

**State Health Improvement Plan (SHIP) Team
Meeting Summary
Thursday, September 22, 2011
11:00am – 3:00pm**

Illinois Public Act 96-1153 created the State Health Improvement Plan Implementation Coordination Council. This law requires that the Governor appoint an implementation council for the State Health Improvement plan comprised of the directors of the Illinois Departments of Public Health, Human Services, Healthcare and Family Services, Aging, Agriculture, Insurance, Transportation, Commerce and Economic Opportunity, Financial and Professional Regulation, and the Illinois State Board of Education, Environmental Protection Agency, and Violence Prevention Authority, and the Chair of the State Board of Health. The Council also includes local health departments and private sector public health stakeholders including non-profit public interest groups, health issue groups, faith community groups, health care providers, businesses and employers, academic institutions and community based organizations. The Council is charged to coordinate stakeholders to implement the SHIP, including providing a forum for collaborative action, coordinating existing and new initiatives, developing detailed implementation steps with mechanisms for action, identifying public and private funding sources, promoting public awareness, advocating for implementation of the SHIP, and developing an annual report.

ICC Members Attending: Michael Gelder, SHIP ICC Co-Chair. Joseph Antolin, Heartland Human Care Services, Illinois Latino Family Commission; Dr. Damon Arnold, Illinois Department of Public Health; Antonio Baxton, Illinois Department of Commerce and Economic Opportunity; Michele L. Bromberg, Illinois Department of Professional Regulation; Colleen Burns, Illinois Department of Insurance; Patricia Canessa, Salud Latina/Latino Health; Jenifer Cartland, Children's Memorial Hospital; Greg Chance, Peoria City/County Public Health Department; Edwin Chandrasekar, Asian Health Coalition; Betsy Creamer, Illinois Department on Aging; Margaret Gadon, IFMC-IL; Carol Gall, Mental Health America of Illinois; Caronina Grimble, Illinois Department of Human Services; Martin Hatlie, Project Patient Care; Roger Holloway, Illinois Rural Health Association; Kevin Hutchison, St. Clair County Health Department, Illinois State Board of Health; Michael Jones, Illinois Department of Healthcare and Family Services; Tammy Lemke, Illinois Children's Health Foundation; Janine Lewis, Illinois Maternal and Child Health Coalition; Hong Liu, Midwest Asian Health Association; David McCurdy, Advocate Health Care; Maureen McHugh, Northern Illinois Public Health Consortium; Larry O'Brien, Illinois Department of Agriculture; Dr. Javette Orgain, National Medical Association, Illinois State Board of Health; Sharon Post, SEIU Healthcare Illinois/Indiana; Linda B. Roberts, Illinois Department of Professional Regulation; Jose Sanchez, Norwegian American Hospital; Barbara Shaw, Illinois Violence Prevention Authority; Patricia Schou, Critical Access Hospital Network; Janna Stansell, Health and Medicine Policy Research Group; Christina Welter, Cook County Department of Public Health

Illinois Department of Public Health Staff: David Carvalho, Deputy Director; Dr. Teresa Garate, Assistant Director; Stephen Konya, Chief of Staff; Leticia Reyes-Nash, Division Chief; D'Ana Tijerina, Americorp

Governor's Office: Amy Sagen

Guests/Others: Marie Cleary-Fishman, Illinois Hospital Association (attending for Cathy Grossi); Donna Gerber, Blue Cross/Blue Shield of Illinois; Robert Knoll, Illinois State Board of Education (attending for Elizabeth Hanselman); Dr. Quentin Young, Public Health Advocate

SHIP ICC Process Staff Team:

- UIC School of Public Health: Joy Getzenberg, Richard Sewell
- Illinois Public Health Institute: Elissa Bassler, Katie Infusino
- McAlpine Consulting for Growth: Laura McAlpine

Welcome & Introductions:

Meeting was called to order at 11:00am. David Carvalho informed the group that due to a technical violation of the Open Meetings Act, no official action (e.g. votes) could be taken at the meeting. The only action item on the agenda was the adoption of bylaws, which would be deferred to the next meeting.

Dr. Damon Arnold (Director, IDPH); Michael Gelder, Office of the Governor and SHIP ICC Co-Chair; Dr. Javette Orgain (Chair, State Board of Health); and Dr. Quentin Young (Illinois Public Health Advocate) welcomed the group.

Laura McAlpine of the University of Illinois at Chicago School of Public Health gave an overview of how the meeting would run.

Overview of the Implementation Coordination Council:

Carvalho described the background, composition and charge of the SHIP ICC (see above introduction for details).

Presentation for proposed guidelines for conducting Council business:

Carvalho (IDPH) reviewed the draft bylaws. Once adopted, bylaws will allow for meetings by telephone. While group will generally operate by consensus, bylaws provide for voting process. Later in the meeting, Carvalho clarified that state agency representatives are voting members of the ICC. Only the appointee or official, regular designee will be able to vote. Bylaws do not require a minimum number of meetings, because ICC is appointed until a new SHIP is delivered. Action on the bylaws was deferred until the next meeting. Members were informed that they must read the ethics training document and submit their certification.

History of SHIP

Bassler (IPHI) gave a brief history of SHIP and the process used to develop the 2007 and 2010 SHIPs, including assessments, development of priorities and outcome objectives. Bassler discussed the development and process of the 2010 SHIP, noting that there were 14 priorities included in SHIP 2010.

Proposed SHIP Implementation Strategy:

Sewell presented a proposed strategy for ranking the 14 SHIP priorities to arrive at five for immediate development of strategies, which would be tasked to subcommittees.

ICC members engaged in a discussion of the process, expressing concerns about how to address the crosscutting issue of health disparities and concerns about how to rank health system priorities in competition with health status priorities. Some members suggested that the a few top health priority issues be selected and then worked on with a focus on the different system issues (e.g. mental health data, workforce, social determinants, public health system and access). Concern was expressed that the SHIP is multi-layered and this approach may leave out other important components, such as the existing outcomes that the SHIP Team developed and the cross-cutting issues related to each priority. Decision on a new process was tabled until later in the meeting.

2010 SHIP Priorities

Getzenberg presented how SHIP 2010 reflects a systems approach to addressing public health. She reviewed the fourteen priorities in the 2010 SHIP, noting that there are two categories: Public Health Systems Priorities and Health Concern Priorities.

Emerging Issues Discussion

This section of the agenda was deferred due to time constraints.

Contributions of the Public Health System in achieving the SHIP

McAlpine and Bassler led the group through a process of discovering the ways in which the SHIP priorities are being worked on by the members. Members used index cards to note the initiatives they were involved with in the SHIP strategic priority areas, along with the partners involved. Members were then asked to indicate on chart paper on the wall which priorities they worked on and their geographic reach, giving the entire ICC a visual reference for where there was work going on, and where there might be gaps in the group or the system. Getzenberg will be sending a survey to collect more detail on current initiatives.

See below for results

Following this group activity, guests and ICC members were asked to introduce themselves and what they and their agencies do.

Group discussed other organizations and sectors that should be informed and/or involved, such as departments of parks and recreation, Departments of Corrections, YMCAs, faith based institutions, pharmacies, schools and employers, and planning agencies (e.g. CMAP) were among those who needed to know about SHIP2010.

Richard Sewell proposed creating a work group to develop a means for ranking priorities. Sewell also suggested that the group identify their interests in working on specific priorities through a survey. A work group was formed including, David McCurdy, Christina Welter, Kevin Hutchison, Barbara Shaw, Patricia Canessa and Jenifer Cartland.

Next Steps:

In addition to the previously discussed steps (survey of initiatives, survey of interests, work group on ranking process), the next steps discussed included the evaluation process of the implementation process, what the relationship is between strategies and coordination function and how to enable implementation. Next meeting is November 17, 2011, 11 a.m. – 3 p.m.

Meeting adjourned at 3:00pm

Results of identification of existing initiatives (number of colored dots):

SHIP Priorities:

Patient Safety and Quality: 19

Unintended Injury: 6

Violence: 13

Natural and Built Environment: 5

Obesity: Nutrition and Physical Activity: 22

Oral Health: 7

Alcohol/Tobacco: 13

Use of Illicit Drugs/Misuse of Legal Drugs: 11

Mental Health: 20

Workforce: 21

Measure, Manage, Improve, and Sustain the Public Health System: 16

Access to health care and public health services: 32

Data & IT: 18

Social Determinants & Health Disparities: 18

Geographic reach (note that in Northern Illinois, dots may have overlapped counties or been put in neighboring counties due to available space):

Statewide: 61	Cook: 18	Tazewell: 2	St. Clair: 2
Winnebago: 1	Kendall: 2	McLean: 3	Gallatin: 1
McHenry: 1	Will: 2	Champaign: 1	Union: 1
Lake: 6	Kankakee: 1	Cass: 1	
Kane: 4	Marshall: 1	Sangamon: 2	
DuPage: 6	Peoria: 2	Douglas: 1	