

HEALTH

EXECUTIVE SUMMARY

June, 2009



Photo courtesy of Advocate Health Care

The Health report was developed by the **University of Illinois at Chicago School of Public Health** in collaboration with an advisory committee. The report is commissioned by The Chicago Community Trust to support the 2040 comprehensive regional planning effort led by the Chicago Metropolitan Agency for Planning.

INTRODUCTION

This Plan for Health is an unusual undertaking in two respects. It is part of the Go To 2040 regional master plan along with other human services components that have, historically, been outside the purview of planners, who are usually more concerned with issues such as land use, transportation, and solid waste disposal. And the planning horizon covers three decades, providing a rare opportunity for health planners to engage in truly long range planning.

Health is more than medical care: a variety of factors determine the health of individuals and a community. These “underlying determinants” include demographic composition, income and poverty, employment, social status, cultural beliefs and practices, level of educational attainment, environmental conditions, genetics, individual behaviors, and public health measures, in addition to the quality and utilization of health care services.

Most planning efforts, which attempt to affect community health, deal only with public health and medical services delivery, even though the other factors are known to have a greater influence on community and individual health.

This plan approaches the challenge differently; it focuses on the underlying determinants of health and moves beyond the narrower focus that health planners and public health officials traditionally take. This report identifies the connections that education, land use, transportation, food and hunger, civic engagement, workforce, and the economy have with health, and it focuses on strategies and interventions that can be pursued in these sectors to improve health throughout this region.

It has been said that "what gets measured gets done." So, one key element in aligning the efforts of non-health sectors toward improving community health is to develop a set of indicators that track both the regional progress toward better health and the contributions that education, transportation, workforce, employment, and other non-health sectors make. The advisory committee believes that because many factors influence the health of a community, it is important to establish a focus. So it selected four areas of concentration that it determined would be most sensitive to local efforts and would have the greatest impact on the health of the region:

- **Disparities:** For most health conditions, disparities between higher income and lower income and minority populations exist. Targeting disparities ensures that areas of greatest need receive the most attention, thereby offering the greatest potential for overall health improvement.
- **Regional Efforts:** Local health conditions often reflect state or even national trends that are beyond the influence of local or regional efforts. While policy changes at the state and national level are needed, the focus of this effort is on what can be accomplished in the Chicago region to improve health, and not on those factors that are beyond regional control.

- **Chronic Diseases:** Chronic diseases are the greatest cause of mortality and disability, accounting for more than 70 percent of all health care expenditures. Reducing the burden of chronic disease offers the greatest impact for improving the health of all population groups.
- **Prevention:** While medical technology and treatments dominate public attention, the most cost effective interventions involve prevention and health promotion. These interventions are best carried out through non-health sectors where people live, work, are educated, and go about their daily lives.

The region overall appears to be enjoying favorable health status, with a life expectancy that exceeds the national average and lower death rates for most causes of death. These summary measures reflect a region with low levels of poor health, relatively positive health behaviors and the use of preventive services. The region is served by an extensive health care system, which offers a wide variety of basic and specialized services spread across all counties. The region's population is effectively protected from infectious disease and environmental hazards by a network of local government-operated public health agencies

These overall favorable health conditions mask concerns that should be the focus of efforts to improve the health of the region. There is considerable variation among counties for nearly all measures of health status, which suggests room for improvement, especially if the lowest rates are viewed as potential but realistic goals for those counties which are not at the most favorable levels achieved by their neighbors. Within all counties there are population segments which have much poorer health status and access to health care. These are usually lower income and minority populations. Reducing health disparities is a national public health goal, which could also be adopted by this region. Lack of health insurance, and its consequences for access to health care, is a growing problem across the entire region, affecting larger numbers of people from all income groups. The region's public health system is also exhibiting signs of strain. Demands for public health service and population risks have increased, while financial support for the region's network of local health departments has eroded, due primarily to state and local government belt tightening.

VISION STATEMENT

Sustainability: To meet the needs of the present without compromising the future, health planning and health policy formulation will take place above the level of service provider governing boards, local boards of health, and local elected officials. The formulation of health policy will be a higher priority and the process will be integrated with other regional planning concerns.

Equity: Since one-third of the region's population is expected to be Hispanic by 2030, health disparities based on race and ethnicity will be reduced and eliminated by 2040. Desirable trends in health status and health systems performance indicator levels and a narrowing of the gaps based on race and ethnicity will exist. The vision of a fair distribution of the benefit and the burdens caused by the region's investments and policies to all parts of the region will apply to health resources.

Innovation: The region is home to important health and medical care trade association headquarters, medical schools, and excellent tertiary care and clinical research. By 2040, the region will have realized the competitive advantage of these resources and how to use them to drive regional growth and to address problems. Technological advances will reach all residents of the region and enhance their quality of life.

Quality of Life: The outcome of effective regional planning that includes health and human services will be an improved quality of life. Strong communities, housing, recreation, employment, and education systems are all determinants of health that influence quality of life.

Environment: The favorable relationship between open space and housing that the region currently enjoys will be maintained in 2040. This will be managed through regional planning and good leadership while accommodating the expected increase of 2.8 million additional residents by 2030. Threats to population health will be minimized through a strengthened environmental health effort by public health organizations.

Energy: Use of energy by health facilities and equipment will be reduced. Health and medical centers will be more decentralized so there is less reliance on individual transportation. A greater emphasis on primary prevention will decrease the population's dependence on the tertiary and quaternary features of the medical care system.

Water: The high quality of water supplies for human use in the region will be maintained and enhanced. Equitable distribution of water resources throughout the region will improve. Exploration of water recycling systems will yield promising results. This will be possible through improvements in regional planning and cooperation.

Housing: The fact that housing is a determinant of health will be a principle of regional planning. The result will be "safe, decent, affordable, and stable" housing across the income spectrum throughout the region.

Health: The region will meet or exceed the "Healthy People, 2050" health objectives for the U.S. through improvements in lifestyle and health behaviors, environmental health, and the performance of health services. Data for mental health status and oral health status will be tracked and measured in the seven-county region. The public health infrastructure will be strengthened through strong partnerships, evidence-based community practices, a data sharing system that provides for real-time feedback and enhanced responsiveness, and the development of population-based capacity. A capacity for regional planning for health will be in place and the cost of health care in the region will meet regional planning guidelines.

Safety: Public safety and significant reductions in criminal activities will be a by-product of the improvements cited under other topics in the 2040 vision.

Education: Education and training across the lifespan will be a system characteristic in the region. Workforce capacity and specialty challenges in the health enterprise will be connected to education and training program curricula and output. Resources for education and the performance of public schools will be adequate to meet needs regardless of income, race, or ethnicity.

Economy: Recognition that investments in human capital generate regional returns will be a planning principle. The multiplier effect of the health enterprise and the economic benefit of enhancements and integration of environmental, public health, social equity, cultural amenities, education, and physical infrastructure systems will be realized.

Reinvestment: Community reinvestment will result in improvements in community health status.

Transportation: Regional planning will connect transportation elements with a more decentralized system of health facilities.

Intergovernmental coordination and planning: The regional planning agenda that is concerned with land use, physical infrastructure, etc. will be coordinated with health and human services planning.

Civic involvement: Health leaders and health consumers will have significant involvement with the health system at the community and regional levels.

RECOMMENDATIONS

This vision can be achieved if the following recommendations are implemented:

INTEGRATED PREVENTION/HEALTH PROMOTION STRATEGY

1. Design a prevention/health promotion strategy built on the determinants of health. Use these determinants as the basis for planning for improved population health and improved performance of health systems coordinated with planning for physical infrastructure, education, transportation, and land use. The scope of the planning should be comprehensive with an emphasis on health workforce planning. Without workforce planning, adjustment to environmental forces is difficult.
2. Engage health leaders and community residents in regional planning and involve a large and diverse share of the regional population in volunteer activities related to planning a health system that reflects their needs.
3. Link planning for the design and implementation of the prevention/health promotion strategy to planning in other sectors. This should be an enduring function within the Chicago Metropolitan Agency for Planning.

DATA FOR INTEGRATED PLANNING AND MONITORING

4. Take advantage of the emerging electronic medical records platform to create real time access to important health data by key users, including health planners and policy makers. Use an “all data” approach so that resources such as physician offices, pharmacies, clinical and testing laboratories, and retail clinics, etc. are included.
5. Establish a regional health status and health systems data center. Enhance access to Web-based data through a centralized entry point.
6. Create health planning capacity at the county level, built on public health requirements for community health improvement planning.
7. Provide an analytical framework for an integrated prevention/health promotion initiative.
8. Enable comprehensive health workforce planning.
9. Monitor and address health disparities.
10. Provide data for planning, policy-making and research in a more timely fashion.
11. Improve data quality and analytical capacity.

PUBLIC HEALTH INFRASTRUCTURE

12. Strengthen the public health infrastructure. While the region compares favorably to Illinois and the United States on most measures cited in this plan, there are populations of racial, ethnic, and economic minorities with alarming health statistics.

HEALTH

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