Planning Council Meeting
December 14, 2015

Presented by:

Illinois Department of Public Health
and University of Illinois at Chicago
School of Public Health

Agenda

Agenda Topic	Time Allotted
1. Welcome / Logistics	1:00 – 1:10 PM
- Minutes	
2. Background and State Health Assessment Update	1:15 – 1:30 PM
3. Action Team Training	1:30 – 2:20 PM
6. Next Steps	2:15 – 2:20 PM
7. Public Comment	2:20 – 2:30 PM
8. Adjourn	2:30 PM

ACTION TEAMS WILL BREAK OUT VIA CONFERENCE CALL STARTING AT 2:45

Logistics

- Mute your lines
- Planning Council Member Roll-Call
  - MCPHP will call your name, please indicate that you are on the phone
- Approval of Minutes
  - November 9
- Action Team Conference Calls

Meeting Purpose

- Background / update on the progress of the State Health Assessment

- Describe framework for action planning

- Understand basics of action planning in general and further describe the Healthy Illinois 2021 specific action planning process

- Introduce documents and tools that will be used during the process

HEALTHY ILLINOIS 2021 - BACKGROUND

What is a SHA, SHIP, and SIM?

State Health Assessment:

Systematic approach to collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public's health.

State Health Improvement Plan:

Long-term systematic plan to address issues identified in the SHA. Describes how the state health department and the communities it serves will work together to improve the health of the population.

State Innovation Model:

The SIM is an initiative to develop a strong health care system. This system will make health care better for people in Illinois. Takes a population health approach.

Why do a SHA and SHIP?

- Assess the needs, assets, and opportunities of health of the public to assure strategies drive health improvement.

- Engages community stakeholders as partners in implementation

- Illinois statute requires the production of a SHIP; specific focus on prevention and elimination of health disparities.

The basic planning process

Current state:
Where are we now?

Strategies and actions:
How do we get there?

Future State:
Where do we want to be?

- Where are we now? What is the situation?
- What are our strengths?
  What are our resources?
  What are our limitations?
- What are opportunities?
- What are threats?

- Select strategies based on best options
- Selection helps to focus the work based on resources and leverage points

- Where do we want to be?
- How will we know we're successful?
- What are our measures of success?
- How will we measure progress?

Activities to date

- Interviewed previous and current Planning Council members on the process
- Reviewed secondary data on the current state of health and well-being
- Reviewed over 200 hospital and local health department needs assessments
- Reviewed analysis of over 30 Illinois state agency reports and strategic plans

- Planning Council provided feedback on early health priorities and strengths, opportunities and barriers to health improvement in Illinois
- Reviewed feedback from Planning Council on health issues and statewide assets, opportunities and barriers
- Conducted focus groups for specific, detailed input from organizations across the state
- Offered informational sessions (via webinar and in-person presentations) and established survey tool to gather input

Illinois' State Health Assessment and Plan for Population Health Improvement Timeline
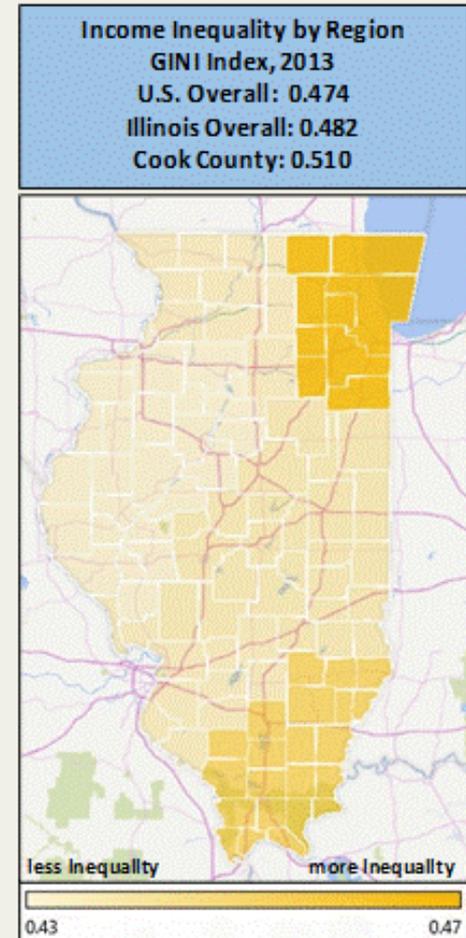
Phases	Basic activities
Phase 1: April – May 2015	• Conduct primary and secondary data analysis for SHA
Phase 2: May-June 2015	• Engage Planning Council members • Assess data, indicators and measure availability
Phase 3: June –July 2015	• Facilitate Planning Council review of data toward draft priorities, develop strategic approach, and align organizational strengths
Phase 4: August – September 2015	• Conduct focus groups and continued organizational feedback sessions • Analyze results of vetting process statewide
Phase 5: October 2015 - February 2016	• Undertake action planning • Review and revise actions plans with Planning Council
Phase 6: January 2016	• Submit final draft of the SHA
Phase 7: March – April 2016	• Public commentary on SHIP • Revise SHIP per feedback
Phase 8: April 2016	• SHIP Plans submitted for final approval

STATE HEALTH ASSESSMENT UPDATE

Where were we?

- Shared Data Book at 11/9 Planning Council Meeting
  - SHA/SHIP data production fits into a larger vision for data sharing and use in Illinois
  - A wide array of data were presented to provide an integrated examination of Illinois health indicators
  - Indicator data in draft form

Income Inequality by Region
GINI Index, 2013
U.S. Overall: 0.474
Illinois Overall: 0.482
Cook County: 0.510

less Inequality   more Inequality
0.43   0.47

What changes have we made?

- Annotation added to Data Book
- Narrative of State Health Assessment in development
  - Executive Summary
  - Findings
  - Appendices

What to expect next
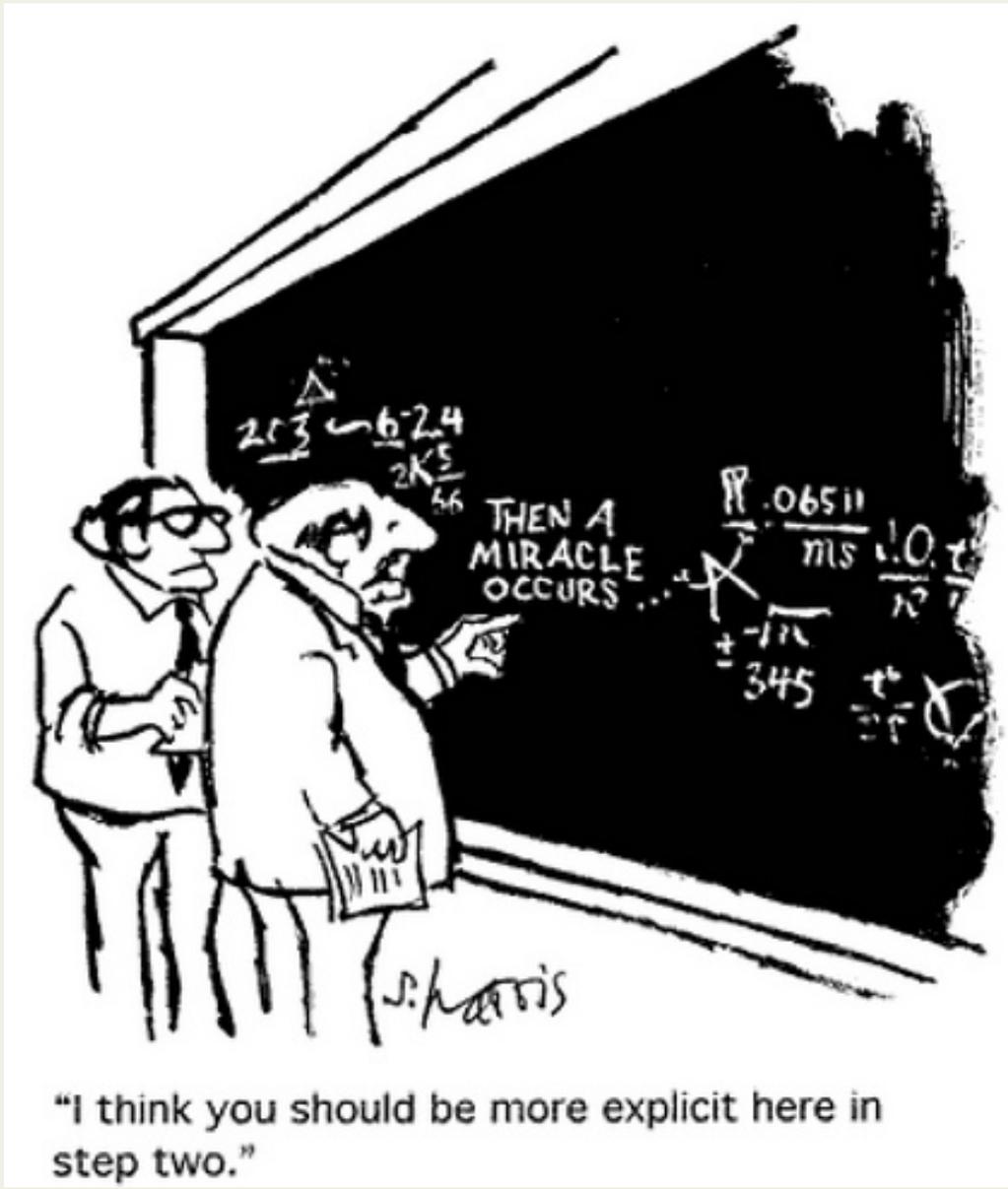

ILLINOIS

STATE HEALTH ASSESSMENT

January:

- Submission of State Health Assessment to DPH

Early 2016:

- Second release of augmented Data Book

ACTION PLANNING FRAMEWORK

"I think you should be more explicit here in step two."

Public Health System
Healthy Illinois 2021 Planning Council

Tactical Approaches

Social Determinants of Health
Access to Quality Care

Strategies

Health Priorities

Data
Partnerships
Interventions
Health Communication

Mental Health

Data
Partnerships
Interventions
Health Communication

Chronic Disease

Data
Partnerships
Interventions
Health Communication

Maternal and Child Health

Outcomes

Driving Towards Implementation

Implementation Principles:

- Information flows freely across organizational boundaries
- Understanding of decisions and actions and who is responsible
- Clear strategy and vision
- Understanding of the role of organizational structure and design to execute
- Generate buy-in

~Neilson et al (Goodward Insurance)
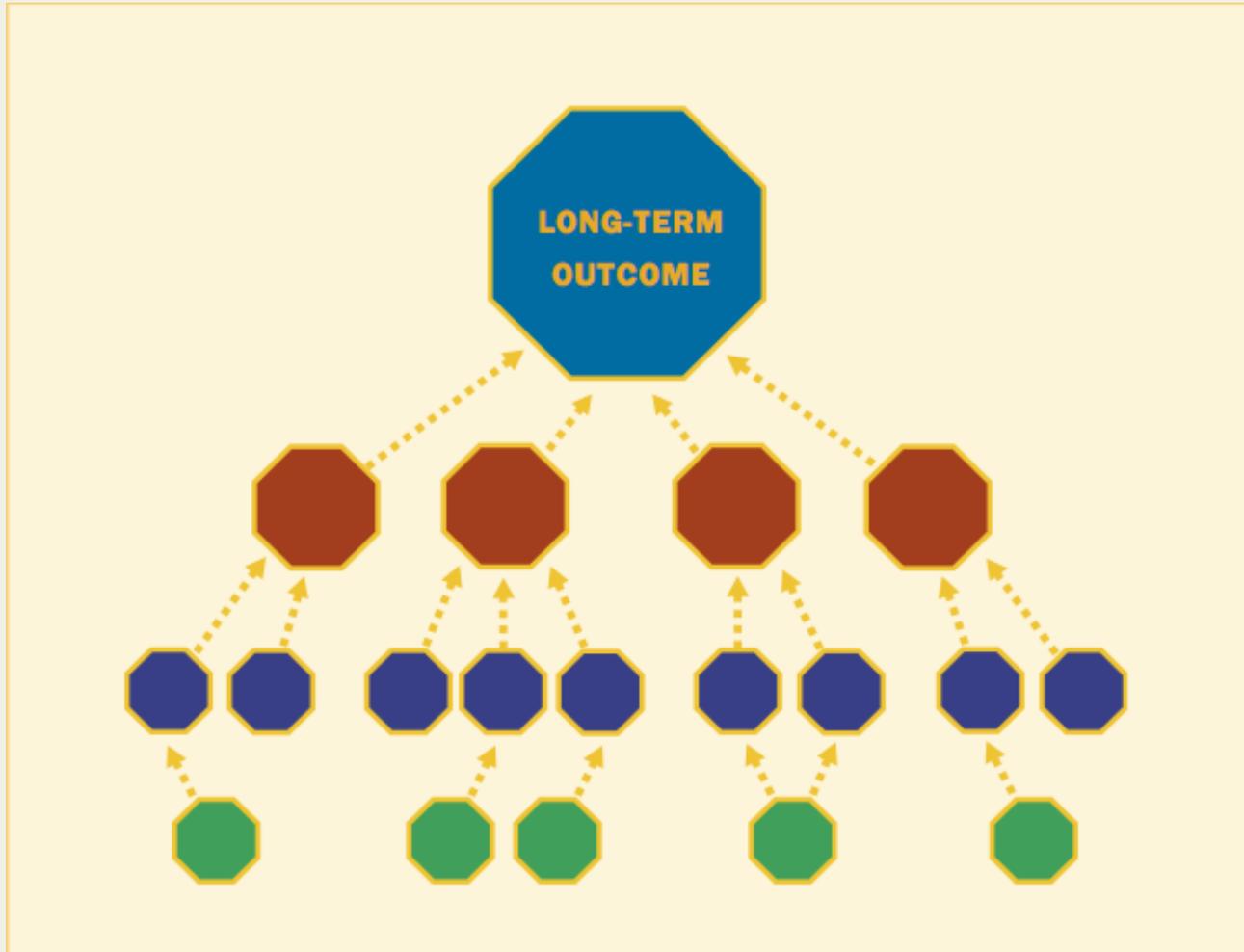~ Based on Wharton-Gartner Survey

Why Action Teams?

- Establishes structure to drive implementation
- Opportunity to broadly engage stakeholders
- Build commitment and accountability around health priorities

ACTION PLANNING BASICS

Causal Pathway

Anderson, A., *The Community Builder's Approach to Theory of Change*. www.theoryofchange.org
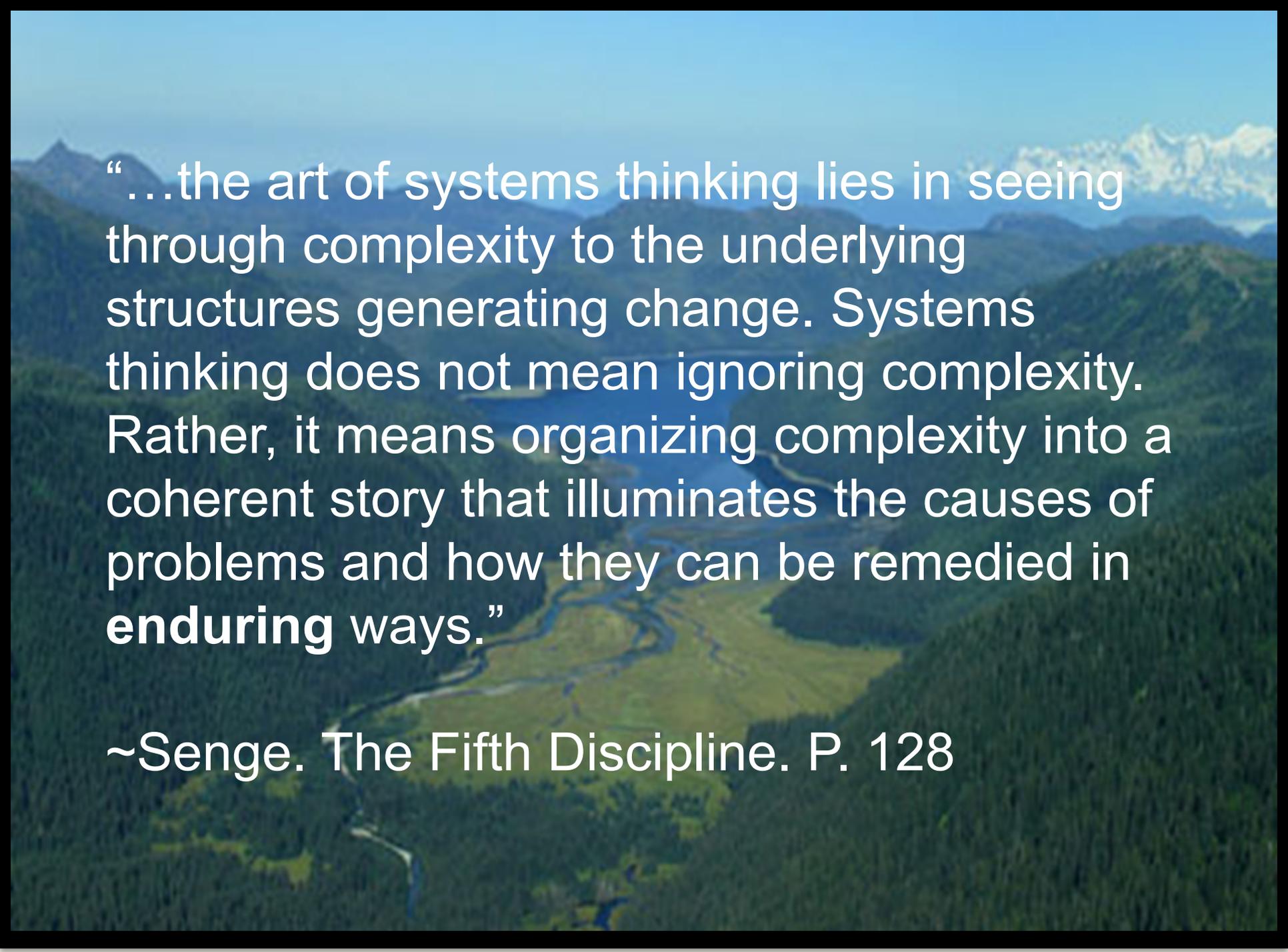
Why do we use this model?

Link outcomes and activities to explain **how** and **why** the desired change is expected to come about.

Requires justifications at each step – you have to articulate the hypothesis about **why** something will cause something else.

Clark, H., Anderson, A. (2004) Theories of Change and Logic Models: Telling Them Apart. Retrieved from http://www.theoryofchange.org/wp-content/uploads/toco_library/pdf/TOCs_and_Logic_Models_forAEA.pdf

12/16/15

SPECIAL
MUSTARD
GREENS
29¢ lb

12/16/15

"…the art of systems thinking lies in seeing through complexity to the underlying structures generating change. Systems thinking does not mean ignoring complexity. Rather, it means organizing complexity into a coherent story that illuminates the causes of problems and how they can be remedied in **enduring** ways."

~Senge. The Fifth Discipline. P. 128

Why do we use this model?

- Is this model different that ones you have used in the past? If yes, in what ways?

- What benefit do you see in using this type of action planning?

- What challenges do you foresee?

PLANS IN ACTION

Speaker

Erica Salem, Director of Strategic Health Initiatives, Health & Disability Advocates

Overview of Collaborative

December 8, 2015

HEALTHY CHICAGO
HOSPITAL COLLABORATIVE

CHICAGO HOSPITALS AND THE AFFORDABLE CARE ACT
New Opportunities for Prevention

CHICAGO HOSPITALS AND THE AFFORDABLE CARE ACT
More Opportunities for Prevention
March 2015

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

HDA
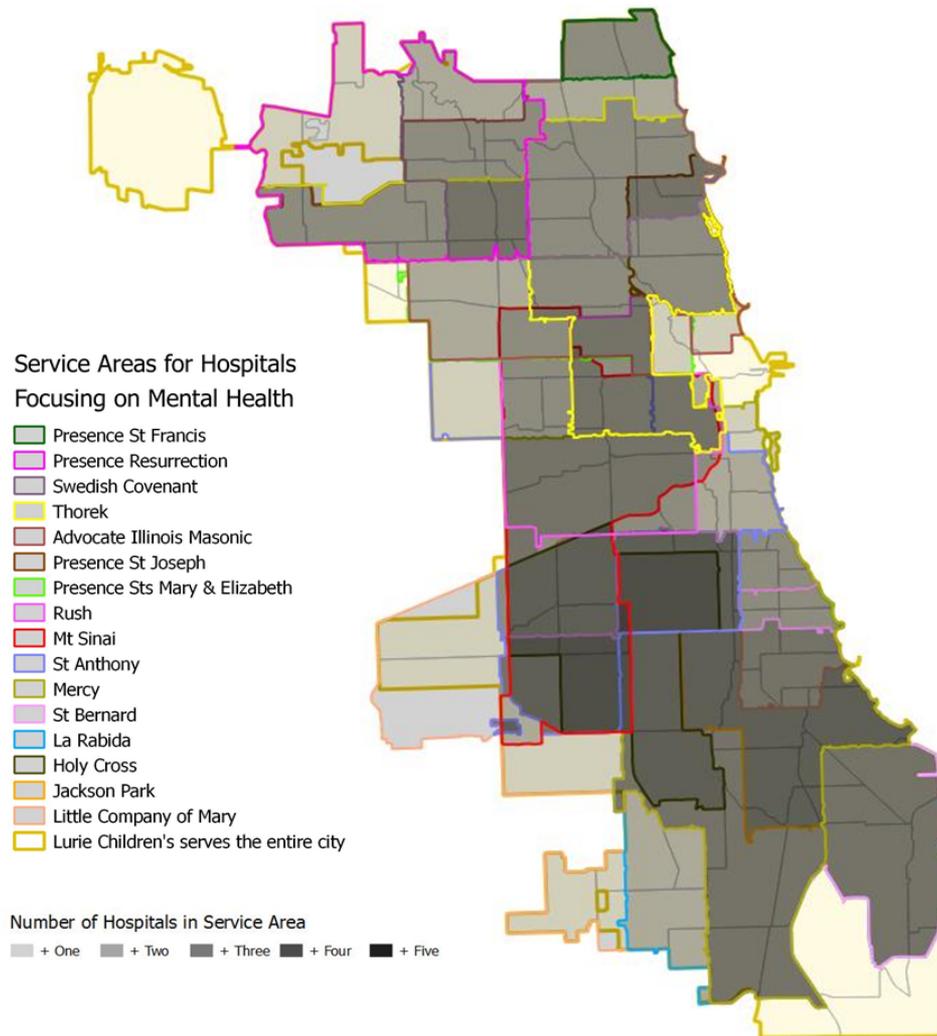Health & Disability Advocates

CHICAGO HOSPITALS AND THE AFFORDABLE CARE ACT
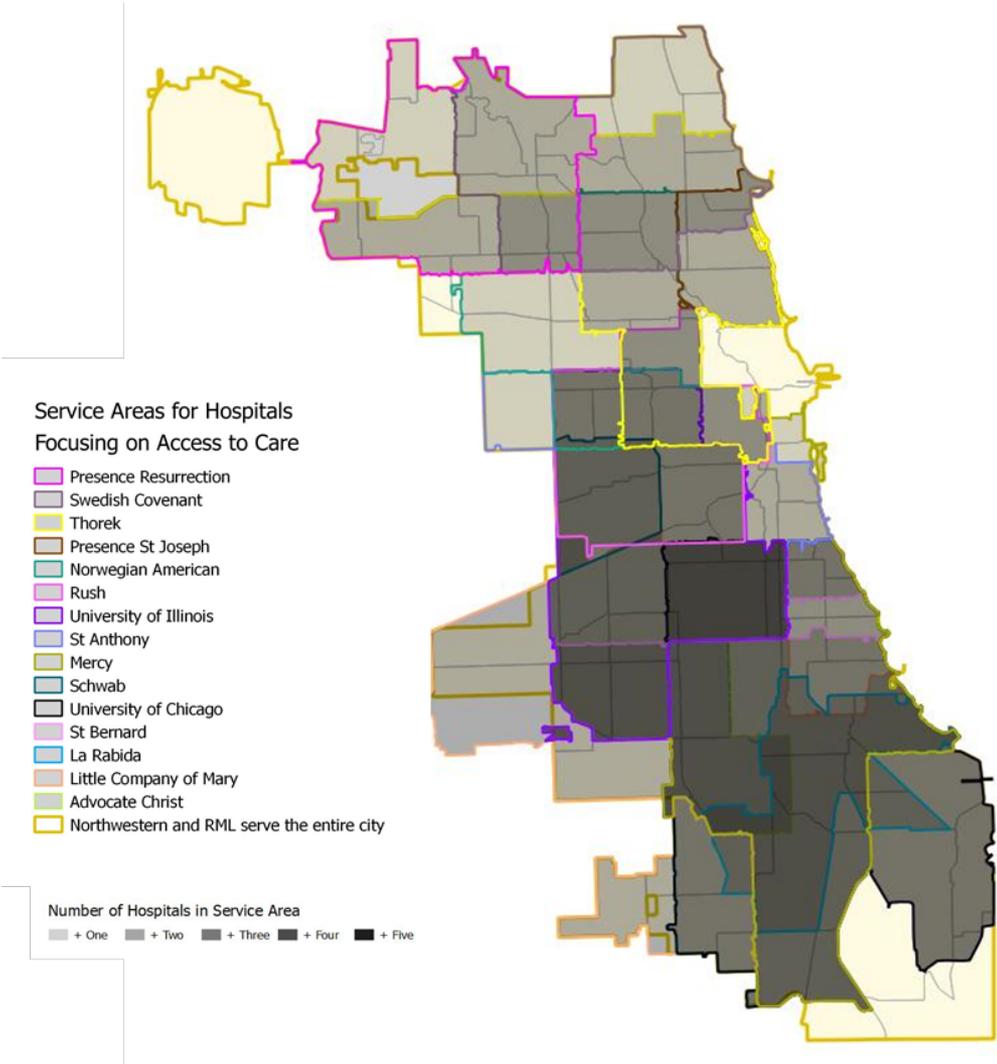
2014 & 2015 Reports on Hospital CHNAs.

Mapped by priority and service area

Identified best and promising practices

Mental Health

Service Areas for Hospitals
Focusing on Mental Health

- Presence St Francis
- Presence Resurrection
- Swedish Covenant
- Thorek
- Advocate Illinois Masonic
- Presence St Joseph
- Presence Sts Mary & Elizabeth
- Rush
- Mt Sinai
- St Anthony
- Mercy
- St Bernard
- La Rabida
- Holy Cross
- Jackson Park
- Little Company of Mary
- Lurie Children's serves the entire city

Number of Hospitals in Service Area

+ One   + Two   + Three   + Four   + Five

Access to Care

Service Areas for Hospitals
Focusing on Access to Care

- Presence Resurrection
- Swedish Covenant
- Thorek
- Presence St Joseph
- Norwegian American
- Rush
- University of Illinois
- St Anthony
- Mercy
- Schwab
- University of Chicago
- St Bernard
- La Rabida
- Little Company of Mary
- Advocate Christ
- Northwestern and RML serve the entire city

Number of Hospitals in Service Area
+ One   + Two   + Three   + Four   + Five

Obesity

Service Areas for Hospitals
Focusing on Obesity

- Presence St Francis
- Swedish Covenant
- Presence Sts Mary & Elizabeth
- Rush
- University of Illinois
- Mt Sinai
- St Anthony
- Mercy
- Schwab
- University of Chicago
- La Rabida
- Holy Cross
- Advocate Christ
- Northwestern and Lurie Children's serve the entire city

+ One   + Two   + Three   + Four   + Five

Alignment of Hospital, Citywide and National Priorities: Shared Focus on Population Health

Mental Health	Access to Care	Obesity	Heart Disease	Diabetes	Respiratory Health	Violence	Social Determinants

Chronic Disease

Mental & Emotional Well-Being	Healthy Eating Active Living	Injury & Violence Free Living	Eliminate Health Disparities
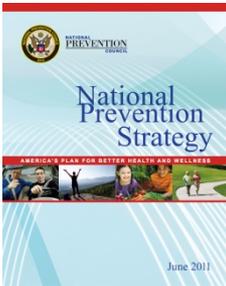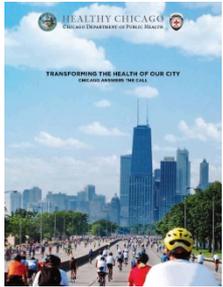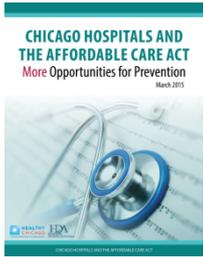
Sources for Selecting Evidence-Based Strategies

- Hospital CHNA plans

- National Prevention Strategy

- Healthy Chicago 2.0

- CLOCC Blueprint

- Healthy People 2020

- Community Guide to Preventive Services

Examples of Strategies

Hospital Plans	National Prevention Strategy	Healthy Chicago 2.0	CLOCC Blueprint
• Weight loss program for children	• Increase access to healthy and affordable foods in communities	• Healthy Food and Beverage Procurement Policy	• Collective purchasing power
• Community fitness programs	• Implement organizational and programmatic nutrition standards and policies	• Promote healthy food access	• Supporting environmental change through financial, political, and other support
• Community nutrition programs	• Improve nutritional quality of the food supply	• Implement SSB tax	• Shared measurement and aggregated data
• Offer fitness classes to seniors	• Help people recognize and make healthy food and beverage choices	• Increase access to physical activity	• Employee wellness strategies
• Community health fairs that provide cholesterol, glucose, and blood pressure screening	• Support policies and programs that promote breastfeeding –	• Promote worksite wellness programs	• Community health worker and other para-professional training
• Provide evidence based programs on health promotion and chronic disease management	• Enhance food safety	• Increase use of Divvy bikes	• Joint training for staff of L&D hospitals on breastfeeding policies and practices
• Conduct health education events		• Promote Breast-feeding	• Alignment on policy

Weighted Criteria for Strategy Selection

- Senior leadership would support strategy

- Senior leadership might support strategy

- Dollars already invested in strategy

- Committed to strategy, but not spending

- Willing to advocate for strategy

- Allows hospitals to collaborate

- Strategy is feasible

- Community support for implementation

Strategies Ranked & Calculated

	Senior leadership would support strategy	Senior leadership may support strategy	Dollars invested in this strategy	Committed to strategy, but not spending	Willing to advocate	Allows hospitals to collaborate	Strategy feasible	Community Support	
Strategy 1. Increase the capacity of school staff to implement nutrition education strategies and promote fruit and vegetable consumption through professional development opportunities and nutrition education/promotion materials that can be distributed and/or displayed in schools	4	2	2	1	4	3	3	4	76.25

Most Important to Process

- Participant review of evidence-based strategies

- Criteria against which to assess strategies

- Weight relative importance of criteria

- Everyone's vote is equal

ACTION TEAM PROCESS

Principles

Selection of goals, objectives and activities should:
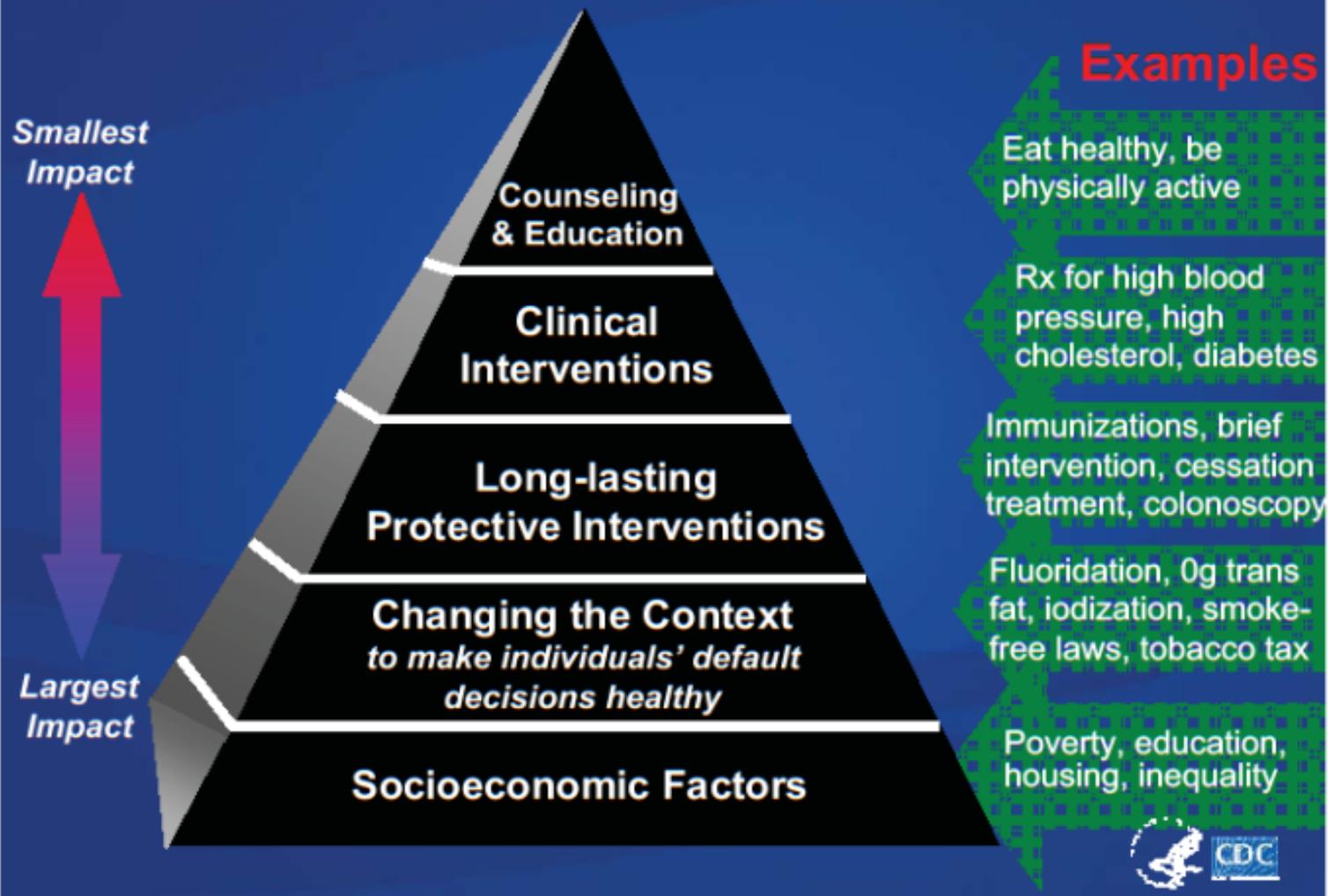
Statewide

Be asset-based

Leverage resources, including existing infrastructure

Promote alignment

Tactically address social determinants and access

Prevention

Factors that Affect Health

Examples

Smallest Impact

Largest Impact

Counseling & Education — Eat healthy, be physically active

Clinical Interventions — Rx for high blood pressure, high cholesterol, diabetes

Long-lasting Protective Interventions — Immunizations, brief intervention, cessation treatment, colonoscopy

Changing the Context to make individuals' default decisions healthy — Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax

Socioeconomic Factors — Poverty, education, housing, inequality

CDC

Meeting Outlines

Step 1: Train Action Team Members

Step 2: Priority-specific Scan, continued

Step 3: Scope

Step 4: Goals and Objectives

Step 5: Activities

Step 6: Cross-Team Report Back

Action Team Process

Meeting	Purpose	Objectives / Deliverables	Member Expectations	UIC Responsibilities
Action Team Training (Step1)	Training - Description of framework to use/basics of action planning - Further describe the specific action planning process - Introduce documents and tools that will be used during the process	- Ensure all members understand the action planning process and their roles and responsibilities	- Ask questions and seek clarification as needed - Review templates and tools	- Facilitate training - Produce tools and compile resources - Support scheduling of meetings / meeting notifications
Action Team Step 2	Priority-specific Scan (Behavioral Health, Mental Health or Chronic Disease) - List of assets around specific health priority - Discuss alignment with national best practices - Resources for discussion provided by MCPHP	- Produce a scan of the assets and resources around each health priority - Use this scan to define the scope of the Action Team	- Review resources and submit additional resources as needed - Converse with colleagues outside of the Action Team for further perspective on what's working / needs improvement. - Contribute to production of scan	- Use scan of assets to conduct research on current practices and activities; compile resource for use throughout the process - Support facilitation and meeting documentation
Action Team Step 3	Scope - Define the scope of the action team using identified principles	- Use the priority specific scan and definitional elements to define the scope of work for the action team	- Contribute to definition of scope and provide input/guidance	- Provide definitional elements and other resources - Support facilitation and meeting documentation

Action Team Process

Meeting	Purpose	Objectives / Deliverables	Member Expectations	UIC Responsibilities
Action Team Step 4	Goals and Objectives - Discuss action team template documents; forecast action plan writing - Discussion of potential goals and objectives around priority area - Goals and objectives based on assets/best-practices - Confirm consensus around goals and objectives	- Establish goals and objectives around each priority area using the Action Planning Template.	- Review resources and submit additional resources as needed - Recommend goals and objectives based on experience and best-practices - Contribute to production of Action Planning Template.	- Provide research on potential goals and objectives as needed - Support facilitation and meeting documentation
Action Team Step 5	Selection of Activities - Begin selection of activities that meet the objectives and goals of the group - Discuss potential activities based on best-practices / resources available to the group - Confirm consensus around activities	- Establish activities around each objective using the Action Planning Template. - Produce final Action Planning Template.	- Review resources and submit additional resources as needed - Recommend activities based on experience and best-practices - Contribute to production of Action Planning Template.	- Provide research on potential activities as needed - Support facilitation and meeting documentation
Action Team Step 6	Cross-Team Report Back - Action Teams will share Action Planning Templates between teams - Discuss cross-team issues, changes, and revisions.	- Submit Action Planning Template; make revisions as needed.	- Contribute to finalization of Action Planning Template.	- Compile Action Planning Templates; produce narrative for Action Plan; produce State Health Improvement Plan

Roles and Responsibilities

- Members
  - Actively participate in group discussions
  - Attend all meetings and inform team members when a scheduled meeting must be missed
  - Review tools in order to develop plans; be prepared to respond to information received
  - Share best practice or other resources that the group may find useful
  - Complete "homework" between meetings as necessary
  - Seek additional technical expertise or advice; share recommendations and information with Action Team colleagues
  - Produce documents and written material as needed

Roles and Responsibilities

- Co-Chairs
  - Lead/facilitate the meeting discussions (with support from MCPHP)
  - Lead/facilitate decision-making and consensus-building activities as needed
  - Participate in in-between meeting calls as needed
  - Provide recommendations for meeting/discussion agendas
  - Produce completed templates and meeting documentation

Ground Rules

- Be on time and prepared for meetings, which includes reviewing materials sent ahead of time.

- The group works toward consensus in plan development – everyone has to be able to agree to live with the goals and objectives, as well as action steps developed.

- One person speaks at a time so that everyone can be heard.

- All opinions are valued. Critique the opinion, not the person. Be candid but respectful.

Tools

- Action Planning Template

- Action Team Agenda

- Action Team Minutes / Documentation

- View all tools at:
  https://app.box.com/s/dilicpnexub4qg0acy33705txneqmpa7

Action Planning Template

Action Team:

	Goal:						

	Objective 1:						
	Justification:						
	Activity	**Launch Steps**	**Target Date**	**Champion Organization**	**Outcome / Deliverable**	**Indicator**	**Progress**
1							
2							
3							

	Objective 2:						
	Justification:						
	Activity	**Launch Steps**	**Target Date**	**Champion Organization**	**Outcome / Deliverable**	**Indicator**	**Progress**
1							
2							
3							

	Objective 3:						
	Justification:						
	Activity	**Launch Steps**	**Target Date**	**Champion Organization**	**Outcome / Deliverable**	**Indicator**	**Progress**
1							
2							
3							

Action Planning Template - Definitions

Goal: Statement expressing aspirations or intended effect on addressing health priority. Should be achieveable by 2021.

Objective: Targets for achievement through interventions. Must be SMART - specific, measurable, achievable, realistic and timely.

Justification: Rationale for selection of an objective based on how it addresses either social determinants of health, access to quality care, or both.

Activity: Action that supports the achievement of an objective. Specific tasks that must be completed.

Launch Steps: List of specific tasks necessary to begin action on selected activity.

Target Date: Set a completion date for the activity within the 5 year timeframe of the State Health Improvement Plan.

Champion Organization: Select an organization to champion the activity.

Outcome / Deliverable: The level to which the health problem is to be reduced as a result of the activities.

Indicator: Relates to the indicators included in the State Health Assessment that should be monitored in relationship to the proposed activity.

Progress: Used to track progress over time. The column does not need to be completed as part of submission to DPH.

Action Team Documentation

- Agenda / Minutes required for each meeting

- Tools provided by MCPHP

Resources

- Resource packet for each Action Team includes:
  - Best Practices
  - Models / Handbooks
  - Examples

Comprehensive and Integrated Chronic Disease Prevention

ACTION PLANNING HANDBOOK FOR STATES AND COMMUNITIES
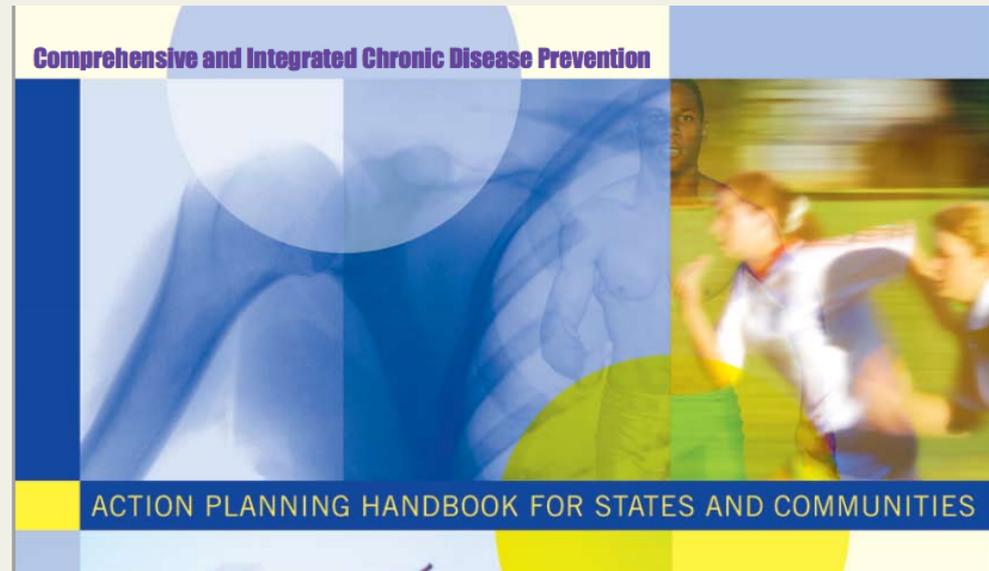
NEXT STEPS

Timeline

- Submit State Health Assessment: January 15
- Action Team Meetings: December 2015 – February 2016
- Planning Council Meeting: March 2016
- Public Hearings: March 2016
- Submit State Health Improvement Plan: April 2016

Public Comment

- State your first and last name, organization
- Limit comments/questions to 2 minutes

Adjourn

- Slides available at www.healthycommunities.illinois.gov
- Questions can be sent to HealthyCommunitiesIL@uic.edu

Action Team Call-In Numbers

Behavioral Health: Phone: (866) 297-7906; Passcode: 631744

Chronic Disease: Phone: (866) 777-0489; Passcode: 463763

Maternal and Child Health: Phone: (800) 801-7167; Passcode: 587105