



**Healthy Illinois 2021  
SHIP Planning Council Meeting  
Monday, March 14, 2016, 1:00 PM – 4:30 PM**

**Planning Council Members Present:** Jay Bhatt, Posh Charles, Bonnie Condon, Bill Dart, Judith Gethner, Eric Hargan, Thomas Hornshaw, Vincent Keenan, David McCurdy, Deb Rosenberg, Sheryl Smith, Anita Stewart, Neli Vazquez-Rowland, Ross Westreich

**Members of the Public:** Juana Ballesteros, Elissa Bassler, Amanda Bennett, Vincent Bufalino, Sandy DeLeon, Mary Elsner, Kristina Hamilton, Emily Hendel, Jennifer Herd, Hanna Kile, Catina Latham, Maureen McDonnell, Gita Rampersad, Patti Solano, Anita Stewart

**UIC SPH MidAmerica Center for Public Health Practice Staff Present:** Karli Greene, Guddi Kapadia, Jennifer McGowan, Geneva Porter, Christina Welter

Topic	Discussion/Updates	Action Items/Decisions Made
<b>Welcome</b>	<p><i>Dr. Shah:</i></p> <ul style="list-style-type: none"> <li>-Please sign in</li> <li>-Roll of those on the phone</li> <li>-Did not meet quorum to approve minutes</li> </ul>	
<b>Agenda</b>	<ul style="list-style-type: none"> <li>-Welcome and Overview               <ul style="list-style-type: none"> <li>• Sign In</li> <li>• Minutes</li> </ul> </li> <li>-Action Planning Process               <ul style="list-style-type: none"> <li>• Small group discussion by action team</li> </ul> </li> <li>-Public Health System</li> <li>-Next Steps</li> <li>-Public Comment</li> <li>-Closing</li> </ul>	
<b>Action Teams Breakout Discussion</b>	<p><i>Chronic Disease- Vince Bufalino</i></p> <ul style="list-style-type: none"> <li>• Tobacco Use, Healthy Eating, Active Living</li> <li>• There is a lot of work already happening that workgroup was unaware of               <ul style="list-style-type: none"> <li>○ Tobacco: Support legislation to move tobacco age from 18 to 21, tobacco cessation programs, e-cigarettes safety concerns</li> <li>○ Healthy Eating: One cent tax on SSB, obesity reduction, diabetes incidence reduction, lower mortality, vending changes</li> <li>○ Active Living: Built environment – Complete Streets policy, increased opportunities in clinical and community linkages, statewide collaborative of CDSMP and link it to doctor’s offices and then they are referred back to a provider and tracked</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• <i>What are the taxes used for?</i> <ul style="list-style-type: none"> <li>○ HHS \$100 Million – creating a wellness fund is included in the SHIP as a recommendation</li> <li>○ Medicaid budget deficit \$500 Million</li> <li>○ Smoking cessation programming</li> </ul> </li> <li>• Nicotine and tobacco should be added to smoking cessation efforts</li> <li>• Too many strategies may present challenges</li> <li>• Some strategies could be collapsed/reorganized after public hearings</li> <li>• Support of goal 4, but not of the taxations</li> <li>• <i>Are there strategies that just target school aged children?</i> <ul style="list-style-type: none"> <li>○ Assessment at school, assessing nutrition policies and guidelines, implementing CDC recommendations, assessing physical activity – Coordinated School Health</li> <li>○ Taskforce recommendations on PA –number of minutes per week, training for administrators, faculty and staff</li> <li>○ Safe Routes to Schools – recognize and enhance the activities happening in communities, improve funding</li> <li>○ Adopt media campaigns with urban/rural messages</li> <li>○ Funnel funding toward infrastructure improvements and expand on state requirements</li> <li>○ Safe connectivity linkages</li> </ul> </li> <li>• Active Living strategies overlap with Behavioral health</li> </ul> <p><i>Maternal and Child Health- Anita Palmer</i></p> <ul style="list-style-type: none"> <li>• Include more alignment between MCH and behavioral health.</li> <li>• Include more about baby friendly under Goal 2 <ul style="list-style-type: none"> <li>○ Breastfeeding</li> <li>○ Pre/post-natal screening for depression</li> </ul> </li> <li>• Leadership recommendations <ul style="list-style-type: none"> <li>○ IDOT and metropolitan have alignment in goals/strategies</li> <li>○ DCFS needs to be brought to the table</li> <li>○ There is a robust infrastructure for MCH in the state</li> <li>○ This is an opportunity to get the state MCH plan more visibility</li> </ul> </li> </ul> <p><i>Behavioral Health - Maureen</i></p> <ul style="list-style-type: none"> <li>• Prevention, Early Intervention, treatment <ul style="list-style-type: none"> <li>○ Prevention – strengthen people’s capacity to deal with life challenges, prevent new initiation of overdose epidemic, non-medical use of opiates</li> <li>○ Early intervention – mental health and substance abuse prevention, early</li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>identification of anxiety and appropriate intervention <ul style="list-style-type: none"> <li>o Treatment – treating depression, substance abuse disorders</li> </ul> </li> <li>• Evidence for what works, existing projects, gaps, leveraging every available federal dollar</li> <li>• Goals: Recognized integration with a shared understanding of the problem, there should be additions to the Databook of actionable data- how to collect it from the places that exist and use it for public health surveillance <ul style="list-style-type: none"> <li>o Measures around suicides</li> <li>o BRFSS – number of adults reporting 7 or more days</li> </ul> </li> <li>• Need to add <ul style="list-style-type: none"> <li>o ER visits, deaths due to drug overdose, deaths due to alcohol</li> </ul> </li> <li>• Major untapped opportunities <ul style="list-style-type: none"> <li>o Integration and alignment of resources at the local level, LHD, Local Behavioral providers, schools and law enforcement to make biggest impact</li> <li>o Building capacity of early intervention – clinicians doing the screening, linking people to services, addressing gaps in services</li> <li>o Primary early intervention strategy (Mental health first aid) – build understanding in the community, behavioral health literacy, bystander’s roles</li> <li>o Aligning with preparedness and emergency response</li> </ul> </li> <li>• Comments/Questions <ul style="list-style-type: none"> <li>o Love the focus on prevention and early intervention</li> <li>o Integrate primary and behavioral health with chronic</li> <li>o Screen in prenatal and postpartum women in MCH</li> <li>o Mental health literacy will be beneficial on a wider scale</li> <li>o The goal is prevention: local health departments need to re-explore what their role should be, be given direction, ensure delivery on their mission and possibly offer funding</li> </ul> </li> <li>• <i>What did you talk about with clinical systems partnering with locals?</i> <ul style="list-style-type: none"> <li>o Recommend what the conversation should be about and who should be in it</li> <li>o Problem solving conversation</li> </ul> </li> </ul>	
<p><b>Full Group Discussion</b></p>	<p><i>Comments:</i></p> <ul style="list-style-type: none"> <li>• Happy with inclusion of MCH</li> <li>• Points out need for better IT infrastructure, how to better share de-identified data, accessing and moving through systems and what interventions are helpful</li> <li>• Continued focus on PSE in strategies is important <ul style="list-style-type: none"> <li>o Weaving in of SDOH</li> <li>o Idea of closing of treatment gaps</li> <li>o Focus on health literacy</li> <li>o Focus on addressing violence in communities</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>○ Need to implement a type of assessment to think about the value of community based vs. provider based treatment <ul style="list-style-type: none"> <li>▪ What are we getting for the ROI, rate structures and comparison?</li> </ul> </li> <li>• “Responsibility tax” can be reframed away from penalizing the consumer and instead penalizing the manufacturer for profiting on the expense of public health. That is, not passing the cost of the tax down to the consumer, but instead require the manufacturer to absorb those costs themselves. Although progress, time, money, and energy has already been put into the HEAL Act, this can be approached in baby steps. There should at least be an educational component to the current legislations so that consumers know why they are paying more for sugary drinks and get education on why sugary drinks are bad for them.</li> </ul> <p><i>Not clear across plans:</i></p> <ul style="list-style-type: none"> <li>• Similarities</li> <li>• Literacy</li> <li>• Data, collection</li> <li>• Mental health</li> <li>• Awareness and education</li> </ul> <p><i>Gaps</i></p> <ul style="list-style-type: none"> <li>• Active living- Align DHS, IDPH, IDOT, ATA, local municipal groups etc. plans around child and adolescent health</li> <li>• MCH – behavioral health piece about treatment for smoking differed</li> <li>• Cross cutting issues can raise a problem</li> <li>• Behavioral health – focusing on access, through insurance and Medicaid <ul style="list-style-type: none"> <li>○ Pregnant women who smoke – prevention and cessation – making sure both health priorities were thinking about this</li> </ul> </li> <li>• Integrating themes such as primary prevention and child and adolescent health and how connections can be made</li> <li>• Identification of whose point of view is being focused on <ul style="list-style-type: none"> <li>○ Need to identify some priority populations from a health equity lens</li> </ul> </li> <li>• Data to segment the populations: how do we make the most impact?</li> <li>• Cultural priorities: how can we head off fast-growing populations?</li> <li>• Assessment of these is undertaken in order of impact</li> <li>• Coordinating cross-cutting entities</li> <li>• MCH is a population health priority, behavioral health is a problem priority and chronic disease is a risk factor priority</li> <li>• Need to work on SDOH directly <ul style="list-style-type: none"> <li>○ Assess how far action teams dive into this in the plan</li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>○ Assess job development, housing, etc.</li> <li>○ National prevention strategy should be utilized at the state level</li> <li>○ Embed it, separate it and flush those pieces out</li> <li>• Tracking opportunities <ul style="list-style-type: none"> <li>○ Number of housing units – section 8</li> <li>○ Number of mental health visits in prison</li> <li>○ Trends of numbers</li> </ul> </li> <li>• Services for homeless individuals need to be included in the proposal</li> </ul> <p><i>Public Health System – report out</i></p> <p>What's Missing:</p> <ul style="list-style-type: none"> <li>• Data –plan should speak to a three prong approach</li> <li>• Improving the data system <ul style="list-style-type: none"> <li>○ Clear strategy on what purpose of data is <ul style="list-style-type: none"> <li>▪ The planning council should have a implementation coordinating council for data monitoring and evaluation, who looks at the Data Book and starts measuring and recommending a framework</li> <li>▪ Department needs infrastructure for epidemiological capacity <ul style="list-style-type: none"> <li>• Explore funding and fiscal strategies, private partnerships, issue a contract</li> </ul> </li> </ul> </li> </ul> </li> <li>• How do we address structural issues of social determinants of health? <ul style="list-style-type: none"> <li>○ Look within health priorities</li> <li>○ A process needs to be undertaken to look at what is being done in the state and who is doing it, include what plans are underway in order to capture it more profoundly</li> </ul> </li> <li>• Assessment of current data and initiatives</li> <li>• Knowledge of where funding is going – ROI</li> <li>• Ensuring we are using funds wisely</li> <li>• Use of benchmarks – baseline that compares different rate structures</li> <li>• Messaging – ensuring that everyday people know, coordinated communications plan, PR, social media</li> <li>• Planning Council is the oversight body to identify overlaps with the risk factors within the workgroups and improve collaboration</li> <li>• Project manager - makes timelines, shares data between agencies and provides progress reports</li> </ul> <p>• <i>Are there resources to support the continuation of the planning council?</i></p>	
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	<ul style="list-style-type: none"> <li>○ No, there is no money to manage the council or to implement the strategies</li> <li>○ Implementation council exists in law, so the goal is to make a seamless transition</li> <li>○ Abolish the state board of health that oversees this process, DPH would take over and implementation council would take over for the planning council</li> <li>○ Functional Impact <ul style="list-style-type: none"> <li>▪ Raises awareness of HI 2021, collaboration of departmental agencies and Illinois residents, other stakeholders have been brought to the table, provides supported advocacy</li> <li>▪ Planning council should divvy up tasks, action plan teams recommend specific tasks, and identify what is working, and lessons learned from the approaches</li> <li>▪ Support advocacy <ul style="list-style-type: none"> <li>• Press release</li> <li>• Have Dr. Shah on the news</li> </ul> </li> </ul> </li> <li>• How to get people interested in implementing the strategies of the SHIP <ul style="list-style-type: none"> <li>○ Create a HI 2021 website that includes toolkits and a place to share stories</li> <li>○ Ensure access to Medicaid rates and payment</li> <li>○ Need to pay licensed professionals beyond doctors and nurses - social workers, mental health professionals, community health workers, dieticians, nutritionists</li> <li>○ Planning council can assist with finding and adding money and authority and advocate for policy</li> <li>○ Ensure implementation is visible, transparent, and contains regular updates of measures</li> <li>○ The planning council is the governing body for the implementation council and must provide oversight</li> <li>○ Look for the easiest winnable opportunities and coalitions of the right people to win them</li> <li>○ Make this a campaign where everyone is involved: mayor, private, and businesses</li> </ul> </li> </ul> <p><i>One word to describe this process:</i></p> <ul style="list-style-type: none"> <li>• Challenging, forward, progressive, dedication, collaboration, leadership, thoughtful, comprehensive, hopeful, measurable</li> </ul>	
<b>Next Steps</b>	Need to have representation at each of the public hearings- email Jen if interested.	
<b>Public Comment</b>	Good work!	
<b>Adjourn</b>	4:30 PM	