engage physicians and health care providers to develop systems to help families to improve nutrition and physical activity and to reduce obesity. Such practices should foster coordinated models of care that use: care coordinators, nutritionists, and mental health services; electronic health records to determine BMI, waist circumference, etc; and data management systems and health information exchange to support surveillance to inform practice and public health policies regarding obesity and health.

PRIORITY HEALTH CONCERN - ORAL HEALTH

Good oral health is important to overall health. Poor oral health is a risk factor for chronic diseases such as heart disease and diabetes. The public health system should ensure:

- Access to preventive oral health services.
- Screening and treatment for oral cancers and other oral health related conditions.

<p>Strategic Issue How can the Illinois public health system monitor priority health concerns and risk factors and implement effective strategies to reduce them?</p>
<p>Long-term Outcome 1. Increase the proportion of adults and children dental preventive and treatment services each year, particularly among low-income and minority communities.</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Identify and address oral health needs of communities and gaps in sources of care, through federally qualified health centers and other community resources. • Provide adequate reimbursement for oral health services in publicly funded programs. • Leverage workforce initiatives and workforce policy issues to improve access to oral health care services in underserved communities.
<p>Long-term Outcome 2. Reduce the incidence of oral health related conditions in the Illinois population.</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Increase the detection of oral and pharyngeal cancers at the earliest stage and assure improved quality/standardization of these examinations administered by oral health care providers and promote screenings by other health care providers. • Increase the proportion of children, adolescents, and adults who receive treatment for dental caries and periodontal disease.

Health Care Reform/Policy

Title I of the health reform legislation requires qualified health plans to offer pediatric oral care as an essential health benefit. Title IV has a number of oral health provisions, including that school-based health centers are required to provide referral to and follow-up for oral health services. A national oral health care prevention education campaign is established with a special focus on children, pregnant women, parents, elderly, individuals with disabilities, and ethnic and racial minorities. Demonstration grants also will be awarded to show the effectiveness of dental caries disease management. As part of updating national oral health care surveillance activities, the Pregnancy Risk Assessment Monitoring System (PRAMS) will be updated as it relates to oral health care. The National Health and Nutrition Examination Survey will include tooth-level surveillance. Title V addresses workforce needs for access to oral health care, through study by the National Health Care Workforce Commission and training for general, pediatric, and public health dentistry.

Mobile clinics can be deployed to improve access in underserved communities.

Health Across the Lifespan

Provide oral health care services in long-term care facilities to ensure continuity of care across the lifespan. Engage organizations serving seniors to promote oral and pharyngeal cancer screening among

older adults. Promote early detection of caries in preschool and school-aged children through school/community provider partnerships. Increase the proportion of school-based health centers with an oral health component offering comprehensive services, such as dental sealants, topical fluoride, dental care, and oral health education.

Promote/provide oral health care services to pregnant women and women of childbearing age to reduce the incidence of prematurity and infant mortality associated with poor oral health.

Social Determinants of Health

Low-income, minority, and rural communities have limited access to oral health services. The public health system must ensure affordable cost and equitable access to oral health care. Access issues include both limited sources of care and lack of oral health coverage for services. Coverage for oral health care should be increased through expanding Medicaid coverage and increasing rates, and incentives should be implemented to promote oral health care for the elderly and people with disabilities.

Children and adults with disabilities and special needs have particular challenges and often have less access to prevention and treatment services. Intervention services should ensure they are accessible to all.

Community Engagement/Education

Increase engagement, connectedness, and collaboration between community groups that have oral health objectives in their action agendas, children's and children's health advocacy groups, faith-based health-focused initiatives, colleges of dentistry, and local health departments to effectively promote, educate, and advocate for oral health care services at the local level. Utilize community prevention and health education strategies to reduce risk factors for oral and pharyngeal cancers, such as tobacco use.

Leadership /Collaboration/Integration

The Illinois Department of Public Health's Oral Health Plan is an important resource that should be utilized to inform and guide work on the SHIP Oral Health priority.

Increase the public's knowledge about the importance of oral health care, including knowledge about the connections between oral health and chronic disease, such as heart disease, diabetes, and other negative health outcomes.

Increase statewide collaboration and integration of organizations devoted to oral health care issues to unite leadership and share resources in achieving Illinois oral health goals. Promote collaboration between primary care and oral health care providers to ensure that oral health is promoted in primary care settings, particularly for children.

Identify and make use of a variety of community-based strategies to deliver oral health care.

PRIORITY HEALTH CONCERN- PATIENT SAFETY AND QUALITY

Patient injury in the health care system is preventable.

The public health system should:

- Engage the health care system in implementing processes that promote safety and reduce errors.

<p>Strategic Issue How can the Illinois public health system monitor priority health concerns and risk factors and implement effective strategies to reduce them?</p>
<p>Long-term Outcome 1. Increase patient safety and reduce medical errors across the health care sector.</p>
<p>Intermediate Outcomes</p>
<ul style="list-style-type: none"> • Reduce incidence of health care associated infections by implementing the state plan.
<ul style="list-style-type: none"> • Reduce patient mortality at health care institutions by lowering the overuse, underuse, and misuse of invasive and unnecessary medical procedures.
<ul style="list-style-type: none"> • Eliminate “never events” from occurring in hospitals and other medical settings.
<ul style="list-style-type: none"> • Reduce medication errors and patients’ unintentional misuse of medications.
<ul style="list-style-type: none"> • Expand the number of and promote best practices to increase patient safety.
<ul style="list-style-type: none"> • Collect information on best practices and incidents of medical error.
<ul style="list-style-type: none"> • Promote the use of Web-based public and health care provider education strategies.
<ul style="list-style-type: none"> • Increase the use of electronic prescribing by health care providers.
<ul style="list-style-type: none"> • Better inform the public about the potential dangers of over-the-counter medications.
<ul style="list-style-type: none"> • Prevent misuse of prescription drugs among the elderly.
<p>2. Improve quality in the health care system.</p>
<ul style="list-style-type: none"> • TBD
<ul style="list-style-type: none"> • TBD

Health Care Reform/Policy

Patient safety and the reduction of medical errors is addressed in Title I of the health care reform bill as part of rewarding quality through market-based incentives and quality improvement programs in health benefit exchanges. Title III has numerous references to patient safety. It links payments to quality outcomes (including patient safety) under Medicare. A national strategy for quality improvements in health care is also established to improve the delivery of health care services, patient health outcomes, and population health. A program is also established to improve hospital readmission rates through the use of patient safety organizations. Patient safety programs are also noted for Medicare Advantage organizations.

The Illinois Department of Public Health’s Center for Quality Improvement and Patient Safety will be central in addressing patient safety. Illinois should explore ways that efforts to increase patient safety can be integrated into any health care reform effort so that local efforts and resources can be optimized.

Use EHR adoption and HIE development to promote patient safety and quality.

Health Across the Lifespan

While medical errors can occur throughout the lifespan, the elderly are at heightened risk because of their heavy use of the health system and because health literacy among the elderly is low. Children are particularly vulnerable to medication errors due to various system factors, including dosage miscalculations by health care providers, parents, and caregivers.

Social Determinants of Health

Health literacy among consumers of health care is a key factor in their being able to avoid misuse of medications. Health care providers must improve their cultural and linguistic communications skills in order to reduce medical errors among limited English proficient individuals.

Community Engagement/Education

Efforts to increase patient safety and quality will be more effective when they engage the community organizations in high-risk communities. Community organizations can guide the development and implementation of culturally and linguistically appropriate interventions.

Leadership/Collaboration/Integration

The issues of patient safety and quality are beginning to develop strong leadership in the public health system at the state level, but these efforts would benefit from more resources and stronger linkages to statewide and local agencies and organizations.

PRIORITY HEALTH CONCERN –UNINTENTIONAL INJURY

The leading cause of death among children and adolescents is injury. Unintentional injury is preventable.

The public health system should:

- Promote personal safety devices and safe habits at work, in the home, and for automobiles, motorcycles, and bicycles.
- Identify mechanisms through which injury can be prevented.

<p>Strategic Issue How can the Illinois public health system monitor priority health concerns and risk factors and implement effective strategies to reduce them?</p>
<p>Long-term Outcome 1. Reduce the occurrence of unintentional injury.</p>
<p>Intermediate Outcomes</p> <ul style="list-style-type: none"> • Promote the use of motorcycle helmets and safe use of motorcycles. • Increase the use of bicycle helmets; promote safe bicycling among bicyclists and automobile drivers. • Decrease the rate of unsafe driving (driving while under the influence of alcohol, cell phone use, texting), by adolescents and adults. • Increase the use of child restraint seats in cars, particularly booster seats for children between 5 and 8 years of age. • Increase the use of smoke detectors and promote fire prevention in homes. • Increase the number of local health departments that have an active unintentional injury prevention program for each age group. • Establish a review by Child Fatality Review Team of 100 percent of all deaths to children (age 0-17) from external causes (intentional and unintentional injury) and use the data to identify prevention needs.

Health Care Reform/Policy

Title III of the health care reform legislation provides for health care delivery system research to improve quality, including a focus on minimizing distress and injury to the health care workforce. Assessing and reducing injury is highlighted in wellness programs for both the elderly via Medicare and the general workforce. Primary care training and enhancement includes injury control in Title V. Title VI allows for a nursing home compare Web site that lists injuries of residents in the facility. The Elder Justice Act addresses elder abuse, neglect and exploitation.

Health Across the Lifespan

The risks of unintentional injury vary by age. Efforts to prevent unintentional injury are more effective if they are targeted for the age groups most at risk.

The leading cause of death among children and adolescents is injury, including motor vehicle and bicycle injuries, accidental drowning, and fire injury. Older adults are particularly vulnerable to falls.

Social Determinants of Health

Individuals living in low-income communities (rural, suburban, or urban) are at heightened risk of certain unintentional injuries, such as falls, burns, scalding and drowning. Efforts to reduce injury are more effective when they take into account the specific risks posed in the individual’s environment.

Children and adults with disabilities and special needs have particular challenges and often have less access to prevention and treatment services. Intervention services should ensure they are accessible to all.

Community Engagement/Education

Efforts to reduce unintentional injuries will be more effective when they engage the community organizations in high-risk communities. Community organizations can guide the development and implementation of culturally and linguistically appropriate interventions.

Leadership/Collaboration/Integration

The issue of unintentional injury is beginning to develop strong leadership in the public health system at the state level, but these efforts would benefit from more resources and stronger linkages to statewide and local agencies and organizations.

PRIORITY HEALTH CONCERN – VIOLENCE

Violence is a health concern as both a source of injury and mortality and, particularly for children exposed to violence, is a risk factor for chronic disease and substance abuse in adults. Lack of safety in communities is a social determinant associated with an array of health issues. The public health system should work to prevent all forms of interpersonal violence through:

- An increase in protective factors for safe and peaceful families and communities.
- A reduction of risk factors and implementation of early interventions.
- Collaborative implementation of evidence-based violence prevention strategies.

<p>Strategic Issue How can the Illinois public health system monitor priority health concerns and risk factors and implement effective strategies to reduce them?</p>
<p>Long-term Outcome 1. Reduce violence and exposure to violence.</p>
<p>Intermediate Outcomes:</p> <ul style="list-style-type: none"> • Increase protective factors: 1) parent/caregiver knowledge and skills for fostering peaceful families and raising children to resist violence; and 2) social/emotional skills and pro-social attitudes related to building healthy, non-violent relationships and community connectedness among youth. • Reduce risk factors and mediate the impact of their consequences, including: 1) reducing the prevalence and ameliorating the consequences of adverse childhood experiences, including exposure to violence, that contribute to childhood trauma; and 2) increasing early intervention and treatment of mental health problems associated with violence and aggression. • Collect and utilize data on violence to develop interventions and systems approaches. • Increase community collaborations that take a public health approach to violence prevention and utilize best-available evidence when developing and implementing strategies and programs. • Reduce children's exposure to violence, maltreatment, and maltreatment fatalities. • Reduce violence by current or former intimate partners. • Reduce incidence of abuse/neglect of older persons. • Reduce sexual assaults, physical assaults, and homicides. • Reduce physical fighting and weapon carrying among adolescents. • Reduce the prevalence and ameliorate the consequences of adverse childhood experiences that contribute to childhood trauma.

Health Care Reform/Policy

The following elements of the national health care reform legislation have direct implications for violence prevention efforts in Illinois and the state needs to be prepared to take advantage of these opportunities:

- Funds for expansion of home visiting program. These programs contribute to reductions in child abuse and neglect, and to increases in positive parenting skills.
- Funds to promote evidence-based prevention programming, which, presumably, will include violence prevention.
- Better data collection on health disparities. Violence, particularly homicide, disproportionately impacts young people of color in low-income communities.

Title II expands the home-visitation program, which is targeted in communities with high concentrations of domestic violence as well as the prevention of child abuse. The National Prevention, Health Promotion and Public Health Council in Title IV also prioritizes the prevention of domestic violence. The Elder Justice Act focuses on the prevention of abuse of the elderly.

State and local policies, in addition to addressing issues, such as illegal firearms, and resources for prevention, also should serve to reduce the underlying conditions, including poverty, excess reliance on punishment and incarceration, and oppression, which significantly impact violence and its disproportionate impact on minority racial and ethnic groups.

Health Across the Lifespan

Violent behavior is significantly influenced by the developmental life course and the exposure to risk and protective factors that change over time. Effective violence prevention efforts should begin in early childhood and continue throughout adolescence and adulthood. Special attention should be paid to critical life developmental stages, such as early childhood, adolescence, early adulthood/childbearing years, and old age, which are critical periods for reducing risks of child abuse and exposure to violence, early aggression, youth violence, domestic violence, and elder abuse. In addition, there should be attention to critical periods for promoting protective factors that increase resiliency, such as social and emotional skills, positive youth development, and availability of trauma-informed early intervention and mental health treatment services across the lifespan.

Social Determinants of Health

A number of social determinants of health have been proven to have a significant impact on violent behavior. These determinants include poverty and unemployment, community cohesion and resource availability, adverse childhood experiences, safe affordable housing, safety of public places, and racial and gender discrimination. A comprehensive public health approach to violence prevention requires strategies and programs be implemented that address these social determinants.

Children and adults with disabilities and special needs have particular challenges and often have less access to prevention and treatment services. Intervention services should ensure they are accessible to all.

Community Engagement

Broad, multi-sector community engagement is key to successfully preventing violence and promoting health and safety. The community includes community-based organizations, health and human service providers, educators, law enforcement, residents, grassroots activists, the faith community, and local businesses. Their input, engagement, and leadership help ensure that planning, programming, and policies will meet their community's unique needs, support local community priorities, build on existing efforts, and enhance outcomes. Engaging community members also can help build the capacity of individuals and organizations to forge solutions for their community. Furthermore, because violence prevention is an ongoing and long-term effort, community members can help maintain political will as elected leadership changes.

Resources and policies are particularly needed to ensure the safety of women and children fleeing domestic violence.

Leadership/Collaboration/Integration

Preventing violence and promoting health and safety requires participation and leadership from a wide range of partners. Multi-sector collaboration is needed at the national, state, and local level that integrates prevention and promotion efforts to address multiple risk behaviors (e.g., substance abuse, teen pregnancy, bullying) as well as multiple risk and protective factors associated with violence. Such collaborations require dedicated staff and resources to ensure the necessary functions of collaboration, coordination, integration, and networking are carried out in an organized and sustainable manner.

Violence is a critical issue on college campuses, and it is important to engage higher education in the development of solutions and interventions.

GLOSSARY

Access²

The potential for or actual entry of a population into the health system. Entry is dependent upon the wants, resources, and needs that individuals bring to the care-seeking process. The ability to obtain wanted or needed services may be influenced by many factors, including travel, distance, waiting time, available financial resources, and availability of a regular source of care.

Access to Care

Accesses to care problems include lack of access for health, mental health, dental, vision, and specialty services and prevention education. The affordability of and ability to pay for care, which are tied to health insurance difficulties, are also prominent access to care issues. Other issues include limited outreach services, the relationship between malpractice rates and the loss of physicians, the ability to navigate the system, the lack of community-based services, and long wait times for services.

Accountable Care Organizations³

Current health reform debate has led to the consideration of Accountable Care Organizations (ACOs) as a measure to combat high health care expenditures. ACOs can generally be defined as a local entity and a related set of providers, including at least primary care physicians, specialists, and hospitals, that can be held accountable for the cost and quality of care delivered to a defined subset of traditional Medicare program beneficiaries or other defined populations. The primary ways the entity would be held accountable for its performance are through changes in traditional Medicare provider payment featuring financial incentives for superior performance based on comprehensive

² National Public Health Performance Standards Program (NPHSP) Glossary, www.cdc.gov/od/ocphp/nphsp/documents/glossary.pdf

³ Urban Institute
<http://www.urban.org/publications/411975.html>

quality and spending measurement and monitoring. Public reporting of cost and quality information to affect public perception of an ACO's worth is another way of holding the ACO accountable for its performance

Adverse Childhood Experiences (ACE)⁴

Childhood abuse, neglect, and exposure to other traumatic stressors. The ACE Study uses the ACE Score, which is a count of the total number of ACE respondents reported. This score is composed of exposure to the following conditions during childhood: abuse (emotional, physical, or sexual); neglect (emotional or physical); or household dysfunction (including mother treated violently, substance abusing household member, mentally ill household member, parental separation or divorce, and incarceration of a member of the household). The State Health Improvement Plan (SHIP) process focused on the ACE's of abuse, neglect, mother treated violently, substance abusing household member, and mentally ill household member.

Advocacy⁵

The process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights, and explore choices and options. Advocates support and argue the case for service users and help them put across their point of view.

Bias

Bias is to influence in an unfair way often based upon preconceived notions, judgment, or feelings toward an individual or group. Bias is dangerous by ignoring research and evidence-based decision-making. Bias can lead to ineffective health care delivery, limit access to care for groups, and disproportionately place burden upon certain populations leading to

⁴ CDC www.cdc.gov/nccdphp/ace/index.htm

⁵ Public Health Electronic Library (UK)
www.phel.gov.uk/glossary/glossaryAZ.asp?getter=A

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health disparities, inequality, and increased morbidity/mortality.

Child Health Examination Surveillance System

Child Health Examination Surveillance System (CHESS) is a proposed Illinois statewide data aggregation initiative slated to be operational in each school district under the Illinois State Board of Education to aggregate childhood BMI (Body Mass Index) data and make the data available to regional planners, public health authorities, health providers, and the community for policy development, health promotion, and program planning efforts.

Comprehensive Health Education⁶

Comprehensive health education is the combination of planned social actions and learning experiences based on current, scientifically proven information designed to enable people to gain control over the determinants of health and health behaviors, and the conditions that affect their health status and the health status of others. The planned social actions and learning experiences include modules to support an understanding of the biological, emotional, psychological, social and sexual components of health and behaviors leading to health. The ideal goal of comprehensive health education is to facilitate voluntary adaptations of behaviors conducive to health.

Cultural and Linguistic Effectiveness

The capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including persons of limited English proficiency, those who have low literacy skills or are not literate and individuals with disabilities. Individuals also must be effective in how to draw on the community-based values, traditions, and customs to work with knowledgeable persons

of and from the community in developing targeted interventions and communications. The combination of Cultural and Linguistic Effectiveness in health care allows for better health care delivery by providers, particularly for populations that experience cultural and linguistic barriers that drastically effect the ability of individuals and families to access vital health care services.

Determinants of Health⁷

Direct causes and risk factors that, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem. These may be defined as the “upstream” factors that affect the health status of populations and individuals. Roughly divided into the social environment (cultural, political, policy, economic systems, social capital, etc.), the physical environment (natural and built), and genetic endowment. The determinants of health affect both individual response (behavior and biology) and the prevalence of illness and disease.

Discrimination

Is the unfair treatment of an individual or a group on the basis of prejudice and is considered to be a critical barrier in achieving optimal health for special populations. Issues related to achieving optimal health include alienation from the health system within minority communities, as well as linguistic and cultural barriers, such as the lack of translated materials and the lack of knowledge of culturally-influenced health practices in communities.

Electronic Health Record⁸

The Electronic Health Record (EHR) is a longitudinal electronic record of patient health information generated by one or more

⁶ Meeting Global Health Challenges, XIV World Health Conference of Health Education, World Health Organization, International Union for Health Education

⁷ NPHSP Glossary

www.cdc.gov/od/ocphp/nphsp/documents/glossary.pdf

⁸ Healthcare Information and Management Systems Society

http://www.himss.org/ASP/topics_ehr.asp

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encounters in any care delivery setting. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports. The EHR automates and streamlines the clinician's workflow. The EHR has the ability to generate a complete record of a clinical patient encounter, as well as supporting other care-related activities directly or indirectly via interface, including evidence-based decision support, quality management, and outcomes reporting.

Evidence-based Practice⁹

Evidence-based practice is the process of systematically reviewing, appraising, and using programs, policies or other practices that have been researched and found to be effective in achieving their desired goal.

Health¹⁰

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Health Care System¹¹

A system comprised of the health providers institutions, and resources that are accessed by individuals for their personal, clinical care, and health needs. Personal health care includes a system of primary and specialty health care providers (general practitioners, surgeons), mental health (therapists, counselors), oral health (dentists, hygienists), pharmaceutical (pharmacists), vision (optometrists), and others. (chiropractic, nutritionists, physical therapists), all with the primary purpose of improving the

personal health of an individual. The Health Care System also encompasses health insurance companies and payment models, allowing one to pay for their health care and also their access to personal health care within a system.

Health Disparities

Health disparities are the differences in incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.

Healthy Home¹²

A Healthy Homes concept is a comprehensive approach to addressing the broad range of housing deficiencies and hazards associated with unhealthy and unsafe homes. These hazards include environmental exposures (carbon monoxide, lead-based paint), rodent infestation, and risk of electrical incidents and/or fire – all significant sources of physical and physiological injury, leading to a detrimental health affects and lowered quality of life. This approach utilizes strategies that effectively identify, assess, prevent, and mitigate household hazards that lead to significant health problems.

Health Impact Assessment¹³

Health impact assessment (HIA) is defined as a comprehensive methodology and tools by which a prospective program or policy can be assessed for its potential distributive effects on the health of a target population. HIA can be used to objectively evaluate the would-be health effects of a program or policy prior to construction or implementation. In doing so, HIA can provide recommendations to maximize positive health outcomes, while reducing adverse health outcomes and/or health disparities. The HIA process requires non-traditional stakeholders and partners also are involved in making decisions outside the realm of traditional public health domains, such as

⁹ CDC, Evidence-based Practice Centers www.ahrq.gov/clinic/epc/ and Association of State and Territorial Health Officials www.astho.org/?template=evidence_based_ph_practice.html

¹⁰ World Health Organization www.who.int/about/definition/en

¹¹ World Health Organization, World Health Report 2000: Health Systems: Improving Performance, www.who.int/whr/en/

¹² CDC <http://www.cdc.gov/healthyhomes/>

¹³ CDC origin.cdc.gov/healthyplaces/hia.htm

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transportation infrastructure and the built/natural environment.

Health Information Exchange¹⁴

Health Information Exchange (HIE) provides the capability to electronically move clinical information among disparate health care information systems while maintaining the meaning of the information being exchanged. The goal of HIE is to facilitate access to and retrieval of clinical data to provide safer, more timely, efficient, effective, equitable, patient-centered care. HIE is also useful to public health authorities to assist in analyses of the health of the population. HIE systems facilitate physicians and clinicians meeting high standards of patient care through electronic participation in a patient's continuity of care with multiple providers. HIE benefits also include reduced expenses associated with: duplicate tests, time involved in recovering missing patient information, paper, ink and associated office machinery, manual printing, scanning and faxing of documents, the physical mailing of entire patient charts, and manual phone communication to verify delivery of traditional communications, referrals and test results.

Health Promotion¹⁵

The science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior, and create environments that support good health practices.

HITECH Act¹⁶

Signed into law in February 2009, the federal Health Information Technology for Economic

and Clinical Health (HITECH) Act promotes the adoption and implementation of electronic health information exchange (HIE) and synonymous technology by health care providers. Under this act, health care providers are given incentives to incorporate and demonstrate the utility of HIE and electronic health records (EHR) in practice settings. This act also establishes provision for grants to fund training programs, provide IT support and facilitate the adoption of EHR by care providers.

Illinois Health Survey¹⁷

The Illinois Health Survey is an initiative to create a broad-based health survey charged with providing a predictable, reliable stream of relevant data that describes the health status and health needs of Illinoisans of all ages. This multi-sector initiative emphasizes the collection of health data that is timely within two years, flexible in responding to changing health needs, accurate in informing public health on current health needs, and accessible to public health authorities and health care providers to aid health policy and program development.

Multi-sector Partnerships

Multi-sector partnerships are the collaboration of a variety of sectors or fields. In public health, multi-sector partnerships can include government public health officials, hospital administrators, legislators, health insurance agents, trade union representatives, physicians, and other professionals working in the health care field.

Never Events¹⁸

The National Quality Forum (NQF) defines 27 serious and adverse reportable events in health care (SREs) that are termed as "never events." These events are considered to be rare medical-associated errors that should never occur during the treatment of a patient. Examples of such errors include leaving a foreign object

¹⁴ Illinois Health Information Exchange
<http://hie.illinois.gov/>

¹⁵ American Journal of Health Promotion
www.healthpromotionjournal.com

¹⁶ Health Information Technology for the Future of Health and Care healthit.hhs.gov

¹⁷ Illinois Health Survey
www.illinoishealthsurvey.org

¹⁸ National Quality Forum
www.qualityforum.org

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inside a body during surgery, or performing surgery on the wrong body part and/or on the wrong patient, as well as discharging a newborn to the wrong parents.

Patient-centered Medical Homes¹⁹

Patient-centered Medical Homes (PCMH) is described as the first point of contact for all patients engaging in the health care system. PCMH also encompasses comprehensive, integrated health care and services focusing on continuity of care, managing chronic health problems and illnesses, and prevention. Health professionals active in the continuum of primary care include general practice physicians, dentists, pharmacists, nurses, vision health practitioners, and other allied health professionals. PCMH also emphasizes and supports the use of Electronic Health Records (EHR) and Health Information Exchange (HIE) to facilitate care across health care providers.

Point Source

Point source is identified as a singly distinct and localized source of environmental (air, water, ground) pollution. While point source pollution has no geometric extent, the pollution can be traced back to a single source of origin.

Prevention²⁰

Prevention is a method of averting health problems (e.g., disease, injury) through interventions. Preventing and reducing the incidence of illness and injury may be accomplished through three mechanisms: activities reducing factors leading to health problems (primary); activities involving the early detection of, and intervention in the potential development or occurrence of a health problem (secondary); and activities focusing on the treatment of health problems and the

prevention of further deterioration and recurrence (tertiary). Selective prevention interventions are targeted to individuals or a sub-group of the population whose risk of developing disorders is significantly higher than average. The risk may be imminent, or it may be a lifetime risk. Conversely, universal prevention interventions address the health issues of the entire population that it targets without regard for individualized or specific health/risk-factors characteristic to sub-groups within the population. Universal preventative interventions are provided to everyone within the population, such as a school or community. A specific example can be an obesity prevention program that utilizes already established school-curricula within a community or even statewide to educate all school children on healthy eating.

Provider²¹

A person, agency, department, unit, subcontractor or other entity that delivers a health-related service, whether for payment or as an employee of a governmental or other entity. Examples include hospitals, clinics, free clinics, community health centers, private practitioners, the local health department, etc.

Public Health²²

The science and the art of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment; the control of community infections; the education of the individual in principles of personal hygiene; the organization of medical and nursing service for the early diagnosis and treatment of disease; and the development of the social machinery to ensure to every individual in the community a standard of living adequate for the maintenance of health.

¹⁹ Patient-Centered Primary Care Collaborative www.pcpcc.net and American Academy of Family Physicians

<http://www.aafp.org/online/en/home/membership/initiatives/pcmh.html>

²⁰ Public Health Agency of Canada, www.phac-aspc.gc.ca/vs-sb/voluntarysector/glossary.html

²¹ NPHPSP Glossary

www.cdc.gov/ocphp/nphpsp/documents/glossary.pdf

²² Ibid.

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Public Health Infrastructure²³

The systems, competencies, relationships and resources that enable performance of public health's core functions and essential services in every community. Categories include human, organizational, informational, and fiscal resources.

Public Health System²⁴

The collection of public, private, and voluntary entities as well as individuals and informal associations that contribute to the public's health within a jurisdiction.

Public Health Worker²⁵

Individuals who are responsible for providing the essential public health services whether or not they work in an official health agency. At the state level, many workers have public health responsibilities even though they may work for non-public health agencies, such as environment, agriculture, and education departments. This definition does not include those workers who occasionally contribute to the public health effort while fulfilling other responsibilities.

Safe Drinking Water Act²⁶

The Safe Drinking Water Act (SDWA) a federal law that ensures the quality of drinking water nationwide. Under SDWA, the Environmental Protection Agency (EPA) establishes standards for drinking water quality and oversees the states, localities, and water suppliers who implement those standards. SDWA authorizes the EPA to set national health-based standards for drinking water to protect against both naturally-occurring and man-made contaminants that may be found in drinking water. EPA, states, and water systems then work together to make sure that these standards are met.

Social Determinants of Health

See *Determinants of Health*

Special Populations

The special populations identified in the State Health Improvement Plan include:

African-American

Asian

Disabled

Lesbian, gay, bisexual, transgender (LGBT)

Homeless

Incarcerated/formerly incarcerated

Latinos (including immigrants and non-English speakers)

Low-income (including uninsured)

Mentally ill

Other ethnicities: Middle Eastern, Native American, Polish, non-English speakers

Rural

Seniors

Women

Youth/children

These special populations can be summarized in the following categories: race/ethnicity, geography, socioeconomic status, gender, ability, sexual orientation, age, and legal status.

Specialty Care

Health care services that are generally considered outside standard medical-surgical services because of the specialized knowledge required for service delivery and management. Examples of specialty care include (not limited to) specific surgical services like cardiothoracic surgery, to specific foci of care under broader general primary care for a specialized population, such as pediatric oncology, behavioral pediatrics, perinatology, etc.

Surveillance²⁷

Public health surveillance procedures are defined as the systematic collection and analysis of public health data derived from the population to contextualize the distributive impact of a clinical syndrome, to anticipate

²³ Ibid.

²⁴ Ibid

²⁵ www.healthypeople.gov

²⁶ EPA <http://www.epa.gov/ogwdw/sdwa/>

²⁷ CDC

<http://www.cdc.gov/ncphi/diss/nndss/phs/overview.htm>

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disease outbreaks, or utilized to drive the formation of policy or programming based on the surveillance data.

Violence²⁸

Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person or living being, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.

Vulnerable Populations

Vulnerable populations are defined as those populations that are more susceptible to risk factors that lead to poor outcomes in physical, physiological, and social health in comparison to the general population. Risk-factors include ethnicity and race, cultural and socioeconomic factors, access to care, health, insurance, etc. These risk factors significantly increase the probability of contracting a negative health condition for individuals among a vulnerable population leading to the presence of health disparities, higher morbidity, and mortality.

²⁸ World Health Organization
www.who.int/violence_injury_prevention/violence/en/