Published May 17, 2017
Click here to view the original post on LinkedIn

All In Chicago: Healthy Chicago 2.0, Partnering to Improve Health Equity

Edited by Meghan Phillipp and Laura Starr

Just over a year ago, the Chicago Department of Public Health (CDPH) and Mayor Rahm Emmanuel launched Healthy Chicago 2.0., a four year plan to improve the health and well-being of all Chicagoans. About this effort, CDPH Commissioner Julie Morita, M.D., said, "Health is more than just medical care. By investing in our neighborhoods, providing more opportunities for our children and working with communities that need the most help, we are not just improving the health of individuals, but we are improving the health of our entire city."

Healthy Chicago 2.0 relies strongly on community involvement to address the disparities and inequities in our communities that impact health status for all. CommunityHealth's All In™ campaign aligns with the Healthy Chicago 2.0 plan, and we proudly partner with CDPH to continue developing solutions that will ensure access to health care for all Chicagoans.

At the All In™ breakfast summit held on November 16, 2016, CommunityHealth invited thought leaders to be part of a panel sharing their perspectives on the importance of data and social determinants of health to provide access to health care for all Chicago residents. Commissioner Morita was among those thought leaders speaking at the event, and here, she graciously agreed to help us tackle some follow up questions to continue the conversation around how we can make sure that every Chicago resident has access to the right health care, in the right place, at the right time.

CommunityHealth: What does being "All In" mean to you?

Commissioner Morita: "All In" is a key tenet of Chicago's public health plan, Healthy Chicago 2.0. This plan was developed and is currently being implemented by hundreds of individuals and organizations across Chicago, representing a broad array of traditional and non-traditional partners. To advance health equity by addressing the social determinants of health, all sectors must work together to provide the support needed to those neighborhoods and populations who have the greatest need. "All In" represents the acceptance of the shared responsibility we all have in improving the health of our community.

CommunityHealth: How do you prioritize addressing the various social determinants (e.g., housing, food access) when treating a patient?

Commissioner Morita: Prioritization must be driven by the patient's needs. Providers should assess the values and needs of patients and respond to their priorities first. Building rapport allows providers to address other social determinants that patients might not prioritize. Providers may believe that economic security is a priority for long term stability, but if the patient is focused on how to feed her/his children, the most success will come from addressing food insecurity and getting the patient connected to food stamps and other nutrition supports first.

CommunityHealth: In order to collectively address these issues, institutions and organizations in Chicago must start with a shared data set. What are the top three barriers to gathering and analyzing integrated data in Chicago?

Commissioner Morita: *Long-Standing Restrictive Policies:* In many cases and for a variety of reasons, existing data policies at agencies and organizations are restrictive by default, making data sharing agreements especially difficult, requiring additional bureaucratic hurdles beyond what is necessary. Data policies must be modernized and modified to be more supportive of data exchange opportunities.

Protection of Privacy: Privacy laws such as HIPAA are often perceived as the primary obstacle for sharing data among health and healthcare organizations. Privacy concerns must be systematically addressed through concerted policy/rule/procedure development in order to allow data sharing while still ensuring the protection of privacy.

Lack of metadata and standards: Oftentimes, metadata that describe data content, origin, methods, definitions, etc. are lacking for public health data and standards for data format, variable construction are insufficiently used, limiting secondary data use and inter-operability. Significant resources are necessary to make the data 'shareable' on a sustained basis.

CommunityHealth: How can we overcome these barriers?

Commissioner Morita: The rationale – including potential benefits to be gained through improved data integration – needs to be articulated before data sharing can occur. Therefore, all parties involved must actively participate in the data sharing/integration planning process.

The most successful data sharing initiatives require substantive leadership at the executive level and at the program level of all parties involved in the data

sharing/integration process. These projects are difficult and fraught with challenges, and thereby require substantial commitment from across the organization(s). Executive sponsors and project champions actively engage in the initiative and eliminate obstacles. Program directors are involved in the day-to-day aspects of the project and their buy-in is crucial.

CommunityHealth: How do you view the role of mobile apps in complementing focus to address root cause issues (e.g., behavioral health apps).

Commissioner Morita: Consumers continue to embrace various types of mobile applications (apps) to simplify and improve their lives. But the supply of health apps now exceeds 259,000, making it difficult for an individual to identify the best options, providing new opportunities for those in public health to help direct individuals to preferred apps.

While many apps can motivate behavior change, generate recommendations, and/or monitor health conditions, they may not match health care privacy and security policies or best practices found in person-to-person clinical care. But these limitations should not prevent public health from engaging app technology, as there are still enormous benefits, and some of these concerns are being addressed. Mobile devices can allow instantaneous access to patient data, through sensors for example, and can transmit data securely to health care providers who can evaluate the data and communicate back to the patient with recommendations on treatment, prescriptions, or testing. Mobile devices and apps are also showing more promise as a part of telemedicine, which increases access to specialists and providers to reach underserved people and areas, addressing some of the barriers to access of care. As smartphone adoption continues to increase, more evidence builds for app and telehealth use in health care and public health. It is anticipated that they will contribute to improved access to therapy and better patient outcomes in the future.

Though more residents now have smartphones and have access to apps, there are still residents who use older mobile phones, without access to smart phone technology and apps. As such, it is important for public health to integrate outreach and programs via multiple formats. On smartphones, we can leverage apps and other technologies. On mobile non-smart phones, we can leverage SMS technology, as we should continue to leverage on smartphones. Furthermore, it is still essential to provide access via traditional means (in person) for those with no mobile phone or who prefer other modes of contact.

Broadband access is also an essential factor to consider. According to Pew Internet, with home internet access shifting to smartphone use, costs are directly related to data plans. Access to free wireless internet (wifi) becomes very important to those who are more price sensitive. Chicago is continues to increase access to free public wifi, including at all libraries. This link provides a map of available internet access locations in Chicago: http://locations.weconnectchicago.org/.

COMMISSIONER JULIE MORITA, MD Born and raised in Chicago, Dr. Morita was appointed as commissioner of the Chicago Department of Public Health in 2015. Under her leadership, CDPH developed and launched Healthy Chicago 2.0, a four-year plan to assure healthy equity by addressing the social determinants of health. In addition, CDPH led efforts to pass a number of tobacco prevention initiatives including raising the age for purchasing tobacco products to 21 years. Previously, Dr. Morita served as CDPH's Chief Medical Officer, leading the city's response to the pandemic influenza outbreak – where she developed a system to distribute more than one million doses of vaccine across the city, as well as the city's efforts to prevent the introduction and spread of the Ebola virus. Dr. Morita has served as a member of the Institute of Medicine Committee on Community Based Solutions to Promote Health Equity, the Advisory Committee on Immunization Practices, the National Vaccine

Advisory Committee and the Illinois Chapter of American Academy of Pediatrics.

Prior to her time with CDPH, Dr. Morita served as an Epidemic Intelligence Service Officer with the CDC and worked in private practice. A graduate of the University of Illinois at Chicago Medical School, Dr. Morita lives in the city with her husband, a physician, and their two children.

We want you to be part of our continuing conversation. To learn more about our All In™ campaign, please visit [www.allin-chicago.org.](http://www.allin-chicago.org)

Together, we continue to build a healthier Chicago. #AllInChicago