



# Healthy **ILLINOIS** *2021*

Planning Council Webinar  
September 28, 2015

Presented by:

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



**MidAmerica Center for  
Public Health Practice**

# Agenda

## Agenda Topic

## Time Allotted

1. Welcome	2:30 – 2:35 PM
- Roll Call	
- Minutes	
2. Overview	2:35 – 2:50 PM
3. Focus Group and Survey Results	2:50 – 3:20 PM
4. Health Indicator Presentation	3:20 – 3:35 PM
5. Next Steps	3:35-3:50 PM
- State Innovation Model	
6. Public Comment	3:50 – 4:00 PM
7. Adjourn	4:00 PM

# Logistics

- Mute your lines
- Roll call
- Approval of minutes from July 13 meeting

# Meeting Purpose

- Update on Healthy Illinois 2021 initiatives and how they are coming together
- Review results from stakeholder feedback sessions
- Review health data status
- Discuss next steps

**Social advance depends as much upon the process through which it is secured upon as the result itself.**

**~ Jane Adams**

# Healthy Illinois 2021







9/28/15





# Illinois' State Health Assessment and Plan for Population Health Improvement Timeline

Phases	Basic activities
<b>Phase 1: April – May 2015</b>	<ul style="list-style-type: none"><li>• Conduct primary and secondary data analysis for SHA</li></ul>
<b>Phase 2: May-June 2015</b>	<ul style="list-style-type: none"><li>• Engage Planning Council members</li><li>• Assess data, indicators and measure availability</li></ul>
<b>Phase 3: June –July 2015</b>	<ul style="list-style-type: none"><li>• Facilitate Planning Council review of data toward draft priorities, develop strategic approach, and align organizational strengths</li></ul>
<b>Phase 4: August – September 2015</b>	<ul style="list-style-type: none"><li>• Conduct focus groups and continued organizational feedback sessions</li><li>• Analyze results of vetting process statewide</li></ul>
<b>Phase 5: October – December 2015</b>	<ul style="list-style-type: none"><li>• Planning Council reviews SHA</li><li>• Submit final draft of the SHA</li></ul>
<b>Phase 6: October 2015 - February 2016</b>	<ul style="list-style-type: none"><li>• Undertake action planning</li><li>• Review and revise actions plans with Planning Council</li></ul>
<b>Phase 7: March – April 2016</b>	<ul style="list-style-type: none"><li>• Public commentary on SHIP</li><li>• Revise SHIP per feedback</li></ul>
<b>Phase 8: April 2016</b>	<ul style="list-style-type: none"><li>• SHIP Plans submitted for final approval</li></ul>

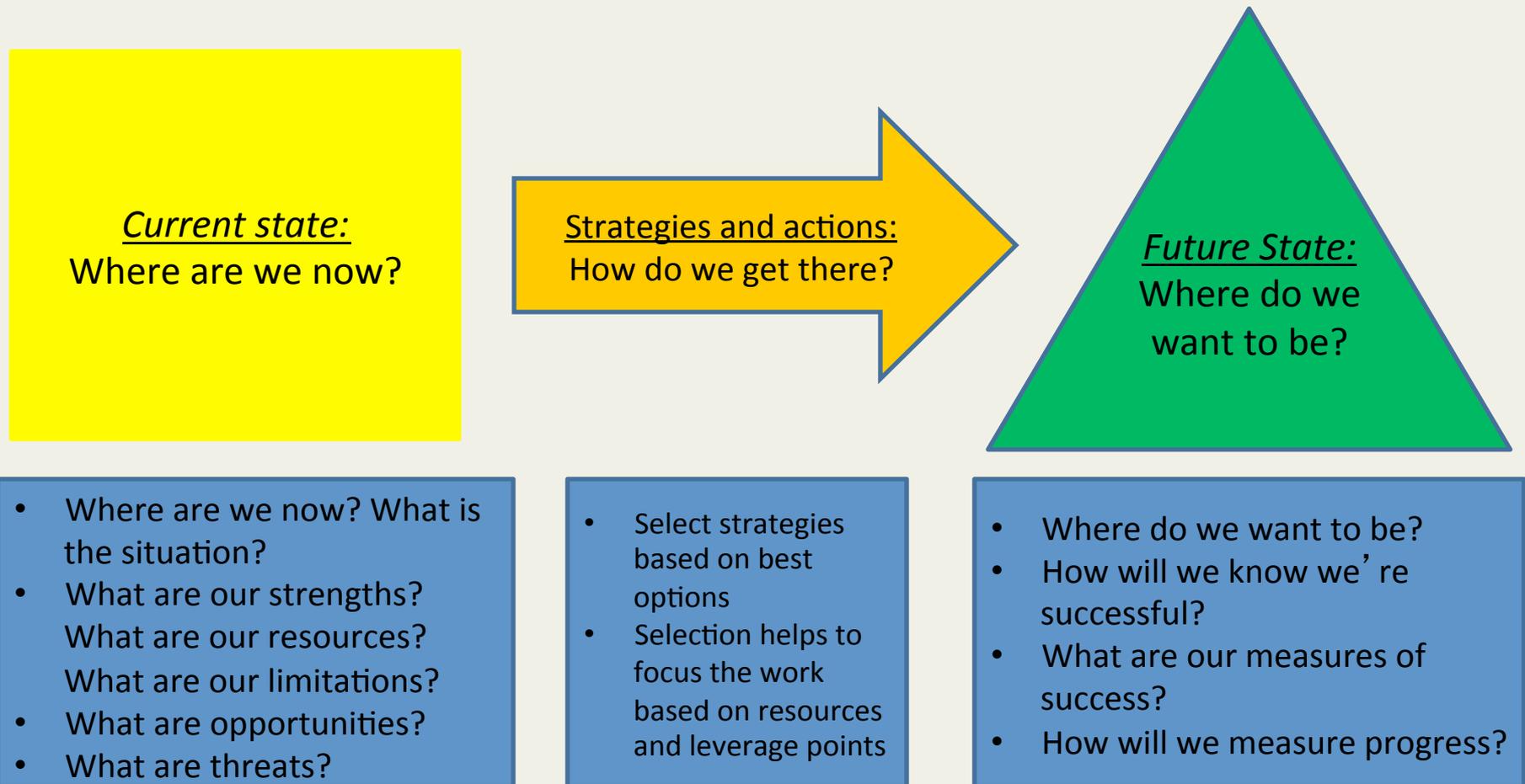
# FEEDBACK ANALYSIS



Ideas are like rabbits. You get a couple and learn how to handle them and pretty soon you have a dozen.

~ John Steinbeck

# The basic planning process



# Where were we?

- June and July 2015:
  - 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

# What did we do?

- 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

# What did we do?

Talked with 94 organizational representatives through Focus Groups

Reached over 300 people through presentations

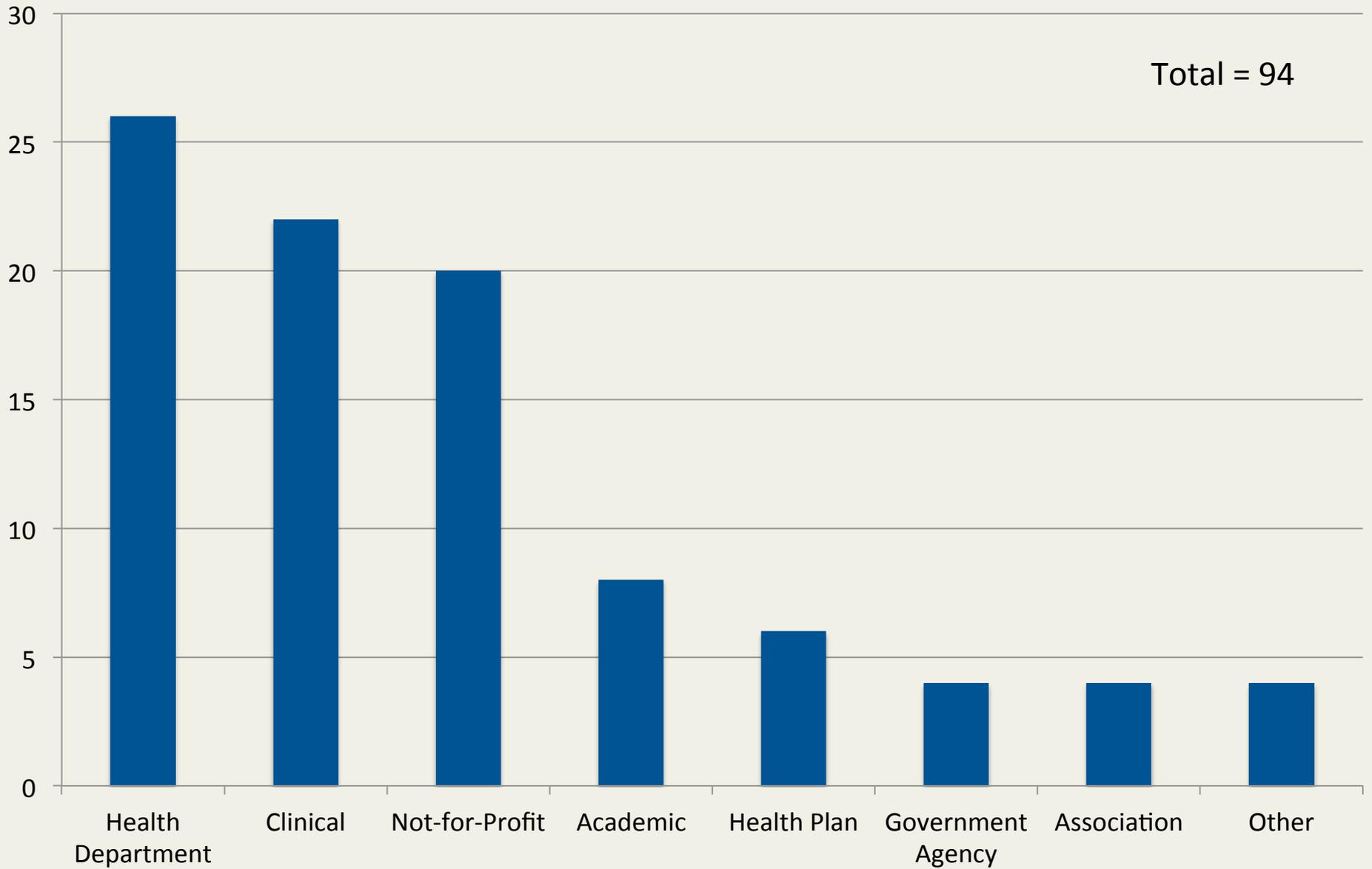
Presented to over 10 organizations such as the Illinois Alliance to Prevent Obesity & Catholic Charities

# What did we do?

- Eleven focus groups were completed in 5 regions across Illinois
  - Cook County
  - Lee County
  - Champaign County
  - St. Clair County
  - Sangamon County



# Focus Group Participants by Sector



# Where are we now?

- Analysis:
  - Reviewed over 100 pages of transcripts and notes
  - Categorized and tallied themes
  - Reviewed and identified examples
  - Identified overarching themes
- Results
  - Health Issues
  - Strengths, opportunities, barriers

# What did we hear?

- Participants in the focus groups and survey did not subtract from the given health issues
- Definition was the biggest issue with the early priorities
  - 13 of 38 topics mentioned fall under a broader category of mental health, access to quality care, chronic disease, social determinants of health, or maternal health
- Three health issues were raised as potential priorities
- Most themes were strategies or target populations

# Health Issues

- Definitions
  - Health Issue: Status of an actual health issue or related process and results of what is done to address
  - System Strategy: A method used to bring about a desired future in health status, such as achievement of a health goal or solution to a health outcome
  - Target Population: Group of individuals focused upon that have certain health attributes or commonalities

# Early Priorities Identified by Planning Council

- Health Issues
  - Mental Health
  - Chronic Disease
  - Maternal Health
  - Access to Quality Care
  - Social Determinants of Health

# Perceptions of Health Issues

“It’s so many things that are impacting access to care or retention of care and health disparities that are occurring because of it. We really need to address all of those things. Is it easy? No. Do we have the dollars to do it all? No. Can we go out there and create jobs and try and address a lot of these social determinants? No. But I think together we can do more than each of us individually can do.”

# Perceptions of Health Issues

- Chronic disease
  - “I think the fact is as a country and as a state we are sick. In Will County alone our rate of diabetes from 2004 to present has increased by 50%. The US is projected to have a third of the population be type 2 diabetic by 2050.”
- Mental health
  - “...Mental health like drives your chronic diseases because if you can't take care of yourself you're not going to get out of bed, you're not going to go to work, you're not going to care for your babies.”
- Maternal health
  - “Need to coordinate with DHS and HFS and make sure sound public health policies are in sync with Medicaid, WIC and SNAP, etc. For maternal mortality, look at community-based approaches.”

# Perceptions of Health Issues

- Social Determinants of Health
  - “...Our department—advocacy and community programs—is looking at addressing all of these [issues], but THROUGH the social determinants of health. So our mission is really to eliminate barriers towards accessing health care through working with social service organizations.”
- Access to quality care
  - “...If people had access to quality primary care would we see a reduction in chronic disease? That’s what we are looking at in our county right now. Everything is driving back to access to health care and primary health care.”

## Summary: Alignment with Health Issues

- Most organizations are working on mental health, access to quality care, chronic disease, social determinants of health, and/or maternal health by:
  - The services they provide
  - The populations they serve

# Further Define Health Issues

<b>Mental Health</b>	<b>Access to Quality Care</b>	<b>Chronic Disease</b>	<b>Social Determinants of Health</b>	<b>Maternal Health</b>
Substance Use and Addiction	Health care costs		Violence and safety	Maternal <u>and</u> child health
Behavioral health	Children's vision services		Environment and housing	
Mental health treatment	Access to health coverage			
Increased emphasis on ACES and child social-emotional wellness	Access to health services			
Anxiety/stress	Quality of care for people in poverty			

# Health Issue Addition Examples

- Mental Health
- Chronic Disease
- Access to Quality Care
- Social Determinants of Health
- Maternal Health
- Oral Health
- Asthma / Respiratory Issues
- Infectious Disease

# Health Issue Additions

- Oral health
  - “We’ve gone back and forth in Illinois as far as whether Medicaid is covering adult dental services, but they don’t cover prevention. They don’t cover the cleaning... So we continually see patients who come in just for extractions when they’re in pain, which contributes to a whole host of other health issues.”
- Respiratory Issues
  - “When you’ve been touched personally by the chronic issues of what asthma can bring—loss of loved ones from asthma attacks—you get a whole different appreciation of that.”
- Infectious Disease
  - “If we can invest in [infectious disease] prevention we can save a lot of money in treating those different things.”

# Other Addition Examples

## **System Strategy**

- Health Literacy
- Workforce
- Medical Home/ Integrated Care
- Transportation
- Disparities
- Healthy eating and physical activity
- Financial – Reimbursement
- IT strategic plan
- Care coordination
- Food deserts
- Specialty care
- Provider Education
- Lack of access to proper nutrition
- Early detection
- Lack of providers that take Medicaid
- Environmental pollution

## **Target Population**

- Older adult health
- Adolescent health
- Care for the undocumented
- People with disabilities
- One-parent households
- Access for homebound

# Summary of Health Issue Results

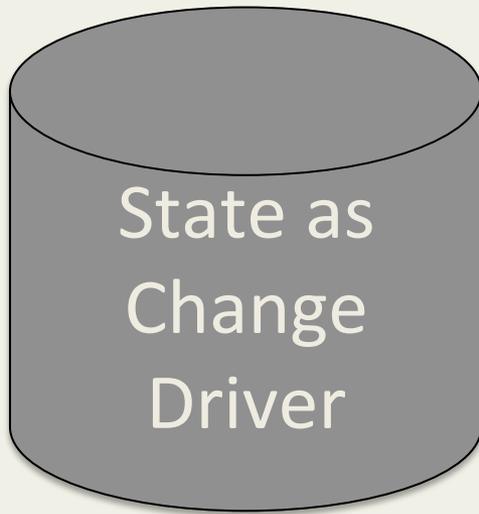
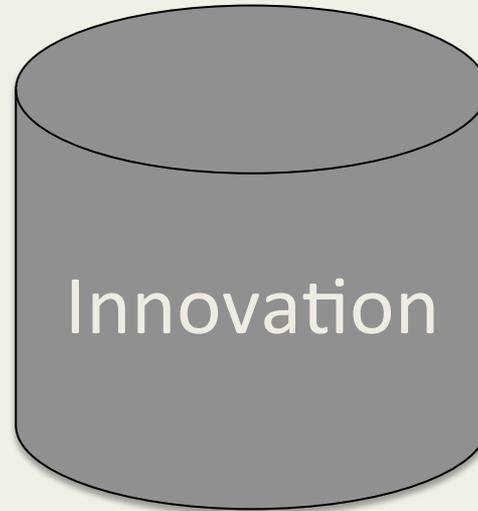
- What is new
- What is staying
- What we need to discuss

# What else did we hear?

- Alignment around strengths
- Statewide barriers and opportunities slightly differ from local barriers and opportunities

Health Priority	Strengths	Opportunities	Barriers
Mental Health	What are the strengths in mental health?	What are the opportunities?	Do the barriers outweigh the strengths and opportunities?
Chronic Disease			
Access to Quality Care			
Social Determinants of Health			
Maternal Health			
Oral Health			
Asthma / Respiratory Issues			
Infectious Disease			

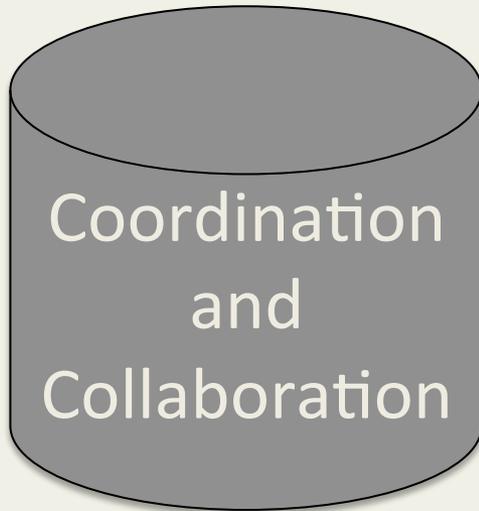
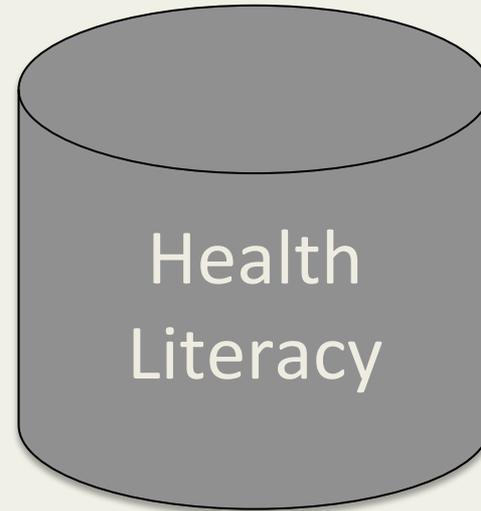
# Statewide Strengths



# Strengths

<b>Survey Participants</b>	<b>Focus Group Participants</b>
<b>Partnership</b>	<b>Collaboration</b>
<b>Services</b>	<b>Programs, Activities, Services</b>
Other	Technology
State as Change Driver	Workforce
Innovation	Policy

# Statewide Barriers



# Barriers

Survey Participants	Focus Group Participants
<b>Resources</b>	Funding
<b>Greater Statewide Coordination and Collaboration</b>	<b>Access and Resources related to Programs and Services</b>
Health Literacy	Health Literacy
Workforce	<b>Providers</b>
Other	Engagement
	Data
	Mental Health

# Statewide Opportunities



Partnerships



Data



Prevention



Leveraging  
Resources



Innovation

# Opportunities

Survey Participants	Focus Group Participants
<b>Leveraging Resources</b>	Funding
<b>Prevention</b>	Programs/Services
Partnerships	<b>Engagement</b>
Data	<b>Data</b>
Innovation	Health Literacy
Other	Providers
	Mental Health

# CURRENT STATE OF HEALTH: UPDATE



# SHA Analysis and Reporting

- The process of reporting and summarizing data within and across many domains and population groups is daunting unless a well defined analysis plan is articulated and implemented.
- Without a systematic approach, it is likely that data will not be successfully translated into the information needed by program planners, managers, and policy-makers.

# SHA Analysis and Reporting

Summarizing / analyzing data is part of an ongoing, iterative process of organizing and analyzing quantitative data, incorporating qualitative input from internal and external stakeholders, and applying epidemiologic expertise to reconsidering and synthesizing all of the data *in a way that promotes action*.

# Some Principles of the Data Reporting Process for SHIP

- Each SHA core indicator will be reported using a standard format.
- The set of SHA core indicators may change according to input from data scientists and internal and external stakeholders.
- Each SHA indicator will be reported for the state overall, by gender, race/ethnicity, age, geography, and time using an agreed upon set of categories. Trend data will also be reported by race/ethnicity in order to monitor changes in disparities.
- More in-depth reporting will be carried out for particular indicators or sets of indicators, as the priority-setting and action planning processes proceed.

# Excerpts: SHA Data Template

Data Table 1 for SHA Example Indicator Overall and by Select Characteristics		
	Numerator	Denominator
<b>Illinois Overall</b>		
<b>Gender</b> (when relevant)		
Female		
Male		
<b>Age</b> (will vary by indicator)		
<20		
20-34		
35-44		
45-54		
55-64		
65-74		
75-84		
85 and older		
<b>Race/Ethnicity</b>		
Non-Hispanic Black		
Non-Hispanic White		
Hispanic		

Data Table 2 for SHA Example Indicator , by County		
	Numerator	Denominator
Adams		
...		
...		
Woodford		

<b>Geography: Statewide Regions</b>		
NorthWestern IL		
NorthEastern IL		
Western IL		
Central IL		
SouthWestern IL		
Southern IL		
<b>Year</b>		
2010		
2011		
2012		
2013		
2014		
<b>Race/Ethnicity and Year</b>		
Non-Hispanic Black	2010	
	2011	
	2012	
	2013	
	2014	
Non-Hispanic White	2010	
	2011	
	2012	
	2013	
	2014	
Hispanic	2010	
	2011	
	2012	
	2013	
	2014	
Other	2010	
	2011	
	2012	
	2013	
	2014	

# Status of SHA Indicators

- Of the approximately 40 core SHA indicators, we have complete data for almost half, partial data for another quarter, and will soon have data for the remaining indicators.
- The process has already proven useful:
  - Identifying data gaps, eg. lack of trend data
  - Highlighting definitional issues—who's in the numerator and who's in the denominator
  - Formally connecting indicator data with national or other benchmarks
  - Having common categories and reporting strategies enabling meaningful comparisons
  - Having more consistently current data

# Advantages of Systematically Reported Data

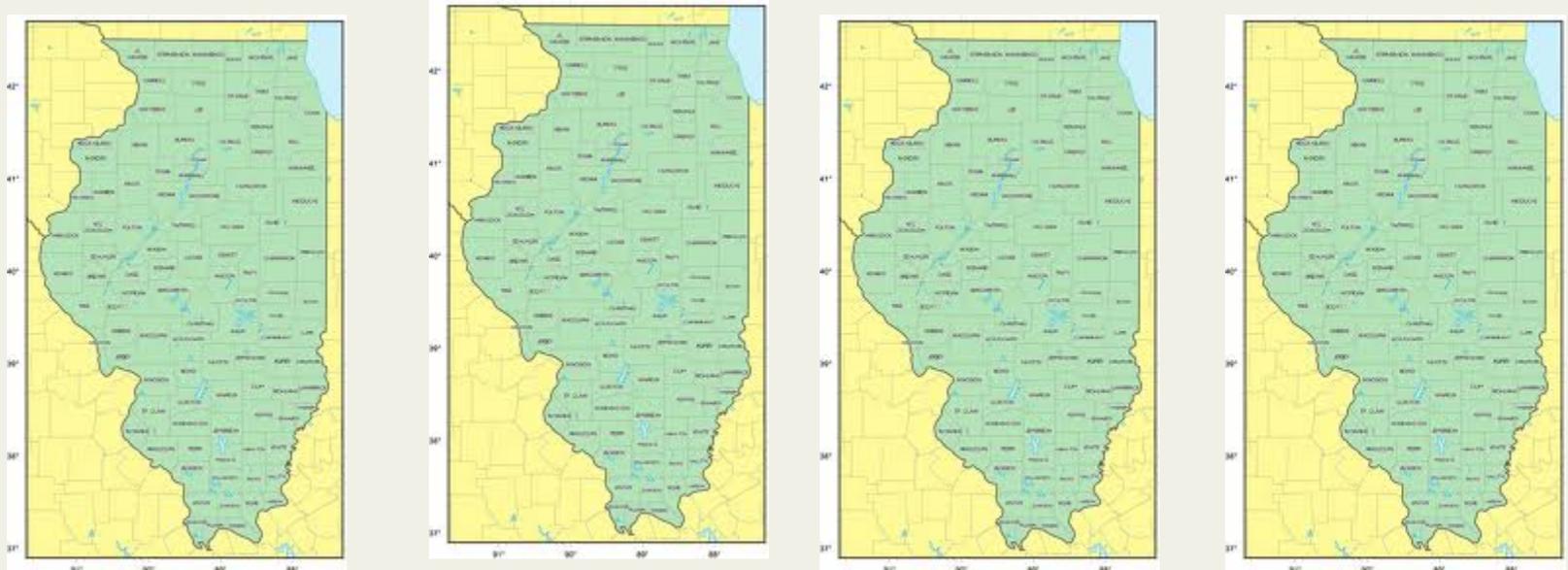
Rather than one indicator or one domain or one data source at a time:

- Examine extent of health disparities across indicators
- Examine distances from a national benchmark or standard across indicators
- Examine geographic differences across indicators
- Examine direction of trends over time across indicators

*And consistent data are available for use by a wide array of stakeholders on a routine basis*

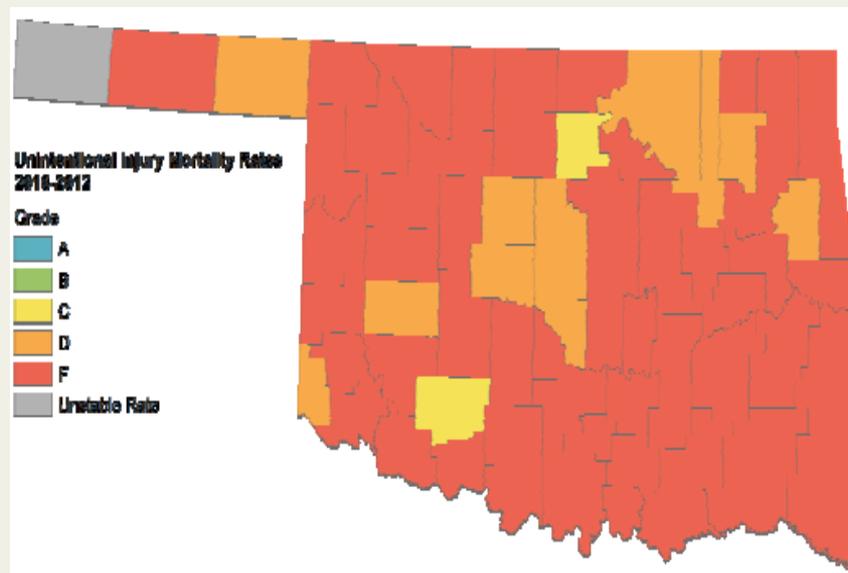
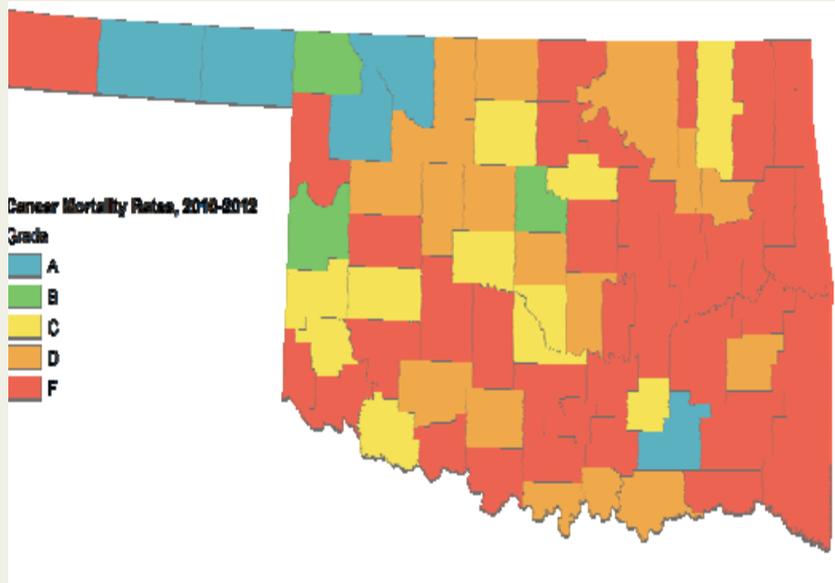
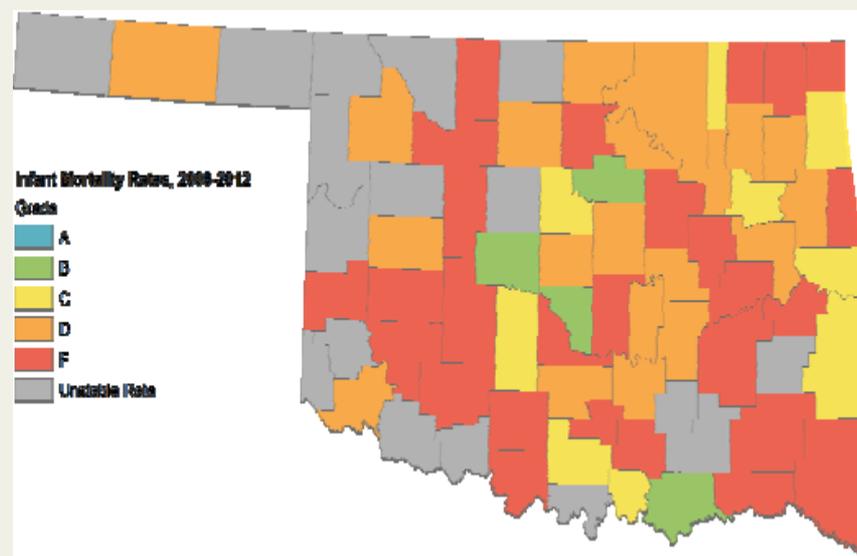
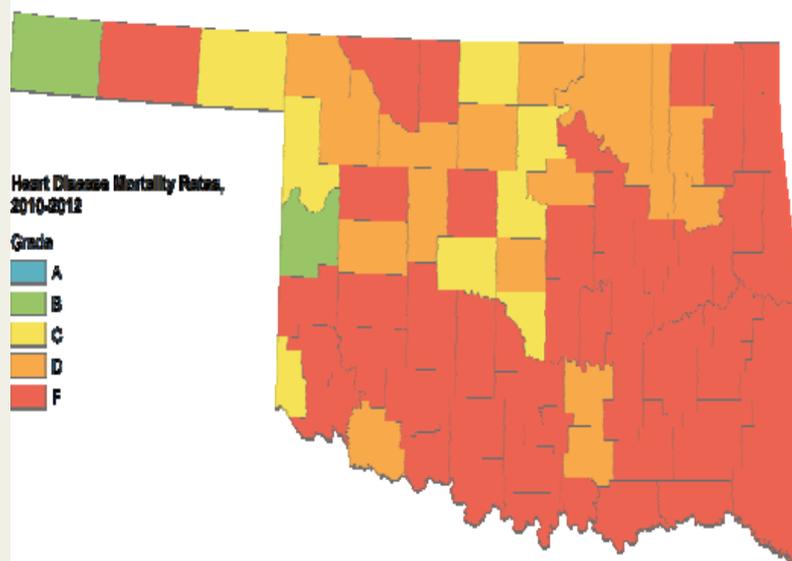
# Some Ways to Summarize Data

Example: Examine geographic differences across 4 SHA indicators



*Are there patterns across indicators?*

# Example from Oklahoma 2014 State of the State's Health Report



# Some Ways to Summarize Data

- Example: Examine extent of race/ethnic disparities across SHA indicators
- Indicators Sorted by Extent of Black/White Disparity

Indicator with largest disparity

"

"

"

Indicator with smallest disparity

# Some Ways to Summarize Data

Example: Examine direction of trend data across SHA indicators

Improving trends

*...SHA indicators...*

Worsening trends

*...SHA indicators...*

No Change

*...SHA indicators...*

# Some Ways to Summarize Data

Example: Jointly examine the direction of trend data and distance from benchmarks.

Trend	Standard / Goal		
	Surpassed	Close	Far
Improving			
No Change			
Deteriorating			

# What we *Don't* want...

- **Data Rich**
- **Information Poor**



# Questions?



# NEXT STEPS



# Healthy Illinois 2021 Planning Council

- October 5:
  - Definitions
  - State Role
  - Prioritization
- Action Teams
  - Indicator analysis provided
- State Innovation Model

# State Innovation Model Overview and Update

September 28, 2015



# Healthy Illinois 2021

- An effort under the direction of Governor Bruce Rauner to improve the health of people in Illinois
- Several State initiatives fall within the scope of Healthy Illinois 2021
  - Two initiatives are the largest priorities:

## State Health Improvement Plan (SHIP)

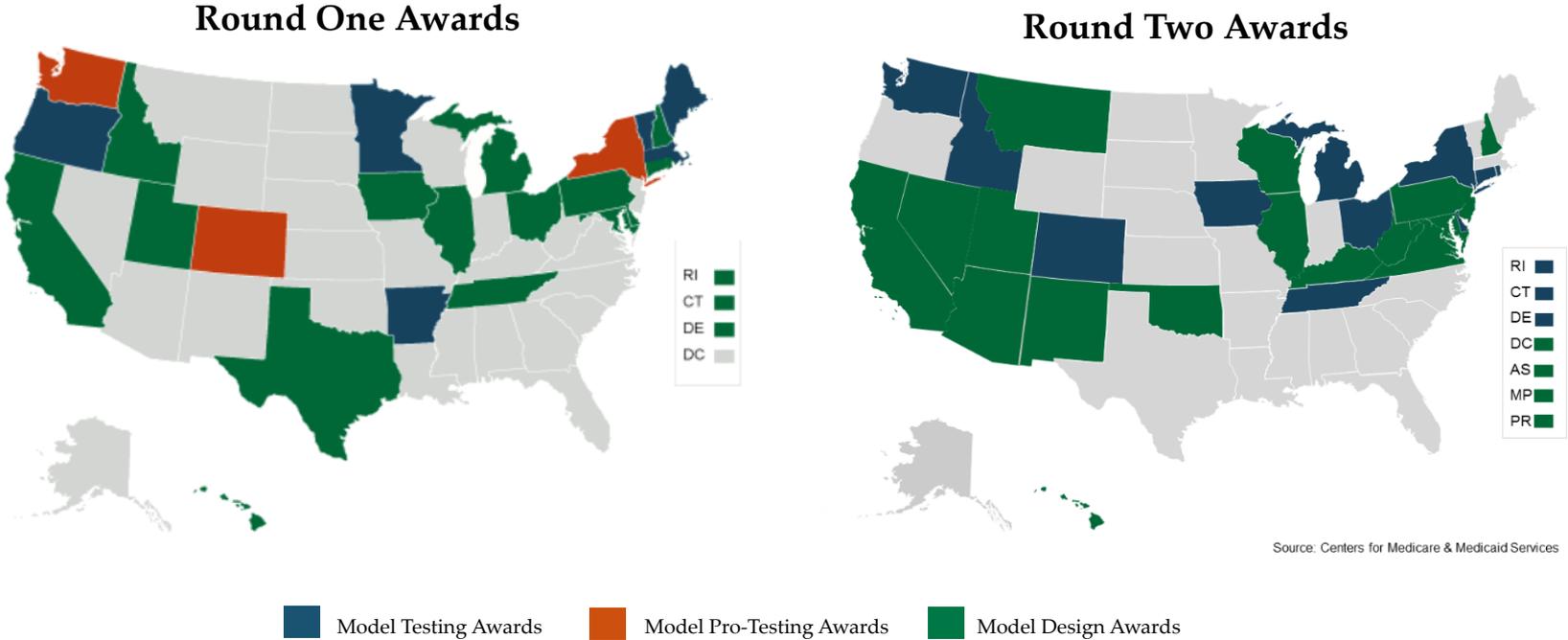
The SHIP will describe priorities and strategies for health status and public health system improvement, with a focus on prevention.

## State Innovation Model (SIM)

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

# SIM Background

The State Innovation Model (SIM) initiative provides financial and technical support to states to develop and test state-led, multi-payer health care payment and service delivery models

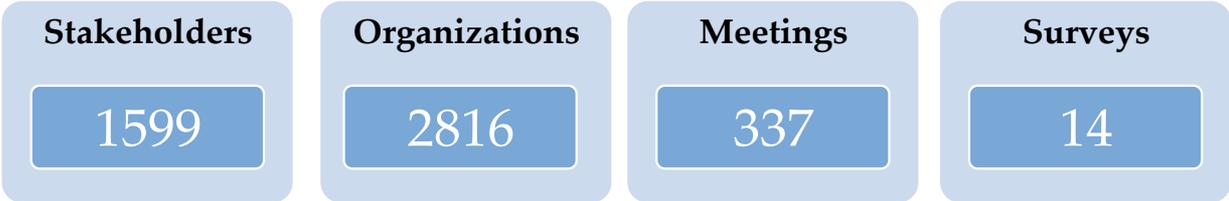


Source: Centers for Medicare & Medicaid Services

# Overview of Illinois' SIM Initiative

## SIM Round One 2013

- Illinois received a \$2.5 million Model Design Award
- Illinois completed extensive stakeholder engagement:



- Final Product: Alliance for Health Innovation Plan

## SIM Round Two 2015 - 2016

- Illinois received a \$3 million Model Design Award
- SIM Round Two will incorporate stakeholder feedback and key findings from SIM Round One
- Strategy and design must be budget neutral and financially sustainable
- Final Product: State Health System Innovation Plan (SHSIP)

# SIM Final Product: State Health System Innovation Plan

- Description of State Health Care Environment
- Report on Stakeholder Engagement and Design Process Deliberations
- Health System Design and Performance Objectives
- Value-Based Payment and/or Service Delivery Model
- Plan for Health Care Delivery System Transformation
- **Plan for Population Health (State Health Improvement Plan)** ★
- Health Information Technology Plan
- Workforce Development Strategy
- Financial Analysis
- Monitoring and Evaluation Plan
- Operational Plan

# SIM Design Process

Oversight and Direction from the Governor's Office

*Identified Mental Health as a common issue*

SHIP/State Health Assessment (SHA)

Collaborated with UIC to incorporate SHIP/SHA focus group findings

Interviewed State leadership to identify needs /priorities in the health system

System Gap Analysis

Reviewed Alliance for Health Innovation Plan and Workgroup Recommendations

SIM Round One Review

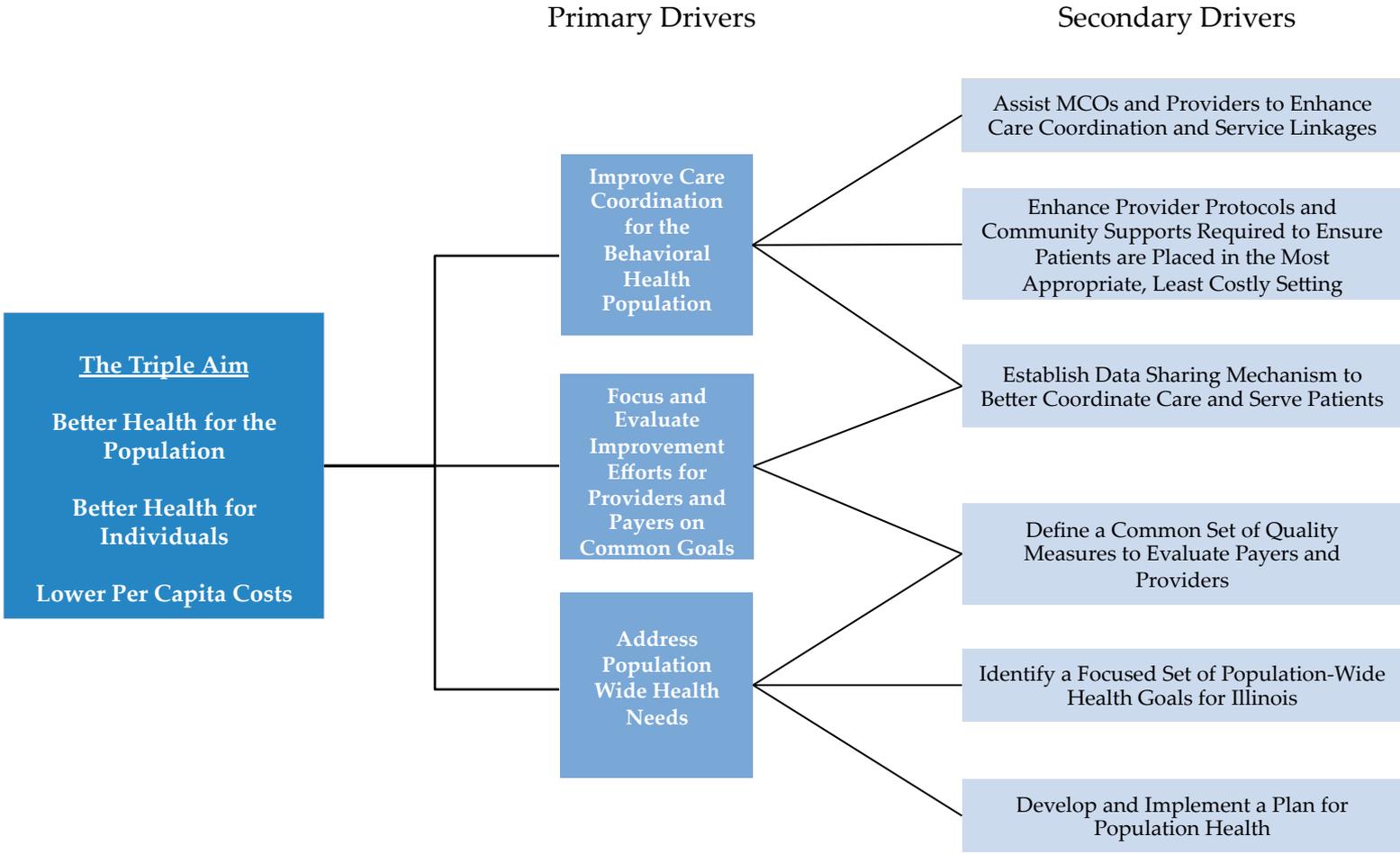
*Identified recommendations that are still relevant*

*Further refined recommendations based on current needs*

**Behavioral Health (Mental Health and Substance Abuse) Identified as the SIM Priority**



# Illinois SIM Driver Diagram



# Stakeholder Engagement

## SHIP Planning Council

**Healthy Illinois 2021 Priorities**  
*Defined by the Governor's Office and State Health Assessment*



- Other Stakeholder Communication Through:**
- Healthy Illinois 2021 Website
  - Stakeholder Emails
  - Webinars
  - Public Meetings



# Overview of SIM Workgroups

- Workgroups will provide input to the SIM process from the perspective of the team member's organization or stakeholder affiliation, while considering the State's objectives and available resources



# Workgroup Responsibilities

- Workgroups provide recommendations to the Governor's Office and an Executive Committee, composed of leadership from State agencies, for decision making
- Workgroups do not make policy decisions



## Logistics

- Monthly meetings from October – March (estimated)
- Meetings will typically be 3 hours in length
- Attend meetings in person whenever possible



## Responsibilities

- Provide design and implementation recommendations for the SHSIP
- Ensure design and implementation components are practical and can be operationalized
- Identify opportunities for cross-Workgroup collaboration to remove barriers and silos
- Prepare overview documents to update the Executive Committee and other stakeholder(s) as appropriate

# Next Steps for Workgroup Participation

- SIM Workgroup participation is limited
- To nominate yourself or another individual to participate on a SIM workgroup, please email the following to [kian.glenn@navigant.com](mailto:kian.glenn@navigant.com) by Thursday, October 1:
  - Name
  - Title
  - Organization
  - Email address
  - Phone number
  - SIM Workgroup of interest (Physical and Behavioral Health Integration, Quality Measure Alignment, Data and Technology, Patient Needs)
  - Paragraph describing your interest in actively participating in a Workgroup
- If we reach capacity on SIM workgroup participation, there will be other opportunities to provide feedback on SIM recommendations, as well as contribute to Action Teams related to Healthy Illinois 2021 priority areas

# Public Comment

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

# Adjourn

- Slides available at [www.healthycommunities.illinois.gov](http://www.healthycommunities.illinois.gov)
- Questions can be sent to [HealthyCommunitiesIL@uic.edu](mailto:HealthyCommunitiesIL@uic.edu)

