SHIP Implementation Progress Report

OFFICE OF POLICY, PLANNING, AND STATISTICS
DIVISION OF HEALTH DATA AND POLICY

December 29, 2020

Executive Summary

- State Health Improvement Plan (SHIP) — Healthy Illinois 2021—adopted in 2016 with horizon year 2021.

- Statewide collaborative effort to implement the plan involving multiple state agencies, local health departments, community organizations, and the private sector.

- The law requires an annual report to the Governor, General Assembly, and public regarding the status of implementation of the SHIP.

- This report provides qualitative and quantitative comparisons between current measures, baseline measures, and programs' activities in trying to achieve the objectives and goals.

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Executive Summary

- Most of the objectives were addressed with specific programs through agency partnerships and remain relevant.
  - Out of 14 goals, eight (57%) are being met, five (36%) are not being met, and one (7%) has undetermined progress.
  - Out of 33 objectives, six (18%) are met, seven (21%) are being met, 12 (37%) are not being met, and eight (24%) have undetermined progress.
- Progress made on meeting goals and objectives for each priority varies:
  - *Behavioral Health (6 goals and 10 objectives)*
    - Improvement in early intervention for people at risk.
    - Availability of providers and access to naloxone to mitigate the effects of opioid overdose.
    - Emerging issues include, opioid use among pregnant women, e-cigarettes, and vaping.
    - 50% of the goals and 40% of the objectives are being met, 30% of the objectives are not being met.
    - The recommendation is to maintain all goals and objectives.

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Executive Summary

- *Chronic Disease (4 goals and 8 objectives)*
  - Getting regular physical exercise to reduce risks for chronic diseases (e.g., heart disease, diabetes, depression, etc.) remains a challenge. In contrast, strategies for smoking cessation may have been successful.
  - 75% of the goals are being met, 38% (3) of the objectives are being met or met, and 50% (4) of the objectives are not being met.
  - The recommendation is to maintain all goals and objectives and revise the objectives related to smoking to include e-cigarettes and vaping; also obtain data to assess the rate of emergency department discharge for type 2 diabetes and age-adjusted ischemic heart disease mortality.

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Executive Summary

- *Maternal and Child Health (4 goals and 15 objectives)*
  - Illinois fell short of the Healthy People 2020 goal for the proportion of women receiving adequate prenatal care, with Black, Hispanic and teen women less likely to receive care; and for the rate of preterm birth and infant mortality.
  - Improvement in data resources and workforce development.
  - 50% of the goals are being met, 40% (6) of the objectives are being met or met, and 33% (5) of the objectives are not being met.
  - Obtain information from other agencies involved in medical home and certifying primary care practice sites.
  - Remove goals and objectives related to children's medical homes as Title V program was discontinued for IDPH-related programs.
  - Other changes to objectives are reported under the “recommendations” section.

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Executive Summary

- High-level recommendations
  - Address objectives related to improving data systems and infrastructure, analysis, and dissemination at higher level, not just at the priority level.
  - Promote mental health first aid training.
  - Explore relationships between comorbidities and Coronavirus Disease 2019 (COVID-19) and long-term health consequences of the disease.
  - The COVID-19 pandemic has had a confounding influence on the work of many agencies related to this plan. However, despite the pandemic, tremendous effort has been made to address the health priorities and several emerging issues. A revision of the objectives to include emerging issues, such as e-cigarettes, vaping, and COVID-19 is needed.
  - Assess baseline and current values for indicators that miss values.
  - Obtain more evidence for qualitative objectives.
  - Maintain a state-level collaborative effort to fully evaluate the multiple implementations of the plan that occur at all levels of public health governance.
  - Develop an understanding of why some objectives are already met and others are not yet met.

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Data and Methods

- Data
  - Data were obtained from several databases, including the progress assessment survey, Behavioral Risk Factors Surveillance System (BRFSS), Pregnancy Risk Assessment Monitoring System (PRAMS), Illinois Vital Records System (IVRS), Centers for Disease Control and prevention (CDC) National Center for Injury Prevention and Control Web-based Injury Statistics Query and Reporting System (WISQARS), and National Survey of Children's Health.

  - Quick survey sent to programs; questions included:
    - Was this objective addressed? If yes, please provide 1 -2 examples of how? If not, why not? Unsure of status.
    - What other IDPH office/division may have addressed this objective?
    - What other state agencies or partners may have addressed this objective?
    - Update recommendations for Healthy Illinois 2021.

- Methods
  - Qualitative analysis of programs' responses, report of relevant programs and activities.
  - Rate change = [(Most Current Available Rate/Baseline Rate) -1]*100
    - Negative value means reduction or decrease
    - Positive value means increase
  - Progress on meeting goals and objectives are classified as Not Being Met (NM), Being Met (BM), Met (M), or Don't Know/undetermined (DK) based on the qualitative and quantitative comparisons between current and baseline measures.

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Priority Area: Behavioral Health

Goal 1: Improve the collection, utilization, and sharing of behavioral health-related data in Illinois *(NM).*

- *A framework for surveillance and planning that is data-driven and specific, including proposed approaches for monitoring disparities (race/ethnic, gender, geography, etc.) where possible, is produced and presented to the SHIP ICC (NM) by January 1, 2017.*
  - Due to a change in access to Medicaid data, the framework for surveillance and planning has not been completed, however, the Illinois Department of Human Services [(DHS)/Division of Mental Health (DMH)] is in the process of developing data sharing agreements with managed care organizations (MCOs) to obtain access.

Goal 2: Build upon and improve local system integration (BM).

- *Evidence of new or strengthened partnerships with a wide variety of stakeholders to enhance and support the development of medical and health homes that integrate mental and physical health and wellness across the continuum of services (from prevention through treatment) by Jan. 1, 2017* (BM).
  - DMH and federally qualified health centers (FQHCs) have been piloting an integrated primary and behavioral health care system on three sites for three years. Findings will inform policy development and identify training and technical assistance needs.

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Priority Area: Behavioral Health

Goal 3: Reduce deaths due to behavioral health crises *(NM).*

To reduce deaths due to the behavioral health crisis, the state took a systems level approach to reducing the suicide rate and deaths due to opioid overdose.

- *Reduce opioid overdose mortality rate by 20% (BM)*
  - 3.7% decrease from 2017 to 2019 (Vital Records)
    - Illinois has received more than $60 million in federal funds to combat the growing epidemic from agencies such as the Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), and the U.S. Department of Justice (DOJ). The state has leveraged these dollars to support a preventative, state-local approach focusing on both reducing opioid misuse and connecting individuals who misuse opioids to necessary services through the implementation of the State Opioid Action Plan. Among others, the accomplishments of this plan include an increase in Medication Assisted Recovery providers in Illinois, an increase in availability of naloxone, and an increase in providers registered in the Illinois Prescription Monitoring Program.
  - Rate is on the rise in 2020
    - The increase began before the onset of the COVID-19 pandemic and is most likely associated with synthetic opioids, such as fentanyl in the drug supply.

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Priority Area: Behavioral Health

Goal 3: Reduce deaths due to behavioral health crises *(NM), cont'd.*

To reduce the suicide rate, the state focused primarily on adolescents and veterans through the work of the Illinois Suicide Prevention Alliance (ISPA). For adolescents, the ISPA formed an ad hoc committee to focus on strategies to address youth, adolescent, and young adult suicide prevention. The ISPA identified priorities and hired a graduate intern to implement. In order to address suicide among veterans, the state created the Governor's Challenge to address Veteran Suicide. This work is led by DHS.

- *Reduce age-adjusted suicide rate by 20%* (NM).
  - 8.7% increase in age-adjusted rate, from 10.4 per 100k in 2014 to 11.3 per 100k in 2018 (9.2% increase from 13.0 per 100k in 2014 to 14.2 per 100k in 2018 nationwide, KFF, 2020).
  - 4.8% increase in crude rate, from 10.84 per 100k in 2014 to 11.36 per 100k in 2019 (Vital Records, 2020).
  - Recent increase in non-Hispanic Black aged 18-24 years.
- *Reduce the number of young adults (aged 18-24) who report experiencing poor mental health for more than one week per month by 20%* (NM).
  - 16.5% increase, from 20.6% in 2014 to 24.0% in 2018 (BRFSS, 2020).
- *Reduce age-adjusted suicide rate among the veteran population by 20%* (DK).

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Priority Area: Behavioral Health

Goal 4: Improve the opportunity for people to be treated in the community rather than in institutional settings (BM).

To address this goal, the state successfully developed alternative models for treatment and a cross-agency collaboration to jointly advocate for resources to support suicide prevention.

- *Reduce emergency department visits, hospitalizations, and incarceration due to behavioral health issues by narrowing the treatment gap (by 25%) and building and sustaining community-based behavioral health treatment capacity* (DK).
  - DHS/DMH developed 22 Living Room Programs throughout the state that are providing an alternative model to crisis care for psychiatric issues.
  - DHS/DMH developed Transitional Living Center pilots that will provide immediate access to short-term housing for individuals with serious mental illnesses.

- *Leverage partners for united action and opportunity for funding* (BM).
  - IDPH, in partnership with other organizations, applied for multiple federal funding opportunities to address suicide prevention and adverse childhood experiences.
  - The DHS/DMH issued a Notice of Funding Opportunity (NOFO) for the National Suicide Prevention Lifeline, providing more resources to roll out the 988 number in July 2022.

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Priority Area: Behavioral Health

Goal 5: Increase behavioral health literacy and decrease stigma (BM).

Multiple agencies addressed this goal through the identification of accessible capacity building opportunities offered to multi-sector stakeholders throughout the state.

- *Increase behavioral health literacy and conduct more Mental Health First Aid trainings to build community capacity in this area* (BM).
  - To increase the awareness of the refugee/immigrant experience, IDPH offered staff and partners the "Building Resilience of Immigrant/Refugee Children" webinar. The webinar was developed by the Center for Childhood Resilience at Ann and Robert H. Lurie Children's Hospital of Chicago, Illinois Childhood Trauma Coalition's Ad-Hoc Committee on Refugee and Immigrant Children and Trauma, Illinois Refugee Mental Health Task Force, Coalition for Immigrant Mental Health, and focus groups of refugee and "dreamer" students.
  - To decrease stigma and to increase engagement with local counseling and mental health centers (CMHCs), the DHS/DMH partnered with the National Alliance on Mental Illness (NAMI) to bring Bridges of Hope, an organization that engages faith communities in ending family homelessness, to areas throughout the state, by working with churches and faith communities.

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Priority Area: Behavioral Health

Goal 6: Improve response to community violence (DK).

In 2019, IDPH created the Director's Violence Prevention Task force with goals to increase awareness of resources, jobs, and opportunities to prevent violence; to assist violence prevention groups, religious institutions, social lodges, and community groups; and to organize community mental health providers in at-risk communities.

IDPH developed a dashboard on firearm-related mortality to increase awareness on the scope and significance of this type of violence in communities. The dashboard is going through IDPH's publication process.

- *Increase mental health outreach to communities with the highest rates of violence* (DK).
  - The Violence Prevention Task Force identified mental health as a priority area.
  - Variety of initiatives, including Adverse Childhood Experiences, Illinois Criminal Justice Information Authority (ICJIA R3) initiative, and DHS efforts to expand outreach to communities, especially in response to COVID-19, to address the issue.

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Priority Area: Chronic Disease

Goal 1: Increase opportunity for tobacco-free living (BM).

The increased opportunities for tobacco-free living through the passage of state law Tobacco 21.

- *Reduce the percentage of Illinois adults reporting smoking by 5%* (M).
  - 13.2% decrease in smoking, from 16.7% in 2014 to 15.5% in 2018 and to 14.5% in 2019 (BRFSS, 2020).
    - Passage and implementation in 2019 of a statewide law increasing the minimum legal purchase age for tobacco products from 18 to 21 (Tobacco 21) may have contributed to the reduction in the smoking rate. Funding was maintained for the Illinois Tobacco Quitline and statewide evidence-based tobacco prevention and control funding for local health departments (LHDs). Grants to LHDs are used for policy-focused strategies, including tobacco/e-cigarette free outdoor spaces, smoke-free multi-unit housing, and educating the public and decision makers on policies to reduce the sale and use of menthol and flavored tobacco and e-cigarettes.

- *Reduce the age-adjusted rate of ischemic heart disease mortality by 5%* (NM).
  - 4.2% increase in crude rate from 194.22 per 100k in 2014 to 202.46 per 100k in 2019 (Vital Records, 2020).

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Priority Area: Chronic Disease

Goal 2: Increase opportunities for healthy eating (BM) and Goal 4: Increase community-clinical linkages to reduce chronic disease (BM).

- *Reduce the percentage of obesity among children of age 10-17 by 5%* (M).
  - 26.4% decrease from 19.3% in 2014 to 14.2% in 2018.
    - IDPH participated in the Domain 2 of the Chronic Disease and School Health (CDASH) Grant Sodium Reduction Initiative to address childhood obesity in FY16-FY18.

- *Reduce the percentage of obesity among adults by 5%* (NM).
  - 7.8% increase from 29.5% in 2014 to 31.8% in 2018 (BRFSS, 2020).
    - IDPH participated in the Domains 2, 3, and 4 of the CDASH grant to address adult obesity in FY16 - FY18. IDPH's Office of Health Promotion (OHPm) focused on expanding availability of and access to accredited lifestyle change programs such as the CDC-supported Diabetes Prevention Program and Diabetes Self-management Education and Support program, both of which include standardized weight loss goals as part of participant performance benchmarks.
    - Current IDPH chronic disease grants.

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Priority Area: Chronic Disease

- *Reduce the percentage of adults reporting diabetes by 5%* (BM).
  - 2.0% decrease from 10.2% in 2014 to 10.0% in 2018 (BRFSS, 2020).
    - IDPH participated in the Domain 3 of the CDASH grant to address adult diabetes in FY16 - FY18. OHPm focused on expanding availability of and access to accredited lifestyle change programs such as the CDC-supported Diabetes Prevention Program and Diabetes Self-management Education and Support Program, both of which include hemoglobin A1c reduction and maintenance as part of participant performance benchmarks. Strategy A5 focuses on achieving widespread health care plan coverage (including Medicaid) for these lifestyle change programs, further improving accessibility. Strategies A3 and A7 focus on integrating pharmacists and community health workers, respectively, into the care and chronic disease management processes for people with prediabetes and diabetes in order to increase convenient access to A1c reducing services.
    - Current IDPH chronic disease grants.

- *Reduce the rate of emergency department discharges for type 2 diabetes by 5%* (DK).
  - IDPH participated in the Domain 3 of the CDASH grant to address this issue. The above-described strategies A5, A3, and A7 are intended to reduce the number of Illinoisans with a hemoglobin A1c > 9%, inherently reducing the risk of hospitalization due to uncontrolled diabetes and related complications.

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Priority Area: Chronic Disease

Goal 3: Increase opportunity for active living (NM).

- *Reduce the percentage of Illinois adults reporting no physical activity in the last 30 days by 5%* (NM).
  - 2.5% increase from 24.0% in 2014 to 24.6% in 2018 (BRFSS, 2020).
    - IDPH participated in the Domains 2 and 4 of the CDASH grant to address adult physical activity in FY16 - FY18. In addition to the strategy, OHPm deployed strategies A5, A3, A7, B3, and B4 that focused on integrating interdisciplinary professional teams into the care and chronic disease management processes for people with diabetes and cardiovascular disease, respectively, in order to increase access to services which promote increased physical activity as part of the disease prevention and management process.
    - Current IDPH chronic disease grants.

- *Reduce the percentage of Illinois children who report not engaging in vigorous physical activity by 5%* (NM).
  - 21.3% increase from 8% in 2014 to 9.7% in 2019.
    - IDPH participated in the Domain 2 of the CDASH grant to address childhood physical activity.

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Priority Area: Maternal and Child Health

Goal 1: Assure accessibility, availability, and quality of preventive and primary care for all women, adolescents, and children, including children with special health care needs, with a focus on integration, linkage, and continuity of services through patient-centered medical homes (NM).

IDPH recommends discontinuing the three objectives supporting the development of children's medical homes. In 2017, the Title V program made the decision to remove the priority on children's medical homes because the issues that need to be addressed (i.e., certification and payment issues) fall outside the scope/purview of IDPH.

- *Implement reimbursement of medical homes and necessary supportive infrastructure* (DK).
- *Increase the number of primary care practice sites certified by the National Committee for Quality Assurance, URAC, or the Joint Commission by 30%* (DK).
- *Increase the proportion of children who have a medical home by 10%* (DK).

While medical homes are no longer a priority, connecting women of reproductive age to preventative care remains an objective for the state.

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Priority Area: Maternal and Child Health

- *Increase the proportion of women of reproductive age (18 - 44 years old) who completed a medical visit for preventive care by 10%* (M).
  - 20.4% increase from 61.9% in 2014 to 74.5% in 2018 (PRAMS, 2020).
  - IDPH's Office of Women's Health and Family Services (OWHFS) developed a grant program to fund local organizations to increase well-woman visits in their communities.

Goal 2: Support healthy pregnancies and improve birth and infant outcomes (NM).

Efforts led by OWHFS and the Illinois Department of Healthcare and Family Services (HFS) to support healthy pregnancies and to improve birth outcomes through enhanced collaboration, Managed Care Organizations (MCOs) led perinatal support programs, improved data collection on maternal deaths, plans to expand coverage for post-partum women, and improved Medicaid enrollment.

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Priority Area: Maternal and Child Health

- *Reduce preterm birth, including a focus on disparities by 10%* (NM).
  - 5.9% increase from 10.1% in 2014 to 10.7% in 2018 (Vital Records).
  - OWHFS supports preterm birth prevention through the regionalized perinatal system, the Illinois Perinatal Quality Collaborative, and the provision of family planning services to improve pregnancy/birth spacing.
  - IDPH implemented the Infant and Maternal Mortality Among African-Americans Task Force (IMMT) in 2019; this task force is reviewing best practices in preventing infant and maternal mortality, developing strategies to improve community engagement, and analyzing system change options to recommend policies for addressing high occurrence of and disparities in infant and maternal mortality in the state.
  - HFS drafted pay for performance metrics to include monitoring prenatal and postpartum care with a focus on equity in care. MCOs offer perinatal support programs designed to support expectant mothers.

- *Reduce the rate of maternal mortality from 12.1 to 11.4 per 100k, prioritizing populations impacted by health disparities, to meet the Healthy People 2020 objectives* (DK).
  - In order to improve data collection on maternal mortality, OWHFS began supporting state Maternal Mortality Review Committees (MMRC) in 2017. In 2018, the state released the first maternal morbidity and mortality report, which offered recommendations on how to reduce maternal mortality.
  - To improve morbidity and mortality outcomes, the state has 1,115 waivers in progress to extend care for women up to one-year postpartum.

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Priority Area: Maternal and Child Health

- *Reduce the rate of all infant deaths (within one year of birth) from 6.2 to 6.0 per 1,000 to meet the Healthy People 2020 objective* (NM).
  - 1.2% decrease from 6.59 per 1,000 in 2014 to 6.51 per 1,000 in 2018 (Vital Records).
  - Since 2016, the state has a multifaceted approach to reducing infant mortality that includes maintaining the regionalized perinatal system, the Illinois Perinatal Quality Collaborative, fetal infant mortality review, and supporting the state Infant and Maternal Mortality among African-Americans Task Force. Additionally, HFS applied pay-for-performance measures of Well-Childcare Healthcare Effectiveness Data and Information Set (HEDIS) metrics that ensure required Primary Care Physician (PCP) visits, as well as Certificate of Immunization Status per the American Academy of Pediatrics' (AAP) schedule.

Goal 3: Assure that equity is the foundation of all Maternal and Child Heath (MCH) decision making; eliminate disparities in MCH outcomes (BM).

Health equity is a cross-cutting issue for all state agencies. IDPH has prioritized integrating health equity into the agency's decision making by implementing a toolkit developed by the Health Equity Council (HEC).

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Priority Area: Maternal and Child Health

- *Complete an equity self-assessment (IDPH and at least 10 LHDs)* (M).
  - IDPH's HEC designed the Organizational Self-Assessment Toolkit to be utilized by local health departments to determine the capacity for addressing health inequities.
  - The Health Equity Checklist has been incorporated into the IDPH grant application and grant review process.

- *Launch training on the use of the health equity toolkit to increase the number of local health departments that utilize a health equity approach in their planning* (NM).
  - IDPH developed a health equity checklist to encourage state, county, and local participating entities to apply an effective health equity to any proposed intervention strategy designed to address health disparities and/or health inequities.
  - Trainings on the checklist are planned but not yet delivered.

- *Launch training on the use of the health equity toolkit to increase the number of state agencies that report the use of a health equity approach in their needs assessments or annual reports* (NM).
  - The Health Equity Checklist has been shared with other state agencies.
  - Trainings on the checklist are planned, but not yet delivered.

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Priority Area: Maternal and Child Health

Goal 4: Strengthen public health data systems, infrastructure, and capacity through unified statewide planning and leadership (BM).

IDPH led efforts on this goal by focusing on data linkages, expanding capacity through training opportunities, and increasing availability of public data.

- *IDPH will convene a statewide public health data strategy committee, composed of internal and external stakeholders, to assess the data landscape and develop priorities for system-wide improvement* (NM).
  - A committee is not yet in place to address this issue.

- *Data linkages will be implemented and routinely accomplished on an annual basis* (M).
  - Data linkages completed by OWHFS since 2015 include infant birth-death cohort linkages, preterm linkage to birth certificate, infant hospital discharge to birth certificate, maternal hospital discharge to birth certificate, and COVID-19 data to birth certificate.

- *IDPH will increase the number of interns, fellows, Epidemic Intelligence Service (EIS) officers, and other public health trainees in epidemiology supported by the department by 10%* (M).
  - 13 Epidemiologist interns/fellows were employed from 2016 to 2020.

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Priority Area: Maternal and Child Health

- *IDPH will increase the number of public health indicators available on public data query systems by 20%* (BM).
  - OWHFS worked with the Division of Patient Safety and Quality (DPSQ) staff to add a maternal and child health module to the community health map.
  - PRAMS began making "data tables" publicly available on their website.
  - Continued update of birth data in the PRAMS and IPLAN data system (IQuery).

- *IDPH will add a data resource list to the public website* (BM).
  - Database and Datafile Resource Guide available on the IDPH website.

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Recommendations

- Objectives related to improving data system should be widely focused and not specific to a priority.
- Revise objectives related to smoking to include e-cigarettes and vaping.
- Complete an equity self-assessment.

  Change to "identify and make available trainings, tools, and resources to promote health equity for IDPH and LDH workforce.“
- Launch training on the use of the health equity toolkit to increase the number of local health departments that utilize a health equity approach in their planning.

  Change to "Incorporate health equity checklist into IDPH grant programs" and incorporate checklist into internal IDPH program planning to ensure IDPH staff work through an equity lens.
- Launch training on the use of the health equity toolkit to increase the number of state agencies that report the use of a health equity approach in their need assessments or annual reports.

  Change to "Develop and conduct a Collaborating Partner Survey to distributed to IDPH partners to gather feedback and insights regarding their partnership with IDPH and how it facilitates public health approaches, strategies, and activities that help address health inequities and the social determinants of health.“
- Change the objective about suicide to “reduce suicide rate for all age categories by 5%.”

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Data Sources

- BRFSS data: http://www.idph.state.il.us/brfss/
- Death data: http://www.dph.illinois.gov/data-statistics/vital-statistics/death-statistics
- Healthy Illinois 2021: http://www.idph.state.il.us/ship/icc/index.htm
- Population data: https://www.cdc.gov/nchs/nvss/bridged_race.htm
- PRAMS data: http://www.dph.illinois.gov/data-statistics/prams
- National Suicide data
  - CDC National Center for Injury Prevention and Control, web-based Injury Statistics Query and Reporting System (WISQARS) (2017): www.cdc.gov/injury/wisqars.
  - Kaiser Family Foundation: https://www.kff.org/other/state-indicator/suicide-rate/
- National Survey for Children's Health: https://www.childhealthdata.org/learn-about-the-nsch/NSCH

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Appendices

Year	Suicide	NCHS Population	Crude Rate per 100k	Change from 2014
2019	1,439	12,671,821	11.36	4.79%
2018	1,488	12,741,080	11.68	7.77%
2017	1,473	12,802,023	11.51	6.18%
2016	1,415	12,835,726	11.02	1.73%
2015	1,362	12,862,051	10.59	-2.28%
2014	1,396	12,882,438	10.84	0.00%

Year	Heart Disease Deaths	NCHS Population	Crude Rate per 100k	Change from 2014
2019	25,655	12,671,821	202.46	4.24%
2018	25,747	12,741,080	202.08	4.05%
2017	25,393	12,802,023	198.35	2.13%
2016	25,017	12,835,726	194.90	0.35%
2015	25,653	12,862,051	199.45	2.69%
2014	25,020	12,882,438	194.22	0.00%

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