

Healthy Illinois 2021 Planning Council Meeting

July 13, 2015

Welcome and Logistics

- Sign-in
- Materials
- Open Meetings Act / Ethics
- Approval of Minutes

Agenda

<u>Agenda topic</u>	<u>Time Allotted</u>
• Welcome	1:00 – 1:05
• Planning Status <ul style="list-style-type: none">– SHA development: Products and process– SHIP/SIM development	1:05 – 1:10
• Strengths and limitations	1:10 – 2:10
• Break	2:10-2: 20
• Opportunities and threats: Forces of change	2:20 – 3:20
• Putting it together: <ul style="list-style-type: none">– Measures of success– Health prioritization	3:20 – 4:05
• Next steps	4:05 – 4:10
• Public Comment	4:10 – 4:30

Meeting Purpose

- Agree on major strengths and assets presented by the existing data, as well as limitations
- Agree on the major opportunities and ‘forces of change’
- Revisit health priorities and measures of success
- Revisit process and next steps for Planning Council

Planning status: State Health Assessment

Products likely include:

1. A state health profile with clinical and prevention indicators to be updated annually to track progress;
2. A performance monitoring and data use system and committee accountable to update the profile and review the data;
3. A comprehensive summary of all findings from the assessment;
4. An executive summary of the data; and
5. A PowerPoint summarizing the data.

Statewide SWOT Assessment

July 13, 2015

Definition and purpose

- SWOT: Strengths, weaknesses, opportunities and threats
- Helps in the selection of key strategies and strategic approaches to drive implementation



Basic planning process

Current state:
Where are we now?

Strategies and actions:
How do we get there?

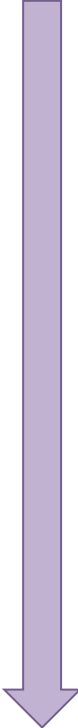
Future State:
Where do we want to be?

- 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?

Health Priority A

Strengths	Limitations	Opportunities	Threats	Strategies selected
A		C		
	B		D	

Summary of the data: Strengths and Weaknesses

1. Analysis of 36 state or statewide plans for themes
2. Sixteen interviews or reports from Planning Council members
3. Satisfaction survey of public health system performance (N=502)

SW – Questions to keep in mind

1. What is missing that should be added
2. What is common among all categories?
3. What stands out among all categories?
4. What do you want to know more about -- that may be unclear or needs more information?

Strengths– Agency Reports

1. Effort to ensure that services are provided in appropriate settings; whether services are for individuals with disabilities, children, justice-involved youth, or older adults, efforts are being made to utilize community-based services and build community based capacity.
2. Service delivery is largely grant-based.
3. Encouraging healthy lifestyles; promoting programs related to walkability, physical activity, and healthy food choices.
4. Statewide coverage delivered regionally and locally; agencies direct efforts throughout Illinois
5. Programmatic efforts are directed towards vulnerable populations, including homeless individuals, low-income individuals, and children.
6. Utilizing evidence-based best practices (examples: Maternal Child Home Visit program, early intervention for children's health needs, DJJ assessment tools).

Strengths – Planning Council Interviews

1. Infrastructure
2. Commitment from state to advance innovation in healthcare
3. State agency role as a convener and largest healthcare payer
4. Provider groups are a strong network
5. Plans are in place and work has been done.

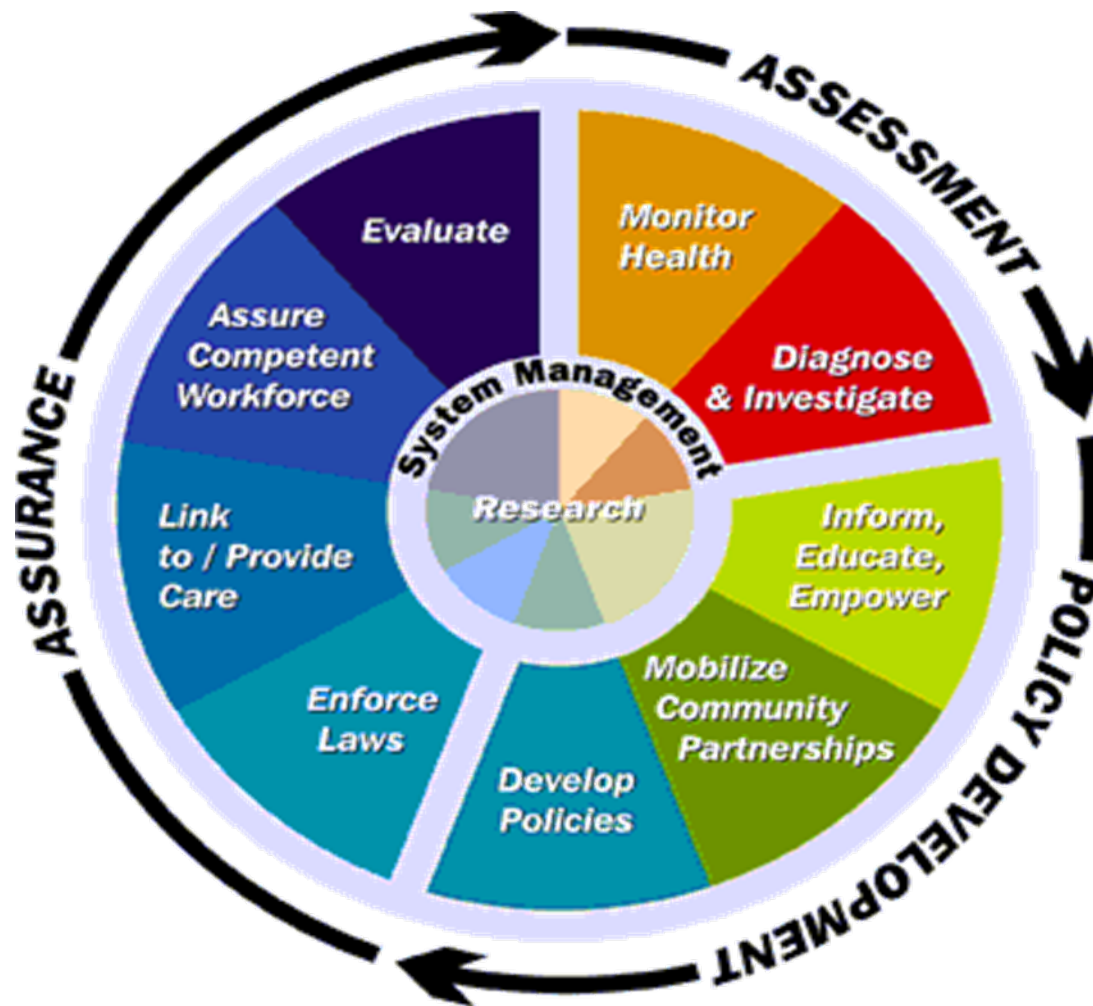
Weaknesses– Agency Reports

1. Poverty is effecting Illinois residents across life course
2. Data and technology systems need to be more effective
3. There may be gaps in health and healthcare coverage, especially for certain treatment issues.
4. There is not a common definition of quality in health and healthcare delivery.
5. Minority and vulnerable populations in Illinois experience greater poverty, un-insurance, unemployment, and food insecurity.

Weaknesses – Planning Council Interviews

1. Areas that lack primary care access
2. Investment in IT infrastructure
3. State budget/financial crisis/funding
4. Focus on treatment vs. prevention
5. Lack of communication and coordination.
6. Services not covered by Medicaid

Public Health Systems Assessment



The Essential Public Health Services

Evaluation and continuous quality improvement

Identifying and sharing best practices; participation in research

Community health assessment; registries

Public health workforce and leadership

Access to care, link with primary care

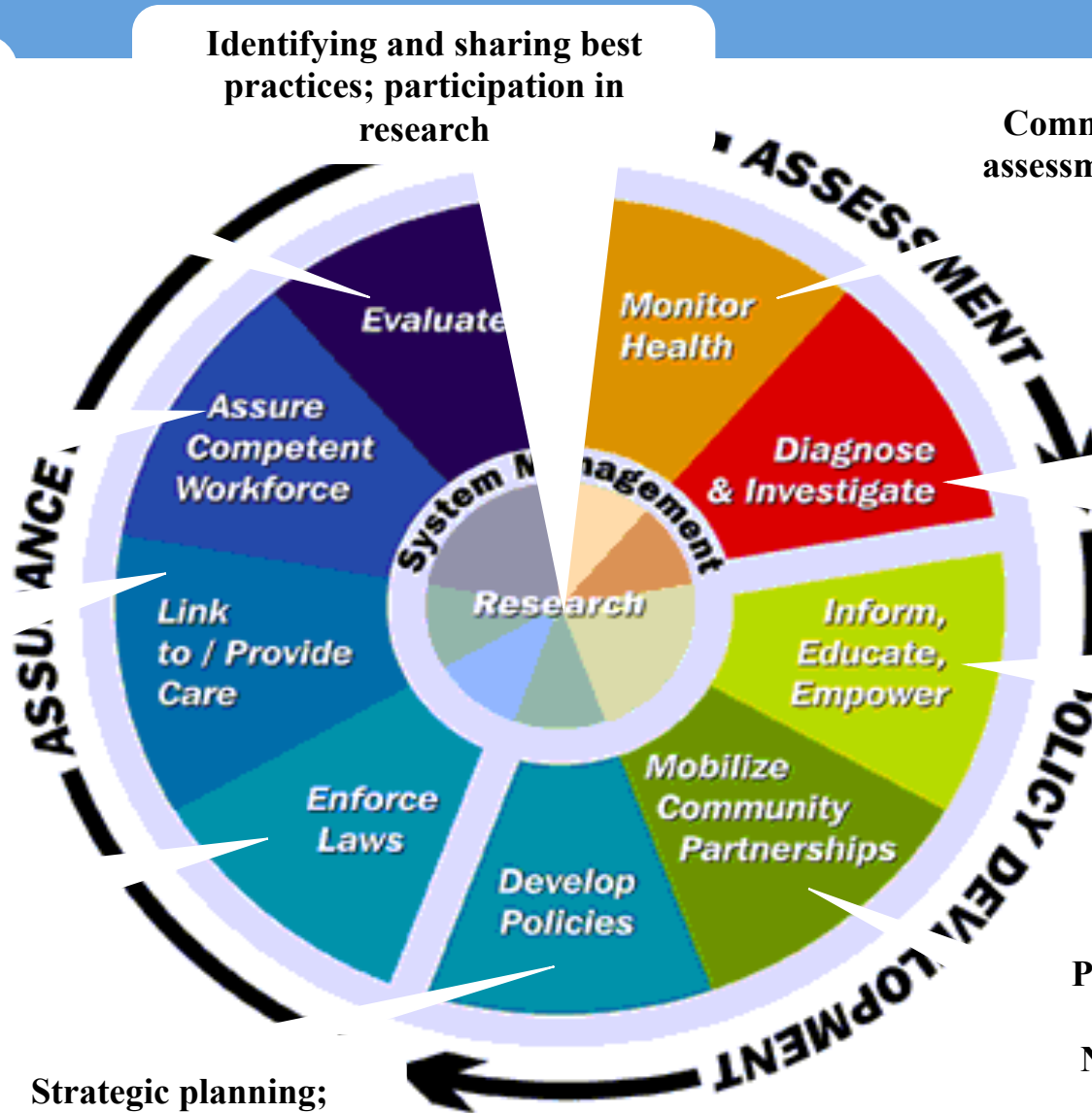
Enforcement, review of laws

Strategic planning; community health improvement planning

Investigate infectious water-, food-, and vector-borne disease outbreaks

Health education and health promotion

Partnerships with private sector, civic groups, NGOs, faith community, etc.



Public Health Systems Assessment

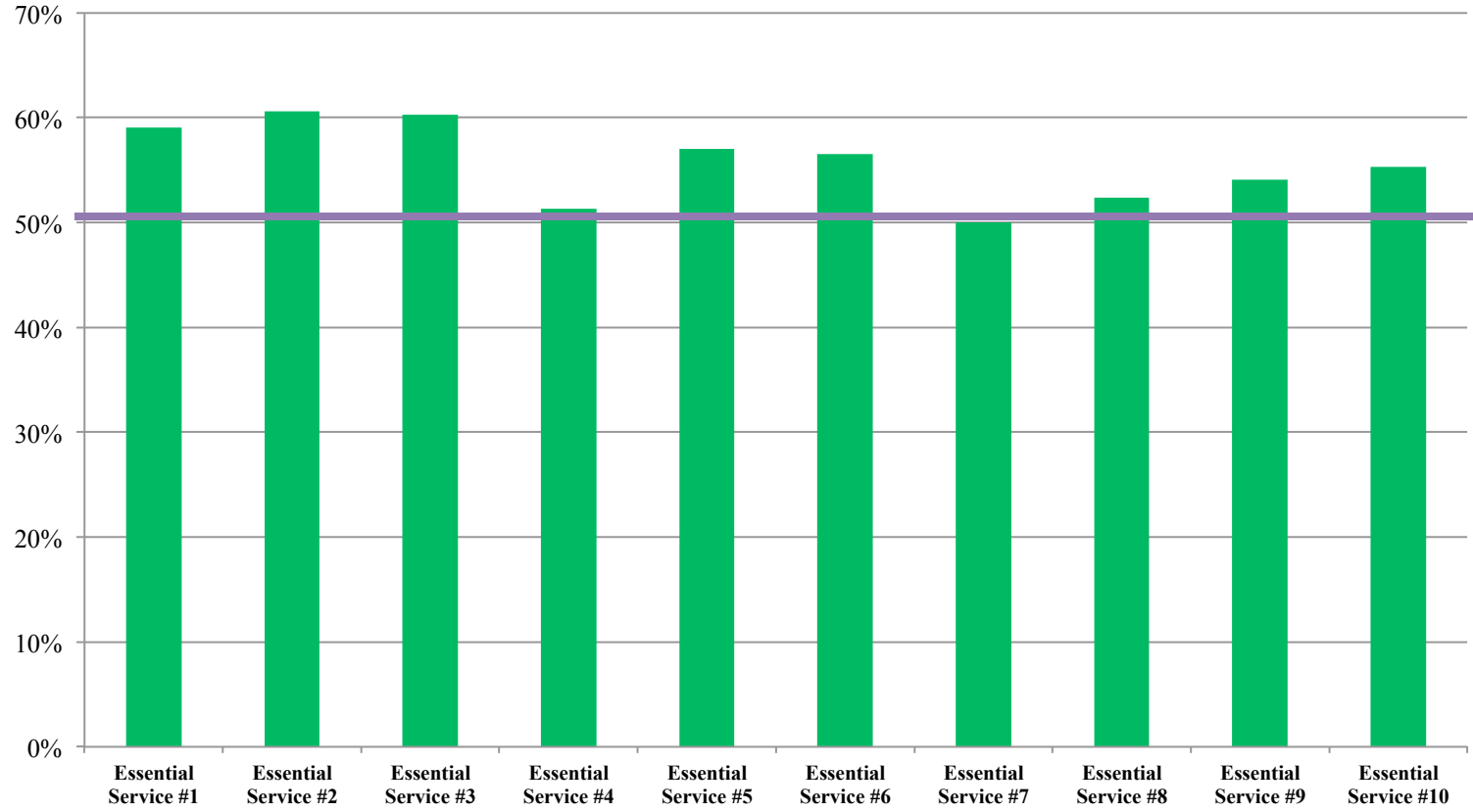
2015 Completion Count

IDPH	144	Community Centers	5
Local Health Department	125	Healthcare Foundation	4
Hospital or Hospital System	103	Professional Association	4
Government	26	Home Health	2
Non Profit	20	Volunteer Organization	1
Long Term Care/SNF	17		
Physicians and Clinics	16		
Community Healthcare Center	10		
Private Association	9		
Other (please specify)	8		
Academic	7		
		Total	502

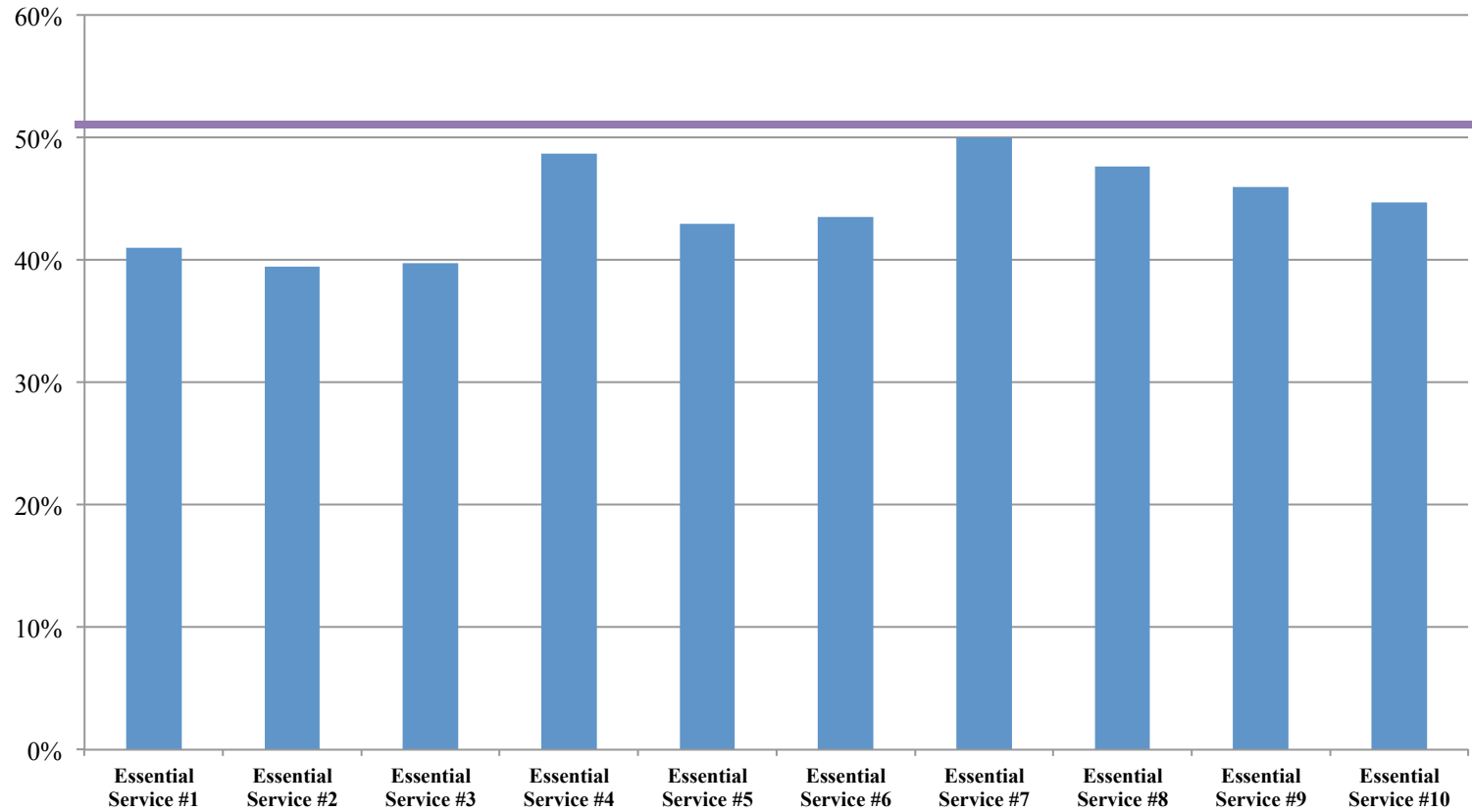
Public Health Systems Assessment

- Scoring choices:
 - Not Satisfied, Somewhat Satisfied, Satisfied, Very Satisfied
 - We merged Not Satisfied and Somewhat Satisfied into **‘Needs Improvement’** and Satisfied and Very Satisfied into **‘Satisfied’**.
- IDPH scores did not differ more than 5%
- Organized by 4 infrastructure areas:
 - Performance management and quality improvement
 - Capacity and resources
 - Planning and Implementation
 - State-local partnerships

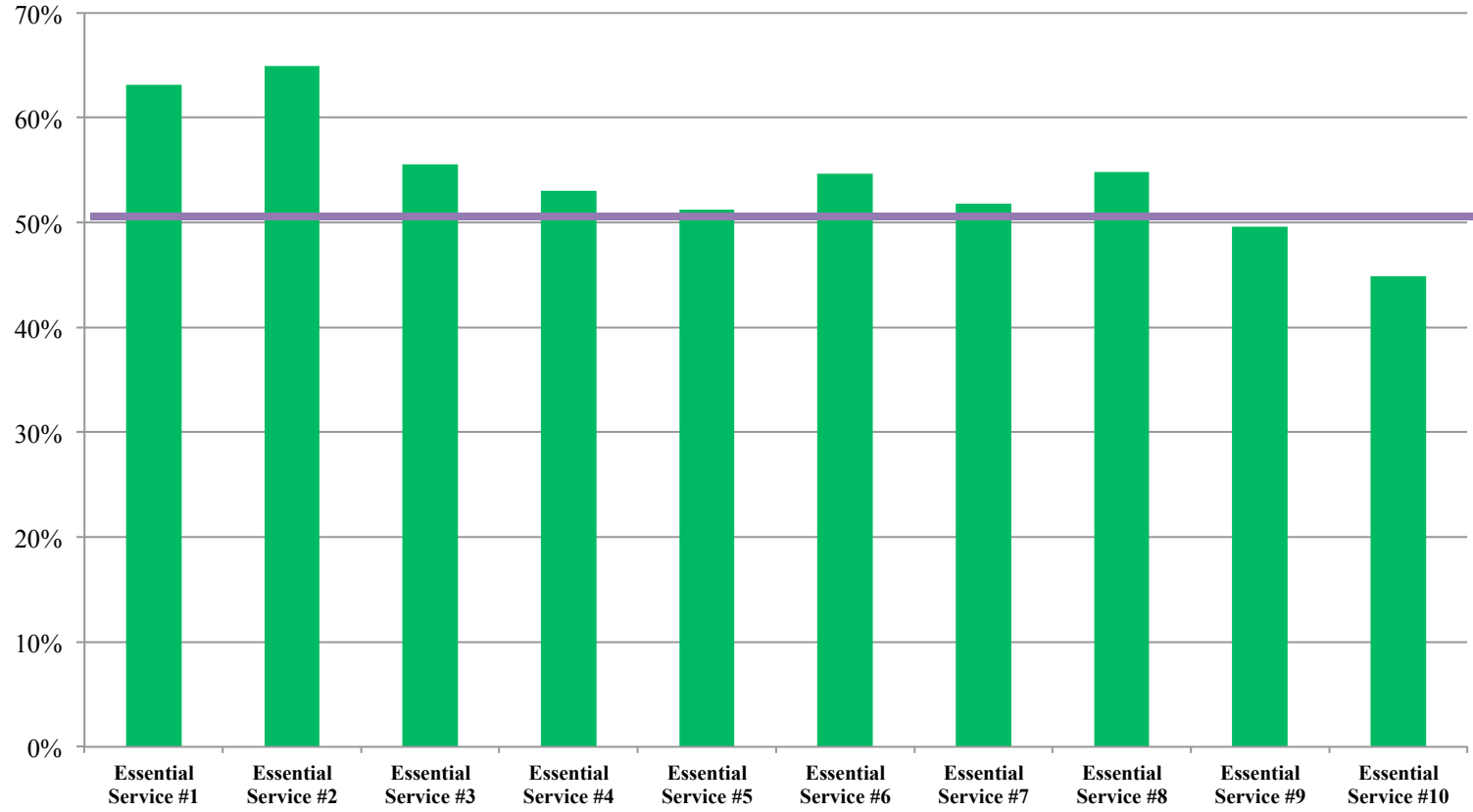
**Public Health System, Performance Mgmt. & Quality Improvement
"Satisfied"**



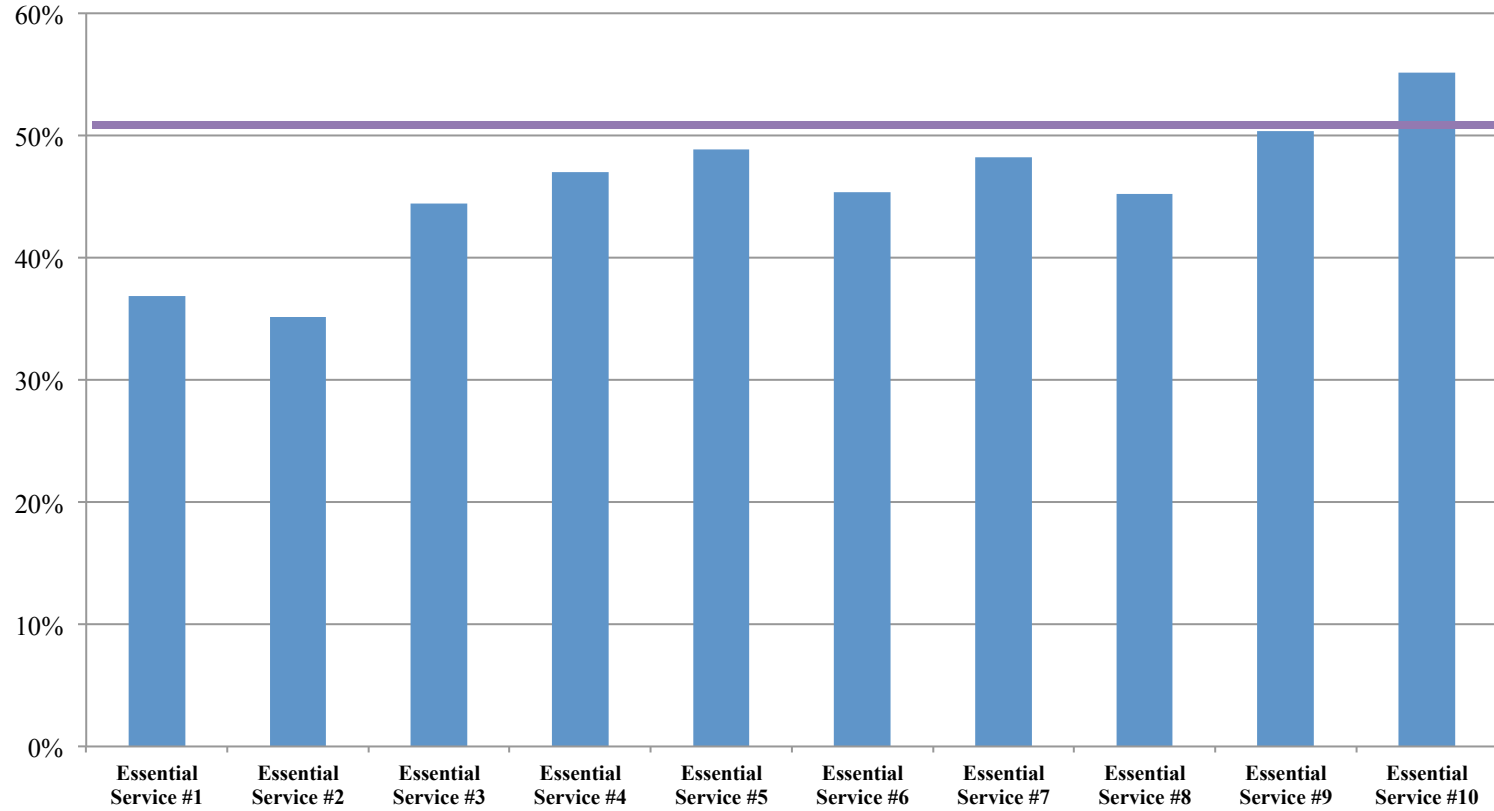
**Public Health System, Performance Mgmt. & Quality Improvement
"Needs Improvement"**



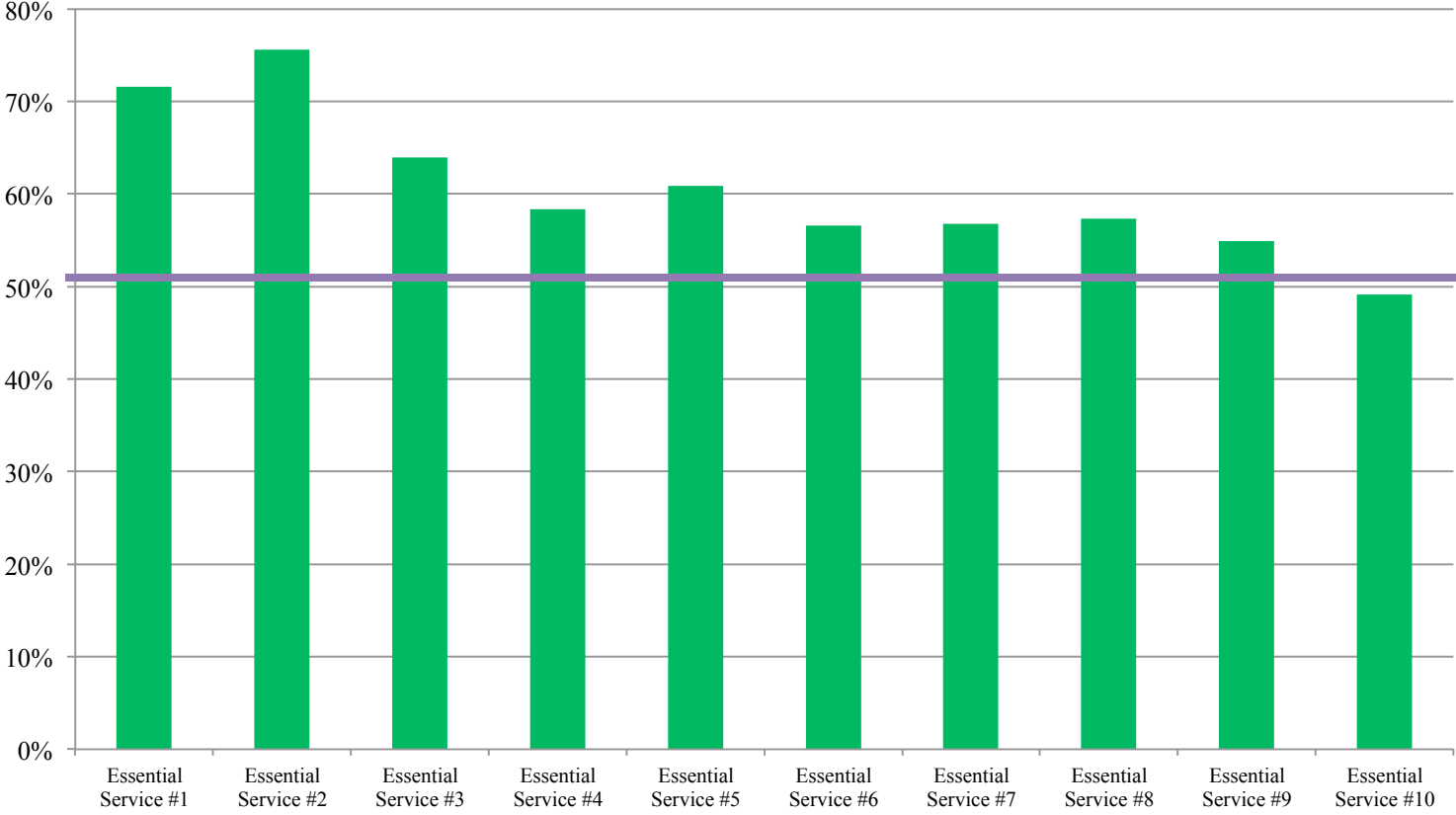
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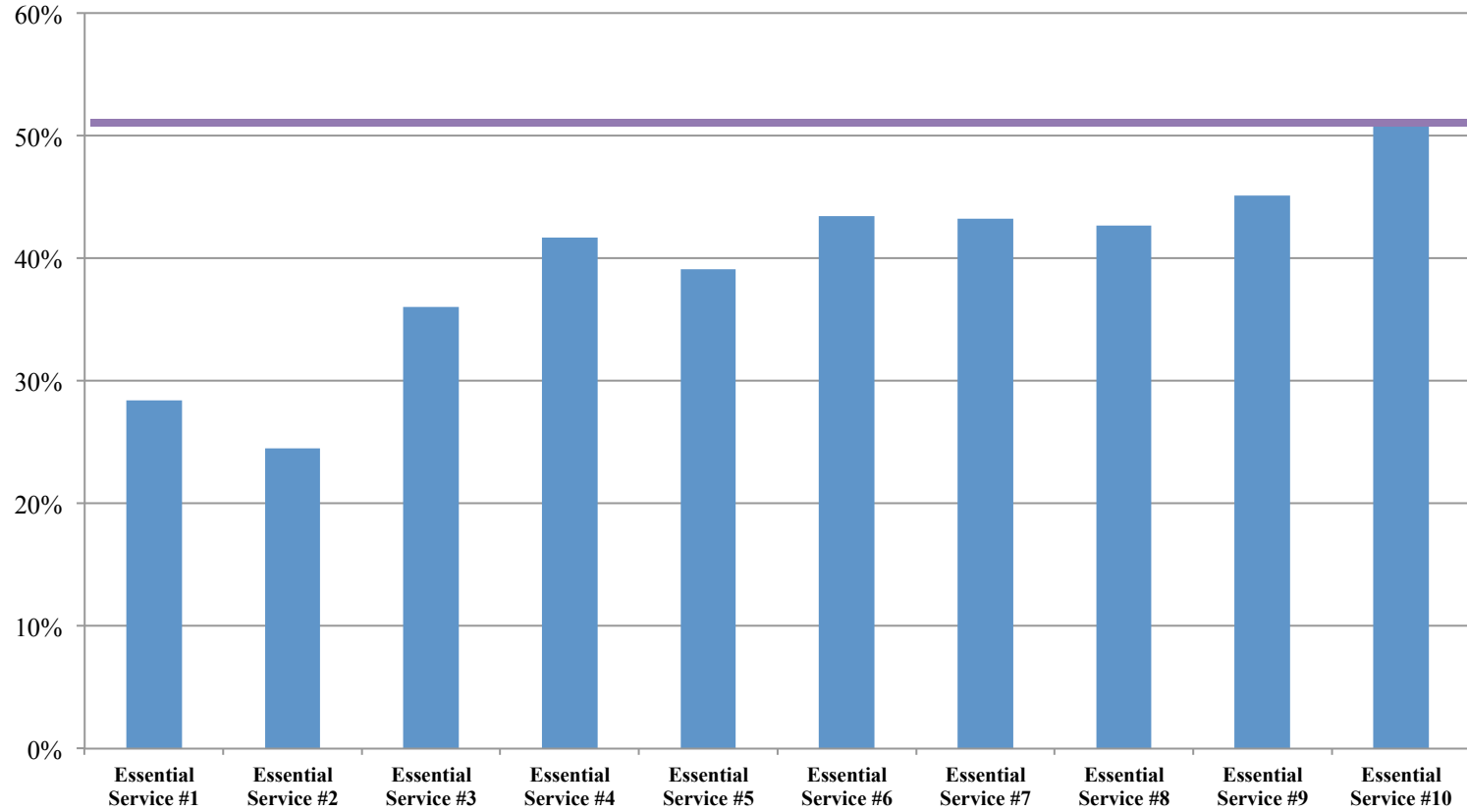
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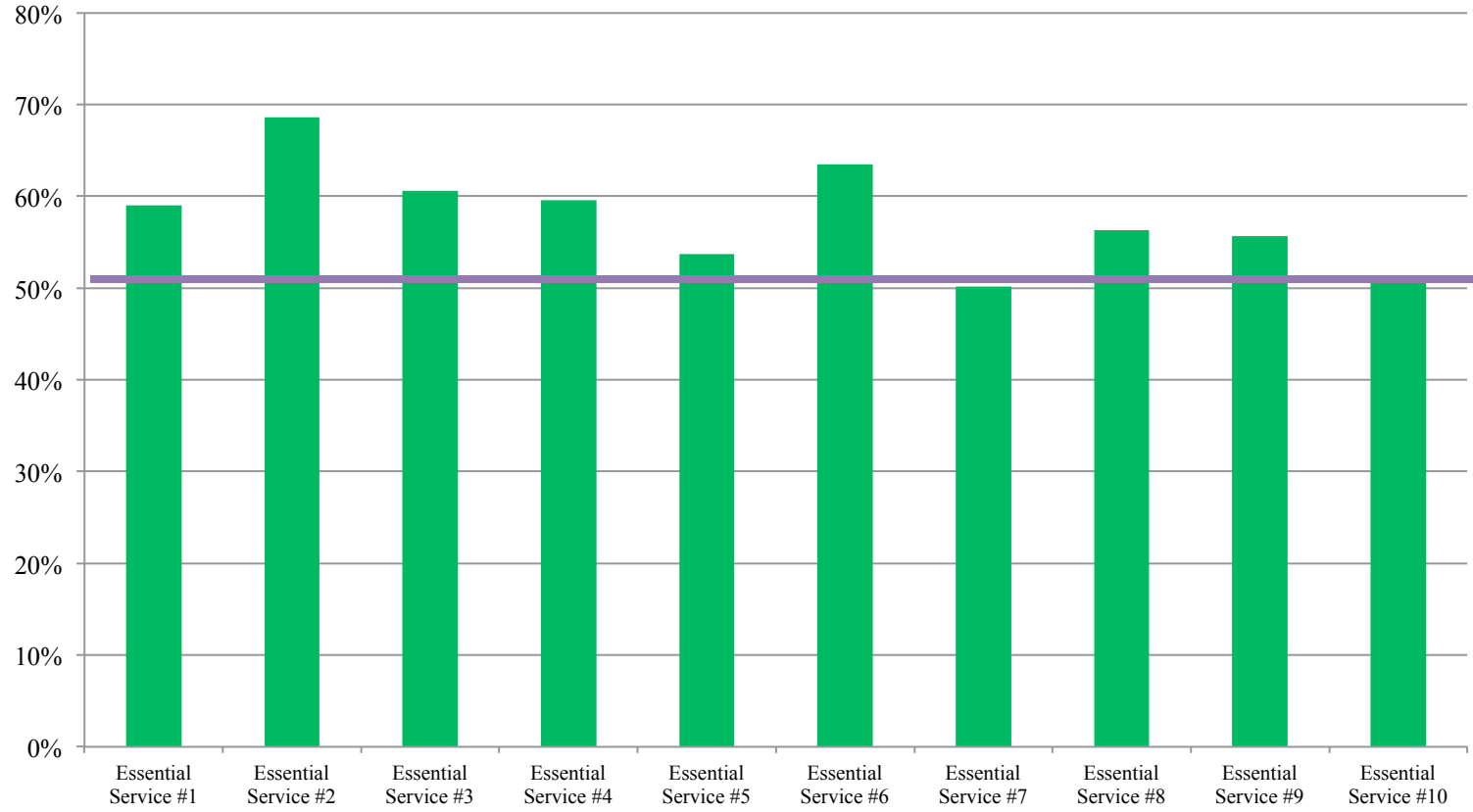
**Public Health System, Planning & Implementation
"Satisfied"**



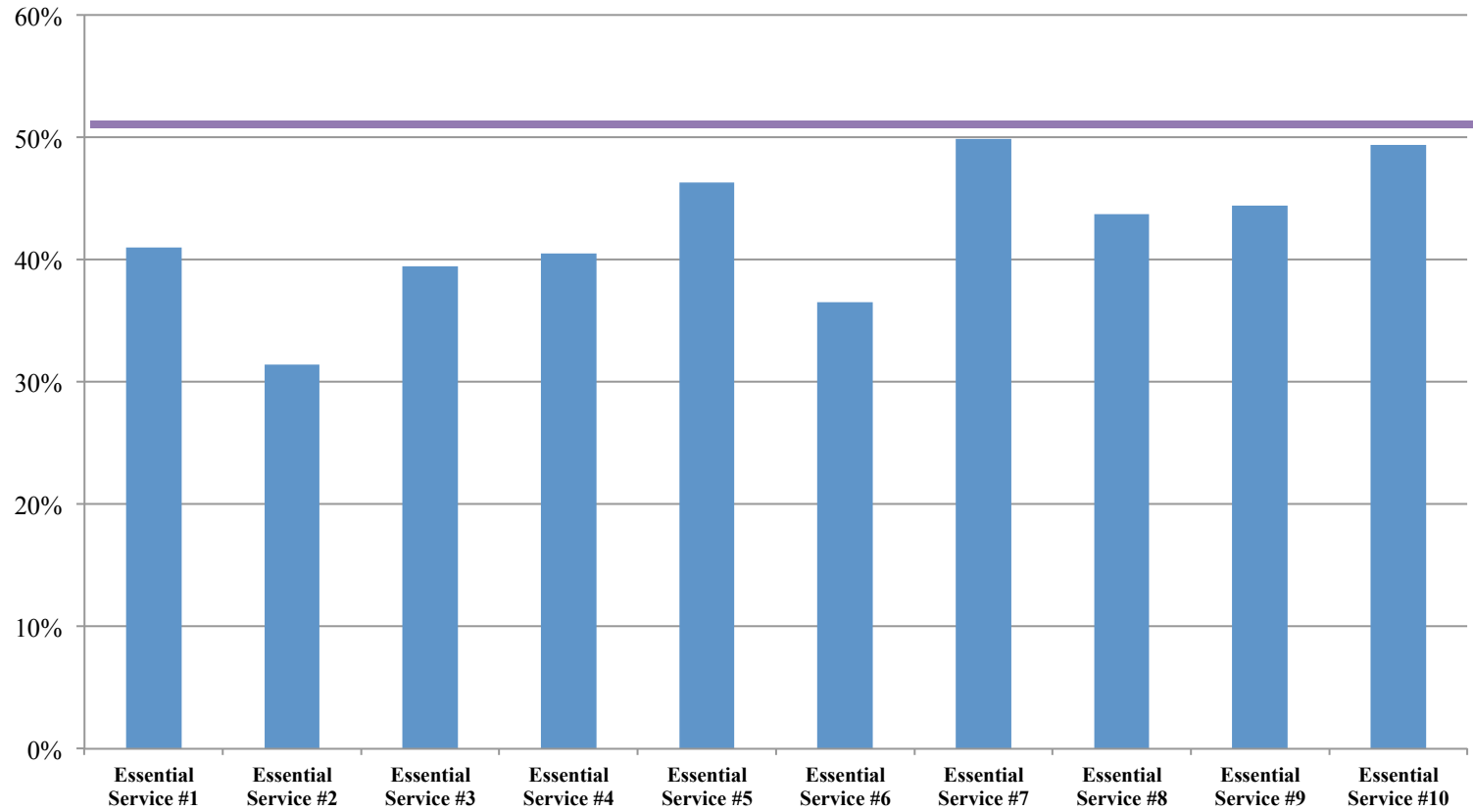
**Public Health System, Planning & Implementation
"Needs Improvement"**



**Public Health System, State-Local Relationships
"Satisfied"**



**Public Health System, State-Local Relationships
"Needs Improvement"**



Public Health Systems Assessment: *Summary*

Area of infrastructure	Satisfaction Above 50%	Satisfaction Near or at 50%	Satisfaction Below 50%
Performance Management and Quality Improvement	ES 1, 2, 3, 5, 8, 9 and 10	ES 4 and 7	
Capacity and Resources	ES 1, 2, 3, 4, and 8	ES 5, 7, and 9	ES 10
Planning and implementation	ES 1 - 9		ES 10
State-local relationships	ES 1, 2, 3, 4, 6, 8, and 9	ES 5, 7 and 10	

Public Health Systems Assessment: *Summary*

- The strongest Essential Services overall appear to be 1, 2, 3, 6 and 8 never appearing in the needs improvement or close to 50%.
- The weakest Essential Service was 10, appearing three times as needing improvement.
- Essential Services 4, 5, 7 and 9 as borderline needing improvement.
- Essential Service satisfaction scores *rarely* exceed 70%; most are at or below 60%.

Public Health Systems Assessment: *Summary*

- This may suggest the public health system is strongest in the following areas:
 - 1. Monitor Health
 - 2. Diagnose and Investigate
 - 3. Inform, Education and Empower
 - 6. Enforce Laws
 - 8. Assure a competent workforce
- And weakest in the following areas:
 - 4. Mobilize community partnerships
 - 5. Develop policies and plans
 - 7. Link to and provide care
 - 9. Evaluate
 - 10. Research

Discussion

Overall Exercise Goal: Analyze state-wide strengths and select several strengths to obtain additional feedback and interpretation for upcoming focus groups.

Instructions:

- Gather in groups; try to meet with at least one person you don't know.
- Select a recorder and reporter for the discussion.
- Read the questions. Review the strengths and weakness worksheet considering these questions, reflecting on your answers individually, and then discuss your answers as a group.
- Record your collective answers on one sheet of paper to turn in. Be prepared to share your answers as a large group.
- Spend about 15- 20 min in total in your small group.

Strengths and Weaknesses Summary

BREAK

Statewide Forces of Change Assessment

July 13, 2015

Definitions

- **Forces of change** = opportunities and threats
 - **Trends** are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
 - **Factors** are discrete elements, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
 - **Events** are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

Definitions

- **Forces can be:**
 - Social
 - Economic
 - Political
 - Technological
 - Environmental
 - Scientific
 - Legal
 - Ethical
- **Examples:**
 - Financial challenges
 - Changes in services
 - Collaboration between public health system and clinical system
 - Workforce



Planning Council Member Presentations

- Anita Stewart, Blue Cross and Blue Shield of Illinois
- Vince Keenan, Illinois Academy of Family Physicians and Janet Albers, IAFP and Southern Illinois University School of Medicine
- Jay Bhatt, Illinois Hospital Association
- Tom Hughes, Illinois Public Health Association

Opportunities - Agency Reports

- Capitalize on needs of healthcare workforce to expand capacity, establish new healthcare worker roles, promote jobs and education, expand on healthcare career pathway opportunities
- Bolster wrap-around services; healthcare access, transportation, after-school programs
- Rehabilitation services and vocational programs for justice-involved youth
- Asset-based mapping
- Joint goal setting
- Increase communication

Opportunities - Planning Council Interviews

- Health Information Exchange
- State as a convener and funder
- Standardization for care coordination
- Access to mental health services
- Increase collaboration
- Improve prevention activities
- Population health and clinical care integration

Threats - Agency Reports

- Funding
- Accessibility of Medicaid providers

Threats - Planning Council Interviews

- State budget / funding
- Access to mental health services in specific areas of the state
- Silos in organizational structures

Group Discussion

- What is one major opportunity you heard or you thought of during the presentation that resonates with your work?
- What is one major threat you heard or you thought of during the presentation that resonates with your work?
- What else has occurred recently that may affect our healthcare and/or public health system?
- What else may occur or has occurred that may pose a threat to achieving success as we've described it?

Forces of Change List

- Springfield List (5-10):
- Chicago List (5-10):

Pulling it all together: Summary to date

July 13, 2015

System Measures of Success



Planning Council and System Infrastructure

Measures of Success

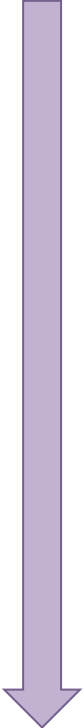
Health improvement in Illinois would look like:

- Aligned clinical and primary prevention that results in effective, efficient partnerships to drive health improvement.
- A holistic view of the patient that incorporates social determinants drivers of health serving as the foundation for models of clinical care and preventive strategies.
- Effective data systems that allow for better patient care by reducing redundancies and communicating measures and outcomes to providers and partners.
- Aligned quality measures that are based on evidence and supported by payment incentives.
- Innovation fostered through the continual growth of evidence based strategies and best practices that result in improved health outcomes, increased patient and provider satisfaction, and stabilized costs.
- A comprehensive approach to consumer education that promotes health literacy, use of a medical home, and overall competency for navigating the health system.
- A workforce that maximizes the potential of current workers and cultivates new workers in order to address gaps and the needs of the health system.
- Decisions are made using a community oriented, asset-based approach to increasing prevention activities that address social determinants of health.

Health and System Issues

- Mental health
- Access and access to quality care
- Chronic disease
- Social determinants of health
- Maternal health

Health Priority A

Strengths	Limitations	Opportunities	Threats	Strategies selected
A		C		
	B		D	

Action Steps

- Promote Healthy Illinois 2021 in your organizations and with your constituents.
 - Tell them about this process at your meetings and in your newsletters and raise visibility around health improvement efforts
- Be a lead for one of the focus groups by helping with the planning efforts and helping to facilitate the conversation
- Recruit participants for the focus groups
- Schedule a presentation for your own organization about Healthy Illinois 2021 by emailing HealthyCommunitiesIL@uic.edu

Action Steps

Focus Groups:

- Chicago: July 29, 1 – 3 PM
- Dixon: August 3, 1 – 3 PM
- Champaign: August 10, 1 – 3 PM
- St. Clair: August 10, 1 – 3 PM
- Springfield: August 11, 1 – 3 PM

Planning Council

Meetings:

- September 28 (Webinar), 2:30 – 4 PM
- October 5, 1 – 3 PM
- November 9, 1 – 3 PM
- December 14, 1 – 3 PM

* Please watch for evaluation after this meeting *

Public Comment

- Please fill out a public comment registration form
- Comments are limited to 2 minutes