



State of Illinois  
Illinois Department of Public Health

# Annual Report

Fiscal 2022 In Review

# 2022







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# A Message from the Office of the Director

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**A Message from  
Amaal V.E. Tokars, EdD.  
Assistant Director**

On behalf of the Illinois Department of Public Health (IDPH), it is my sincere pleasure to present the 2022 Annual Report. Throughout the time period covered in this report, IDPH continued to battle the impact of the COVID-19 pandemic on our state and its people. We also, like other public health departments across Illinois and the country, responded to a myriad of other priorities that impacted the health of our communities. In some instances, these were priorities that had gone unaddressed in prior years as we directed many of our resources towards COVID-19 and the devastation it wreaked on our state.

Our work is driven by our mission:

**The Illinois Department of Public Health is an advocate for and partner with the people of Illinois to re-envision health policy and promote health equity, prevent and protect against disease and injury, and prepare for health emergencies.**

It is this mission that has helped us to shape our vision:

**Illinoisans empowered and supported to achieve their optimal health with dignity and acceptance in diverse and thriving communities.**

This year, as in past years, we strove to view the planning, execution, and evaluation of our work through a lens of equity for the health care needs of all people of our state, regardless of geography, race, gender, age, ability, sexual orientation, religion, socioeconomic status, or any of the other factors that cause us to view people differently.

Our commitment to diversity, equity, and inclusivity, along with performance standards that maintain our national accreditation by the Public Health Accreditation Board, are the hallmarks of our work.



In a year marked with challenges and accomplishments, the one constant has been the focus of the people who collectively are **TeamIDPH**. The commitment, professionalism, and dedication they bring to their work each and every day continues to serve as an inspiration for all of us.

Along that line of inspiration, as the reporting period for this annual document closed, we looked forward to the arrival of the newly named director of IDPH, Dr. Sameer Vohra, a distinguished pediatrician and healthcare policy expert. Dr. Vohra is the Founding Chair of the Southern Illinois University School of Medicine's (SIU-SOM) Department of Population Science and Policy. He is a cross-disciplinary leader in state and national health policy formulation, who holds degrees in law and public policy, and his recent focus has been on improving health outcomes in Central and Southern Illinois. An Associate Professor of Pediatrics, Public Health, Medical Humanities, and Law at SIU-SOM, he currently serves the State of Illinois as the Interim Chair of the Children's Mental Health Partnership.

Dr. Vohra completed a residency in pediatrics at the University of Chicago and earned a Master of Arts in public policy from the University of Chicago. He holds a medical doctorate from SIU-SOM; a juris doctorate from SIU School of Law graduating first in his class; and a Bachelor of Arts in political science and science in human culture with honors from Northwestern University.

Dr. Vohra also serves on IDPH's Illinois State Board of Health, the Illinois Medicaid Advisory Committee, the Governor's Rural Affairs Council, and recently completed a term on the Illinois COVID-19 Response Fund Steering Committee. He has previously served on national committees for the American Academy of Pediatrics, the Association of American Medical Colleges, and the American Medical Association, and on the Board of Trustees for the Illinois State Medical Society and Chicago Medical Society.

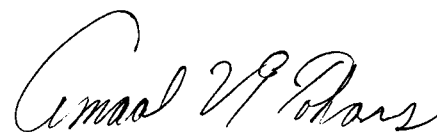
He has received numerous honors including a United States Fulbright Scholarship in 2009, an American Medical Association Foundation's Excellence in Medicine Leadership Award in 2014, and was named an Edgar Fellow in 2016 as one of forty emerging political and policy leaders in Illinois. In 2020, he was named a Presidential Leadership Scholar, chosen by the George W. Bush Presidential Center, the Clinton Presidential Center, the George and Barbara Bush Foundation, and the LBJ Foundation.

We welcome Dr. Vohra and look forward to his leadership as we carry out his vision for public health in the state of Illinois.

In closing, we hope this annual chronicle of the work and accomplishments of IDPH inspires you and reflects our commitment to partner with all Illinoisans re-envisioning health policy and promoting health equity, preventing, and protecting against disease and injury, and preparing for health emergencies.

In accordance with the State Finance Act (30 ILCS 105/3(a)), I am pleased to present the fiscal year 2022 report for the Illinois Department of Public Health for the year ending June 30, 2022. Thank you for the honor and privilege of serving, and thank you Illinois, for the faith placed in our efforts.

Yours in Service and Optimal Health,



Amaal V.E. Tokars, EdD.  
Assistant Director

# Community Outreach

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IDPH's community outreach work involves the planning, implementation, and evaluation of outreach programs. Responsibilities include the creation of policies and programs for conducting effective outreach to diverse communities, including but not limited to people of various racial and ethnic backgrounds, people with disabilities, immigrants, and people who live in rural communities.

The Community Outreach team works closely with the Center for Minority Health Services in building cultural competency internally and externally, coordinating the Health Equity Council, supporting, and promoting the work of community partners.

## Accomplishments

The Community Outreach team expanded the Illinois COVID-19 Ambassador program to the Illinois Community Ambassador Program to help address emerging diseases and broaden the scope of public health topics shared with communities. The transition has allowed IDPH to leverage the Ambassador reach to deliver accurate and timely public health messaging while engaging the Ambassadors throughout the year. The team also began connecting groups of Ambassadors to their local health departments.

One example is the Champaign-Urbana Public Health District (C-UPHD) engaging over 75 Ambassadors in five counties (Champaign, Kankakee, LaSalle, McHenry, and Peoria) to participate in a project aimed at strengthening their relationships with refugee, immigrant, and migrant (RIM) communities and service providers in their counties.

The Community Outreach team also analyzed data from over 1,100 Community Ambassadors to better leverage their reach:

- Majority of Ambassadors identified as female (n=845)
- Top three race/ethnicities represented: White (Non-Hispanic), Latinx/Hispanic, Black or African American
- Languages represented included English (majority), Spanish, Chinese (all), and Arabic

- Various group affiliations: faith-based groups, college/university groups, seniors & retiree groups, and others
- Ambassadors represented 65 of 102 counties across Illinois

Lastly, the Community Outreach team invited leaders from the LGBTQ+ community to a roundtable conversation to discuss public health issues that negatively impact the health outcomes of the LGBTQ+ community. Furthermore, the roundtable participants joined work groups to identify solutions and provide a set of program recommendations to IDPH.

## Goals for 2023

- Create new and innovative ways to encourage Illinoisans from diverse backgrounds throughout the state to engage with IDPH, enabling them to become contributors, problem solvers, and partners in public health outreach and initiatives.
- Continue engaging with current Community Ambassadors in an ongoing and intentional way on a broad range of public health topics, empowering them to be trusted public health messengers in their communities.
- Engage with local health departments across the state to connect and engage with Community Ambassadors.

There is a continued need to empower Illinoisans and equip them with the resources to assist in outreach, engagement, and prevention efforts.

IDPH is counting on Illinoisans to help disseminate accurate information on prevention measures for emerging public health issues among their peers, neighbors, family, friends, and co-workers.

IDPH aims to identify and to recruit individuals who are representative of the state's diversity (race, ethnicity, geography, gender, age, sexual orientation) to serve as Ambassadors. This diversity includes individuals with varied backgrounds and experiences.

# Center for Minority Health Services

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The Center for Minority Health Services (CMHS) was created by state statute to assess the health concerns of minority populations and to assist in the creation and maintenance of culturally sensitive programs. To achieve this goal, the center works within IDPH and with other relevant state and local entities to heighten awareness of minority health issues and services.

Internally, CMHS leads the IDPH [Health Equity Council](#) (HEC) made up of staff from all IDPH offices. The HEC's focus is to support a work culture within IDPH that promotes health equity and eliminates health disparities through increased coordination with leadership, programs, and strategic partnerships. In FY21, the HEC rolled out a year-long campaign—[Diversity, Anti-Racism and Equity \(DaRE\)](#)—as an umbrella campaign to support the social justice, race, and equity activities within the agency. In addition, 11 HEC members participated in racial equity training held by the Human Impact Partners.

CMHS provides administrative support for the Diversity in Healthcare Profession Taskforce, created through legislation; convened and continues to oversee the COVID-19 Equity Team, made up of multisector stakeholders to address the COVID-19 pandemic; and oversees the LGBTQ+ Roundtable made up of community advocates to address the gaps in service and funding for this population and provide solutions and recommendations to improve the health of its communities.

In 2022 CMHS published two national papers in partnership with other organizations:

1. [Pregnancy Complications Among Resettled Refugees in Illinois](#): Published 8/10/2022
2. [Structural racism and COVID-19 response: higher risk of exposure drives disparate COVID-19 deaths among Black and Hispanic/Latinx residents of Illinois, USA](#): Published 2/15/2022

***The CMHS mission is to improve the health and well-being of Illinois' racial and ethnic minority populations through the development of health policies and culturally and linguistically appropriate programs that eliminate health disparities.***



## Programs

**Refugee Health Screening Program:** This program oversaw the provision of culturally and linguistically appropriate comprehensive health assessments, medical referrals, and supportive services to eligible newcomer populations. The health assessments included screening for communicable diseases, acute and chronic conditions, and provision of age-appropriate immunizations. Additionally, support services, such as medical case management, health education, and interpretation services, were available through health promotion providers. Service providers were located in six counties. This includes two providers in Cook County, and a single provider in Champaign, DuPage, Kane, Rock Island, and Winnebago counties.

**Minority AIDS Initiative ADAP:** This program is funded through the Ryan White HIV/AIDS Treatment Program. The project goal is to provide outreach and education services designed to increase minority participation in the AIDS Drug Assistance Program (ADAP) by focusing on those hardest to reach.

### Communities of Color Special At Risk Population:

This initiative is funded through state general revenue funding, and funds HIV prevention, education, testing, and care programs targeting communities of color. Specifically, programs with the capacity to reach special at-risk minority populations including, but not limited to, men who have sex with men, homeless, ex-offenders, sex workers, those with a history of mental illness or substance abuse, and other difficult to reach populations. These specific efforts are necessary due to the unique problems that many of these individuals may face that place them at greater risk for HIV disease.

**Hepatitis B Outreach and Education:** This program seeks to reduce health disparities and health inequities in hepatitis B (HBV) infections among foreign-born Asian and African immigrants and refugee populations. Funds support outreach, awareness, education, and referral programs and linkage opportunities for screening, vaccination, and treatment services, especially for underserved, uninsured, and underinsured individuals

who are at greater risk for HBV and experience high rates of chronic HBV infections.

**Wellness on Wheels (WOW):** The aim of this program is to reduce health disparities and health inequities by increasing access to culturally and linguistically appropriate preventative health screenings in communities of color that are medically underserved, disadvantaged or vulnerable. The initiative partners with community and health care providers to make a variety of preventative screenings and services available via mobile clinics. Services offered include, but are not limited to, HIV, hepatitis C, sexually transmitted diseases, blood pressure, cholesterol, glucose, immunizations, dental, hearing, NARCAN distribution and training, and harm reduction services.

The poster features the S7HD logo and the title "Wellness on Wheels Health Screening Events COMING IN AUGUST". It lists 13 events with dates, locations, and times. Below the list are sections for "FREE SERVICES AVAILABLE" (including NARCAN Training, FITT, blood pressure screening, medication disposal, and COVID-19 services) and "CHARGED SERVICES AVAILABLE" (including blood lead, hemoglobin, cholesterol, STD tests, HIV, pregnancy, TB skin tests, and well water tests). The poster also includes the slogan "No Appointment Needed. Walk-ins welcome!", contact information for Shawwna Rhine, and the IDPH logo.

Date	Location	Time
August 3	Laura's Nostalgia Sweets & Treat, Cairo	9:30 AM - 12:00 PM & 1:00 - 4:00 PM
August 3	Pulaski County Fair, Pulaski	6:00 PM - 8:00 PM
August 10	SMILES Senior Center, Mounds	9:30 AM - 12:00 PM
August 10	Stop & Shop, Mounds	1:30 PM - 4:00 PM
August 11	Univ. of Il. Donatlon Garden Open House, Metropolis	5:00 PM - 6:00 PM
August 17	Su Casa Migrant Head Start, Cobden	11:00 AM - 7:00 PM
August 24	Sunshine Inn Senior Center @ Harvest Church, Anna	9:30 AM - 12:00 PM
August 24	Walmart, Anna	1:30 PM - 4:00 PM
August 25	Union County Fair, Anna	6:00 PM - 8:00 PM
August 31	Smokey Hill BBQ Food Truck, Cairo (area from old Subway)	9:30 AM - 12:00 PM & 1:00 - 4:00 PM

**COVID-19 Equity Community Empowerment Zones:** CMHS, as part of the CDC COVID-19 Health Equity response, initiated the community empowerment zone program called ARISE (Activating Relationships in Illinois for Systemic Equity). The program objectives are to give Illinois communities the resources and support to remove barriers to achieving health equity in their communities using the Pathways to Population Health Equity framework. Fifteen coalitions received

\$100,000 grants to develop a strategic plan to improve the health and the wellbeing of their communities. An additional 25 agencies/coalitions received a \$10,000 microgrant to help them build their infrastructure to develop programming or coalitions for the betterment of their communities. The grants were awarded in July 2022 to communities that historically and throughout the COVID-19 pandemic have dealt with health inequities.

### **COVID-19 Community-Based Testing and Interventions**

**Targeting Minority Population:** CMHS, as part of the IDPH COVID-19 response, started a new program with community-based organizations that serve minority populations to provide culturally appropriate COVID-19 prevention and response strategies. The main objectives are to educate minority communities on COVID-19 prevention (including access to and education on the COVID-19 vaccines), increase access to testing, and, through community engagement, improve quarantine and isolation compliance within minority communities by addressing resource issues (such as housing stability and food security). The program funded 14 minority community-based organizations to provide community engagement events, including mobile testing, to support prevention and to provide support for quarantine/isolation interventions. Partners began work on this program in FY21 and will continue to work through early FY23.

### **COVID-19 Migrant Workers Mobile Testing and**

**Outbreak Response:** CMHS joined with Community Health Partnership of Illinois (CHP) to provide testing and outbreak response services to rural communities, with a focus on migrant workers and migrant worker camps. Mobile testing and smaller, community-based vaccine clinics are key parts of this strategy. The program, funded at \$1 million over two years, has served a critical role in reaching this targeted population and will continue to operate through early FY23.

## **Accomplishments**

### **Impact of Wellness on Wheels, Hepatitis B, and Communities of Color Special Populations**

- In FY21, CMHS programs reached 154,379 racial and ethnic minorities with outreach and education. A total of 3,702 HIV tests, 2,197 HBV tests, and 2,141 HCV tests were provided to individuals; and 8,704 individuals were linked to care services. A total of 5,038 Narcan kits were distributed to individuals and training was provided on how to use the kits.
- Faith-based and community-based activities: 350 flu shots, 885 blood pressure screenings, 596 glucose screenings, 263 cholesterol screenings, 5,456 dental screenings, 3,821 sealants, 212 school-based immunizations, 2,716 asthma treatments, and 2,135 sexually transmitted infection (STI) tests.

### **Refugee Health Screening Program**

- Responded to the arrival of approximately 3,000 Afghan Humanitarian Parolees and ensured health screenings, vaccinations, and linkage to primary and specialist care occurred.
- Partnered with four Muslim physicians, three of whom are Afghan American, to host an Afghan Cultural Competence webinar in which more than 350 participants registered and/or attended.
- Introduced a nationwide food delivery service provider to five local resettlement agencies resulting in \$60,000 in donations to support attainment of culturally and ethnically appropriate food items. These items supported refugee nutrition to newcomers in five counties.
- Successfully onboarded three new initial health screening clinics.

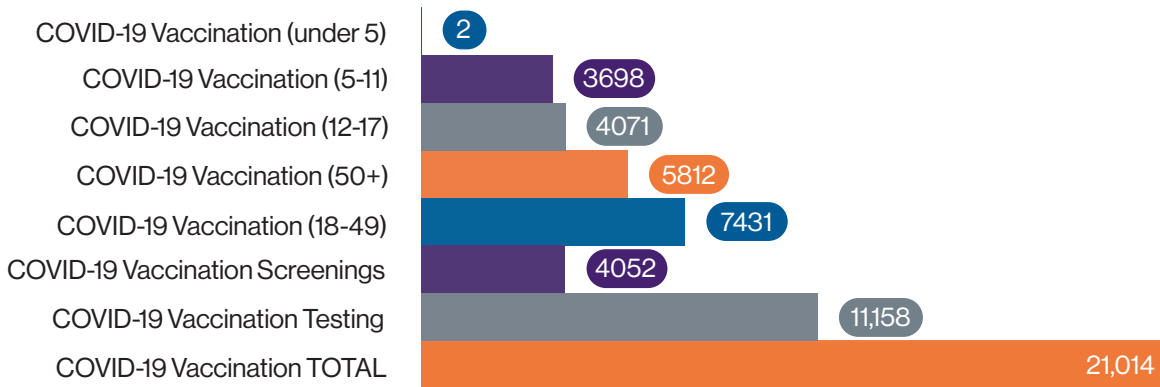
## In the Community

**LGBTQ+ Roundtable:** Four workgroups were developed by members of the LGBTQ+ Roundtable to focus on specific issues that negatively impact the health disparities among LGBTQ+ populations. Each workgroup met every month or every other month starting in February. During the meetings, they brainstorm and develop recommendations to help IDPH's efforts to increase health equity among the LGBTQ+ populations. The workgroup recommendations will be available in FY23.

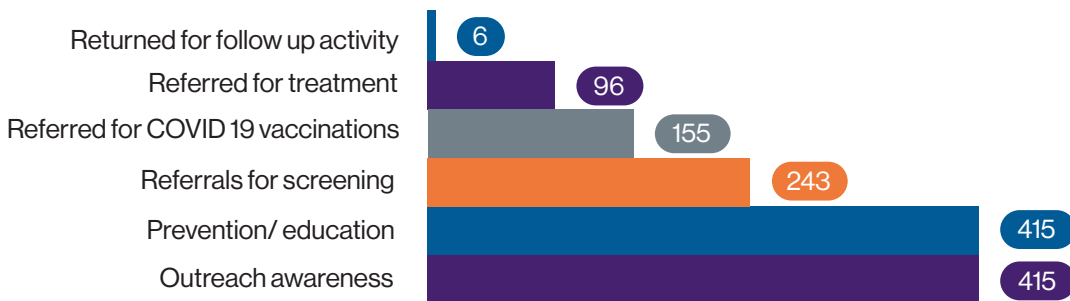
**COVID-19 Equity Community Empowerment Zones:** The ARISE program started in the fourth quarter of FY22. Most programmatic work will be done during FY23.

**COVID-19 Community-Based Testing and Interventions Targeting Minority Population:** Almost a million Illinoisans were reached and more than 47,000 were provided prevention and education services due to grantee activities throughout the state.

### COVID-19 Minority Populations – FY22 Metrics:



### COVID-19 Migrant Workers Mobile Testing and Outbreak Response – FY22 Metrics:



# Office of Disease Control

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The Office of Disease Control (ODC) administers programs to prevent and to control infectious and communicable diseases to reduce and eliminate exposure and ensure population health, safety, and wellbeing.

## Programs

The **Division of Infectious Diseases** includes immunizations, communicable diseases, infectious diseases, and surveillance. Throughout FY22, the programs focused on surveillance, the development of clinical/local health department/public guidance, and immunizations for 72 different diseases, including COVID-19 and monkeypox.

The **Division of HIV/Hepatitis/STI/TB (HHST)** focuses on preventing the spread and complications resulting from various community diseases – specifically tuberculosis, hepatitis, sexually transmitted infections, and HIV/AIDS. The programs work with local community organizations to spread awareness, deliver education, and provide resources.

The **Bureau of Testing** supports innovative testing initiatives, such as SHIELD Illinois and a partnership with CDC Foundation Public Health Nurses, to support COVID-19 testing in schools with great equity impact. They are also involved in wastewater surveillance and genomic testing in order to track disease spread and the emergence of novel variants.

The **Division of Laboratories** responds to pathogen outbreaks, surveillance testing, and environmental select agent testing. A hallmark of the work performed by the labs is the screening for newborn metabolic and genetic diseases.

The **Division of Contact Tracing** was launched to balance the effort across the complete slate of pandemic programs and target outreach to the most vulnerable populations. This division focuses on case prioritization, cluster identification, and care coordination.

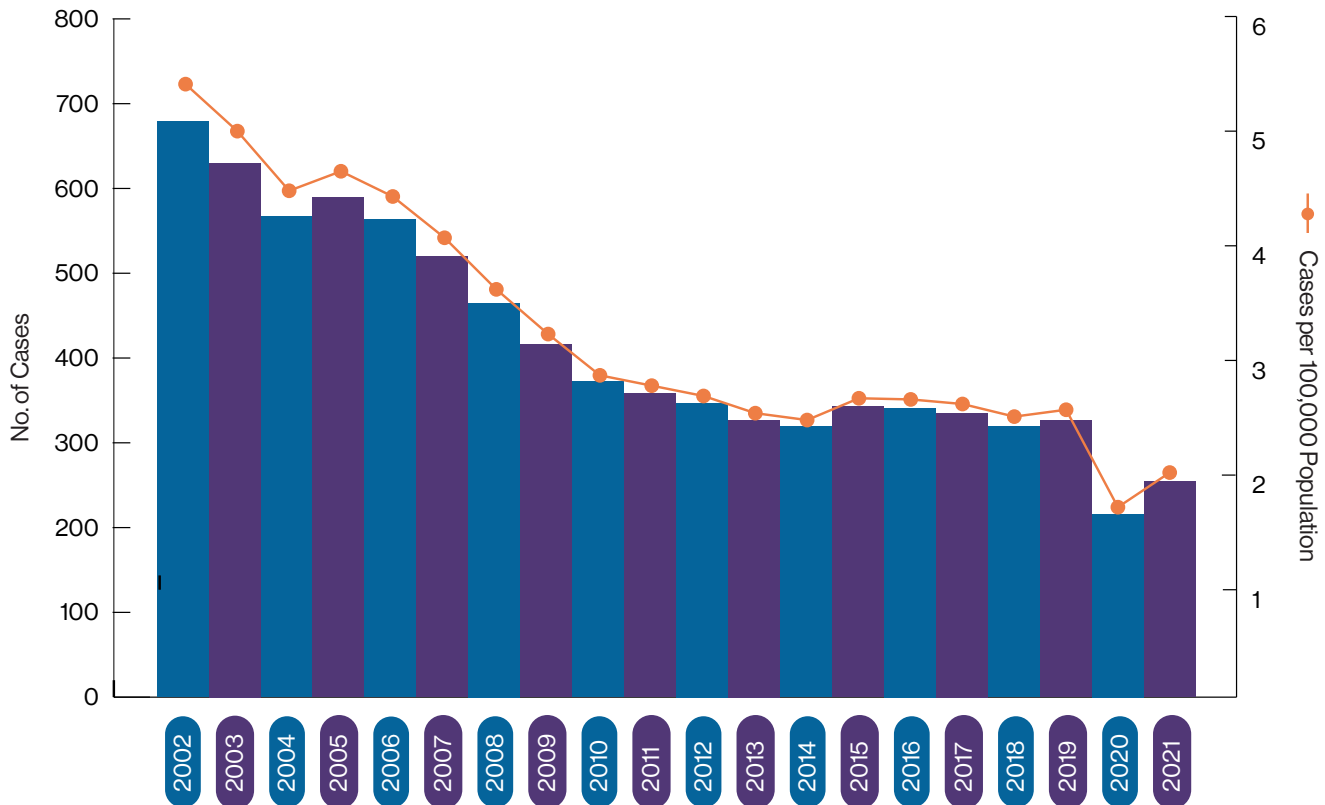




## Accomplishments

National TB Program Objective	2025 Target	2021 Result	2022 Result	
			Q1	Q2
<b>Goals for Reducing TB Incidence (incidence per 100,000 population)</b>				
TB incidence	1.9	1.6	12 (0.1)	45 (0.5)
U.S.-born persons	0.4	0.4	2 (0.0)	7 (0.1)
Non-U.S.-born persons	11.5	102	10 (0.8)	39 (3.2)
U.S.-born, non-Hispanic Blacks	1.7	1.1	0 ( )	3 (0.3)
Children younger than 5 years of age	1.3	0.3	0	0
<b>Objectives on Case Management and Treatment (%)</b>				
Known HIV status	97.0	96.6	91.7	97.7
Treatment initiation	90.0	82.4	75.0	81.2
Recommended initial therapy	95.0	92.4	100.0	86.4
Sputum culture result reported	95.0	81.9	100.0	80.0
Sputum culture conversion (2019, Q1 & Q2 2020)	75.0	50.8	50.0	25.0
Completion of treatment (2019, Q1 & Q2 2020)	90.1	92.7	92.9	91.7

## Illinois Tuberculosis Cases



## Immunizations

Outcome	July 2021 – August 2022 Outcome	January 2022 – August 2022 Outcome
COVID-19 vaccinations distributed for adults	2,652,250	1,032,570
COVID-19 vaccinations distributed for pediatrics	994,200	575,600
VFC vaccines distributed for children	1,469,496	720,670
Children's Health Insurance Program (CHIP) vaccines distributed for children	123,424	52,139
317 vaccines distributed for adults	12,496	10,407

Outcome	Dates	Numbers
MPV vaccination doses administered, outside Chicago	May 2022 – August 2022	1,520
MPV vaccination doses administered, including Chicago	May 2022 – August 2022	29,876
Increased Polio vaccinations	Q4 2021 to Q4 2022	81.7% to 86.8%
Increased DTaP vaccinations	Q4 2021 to Q4 2022	73.0% to 73.8%
Increase MMR vaccinations	Q4 2021 to Q4 2022	86.1% to 87.1%
Increased rate for children under 2 years of age that received the entire 4:3:1:3:3:1:3 series (excludes city of Chicago)	July 2021 – June 2022	62.9% to 65.5%

## Communicable Diseases

Program Intervention	
Created a REDCap tool to actively monitor individuals identified as contacts to avian influenza.	53 individuals
Drafted and published guidance documents, distributed by SIREN and posted on webpages.	22 documents
Drafted and distributed SIRENs for health alerts or awareness.	33 documents
Oversaw the investigation of outbreaks.	3,136
Monitored data, maintained/modified surveillance systems (including ingesting electronic lab reports), conducted quality assurance to ensure the integrity of the data, assisted local health departments in investigations and monitored data for trends, outbreaks and situational awareness.	1,541,563 cases
Oversaw Epidemiology and Laboratory Capacity (ELC) grants (including COVID-19 funding) and acquired new grant funds for informatics TA (two full-time positions).	Over \$1.2B
Co-authored publications on COVID-19, acute pediatric hepatitis, hepatitis A, congenital varicella, salmonella monkeypox and XDR typhi infections.	8

## STIs

Outcome	July 2021 – August 2022	January 2022 – August 2022
# of syphilis labs initiated for local health department surveillance follow-up	2,892	743
# of syphilis labs where clients are female initiated for LHD surveillance follow-up	1,340	353
Average days (timeliness) of disposition to close initiated case (% change)	6.1 Days (14% change increase)	38.6 Days (188% change increase)

## HIV / AIDS

Resources collected to support Ryan White Part B	
Received support through HRSA base award for medications/insurance/care/housing	\$38.1m
Received for medications as an AIDS Drug Assistance Program (ADAP) supplemental award	\$7.2m
Received for medications and insurance assistance as an AIDS Drug Assistance Program (ADAP) emergency relief award	\$4.1m
Received for medications from state general revenue	\$13.1m
Received in rebate dollars for support of Ryan White Part B (RWPB) efforts	\$24.5m
Received for HIV housing with GRF and federal Housing Opportunities for Persons with AIDS	\$1.9m
<b>Total resources collected to support Ryan White Part B (RWPB) comprehensive services</b>	<b>\$88.9m</b>

People who received RWPB Services by Categories	
Clients enrolled and served by MAP-ADAP and PAP-insured unduplicated	14,984
Clients enrolled and served by CARE services (CORE/SUPPORTIVE Combined) unduplicated	6,383
Clients enrolled and served by HIV housing services with Housing Opportunities for Persons with AIDS funding unduplicated	502
Clients enrolled and served by HIV housing facilities unduplicated	144

Outcome	National Target Number	July 2021 – August 2022 Outcome	January 2022 – August 2022 Outcome
Viral suppression Case management services: July 2021-August 2022: 6,383 / January 2022-August 2022: 6,301	84%	84%	84%
Prescription of Antiretroviral Therapy Those enrolled in MAP-ADAP on Antiretroviral Therapy (ART): July 2021-August 2022: 14,984 / January 2022 – August 2022: 14,928	90%	91%	93%
Attend medical visits Clients served July 2021-August 2022: 234 / January 2022-August 2022: 121	95%	98%	96%

Program Intervention	July 2021 – August 2022	January 2022 – August 2022
# People tested through risk-based HIV testing	12,787	6,630
# People screened through routine HIV screening	34,854	15,728
# People tested through risk-based HCV testing	4,285	2,097
# People tested through risk-based syphilis testing	844	486
# People tested through risk-based chlamydia/gonorrhea testing	1,644	857

People who received RWPB Services by Categories	
Clients enrolled and served by MAP-ADAP and PAP-insured unduplicated	14,984
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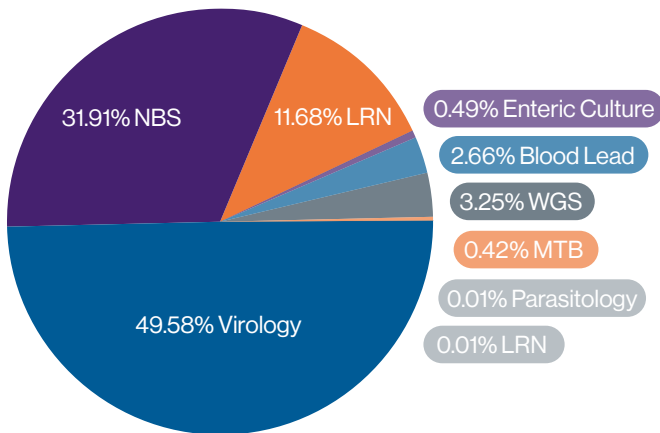
## Testing

Important Data	
Sites that leveraged SHIELD / MCC reduced costs	Over \$100 saved per test
10 labs worked together delivering statewide results with patient, collection site, and lab support/hotline	Results in under 16 hours
CDC Foundation Public Health Nurses served 11 school districts	56,955 students served
IDPH Point of Care Testing Program distributed COVID-19 rapid antigen tests	2.87M tests distributed

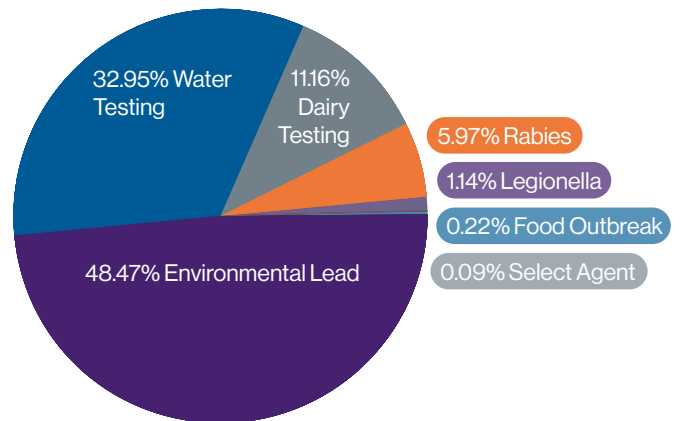
Wastewater Data (May 2021 – August 2022)	
IDPH briefed on wastewater concentrations, trends, variants	53+ Weeks
Samples collected and analyzed	5,012, representing 75% of Illinois residents
CDC DCIPHER uploads	28+ weeks
CDC COVID Data Tracker wastewater page	1,073,615+ views
Average cost per person per year	\$0.93

Genomic Sequencing (January 2022 – August 2022)	
High resolution sequencing	96–99% genome coverage
Penetration of sequencing efforts	10.14%
Variant visibility sequenced	183 variants / sublineages

**FY22 IDPH Clinical Lab Tests Performed**  
(Total = 474,596)



**FY22 IDPH Environmental Lab Tests Performed**  
(Total = 29,225)



**NBS** – New Born Screenings

**LRN** – Laboratory Response Network

**WGS** – Whole Genome Sequencing

**MTB** – Mycobacterium Tuberculosis

<b>Virology Specimen Testing (Non STI)</b>		
Analyte	% Positive samples tested	% of all tests performed
Norovirus	78.5%	0.03%
Influenza A	75.2%	0.4%
Influenza B	11%	0.00%
<b>SARS-CoV-2</b>	<b>5.7%</b>	99.4%
<b>Monkeypox</b>	<b>57.0%</b>	0.34%
Measles	0.0%	0.00%
Mumps	0.0%	0.00%
Total virology tests performed	<b>235,284</b>	
Total positives confirmed	<b>14,855</b>	
Total % positive virology specimens	<b>6.3%</b>	

<b>Parasitology Specimen Testing</b>		
Analyte	% Positive samples tested	% of all tests performed
Malaria	94.6%	100%
Total Malaria tests performed		<b>37</b>
Total positives confirmed		35
Total % positive parasitology specimens		<b>94.6%</b>

<b>mTB Specimen Testing</b>		
Analyte	% Positive samples tested	% of all tests performed
M. tuberculosis	62.3%	100%
Total mTB tests performed		<b>1,971</b>
Total positives confirmed		1,228
Total % positive mTB specimens		<b>62.3%</b>

<b>LRN Testing (excluding MPV)</b>		
Analyte	% Positive samples tested	% of all tests performed
B. anthracis	3.8%	50.0%
Brucella	55.6%	17.3%
Burkholderia	20.0%	9.6%
F. tularensis	66.7%	11.5%
VZV	100.0%	9.6%
Y. pestis	0.0%	1.9%
Total LRN clinical tests performed		<b>52</b>
Total positives confirmed		16
Total % positive LRN clinical specimens		<b>30.8%</b>

<b>NBS Testing</b> Analyte	% Positive samples tested
NBS - CAH	1.82%
NBS - Fabry	0.04%
NBS - GALT/UDT	0.28%
NBS - Gaucher	0.05%
NBS - Hypo - T4	0.00%
NBS - Krabbe	0.10%
NBS - MPS-1 Hurler	0.09%
NBS - MPS-2 Hunter	0.01%
NBS - Niemann-Pick	0.01%
NBS - Pompe	0.07%
NBS - SCID	0.15%
NBS - Total GAL	0.27%
NBS -Biotinidase	0.00%
NBS CF - DNA	0.69%
NBS CF - IRT	0.00%
NBS -Hypo - TSH	3.78%
NBS MS/MS Acyl Carnitine Disorders	1.41%
NBS MS/MS Amino Acid Disorders	2.11%
NBS-Hemoglobinopathies	3.68%
NBS - MSMS second tier	0.00%
NBS - Krabbe second tier Mayo report	0.00%
NBS - ALD	0.06%
NBS - ADA SCID	0.00%
NBS - SMA	0.03%
Total NBS tests performed	<b>151,462</b>
Total positives confirmed	<b>22,202</b>
Total % positive NBS specimens	<b>14.7%</b>

<b>STI Testing</b> Analyte	% Positive samples tested	% of all tests performed
HIV	2.9%	11.3%
N. gonorrhoea	4.7%	37.8%
C. trachomatis	9.2%	37.7%
Syphilis	16.4%	13.2%
Total STI Tests Performed	<b>55,455</b>	
Total Positives Confirmed	4,302	
Total % Positive STI Specimens	<b>7.8%</b>	

<b>Total clinical performed</b>	<b>474,596</b>
<b>Total positives</b>	<b>59,058</b>
<b>IDPH testing % positivity rate</b>	<b>12.4%</b>

Analyte	Number of tests performed	% of all testing
<b>Dairy Testing</b>	<b>3,262</b>	<b>11.16%</b>
Grade A	2,494	76.46%
Grade B	498	15.27%
<b>Food Outbreak Testing</b>	<b>65</b>	<b>0.22%</b>
Listeria	9	13.85%
Salmonella	56	86.15%
<b>Water Testing</b>	<b>9,629</b>	<b>32.95%</b>
Non-Community	5,444	56.54%
Private	4,185	43.46%
Bathing Beach	2,255	23.42%
<b>Environmental Lead</b>	<b>14,166</b>	<b>48.47%</b>
<b>Rabies</b>	<b>1,744</b>	<b>5.97%</b>
<b>Legionella</b>	<b>333</b>	<b>1.14%</b>
<b>Select Agent</b>	<b>26</b>	<b>0.09%</b>
B. anthracis	6	23.08%
Biowatch Panel	1	3.85%
Brucella sp.	6	23.08%
Burkholderia sp.	4	15.38%
F. tularensis	4	15.38%
Non-Variola Orthopox	2	7.69%
Ricin Toxin	3	11.54%
Y. pestis	4	15.38%
<b>Total Tests Performed</b>	<b>29,225</b>	<b>100.00%</b>

% values in **ORANGE** represent the % analyte tests performed within specialty (Dairy, Food, Water Select Agent)

<b>Dairy Testing (Grade A + Grade B)</b>		
Analyte	% Positive samples	% of all tests performed
Petri Film Aerobic Count (PAC)	8.5%	7.8%
Coliforms	4.2%	3.9%
Total dairy tests performed		<b>3,262</b>
Total positives confirmed		380
Total % positive dairy specimens		<b>11.6%</b>

<b>Food Outbreak Testing</b>		
Analyte	% Positive samples	% of all tests performed
Listeria sp.	0.0%	13.8%
Salmonella sp.	0.0%	86.2%
Total food tests performed		<b>56</b>
Total positives confirmed		0
Total % positive food specimens		<b>0.0%</b>



<b>Water Testing (Community + Private + Beach)</b>		
Analyte	% Positive samples	% of all tests performed
E. coli	5.4%	1.6%
Total Coliform	21.7%	6.6%
Total water tests performed		<b>8,510</b>
Total positives confirmed		2,306
Total % positive water specimens		<b>27.1%</b>

<b>Rabies Testing</b>		
Analyte	% Positive samples	% of all tests performed
Rabies	2.5%	6.0%
Total Rabies tests performed		<b>1,781</b>
Total positives confirmed		44
Total % positive Rabies specimens		<b>2.5%</b>

<b>Legionella Testing</b>		
Analyte	% Positive samples	% of all tests performed
Legionella sp.	23.7%	1.1%
Total Legionella tests performed		<b>333</b>
Total positives confirmed		79
Total % positive Legionella specimens		<b>23.7%</b>

## Contact Tracing

<b>Program's Main Intervention</b>	
Number of confirmed cases	971,799
Number of close contacts	762,870
At least one resource request met	36,842
Total number of distinct people receiving support	1,625,389

<b>Program's Main Intervention</b>	
Number of confirmed cases	837,752
Number of successful SMS notifications	712,089
Total website visits	747,118
Unique website visits	481,048

Hospital Admissions Prevented	Hospital Bed Days Prevented	Hospital Admissions Prevented (ICU)	Hospital Bed Days Prevented (ICU)	Actionable Confirmed Cases	Infections Prevented	Deaths Prevented
5,631 – 9,275	27,825-41,737	1,174 – 1,934	14,562 – 23,984	1,853,777	331,248	5,304

## Resources

Immunizations – <https://dph.illinois.gov/topics-services/prevention-wellness/immunization>

Hepatitis A – <https://dph.illinois.gov/topics-services/diseases-and-conditions/hepatitis/hepatitis-a.html>

Public Health Service Act, Title XXVI, Section 2603 FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300ff11 et seq (as amended), Part B Public Health Service Act as amended, Sections 261123, (42 USC 300ff2131b) - <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/about-program/legislation-title-xxvi.pdf>

The 340B Program enables covered entities to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services. – <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-10>

<https://www.govinfo.gov/content/pkg/FR-2020-12-14/pdf/2020-27440.pdf>

<https://www.hrsa.gov/opa#:~:text=The%20340B%20Program%20enables%20covered,entities%20at%20significantly%20reduced%20prices>

AIDS Drug Assistance Program; 77 Ill. Adm. Code 692 Illinois Register, Civil Administrative Code of Illinois (Department of Public Health Powers and Duties Law) – <https://www.ilga.gov/commission/jcar/admincode/077/07700692sections.html>

## HRSA's Ryan White Part B Program Federal Reports/Manuals:

HRSA Ryan White Part B Main Landing Page – <https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-b-grants-states-territories>

HRSA Ryan White Part B Manual – <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/hab-part-b-manual.pdf>

HRSA Ryan White Part B Federal ADAP Manual – <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/adap-manual.pdf>

HRSA Data Reports and Slide Decks – <https://ryanwhite.hrsa.gov/data/reports>

NASTAD 2021-2022 National RWHAP Part B and ADAP Monitoring Project Reports – <https://nastad.org/partb-adap-2021-2022-report>

Influenza Surveillance – <https://dph.illinois.gov/topics-services/diseases-and-conditions/influenza/influenza-surveillance>

STD Reporting – <https://dph.illinois.gov/topics-services/diseases-and-conditions/stds/data-statistics>



# Office of Environmental Health

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The Office of Environmental Health works to reduce the incidence of disease and injury, and to promote health and safety regarding environmental factors; using surveillance, regulation, data, stakeholder education, and enforcement to prevent diseases caused by environmental exposures.

- The Illinois Lead Program was created to prevent childhood and prenatal lead exposure through community and health care provider education and public awareness campaigns, identify children and pregnant persons exposed to lead, provide prompt interventions to reduce exposure, and improve health and developmental outcomes.
- The Plumbing and Water Quality Program is responsible for the regulation of plumbing systems and the plumbing industry. The program's primary function is to protect public health by regulating and educating the practice and profession of installing and operating plumbing systems. By maintaining a minimum code of standards for plumbing practices, the program reduces chemical exposures in water and minimizes the spread of opportunistic pathogens in plumbing. In collaboration with Elevate Energy, IDPH implemented the LeadCare Illinois Program, which provides free lead in water testing to child care facilities and lead in water training to child care providers and Illinois Department of Children and Family Services (DCFS) licensing staff.
- The Toxicology Program assesses environmental data from hazardous waste sites or chemical releases to determine whether a public health hazard exists. The program educates people on ways to reduce exposure to environmental contaminants and responds to inquiries regarding chemical exposures and possible human health effects.
- The Food, Dairies, and Devices Program strives to prevent illness, contamination, and injury to consumers from food and dairy products by conducting inspections and providing education, training, and guidance on FDA Food Code and state food safety laws.



- The Lead and Asbestos Compliance Program investigates environmental exposures to toxic substances to minimize and prevent adverse health effects. Asbestos removal in schools and other commercial and public buildings, as well as lead abatement, are regulated.
- The Non-Community Program regulates public water systems at facilities, such as schools, factories, restaurants, campgrounds, and churches served by their own water supply (usually a well). The program activities include inspections, review of proper water sampling to meet appropriate standards, construction plan review of new and modified water systems, technical assistance to water systems, and training and education of water system operators.
- The Vector Surveillance and Control Program provides technical information on methods to monitor and control vectors. The program awards annual grants to local health departments to conduct vector surveillance and control programs. The program conducts surveys for mosquitoes, flies, and ticks to detect the presence of potential disease vectors associated with the improper storage and disposal of tires, improper waste disposal, and natural conditions. In partnership with the University of Illinois, mosquito surveillance, identification of novel and emerging arboviral pathogens, and insecticide resistance testing on mosquitoes is conducted.

## Accomplishments

- The Lead and Asbestos Compliance program has conducted eight investigations of major fiber release episodes that occurred in both public and non-public K-12 schools, and other various commercial and public facilities, along with performing numerous investigations on minor fiber release episodes and other complaints. The program oversees 24 accredited lead training course providers and regulates the following licensees: 105 lead contractors, 297 risk assessors and inspectors, 303 supervisors, and 234 lead workers. The asbestos program has accredited 34 training course providers and 783 instructors. It also regulates licenses for 248 asbestos contractors (248), supervisors (1,084), inspectors (921), project designers (83), management planners (139), project managers (449), air sampling professionals (543), and workers (2,406). The program currently regulates 5,243 of the 7,120 (new build qualified for exclusions, for-profits, etc.) K-12 schools according to the IDPH Access Database for the Asbestos Program and the Illinois State Board of Education's directory of educational entities.
- The LeadCare Illinois Program sampled 631 day care facilities. In FY22, approximately 40% of facilities that received sampling results have identified lead present >2.01 ppb. These facilities are required to perform mitigation under DCFS administrative rules to reduce lead exposure for thousands of children. An estimated 27,134 children are served by day care facilities that have either received lead testing or lead safety training through LeadCare Illinois in FY22.
- The Plumbing and Water Quality Program currently has a total of 14,497 individuals and businesses actively licensed and registered. This includes 7,727 licensed plumbers, of which 137 are newly licensed since January 1, 2022; 2,912 licensed apprentice plumbers, of which 854 are newly licensed since January 1, 2022; and 2,530 registered plumbing contractors, of which 29 are newly licensed since July 1, 2021.
- The Plumbing and Water Quality Program released a lead service line replacement waiver in accordance with the requirements of P.A. 102-0613. The waiver form is accompanied by electronic notification forms to allow community water supplies to notify IDPH of partial lead service line replacements. This waiver provides homeowners with the information necessary to understand the public health risks associated with a partial lead service line replacement and provides them with the appropriate information to make an informed decision about lead service line replacement.
- The Illinois Lead Program received blood lead reports for more than 190,000 children in FY22. Of those,

nearly 4,700 were identified with elevated lead levels. More than 208,000 total tests were analyzed, with 3.7% testing positive for lead exposure. Children with a confirmed elevated blood lead level received case management. Of those, nearly 3,400 environmental inspections were conducted to find and remediate the lead exposure sources.

**Children residing in high-risk and low-risk zip codes – tested with elevated blood lead levels in 2020**



Data Source: (HHL PSS) Database, 2020.

- The Food Drug and Devices Program in FY22 completed 298 inspections under contract with the U.S. Food and Drug Administration (FDA), registering and inspecting 99 new food facilities. It approved and provided 4,092 Certificates of Free Sale to manufactured food businesses, conducted inspections of six cultivation centers, and one craft infuser producing cannabis-infused products. Participated in nine multi-state foodborne illness outbreak investigations with the FDA and CDC, plus 25 investigations with local health departments.
- The Toxicology Program responded to requests for assistance, including the Morris Lithium Battery Fire, Edwardsville Oil Spill, carbon tetrachloride spill in Macoupin County, and four elemental mercury spills. It announced the removal of the final “Do Not Eat” fish consumption advisories from the Illinois River, which marked the first time in decades that the Illinois River was free of “Do Not Eat” advisories. The Illinois Attorney General announced a settlement with Peoples Gas Light and Coke Company (Peoples Gas) over a natural gas leak that affected the Mahomet Aquifer and contaminated several residential drinking water wells. The program worked with the Attorney General’s Office, Illinois Environmental Protection Agency, and other partners to help establish the terms of the settlement.

- A total of 472,668 persons were served water at 3,507 Illinois non-community public water systems in 2021. More than 99% of the 3,507 non-community public water systems were in compliance with all Health Based Drinking Water Standards in 2021.
- In FY22, the Vector Surveillance and Control Program tested 16,523 mosquito pools, including 2,682 that tested positive for West Nile virus; 225 dead birds were collected and tested for West Nile virus and 27 were positive. A total of 13,989 ticks were collected through active tick surveillance and 1,910 ticks were tested for pathogens.

**Resources**

<https://dph.illinois.gov/topics-services/environmental-health-protection/lead-poisoning-prevention/childhood-surveillance/illinois-lead-program-2019-annual-surveillance-report.html>

<https://leadcareillinois.org/>

<https://dph.illinois.gov/topics-services/environmental-health-protection/lead-poisoning-prevention.html>

<https://idph.maps.arcgis.com/apps/MapSeries/index.html?appid=976061db733441eb977ef5cf2facd5c4>

Illinois Tick Surveillance Map: <https://arcg.is/15fDSO>





# Office of Preparedness Response

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The efforts and accomplishments of the Office of Preparedness and Response (OPR) has increased the state's public health and medical capacity to prepare and to respond to all-hazards emergencies and ensured that tools are developed for a robust response anywhere in the state. The immense value of this program was demonstrated during many emergency response operations faced by IDPH over the last year. This includes responses to COVID-19, monkeypox virus (MPV), the Highland Park mass shooting, winter storms, flooding, chemical fires, and many other less visible events. The pre-established infrastructure, staffing, partnerships, planning, and well-practiced operations provided swift administration of response interventions that protected lives and minimized community health risks.

OPR is comprised of three divisions that support this work which includes the following:

## **Disaster Planning and Readiness**

The Division of Disaster Planning and Readiness (DPR) focuses on public health emergency management and planning, training, exercise, evaluation, improvement planning, and response. Regional field staff provide technical assistance to local health departments (LHDs) and serve in liaison positions with state and local resources during an emergency. Staff also maintain and support the Public Health Emergency Operations Center (PHEOC), State Emergency Operations Center (SEOC), Starcom21 radio system, Illinois' interoperable emergency radio network, and the Comprehensive Emergency Management Program (CEMP). CEMP is a web-based emergency planning, exercise, and assessment system utilized by LHDs and hospitals.

## **Emergency Medical Services**

The Division of Emergency Medical Services (EMS) is committed to ensuring, promoting, and improving health through an integrated, collaborative, data-driven and evidence-based care approach. The division is value driven and supports state, regional, and community initiatives. This is accomplished by assuring a competent



and professional pre-hospital workforce, specialized facilities, and educated staff.

The Division of EMS licenses all levels of EMS professionals; first response vehicles, including ambulances and non-transport vehicles; trauma centers; stroke centers; and pediatric centers, and recognizes STEMI centers. The division took a leading role in hospital preparedness and response activities during the COVID-19 response.

## Grants and Financial Management

The Division of Grants and Financial Management ensures that appropriations or grant funds received for a specific purpose/program are utilized for the intended purpose, makes payments in a timely manner while in compliance with regulations, provides legally required financial reports that are accurate and complete, and ensures adequate coordination exists between OPR offices regarding procurement activities to acquire the requested items/services according to the state's Procurement Code.

## Accomplishments

### Disaster Planning and Readiness

- **COVID-19 Response:** Continued to coordinate IDPH COVID-19 response activities in collaboration with state, federal and local partners, such as the Illinois Emergency Management Agency (IEMA), the Federal Emergency Management Agency (FEMA), Centers for Disease Control and Prevention (CDC), the Administration for Strategic Preparedness and Response (ASPR), local health departments (LHDs), hospitals, Regional Health Care Coalitions (RHCCs), and many other partners. Activities focused on assisting LHDs with Omicron and sub-variant surge support, provision of timely public information to providers on therapeutics, and expanding the reach of COVID-19 vaccine booster doses. OPR also administered, in collaboration with a contracted vendor, an IDPH COVID-19 After Action Review (AAR). Strategies to address gaps identified during the AAR process will be utilized to improve future responses.
- **Health Care Preparedness Program (HPP):** The U.S Department of Health and Human Services (HHS) ASPR began to deploy the National Disaster Medical System (NDMS) teams to establish regional hospital decompression units in some of the hardest hit COVID-19 areas of the country, including at Mercyhealth Javon Bea Hospital-Riverside in Rockford. While the NDMS team focused on treating patients and alleviating the strain caused by staffing shortages, the Northwestern Illinois Preparedness and Response Coalition, one of Illinois' 10 health care coalitions (HCCs) funded by the HPP, coordinated patient transfers to free up beds and balance the patient load across the region's hospitals.
- **HPP:** HHS ASPR highlighted the School Nurse Emergency Care (SNEC) course as one of the most successful stories from the field. Prior to the COVID-19 pandemic, this was a three-day, in-person course conducted by the Ann and Robert H. Lurie Children's Hospital of Chicago. The training course was converted to an online version with OPR's HPP funding. The course is designed to enhance assessment, triaging and treatment skills of school nurses when confronted with an acutely ill or injured student. The course includes a disaster component.
- **Monkeypox Virus (MPV) Response:** Activated the Public Health Emergency Operations Center (PHEOC) in response to the MPV outbreak to enhance both intra and inter-agency coordination. As the MPV response has required obtaining medical countermeasures through the ASPR Strategic National Stockpile (SNS) program, the RSS warehouse, managed by OPR, has been heavily utilized to receive, stage, and store medical countermeasures (MCM), prior to delivery to LHDs. As of August 29, 2022, 29,878 doses of JYNNEOS vaccine have been administered across the state. Also, OPR participated in and provided guidance for the development of an MPV MCM Operational Plan.
- Deployed IDPH liaisons to the State Emergency Operations Center for multiple responses.
- **Radio Communications:** The OPR Communications System Specialist, expanded the IDPH Starcom21

radio program to include Impact Life Blood Centers. Impact Life is the exclusive provider of blood products to more than 124 hospitals in Illinois, Iowa, Missouri, and Wisconsin. IDPH's new partnership with Impact Life provides them the ability to communicate with hospital regions, the PHEOC, and other critical responders during disasters and large-scale events via the Starcom21 radio system, when other communications may be overloaded or unavailable. This new relationship shifts the cost of the radio fees to Impact Life, saving IDPH \$7,200 annually and increasing Impact Life's commitment to participating in IDPH drills and training.

- **Preparedness Planning:** Several public health preparedness plan revisions were completed, including updating the IDPH Continuity of Operations Plan (COOP) to assist IEMA in meeting the federal Emergency Management Accreditation Program under a short deadline, developing a PHEOC roster and PHEOC Activation Standard Operating Procedures (SOP), updating the Crisis and Emergency Risk Communication (CERC) Plan with the IDPH Office of Communications, and updating the Pediatric and Neonatal Burn Surge Annex to the ESF-8 Plan.
- **Disaster Planning for Vulnerable Populations:** OPR is participating as a committee member on the newly established Access and Functional Needs (AFN) Advisory Committee led by IEMA. The advisory committee was mandated by the General Assembly through the enactment of Senate Bill 921 in 2021. One goal of the committee is to research and provide recommendations for identifying and effectively responding to the needs of persons with access and functional needs before, during, and after a disaster using an intersectional lens for equity.
- **Preparedness and Response Grants:** Reviewed monthly, quarterly, and yearly PHEP, CRI, Crisis Grant, and HPP grant deliverables from LHDs and RHCCs to affirm commitment to state and federal goals, capability development, and maintenance. A lifeline of resources stemmed from the review of grant deliverables to the locals so the LHDs and RHCCs

could respond effectively to the COVID-19 pandemic. The grant review also included additional Crisis CoAG and ARPA funding.

## Regional Highlights

- The Chicago Region has been heavily engaged in another public health emergency response in 2022 regarding the monkeypox virus (MPV) outbreak. The region has supported response activities, such as case investigations, testing, provider education, coordinating with sexually transmitted infection (STI) community clinics and other local partners, provision of public information and guidance to providers and the public, and supplying vaccinations and anti-viral treatments to cases, contacts, and persons at highest risk. LHDs also coordinated hubs and communicated with providers to ensure patients have access to appropriate medical countermeasures.
- The Lake County Health Department (LCHD) worked closely with Lake County Emergency Management Agency (EMA) to address the needs of the community after the Highland Park Independence Day parade mass shooting. Requests for mental health professionals after the event was a critical need. After the incident, LCHD organized a mental health crisis counseling center at the Highland Park High School and assisted with organizing and staffing a Family Assistance Center. As a result of this disaster, Lake County is expanding its Medical Reserve Corps (MRC) to include mental health professionals; so far 79 volunteers have been added.
- McHenry Health Department conducted the Operation Drop Box exercise that tested their incident command and inventory management capabilities. Will County Health Department participated in a Complex Coordinated Terrorist Attack exercise with their local Emergency Management Agency (EMA), IDPH, and IEMA.
- Cass County Health Department (CCHD) facilitated equity clinics to address the health and low economic situation within the region. The jurisdiction has



community members residing in the county with limited English proficiency, including a significant number of Burmese immigrants. Therefore, CCHD addressed these communities by providing pamphlets in multiple languages and hiring foreign language interpreters.

- Vermilion County Health Department received the Bronze National Association of County and City Health Officials (NACCHO) 2022 Innovative Practice Award for their creative approach to providing COVID-19 vaccinations. The health department held 10 vaccination clinics in 2021 at the Fischer Theatre, a local arts and entertainment museum located in a historic 19th-century opera house, and vaccinated more than 4,000 people. Holding clinics at the theatre allowed the department to vaccinate more people more efficiently in a historic landmark venue. More details can be viewed here: [NACCHO Announces the 2022 Innovative Practice Award Winners – NACCHO](#).
- Douglas County Health Department Medical Reserve Corps (MRC) received the Tier 1 award and Round 1 MRC Respond, Innovate, Sustain, and Equip (RISE) award through the MRC Operational Readiness Awards administered by NACCHO with funding from the Administration for Strategic Preparedness and Response (ASPR). The Tier 1 Award is \$25,000 and provides funding for units to build capabilities to meet local response needs. Other recipients of the RISE award in the state include the following: Peoria City/County Health Department, Winnebago County MRC, Will County Health Department MRC, Macoupin County MRC, Skokie MRC, McDonough County MRC, MRC of Illinois (MRCIL), Kane County MRC, Rock Island County MRC, and St. Clair County MRC. More details can be viewed here: [National Association of County and City Health Officials Announces More Than \\$1 Million in Medical Reserve Corps Operational Readiness Awards – NACCHO](#).
- Edwardsville Area – The HOPE Coalition sponsors a volunteer crisis mental health team that has been training, exercising, and responding to incidents for more than 12 years. In addition to mental health services offered during the pandemic, the group provided Critical Incident Stress Debriefing training

for 40 first responders at the request of a LHD in the Edwardsville region. This training was initiated after a tragedy that occurred in a small community.

- Marion Area – COVID-19 testing and vaccinations were offered at two sites during the DuQuoin State Fair from August 26 through September 5th, 2022. OPR staff assisted the regional health officer for the Marion Region in providing support for COVID-19 testing and vaccination operations. Contracted staff, including teams that were present to do community outreach were utilized.
- The Shawnee Preparedness and Response Coalition (SPARC) held its annual Weathering the Storm Disaster conference on Wednesday, October 19, 2022, in Marion. SPARC is a regional coalition serving the lower 24 counties in southern Illinois. The primary purpose of SPARC is to promote collaboration in disaster and emergency preparedness, mitigation, response, and recovery in southern Illinois, both for its members and for the community. SPARC consists of various organizations and represents the interests of multiple disciplines in the emergency preparedness team. One way SPARC helped to meet the training needs of its members was through its annual disaster conference. The conference had been canceled for the past two years due to the COVID-19 pandemic. In January 2022, various SPARC members on the conference planning committee planned this special 10th annual conference. Below is a flyer for this regional conference.





- The U. S. Department of Defense completed a 10-day Southern Illinois Wellness Mission at the Civic Center in Carbondale, from July 22 through July 31, 2022. This initiative was part of its Innovative Readiness Training (IRT) program. This mission provided training to its military personnel and beneficial services to the community. Military personnel offered basic medical and wellness exams, dental exams, fillings and extractions, vision exams, and single vision glasses to the public on a first come, first served basis. Other medical services that were provided included 1,708 dental exams and procedures, 32 behavioral health consultations and referrals, 53 nutrition consultations, and 233 medical evaluations. An estimated \$275,000 worth of medical treatment was provided, at no cost, to people who came to the temporary clinic. This was a collaborative effort between local, regional, state, and federal partners which also included the Delta Regional Authority and state legislators from southern Illinois. Carbondale hosted the event at its municipal building which is also the community civic center. The Carbondale Chamber of Commerce was also heavily involved with arranging supplemental dining arrangements at local restaurants and promoting the event. The RHCC team provided personnel and equipment to assist in set-up and tear-down operations.

- A total solar eclipse will occur Monday, April 8, 2024. The state has begun advanced planning with assistance from OPR staff in the Strategic Planning Cell, the Marion Regional Office, and other state partners.

## Emergency Medical Services

- Prehospital Data Program
  - The Illinois EMS Systems Act (210 ILCS 50) and supporting administrative code provides for the collection of prehospital patient care report (PCR) data by licensed emergency medical services transport vehicle providers, and the subsequent electronic submission of this data to IDPH.
  - The data collected includes information about the incident (reason for call, scene location, outcome, etc.), the provider/unit/ crew member identifiers, unit utilization descriptors (e.g., times and locations, delays), the patient (limited demographics), vital sign data and other assessment results, injury/ illness characterization, and treatment details (medications, procedures).
  - Illinois adheres to the national standard for prehospital data, known as [NEMSIS](#), and IDPH will be completing the state's transition from Version 3.4 to Version 3.5 of that standard during FY23.
  - Data users include the EMS Division, other state agencies, EMS Systems ([defined here](#)), the EMS providers themselves, the NEMSIS national repository for prehospital data, the [Illinois Prescription Monitoring Program](#), and researchers. For examples of Illinois prehospital data used in published research, click [here \(full text\)](#) and [here \(abstract\)](#).
  - IDPH has 1,825,225 prehospital PCRs with an FY22 event date stored in its cloud database. The highest monthly volume month during this period was December 2021, with 162,141 events, and the lowest monthly volume month was February

2022, with 136,021 events. The average number of events per month over these 12 months was 152,102.

- EMS Assistance Grant
  - The EMS Assistance Grant distributes funds to Illinois EMS agencies that can demonstrate the need for resources. Funds are determined by monies obtained through the licensing of ambulances and EMS fines levied by IDPH. The grant program provides for the purposes of organization, development and improvement of emergency medical services systems, including, but not limited to, training of personnel and acquisition, as well as modification and maintenance of necessary supplies and equipment, (210 ILCS 50/3.220(c)). In FY22, the EMS Assistance Grant was able to distribute \$73,533 to 21 EMS providers.
- EMS Licensing
  - Number of new licenses for FY22: 5,940

Active Licenses FY22	
ECRN – Emergency Communications Registered Nurse	5,384
EMD – Emergency Medical Dispatcher	3,538
EMR – Emergency Medical Responder	7,507
EMT – Emergency Medical Technicians	19,375
A-EMT/EMT-I – Emergency Medical Technicians Advanced/Intermediate	491
LI – Lead Instructor	1,861
Paramedic	16,354
PEMR – Provisional Emergency Medical Responder	108
PHRN – Pre-Hospital Registered Nurse	577
TNS – Trauma Nurse Specialist	3,009

New Licenses from 07/01/2021 to 06/30/2022	
A-EMT – Advanced Medical Technician	20
ECRN – Emergency Communications Registered Nurse	509
EMD – Emergency Medical Dispatcher	438
EMR – Emergency Medical Responder	1,184
EMT – Emergency Medical Technician	2,677
EMT-I – Emergency Medical Technician - Intermediate	10
LI – Lead Instructor	122
Paramedic	744
PEMR – Provisional Emergency Medical Responder	18
PHRN – Pre-Hospital Registered Nurse	34
TNS – Trauma Nurse Specialist	183
<b>Total</b>	<b>5,940</b>

- Trauma Registry
  - The Trauma Program has implemented a new Illinois Trauma Registry, resulting in both trauma centers and hospitals now entering trauma and Head/Spinal Cord and Violent Injury Registry (HSVI) data. Education and training on the new trauma registry are regularly conducted by the Trauma Registry Validation Subcommittee. This training will assist users in understanding the registry’s features and functions. Funding for the maintenance of the Trauma Registry for FY22 has been secured through a grant from the Illinois Department of Transportation.
- The Trauma Program
  - Total Level I – 19
  - Total Level II – 42
  - Total Level I Peds – 6
  - Total Level II Peds – 3
- Stroke Program
  - Total Stroke Designated Hospitals: 161
    - Acute Ready Stroke Hospital (ASRH): 84
    - Primary Stroke Center (PSC): 57
    - Comprehensive Stroke Center (CSC): 20

- EMS for Children

- The EMS for Children program coordinates a pediatric facility recognition program that designates hospitals at one of three levels. Each level and its corresponding requirements are outlined in the EMS Administrative Code. Currently, 106 hospitals participate in this process as noted below:
  - Pediatric Critical Care Center (PCCC): 10
  - Emergency Department Approved for Pediatrics (EDAP): 84
  - Standby Emergency Department Approved for Pediatrics (SEDP): 12
- Virtual hospital surveys continued through 2021 using WebEx as the virtual platform. In November 2021, a modified in-person survey was conducted successfully at a pediatric critical care center (PCCC). Beginning in 2022, in-person surveys were reinstated with the exception that the pediatric disaster assessment component was conducted virtually prior to the in-person survey. Eleven in-person surveys were conducted in May and June 2022, with their companion pediatric disaster assessments conducted virtually in April and May 2022. Educational sessions were conducted with hospital personnel and survey team members to ensure all have a good understanding of the survey process. In addition, a Site Survey Process guidance document was revised, and other resources were developed and distributed.
- In 2021, 179 hospital emergency departments (97%) participated in a National Pediatric Readiness assessment. The state median score was 89 (out of 100) and showed improvement in multiple areas, such as the number of emergency departments with a pediatric physician champion, physician and nurse competency evaluations, pediatric quality improvement activities, pediatric weights obtained in kilograms, and specific

policies and guidelines, such as interfacility transfer guidelines. States with a pediatric facility recognition program were noted to score higher on this assessment.

- This year, 464 (82.6%) EMS agencies in Illinois that respond to 9-1-1 medical calls participated in a National EMS for Children survey to assess compliance with two federal performance measures. Illinois has room for improvement in these measures, with only 24.7% of responding EMS agencies having a designated pediatric emergency care coordinator (PECC); and 31.8% that have a process requiring EMS providers to physically demonstrate the correct use of pediatric equipment. Note that EMS workforce issues and other challenges over the past 2+ years have slowed efforts with these measures.
- The EMS for Children webpage on the IDPH website underwent revision and was expanded to incorporate facility recognition subpages that provide access to the application packets for each designation level, along with resources and fillable forms. A listing of hospital designations that includes an interactive map was also added. In addition, information was included on the Federal EMSC Performance Measures, the Illinois EMSC Advisory Board, and links to other pediatric resources.
- An electronic facility recognition application process was piloted during this timeframe. Lessons learned from this pilot lent to a second pilot of the process that is currently under review.
- The Illinois EMS for Children Advisory Board has continued to meet quarterly to provide oversight and guidance to the statewide EMSC program.

### **Community-Based Initiatives**

Many of the state's EMS Systems have approved pilot programs with their EMS providers implementing Mobile Integrated Healthcare Programs (MIHP). These programs allow paramedics to go into homes or

community centers and provide non-emergency care and health education to the public. MIHP allows people to stay home and get treated without having to go to the hospital. This was especially critical due to the pandemic when hospitals were overwhelmed.

Some EMS providers are piloting transportation of patients experiencing a mental health crisis to a mental health care facility. This program assures a patient will receive immediate mental health intervention. This initiative is a collaborative effort between EMS, hospitals, mental health facilities, and local health departments.

The Division of EMS has been working with hospitals to look at mitigation of the number of hours a hospital seeks approval to go on bypass or resource limitation. Hospitals must contact the regional EMS coordinator for approval prior to going on bypass.

The Division of EMS is working collaboratively with the Illinois Department of Human Services – Division of Mental Health (DMH) to implement the Community Emergency Services Support Act (CESSA) and associated legislative initiatives. This effort will support the implementation of the mobile crisis teams dispatched through the 9-8-8/9-1-1 systems. The division has provided ongoing assistance to DMH that is necessary to implement protocols and policies and ensure dispatching agencies associated with EMS systems are trained and educated according to policies approved by their EMS medical directors. The EMS division chief is an IDPH representative on the CESSA State Advisory Board.

## Grants and Financial Management

With 50% vacancy, the Fiscal Division processed a large volume of grant reimbursements in a timely manner with accuracy. All vouchers were submitted to OFA by the August 12 lapse date. The Fiscal Division was without a division chief or procurement assistance for nine months but was able to get many contracts in place and continues to make strides with the large number of procurements underway.

## Resources

### Emergency Medical Services

The EMS for Children program coordinates a pediatric facility recognition program that designates hospitals at one of three levels. Each level and their corresponding requirements are outlined in the EMS Administrative Code and can be accessed via the following weblinks:

Pediatric Critical Care Center (PCCC):

<https://www.ilga.gov/commission/jcar/admincode/077/077005150J40200r.HTML>

Emergency Department Approved for Pediatrics (EDAP):

<https://www.ilga.gov/commission/jcar/admincode/077/077005150J40000r.HTML>

Standby Emergency Department approved for Pediatrics (SEDP):

<https://www.ilga.gov/commission/jcar/admincode/077/077005150J40100r.HTML>

The activities in the Trauma Program, including the Stroke and Trauma Registry Programs as well as Trauma Center Fund Distribution, are governed by the provisions in the **Part 515 Emergency Medical Services, Trauma Center, Comprehensive Stroke Center, Primary Stroke Center and Acute Ready Hospital Code Subpart H: Trauma Centers.**

Previously mentioned information pertaining to the Illinois State Trauma Registry, which includes Trauma Center Reporting Requirements, ISTR Inclusion Criteria, and NTDB and Illinois Trauma Dictionary are found in the Trauma Program website.



# Office of Health Promotion

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## Division of Emerging Health Issues

Each day more than 10 Illinois residents die of drug overdoses and almost 30 die from injuries of all types. The Division of Emerging Health Issues Section on Substance Misuse Prevention currently encompasses overdose epidemiology and the overdose spike response mechanism for IDPH in conjunction with local health departments, coroners, and harm reduction community partners; cannabis and e-vaping epidemiology in collaboration with the Cannabis Regulatory Office and statewide tobacco-free partners; and public health analysis within the Chicago High Intensity Drug Trafficking Agency (HIDTA). The Violence and Injury Prevention and Control Section in the division addresses several topic areas:

- **Adverse Childhood Experiences** (CDC funding)
- **Firearm-Related Safety** (general revenue funding (GRF))
- **Rape Prevention and Education/Sexual Assault** (CDC and block grant funding)
- **Suicide Prevention**
  - Veterans (partnership with IDHS)
  - Youth (IDPH/MCH, Illinois State Board of Education (ISBE), and SAMHSA funding)
  - Protective factors, such as resiliency (ISBE funding)
  - Illinois Violent Death Reporting System (GRF and CDC funding)
- **Violence Prevention**
  - Hospital-based Violence Intervention (COVID-19 funding due to increase during pandemic)
  - Illinois Violent Death Reporting System (GRF and CDC funding)

## Accomplishments

- The division continues to grow to meet the scientific and epidemiologic support needs created by pressing health issues and enhanced funding opportunities.



Newly added positions include a statewide Suicide Prevention coordinator to help prevent the 1,440 deaths due to suicide in Illinois annually and a Council of State and Territorial Epidemiologists (CSTE) Applied Epidemiology Fellow for two years who will support the Oral Health Section and the IDPH overdose epidemiology work.

- Major new grant applications to enhance suicide prevention and intervention capacity were submitted to the CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA).
- The division collaborated with the Association of State and Territorial Epidemiologists (ASTHO) and CDC to develop workshops with stakeholders from the Illinois Department of Human Services (DHS), Illinois Department of Healthcare and Family Services (HFS), Illinois Department of Financial and Professional Regulation (IDFPR), and local health departments to respond in emergencies that occur when a health care prescriber's ability to write opioid prescriptions for patients is disrupted.
- Work in the field with partners at the Winnebago County Health Department and the Agency for Toxic Substances and Disease Registries (ATSDR) received a national award for public health practice merit in 2021.
- Enhanced or updated data visualizations on injury or overdose data have been added to the IDPH website, manuscripts or reports have been published or presented at state, regional, or national conferences.
- Statewide collaboratives, such as the Suicide Prevention Alliance, the Illinois Partnership for Safety, the Illinois Adult Use Cannabis Health Advisory Committee, and the Opioid Prevention and Recovery Steering Committee, have been supported through staff time and effort.
- The division wrote numerous alerts and notifications about disease or exposure threats, such as to xylazine, a veterinary anesthesia now contaminating heroin and fentanyl drug supplies, and notified the public health and health care systems of overdose clusters and resources to prevent deaths.

## Improving the Health of Illinoisans Through Chronic Disease Prevention

The DP18-1815 grant, **Improving the Health of Illinoisans Through Chronic Disease Prevention**, is a five-year grant that runs from October 1, 2018 – June 30, 2023. This grant has 10 strategic objectives: five focused on diabetes prevention and management and five focused on the prevention of cardiovascular disease, hypertension, and high blood cholesterol. All 50 states and D.C. receive money to carry out work to prevent and to manage diabetes, heart disease, and stroke. IDPH strives to reduce the burden of chronic disease through primary and secondary prevention strategies that focus on the adoption of policies, processes, and systems change in the management of diabetes, heart disease, and stroke. For this five-year grant cycle, IDPH chose to focus areas of the state identified as having a high burden of these conditions, which is comprised of the southern third of the state (Edwardsville and Marion regions) and four communities within Chicago: Lawndale, Austin, Englewood, and Garfield Park.

### IDPH works with and partners with the following grantees on cardiovascular disease efforts:

- Illinois Pharmacists Association, Northwestern University, Illinois Public Health Care Association, Southern Illinois University-School of Medicine, University of Illinois – Rockford, Illinois Health and Hospital Association, Illinois Critical Access Hospital Network, and Southern Illinois Healthcare.

### Strategies for cardiovascular disease include:

- Promoting the adoption and use of electronic health records (EHR) and health information technology (HIT) to improve provider and patient health outcomes related to identification of individuals with undiagnosed hypertension and management of adults with hypertension.
- Supporting the engagement of non-physician team members in hypertension and cholesterol management in a clinical setting.

- Promoting the adoption of Medication Therapy Management (MTM) between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification.

**Collaborate and partner with the following grantees on diabetes efforts:**

- Illinois Critical Access Hospital Network, Illinois Health and Hospital Association, Illinois Primary Health Care Association, Illinois Public Health Institute, Southern Illinois Healthcare, Illinois Pharmacists Association, Midwest Business Group on Health, Illinois Public Health Association, and Southern Illinois University-School of Medicine.

**Strategies for diabetes include:**

- Improve access to and participation in American Diabetes Association-recognized/AADE-accredited DSMES program in underserved areas.
- Increase engagement of pharmacists in the provision of medication management or DSMES for people with diabetes.
- Collaborate with payers and relevant public and private sector organizations within the state to expand availability of the National DPP as a covered benefit for one or more of the following groups: Medicaid beneficiaries, state/public employees, and employees of private sector organizations.
- Implement strategies to increase enrollment in CDC-recognized lifestyle change programs.
- Develop a statewide infrastructure to promote long-term sustainability/reimbursement for community health workers (CHWs) as a means to establish or expand their use in:
  - a) CDC-recognized lifestyle change programs for type 2 diabetes prevention and/or
  - b) ADA-recognized/AADE-accredited DSMES programs for diabetes management.

**Beneficiaries of the grant efforts include:**

- Pharmacists, Medicaid recipients/managed care organizations, self-Insured employers and employees, community health workers, hospitals/critical access/health systems, federally qualified health care centers (FQHCs)d, local health departments, individuals who are pre-diabetic, individuals with diabetes, individuals at risk and diagnosed with CVD, American Public Health Association, Prairie Diabetes Alliance Chicago Hispanic Coalition, and Medical Organization for Latino Advancement YMCAs.

**Accomplishments**

In the first four years of the grant, the following have occurred and/or are ongoing:

- Implemented and conducted classes for chronic disease management, including a shift of in-person classes to a telehealth/virtual platform during the COVID-19 pandemic.
- Offered new, all-virtual training for medication therapy management, diabetes management and cardiovascular disease management to pharmacists.
- Developed a Community Health Worker Advisory (CHW) Committee to further the infrastructure and sustainability of a CHW workforce that includes a standardized curriculum, statewide certification, and a sustainable reimbursement mechanism (HB158 recently passed that would help support this infrastructure); expanded Extension for Community Health Outcomes (ECHO) trainings for CHWs that included modules on diabetes prevention and management, hypertension management, and pandemic response; and the CHW Advisory Committee has conducted two Community Health Worker Summits.
- Provided education about blood pressure control and support team-based approaches by providing education webinars for health care providers on the proper way to take blood pressure, blood pressure target guidelines, and the importance of getting your COVID vaccine when you have underlying health conditions.

- Supported the engagement of non-physician team members (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers, CHWs) in hypertension and cholesterol management in clinical settings.
- Facilitated use of self-measured blood pressure monitoring (SMBP) with clinical support among adults with hypertension.
- Establishing uniform data collection points and processes to utilize disease registries within critical access hospitals and rural health clinic EHRs to identify patients with new onset AFib to ensure medication and lifestyle modifications are followed and that patients leave the hospital/clinic with the proper medications.
- Worked towards both private and public insurance coverage for Diabetes Self-Management Education and Support (DSMES) and Diabetes Prevention Programs (DPP) participants in Illinois, including successfully finalizing a State Plan Amendment (SPA) which ensures Medicaid coverage for qualified participants.
- Completed the first year of a pilot program with one Illinois MCO for Medicaid billing of DPP.
- Initiated a discussion with the Illinois Department of Central Management Services (CMS) regarding DPP coverage for state of employees.
- Provided DPP at no charge to IDPH employees for two years in a row.
- Improved access and participation in ADA-recognized/ Association of Diabetes Care and Education Specialists (ADCES)-accredited DSMES programs through marketing, recruitment, and providing trainings directly.
- Expanded and enhanced pharmacy-based MTM, DPP, and/or DSMES programs designed to ensure medication optimization, promote medication adherence, and support lifestyle modifications for people with diabetes.

- Hosted a State Engagement Meeting series with various partners resulting in a Diabetes Action Plan focused on diabetes prevention.
- Developed an environmental scan to determine barriers to providing and billing for DPP and potential organizations that could address those barriers.
- Hosted Community of Practice sessions for diabetes and pre-diabetes.
- Planned and held an annual Diabetes Day.

## Asthma Program

The Asthma Program received a competitive CDC award to improve the reach and sustainability of asthma control services and to reduce asthma morbidity, mortality, and disparities by implementing evidence-based strategies across multiple sectors. Activities align with the CDC initiative, Controlling Childhood Asthma and Reducing Emergencies (CCARE), and are designed to improve childhood asthma outcomes and prevent childhood hospitalizations and emergency department visits. The program also utilizes tobacco settlement recovery funds to supplement asthma programming. Funded states expand the reach of asthma services through six EXHALE strategies:

- **E**ducation on asthma self-management.
- **eX**tinguishing smoking and exposure to second-hand smoke.
- **H**ome visits for trigger reduction and asthma self-management education.
- **A**chievement of guidelines-based medical management.
- **L**inkages and coordination of care; and
- **E**nvironmental policies or best practices to reduce indoor and outdoor asthma triggers.

To reach the purpose of the award, the program aims to enhance existing infrastructure and mobilize key partners effectively across multiple sectors to coordinate the delivery of asthma control services in

priority populations with significant disparities. Core projects include a home visiting collaborative which incorporates home visiting programs equipped to implement EXHALE strategies located in high-asthma burden areas across the state; community health worker (CHW) and health care provider Extension for Community Healthcare Outcomes (ECHO) models; quality improvement initiatives; a coordinated care model; and statewide initiatives, including seeking reimbursement for asthma interventions, improving access to medications and devices while eliminating barriers, advocating for clean environmental policies, and education for those with asthma and caregivers.

As home-visiting programs are in a unique position to deliver EXHALE strategies as a package, the Home Visiting Collaborative (HVC) comprises four intensive home visiting programs located in priority areas across the state that have been identified as high asthma burden. Home visiting programs include American Lung Association (Cook County/Chicago), Sinai Urban Health Institute (Chicago), Southern Illinois University School of Medicine (Springfield), and Southern Illinois University Edwardsville (East St. Louis).

Each home-visiting program actively collaborates with health care providers and hospitals in their service area to identify patients with poorly controlled asthma. Patients are then referred to home visiting programs by their provider and enrolled in the program. Once the participant is enrolled in the home visiting program, home visitors work with the participant, caregivers, and other family members living in the home, in providing asthma self-management education using evidence-based programs based on the National Asthma Education Prevention Program (NAEPP) guidelines, including asthma basics, and tailored trigger reduction strategies in order to improve health outcomes. In addition to unique materials suited to the populations served, home visitors use a standardized assessment tool for data collection and prompts for the home visitor. The tool is evidence-based and includes demographic data, environmental asthma trigger information, clinical outcomes, asthma severity, and how to tailor an action plan for the client.

The home visiting program has transitioned into a virtual format due to the COVID-19 pandemic.

CHW and health care provider ECHOs provide in-depth education on CDC's EXHALE strategies and asthma management best practices. ECHO is an innovative, recognized model for telemonitoring and uses a hub and spoke knowledge-sharing approach designed to increase capacity, especially in areas with limited access to care, and provide best practices while addressing disparities. Southern Illinois University School of Medicine has spearheaded the planning and serves as the hub. Participants across the state can join the virtual community and participate in learning sessions with peers where they learn more about asthma guidelines-based care as well as present real (anonymized) cases for discussion and recommendations.

The American Lung Association provides its Enhancing Care for Children with Asthma quality improvement program for health care clinics. The program builds capacity in health care clinics while using guidelines-based medical management. Benefits include improved care for patients; more effective systems; standardization of care; improved documentation and coding leading to improved revenue capture; increased capacity with systems changes and the Plan, Do, Study, Act approach; and opportunity for Maintenance of Certification Part IV credits through the American Board of Medical Specialties. Partner clinics address the following components: asthma severity rating, documentation, pre-visit planning, patient self-assessment (i.e., Asthma Control Test), controller medications, written asthma action plans, spirometry, emergency department visit follow-up, patient education/self-management, and planned visits.

The Illinois Primary Health Care Association (IPHCA) provides quality improvement activities for FQHCs. IPHCA has utilized its online learning management system to create an Asthma Learning Collaborative for providers and their staff. Asthma training modules are held through live lessons (Zoom) or a pre-recorded presentation. Modules align with guidelines-based

care and best practices. IPHCA is also working with two health centers for more intensive asthma quality improvement initiatives.

The Coordinated Care Asthma Program is an opportunity to promote coordination among multiple sectors and bridge the work among partners. Respiratory Health Association, Mobile Care Chicago, University of Chicago Medicine, and Sinai Urban Health Institute are expanding EXHALE strategies by coordinating care across each organization and identifying asthma-related needs among students and in schools to deliver coordinated services and fill identified gaps. Partners will work with schools in priority ZIP codes to conduct an environmental assessment to include the physical environment and opportunities for systems improvement. Based on the assessment, a full range of services will be provided to both school staff and students with asthma. Services include the delivery of the evidence-based asthma self-management and caregiver education, on-site asthma van for delivery of guidelines-based care, medication education and technique review, case management, and, if needed, referral to home visiting services. The first year focused on establishing infrastructure, and full implementation will occur in FY23.

### **Accomplishments**

- Since the inception of the home-visiting collaborative in 2019, more than 100 people with asthma and their caregivers have benefitted from home visiting services. Home visitors provide asthma self-management education, product deliveries, and asthma control assessments, among other resources. Current evaluation findings show participants are benefiting in several ways. Of participants with two or more visits, 94% have completed the American Lung Association's Asthma Basics course, 95% have reduced asthma triggers after one visit, and asthma control improves in a statistically significant manner. Other findings indicate participants report fewer missed school and workdays, hospitalizations, and days with asthma symptoms after one visit.

In FY22, 68 children and adults enrolled in the home visiting program. Home-visiting clients are assessed for tobacco use, and five clients were referred to tobacco cessation resources. During the home visit, clients are educated on low-cost strategies to reduce asthma triggers and are provided with products to assist with remediation or home weatherization if needed. A total of 49 clients were provided with products and remediation assistance.

- The six-week ECHO programs reached more than 60 CHWs and health care providers throughout the state. CHWs were provided extensive education on EXHALE strategies and how to incorporate them into home visiting services. Topics included promotion of evidence-based self-management programs, reducing tobacco use and exposure to secondhand smoke, expanding access to home visiting services, strengthening systems supporting guidelines-based medical care, promoting coordinated care, and reducing indoor, outdoor, and occupational asthma triggers. Health care providers were provided education to enhance the practitioner's ability to identify and establish care plans for patients with asthma and to improve professional health care teams to implement asthma strategies to reduce morbidity and mortality, address social determinants of health, and improve linkage and coordination of care and environmental policies.
- The Enhancing Care for Children with Asthma Program is nationally recognized with more than 450 clinics participating in 15 states. The program has demonstrated a reduction in health care costs and return on investment. Five Illinois clinics participated in FY22 and have been provided extensive education on assigning a severity rating to all patients with asthma, assessing asthma control at least annually for all patients, prescribing a controller/maintenance medication for all patients with persistent asthma, writing an action plan for all patients with persistent asthma that includes environmental triggers, using spirometry in the diagnosis and management of



asthma, and providing self-management education to all patients with asthma. Illinois clinics also have access to American Lung Association training including:

- Asthma care education about asthma guidelines, medications, spirometry, patient education, and delivery devices (providers).
  - Implementation and Interpretation of Spirometry in the Primary Care Clinic – a full-day, hands-on training.
  - On-site spirometry refresher courses.
  - Asthma Educator Institute – a 16-hour training for non-providers.
  - Asthma 101 for non-providers.
  - Asthma Basics online module for non-providers.
- IPHCA has created three asthma training modules for the Asthma Learning Collaborative available to FQHCs. Training modules have provided information on the Enhancing Care for Children with Asthma program and strategies to improve pediatric asthma care, updated asthma care guidelines and SMART therapy, and asthma management principles and COVID-19. IPHCA is working with two member health centers for more intensive quality improvement initiatives.
  - The Asthma Program has expanded the reach of asthma self-management education by partnering with the IDPH 1815 Program and Illinois Public Health Association (IPHA). IPHA is working with community health workers at two community-based organizations. CHWs have become trained as asthma self-management facilitators and have begun offering self-management education to both children and adults with asthma.
  - The program participated in the National Environmental Education Foundation 2021 Children's Environmental Health Series: Seeking Equity in Environmental Health Outcomes for Disadvantaged Populations conference. The presentation provided Illinois-specific interventions, partnerships, and strategies related to CDC-EXHALE implementation.

- The program partnered with the Respiratory Health Association and the Illinois Network for Child Care Resource and Referral Agency (INCCRRA) in offering Asthma Management for Child Care Providers training on the INCCRRA Gateway website. The training is interactive and incorporates general asthma information, trigger avoidance strategies, warning signs, medication demonstrations, and emergency protocols. The training is available in English and Spanish. More than 3,400 childcare providers have completed the training since it launched in November 2021.
- The program partnered with the Respiratory Health Association and the Illinois State Board of Education in offering training to schools on stocking undesignated albuterol in schools and implementation guidance and emergency protocols. The training was recorded and available on the TRAIN Illinois website for school staff to access.
- Chicago Asthma Consortium, in collaboration with Metropolitan Tenants Organization, developed Tenants with Asthma: An Environmental Checklist for tenants to use when searching for new housing or as a means to identify and remediate triggers in current housing.

## Newborn Screening

The IDPH OHPm Division of Community Health, Health Assessment and Screening Section is composed of essential newborn and child health screening programs, including newborn blood spot screening, newborn hearing screening, critical congenital heart screening, and school-age hearing and vision screening.

Newborn screening is a state-mandated public health activity that has the potential to save lives and improve the quality of life for babies affected with certain serious genetic, metabolic, and congenital disorders. The IDPH's Newborn Screening (NBS) Program is a joint effort of the Office of Disease Control and the Office of Health Promotion. Beginning in 1965 with testing for PKU (phenylketonuria, a metabolic disorder), IDPH now



screens for more than 50 disorders, including newborn hearing and critical congenital heart disease.

The Universal Newborn Screening Advisory Committee brings together clinical specialists, allied health professionals, local public health consultants, and consumer advocates, in order to advise the department on NBS Program policy and practice. Newborn screening is recognized to be one of the most successful public health accomplishments. Early detection, diagnosis, and treatment of these conditions may prevent death or disability and help people born with these disorders reach their full potential.

The Newborn Screening and Genetics Grants Programs provides \$3.25 million in funding to 30 agencies - genetic counseling clinics, sickle cell disease treatment centers, and local health departments - in order to increase public and health provider knowledge and awareness of genetic disorders and to increase access to needed services for residents throughout the state.

### **Accomplishments**

In 2021, Illinois screened approximately 129,000 babies through newborn blood spot screening, using a few drops of blood from the newborn's heel. Following prompt clinical evaluation, about 300 babies were diagnosed and referred for treatment of a newborn screening disorder.

Legislation regarding Newborn Hearing Screening became effective on December 31, 2002. The Illinois Early Hearing Detection and Intervention (EHDI) Program is charged with assisting families to complete screening no later than 1 month of age, a diagnosis no later than 3 months of age, and intervention no later than 6 months of age, including parent-to-parent support. In 2009, Guide By Your Side (GBYS) was established and began its partnership with the state EHDI program. GBYS is a family-based organization that provides parent-to-parent support to families of infants and toddlers who are Deaf and hard of hearing (D/HH). In an effort to infuse the parent/consumer perspective into the state EHDI program, a formal business agreement was established

with ILHV GBYS in the spring of 2020. Following this, the Illinois EHDI Program established direct referrals to GBYS for infants who have suspected or confirmed hearing loss. A year of data collection has shown that the collaboration has helped to decrease lost follow-up for diagnostics and early intervention. This collaboration reduced geographic disparities across Illinois. In 2021, GBYS focused on improved connections to services while providing social, emotional, and language support for families. GBYS is also a key developer of stakeholder educational tools and collecting parent/consumer input by incorporating Continuous Quality Improvement (CQI) activities.

Through the recent implementation of the formal business agreement, EHDI protocols have been updated. Now, GBYS receives referrals soon after the diagnosis of atypical hearing and is often the first to connect with families. During the initial call with the family, the GBYS team explains other available services and the timing of these services. Based on family feedback from previous contacts, a list of distinct resources was developed. A GBYS team member explains resources and sends a follow-up email that contains additional information in a simple handout called a SNIPPET (Simple and Informative Parent-to-Parent Education Tools). Also, GBYS encourages families to answer phone calls from unknown numbers. These numbers can be from Illinois providers sharing information about available services. Sometimes families can be overwhelmed by the wealth of initial information and decisions that must be made. Having an empathetic parent guide early on who has the experience and can provide unbiased support is of great comfort. Families appreciate the detailed information and assistance in developing a plan of where to start in their journey.

### **Websites:**

[www.illinoisoundbeginnings.org](http://www.illinoisoundbeginnings.org)

<https://dph.illinois.gov/topics-services/life-stages-populations/newborn-screening/hearing.html>

[www.ilhandsandvoices.org](http://www.ilhandsandvoices.org)

See annual reports

- The EHDI Program hosted an intern from the University of Illinois. The intern was integral in creating a quantitative analysis, identifying disparities in reaching screening no later than one month of age, diagnosis not later than 3 months of age and intervention no later than 6 months of age. The analysis included an in-depth look at deprivation indexes (report available upon request).
- The program developed six best practices documents to reflect the newly released 2019 Joint Committee on Infant Hearing Position Statement (available upon request – will be posted to the website)
- In collaboration with the GBYS team, the program completed parent focus groups to identify continuous quality improvement needs and receive parent input for program documents, procedures, and identification of future activities. Targeted focus groups focusing on the Black and Latinx populations are in process.
- The program utilizes a web-based data system where all birthing facilities can submit and view their data on demand 24/7. This allows hospitals to complete independent quality assurance which is supplemented by monthly education and audit meetings with EHDI staff.
- Through a business agreement, the program expanded the EHDI information system to allow the GBYS leadership access. This access expedites referrals and data collection related to parent support.
- The EHDI and GBYS team partnered with other states on the Family Early Hearing Detection and Intervention data definition project. The group solidified data definitions for what constituted parent support. These definitions were accepted by the Leadership in Language and Learning Center (FL3), the National Center for Hearing Assessment and Management (NCHAM,) and CDC. The data definitions can be found at: <https://infanthearing.org/stategrants/ehdi-program-meetings.html>
- Through the Guide by Your Side and program collaboration summary reports are created:
  - Newsletters: <https://www.ilhandsandvoices.org/il-e-a-r-s-newsletters>
  - Quarterly reports: <https://www.ilhandsandvoices.org/gbys-annual-reports>
- For more than five years the program has completed a data exchange with HFS/ Electronic Data Warehouse (EDW). The program sends final screening results to the EDW and receives back the most recent family address and infant physician for unresolved cases. The program would like to work with HFS in the future to create an alert for the managed care organizations (MCOs) when an infant has not passed the newborn hearing screening. This data exchange has been enhanced over the last three years due to the EHDI program now completing a data match with the Illinois Vital Records System (IVRS). Each year the data match with IVRS has been modified and improved.
- The program developed an annual report that summarized the previous year's finalized data, current year activities and future year priorities and activities. The document can be found at: <https://dph.illinois.gov/topics-services/life-stages-populations/newborn-screening/hearing/2021-ehdi-annual-report.html>
- The EHDI data system has been improved to meet all of the "shall" requirements as set forth by the CDC Functional Standards <https://www.cdc.gov/ncbddd/hearingloss/ehdi-is-functional-standards.html#:~:text=2.2%20The%20EHDI%2DIS%20SHALL,and%2For%20diagnostic%20evaluation%20services>.
- The program completes a minimum of two data system updates from the vendor, HiTrack. These updates are in response to the data reporting requirement of CDC and user requests for improvements or expansion.
- The program is working with the HiTrack vendor to develop an aggregated data system that allows for the collection of hearing screening data for children 0-3 years of age and school age.
  - The EHDI coordinator is a member of the Illinois Early Intervention Inter-Agency Council. She

meets at least four times a year with this group, which is composed of other state programs and community partners.

- The program participated in a learning community that developed a two-way communication form to share record-level information for children with suspected or confirmed hearing loss. Using continuous quality improvement methodology, the process was tested, modified, and spread. The form was incorporated into the policy and procedure manual for the Bureau of Early Intervention this year.
- The program has translated the EHDI brochures into the top 10 most used languages in Illinois. They may be found at: <https://dph.illinois.gov/topics-services/life-stages-populations/newborn-screening/hearing.html>. The program is working with parent partners to identify other materials in the EHDI system of care that need to be translated to improve service delivery.
- The program, in collaboration with GBYS, has developed monthly outreach and education emails for pediatric audiology providers to share best practices and program updates.

## Resources

The EHDI Program is not statutorily required to give an annual report, but it has begun publishing annual reports, which can be found at:

2020: <https://dph.illinois.gov/topics-services/life-stages-populations/newborn-screening/hearing/2020-ehdi-annual-report.html>

2021: <https://dph.illinois.gov/topics-services/life-stages-populations/newborn-screening/hearing/2021-ehdi-annual-report.html>

The Newborn Screening Program (blood spot, CCHD, and EHDI) reported to the Title V program the following for EHDI:

The IDPH Early Hearing Detection and Intervention (EHDI) Program provides tracking, monitoring and

referrals for Universal Newborn Hearing Screening for infants born in Illinois. \*\*During 2021, 127,197 out of 128,894 (98.68%) infants reported to the EHDI program received inpatient hearing screening prior to hospital discharge, 486 (0.38%) died prior to testing, and 1699 (1.32%) were not screened prior to discharge. Of those screened, 4,532 (3.58%) were referred for further testing. Of all infants tested and reported, 347 (incidence of 2.7/1000) were documented as having a permanent congenital atypical hearing status. All newborns identified with atypical hearing are referred to Part C/ Early Intervention services and the state Children with Special Health Care Needs Program (through UIC-DSCC) which offers ongoing follow-up services.

## Vision and Hearing Program

The Vision and Hearing Program works to prevent the detrimental effects of hearing and vision loss in children by implementing the Illinois Child Vision and Hearing Test Act (410 ILCS 205), which mandates vision and hearing screening programs for preschool and school-age children. Screenings are mandated at a specific age and grade levels and must be performed by technicians/nurses trained and certified by IDPH. Adequate vision and hearing are essential parts of educational performance. Impaired vision and/or hearing in children can seriously impede learning and contribute to the development of educational, emotional and behavioral problems. Early identification and treatment of hearing and vision problems in children is the goal of screening programs conducted throughout the state. The IDPH Vision/Hearing Program conducts Vision/Hearing Screening Training sessions, which are attended by local health departments and school health personnel. The IDPH staff trains participants to conduct all aspects of a mandated vision and hearing conservation program.

In addition, the program provides Pre-School Vision/Hearing Screening Grants to numerous local health departments. Through this grant program, vision / hearing screening is provided to children 3-5 years of age who are enrolled in a licensed preschool or day care.

The program also implements and enforces the Illinois Hearing Instrument Consumer Protection Act (225 ILCS 50), which regulates the fitting and sale of hearing aids. Hearing aid dispensers must be licensed through IDPH. The purpose of this act is "...to protect the deaf or hard of hearing public from the practice of dispensing hearing instruments that could endanger the health, safety and welfare of the People of this State." In addition to licensing activities, the program staff review and resolve complaints from consumers regarding hearing instrument transactions. Many hearing instrument dispenser consumer complaints involve senior citizens. Staff considers the facts of the transaction, as well as legal requirements found in the Hearing Instrument Consumer Protection Act and Illinois Administrative Code Rules and Regulations to reach an appropriate resolution to the complaint.

### Accomplishments

The program staff train, certify, and re-certify individuals to provide mandated vision and hearing screening services for preschool and school-age children. In addition, they provide consultative services to screening personnel regarding all aspects of conducting vision and hearing conservation programs. Numerical summaries of screening activities are collected annually from programs providing screening services throughout the state. Early discovery, through screening and referral for diagnostic evaluation and treatment of vision and hearing disorders, helps prevent educational delays and often behavior disorders.

Program staff ensures that individuals who seek a Hearing Instrument Dispenser License in Illinois have complied with requirements found in the Hearing Instrument Consumer Protection Act (225 ILCS 50). In FY22, program staff facilitated the refund of approximately \$6,700 to consumers because of hearing instrument consumer complaints filed with IDPH.

Numerical Tallies of Program Activities for FY22	
1. Vision/hearing training/initial certification:	
# Trained/certified for vision screening	170
# Trained/certified for hearing screening	173
# Trained/certified for hearing screening	173
2. Hearing screening certificate renewals	718
3. Vision screening certificate renewals	719
4. Initial hearing instrument dispenser licenses issued	30
5. Hearing instrument dispenser licenses renewed	167
6. Hearing instrument dispenser trainee licenses issued	31
Vision and hearing screenings provided in schools/ preschools throughout the state as reported by screening agencies during FY22	
Vision screenings reported	557,532
Hearing screenings reported	694,264

### Dementia Program

The IDPH Dementia Program promotes dementia capability in the state through the coordination of high-quality statewide services that support the needs of all people with Alzheimer’s disease and related dementias, their families, and caregivers. The program facilitates the director-appointed Alzheimer’s Disease Advisory Committee (ADAC), which oversees the development and implementation of the Alzheimer’s Disease State Plan Report and Recommendations every three years. In 2021, a dementia coordinator position was established within IDPH to implement activities related to the strategic plan recommendations, strengthen partnerships with community stakeholders and other state agencies, and coordinate statewide efforts to increase awareness of Alzheimer’s disease and other dementias, with improved access to high-quality services. The program is responsible for implementing activities of the Alzheimer’s Disease Assistance Act (410 ILCS 405) and the Alzheimer’s Disease Research, Care, and Support Fund Act (410 ILCS 407). The dementia coordinator regularly engages with key partners, including, but not limited to, members of the Alzheimer’s Disease Advisory Committee, Rush

University Alzheimer's Disease Center, Northwestern University Mesulam Center for Cognitive Neurology and Alzheimer's Disease, Southern Illinois University Smith Center for Alzheimer's, Alzheimer's Association Illinois Chapter, Illinois Department on Aging, Illinois Healthcare and Family Services, Illinois Department of Human Services, the Illinois Cognitive Resources Center, and current grantees, the Illinois Academy of Family Physicians and the Illinois Public Health Association.

### **Accomplishments**

The Alzheimer's Disease Awareness of Available Services In Illinois grant project was completed on April 30, 2022. Rush University and the Illinois Cognitive Resources Network created a new and upgraded "Next Generation Alzheimer's Service Awareness Platform" to serve as a one-stop shop for Alzheimer's Disease and Related Dementias (ADRD) education and resources in Illinois, including:

- A search by ZIP code function for local resources.
- Menu tabs for "living with dementia" journey pages.
- Community pages that are culturally tailored to people who often feel isolated or underserved.
- [Click here to learn more at ILBrainHealth.org.](#)

The Early Detection Physicians Training began in 2021 to increase early detection and diagnosis of ADRD by Illinois physicians and medical providers by equipping them with best practices for early detection methods, efficient clinic procedures, and referral procedures that are tailored to their local communities. The Illinois Academy of Family Physicians is developing an online website, toolkit, webinar, and podcast series to deliver this training program. In 2022, two family doctors were chosen to co-host the podcast and have recorded four episodes that are in production. The project's advisory group has developed content for four additional episodes and the plan is to launch the podcast in late fall 2022. The availability of this program will be widely disseminated to Illinois physicians, including those who serve higher-risk, diverse, and rural communities.

The Early Detection Awareness Campaign began in 2021 to educate Illinois about brain health, cognitive decline, early warning signs of Alzheimer's disease and other dementias, how to seek screening and early detection, and how to access local resources and support after a diagnosis. In 2022, the Illinois Public Health Association (IPHA) partnered with 10 community-based organizations (CBOs) throughout Illinois that hired community health workers (CHWs). IPHA has trained the CHWs and CBOs with an ADRD-specific curriculum and they have been mobilized to provide community events in higher-risk, diverse, and rural communities. These events aim to provide early detection education, cognitive screening, and resource linkage. In addition, IPHA appointed a communications firm that successfully launched a statewide media campaign about ADRD early detection and a website with a toolkit for providers. [Click here to learn more at knowalz-il.org.](#)



## Resources

The Alzheimer’s Disease Research, Care, and Support Fund Act (410 ILCS 410) requires the IDPH dementia coordinator to compile and publish an annual report on the state of dementia care in Illinois, including, but not limited to, the status of Illinois in becoming a dementia capable state.

The [Dementia Annual Report 2021](#) is published on the IDPH Alzheimer’s Disease webpage.

## Oral Health Section

Division of Oral Health is now the Oral Health Section (OHS) in the Office of Health Promotion where assessment, policy development, and assurance are key OHS programs’ public health functions. OHS also works with many partners and stakeholders to establish programs designed to improve access to population-based interventions that prevent and reduce oral disease by promoting oral health as integral to health through organized community efforts. Oral health programs focus on community water fluoridation, school-based oral health, dental sealants, maternal and child oral health programs, community needs assessment, craniofacial anomalies, oral cancer prevention, oral health surveillance, oral health workforce initiatives to address shortage areas, and a variety of educational and health education, communication programs, and plans designed to promote oral health as integral to health and meet the oral health needs of the Illinois population.

OHS is committed to partnering with sister state agencies such as Healthcare and Family Services, the Department of Human Services, the Illinois Department of Financial and Professional Regulation, the Illinois State Board of Education, and others to optimize oral health and systemic health and work within the mission of IDPH — protecting health, improving lives. For the reporting period July 1, 2021, to June 30, 2022, OHS was active and as a section was able to complete several important projects that are highlighted below.

## Accomplishments

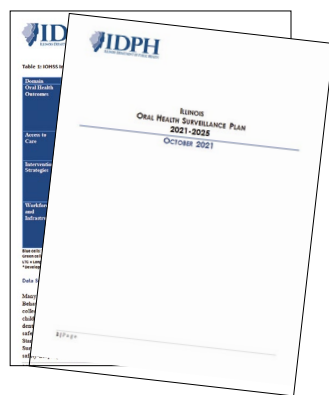
Partnered with the Illinois Maternal and Child Health Services (MCH) Title V Block Grant with the objective to support an intergenerational and life course approach to oral health promotion and prevention. Oral Health Promotion Program Grant (OHPP), a revamped population-based program with 14 statewide grantees was selected using an oral disease burden, data-informed strategy in granting resources to statewide applicants. Through the OHPP funding opportunity, 14 entities across Illinois are developing and implementing innovative programs that address the oral health needs of children and families through high-quality education, integration into medical visits, and disease-mitigating prevention services all to address oral health disparity gaps. The program’s primary reach is low-income vulnerable families with a focus on early prevention to reduce oral disease burdens and to help people obtain timely oral health care services. OHPP is also designed to assist school personnel and families in accessing oral health education, fluoride varnish, All Kids enrollment, and care services through a dental home relationship. The 14 grantees provided the below services to Illinois communities and residents.

Number of individuals receiving education/ educational material and health promotion (combined children and adults, excluding pregnant individuals).	19,550
Number of individuals receiving education/ educational material and health promotion -pregnant individuals.	601
Number of video, web, or social media hits/ views on the topic of oral health.	12,696
Number of WIC staff, nurses, and physicians trained for medical/dental integration.	40
Number of school collaborations, and school nurses/staff who received oral health information and resources.	2,440

OHS completed and published the [Illinois Oral Health Plan IV \(2021-2025\): Eliminating Inequities in Oral Health](#) (IOHP IV) also in FY22. Through the implementation of the plan, IDPH hopes to increase the health knowledge of the public, expand health promotion, strengthen primary prevention efforts, and improve access to timely professional services.



Another notable activity is the [Illinois Oral Health Surveillance Plan](#). The [Illinois Oral Health Surveillance Plan](#) (IOHSP) was completed and published in October 2021. This plan provides a strategic approach to the development and implementation of the Illinois oral health surveillance system (IOHSS). The plan aligns with the Illinois Oral Health Plan IV: Eliminating Inequities in Oral Health (2021 – 2025) and Healthy People 2030 (HP2030) Oral Conditions Objectives.



OHS published four issues of the OHS electronic newsletter to communicate with oral health stakeholders. This communication seeks to keep the Illinois Oral Health Plan IV (2021-2025): Eliminating Inequities in Oral Health plan alive and at the forefront of stakeholder activities. The communication highlights OHS activities, relevant oral health data for providers, Oral Health Plan updates, spotlights oral health champions, and lists other helpful information.

COVID-19 Response: OHS continued to develop resource documents and to provide technical assistance related to PPE, infection control, returning to schools to conduct prevention programs, and maintaining safety in clinical environments.

OHS partnered with IDPH Comprehensive Cancer Control to provide support and speaker honorariums for HPV cancer awareness. The event was very well attended with close to 203 participants enrolled and provided Continuing Education to 84 dentists and dental hygienists.

OHS partnered with the Hektoen Institute of Medicine on the 2022 Illinois Summit on Antimicrobial Stewardship where over 400 participants were engaged on the important issues of judicious use of antibiotic use. Approximately 25 of the attendees were oral health providers and were provided with continuing education by OHS.

OHS continued to support the Illinois Department of Healthcare and Family Services (HFS) statewide All Kids School-Based Dental Program by providing quality assurance and technical assistance to school-based prevention teams. OHS and HFS continue to collaborate on this program by expanding much-needed quality school-based oral health prevention services. In the 2021/2022 school year, this program reached an estimated 1,667 Illinois schools, day cares, and head start programs. The quality assurance visits are unannounced and require prior planning to coordinate the necessary travel, equipment, and technical assistance resources specific to the needs of each school-based oral health provider.

OHS continues to work more efficiently as tasks grow more demanding and implemented a required use of a Teamup Calendar for school-based providers in the HFS program. The use of this new technology is allowing OHS the ability to get a more complete picture of when and where school-based dental services are being provided in the HFS program. This data allows us to easily identify geographic disparities in access to oral health prevention services, which will aid in strategic expansion, bringing prevention services to underserved areas and children.

## Oral Health Workforce

DOH receives funding from the Health Resources and Services Administration (HRSA) through the Grants to States to Support Oral Health Workforce Activities. The goals of the grant are to improve oral health knowledge and status of community members living in Illinois dental health professional shortage areas (HPSAs) by expanding the role and numbers of three community health professionals - community health workers (CHW), public health dental hygienists (PHDH), and community dental health coordinators (CDHC); and to improve understanding of oral health workforce, workforce shortages and capacities to better focus on improving the oral health status of Illinoisans.

To expand the oral health workforce:

- A. OHS worked with CHW-focused organizations to develop, field test, and deliver a CHW curriculum that includes an oral health component used to train CHW/CHW students. For this reporting period, approximately 120 CHWs were trained on oral health content ranging from 2-9 hours of total contact time. For the four-year term of the IDPH HRSA Oral Health Workforce grant, more than 310 CHWs have been trained on the basics of oral health, gaining oral health knowledge on disease process, effective self-care, and accessing timely oral health care, which is presented in a format easily shared with a CHW's neighbors and peers.
- B. OHS worked closely with a statewide organization that represented federally qualified health centers (FQHC) to train and to certify dental hygienists to become public health dental hygienists (PHDHs) and work in a public health setting. For this reporting period, six PHDHs have or were in the process of obtaining their PHDH certification, allowing the PHDH to see patients and provide prevention services without a dentist initiating the visit. Thus far, the total statewide number of PHDH-certified dental hygienists is more than 120.
- C. OHS worked with three dental hygiene schools in Illinois to implement the American Dental Association's CDHC curriculum certificate program in dental HPSAs and to train CDHC-credentialed dental hygienists who will close education, prevention service, and follow-up care need gaps through collaboration with elementary, middle, or high schools. In this reporting period, an additional 84 students received their CDHC certificates to bring up the total to 406 CDHC-certified dental hygienists through the Illinois Oral Health Workforce Activities.
- D. To improve understanding of the oral health workforce, workforce shortages, and capacities, OHS worked to develop and field workforce surveys for dentists and dental hygienists. The intent was to collect complete workforce data that can inform on workforce assets and challenges to professional services access (critical and ongoing) and assist in making workforce decisions by stakeholders. Unfortunately, the surveys met with limited success. Only 1,321 dentists completed the survey, a 14.3% response rate (8,847 active dentists; 9,269 dentists with an address in Illinois). A total of 1,562 dental hygienists completed the survey, a 20.1% response rate (7,359 dental hygienists with an active license in 2019; 7,752 with address in Illinois). The low response rates do not allow a detailed understanding of the needed oral health workforce. A legislatively mandated workforce survey at license renewal, as required by many states' licensing bodies, can overcome the challenge of low response. This should be strongly considered by Illinois lawmakers and advocated for by the community and public health leaders.
- E. OHS submitted for and was awarded a four-year Health Resources and Services Administration Grant under the "Grants to States to Support Oral Health Workforce Activities (OHWA)" (HRSA-22-050). The focus of the grant project will create synergies that enhance the capacity of the oral health workforce. The Illinois project will initially target Cook County; Clay, Franklin, Jackson, Jefferson, Marion, and Williamson, counties (South Central); Champaign and Vermilion counties (East Central); and St. Clair County. Previous investments in developing an oral health workforce will be used to yield opportunities to place clinical

and care team members, such as public health dental hygienists (PHDHs) and community health workers (CHWs), in healthcare settings in novel ways that will increase understanding of, access to, quality, and capacity of oral health services in health professional shortage areas. The four overarching goals outlined herein with the ultimate objective of reducing the use of hospital emergency departments by individuals who seek dental services more appropriately delivered in a dental primary care setting, expanding awareness of the PHDH as a provider type, and strengthening the ability and scope of the oral health workforce. All of the goals are in alignment with statewide and national oral health strategies and integrate lessons learned from COVID-19 response around an intentional focus on health equity across programs.

### **In the Community**

Community Water Fluoridation - Fluoridation of the community water system is the most effective public health measure available to prevent and to control dental caries. It reaches people with little cost to individuals and is important for health and well-being. The IDPH Community Water Fluoridation 2022 Awards List was created along with fluoride certificates to recognize and to commend water systems for maintaining perfect compliance with continuous water fluoridation for 12 consecutive months in accordance with the state's fluoridation statute. There were 176 perfect compliance facilities and 53 honorable mentions for meeting state fluoride levels in 11 of 12 months in 2020. The OHS mailed award certificates directly to water operators at the facility.

OHS completed the [Illinois Oral Health Resource Map](#). This map includes dental clinics and practices, federally qualified health centers (FQHCs), local health departments, and hospitals in Illinois outside the Chicago metropolitan area that provide oral health services. The dental resource map provides basic contact and service information and designates which providers accept Medicaid and provide Spanish language accommodation.

OHS became aware of and has been sharing the Illinois Extension's [Find Food Illinois Community Food Map](#). This is an excellent resource for locating food pantries, soup kitchens, grocery stores, farmers' markets, and Special Supplemental Nutrition Program for Women, Infants and Children (WIC) offices in Illinois.

OHS revamped the existing website and improved the quality and content. The website is now organized and has documents geared toward both dental professionals and the public. New sections highlighting oral health data, fast facts on oral health, where and how to access oral health care, and a complete collection of workforce resources are easily accessible. Each of the OHS core programs is listed on the home page with tabs that provide links to additional details and resources. Forms and publications are routinely updated and available for download and printing.

OHS executed three state-funded grants to two organizations. In some cases, the work plan was not able to be executed as written due to COVID-19 challenges in connecting with patients and populations.

1. Advocate Northside dba Advocate Illinois Masonic Medical Center (AIMMC)
  - a. Improved Access Through Mobile Oral Health Services (FY22) – Clinical Services  
  
Objective: Provide dental care for 350-400 patients through approximately 1,000 total dental visits.  
  
Result: 588 unique individuals received oral health services through 932 visits.

b. Mobile Oral Health Services for Pediatric and Adolescent Populations (FY22) – Clinical Services

Objective: Provide on-site dental care for 300-400 pediatric/adolescent patients who do not have a dental home, with approximately 960 total dental visits.

Result: 183 unique individuals received oral health services through 227 visits.

2. Oral Health Forum (Heartland Alliance Health)

c. Eliminating Barriers to Timely Oral Health Care (FY22) – education and care coordination

Objective 1: Provide 1,000 Chicago Public School children recommended for dental treatment with oral health case management and education services.

Result: 900 older adults received case management support information and/or contacted OHF case managers requesting support.

Objective 2: Provide 1,000 Chicago Public Schools children recommended for dental treatment with oral health case management and education services.

Result: 1,918 is the number of children living with urgent and non-urgent dental treatment needs who were provided outreach services that included sources of dental care, assistance with making an appointment, and others.

## Division of Medical Cannabis

The Division of Medical Cannabis monitors the MCPP (Medical Cannabis Patient Program) and OAPP (Opioid Alternative Program) programs. These programs register patients with debilitating medical conditions to receive support and access cannabis for medical use by applying for a patient registry identification (ID) card.

## Accomplishments

- Institution of HB 1443 allowed medical cannabis patients full access to dispensaries by discontinuing the requirement to choose a single dispensary when applying for a medical cannabis registry card.
- Onboarded new Medical Cannabis staff to assist with processing applications in a timely manner.
- Attendance and public education at the following events:
  - **IAHSE Training Conference** (10/21) in Chicago. Provided a booth of educational information and conversation on the Medical Cannabis Patient Program and Opioid Alternative Program.
  - **Senior Health Fair** at Wilcox-McHenry County College hosted by state Sens. Dan McConche, Don DeWitte, and Craig Wilcox. Medical Cannabis staff provided a booth of educational material and information to the senior population attending the event.
  - **NECANN (New England Cannabis Convention)** in Chicago. Medical Cannabis staff provided an educational booth and attended work-related cannabis seminars presented by medical cannabis health care professionals.
- Implemented lifelong designation for veterans.
- Medical cannabis presentations were developed and presented at public libraries and to their patrons. The information presented covered MCPP patient programs, services, and navigation of the application process.
- As a result of the public library interest, an IAA was developed to offer those libraries meeting the designation of a local unit of government a reimbursement opportunity when assisting patients with the medical cannabis application process.

## Resources

[Medical Cannabis Annual reports](#)

Section 160



**FY22 Accomplishments**









## 2022 Annual Cannabis Report

The Illinois Department of Public Health (“IDPH”) oversees and implements the Medical Cannabis Patient Program (“MCP”) and Opioid Alternative Patient Program (“OAPP”) through its Medical Cannabis Division (“Division”). The MCP and OAPP programs register patients with debilitating medical conditions to receive support and access to cannabis for medical use by applying for a patient registry ID card.

During the fiscal year 2021-22, members of IDPH performed public outreach and networking with others in the industry. This afforded developing critical relationships and contacts which led to inquiries to MCP to participate in direct community events, such as at libraries, to provide direct assistance in navigating medical cannabis. In the process of this public outreach with public libraries, an Inter-Agency Agreement (IAA) was created to promote further collaboration and assist prospective patients. These efforts align with IDPH’s effort to achieve a streamlined and complete online application. With an increase in staffing, aimed at decreasing processing times and increasing community engagement efforts and communication, the Division has been able to minimize patient and provider inquiry response time and provide additional application assistance to our patient population.

### Key Data Points

Overview of the Medical Cannabis Patient Program and Opioid Alternative Pilot Program.

### 1. The number of applications and renewals filed for registry identification cards/registrations:

- IDPH approved 221,098 applications for qualifying patients (including 991 persons under 18 years of age), since it began accepting applications for the Medical Cannabis Registry Program on September 2, 2014.
- The current number of active patients in the MCP program as of June 30, 2022, is 135,649.
- For FY22, 5,624 active patients are currently registered

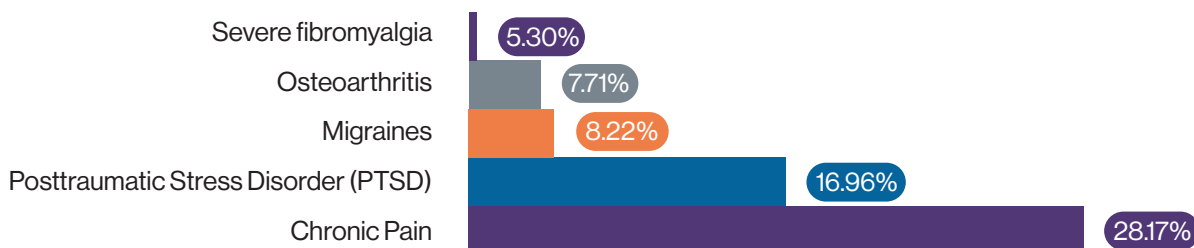
### 2. Number of qualifying patients and designated caregivers served by each dispensary for 2022:

- On July 15, 2021, Gov. JB Pritzker signed HB 1443 into law. This legislation removed the requirement for a medical cannabis patient and/or caregiver to select a single dispensary

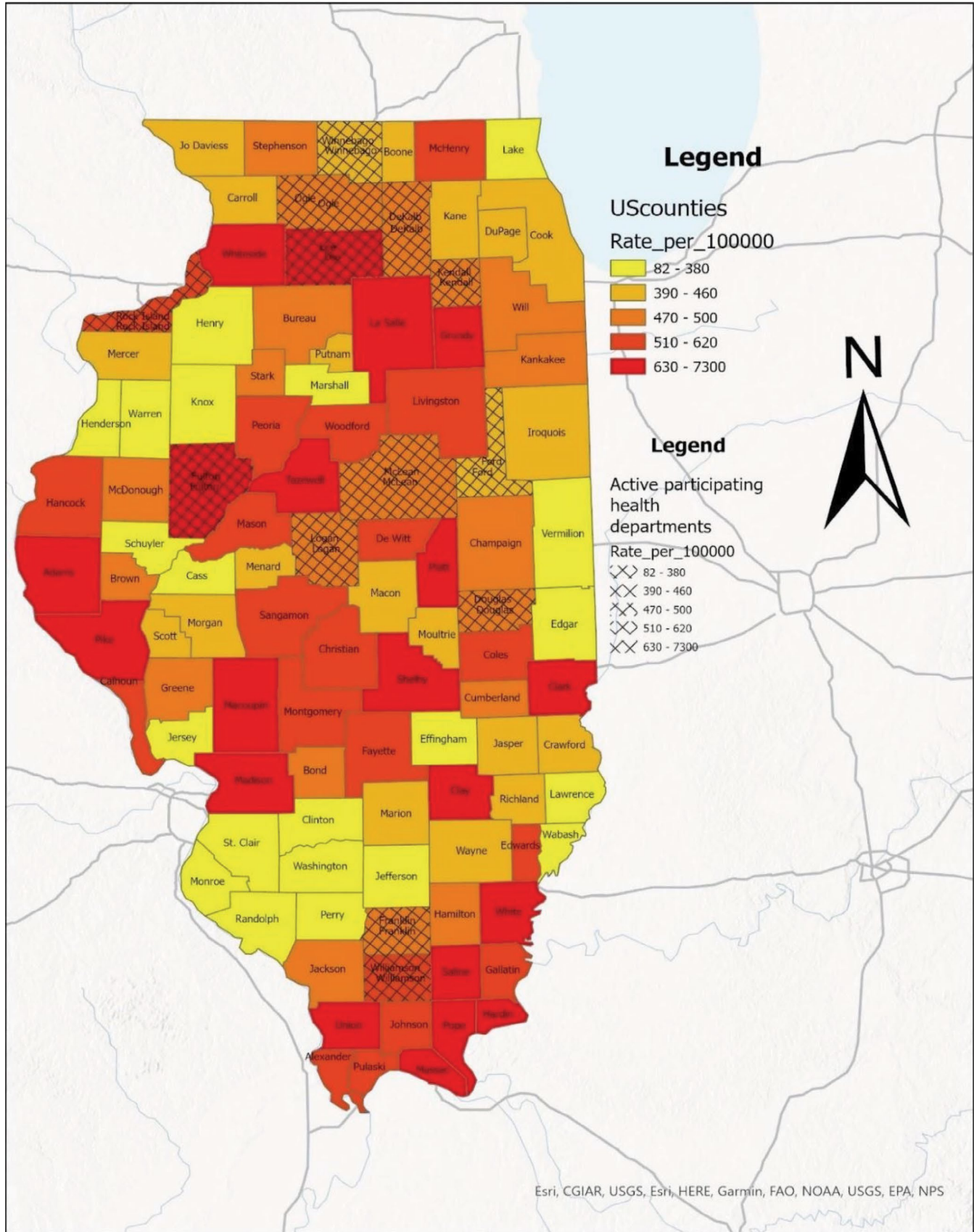
### 3. The nature of debilitating medical conditions of the qualifying patients:

- Of 90,891 cases, Table 1 below lists the leading debilitating medical conditions from the qualifying patients for the FY22.
- Chronic pain (25,604), post-traumatic stress disorder (PTSD) (15,413), migraines (7,470), osteoarthritis (7,004), and severe fibromyalgia (4,814) were the leading debilitating medical conditions.

### Debilitating conditions with the highest number of diagnoses



Rate/county indicating the LHDs who will help residents register for services



## Debilitating medical conditions of the qualifying patients – 2022

Nature of the debilitating medical conditions of the qualifying patient-MCPP-2022	Percentage	Number
Chronic pain	28.17%	25,604
Post-traumatic stress disorder (PTSD)	16.96%	15,413
Migraines	8.22%	7,470
Osteoarthritis	7.71%	7,004
Severe fibromyalgia	5.30%	4,814
Cancer	5.29%	4,804
Spinal cord disease - arachnoiditis	3.90%	3,546
Neuropathy	3.20%	2,908
Irritable bowel syndrome	3.09%	2,805
Rheumatoid arthritis	2.48%	2,252
Traumatic brain injury and post-concussion syndrome	2.10%	1,905
Seizures (including those characteristic of epilepsy)	1.65%	1,504
Multiple sclerosis	1.43%	1,300
Crohn's disease	1.16%	1,056
Spinal cord injury	1.06%	965
Glaucoma	0.85%	776
Complex Regional Pain Syndromes Type II (CRPS)	0.84%	759
Lupus	0.61%	550
Positive status for human immunodeficiency virus (HIV)	0.54%	492
Causalgia	0.47%	430
Residual limb pain	0.46%	419
Autism	0.42%	378
Reflex sympathetic dystrophy (RSD) (Complex regional pain syndromes Type I)	0.41%	377
Hepatitis C	0.37%	335
Ulcerative colitis	0.34%	305
Parkinson's	0.32%	290
Sjogren's syndrome	0.29%	268
Dystonia	0.29%	263
Ehlers-Danlos syndrome (EDS)	0.23%	207
Chronic inflammatory demyelinating polyneuropathy	0.22%	204
Anorexia nervosa	0.22%	204
Acquired immunodeficiency syndrome (AIDS)	0.22%	198
Cachexia/wasting syndrome	0.21%	194
Tourette's syndrome	0.21%	187
Arnold-Chiari malformation and Syringomyelia	0.15%	138
Myoclonus	0.09%	84
Agitation of Alzheimer's disease	0.08%	76
Muscular dystrophy	0.07%	64
Myasthenia gravis	0.06%	58
Neurofibromatosis	0.05%	46



Nature of the debilitating medical conditions of the qualifying patient-MCPP-2022	Percentage	Number
Hydrocephalus	0.05%	42
Amyotrophic lateral sclerosis (ALS)	0.04%	34
Polycystic kidney disease (PKD)	0.04%	33
Syringomyelia	0.04%	32
Fibrous dysplasia	0.03%	29
Tarlov cysts	0.03%	27
Spinocerebellar ataxia (SCA)	0.02%	21
Neuro-Behcet's autoimmune disease	0.02%	10
Others	0.01%	5
Hydromyelia	0.003%	3
Nail-patella syndrome	0.002%	2
Superior canal dehiscence syndrome	0.001%	1
Total		90,891

**4. The number of registry identification cards or registrations revoked for misconduct:**

- Major credential status reasons for revoking included death, change from terminal illness (TI) to qualifying patient (QP), reapplication with a new qualifying patient (QP), and physician revocation from IDPH.
- During FY22, a total of 130 registrations were revoked for the above reasons.

**5. The number of certifying health care professionals providing written certifications for qualifying patients:**

- A total of 4,103 health care professionals provided written certifications for qualifying patients during FY22.

**6. The number of registered medical cannabis cultivation centers or registered dispensing organizations:**

- 21 medical cannabis cultivation centers [Medical Cannabis Program - MCPP \(illinois.gov\)](https://www.illinois.gov/medical-cannabis-program).
- 55 licensed medical cannabis dispensaries (Table 2).

**7. The number of Opioid Alternative Pilot Program participants:**

- A total of 1,390 patients were under the Opioid Alternative Pilot Program (OAPP) of which 688 patients were classified under opioid prescriptions and 702 were classified without opioid prescriptions during FY22.

**Funding Usage**

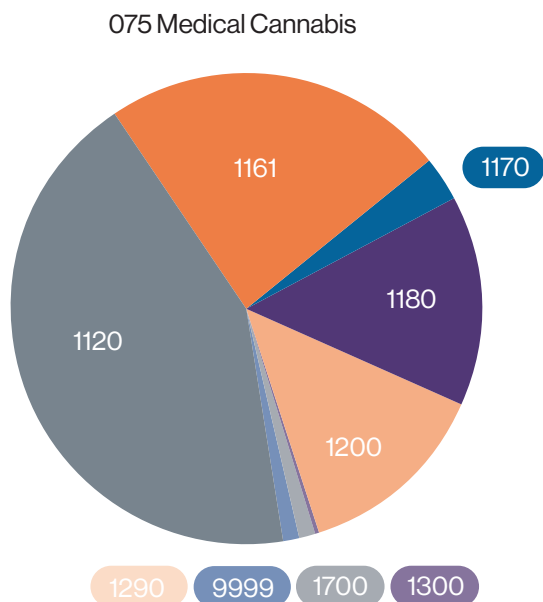
**Summary**

IDPH has no expenditures from the 0912 appropriation and the 0075 appropriation lists expenditures by fund for FY22 (below). No further funding needs are requested.

No expenditures	\$2,262,404.97
0912 appropriation balance as of June 30, 2022	0075 appropriation balance as of June 30, 2022

075 Fund	
1120	\$960,818.69
1161	\$539,852.06
1170	\$69,729.23
1180	\$320,648.42
1200	\$309,076.18
1290	\$2,539.80
1300	\$8,329.64
1700	\$27,335.95
9999	\$24,075.00

## FY22 Expenditures



## Illinois Comprehensive Cancer Control Program

The IDPH Illinois Comprehensive Cancer Control Program (ICCCP) is focused on three priority areas of primary prevention; screening and early detection; and diagnosis, treatment, and survivorship. Each priority area has a health equity component embedded. The program oversees the Illinois Cancer Partnership (ICP) executive committee and three subcommittees in each priority area. The vision of the ICP is that all Illinoisans are educated about cancer and its risks and prevention practices; have the opportunity for a lifestyle conducive to reducing cancer risks; have access to the highest form of cancer care, including early diagnosis and treatment; and benefit from well-planned policies and adequate resources. The ICP has a total of 580 members, with an executive committee of 21 members, and 83 members of the priority area subcommittees.

The program received FY22 general revenue funding from the General Assembly to focus on prostate cancer outreach and screening disparities.

## Accomplishments

Over the course of the past two years, the Illinois

Cancer Partnership (ICP) executive committee and subcommittees have been re-designed to promote group independence and empowerment by having partners across the state participate in different key roles including the chair, co-chair, and secretary. The three subcommittees are focused on the priority areas of primary prevention, screening and early detection, diagnosis, treatment, and survivorship. Each of the subcommittees has an embedded focus on health equity. All committees are vital to developing and planning the Comprehensive Cancer Control Plan and the ICP Annual Meeting in March.

The ICP executive committee membership is open to anyone. Interested individuals complete the ICP executive committee (EC) membership survey at <https://redcap.link/icpexecutivecommittee>. New EC member applications are reviewed and voted upon by the ICP executive committee during the next monthly meeting. Individuals interested in only joining a subcommittee should complete the ICP engagement survey at <https://redcap.link/icpengagement2021>. New subcommittee members are automatically accepted.

The ICP developed the 2022-2027 Illinois Comprehensive Cancer Control Plan, and it has been published on the IDPH (<https://dph.illinois.gov/topics-services/diseases-and-conditions/cancer/2022-2027-illinois-comprehensive-cancer-control-plan.html>) and CDC ([https://ftp.cdc.gov/pub/Publications/Cancer/ccc/illinois\\_ccc\\_plan-508.pdf](https://ftp.cdc.gov/pub/Publications/Cancer/ccc/illinois_ccc_plan-508.pdf)) websites. Along with the completion of the 2022-2027 Illinois Comprehensive Cancer Control Plan, the ICP created five short videos providing a guided tour of the plan and the priority areas of prevention, screening and early detection, diagnosis, treatment, survivorship, and health equity. The videos are available at <https://dph.illinois.gov/topics-services/diseases-and-conditions/cancer/recorded-webinars.html>.

The Social Media Ambassador Toolkit was created to assist people and/or their organizations with the rollout of the cancer plan and is available at <https://dph.illinois.gov/topics-services/diseases-and-conditions/cancer/2022-2027-illinois-comprehensive-cancer->

[control-plan-social-media-toolkit.html](https://www.idph.state.il.us/cancer-control-plan-social-media-toolkit.html). The toolkit is meant to be used as an instrument to help with the organization of the various resources that have been made available to the public. The four purposes of the toolkit are to:

- Help raise awareness of the plan and its priority areas.
- Direct individuals and organizations to the plan document.
- Standardize dissemination of information about the plan.
- Highlight the cancer experiences of Illinois people.



Through the social media ambassadors, awareness of and access to the cancer plan will increase.

The toolkit includes a series of one-pagers to be included in social media messages to direct the public to the plan for more information. The one-pagers covered the following topics:

- Cancer Plan: General Cancer Plan
- Cancer Plan: Prevention Priority Area
- Cancer Plan: Screening and Early Detection
- Cancer Plan: Diagnosis, Treatment, and Survivorship
- Health Equity and Health Disparities: Access to Care
- Health Equity and Health Disparities: COVID-19
- Health Equity and Health Disparities: Health Literacy
- Health Equity and Health Disparities: Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Communities

The ICP annual meeting was held March 31, 2022. Due to the ongoing COVID-19 pandemic, this four-hour event was held virtually and attended by 143 people. The following were the learning objectives of the meeting:

- Describe goals, objectives, and strategies to address cancer within their community, health system, or practice through the 2022-2027 Illinois

Comprehensive Cancer Control Plan.

- Describe progress made on addressing cancer prevention, screening, and early detection, and diagnosis, treatment, and survivorship objectives from the 2016-2021 Illinois Comprehensive Cancer Control Plan.
- Discuss health disparities and strategies to address health equity in access to care in both rural and urban communities, especially in the context of COVID-19.
- Understand the role of community engagement across the cancer continuum.

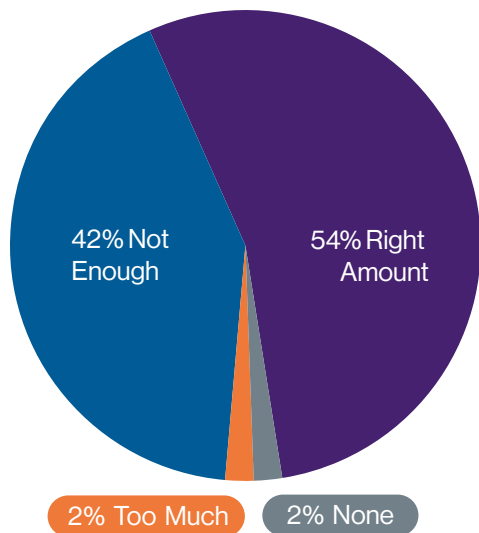
This four-hour event featured 26 speakers, including cancer survivors, clinical providers, researchers, and public health practitioners, with presentations on the following topics:

- 2022-2027 Illinois Cancer Plan.
- Progress from 2016-2021 Cancer Plan.
- Community Engagement Project Social Media Ambassadors.
- Health equity.
- Governmental updates.
- Role of social determinants of health and how these impact cancer risk and cancer prevention efforts.
- HPV vaccination efforts in the state.
- Tobacco cessation programs to provide support for cancer prevention.
- Radon awareness in Illinois communities.
- Role of cancer prevention.
- Cancer-related health and health care disparities in Illinois: A geographical perspective.
- Impact of COVID-19 on cancer screening and prevention.
- Expanding biomarker testing to diverse tumor types and in diverse populations.
- Survivors' perspectives.

Several polls were utilized during the meeting. Among

poll responders, there was widespread familiarity with the environmental, social, and economic conditions that impact health, and nearly half indicated that their organizations could do more to address these root causes of health inequity. The following chart shows the participant results.

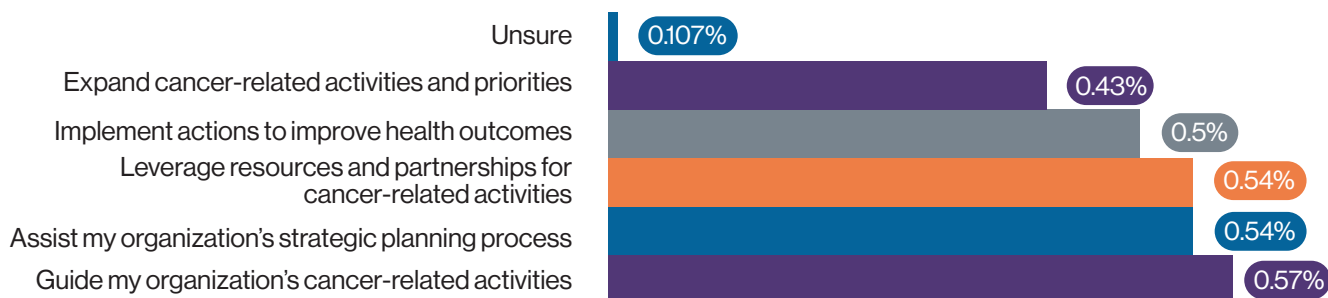
**Figure 1. How much does your organization focus on addressing the root causes of health inequity?**



Feedback during the event suggests that the 2022-2027 Illinois Comprehensive Cancer Control Plan will be applicable to and utilized by organizations across the state. Figure 2 shows participant responses to surveys indicating the plan will be used to:

- Guide organization’s cancer-related activities.
- Assist the organization’s strategic planning process.
- Leverage resources and partnerships for cancer-related activities.
- Implement actions to improve health outcomes.
- Expand cancer-related activities and priorities.

**Figure 2. How do you anticipate using the 2022-2027 Illinois Comprehensive Cancer Plan? (Responders were able to select more than one response.)**



Feedback from attendees who completed the evaluation survey suggests that the event was well received, that it provided quality and engaging content, and that the annual meeting met its stated objectives. At least half of the responders indicated a likelihood of implementing some practice, policy, or systems change as a result of each meeting session.

This meeting closed with a panel of cancer survivors sharing their personal stories. Feedback and attendance at this session, as well as from recent ICCCP events, suggest that including these perspectives are particularly meaningful for attendees. **Continued engagement of cancer survivors is essential for addressing cancer in Illinois.**

The IDPH ICCCP concluded its colorectal cancer (CRC) engagement technical assistance project with the National Association of Chronic Disease Directors (NACDD) and collaborated with Leavitt Partners and the University of Chicago on an initiative to increase CRC screening in Illinois. Leavitt Partners provided technical assistance.

Information, lessons learned, and best practices from the NACDD technical assistance project were used as a basis for the Comprehensive Cancer Professional Education webinars offered in October/November 2021 and May/June 2022, the annual colorectal cancer roundtable in June 2022, and the ICP annual meeting in March 2022.

The IDPH ICCCP collaborated with IDPH's Oral Health Section (OHS) to deliver a 60-minute webinar on January 26, 2022 that featured presentations on HPV-related cancer prevention in the oral health community for oral health practitioners, dentists, and dental hygienists. OHS offered one continuing education unit (CEU) to qualifying dentists and dental hygienists for attending.

Three speakers delivered presentations on the following topics:

- **Saving Lives Through HPV Vaccination Promotion:** A dentist presented on HPV-related oropharyngeal cancers and strategies for the dental team to play an active role in reducing the incidence of cancer through the promotion of HPV vaccination.
- **A Journey Through Cancer:** A survivor of HPV-related cancer spoke about the significant challenges that patients fighting this disease endure.
- **HPV Immunization:** An IDPH Immunization Section staff member presented the HPV vaccination schedule, how to improve HPV vaccination rates, and where to refer children through the age of 18 for HPV vaccines.

A total of 203 individuals, including representatives from other states, attended the webinar. About a tenth (10.5%) reported that their organization served populations in a different state. Arizona, New Jersey, and Pennsylvania were represented by two responders each, while Idaho, Iowa, Maine, and New York each had one responder. Most participants (n=188) joined via the Webex teleconferencing application while 15 joined by phone.

The evaluation survey was completed by 115 of the 203 webinar attendees. This is a particularly high response rate of 56.7%. Nearly half (49.6%) were dentists and just over a quarter (27.8%) were dental hygienists. About 10% of responses came from public health educators and roughly 5% were from nurse/patient navigators.

The "Oral Health Practitioners and Cancer Prevention through HPV Vaccination" webinar was highly rated by participants who completed the evaluation survey (table 1). None of the presentations were rated as "poor" or "very poor" by any responders.



**Table 1. Presentation ratings**

Presentation	Very Good n (%)	Good n (%)	Average n (%)
Saving Lives Through HPV Vaccination Promotion (n=113)	<b>64 (56.6)</b>	44 (38.9)	5 (4.4)
A Journey Through Cancer (n=112)	<b>83 (74.1)</b>	27 (24.1)	2 (1.8)
HPV Immunization (n=110)	<b>53 (48.2)</b>	50 (45.5)	7 (6.4)

Note: Responses were collected using a 5-Point Likert Scale with the following response options: "Very Good," "Good," "Average," "Poor," "Very Poor."

This webinar may potentially lead to considerable real-world change. The percentage of responders who felt "very informed" regarding HPV vaccination for cancer prevention after the webinar was 62%, compared to just 22.4% before the webinar. Most responders also indicated that they were "very likely" or "likely" to

implement the organizational practice, policy, or systems changes because of the information provided in each of the webinars' presentations. The following chart shows the likelihood of implementing change results by each presentation.

**Table 2. Likelihood of implementing the organizational practice, policy, or systems changes related to HPV vaccination as a result of information offered in each presentation**

Presentation	Degree of Likelihood			
	Very Likely n (%)	Likely n (%)	Neutral n (%)	Not Applicable to My Role
Saving Lives Through HPV Vaccination Promotion (n=113)	37 (32.7)	<b>49 (43.4)</b>	21 (18.6)	6 (5.3)
A Journey Through Cancer (n=112)	<b>44 (39.3)</b>	43 (38.4)	19 (17.0)	6 (5.4)
HPV Immunization (n=110)	33 (30.0)	<b>51 (46.4)</b>	20 (18.2)	6 (5.5)

This webinar expanded the reach of cancer prevention education to the oral health community. As a result of the webinar, approximately 50 individuals from the oral health community joined the ICP listserv.

The "Oral Health Practitioners and Cancer Prevention through HPV Vaccination" webinar is archived and available for viewing at <https://dph.illinois.gov/topics-services/diseases-and-conditions/cancer/recorded-webinars/oral-health-practitioners-and-cancer-prevention-through-hpv-vacc.html>. The recorded webinar has been viewed 91 times.

Public Act 102-0698 Section 35 appropriated general revenue funds to the Office of Health Promotion for the purpose of prostate cancer awareness. This program has brought together public and private agencies to raise men's awareness of prostate cancer and encourage the

appropriate screenings. This was accomplished through a competitive grant application process using funds appropriated by the General Assembly. The University of Chicago Medicine (UCM) Center for Asian Health Equity (CAHE) was selected to provide statewide outreach, education, and screening for prostate cancer.

The Prostate Cancer Outreach and Screening (PCOS) program provides community-based navigation for evidence-based outreach, education, and community linkage services to all age-appropriate men to promote prostate cancer screening, to increase screening rates, and to reduce barriers that prevent men from accessing screening services. The program provides prostate cancer screening or referrals to men 40-69 years of age targeting:

- High-risk male groups of Black Non-Hispanic, Hispanic.

- Underinsured and uninsured, or without a primary care provider, with a particular focus on three geographic regions (Bellwood/West Chicago, Rockford/Peoria, and Champaign/ Edwardsville/Marion).

All activities included in the program were guided by these priority areas:

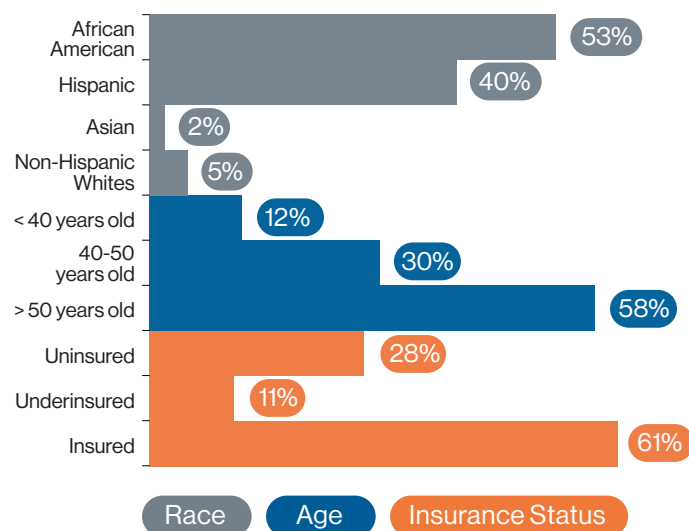
1. Collaboration/partnership
2. Education and training
3. Prostate cancer awareness, knowledge, and demand for screening
4. Community linkage to clinical care for screening and timely diagnosis and treatment

Table 2 presents the reach of this program in Year 1 (11/01/2021 – 06/30/2022) and Figure 3 shows the demographic characteristics of men referred for prostate cancer screening.

**Table 3: IL-PCOS-2022 Reach**

Type of Service	Total Number Reached
Number of outreach events	75
Number of men attending outreach events	6,824
Number of men referred to a health provider for screening	664
Number of men completed prostate cancer screening	505

**Figure 3. Demographic characteristics of men referred for prostate cancer screening (N=664)**



CAHE disseminated educational content to the general public and target population to increase prostate cancer awareness and demand for screening. It had two tracks:

- 1) Community outreach events by partner organizations.
- 2) Social media ad campaign by CAHE. Table 4 describes the community outreach events conducted by the four partner organizations.

**Table 4: Descriptive characteristics of events and participants in outreach events**

Variable	Response categories	Number
Total number of events	–	75
Total number of partner organizations	–	4
Total number of participants participated in these events	Combined total	6,824
	Participants in outreach events excluding social media ads	2,845
	Participants in social media ads	3,979
Events by partner organizations	Chicago Hispanic Health Coalition	50
	Endeleo Institute	16
	Illinois Migrant Council	2
	Indigenous Community Service Center	7
Number of materials distributed at different events	Flyers	3,722
	Posters	108
	Social media posts	194
	Brochures	1,241
	Other	371

CAHE organized a media campaign through Facebook/Instagram and two radio stations, WPPN and WLEY, from April to June English and Spanish. WPPN had 13 spots and WLEY had 84 spots. For Facebook/Instagram ads, there were 25,395 click-throughs (number of times users clicked on the content to view it) with a rate of 0.54%. For the social media campaign in English, Black men older than 40 years had the highest number of click-throughs (n=3,622; rate=0.71%) followed by Latino men older than 40 years (n=3,317; rate=0.67%). However, the impressions and reach were highest for young Black men. Similarly, for the social media campaign in Spanish, Latino men older than 40 years had the highest number

of click-throughs (n=3,546; rate=0.73%). The table below describes the click-throughs, impressions, reach, and click-through rate for the campaign. The organization also published the PCOS program information and

related resources on their webpage in both English and Spanish; total viewers were 10,120 and 5,211 respectively. Table 5 describes the social media campaign conducted by the grantee.

**Table 5. Social media ad campaign outreach**

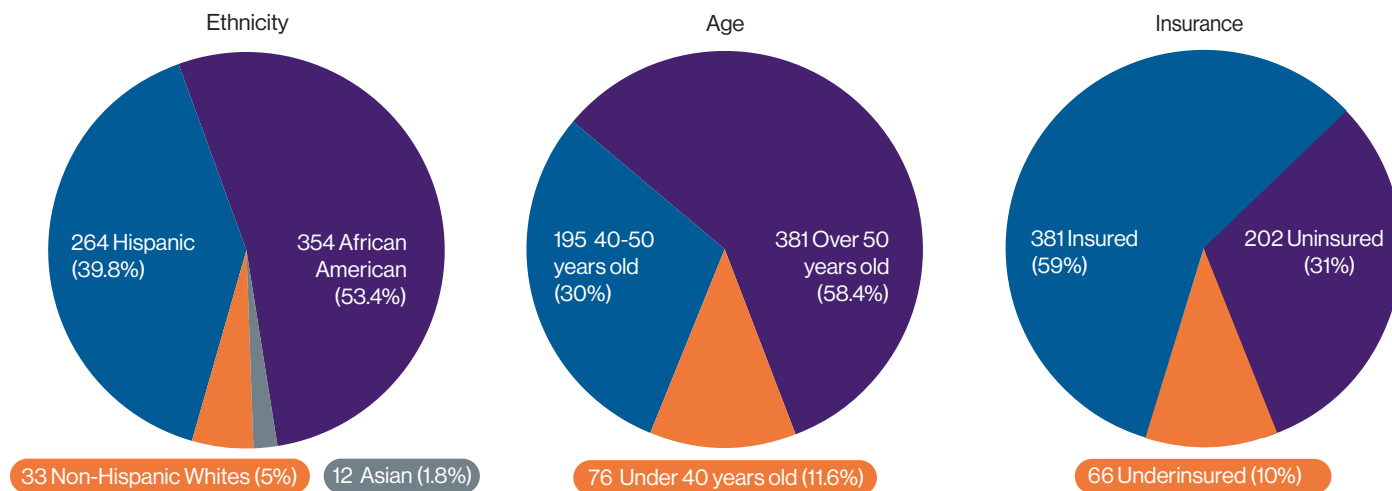
Facebook/Instagram Ads				
	Click-Throughs <sup>1</sup>	Impressions <sup>2</sup>	Reach <sup>3</sup>	Click-Through Rate <sup>4</sup>
<b>Campaign in English</b>				
Total/overall	25,395	4,670,140	873,984	0.54%
Black men 40+	3,622	507,596	148,576	0.71%
Latino men 40+	3,317	493,493	140,608	0.67%
Young Black men	2,366	591,125	166,273	0.40%
Young Latino	2,318	567,830	145,952	0.41%
Black women	2,689	494,495	150,752	0.54%
Latino women	2,668	450,399	145,983	0.59%
<b>Campaign in Spanish</b>				
Latino men 40+	3,546	488,906	96,368	0.73%
Young Latino	2,355	579,418	96,496	0.41%
Latino women	2,514	496,878	102,112	0.51%

1. Click-Throughs: Number of times users clicked on the content to view it.  
 2. Impressions: Number of times the content is displayed to view.  
 3. Reach: Total number of people who have seen the displayed content.  
 4. Click-Through Rate: It is calculated by dividing the 'click-throughs' with 'impressions.'

A total of 205 men were referred to a health provider for diagnostic testing and 15 men were further referred to receive appropriate treatment. Figure 4 describes

the demographic characteristics of males referred for prostate cancer screening.

**Figure 4. Characteristics of males referred for prostate cancer (PC) screening**



## Resources

2022-2027 Illinois Comprehensive Cancer Control Plan:  
<https://dph.illinois.gov/topics-services/diseases-and-conditions/cancer/2022-2027-illinois-comprehensive-cancer-control-plan.html>

2022-2027 Illinois Comprehensive Cancer Control Plan guided tour videos: <https://dph.illinois.gov/topics-services/diseases-and-conditions/cancer/recorded-webinars.html>.

Social Media Ambassador Toolkit: <https://dph.illinois.gov/topics-services/diseases-and-conditions/cancer/2022-2027-illinois-comprehensive-cancer-control-plan-social-media-toolkit.html>.

“Oral Health Practitioners and Cancer Prevention through HPV Vaccination” webinar: <https://dph.illinois.gov/topics-services/diseases-and-conditions/cancer/recorded-webinars/oral-health-practitioners-and-cancer-prevention-through-hpv-vacc.html>.





# Office of Health Care Regulation

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The Office of Healthcare Regulation (OHCR) licenses, inspects and regulates a wide range of facilities, providers, and programs in support of IDPH's mission to serve as an advocate and partner with the people of Illinois. In 2022, OHCR licensed and/or inspected 1,595 long-term care facilities, including those providing skilled nursing, intermediate care nursing care, sheltered care, community living, assisted living, specialized mental health rehabilitation services, and care for individuals with intellectually complex/developmentally disabled needs. OHCR also licensed and/or inspected 1,126 healthcare facilities, including hospitals, ambulatory surgical treatment centers, dialysis facilities, centers providing outpatient services, rural health care facilities, community mental health centers, state mental health centers, and birthing centers. OHCR licenses and regulates a total of 2,046 home health, hospice, home services, home nursing, and home placement providers. In addition, under the auspices of the Clinical Laboratory Improvement Amendments (CLIA), OHCR is responsible for the oversight of laboratories, performing biennial certification surveys, verification surveys at accredited facilities, investigating complaints, and initial certification surveys for new moderate/highly complex laboratories seeking a CLIA certificate of compliance.

While OHCR's regulatory authority in licensed-only facilities or programs flows from applicable state statutes and regulations, a cooperative agreement between IDPH and the Centers for Medicare & Medicaid Services (CMS) authorizes IDPH to conduct certification and complaint surveys in all facilities certified by CMS to receive Medicare/Medicaid funding. The state and OHCR are specifically responsible for surveying and applying the appropriate conditions of participation, conditions for coverage, and requirements for participation in accordance with all CMS regulations and guidance. The OHCR staff are trained and certified by CMS to conduct federal surveys and implement enforcement action necessary to ensure minimum regulatory compliance crucial to ensuring the health, safety, and welfare of Illinoisans utilizing health care or long-term care supports and services.

Ensuring high-quality and effective regulatory oversight requires extensive ancillary activities supported by OHCR. In addition to ensuring compliance with federal and state regulations, OHCR ensures criminal background checks are conducted on unlicensed health care workers, approves training courses and competency evaluations for certified nursing assistants, approves basic and advanced nursing assistant training programs, operates a 24/7 central complaint registry to serve the needs of individuals seeking to express concerns about the quality of care providing in medical facilities and long-term care facilities, and investigates unlicensed facilities. Given the complex statutory and regulatory framework necessary to ensure high-quality care, OHCR's activities include those aimed at identifying necessary regulatory amendments, addressing new or revised statutory requirements, aligning administrative rules with best practices, and coordinating with various divisions situated within OHCR and IDPH.

The OHCR contains the only bureau situated within IDPH and numerous divisions and units described briefly below:

**Bureau of Long-Term Care (BLTC):** The various divisions and units within the BLTC implement the state and federal regulations applicable to long-term care. In 2021, of the 412 employees situated within OHCR, 355 worked in one of the BLTC divisions or units. The BLTC includes the Technical and Training Unit, the Division of Life Safety and Construction, the Division of Long-Term Care Field Operations, the Division of Compliance Assurance, the Division of Licensure and Certification, and the Division of Assisted Living.

- **Training and Technical Unit:** The Training and Technical Direction Unit assists surveyors to attain the knowledge, skills, and abilities to carry out survey functions. This includes assessing training needs, coordinating training, creating curriculum and educational materials, evaluating learning outcomes, and maintaining training records for all long-term care surveyors. Federal CMS requires each state survey agency (SSA) to identify a state training coordinator and backup coordinator to be liaisons with the regional

training administrator and the CMS central office. The state training coordinator oversees training concerns, logistics, scheduling, and oversight of the CMS Surveyor Training website.

The unit also oversees the training of nursing assistant programs throughout all skilled nursing facilities, including approval and daily administration of all advanced nursing assistant training programs (ANATP) and basic nursing assistant training programs (BNATP); approval of and daily administration of resident attendant (RA) programs and review of RA program submissions; approval of temporary nursing assistant (TNA) programs and review of TNA program submissions, monitoring and implementation of CMS updated guidance regarding nursing assistant training programs; identification and notification of nurse aide training site restrictions imposed as a result of serious regulatory deficiencies; and responding to the Nurse Assistant Training and Competency Evaluation Program (NATCEP) waiver requests. During 2021, the unit approved 16 new resident attendant programs, bringing the total to 92 and approved 161 NATCEP instructors and evaluators and 132 community college instructors. The influx of new instructors and evaluators supports growth in CNAs, a vital presence throughout long-term care facilities and many in-home programs licensed by IDPH.

- **Division of Life Safety Code and Construction:** The Division of Life Safety and Construction (LSC) is made up of two sections – Design and Construction and Field Services. The Design and Construction Section conducts plan reviews and project inspections of licensed and certified health care facilities, which includes investigations regarding complaints or incidents. The LSC also conducts federal surveys for CMS for all non-long-term care facilities. The Field Services Section conducts annual life safety code surveys of certified long-term care facilities for CMS, as well as initial certification surveys and complaint/incident investigations. In 2021, the Field Services Section conducted 915 annual surveys, completed 681 facility desk audit reviews, two complaint investigations, and three incident reviews.

The FSS cited 7,872 federal deficiencies during the 915 annual surveys.

- **Division of Long-Term Care Field Operations:** The division encompasses all activities associated with surveying in Illinois' certified and licensed nursing homes (field operations) and those of the Special Investigations Unit (SIU). Combined activities include intake of all complaints, processing in various office databases, investigating complaints, conducting annual licensure and certification health surveys, investigating unlicensed facilities, leading a state-wide, multi-agency task force related to resident abuse and neglect, and monitoring for overall federal and state regulatory compliance in long-term care facilities except for assisted living.
  - **Inspections and Surveys:** In calendar year 2021, the surveying team conducted, reviewed, and processed 605 standard surveys, 4,999 complaint surveys, and 1,780 special surveys (including those extended due to immediate jeopardy, special focus, and infection control surveys).
  - **Central Complaint Registry:** The Central Complaint Registry (CCR) is a 24-hour toll-free nationwide complaint hotline. The CCR acts as a repository for concerns or complaints across multiple programs (29) within IDPH. Based on the allegation of non-compliance, the mandated timeframe in which a complaint must be investigated is determined (24-hours, 7 days, or 30 days). In 2021, the CCR received and processed 17,226 calls. The CCR referred 3,684 calls to other agencies or programs, including the Illinois State Police, the Attorney General Healthcare Fraud Bureau, the State Ombudsman with the Illinois Department on Aging, and the Illinois Department of Human Services.
- **Division of Compliance Assurance (CA):** The Division of Compliance Assurance (CA) is comprised of several distinct sections: FOIA/Hearing/Files, Support Services, Compliance Assurance, Staffing Ratios/RN Waivers, and Technical Support. CA is responsible

for processing licensure and certification surveys and issuing enforcement penalties for long-term care facilities. The staff ensures the overall survey cycle that encompasses surveying, enforcement action, and re-licensure and/or certification are conducted within the state and federal statutorily mandated time frames. Licensure and certification activities were recently moved to a separate division in the BLTC given the significant number of activities and growth in facilities. In 2021 a new division within CA was established to implement the statutes and regulatory activities associated with staffing rules and requests for registered nurse waivers.

- **Licensure and Certification Section:** The Certification Section is responsible for processing and tracking initial certifications and annual recertifications of long-term care facilities. Additionally, the Certification Section is responsible for processing and tracking Life Safety Code waiver requests; bed certification changes; changes of ownership and information, terminations, and closures; and Title XIX Collections and Civil Money Penalties. The Licensure Section processes applications for the licensure of new facilities, changes of ownership, licensure renewal applications, and bed level/services changes.
- **Division of Assisted Living:** The division has regulatory authority over 534 licensed establishments. Assisted living establishments provide community-based residential care for at least three unrelated adults (at least 80% of whom are 55 years of age or older) who need assistance with activities of daily living, including personal, supportive, and intermittent health-related services available 24 hours per day to meet the scheduled and unscheduled needs of each resident. Division staff conduct annual licensure surveys, complaint surveys, incident report investigations, and follow-up surveys. This is a state licensure program with no federal oversight as the residents of these establishments are private pay through a contractual agreement between the resident and the facility. In 2021, 577 complaints alleging the failure of an assisted living facility to comply with regulatory requirements

were received and investigated. In addition, OHCR received and reviewed 23,856 incident and accident reports arising in assisted living facilities.

• **Division of Administrative Rules and Procedures:**

The Division of Administrative Rules and Procedures (ARP) identifies necessary amendments for administrative rules, addresses new or revised statutory requirements, and address industry requests that have been proposed through various advisory boards. During 2021, ARP and the program staff worked on proposed amendments to the Skilled Nursing and Intermediate Care Facilities Code to address requirements pursuant to Public Acts 100-99, 100-293, 100-297, 100-432, 99-367, 100-1042, and 102-0004; infection prevention and control requirements; and other updates to align the code with the statute. Amendments were also proposed to address requirements pursuant to Public Act 102-0004 in the Sheltered Care Facilities Code and Illinois Veterans' Homes Code. In addition to these proposed amendments, ARP staff worked on a variety of emergency amendments and emergency rules to authorize the suspension of certain requirements and include new requirements in various administrative rules in response to the COVID-19 pandemic.

Situated within the ARP division, the Healthcare Worker Registry Unit is primarily responsible for providing information to health care employers about unlicensed health care workers, certified nursing assistant findings of abuse, neglect or theft, criminal background checks, disqualifying convictions, and processing waivers that allow an exception to the prohibition of employment when there is a disqualifying condition. The HCW unit also provides application forms and instructions to persons seeking to become certified nursing assistants. In 2021, the unit:

- Responded to more than 71,000 telephone and email requests for assistance and information regarding the Health Care Worker Registry.
- Added 146,789 new criminal background checks to the registry.

- Added 11,115 certified nursing assistants (CNAs) and 3,958 direct service personnel to the registry.
- Added administrative findings for abuse, neglect, or theft for 69 healthcare workers to the registry.
- Processed 1,418 requests for the waiver of criminal convictions.
- Worked with staff from the IDPH Office of Preparedness and Response (OPR), along with their outside contractor and IDPH Information Technology staff, to provide up-to-date information on active CNAs. OPR is using the contractor to maintain a volunteer management system (Illinois Helps) that allows medical and non-medical volunteers to register. OPR matches volunteers listed as CNAs to the Health Care Worker Registry to verify certification. Twice-monthly updates to Illinois Helps began in April 2021.

• **Division of Health Care Facilities and Programs:**

The Division of Health care Facilities and Programs licenses and provides regulatory oversight of non-long-term health care facilities, including state and federal hospitals; ambulatory surgical treatment centers; birthing centers; certified clinical laboratories; children's residential hospitals; community-based rehabilitation centers; end-stage renal dialysis facilities; outpatient physical/occupational therapy clinics; portable X-ray facilities; post-surgical facilities; rural health centers; and freestanding emergency clinics. The division also manages licensing and regulation of home health, home services, home services/nursing placement, and hospice providers. In 2021, the division licensed three new rehabilitation institutes located in southern, northern, and western Illinois. The division completed all federally mandated surveys in certified facilities while managing an increase in complaint investigations and continued growth in-home service providers.

## Accomplishments

While OHCR's responsibilities are primarily regulatory in nature, the office continues to undertake numerous activities aimed at supporting IDPH's mission to re-envision health policy, promote health equity, prevent and protect against disease and injury, and prepare for health emergencies. As OHCR continues to see an expansion in programs and providers, such as home health, dialysis, psychiatric care, and assisted living, the office will continue to play a pivotal role as a collaborator with stakeholders, advocates and IDPH's state and federal partners. In 2021, several of OHCR's major accomplishments include:

- **Civil Money Penalty Plan:** OHCR received approval from CMS for its plan to return a portion of federal civil money penalties to nursing homes and other eligible groups aimed solely at improving the quality of care and life of long-term care residents. With the approval of CMS, \$17 million in civil money penalties can be used to support residents of a facility that is closing, launch programs to support resident and family councils, training initiatives, and launch other evidence-based programs to support older adults residing in skilled nursing facilities.
- **Certified Nursing Assistant (CNA) Apprenticeship Program:** Launched a \$10.2 million two-year pilot program aimed at improving attraction and retention of CNAs in Illinois' nursing homes by creating partnerships between community colleges and existing basic nursing assistant training programs (BNATP) in the long-term care industry. The funding will be used for the education and salaries of CNAs in training and to encourage mentoring programs.
- **Quality Improvement Initiative:** Created a quality improvement team within OHCR to utilize data and trends in regulatory deficiencies to provide technical assistance and education to long-term care facilities to improve the quality of care.
- **Established cross-agency training with the State Ombudsman and OHCR Training and Technical Team.**

## Resources

[Long-Term Care Annual Report 2022 \(illinois.gov\)](https://www.illinois.gov/ohcr/long-term-care-annual-report-2022)





# Office of Women's Health and Family Services

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The Illinois Department of Public Health's (IDPH) Office of Women's Health and Family Services (OWHFS) strives to improve the health outcomes of all Illinoisans by providing preventative education and services, increasing health care access, using data to ensure evidence-based practice and policy, and empowering families.

The OWHFS administers:

- **The Illinois Breast and Cervical Cancer Program (IBCCP).** The statewide IBCCP offers free breast and cervical cancer screening and diagnostic services for women 40 and older for breast cancer screening and 21 and older for cervical cancer screening who are uninsured or underinsured. Younger symptomatic women and men are also served in the program upon medical provider referral.
- **The Illinois WISEWOMAN Program (IWP).** The IWP is offered in 15 counties in Illinois and is designed to help women enrolled in the IBCCP identify cardiovascular risk factors and reduce their risk for heart disease through a heart-healthy lifestyle.
- **The Illinois Family Planning Program (IFPP).** The IFPP aims to provide high-quality, culturally sensitive family planning services to low-income women, men, and adolescents who are under-insured, uninsured and insured individuals who may otherwise lack access to health care. Services provide patient-centered assistance in planning pregnancies, lowering the incidence of unintended pregnancy through education and contraceptive services, lowering the rates of sexually transmitted diseases, and improving general health.
- **The Maternal and Child Health (MCH) Services Block Grant (Title V)** is the oldest federal-state partnership to support the health and well-being of all mothers, children, and families, including those with special health care needs. In Illinois, the Title V Program is viewed as a leader within the MCH field, convening stakeholders, disseminating data, and implementing best practice programs. It has an array of maternal and child health programs in its portfolio. These

programs span the life course from pre-conception through adulthood and focus on primary, secondary, and tertiary prevention in the form of direct, enabling, and infrastructure-building interventions. Specific programs include the School-based Health Centers Grant, the Adolescent Health Program, the Fetal and Infant Mortality Review, the Increasing Well-Woman Visits Programs, and many other partnerships and collaborations with key MCH stakeholders.

- **Ticket for the Cure Grant Program** – On July 6, 2005, PA 94-0120 was signed into law, creating the Illinois Ticket for the Cure instant lottery ticket. Net revenue from the sale of this ticket goes to IDPH, OWHFS to award grants to public and private entities in Illinois for the purpose of funding breast cancer research, education, and services for breast cancer victims.
- **Partnership with the Illinois Department of Corrections** – This program provides specific training and health education to the staff and justice-involved women within Logan and Decatur correctional centers. Staff provides weekly educational courses at both institutions taught by an OWHFS health educator. Grant funds are used to purchase breast pumps, supplies, and educational materials for breastfeeding moms at both institutions. The OWHFS has also partnered with St. John's Hospital to provide training for healthcare staff at Logan Correctional Center regarding risk-appropriate care for pregnant women.

## Accomplishments

- IDPH OWHFS held the first statewide Maternal Health Summit virtually September 2021.
  - More than 400 maternal health stakeholders.
  - Focus: Opportunities to reduce disparities and coordinate efforts.
  - Included a diverse group of speakers and 11 members of Congress, as well as facilitated action planning sessions.
- IDPH identified a need for continued coordination of maternal health.
  - Starting in November 2021, IDPH convened quarterly meetings with a group of maternal health leaders from across the state.
  - Focus: Strengthen partnerships among maternal health initiatives, inform each other about current projects, and explore opportunities for collaboration.
- In FY22, OWHFS launched several school health programs to expand the number of school-based health centers in Illinois and to assist with emergency preparedness and mental wellness of students and staff:
  - **School Based Health Center (SBHC) New Award Expansion Program (CCNAE)** - CCNAE seeks to expand the SBHC Grant Program by supporting existing Illinois-certified school health centers that are not current grantees of the SBHC Program. Like the SBHC Program, CCNAE seeks to improve the overall physical and emotional health of school-age children and youth by promoting healthy lifestyles and by providing accessible preventive healthcare.
  - **New SBHC Development Grants** - The grant program's goal is to increase the number of certified, operational school health centers. There are two phases to this grant: Planning Phase and Implementation Phase. Grantees under the planning phase receive up to \$50,000, and grantees under the implementation phase can receive up to \$150,000 to begin to recruit and to hire the necessary personnel and secure equipment and supplies for operation.
  - **Emergency Response Supplemental Grant for SBHC Grant Program** - Recognizing the importance of SBHCs, additional funds have been made available to support the economic health of SBHCs during public health emergencies. These projects focus on increasing and/or expanding workforce resources for ongoing tracking and testing of specific illnesses/conditions; introducing new and/or expanding existing

public health emergency activities that promote optimal public health; acquiring equipment and/or other supplies to continue operations; acquiring mental health resources to address the needs of students, if applicable; and/or implementing emergency preparedness activities.

**- Mental Health Training and Resource Grant Program (MHTR)** – MHTR seeks to provide additional funding to K-12 school districts for mental health training and related resources that would have not otherwise been available. The grant program awards up to \$100,000 per school district to be spent on mental health training and resources for staff as well as programming for the students.

- The IBCCP was awarded another five-year National Breast and Cervical Cancer Early Detection Program grant from the Centers for Disease Control and Prevention (CDC) to support breast and cervical cancer screening and diagnostic services for the state. The IBCCP’s competitive grant application was successful in securing a \$6.5 million year-one award to support program operations and grants for 29 lead agencies, which the state supports with \$14.8 million in general revenue funds (exceeding the required \$3 to \$1 match). The IBCCP reports the following FY22 program performance:

Performance Indicator	Annual Target	Annual Total
Total number of breast cancer screenings	15,500	14,508
Total number of cervical cancer screenings	4,100	5,241
Total number of women served in IBCCP	18,000	15,503

- The Illinois Family Planning Program (IFPP) returned to the federal Title X Program in April 2022. The Office of Population Affairs awarded the IFPP a five-year Title X reproductive health services grant, providing IFPP with \$4 million a year. The state supports the program with an additional \$5.8 million in general revenue funding. The IFPP reports the following FY22 program performance.

Performance Indicator	Annual Target	Annual Total
Total number of unduplicated clients	50,000	113,313
Number of client visits	74,500	129,061

- The Illinois WISEWOMAN Program (IWP) received \$500,000 in year-five continuing grant funding. The IWP receives \$500,000 in general revenue funding to further support the grants exceeding the required \$3 to \$1 match. The IWP reports the following FY22 program performance.

Performance Indicator	Annual Target	Annual Total
Number of eligible women screened for CVD risk factors	800	788
Number of women referred to health coaching and/or lifestyle program(s)	640	452
Number of women who completed health coaching and/or lifestyle program(s)	384	194

During the pandemic, many clients canceled or missed appointments due to COVID-19 fears or appointments were delayed by medical providers due to COVID-19 deployment, office shutdowns, and health care prioritizations. Despite these challenges, IWP came close to meeting their annual goals.







## Resources

1. Illinois Task Force on Infant and Maternal Mortality among African Americans (IMMT) – Public Act 101- 0038.

In 2019, the Illinois state legislature passed Public Act 101- 0038 which “created the Illinois Task Force on Infant and Maternal Mortality among African Americans” (hereafter known as the IMMT). The IMMT’s purpose is to establish best practices to decrease infant and maternal mortality among African Americans in Illinois.

The IMMT is required to produce an annual report detailing findings, including specific recommendations if any, and other information the task force may deem proper in furtherance of its duties ([Illinois General Assembly - Full Text of Public Act 101-0038 \(ilga.gov\)](#)). [2020 IMMT Report](#)

2. Carolyn Adams Ticket for the Cure (TFTC) Board (20 ILCS 2310/2310-347).

Net revenue from the sale of the Carolyn Adams Ticket for the Cure lottery ticket is administered by IDPH OWHFS. OWHFS awards grants to public and private entities in Illinois to fund breast cancer research, education, and services for breast cancer victims.

IDPH is required to produce a report to the Office of the Governor and the General Assembly by December 31 of each year that summarizes ticket sales, grants awarded, and accomplishments of the grantees ([20 ILCS 1605/21.5 \(ilga.gov\)](#)). [2022 Ticket for the Cure Report](#).

3. Breast Cancer Patient Education (20 ILCS 2310/2310-670)

IDPH OWHFS is required to consult with appropriate medical societies and patient advocates that represent racial and ethnic minority groups to plan and implement an education campaign to inform breast cancer patients, especially those in racial and ethnic minority groups, anticipating surgery regarding the availability and coverage of breast reconstruction, prostheses, and other options.

IDPH is required to report to the General Assembly every two years, including activities and effectiveness of activities ([20 ILCS 2310/2310-670 \(ilga.gov\)](#)). [Breast Cancer Patient Education](#).

## Key Acronyms

ADA	American Diabetes Association
AADE	American Association of Diabetes Educators
ADAP	AIDS Drug Assistance Program
ADCES	Association of Diabetes Care and Education Specialists
ART	Antiretroviral Therapy
ASPR	Administration for Preparedness and Response
ASTHO	Association of State and Territorial Health Officials
CCARE	Controlling Childhood Asthma and Reducing Emergencies
CHIP	Children's Health Insurance Program
CMHS	Center for Minority Health Services
D/HH	Deaf and Hard of Hearing
DaRE	Diversity, Anti-Racism and Equity
DSMES	Diabetes Self-Management Education and Support
EHDI	Early Hearing Detection and Intervention
EHR	Electronic Health Record
ELC Grants	Epidemiology and laboratory Capacity Grants
GBYS	Guide By Your Side
HEC	Health Equity Council
HHST	HIV/Hepatitis/STI/TB
HIT	Health Information Technology
HOPWA	Housing Opportunities for People Living with AIDS
LHD	Local Health Departments
LRN	Laboratory Response Network
MTB	Mycobacterium tuberculosis
MTM	Medication Therapy Management
NBS	New Born Screenings
ODC	Office of Disease Control
OEH	Office of Environmental Health
OFA	Office of Finance and Administration
OHCR	Office of Health Care Regulations
OHP	Office of Health Protection
OHPm	Office of Health Promotion
OPM	Office of Performance Management
OPR	Office of Preparedness and Response
OWHFS	Office of Women's Health and Family Services
RWPB	Ryan White Part B
SAMHSA	Substance Abuse and Mental Health Services Administration
VFC	Vaccines For Children
WGS	Whole Genome Sequencing

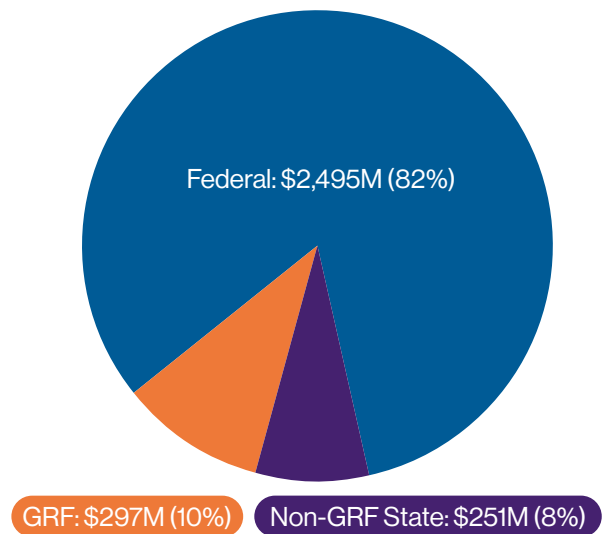
# Office of Finance and Administration

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## FY22 Key Activities

- Released second maternal morbidity and mortality report, which led to enacted state legislation and influenced the federal expansion of Medicaid to one-year postpartum.
- Promoted health equity and worked to eliminate health disparities through increased coordination with leadership, programs, and strategic partnerships.
- Ongoing development of community health worker (CHW) certification program requirements.
- Refining the health equity checklist as part of the IDPH grantmaking process to help applicants consider ways to address health equity across IDPH programs.
- Launched more than 20 initiatives to leverage federal funding for (1) public health workforce, (2) access to care and to social determinants of health, (3) state and local public health infrastructure, and (4) improving cross-agency collaboration and resiliency.
- Building connections with other state agencies to jointly address critical health issues with shared resources, including healthy homes, pediatric mental health, strengthening emergency response, long-term care compliance and quality, and support for older adults.

## FY2023 IDPH Final Appropriations - \$3,043 Million



**Budget Comparisons:**  
**FY2022 to FY2023 (millions)**

Funding Source	FY22 Budget	FY23 Budget	Change	
			\$	%
General Revenue (GRF)	\$181	\$297	\$116	64%
State Non-GRF Funds	\$247	\$251	\$4	2%
Federal	\$2,455	\$2,495	\$40	2%
Total	\$2,883	\$3,043	\$160	6%

**Moving forward in FY23**

**Proposed Budget Highlights**

- Continuation of \$2 billion in federal fund appropriation for COVID-19 response activities.
- 125 new positions to strengthen public health infrastructure.
- \$1 million increase for Alzheimer’s disease education and outreach.
- \$2.5 million in new funding for the Community Health Worker program.
- \$1 million in new funding for the Sickle Cell Prevention, Care and Treatment Program.
- \$3 million for laboratory IT Initiatives.



# Medical Services Division

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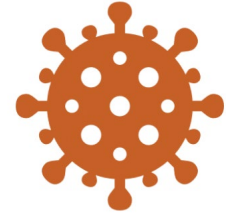
## **Impact of IDPH Medical Services Division: July 2021 – August 2022**

Established in July 2021 to provide consultative medical support to the agency.

### **Areas of focus:**

- Infection control and COVID-19 consultations in congregate care facilities.
- Federal grants for COVID-19 Epidemiology and Laboratory Capacity (ELC) confinement awarded.
- COVID-19 community therapeutics.

## Impact of IDPH Medical Services Division: July 2021 – August 2022



**Established in July 2021 to provide consultative medical support to the agency.**

- Infection Control COVID-19 Consultations in Congregate Care Facilities
- Federal Grants for COVID-19 Epidemiology and Laboratory Capacity (ELC) Confinement Awarded
- COVID-19 Community Therapeutics

### First Year – intense focus on COVID-19

	IDPH LTCF COVID-19 interventions – vaccinations, infection prevention (IP) and therapeutics - <b>led to marked (69%) reduction of resident mortality risk.</b> CDC Morbidity Mortality Weekly Report, June 17, 2022. <a href="https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7124-h.pdf">https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7124-h.pdf</a>	3,600+ IP consultations
		1,500+ LTCFs provided vaccine
		42 statewide LTC webinars, - typically 650 attendees
		Guidance published 11 times
	Managed <b>CDC/DOJ award to combat COVID-19 in correctional settings.</b> Targeted projects established with Illinois Department of Corrections, Illinois Department of Juvenile Justice, and Illinois Sheriff's Association.	\$18,000,000 award includes data analysis, infection prevention, coordination and testing
	Worked with Office of Healthcare Regs (OHCR) to <b>strengthen infection prevention and control rules</b> for skilled nursing facilities. Established minimum staffing, training and experience for infection preventionists, and development of policies and programs. Effective April 1, 2022.	IL Admin Code 77, Sec. 300.696 Infection Prevention and Control
		IL Admin Code 77, Sec. 300.697 Infection Preventionist
	Facilitated state-wide <b>access to outpatient COVID-19 therapeutics</b> preventing severe illness and death for residents of congregate settings and the general public.	1,600+ locations
		205,000+ doses administered
		Over 7,000 hospitalizations averted since April 2022

# IDPH 2022 Grant Programs

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## **Alzheimer's Grants**

- Alzheimer's Disease – Awareness of Available Services in Illinois
- Alzheimer's Disease Early Detection and Awareness Campaign
- Alzheimer's Disease Physician Early Detection Training

## **Asthma Grants**

- Asthma Care Quality Improvement
- Asthma Control and Health Plans
- Asthma Education, Policy, and Care Coverage
- Asthma Home Visit Collaboration
- Coordinated Approach to Reducing Childhood Asthma Disparities

## **Cancer Grants**

- Comprehensive Cancer Professional Education
- Comprehensive Cancer Survivorship Lifestyle Change Program
- Illinois Breast and Cervical Cancer Program
- Prostate Cancer Outreach and Screening

## **Chronic Disease Grant**

- Comprehensive Sickle Cell Clinical Care
- Diabetes Research Fund
- Kidney Care Program
- Sickle Cell Follow-Up
- Multiple Sclerosis Research

## **Coronavirus Grants**

- COVID-19 Equity Program – Community Revitalization Grant
- COVID-19 Health Equity Pandemic Health Navigator Project
- COVID-19 Contact Tracing

- COVID-19 Crisis Grant
- COVID-19 Pandemic Health Navigator Regional Coordinator
- COVID-19 Response Grant
- COVID-19 Vaccine Community-Based Education and Outreach
- COVID-19 Vaccine Integration into Care
- Epidemiology and Laboratory Capacity (ELC) Confinement

### **Crime Victim Grants**

- Harm Reduction Community Linkages Project
- Rape and Sexual Assault Prevention
- Rape Prevention and Education
- State Violence and Injury Prevention - Expand Awareness of Positive Parenting
- Violent Death Reporting System

### **Environmental Grants**

- Environmental Health Beach Program
- WIIN – Day Care Lead Water Testing

### **Genetic Grants**

- Genetic Counseling
- Genetics Education and Follow Up

### **Health Promotion Grants**

- 1815 - Capricorn Module
- 1815 - CHW Strategies
- 1815 - Critical Access Hospital Strategies
- 1815 - DPP Toolkit Training
- 1815 - FQHC Strategies
- 1815 - Hospital Strategies
- 1815 - Managed Care Strategies
- 1815 - Pharmacy Strategies

- 1815 - Southern Illinois Health Care Strategies
- Early Hearing Detection and Intervention (EHDI) Parent-to-Parent Support
- Preventing Sleep-Related Infant Deaths
- REACH: Resilience Education to Advance Community Healing

### **Health Protection Grants**

- Comprehensive Health Protection Grant

### **HIV Grants**

- African American AIDS Response Act Grant
- Direct HIV/HCV Testing
- HIV / AIDS Quality of Life Program
- HIV Prevention Regional Implementation Grant
- HOPWA HIV Housing Facility
- Minority AIDS Initiative/ADAP Program
- Routine HIV Screening Development Grant

### **Hospital Grants**

- Hospital Health Protection - ARPA Grant Program
- Hospital Health Protection Grant Program
- Hospital Preparedness - Pediatric Preparedness
- Hospital Preparedness - Regional Hospital Coordinating Center
- Hospital Preparedness- Illinois Medical Emergency Response Team

### **Immunization Grants**

- Immunization Coverage Levels
- Immunization Elimination of Disparities

### **Infectious Disease**

- Health Care Associated Infection Prevention
- Infection Prevention Liaison Program
- Seasonal Influenza Southern Illinois

### **Mental Health Grants**

- Mental Health Training and Resource Grant

### **Minority Health Grants**

- Communities of Color Special at Risk Population
- Illinois Hepatitis B Outreach, Awareness, and Education to Immigrants
- Refugee Health Assessment - Other Services
- Wellness on Wheels

### **Oral Health Grants**

- Eliminating Barriers to Timely Oral Health Care
- Improved Access through Mobile Oral Health Services
- Mobile Oral Health Service for Pediatric and Adolescent Populations
- Oral Health Workforce Grant

### **Planning, Policy, and Statistics**

- Antibiotic Stewardship Campaign
- Project Firstline Primary Care
- Serve Illinois - AmeriCorps
- Serve Illinois - AmeriCorps Formula
- State Primary Care Office Assistance

### **Preparedness and Response Grants**

- Cities Readiness Initiative
- EMS Assistance
- HPP Community Health Centers
- Public Health Emergency Preparedness

### **School Health Grants**

- Emergency Response Supplemental Grant for School Health Center Grant
- Legacy School Health Center Expansion Grant
- Planning Phase: Increasing School Health Center

- Preschool Vision/Hearing Grants
- School Health Center Grant

### **Sexually Transmitted Disease Grants**

- Comprehensive STD Prevention Services
- STI Syphilis Prevention Services Among MSM
- Syphilis Prevention Services Among Women

### **Substance Abuse Grants**

- Chicago Alliance for Collaborative Drug Checking
- Local Health Department Overdoses Surveillance and Response
- Rural Illinois Opioid Overdose Prevention Initiative - Care Coordination
- Rural Illinois Opioid Overdose Prevention Initiative - Naloxone Distribution
- State Unintentional Drug Overdose Reporting

### **Tobacco Grants**

- Community-Based Reducing Tobacco-Related Disparities Grant
- Illinois Tobacco Quitline
- Illinois Tobacco-Free Communities
- Smoke-Free Illinois Act Enforcement Grant

### **Women and Children Health Grants**

- Adolescent Health Program
- Carolyn Adams Ticket for the Cure - Community Grant
- Certified Center New Awardee Expansion
- Enhancing and Expanding Breastfeeding - Illinois
- Exploring Alternative Health Care Delivery Models for Birthing Persons
- Illinois Administrative Perinatal Center Grant
- Illinois Family Planning Program
- Illinois Perinatal Quality Collaborative



- Illinois WISEWOMAN Program
- Implementation Phase: Increasing Well-Women Visits - Community Grant
- Maternal and Child Health (MCH) Fetal Infant Mortality
- MCH Perinatal Mental Health Program
- MCH ACEs Grant Program
- MCH Technical Assistance, Training, and Education
- Mini Maternal and Child Health Services
- Planning Phase: Increasing Well-Woman Visits - Community Grant



**State of Illinois**  
Illinois Department of Public Health

## Fiscal 2022 In Review

