Illinois Public Health Institute

IDPH
Illinois Department of Public Health

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IPLAN Training Session 2: Description of Health Status and Health Problems most Meaningful to Community

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This session is being recorded.

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Agenda

- Welcome and Introductions
- Understanding Data Collection for IPLAN
- Health Status Requirements
- Health Problems Most Meaningful to the Community Requirements
- Closing

Learning Objectives

Participants will be able to...

1

Describe the requirements to collect qualitative and quantitative data for the 7 data groupings.

2

Apply best practice methods for data collection and analysis.

Group Agreements

- Actively participate
- Take space/ Make space
- Seek to understand different perspectives.
- Allow facilitator to move conversation along
- Ask questions in the chat or raise hand
- We can "park" items we cannot address today and get back to you
- What else?

IPLAN Requirements

- Certification Application via LHD Certification Application
- Electronic version of IPLAN (Community Health Needs Assessment and Community Health Improvement Plan)
  - IPLAN must include page numbers and table of contents
  - Board of Health (BOH) approval letter:
    - The IPLAN approval
    - BOH - Organizational Self-Assessment Plan
- **IPLAN substantial compliance evaluation**
  - **LHD completes**
    - **LHD Name (on first page)**
    - **Health Priorities (on first and as applicable for pages 3-6)**
    - **Page numbers for substantial compliance review (if there is something missing, LHD will provide comments to explain, for example, data is not available)**
- Applicable new Personnel Information Form (PIF)

Visit: https://app.idph.state.il.us/

Understanding Data Collection for IPLAN

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Definitions

Health Status

The current state of a given population as described by various quantitative data (e.g., morbidity, mortality, access to healthcare)

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Health Problems Most Meaningful to the Community

A situation or condition for people which is considered undesirable, is likely to exist in the future, and is measured as death, disease, or disability.

Definitions

Primary Data	Secondary Data	Quantitative Data	Qualitative Data
Data for which collection is conducted, contracted, or overseen by the health department	Data collected by others outside of the health department	Data concerning information that can be expressed in numerical terms, counted, or compared on a scale	Data concerning information that is difficult to measure, count, or express in numerical terms

7 Data Groupings

Demographic and Socioeconomic Characteristics

General Health and Access to Care

Maternal and Child Health

Chronic Disease

Infectious Disease

Environmental/ Occupational/ Injury Control

Sentinel Events

Examples

- Population by race/ethnicity, employment, household income
- Mortality rates, life expectancy
- Low birth weight, teen birth rate
- Cancer mortality rates, diabetes hospitalization rates
- COVID-19 incidence rates, vaccine preventable diseases
- Homicide and suicide rates, accident mortality rates
- Number of cases of TB, measles, mumps

Health Status Requirements

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Health Status Requirements

Admin Code Requirements	Admin Code Compliance
a.1.B The assessment shall, at a minimum, include an analysis of data in groupings designated by the Department, which are: demographic and socioeconomic characteristics; general health and access to care; maternal and child health; chronic disease; infectious disease; environmental/occupational/injury control; and sentinel events.	Each grouping includes a description of the relevant data in IQuery.
a.2. The list of community health indicators published on the IQuery web site shall be utilized to structure the minimal content of the assessment. A local health department may use in its assessment IQuery data and additional data available that describes the health of its population, including natality, mortality, morbidity, and risk factors for illness in its jurisdiction.	

IQuery Dashboard

Visit website: https://dph.illinois.gov/data-statistics/iquery.html

Log in to the IQuery dashboard requires access to an Illinois.gov account. To request access, contact DPH.IQuery@Illinois.gov. Include your name, phone number, email address, and local health department.

- **IPLAN Community Health Data System (IQuery)**
- **Vital data source for Community Health Needs Assessment**
- **In order to gain access to the new dashboard, IDPH needs to have the master data use agreement signed by the LHD Administrator/Executive Officer.**

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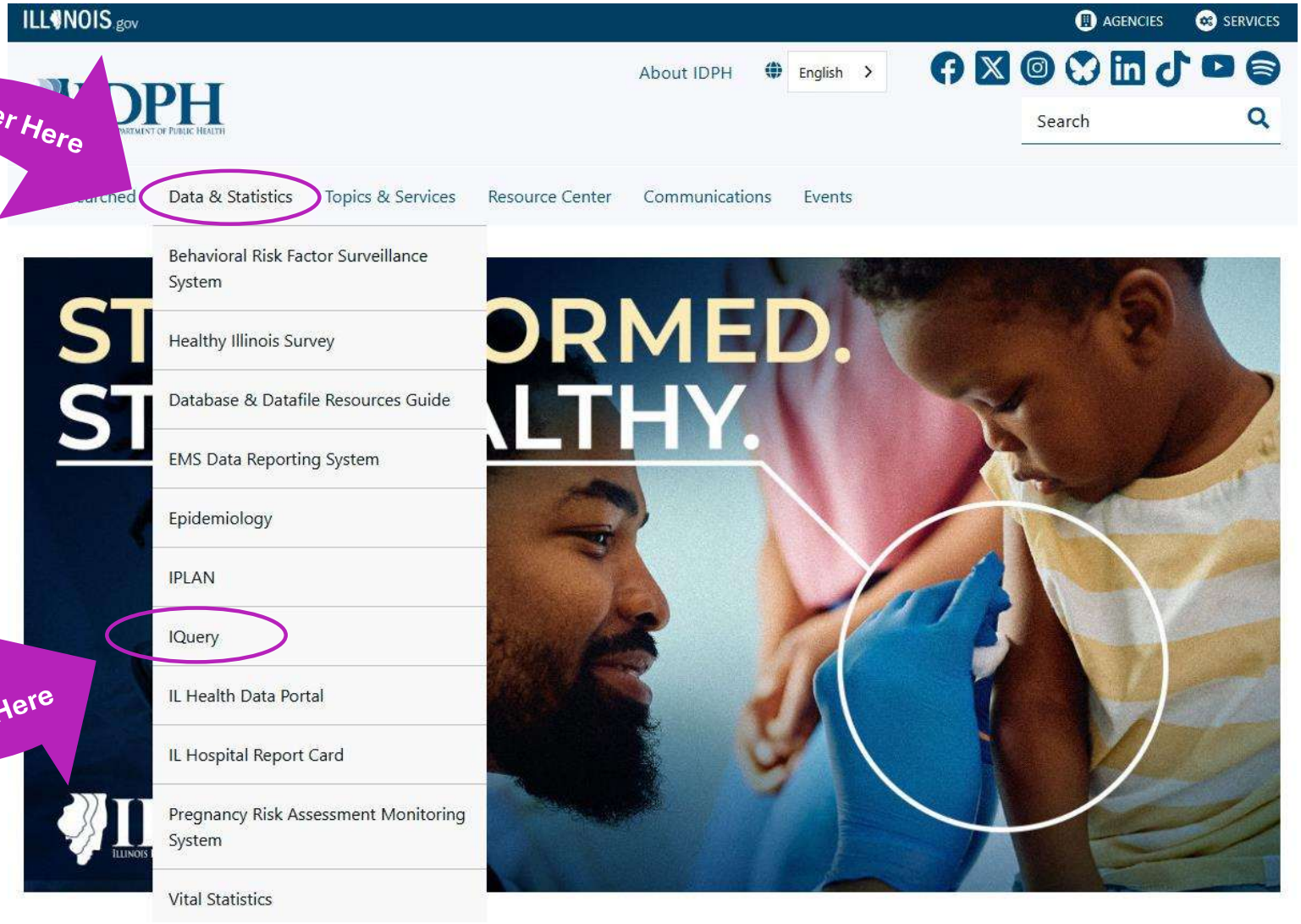
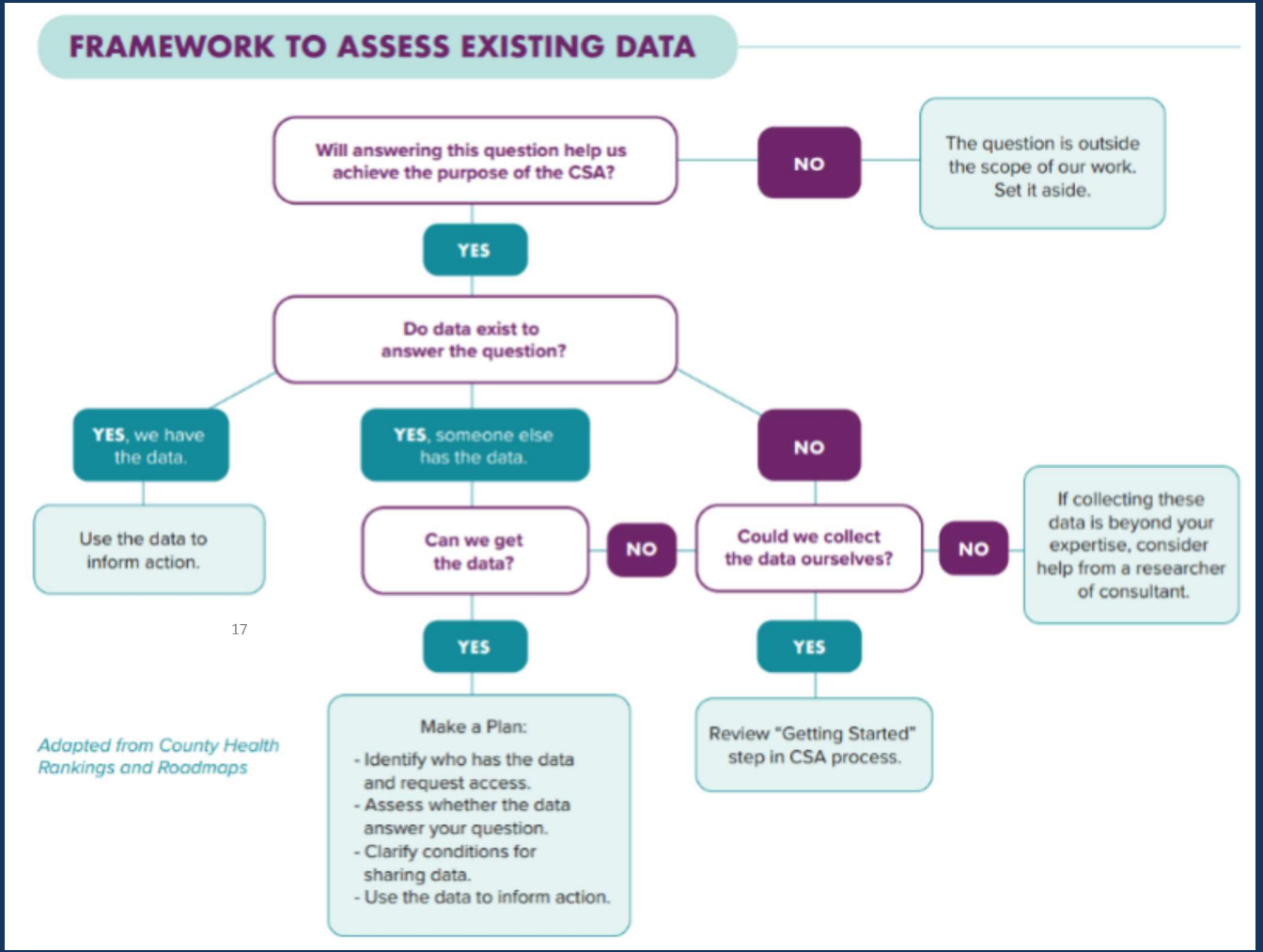
Only 1 agreement per health department is required. Multiple users will be able to access the IQuery Dashboard.

Access IQuery



MAPP 2.0 Tool for Assessing Existing Data

(NACCHO Community Status Assessment, 2023)



Data Collection/Acquisition

- Work with state health department and review Healthy Illinois 2028 (SHIP)
- Work with Healthy People 2030 (CDC) and other local, state, federal, or private agencies
- Compare their local data to regional, state, and/or national to understand benchmarks for their community
- Collect most recent data, and use older data to show how the community has changed over time

Analysis of Health Status Data

Plan

- Define community area
- Identify priority populations
- Identify indicators to focus on
- Can use indicators from old IPLAN but ensure data is still up to date or relevant

Collect and Compile

- Compile data on all 7 data groupings
- Geographic locations
- Use IQuery first, then Related Data
- IQuery – LHD profile for comparison but IPLAN data has drop downs for all categories

Analyze

- Collect, analyze, and present all of your data BEFORE prioritizing
- Compare data by demographics
- Analyze the similarities and differences between all the data
- Explain any data gaps in 7 data groupings in the IPLAN report

Large Group Discussion

Which of the data groupings do you have a hard time identifying indicators for and would like some more examples?

- **Demographic and Socioeconomic Characteristics**
- **General Health and Access to Care**
- **Maternal and Child Health**
- **Chronic Disease**
- **Infectious Disease**
- **Environmental/ Occupational/ Injury Control**
- **Sentinel Events**

Large Group Discussion Notes

- CD -- Diabetes, hypertension
  - CDC Places
  - Death, Diabetes program
  - CDC US Diabetes Surveillance Home - United States Diabetes Surveillance System
- Demo data – CHR&R
  - CDC and IDPH data
  - spark Map: https://sparkmap.org/ , provides a variety of secondary data sources.
  - CDC Wonder
- MCH
  - Brith records data
  - https://hildx.dph.illinois.gov/
  - Vital statistics

LHD Example

Southern Seven Health Department (Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union)

Data Sources:

- IQuery
- US Census
- IL Center for Health Statistics
- IL Department of Employment Security
- County Health Rankings
- IL Behavioral Risk Factor Surveillance System (ICBRFS)

Their IPLAN report included:

- Definition of each required grouping
- Barriers or lack of data and rationale
- Differentiation between data by county or geographic area
- Summarized findings, including trends
- Visual charts and graphs

Health Problems Most Meaningful to the Community

Health Problems Most Meaningful to the Community Requirements

Admin Code Requirements	Admin Code Compliance
a.2.C. A description of the health status and health problems most meaningful for the community in the data groupings designated by the Department, which are: demographic and socioeconomic characteristics[24]; general health and access to care; maternal and child health; chronic disease; infectious disease; environmental/occupational/injury control; and sentinel events.	Each grouping includes a description of the issues of most concern to the community.

LHDs must collect community data and compare to the 7 data groupings.

Qualitative Data Collection Overview

- Primary data collection can address gaps and understand community perspectives
- LHDs can collaborate with community health partners to collect this data
- Ask open-ended questions and not numerical
- Can explore health disparities, contributing factors, and root causes

The “description of health problems most meaningful for the community,” as outlined in substantial compliance requirements, is met through a LHD’s collection of **qualitative** and primary data.

IPLAN Requirements

- Demonstrate collection of qualitative data by each of the 7 data groupings
- Document in the IPLAN CHNA report AND substantial compliance where and why community data for a grouping was unable to be collected (i.e., sentinel events)
- Note BOTH qualitative and quantitative data needs to be referenced in substantial compliance
- Use specific page numbers when filling out substantial compliance

Tool for Data Sources Support

Data Sources

Area of Focus
Community Surveys

Area of Focus
Key Stakeholder Interviews

Area of Focus
Focus Groups

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Area of Focus
Town Hall Meetings

Area of Focus
Data Characteristics

Area of Focus
Community Surveys

CONTENT AND FORMAT

- Assure respondents of confidentiality.
- Collect data in a culturally appropriate manner and at a literacy level and in a language that respondents can understand.
- Review the survey draft with community members to see what needs to be modified.
- Consider using or modifying a validated survey instrument or questions.
- Assess regularity of health care use because frequent users may have a unique perspective.
- Allow space for qualitative answers.
- Provide the option for respondents to be contacted for further involvement in the CHA process.
- Distribute the survey online, on paper or both. Consider using both methods if there are major segments of the community's population who do not have internet access.

PARTICIPANTS

- Consider oversampling populations that will need to be focused on for interventions.
- Distribute the survey where people live, work, learn and play — at churches, local businesses, health fairs, etc.

Apply for IPLAN Technical Assistance!

IPHI is offering first come, first serve technical assistance on all topics related to IPLAN requirements and needs!

Topics:

- Community Health Needs Assessments
- Community Health Improvement Plan
- Organizational Capacity Assessment/Strategic Plan
- IPLAN Report Writing

TA Options:

- One on one coaching sessions
- Document review and feedback
- Group coaching or support

Upcoming Micro-training Sessions

Session	Topic
	COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS
Session 1: March 25 1:00-2:00 PM CT	Purpose Statement and Description of the Community Participation Process (CHNA)
Session 2: April 22 1:00-2:00 PM CT	Description of Health Status and Health Problems Most Meaningful to Community (7 data groupings)
Session 3: May 27 1:00-2:00 PM CT	**Prioritization and Alignment with SHIP**
	COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PROCESS
Session 4: June 24 1:00-2:00 PM CT	Purpose Statement and Description of the Community Participation Process (CHIP)
Session 5: July 22 1:00-2:00 PM CT	Risk Factors, Direct and Indirect Contributing Factors Analysis / Impact vs. Outcome Objectives
Session 6: August 26 1:00-2:00 PM CT	Proven Intervention Strategies, Process Objectives, Anticipated Community Resources
	Organizational Capacity Assessment vs Strategic Planning
Session 7: October 28 1:00-2:00 PM CT	APEX PH Organizational Capacity Assessment vs. Strategic Planning
	WRITING THE IPLAN REPORT
Session 8: November 18 1:00-2:00 PM CT	Putting it All Together - Writing Your IPLAN Report

Illinois Public Health Institute

Thank you!

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